Collaboration for Prosocial Change

The Turtle and the Peacock

The Entertainment-Education Strategy on Television

Martine Bouman

Stellingen behorend bij het proefschrift

'The Turtle and the Peacock'

collaboration for prosocial change; the entertainment-education strategy on television

Martine Bouman, Wageningen 13 januari 1999

1 Het intrinsieke spanningsveld tussen amusement en voorlichting vindt zijn belangrijkste verklaring in de tegenstelling tussen de open tekststructuur van entertainment-programma's en de gesloten tekststructuur van de meeste voorlichtingsboodschappen (dit proefschrift).

2 Het verschil tussen massacommunicatie en interpersoonlijke communicatie wordt steeds kleiner door het vermogen van populaire televisieprogramma's om een vorm van *intimiteit op afstand* te bewerkstelligen, die te vergelijken is met directe sociale interactie (dit proefschrift).

3 Het succes van E&E soap series in niet-westerse landen wordt grotendeels veroorzaakt doordat deze programma's vaak in groepsverband worden bekeken en nauw aansluiten bij de levendige orale traditie en cultuur in deze landen (dit proefschrift).

4 Non-profit organisaties wekken de indruk dat zij niet in geld geïnteresseerd zijn, onderwijl hopend daarmee hun symbolisch kapitaal en dus ook hun economische positie te vergroten en te versterken (dit proefschrift).

5 Angst voor statusverlies is een belangrijke drempel voor televisieprofessionals om aan E&E samenwerking te beginnen (dit proefschrift).

6 In plaats van zich te richten op het volledig correct formuleren van de boodschap, doen gezondheidsvoorlichters er beter aan om zich eerst goed te informeren over de met betrekking tot het onderwerp bij de doelgroep levende mythes en vooroordelen (dit proefschrift).

7 Voor hen die *turtles* worden genoemd, kunnen *Ninja-turtles* positieve rolmodellen zijn.

8 Het gegeven dat zijne heiligheid Johannes Paulus II, blijkens zijn nieuwe tv-spot en cd, de E&E strategie al volledig heeft omarmd (zie Volkskrant, 23-3-96), moet voor gezondheidsvoorlichters een inspiratie zijn om toch vooral niet roomser te willen zijn dan de paus.

9 Als artsen er, net als in het oude China, voor betaald zouden worden om hun patiënten niet ziek te laten worden, in plaats van voor het repareren van reeds ontstane schade, zou de gezondheidszorg er aanmerkelijk gezonder uitzien.

10 Persoonlijke groei en spiritualiteit lijken voor sommigen een alibi om sociale en maatschappelijke betrokkenheid in te ruilen voor individuele betrokkenheid, en dreigen in bepaalde kringen voor een tweespalt te zorgen tussen hen die werken voor de samenleving en hen die louter werken aan zichzelf.

11 Het totale onvermogen van veel mannen om zich, ondanks veel goede wil, de juiste criteria voor het sorteren van wasgoed eigen te maken, toont wellicht minder aan dat er op het terrein van de training van het mannelijk geslacht in huishoudelijke taken nog een wereld te winnen valt, als wel dat deze training, geheel op dezelfde wijze als dat bij vrouwen gebeurt, maar beter zo vroeg mogelijk na de geboorte kan worden aangevangen.

12 Onverlet het streven van de overheid om het carpoolen te bevorderen, dienen alleenrijdende automobilisten bij het parkeren voorrang te krijgen boven echtparen - tenminste die waarvan de vrouw zich in het voorbijrijden pijlsnel uit de auto stort om triomfantelijk en in de volle breedte die laatste lege plek in beslag te nemen, waarop manlief vervolgens al stuntelend en in een tenenkrommend tempo zijn automobiel kan neerzetten.

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To the Inner Child within us all

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Writing a thesis meant more to me than the accomplishment of a scientific task. I experienced it as a chance to grow and to learn to shift more easily between my 'left' and 'right' brain hemispheres. After years of practice in the health communication field, it was a pleasant 'time out' to become a researcher. At the start of my research, however, I was often very impatient when I read theoretical articles. In my eyes they were often too unworldly. I always had in mind those 'real people out there on the street' who, as I knew from practice, often behaved and reacted otherwise. Gradually, however, I started to enjoy and appreciate the different aspects of my new job and I am happy to be able now to integrate health communication theory, practice and policy in my future work.

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Martine Bouman,
Gouda, December 1998

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PART I

wg Schuurmans.

1 Introduction

In the early eighties, a popular prime time drama serial *Zeg eens A* was being broadcast in the Netherlands. Health communication professionals who saw this series regarded it as an interesting setting in which to introduce and deal with health communication messages (see for example Bouman, 1984). At that time, however, collaborating with scriptwriters of popular television programmes was a problematic issue, due to the fact that health organizations had great reservations about using a popular medium like a tabloid, a gossip magazine, a soap opera or other drama series to communicate serious health messages (Dekker, 1985 personal conversation). Apart from their unfamiliarity with popular culture, health organizations feared losing their respectable image and, as a possible ultimate consequence, their funding. Although understandable, this showed an explicit tension between the goals of health communication and the goals of public relations and fundraising. Health communication professionals however saw that the messages of health organizations have to compete with thousands of other communication messages. If the attention of the target audience is to be caught and held, and more especially if that audience is not spontaneously interested in health messages, it is no longer sufficient to rely solely on the rationality of the message: other, more emotionally appealing and popular communication methods must also be brought into play. Some health organizations acknowledged this, but did not yet accept its consequences. *Zeg eens A* became the most popular Dutch drama serial of the eighties, but never carried a purposively designed and eloquently interwoven health message[1].

As time went by, the climate for using entertainment television for health communication purposes changed however, and worldwide a number of ways were found to incorporate health promotion messages into popular television entertainment. This approach is now known as the entertainment-education (E&E) strategy (Coleman & Meyer, 1989). In the Netherlands also, some challenging experiments were carried out in the late eighties, such as the drama series *Familie Oudenrijn* in 1987 (Verbeek, 1990), the *Way of Life Show* in 1988 (Nederlandse Hartstichting, 1988; Bouman, 1989) and *Villa Borghese* in 1991 (Bouman & Wieberdink, 1993).

The first experiments with E&E television programmes initiated a lively discussion and debate about norms and values in the Dutch health communication field. This provided an impetus for the creation of new and experimental ways of reaching the so-called 'hard to reach' groups. Because of the many still unanswered questions, research in the field of the entertainment-education strategy is both necessary and rewarding.

In the next four sections, some matters that need to be explicated will be touched upon. Section 1.1 defines some concepts frequently used in this thesis. Section 1.2 lists the research questions of the thesis. Section 1.3 gives a short overview of the health communication field, divided into organizations, health communication professionals and health communication strategies. Section 1.4 briefly describes the field of television in the Netherlands. Section 1.5 gives an overview of the thesis chapters, and section 1.6 summarizes this chapter.

1 *Zeg eens A* was broadcasted by the VARA from 1981 to 1993 and was watched by an average of four million viewers (out of a total population of 15 million) until 1991 when viewing rates decreased to two million due to the growing competition of commercial networks (de Leeuw, 1997:56).

1.1 Definitions

The subject of this thesis is *collaboration for prosocial change; the entertainment-education strategy on television.* The concepts in the title of this thesis are defined as follows:

1 In this thesis, collaboration refers to two different professional fields working together to design and produce a television programme in which entertainment and education are combined. The two professional fields concerned are the field of health communication and that of television production. In a wider sense these represent national health organizations on the one hand and broadcasting companies and independent production companies on the other; in a narrower sense they are the health communication professionals and television professionals working within these respective organizations.

2 The term prosocial denotes 'that which is socially desirable'. From a critical theory perspective, questions can be raised about what is socially desirable (see also Chapter 2, section 2.4.). In this thesis, health is the object of prosocial change. Health is defined by the World Health Organization (WHO) as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1986). The goals of prosocial and health communication, as referred to in this thesis, are directly derived from policy papers as formulated and formalized by national governments, and indirectly by international organizations, such as the WHO.

3 In this thesis, change agencies are national health organizations. National health organizations as change agencies are defined here as either government related agencies or non-governmental organizations (NGOs) and the change agents are health communication professionals who work within these organizations. Health communication is regarded here as an essential element of the wider concept of health promotion. Some of the researched projects in this thesis also concern broader health related issues, such as environmental communication or road safety, but the term 'health communication' will be used as an overall concept for all forms of prosocial communication with which this thesis deals.

4 Entertainment-education (E&E) strategy refers to the combination of entertainment and education in order to promote prosocial change. In Chapter 2 the definition of the entertainment-education strategy will be elaborated. The E&E strategy can be applied to different popular media: theatre, music, film, radio, television, etc. This thesis focuses on the use of the E&E strategy in television.

1.2 Research questions

Television entertainment as a potential vehicle for health promotion is regarded as a challenging concept. A study into the use of the E&E strategy in television refers to such questions as: 'What are the characteristics of television programmes in which education has been or can be combined with entertainment?' 'How effective is the E&E strategy?' 'Which facilitating or hindering factors play a role in the collaboration between health communication and television professionals when making an E&E television programme?' 'Is it possible to develop a working model that helps practitioners to decide if and how an entertainment-education programme can be designed and produced

successfully?' These - and other - questions have led to the central research question, which is twofold:

A *What are the characteristics of entertainment-education (E&E) television programmes which are purposively designed to enhance prosocial behaviour, and what is known about their effects and conditions for success?*
B *How do health communication and television professionals collaborate in the design and implementation of an E&E television programme and what recommendations can be made for the management of E&E collaboration in the future?*

Anderson and Meyer (1988) indicate that the motives of a researcher to investigate a certain topic can be epistemological in nature, but the results and implications of the research can be ideological and economic. In this study all these components play a part. As E&E practice is ahead of E&E theory, the aim of this research is to transpose the experiences of E&E practice into a theoretical framework and to add new concepts to the discourse of E&E communication professionals. In order to answer the questions posed in this thesis, the following research has been undertaken:

- A review of the literature on the theory and practice of health communication, mass media (television) and the entertainment-education strategy;
- An analysis of the quantitative data of Dutch E&E research;
- An analysis of E&E television programmes worldwide;
- A review of the literature on television production and collaboration;
- An in-depth qualitative study into the collaboration process between health communication professionals (N=18) and television professionals (N=12) on twelve Dutch E&E television programmes.

As the E&E strategy is not yet widely known, let alone implemented in Dutch health communication and television practice, a rather broad scope has been chosen in this thesis. The disadvantage of this is that not all related subjects can be given an exhaustive treatment. The advantage, however, is that a solid basis is created for further analysis and research.

1.3 The health communication field

1.3.1 *National health organizations*

As this thesis deals with national health organizations as change agents, some characteristics of national health organizations will be briefly described. In the Netherlands many national health organizations were founded after World War II, when a shift took place from epidemic diseases to chronic and 'lifestyle' diseases. At the moment, around thirty national health organizations, some big some small, are active in the field of health communication.

Because most of these organizations were founded by biomedical or medical specialists, health problems and their solutions used to be defined more in medical and technical terms than in terms of social behaviour, and the focus is still often on content, rather than on communication strategies. National health organizations maintain a vast topical expertise and a wide national and international network of field-related scientists.

Their funding comes from government subsidies, fundraising and collecting money from the general public. Some organizations also maintain a unionized suborganization with individual members who contribute to the annual budget.

National health organizations nowadays adopt more and more 'two-track policies' in which centralized and decentralized message diffusion systems are combined, such as the collaboration between national, regional and local health organizations (e.g. municipal health services) (de Haes et al, 1982; Bouman & van Houten, 1993; Saan & Beliën, 1995). Some national health organizations also act as health advocates and lobbyists at a national and international political level and focus much attention on their networking with politicians, either in the Netherlands, Europe or even worldwide. Examples are national health organizations concerned with banning tobacco advertising, reducing fat consumption, alcohol and drugs addiction, and AIDS prevention. Other organizations, however, consciously limit their political involvement because they do not want to take the risk of becoming engaged in political controversies.

National health organizations vary their approaches. Miyasaka (1996) distinguishes three types. The first is the 'goodwill approach', where only the professionals' view is taken into account. The second is the 'social scientific approach', which is based upon the results of studies on what people know, think and do about their own health. The third is the 'people participation approach', which reflects not only the input of health professionals, but also that of the people concerned. Which of the three types of approach will be selected depends upon the intention of the planner and upon the available resources. Most national health organizations still adopt the 'goodwill approach', although changes towards a more social scientific approach are in evidence.

1.3.2 *Health communication professionals*

Health communication is a fairly new discipline within national health organizations, with the first social scientists and professional health communication professionals having been appointed at the beginning of the eighties[2]. They often started working under the supervision of their organization's public relations or fundraising managers, who traditionally communicated with the public, but whose aims and goals and task orientation differ from those of the health communication professionals. Their roles can be complementary, but they are not interchangeable. Later, with the successful application of health communication strategies in patient-education, curricular and extra-curricular programmes in schools, and mass-media campaigns, health communication professionals developed their own status, and independent health communication sections or departments were established within the organizations. According to research carried out in the mid nineties by the Netherlands Association for Health Promotion and Health Education Specialists, around fifty health communication professionals with a specific health communication task are employed at the different national health organizations (Molleman & Nies, 1995). Most of them have a university degree or are academically trained in one of the social or communication sciences.

2 The Netherlands Association for Health Promotion and Health Education Specialists (NVPG) has successfully put the need for the expertise of health communication professionals on the agenda of the board meetings of national health organizations.

1.3.3 *Health communication strategies*

Since the seventies, an important shift has taken place from disease prevention to health promotion (Lalonde, 1974). This means a refocussing on 'both individual *and* social responsibility for health; facilitating individual behavioural change *as well as* broader institutional and social change; behavioural *and* economical strategies; healthy people, healthy cities *and* healthy policies; 'blaming' the victim *as well as* blaming the manufactures of illness' (Green & Kreuter, 1991:2).

The use of different health communication methods is considered to be an effective health communication strategy. Researchers stress the benefits of a combined interpersonal and mass-media approach (see for example Green & McAlister, 1984). In the course of the nineties, the question of how to effectively reach and engage different target groups was also raised. Various signals have been given to focus more on lower socio-economic groups in health communication practice (see also Chapter 2). In this framework, social network strategies have been designed and carried out. In social network strategies, the active participation of the target group is essential for the success of the intervention. This participation is enhanced by using trained volunteers, so-called para-professionals or aides, who can use existing social networks as an entry (see for example Vaandrager, 1995). The underlying philosophy of this strategy is to empower the people by mobilizing the community to define and realize a concrete goal (see also Freire, 1972). The interventions are aimed at structural changes rather than temporary relief of problems.

Often, a community approach is focused on behavioural and environmental aspects as well as on topics related to medical care and public health. A community approach seems to be less productive, however, when the diffusion concerns one single health message (de Walle-Sevenster et al, 1986:97). Single messages may be more appropriately covered by a mass-media approach.

1.4 The television field

As the strength of national health organizations lies primarily in the use of mass media, television is used more and more to reach large audiences.

From inception, public broadcasting channels in the Netherlands have been shared by different broadcasting organizations. In this unique, so-called 'pillarized' system, different religious and political groups used to have their own broadcasting organization, supported by paying members. The more members, the more broadcasting time an organization got on the available television channels and radio frequencies. To prevent them from only advocating their own issues, the Media Act requires the public broadcasting organizations to provide a 'full programme' with a reasonable ratio of culture, information, education and entertainment.[3] In the course of the seventies the TROS, a non-religious and non-political public broadcasting organization, recruited enough

3 Under the Media Law of 1988 the ratio for culture was 20%, information 25%, education 5%, entertainment 25% and 25% non-allocated. Also at least 50% of the programmes had to be locally produced. In 1991 the requirements were reviewed: 30% for education and information, 20% for culture, including 10% for art, and the rest non-allocated (Bardoel & Bierhoff, 1997).

members to get broadcasting time. The TROS was the first organization to put more emphasis on entertainment (often programmes imported from the USA), a phenomenon much debated in Dutch society that became known as 'verTROSsing' (Manschot, 1993; Bardoel & Bierhoff, 1997).

Until 1987 there were only two public broadcasting networks in the Netherlands. Transmission was accomplished by individual or central antenna systems: aerials for receiving satellite televison channels were still a rarely used novelty, and there were no Dutch satellite channels. After 1987 television programming expanded however, mainly due to the introduction of a third public network in 1988, and of four commercial networks since 1989 (RTL-4; RTL-5; Veronica; SBS6) (Bardoel & Bierhoff, 1997). The growth of new delivery systems, particularly cable and, somewhat less importantly, satellite and VCR, provided even more opportunities for viewing (Frissen, 1992). Nowadays, Dutch viewers can watch programmes in their own language (including Flemish) on more than twenty channels, including local television, twenty-four hours a day.

The start of commercial broadcasting in the Netherlands has drastically changed the television landscape. Due to the strong competition for viewers between public and commercial broadcasting organizations, all public broadcasting organizations have now shifted their programming towards more (light) entertainment (Frissen, 1992; Manschot, 1993; Bardoel & Bierhoff, 1997). Vochteloo and Emons (1995:66) give an overview of the total number of television programmes on offer on channels 1, 2, 3, and later RTL 4 and 5, between 1986/1987 and 1994/1995. They find that the proportion of fiction programmes (drama series, single drama/TV film, comedy series, television movie, reality TV, cartoon animation and other fiction programmes) has risen from 28.9 percent to 35.3 percent. In addition, the proportion of shows (quiz/gameshow, people/surprise show, talk/chat show, satire and other entertainment programmes) has doubled from 9.4 percent to 18.3 percent. On the other hand, the proportion of informative programmes (news and weather report, current affairs programmes, documentary, information magazine, educational) has decreased from 54.2 percent to 36.8 percent. Commercial channels, with their still greater offering of entertainment, attract more viewers from lower socio-economic groups than the public channels. Because of the diffusion of viewers over more channels, viewer rates have declined dramatically since the introduction of commercial broadcasting. Hence there is strong competition between public and commercial channels for the public's favours. Nevertheless, the Netherlands may be regarded as a country with moderate commercialization.

Critics regard the rise of commercial broadcasting as having several negative consequences. McQuail and Siune (1986) mention four: firstly, ownership and control is concentrated in private hands, at the expense of independence and democratic accountability; secondly, there is no personal or moral concern with the product or its wider consequences; thirdly, profit maximization leads to competition for the largest possible audiences and, under conditions of limited channels, this reduces the offer of content likely to appeal to cultural or political minorities which are too small and differentiated for profitable servicing; and fourthly, it upsets the delicate balance of the operation by which public broadcasting authorities have tried to achieve both cultural goals and mass consumer satisfaction.

However, McQuail also summarizes four positive effects of commercial broadcas-

ting. Firstly, commercialism can produce rapid exploitation of technology and human potential. Secondly, the moral neutrality of commerce is regarded as a positive virtue. Thirdly, commercial competition can lead to an upgrading of quality of some services. Fourthly, freedom of economy is regarded as the ultimate freedom of expression and political action (McQuail & Siune, 1986:154-155).

1.5 Overview of the chapters

This thesis is divided into two parts. The first part (Chapters 2-5) refers to the first central research question (A), deals with the theoretical background of the E&E strategy and reports on the results of a number of E&E television programmes worldwide. The second part (Chapters 6-9) deals with the second central research question (B) and concentrates on the collaboration between health communication and television professionals, both in theory and in practice.

Chapter 1 provides the background to the thesis. The main concepts used in the thesis are defined. The central research question is stated and the type of research undertaken is explained. A brief overview of both the health communication and television field is given.

Chapter 2 describes the theoretical and practical perspectives of the E&E strategy, and probes the history and the most important impetuses to the development of the strategy, coming from different domains in social science. Included are the social marketing perspective, persuasive communication theory, play theory and social learning theory. The issue of health inequalities, being one of the stimuli for E&E development, is also eleborated upon. Some ethical considerations about the use of the E&E strategy are also introduced and discussed.

Chapter 3 touches upon some elements of the role and function of television in health communication and the way national organizations are used to dealing with this medium. As this thesis explores the way entertainment television can be used for prosocial communication, four main entertainment genres will be briefly elaborated: talkshow/magazine; drama-soap series/comedies; quiz/gameshows; and variety shows.

Chapter 4 depicts a Dutch casestudy, *Medisch Centrum West*. This casestudy is based on empirical research into the effects of dealing with health issues in episodes of an already existing popular television drama series (E&E inscript participation).

Chapter 5 describes how theoretical notions as described in Chapters 2 and 3 were applied in several E&E television programmes worldwide. The chapter discusses the results of research carried out on these programmes, the contextual differences found between western and non-western countries and the lessons to be learned from these past experiences for the design of E&E television programmes in future.

The first part of this thesis which refers to question (A) of the central research question is concluded and summarized in Epilogue I.

Chapter 6 discusses several theoretical aspects of an E&E collaboration and introduces models to provide a better insight into the different stages in the collaboration process. Several theoretical notions are introduced, such as sense making in intercultural communication, power and conflict, negotiated agreement. This chapter serves as a frame of reference for Chapters 7, 8 and 9.

Chapter 7 describes the research methodology of the qualitative research into the collaboration process of twelve Dutch E&E television programmes. This research is based on the principles of the grounded theory approach, which means that by constant comparison of the interview data, an attempt is made to develop an E&E collaboration theory which is grounded in reality.

Chapters 8 and 9 describe the results of this qualitative research into the E&E collaboration process. Chapter 8 pays attention to the actual E&E collaboration practice as experienced by the health communication and television professionals that were interviewed. Hindering and facilitating factors will be identified and discussed. Chapter 9 elaborates upon the management of these factors and gives a meta analysis of the collaboration. This chapter also presents a grounded theory of E&E collaboration and a working model based on this grounded theory.

The second part of this thesis which refers to question (B) of the central research question is concluded and summarized in Epilogue II.

Chapter 10 presents an overview and discusses some recommendations for the future of the E&E strategy.

1.6 Summary

At the end of the eighties, national health organizations became interested in collaborating with television professionals in order to reach a broader public with their health messages. Experiences from other organizations and other countries, as well as their change of focus to lower socio-economic target groups, led some national health organizations to carry out some challenging entertainment-education experiments on television at the end of the eigthies and the beginning of the nineties. These experiments and the related research provided the impetus for this thesis.

A twofold research question, concerning (A) the theory and practice of the E&E strategy, and (B) the ins and outs of E&E collaboration, constitutes the basis for the two parts of this thesis. The first part deals with the theoretical and empirical background of the E&E strategy. The second part concentrates on the collaboration between health communication and television professionals, both in theory and in practice.

National health organizations in the Netherlands originate from a medical-technical orientation. This orientation has long dominated the health communication policy of these organizations. Health communication professionals have redirected this policy towards a more social scientific orientation, partly due to the successful application of health communication strategies, ranging from community projects and social network strategies to the use of (popular) mass media. As the strength of national health organizations lies primarily in the use of mass media, television is used more and more to reach large audiences.

The Dutch broadcasting system is characterized by the co-existence of public and commercial channels. Public channels are time-shared by different broadcasting organizations, while every commercial channel is serviced by one organization. Entertainment has become a substantial part of public as well as commercial broadcasting.

2 Entertainment-Education Strategy

Worldwide, in western and non-western countries, a number of groups have sought ways to incorporate health promotion messages into the plots of prime time television entertainment (Montgomery, 1989; Coleman & Meyer, 1989). In the Netherlands also, television entertainment as a potential vehicle for health promotion is regarded as a challenging concept. The essence of the entertainment-education (E&E) strategy is to use mass-media characters as models of behaviour for influencing people towards social change. Television programmes such as comedies, drama and soap serials, quizzes and game shows reach large sections of the public and can be a promising vehicle for the promotion of a healthy lifestyle. According to Montgomery: 'As a popular art form, it has a unique ability to engage viewers in ways that news and public affairs programs do not. For young people, it serves as an 'electronic classroom', in which lessons are taught each week through the actions of its characters' (Montgomery, 1990:115). In this chapter some of the theoretical and practical perspectives of the E&E strategy will be elaborated.

2.1 History

The general concept of combining entertainment and education is not new. The road to the roots of entertainment winds back into (pre)historic times, and leads through diverse landscapes of film and television, theatre, song, dance and storytelling. Troubadours and minstrels, Wajang shadow puppets and Punch and Judy, Shakespeare and Woody Allen all prove that entertainment has always been an integral part of human life, gratifying the need for amusement as well as the need for information. Troubadours served as monthly newspaper as well as entertainer, and Woody Allen shows us all we need to know about modern life, but were afraid to ask. Both formal and non-formal education over the centuries are deeply in entertainment's debt, for its captivating and inculcating powers. The entertainment-education communication strategy, however, has moved from the oral tradition of older times to the audiovisual mass-media challenge of the modern day.

One of the first examples of the entertainment-education communication strategy in the mass media was the British radio soap opera *The Archers* which was purposively designed in 1951 to promote farming innovations in Britain (Fraser, 1987; Singhal & Brown, 1997). Today it is still broadcast in Britain. Again in the late 1950s, another series of radio soap operas was produced and broadcast by Elaine Perkins, a radio scriptwriter in Jamaica, to promote educational-development issues (Cambridge, 1992). The purposive use of the entertainment-education strategy in television is more recent. It is certainly a fact that Miguel Sabido, a writer-producer-director of television in Mexico, has done a major job in developing a theoretical and empirical research-based formula for this strategy. Between 1975 and 1981 he created six prosocial television soap operas, focused on development themes like adult literacy, family planning, female equality, adolescent sexual education and responsible parenthood. Sabido aimed to comply with the demands of the television industry while still attempting to use the medium's edu-

cational capacity to achieve prosocial objectives. His formula is applied mostly in countries of the Third World to promote some aspect of development (Nariman, 1993).

Institutions such as Population Communication International (PCI), headquartered in New York, and the Johns Hopkins University (Population Communication Services) in Baltimore (JHU/PCS), greatly facilitate the international diffusion and theoretical grounding of the E&E strategy. JHU/PCS has been one of the leading organizations in the world utilizing the entertainment-education (E&E) approach in such media as radio and television, street theatre and popular music. As PCI and JHU/PCS receive their funding mostly from USAID, their primary focus is on the development of E&E practice and research in developing countries in the area of reproductive health and family planning. This means that many of the results and lessons that are described in articles, papers and workshops are derived from experiments in non-western countries in Latin America, Asia and Africa. Much of the content of mainstream discussions in the E&E field is, therefore, determined by this perspective (Singhal & Rogers, 1988; Singhal et al, 1992; Rogers, 1993; Singhal & Brown, 1995, 1997; Coleman & Meyer, 1989; Cambridge, 1992), while descriptions of practical experience and research results in western countries, such as the USA and the countries of Europe, are virtually non-existent. There are, however, exceptions and interesting examples, both in the USA and in Europe. The children's television programme *Sesame Street* is world famous. This entertainment-education television programme was created in 1969 by the Children's Television Workshop (CTW) of New York, to prepare (deprived) preschool children for classroom learning. *Sesame Street* is now reaching audiences in over a hundred countries on six continents (Lesser, 1975).

In the Netherlands in the late eighties and early nineties, there were some challenging experiments with the entertainment-education strategy in television, such as the drama series *Familie Oudenrijn* in 1987 (Verbeek, 1990), the *Way of Life Show* in 1988 (Bouman, 1989), *Villa Borghese* in 1991 (Bouman & Wieberdink, 1993) (see Chapter 4).

2.2 Definition

Before we get to the heart of the matter, we must state precisely what the entertainment-education strategy stands for. Entertainment-education (E&E) has been defined by Singhal as *'the process of putting educational content in entertainment media messages in order to increase knowledge about an issue, create favorable attitudes and change overt behavior concerning the education issue or topic'* (Singhal, 1990). This definition needs some critical reflection. The word *'process'* in this definition is rightly chosen. It reflects the time, energy and process way of thinking that is needed when the entertainment-education strategy is applied in practice. It is a matter of careful balance between message and form, and between different stakeholders and collaboration partners. Another aspect of the definition is *'putting educational content in entertainment media messages'*. This 'putting in' gives the impression that the initiative is always taken by the educational partner. The reverse is also feasible however: entertainment media professionals who select educational content to 'upgrade' their entertainment. Therefore a more interactive formulation is suggested here, namely 'creating a media message which is both entertaining and educational'. The aim of the strategy according to Singhal's definition

is *'to increase knowledge about an issue, create favorable attitudes and change overt behavior concerning the educational issue or topic'*. This part of the definition is based on the traditional three sequential stages of behaviour change: 1) knowledge, 2) attitude, 3) behaviour. Other theoretical models, however, add more stages to these original three, the most important being a first 'awareness or attention raising stage' and a final stage of 'maintenance of behaviour change' (Kok, 1985; McGuire, 1989). This means that Singhal's present definition could be adapted to include more differentiation in stages. For example, when a E&E soap opera only draws the attention of the audience to a prosocial topic, without mentioning concrete information, there may already be an important intermediate effect. Some E&E programmes may cause a breaking down of taboos and may stimulate an open and socially acceptable environment for growth and change. This is an important and major step in persuasive communication. Accordingly, the following E&E definition will be used in this thesis: *Entertainment-education strategy is the process of purposively designing and implementing a mediating communication form with the potential of entertaining and educating people, in order to enhance and facilitate different stages of prosocial (behaviour) change.*[1]

2.3 Rise of the E&E Strategy

The difference between the use of entertainment as a teaching tool in former times and at present is that nowadays a mass audience is reached, the communication is electronically mediated, and the strategy is purposively used and based on a multidisciplinary theoretical framework. The rise of the entertainment-education communication strategy is inspired by both pragmatic and theoretical perspectives. Important impulses have come from social marketing, persuasive communication theory and practice, mass media (play) theory and social learning theory. The issue of health inequalities has also played a stimulating role.

2.3.1 *Social marketing*

Attracting and holding the attention of their audience is an old problem for health organizations. Their preventive life saving health messages often go unnoticed because the audience 'switches' off. There may be several reasons for this. In health communication in the sense of promoting a healthy lifestyle, there is no acute health problem to be tackled. In the absence of a need to solve a concrete problem, it is difficult for most people to become motivated to change or adopt new behaviour. For health education to work, the target must first become involved. Health communication theories and planning models nowadays pay more attention to this 'attention gaining', 'contemplation' and 'involvement' prerequisite for behaviour change (see Diclimente et al, 1985; Kok, 1985; McGuire, 1989).

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1 Singhal, in his most recent book, co-authored with Rogers, redefined his definition as follows: *'Entertainment-education strategy is the process of purposively designing and implementing a media message to both entertain and educate in order to increase audience members' knowledge about an educational issue, create favourable attitudes, and change overt behaviour'* (Singhal & Rogers, forthcoming 1999).

In order to get people more involved, health organizations have to use more sophisticated social marketing principles. Social marketing has evolved from business marketing practices, but is distinguished by its emphasis on so-called non-tangible products: ideas, attitudes, lifestyle changes (Kotler & Zaltman, 1971; Kotler, 1985; Manoff, 1985; Lefebvre & Flora, 1988; Mintz, 1992). A central aspect of a social marketing approach is the use of a consumer orientation to develop and market interventions. From their roots, many health organizations have a long tradition of a top-down, agency-centred 'we know what's good for them' attitude (Dervin 1980; 1989). This is also referred to as 'push' marketing: health organizations push their ideas, products and/or services onto consumers (Fine, 1981). In contrast to push marketing, there is 'pull' marketing, where consumers 'pull' certain ideas, products and/or services out of agencies, that is to say, modern business marketing addresses the client's needs and interests in the development and promotion of products and services (Lefebvre & Flora, 1988).

A social marketing perspective underscores the necessity for health organizations to be aware of, and more responsive to, consumer needs. They have to give serious thought to the positioning of their product in the market (Zoete, 1985; Kreps & Thornton, 1992). This means that health organizations have to pay more attention to the price, place, and promotion of their specific product on offer, in this case a prosocial value: individual and/or environmental health. In the entertainment-education strategy, an attempt is made to keep the 'price' low (in terms of time, effort, money) by informing and educating people in an entertaining television programme in an easy and enjoyable way, in their private sphere at home in their own colloquial language.[2]

The shift of focus within health organizations towards a more social marketing approach has not taken place without constraints and difficulties. Lefebvre and Flora (1988) mention several obstacles that hinder the adoption and maintenance of a consumer orientation in public health-oriented organizations. Among them are organizational biases that still favour 'export-driven' programmes, instead of situations (such as in community projects) that require working with multiple intermediaries and stakeholders, who may modify and dilute the message before it reaches the consumer. The 'commercial' connotation of social marketing has also been due to this.

Several authors have paid attention to the weakness of the social marketing strategy (Milio, 1985; Salmon, 1989; Wallack, 1989; Blane, 1995; Guttman, 1997). They criticize the social marketing approach for its implicitly assuming that people have equal opportunity to participate in the market place and the health care delivery system and for ignoring or deemphasizing the notion that external social and economic factors, which are not individually based, are usually the major determinants of health. The social marketing perspective tends to frame the notion of responsibility for disease prevention as if it were primarily under the control of individuals (Wallack, 1989). As Milio states: 'Health communication interventions often do not include in their messages to the public information on how health risks of the public are also intricately vested in the competing interests of powerful organizations such as the food and tobacco industry, government interests, or the medical profession' (cited in Guttman, 1997:111).

2 This approach is not, of course, appropriate (and possibly even dangerous) in the case of a person having an urgent, specific health question best answered by a general practitioner.

The social marketing approach certainly has its weaknessess, but also its advantages. It cannot be ignored that its pragmatic marketing perspective has made health organizations become more aware of the necessity to increase the social adoptability of their health messages, by taking sufficient account of the norms and values of their different audiences.

Mintz (1992) predicts, in relation to social marketing, that in the future there will be a shift from advertising to sponsoring, with long-term sponsor partnerships (see also Brockhoven, 1988; Geval, 1990; Verpalen, 1990). More psychografic research will be conducted to optimize the attunement of the message to the needs of the clients. Social marketing will become an integral part of the policy of health organizations. More training facilities in social marketing for middle and higher management will be developed, and the services of social marketing consultants will increase. These developments will be parallelled by discussions about ethics and political correctness. In fact, these predictions of Mintz are coming true right now. Health organizations are transforming themselves from medical bulwarks to people-oriented health facilitators.

Various techniques of social marketing are used in the design of entertainment-messages (e.g. formative evaluation, audience segmentation, needs assessment, product development, pre-testing). Research-based knowledge about the characteristics, needs and preferences of the target audiences can substantively inform and support the design of entertainment-education programmes. This may include inviting audience representatives to participate in the design process or to organize focus groups to obtain actual information and feedback from the specific target group.

2.3.2 *Health inequalities*

The rise of the entertainment-education strategy is stimulated by another issue closely related to social marketing: there is an urgent need to develop new health communication strategies to bridge the gap in health inequalities in society. A first serious 'wake up-call' was given in 1982, when the *Black Report* was published in England (Townsend & Davidson, 1982). The report indicated that the fact that health inequalities did not cease to exist after World War Two was due to differences in socio-economic status. This triggered an international debate about health inequalities and how to reduce or prevent them. In the Netherlands also, this topic became an important issue and was discussed by health communication professionals, medical scientists and politicians (Ministerie WVC, 1987; Programmacommissie Sociaal-Economische Gezondheidsverschillen, 1993, 1994a; 1994b). Research data from epidemiological studies in the Netherlands (and in other countries) show that people with a higher socio-economic status have a better health status than people with a lower socio-economic status.[3] According to some researchers this relation can even be reversed: people who are healthy acquire in the long run a higher socio-economic status (Homan et al, 1990; Mackenbach, 1994).

The factors that play a role in the explanation of health inequalities are multivaried. Behavioural factors are important, but so also are working and housing conditions, psycho-social factors, conditions in childhood, health care facilities and some other selec-

3 Lower socio-economic groups are defined as people with a low income, a low level of education and a low job status. In marketing terms they are categorized as CD groups, in which the level of education is mostly taken as the most determining behavioural factor.

tion mechanisms. Several recommendations have been made for interventions to reduce these inequalities. One of them is to pay more attention to lower socio-economic groups in the development and attunement of public communication campaigns (Programmacommissie Sociaal-Economische Gezondheidsverschillen, 1994b:34).

In the field of health communication, however, up to the late eighties hardly any work had been done with lower socio-economic groups (Elbers & Tissen, 1986; de Walle-Sevenster et al, 1986; van den Beucken & de Walle-Sevenster, 1986; Röling, 1989a, 1989b; Bouman, 1989; 1994a; 1994b; de Walle-Sevenster & Kok, 1991). In health communication circles the labels, 'deprived groups', 'hard to reach groups' and 'non spontaneous information seekers' are frequently used to denote less well educated groups. These labels are obviously defined from a 'sender's' viewpoint. Lower socio-economic groups are not hard to reach as such, but it seems that traditional methods and approaches of health communication do not fit with their culture and norms and values. Health organizations themselves have created 'hard to reach groups', by using insufficient communication methods. Whether a client is 'hard to reach' depends not only on the person, but also, and perhaps even more so, on the change agent who wants to reach him or her. According to Rogers (1995), change agents are inclined to communicate with clients who look like themselves. He calls this the heterophily gap.[4] Guttman (1997) also talks about health promotors who in many instances can be seen as change agents who traditionally have been 'outsiders' in relation to a majority of their target population, with their own set of values. She points to the inherent conflicts between the values and priorities of various stakeholders. Strasser and colleagues state in this regard: 'Values emphasized in health communication interventions might not be fully compatible with values related to cultural customs, tradition, and some people's conception of what is enjoyable or acceptable' (Strasser et al, 1987 cited in Guttman, 1997:102). Professionals in health care and health communication are mainly highly educated, and use language, manners and values that do not connect to those of lower socio-economic status groups, and often even provoke aversion among the latter.

Dervin (1974; 1976) mentions several barriers that lower socio-economic groups have to overcome in order to find the right health information for their needs: social, institutional, physical, psychological and intellectual barriers. The existence of social and intellectual barriers, in particular, have created the need for the entertainment-education communication strategy. Lower socio-economic groups may be unaware that specific health information is available. They have their own subcultures and are often not connected with the main information resources in society. Their own information source is often a 'closed system', in which only group related issues are discussed. Their immediate social micro-environment: family, friends and neighbours are their main source of inspiration and information (see also Lewis, 1966; Mendelsohn et al, 1968). Rosenblatt and Suchman (1964) label this 'parochial networks', which are more 'people-oriented', in contrast to 'cosmopolitan networks' of higher socio-economic groups,

4 Heterophily is the degree to which pairs of individuals who interact, differ. Health communication professionals, who are change agents providing a communication link between the resource system of their organization and a client system, may be quite heterophilous in relation to both their clients and the technical experts in the change agency. This heterophily gap on both sides of the change agent creates role conflicts and certain problems in communication. As a bridge between two different systems, the change agent is a marginal figure with one foot in each of two worlds (Rogers, 1995: 336).

which are more 'object-oriented' (in: de Walle Sevenster et al, 1986). This social barrier links in with Dervin's 'intellectual barrier'. The form of the available information is not always adapted to the skills of the information seeker. Lower socio-economic groups are more 'people-oriented' while national health organizations traditionally communicate their health message in a rather object-oriented manner, with many facts and figures and elaborate explanations, often in the print media.

Because lower socio-economic groups have no 'reading culture', they make less use of the print media and more use of audiovisual media, like television (Vierkant, 1987; Knulst & Kalmijn, 1988; Knulst & Kraaykamp, 1996). Surveys indicate that preferences for television genres are determined mostly by education. According to records of the Central Bureau for Statistics (CBS) in the Netherlands, poorly educated people, compared with those holding secondary and higher qualifications, 'spend a greater portion of their viewing time watching light entertainment programmes (gameshows, music shows, etc.) and drama (films series, soaps)' (Knulst & Kraaykamp, 1996:269; see also Vierkant 1897; Frissen, 1992).

The entertainment-education strategy aims at being more compatible with the lifestyle and culture of audiences who are less well educated. Entertainment television (1) is based on popular culture, (2) is more people oriented (human interest) than object oriented, and (3) resembles a parochial network, in that it is a main source of inspiration and information, and encourages conversations with family, friends and neighbours.

2.3.3 *Persuasion communication theory*

Traditionally, health organizations tended to deliver their messages in mainly cognitive formats. The rise of the entertainment-education strategy runs parallel with new insights in health communication theory which now accepts that, besides cognition (what do people think), the role of affect (what do people feel) is important in behaviour change. Early theories used reasoned action as the most important motive for behaviour change (Ajzen & Fishbein, 1980). At the heart of these theories lies the idea that people will change their health behaviour when they know their objective risks and when they perceive these risks as posing a real threat to their health; that people weigh up the pros and cons of certain behaviour and then decide. Therefore many early health communication strategies were based on informing people about their health risks and providing health tips to reduce these risks (Health Belief Model, Theory of Reasoned Action). Although these early theories were in themselves not exclusively cognitive in nature, in practice the role of affect was often neglected, and great emphasis was put on cognition. They were, therefore, unsatifactory in predicting and explaining people's health behaviour and were certainly not very realisic. In daily life affect and cognition are closely related.

Several psychological theories of persuasion have been developed to account for attitude change in response to rational appeals, while little is known about the impact of emotional appeals on attitudes and attitude change. Rosselli et al (1995) state that 'in contrast to more rational appeals, emotional appeals can be thought of as attempts to influence the emotions or feelings one has about an attitude or object. A persuasive message might be considered emotional if it serves to cue the retrieval of emotional experiences associated with an object', while 'rational messages exert their impact on

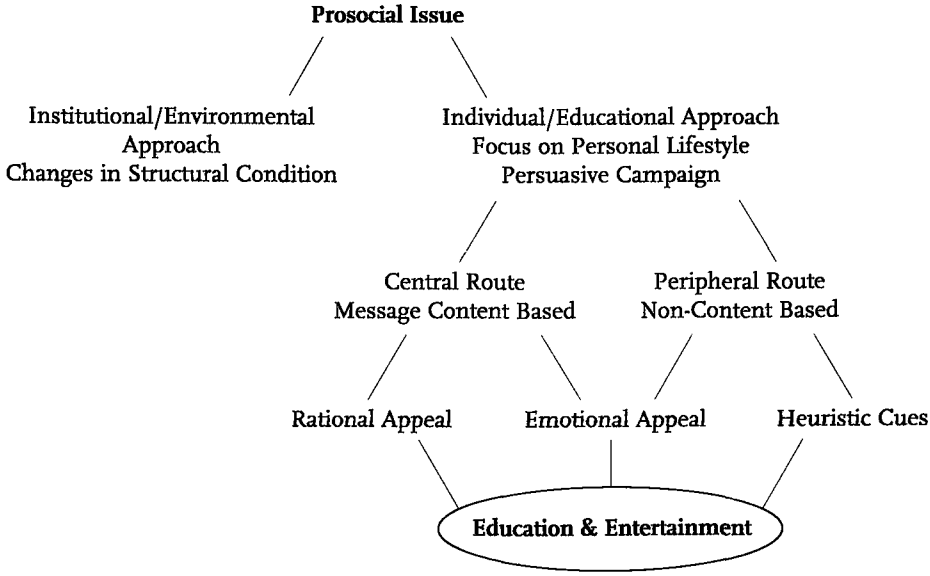
attitudes by influencing the evaluative cognitions generated about the object or issue in question' (Rosselli et al, 1995: 165) Emotional messages influence the evaluative affects that are generated. Research indicates that the cognitive processing of information occurs best when triggered by a positive affective evaluation. Emotional appeals can lead to attitude change especially when people's motivation to think about the message is low (Pieters & van Raaij, 1988; Petty & Cacioppo, 1986; Cafferata & Tybout, 1989; Rothman et al, 1993). Current models of persuasion also suggest that attitude change may be produced through both a content based and a non-content based route (Rosselli et al, 1995).

An interesting model that pays attention to both cognition and affect in information processing is the Elaboration Likelihood Model (ELM) of Petty and Cacioppo (1986). The ELM suggests that there are two possible routes people can follow in the persuasion process: the 'central route' and the 'peripheral route'. Persuasion through the central route is achieved through the receiver's thoughtful examination of issue-relevant thinking. The 'peripheral route' represents the persuasion process involved when elaboration likelihood is relatively low. Sometimes people will not undertake much issue-relevant thinking; hence they display relatively little elaboration. According to Petty and Cacioppo (1986) when a given issue becomes increasingly personally relevant to a receiver, the receiver's motivation for engaging in thoughtful consideration of that issue presumably increases. In health communication, issues concern preventive health and not cure of diseases and are often not perceived as directly relevant to the actual moment. Also, some people are generally disposed to enjoy and engage in effortful cognitive undertakings, whereas others are not. The ELM suggests that under conditions of relatively low elaboration, persuasive effects will be influenced much more by the receiver's use of simple decision rules or 'heuristic principles'. These heuristic principles represent simple decision procedures requiring little information processing. Petty and Cacioppo mention several types of heuristics. They distinguish a 'credibility heuristic', which means that people trust statements by credible sources. There is also a 'liking heuristic', which indicates that people attribute correct opinions to people they like. Another type of heuristic is the 'consensus heuristic', which refers to people's reaction: if other people believe it, then it is probably true. And finally there are simple heuristics, such as the number of arguments and the sheer length of the health message (see also Chaiken, 1980).

The central and peripheral routes to persuasion are not two collectively exhaustive and mutually exclusive categories or kinds of persuasion; they simply represent prototypical extremes on a high to low elaboration likelihood continuum. There is something of a trade off between peripheral cues and elaboration (issue-relevant thinking). As elaboration likelihood increases, the impact of peripheral cues declines, and the impact of the receiver's issue-relevant thinking increases. It is clear that different factors influence persuasive success under different elaboration conditions. The ELM suggests that attitudes shaped through central-route processes will (compared with attitudes shaped through peripheral-route processes) display greater temporal persistence, be more predictive of subsequent behaviour, and be more resistant to counterpersuasion. The entertainment-education strategy aims to raise attention and awareness around a prosocial issue via the peripheral route, then stimulate audiences once they are interested to engage in more issue-relevant thinking via the central route.

The following illustration may help to summarize and clarify the position of the entertainment-education strategy in health promotion.

Figure 2.1 E&E routes to persuasion



This illustration shows that when a prosocial issue (in this case a health problem) is defined, two strategies can be roughly distinguished: (1) an institutional/environmental approach aimed at changes in social structures and conditions, and (2) an individual/educational approach aimed at changes in personal lifestyles. These two strategies more or less parallel the distinction between media advocacy and social marketing (see Chapter 3, section 3.3). If an individual lifestyle approach is chosen, as many national health organizations do, a persuasive campaign is often designed. In such a campaign, a central route can be chosen in which content based messages are designed with rational and/or emotional appeals, or a peripheral route can be chosen, where non-content based messages are designed with emotional appeals and/or heuristic cues. Of course it is not a question of either/or, and often the two are combined. These distinctions are made here purely for analytical reasons. The interface of these routes to persuasion is regarded here as the playground of the entertainment-education strategy.

This runs parallel with the insight of MacLean (1973), a physiologist who articulated three centres of perception in his model of the human brain structure, known since as the concept of the 'triune brain' with three distinct cerebral centres. The oldest of these centres, according to MacLean, is the 'reptilian' brain which programmes behaviour that is primarily related to instinctive actions, based on ancestral learning and memories. Through evolution, humans have developed a second cerebral centre, called the

'paleomammilian' brain. This brain plays an important role in human emotional behaviour. The (relatively) most recent addition to the cerebral hierarchy is called the 'neomammilian' brain, or the neocortex. It receives its information from the external environment as registered through the eyes and ears. This is the brain centre that governs human creative and intellectual functions. Sabido, writer, producer and director of E&E television soap operas, asserts that these three types of stimulation must work together to contribute to attitude and behavioural change (Nariman, 1993:43-45). The success of health communication campaigns depends on the creation of holistic messages that appeal jointly to human instinctual, emotional and cognitive functions. Entertainment-education messages can be specifically tailored to meet this requirement.

2.3.4 *Play theory*

The entertainment-education strategy in mass communication finds another justification in Stephenson's play theory (Stephenson, 1967). According to Stephenson, facilitating 'subjective' play, giving people pleasure and distracting them from the pressing matters that concern them is one of the most significant functions of television. Stephenson argues that 'scholars have long been blind to the 'play' aspects of mass communication, because of their reliance on functional approaches to media (such as the role media play in stabilizing or destabilizing society) and their inability to take seriously and deal with something that seems as frivolous as play'. He (1967:1) adds to this: 'there are some who look with an uneasy eye at these mass pleasures, behind them they see the lurkings of 'hidden persuasion' and 'tyranny over the mind' (a view expressed by Aldous Huxley, see also Postman, 1986). Fiske (1987) too makes it clear that there is no doubt that people enjoy television and that watching it is a major source of pleasure in everyday life. He points to different kinds of television pleasure. There is, for example, the pleasure and power of looking. Being able to see the secret, private life of others on television gives the viewer a certain power over them (see also Mulvey, 1975). Viewers also experience pleasure in taking their own interpretations and meanings out of the programme (see also Barthes, 1975; Iser, 1988). Fiske has called this television's playfulness, a sign of its 'semiotic democracy', by which he means 'the delegation of production and meanings and pleasures from an authorial voice proposing a singular way of looking at the world, to its viewers' (Fiske, 1987:237). The pleasure and the power of ascribing meanings, of playing with the semiotic process, are some of the most significant and empowering pleasures that television has to offer to viewers. This reflects the reception theory model of television (see Chapter 3, section 3.1.). The exploration of the boundary between the symbolic and the real is also mentioned as a source of pleasure. This happens to many soap opera viewers, who often actively choose the character with which they want to identify. This is the pleasure and power of making their own personalized image-identity. According to Fiske (1987), the power to make one's own statements and meanings is especially important for people in subordinated powerless subcultures. The pleasure of rule breaking is another element. Fiske (1987) says that 'responsible' television coverage and commentary (such as in the case of educational programmes or documenteries) underpins authority and playing within the existing rules, while popular television programmes often show the breaking of, and playing with, the rules. The pleasure of breaking rules or exposing their arbitrariness are resistive pleasures of the subordinate. In western societies, however, pleasure typically is

classed as 'an indulgence, the expression of selfishness, idleness, vanity and thus a productive of guilt' (Fiske, 1987:227).

Television, as a popular mass medium, can gratify several needs at the same time. According to the 'uses and gratifications' approach, the more needs that can be simultaniously satisfied, the higher the likelihood that people watch television (Rosengren et al, 1985; McQuail, 1994). The entertainment-education theory aims to satisfy, among other things, the need for information, entertainment and (para)social interaction. In reference to this latter it is interesting to note that some theorists now claim that television (especially popular programmes like soaps and drama series, talkshows) plays, more and more, a role of intimacy at distance. Scannell argues that 'there are considerable similarities between broadcast and face to face talk: both are communicative interactions intended to be heard by their audiences which are either live or simulate liveness, and which may or may not permit responses (direct or simulated) from their audiences' (cited in Livingstone & Lunt, 1994:6). This phenomenon relates to what Horton and Wohl (1958) coined as 'parasocial interaction': people develop a seemingly interpersonal face to face relationship with mass media personalities and characters. In parasocial interaction the audience has the experience of face to face communication when watching television. Some scholars point out that, due to changes in society, direct face to face contact is becoming rarer and is often replaced by indirect face to face contact, such as associating with television stars, role models in soaps, identification with participants in a talkshow. As Cerulo et al (1994) say: 'Mass media have become a new source of primary group affiliations, that provide social members with a sense of identity and purpose, strong and enduring social bonds, and a source of immediate social control' (cited in Livingstone & Lunt, 1994:169). Entertainment-education programmes are designed to stimulate and enhance parasocial interaction between viewers and television personalities and characters. The essence of the entertainment-education strategy is to use television characters as models of behaviour and to encourage audience members to talk each other into practicing the desirable behaviour they see portrayed (Wallack, 1989, 1990; Hoffner & Cantor, 1991; Bryant & Zillmann, 1991; Signorielli, 1993). Television programmes may influence peer group behaviour: talking with neighbours, family and friends about yesterday's events and experiences in the most popular serials often stimulates people to reflect on and incorporate the serial's most intricate ideas and messages.

2.3.5 *Social learning theory*

The entertainment-education approach also draws heavily upon Albert Bandura's (1986) social cognitive theory. According to this theory, people learn not only in formal learning situations, such as in schools, but also vicariously, by observing the overt behaviour of models. The models used in this observational learning can be real life people or characters seen in films and on television (Bandura, 1994). The essence of the entertainment-education strategy is to use television characters as role models for prosocial behaviour.

According to Bandura's social cognitive model, in order to convert values into behaviours it is necessary to present appropriate models who practise the same behaviour and are visibly 'rewarded' in front of the observer and vice versa 'punished' for practising socially undesirable behaviour (see also Nariman, 1993). Social cognitive theory

postulates that these rewards or punishments have a vicarious effect upon the observer who can be motivated to practise or not to practise certain behaviour in circumstances that are similar to those modelled.[5]

According to Bandura (1994:52), the actual modelling and observational learning process is governed by four interrelated subprocesses: attention, retention, production and motivation. First the model must attract the *attention* of the observer. In entertainment-education television this is achieved by using a popular programme genre. Other variables, such as the preceived attractiveness of the model, also come into play.[6]

In order to reproduce the behaviour without the presence of the model, it is necessary to retain the image and verbal symbols provided. The *retention* of modelled information is enhanced when viewers perceive the model and the circumstances to be similar to themselves and significant in their lives.

The third subprocess that influences the degree of modelling is called *production.* Production processes address the ability of the individual to replicate the observed behaviour, or 'the translation of retained symbols into guides for future behaviour'. This process can be encouraged by letting the models demonstrate the prosocial behaviour in life-like circumstances, that the viewer can recognize and relate to.

The most important and decisive subprocess is *motivation* and reinforcement. Motivational processes address incentives to exhibit modelled behaviour, including direct and vicarious rewards. Bandura indicates that an individual may observe, retain and have the ability to translate the retained symbols into specific behaviour, yet not do so unless favourable incentives are introduced. In entertainment-education television programmes, the observer or viewer learns vicariously by watching a television model being visibly rewarded or punished immediately after the model engages in prosocial or antisocial behaviour. These rewards or punishments must be realistic and can vary from subtle gestures to more explicit moral statements.

Miguel Sabido has applied Bandura's social modelling perspective in his entertainment-education soaps and drama series (Nariman, 1993). In soaps and drama series there is always a moral dilemma or conflict involved. Sabido expresses this conflict by defining three basic groups of protagonists: (1) those who support the prosocial behaviour (positive role models), (2) those who reject it (negative role models), and (3) those who move from antisocial to prosocial behaviour (transition models). Each type of modelling character begins with a specific position regarding the proposed behaviour, and represents a spectrum of genuine points of view among the target audience. The positive and negative role models in the series defend or attack the prosocial value in front of the doubting character. The positive characters are rewarded and the negative characters are punished. Gradually, the doubting characters begin to change their opi-

5 Bandura (1986) distinguishes between identification and imitation. Imitation is done in the presence of the model. Identification, on the other hand, is a process in which one person joins his thoughts, feelings and actions with those of another person who acts as a model. This identification involves an incidental learning process, because the model does not intentionally try to transmit thoughts, feelings and actions for adoption by the observer. However, this adoption is called modelling because it is based on models' conduct. Through modelling it is possible to acquire new forms of behaviour or to strengthen or weaken certain behaviours.

6 It is said that modelling is more likely when the model is perceived as having a slightly higher status than that of the target group (Nariman, 1993).

nion and attitude and adopt the prosocial behaviour, and are rewarded for that. The audience must identify with all three types of modelling character in order to vicariously experience the rewards for exercising the promoted behaviour.

2.4 Ethical considerations

The E&E strategy is a form of persuasive communication. Some authors and practitioners regard this as doubtful, questionable or even unethical. The ethical discourse about the E&E strategy concentrates on the fear of 'making propaganda in disguise' and the ethics of 'sugar-coating the pill'. To contribute to a more balanced discussion about the ethics of persuasive communication, and the entertainment-education strategy in particular, it is important to describe what persuasion is and what makes it different from manipulation. According to Reardon: 'persuasion presents a case for the adoption of a persuader-preferred mode of action, belief or attitude. It is a voluntary change and it does not deprive the persuadees of or limit them in other choices. The latter is the case in manipulation. People being manipulated are not encouraged to reason about the situation, but are entranced by false promises' (Reardon, 1991:1-2). Health communication is based on voluntary behavioural change. In the case of E&E television, audiences are free to watch whichever programme they prefer. An accusation of manipulation would not give the audience credit for its own choice in this and its competence to interpret and give meaning to televisual messages of their own accord (see also Chapter 3).

From a critical theory perspective, however, questions can be raised about the social context in which persuasive campaigns and E&E television programming occur. Under the banner 'preventionitis', there are voices who challenge the presumption that prevention is 'good' and ask whether there is an adequate knowledge base to make health communication justifiable (Duncan & Cribb, 1996; ten Have, 1987; Hertogh, 1989). Some critics also say that organizations may promote certain values to the exclusion of others (see e.g. Guttman, 1997; Salmon, 1989). For example, the social marketing strategy underlying most of the present health communication campaigns is criticized for its individualistic approach, based on the 'blaming the victim' principle and neglecting external social and economic conditions that play an important role in attitude and behaviour change.

The ethics of 'Helping People Change' (HPC) type of interventions are indeed serious food for thought. Duncan and Cribb (1996) indicate two approaches that may be of interest: 'analytic health care ethics' and the 'Foucauldian anti-ethic' perspective . According to analytic health care ethics, health communication professionals need to identify 'ethical' elements of interventions and evaluate these in the light of four principles: beneficence, non-maleficence, autonomy and justice. In contrast, according to a Foucauldian analysis, any 'Helping People Change'-type of intervention undertaken by health professionals is suspicious. Foucault points out that health professionals establish and maintain new forms of power relations. Power in this sense is not seen by Foucault as overt constraints that dominate, but the power of expressing and reproducing discourses around healthy lifestyles and the way these discourse penetrate into the lives and minds of subjects, helping to create 'healthy' or 'unhealthy' self-identities (see Duncan & Cribb, 1996). Whitelaw and Whitelaw (1996) suggest a social constructivist

approach in order to deal with these ethical antipodes. A social constructivist approach regards the notion of ethics as being constructed rather than being given. The starting point of social constructionists is that ethics do not 'exist' independently of human interaction. Whitelaw and Whitelaw favour a more 'situated' ethical process. Such a process is 'mindful of the historical-contextual forces and culture specific values and motives that create what we deem to be ethical and it allows us to continually reflect on and examine our 'answers'' (Whitelaw & Whitelaw, 1996:351).

Discussions about ethics are seldom heard in daily health communication practice, and often only after critical questions have been raised by third parties (van Woerkum, 1994). National health organizations regard their persuasive campaigns as legitimate and useful instruments to contribute to the realization of their organizations's prosocial aim. They see themselves more or less as being 'appointed' by the public to 'safeguard' their health. In their policy papers, rationales like 'benevolence' and 'public interest' can often be detected. Salmon (1989) contends that these concepts may obscure the concomitant underlying social process of control and change. He indicates that values of conflict arise from the definition of a social condition as a social problem meriting intervention. The fact that 'some social condition is problematic means only that is has been defined as a problem or threat by someone or some group' according to Salmon (1989:21).

Health communication professionals are often confronted with ethical dilemmas as they arise in their daily practice. They have to act pragmatically and cannot always afford to refrain from action. In entertainment-education projects this is the same. Brown and Singhal (1990; 1993) indentify four main basic ethical dilemmas of the E&E strategy, relating to (1) the content of prosocial messages, (2) issues of equality, (3) communication channels and (4) unintended effects.

The *prosocial content dilemma* refers to the issue of how prosocial content should be distinguished from antisocial content, and raises questions such as who determines this distinction, with what authority or social consensus. It refers to 'definers of the problem', those who have the power to control the framing or defining of an issue (see also Salmon, 1989; Duncan & Cribb, 1996; Whitelaw & Whitelaw, 1996).

The *socio-cultural equality dilemma* raises the question of how to ensure that prosocial television upholds socio-cultural equality among viewers. Health communication interventions may inadvertently contribute to privileging the position of dominant stakeholders, such as orthodox medicine over complementary medicine, or the promotion of behaviour or products which only privileged people can afford (see also Guttman, 1997).

The *prosocial development dilemma* debates the entertainment-education strategy for its combining of two gratifications: entertainment and education, without explicitly 'coming out'. Deluding people into thinking that they are watching an entertainment programme, while at the same time feeding them with information, is called 'hidden persuasion' by some, while others argue that any kind of communication, be it direct or indirect, is meant to influence, and so carries the risk that the 'receiver' may not recognize or detect all the persuasive aspects of the 'message'. A serious attempt to tackle this dilemma would therefore involve the consideration of not communicating at all. Everybody will agree that any effort to promote social change is a value laden activity. Even doing nothing is value laden, but probably nobody will advocate this as a better

alternative to prosocial campaigns (see also Singhal & Rogers, forthcoming 1999).

The *unintended effects dilemma* raises the question of how to respond to unintended and undesired consequences of prosocial television. Communication effects are not always controllable, and that is even more the case in mass media. Although problematic enough, this dilemma is not connected to the use of the E&E strategy as such, but with the way it is applied in a specific programme.

Besides these four dilemmas, as mentioned by Singhal and Brown (1997) health communication professionals often have to wrestle with role dilemmas involved in balancing objective detachment and subjective interpretation. Cohen (in Christians, 1977) calls this 'bifurcated professional existence'. Besides having a moral responsibility to their target audiences, health communication professionals also feel morally responsible to their own professional community. Therefore a fifth dilemma will be introduced here: the *professional role dilemma.* This dilemma consists in the paradox that health communication professionals, by applying their own professional standards, may violate the professional standards of others[7].

Talking about ethics is important, but it can also be used as an excuse not to take action, to slip into scepticism or to adopt a lazily dismissive stance (see also Duncan and Cribb, 1996). Using traditional, safe and non-controversial communication methods, without reaching the intended target group may also be called unethical. According to Singhal and Brown (1997), many educational programmes, despite good intentions and large investments, are perceived as dull and didactic by the audiences, because of the often slow paced and non-engaging presentation style of the programme. They regard combining entertainment with education as an opportunity to overcome the limitations of 'entertainment degradation' and 'boredom-education' types of programmes and find that, in this sense, entertainment-education programmes can be seen as a 'healthier' alternative (Singhal & Brown, 1997; see also Nariman, 1993). Television audiences also indicate that they like to learn from popular entertainment television programmes (ResCon, 1989, 1992; Bouman et al, 1998). Knowing that popular entertainment programmes also have a negative connotation ('mindless', to quote one expression), viewers indicate that the fact that they can also learn something from these programmes can upgrade the genre and makes them feel less guilty (see also Chapters 4 and 5).

Persuasion, like most other activities, is regarded here as not inherently good or bad. Its purpose and outcome may or may not be ethical. However, the development of a more explicitly stated ethical framework for use in the conceptualization, design, implementation and evaluation of E&E products is worthwhile and necessary. Some have taken up this challenge already. Guttman (1997) adapted the framework of Brown and Singhal, and gives examples of research questions that address ethical concerns in the analysis of health communication interventions. Cambridge et al (1995) offer another ethical framework based on Nariman's guidelines, one that recognizes the deontological and teleological issues associated with conceptualization, production, distribution and consequences of entertainment-education materials developed to promote and support change.

In general, the complexities in media ethics and persuasion campaigns reflect com-

7 At present the Netherlands Association for Health Promotion and Health Education Specialists (NVPG) has designed a professional code and registration system in order to guide health communication professionals in dealing with this type of dilemmas (NVPG, 1998).

plexities in society. The questions of which ends justify activity is still central, but result according to Whitelaw and Whitelaw (1996) in 'bottom line' ethics, where minimum attention is paid to minimum standards, where the moral is reduced to the legal in which the law provides the constraints. They claim that it is possible to be a relativist and allow for a pragmatic belief in universal ethics. This thesis favours a pragmatic approach that states that meaning is established by action and not by intellectual chitchat.

2.5 Summary

There is a need to develop a wider variety of effective and efficient strategies to bridge the gap between cognitive and affective approaches in health communication. From their inception, health organizations have focused on giving serious factual information, mostly appealing to reason and cognitive processing and assuming that the recipient is actively seeking information. They relied heavily upon 'transfer of knowledge' as the basic trigger for behavioural change. This emphasis on reasoning, however, proved not always to be effective. In the case of 'preventive' health, in particular, it takes more effort to get people involved in the health issue. As long as there is no urgent health problem to be solved, there is often no cue to action for people to seek information or to reflect on their own health attitude and behaviour. More affective and heuristic principles appealing to emotions and human interest need to be integrated into health communication strategies. Some people like effortful cognitive undertakings whereas others are activated by peripheral cues, that is by extrinsic features of the communication situation. Health organizations now have to use more sophisticated social marketing principles to attract and hold the attention of their target groups than they have in the past. The entertainment-education communication strategy originates from this social marketing approach and is based on a multidisciplinary theoretical framework.

Several questions can be raised about the entertainment-education strategy, as indicated above. There are pros but also cons. Doubts can even be raised about the effect of 'incidental' learning. There is also an ongoing discussion about ethical dilemmas, drawing upon some health organizations' fear of being accused of making 'propaganda in disguise'. Some see the combination of entertainment and education as a way of 'sugar-coating the pill', which causes a moral dilemma. There is also a fear of populism and hence a fear within health organizations of losing their respectable image. After all, health messages in entertainment genres have to follow the rules of the genre, implying that complex information has to be simplified and reduced to a minimum.

On the other hand the entertainment-education strategy is regarded as a promising alternative against two undesirable trends in contempory mass-media programming: 'entertainment-degradation' programmes, and 'boredom-education' programmes. It is certainly a fact that various signals from health communication practice have urged health organizations to reflect upon their present communication policies and to shift their focus to a more consumer-oriented approach.

3 Television and Health

Television has gained in importance as a medium for health communication in the last few years. Television as a mass medium can influence the public health agenda and, because of changes in the media landscape, it has become more feasible for national health organizations to integrate it into their health communication policy. In addition, the general public likes television to provide them with information about health (Elliott, 1987; Karpf, 1988; Damoiseaux, 1991; Dan, 1992; Eggar et al 1993). However, as with any mode of communication, television has its own advantages and limitations. This chapter touches upon some elements of the role and function of television in general and in health communication in particular.

3.1 Models of television communication and audience roles

In answering the question of the perspective from which health organizations make use of television as a medium for their messages, one inevitably encounters the traditional concept of sender, message, channel and receiver (Shannon & Weaver, 1949). McQuail (1994) distinguishes four models to illustrate different ways of looking at the relationship between sender and receiver of mass communicated message: the transmission model; the publicity model; the expression or ritual model; and the reception model (Table 3.1). These models will be briefly described here and linked with the present policy and practice of national health organizations.

Table 3.1: Relationship Sender-Receiver

Orientation of	Sender	Receiver
Transmission model	Transfer of meaning	Cognitive processing
Publicity model	Competitive display	Attention-giving/spectatorship
Expression or ritual model	Performance	Consummation/shared experience
Reception model	Preferential encoding	Differential decoding/ construction of meaning

(McQuail: Mass Communication Theory, 1994:55)

The *transmission model* is the oldest and most 'traditional' way of looking at the process of communication. It is a particular view of communication as a process of transmission of the message over time as determined by the sender or source for the purpose of control. It is based on a rather linear sequence of 1) sender ▸ 2) message ▸ 3) channel ▸

4) receiver[1]. The transmission model implies instrumentality, cause and effect relations, a one-directional flow, and cognitive processing by the receiver. Following this model, national health organizations (sender or source) design their health message with great care and precision, transmit this message via a television programme (channel) and hopefully the audience (receivers) cognitively process the message, learn from it and adopt the suggested behaviour. In this model, much 'steering' power is attributed to the sender or source. The encoding of the health message, giving its preferred meaning, is done by the health organization. Often the latest epidemiological and scientific data form the basis of this encoding process. The effectiveness of this transfer of meaning relies heavily on gaining the undivided attention of receivers and on their willingness and ability to cope with and adjust to the given information. The effects are often measured in behaviouristic types of media research. The focus of such research is to measure whether receivers (target groups) understood the message, learned and accordingly changed their attitude and behaviour. If this is not the case, considerably more attention will be paid next time to the production of the message and to a more sophisticated selection of the right channel.

Another aspect of television communication is captured by the *publicity model.* Besides transmitting information, television can be very helpful in gaining attention and publicity. Many national health organizations are dependent on government subsidies or need to raise funds among the general public for their annual budget. In a competitive market these organizations need to be seen and heard in order to survive, but when attention gaining becomes an end in itself, the content of the message becomes less important than the fact of the organization being seen and recognized. In this type of communication, the mere mentioning of the name of the organization or what it stands for and the showing of its logo is already enough. As McQuail (1994:52) says: 'The relationship between sender and receiver according to the publicity model is not necessarily passive or uninvolved, but it is morally neutral and does not in itself necessarily imply a transfer or creation of meaning'. The media audience is more often a set of spectators than participants or information receivers. In this publicity model of mass communication, measuring viewer and appreciation rates is the kind of research which is important.

The *expression model* or *ritual model,* according to McQuail (1994), is linked to terms as sharing, participation, association, fellowship and the possession of a common faith. The central goal of rituals is not to disseminate messages, but to stress and maintain the common values of the society that uses them. Therefore the ritual or expressive model concentrates on the intrinsic satisfaction of the sender, rather than on the transfer of certain knowledge. It may be difficult to imagine a link between this model and the aims of health communication, yet shared beliefs and social values play an implicit part in health communication campaigns and can be exploited for the enhancement of prosocial beha-

1 In the original transmission model there was no room for feedback mechanisms. Westley and MacLean (1957), however, have added an adapted sequence: 1) events and 'voices' in society ▸ 2) channel and communicator role ▸ 3) message ▸ 4) receiver. This adaptation takes into account that journalists and television professionals usually do not design the messages they transfer, but give access to the views and voices of organizations in society. From this perspective, television professionals play a mediating role between (the voices of) society and audiences. This adaptation of the transmission model to a less linear concept makes it more applicable to (some forms) of health communication, due to the 'feedback' from the audience both to the media and to the original communicators (such as national health organizations) (McQuail, 1994).

viour, i.e. in the form of potent symbols and latent appeals to commonly accepted cultural and social values. In several television genres, such as soaps, symbolic rituals play a part. These programmes often display and represent shared beliefs, like 'the healthiest and the fittest win', *mens sana in corpore sano*, 'good destroys evil' or 'love hurts and heals'. Interweaving health communication in these television genres means underlining these shared beliefs. The kind of media research that fits with this model of television communication has to be sought in socio-cultural studies.

The opposite of the transmission model, as far as steering power is concerned, is the *reception model*. This model, according to McQuail (1994), originates from critical theory, semiology and discourse analysis. In this model, the central player is not the sender or source but the receiver, who has the primacy to attribute and construct the meaning of the message. Hall (1980) elaborates on this 'meaning of the message' and introduces the concept of 'preferred', 'negotiated' and 'oppositional reading'. The starting point of this concept is the idea that media messages are always open and 'polysemic' (having multiple meanings) and are interpreted according to the context and the culture of the receivers. This means that receivers may not perceive or understand the message 'as sent' or 'as expressed' by the sender or source of the message. National health organizations can give a 'preferred reading' (e.g. slim is healthy), and may use specific language and an ideological angle to frame their message in a television programme, but, as Hall indicates, receivers are not obliged to accept messages in the same way they were sent and meant. They can and do resist ideological influence by applying variant or oppositional readings, according to their own experience and outlook. Receivers can read between the lines and even reverse the intended direction of the message. Some viewers may read in the health message an authoritive voice that wants to kill enjoyment in life. Others may have lost a loved one to a lifestyle disease and experience messages about 'healthy behaviour' as a way of 'blaming the victim', while still others may be following a healthy lifestyle already and feel acknowledged and supported by the same health message.

This multiplicity of meanings of a specific message content and the existence of varied 'interpretative communities' is central in the 'reception model'. Media research in this field tries to find out by ethnographic studies and discourse analysis how viewers decode and construct their meaning of the message. Health organizations, being still mainly transmission-oriented, rarely undertake this type of research. The more aware they are of the fact that every message can have multiple meanings however, the more realistic their expectations of possible effects may be (see also Dervin, 1989).

Elements from all four models may be applicable to the implementation of the E&E strategy. The transmission model still seems most appropriate to information types of television genres, such as documentaries and news shows. The expression or ritual model is better able to capture elements which have to do with art, drama, entertainment and the many symbolic uses of communication. The publicity or display-attention model reflects the central media goals of attracting audiences (high ratings and wide reach) for purposes of prestige or income. The reception model reminds us that the seeming power of the media to mould, express or capture is partly illusory, and that the 'source' of the message has to take careful account of the many ways the audience perceives, interprets and disposes (McQuail, 1994).

3.2 Television and society

Many people, both laymen and scholars, have been debating, exploring and worrying about the impact television content has on people and society. In particular, the rising number of entertainment programmes has triggered many ideological discussions. In Postman's opinion, we are 'amusing ourselves to death' (Postman, 1986). According to him, we are not living in the 'Information Age', but in the 'Entertainment Age'. He regards entertainment television as a threat to western culture. In his view, people are becoming more and more entertainment addicts. He refers to Aldous Huxley, who states that people are not threatened by what they *fear* and *hate* most (as George Orwell thinks), but by what they *love* most. This culturally pessimistic view of the role of television has dominated many of the discussions about television since its inception in the mid fifties.

Representatives of the 'Frankfurter Schule' (such as Adorno, Horkheimer and Marcuse) especially expressed their concern about the ideological influence of the medium. In their view, television is by its very nature manipulative, because television portrays a reduced reality which viewers may misinterpret for real life. Marcuse (1978) defines this reality as 'one-dimensional' and refers to consumers of the medium as 'one-dimensional people'. This reduction of reality will lead, according to the philosophers of the Frankfurter Schule, to 'pseudo-realism', 'pseudo-personalization' and 'pseudo-legitimization'. They regard television as an ideological instrument maintaining the status quo, and especially entertainment television as opium for the people (see also Bouwman, 1987). Although largely outdated by more current views on the matter, this concept of the Frankfurter Schule still plays an important role in discussions about the use of television by ideological organizations.

In the late sixties, the discussion about the role of television changed under the influence of media researchers and theorists from the Birmingham School (such as Hall, Hartley, Silverstone). In their view television is no longer an almighty manipulative force. They regard television as unique in its ability to produce much pleasure and many meanings for a wide variety of people, and they look at television's role as an agent of popular culture. The representatives of the Birmingham School agree that the messages as produced by the sender may very well have a manipulative aspect, but stress that this aspect is largely compensated for by the emancipatory way the audiences perceive and interpret these messages. In the Birmingham School the role of the viewer is regarded as active rather than passive. They attribute a 'power to the audience' to give meaning to messages. In the line of thinking of the Birmingham School, media messages are always open, polysemic, and are interpreted according to the context and the culture of the receivers. The way the viewer interprets the meaning of a television message (decoding) may thus differ from the intended meaning of the producers of the television message (encoding). The viewer may not perceive the message in the way it is 'expressed' by the sender. Television is no longer seen, as in the early days, as the powerful 'hypodermic needle' that overwhelms passive audiences. The receiver plays an active role in interpreting and reframing media messages. This fact makes it more complicated for health organizations to forecast the effect of their message.

Although the audience has become more critical and 'obstinate' (Bauer, 1964; Ang, 1991), at the same time the ideological and cultural power of media institutions should

not be underestimated. According to Lull (1995), television may be the most obvious conveyer of dominant ideology. He states 'television has the unparallelled ability to expose, dramatize and popularize cultural bits and fragments of information. It does so in the routine transmission of entertainment programmes, news and commercials. The bits and fragments then become 'ideological currency in social exchange' (1995:9). It is interesting to see that he refers not only to the symbolic domain of commercials and advertising but also to entertainment programmes and news. Gerbner and Gross (1976:175) state that television 'is an agency of the established order and as such serves primarily to extend and maintain rather than alter, threaten, or weaken conventional conceptions, beliefs and behaviors. Its main cultural function is to spread and stabilize social patterns'. Hall (1985) states that mass media are the 'tools of ideological representation'. Organizations which communicate health messages in television programmes are participants, whether conscious or subconscious, in the conveyance of dominant ideology. They have no direct 'cultural' and 'symbolic' media power, but supply the media with medical and health information framed according to leading value structures and standards. This way there is hardly any room, for example, for the critical questioning of orthodox medical power and for dealing with issues in the field of complementary medicine.

Postmodernism also places great emphasis on the power and autonomy of the viewer. Fiske argues that today's audiences are productive, discriminating and 'televisually literate' (1987). Postmodernists break down the bounderies that exist between elite and popular arts, between elite and mass culture and contend that one engages in communication for the sheer pleasure of reception, as much as for any useful purpose. Postmodernism is indifferent to the question of consistency and continuity. It splits, interweaves and combines genres, attitudes and styles, changing their nature in the course of this process. (Gitlin, 1985; Fiske, 1987). The blurring of strict genres and the rise of television programmes that combine entertainment with education can be viewed in this light.

3.3 Approaches in television programmes on health

Television as a mass medium can influence the public health agenda. It can broaden, but also narrow the public debate about health. This broadening or narrowing depends, among other things, on the frame of reference or approach that is used in the programme. Television is not just transparant, or a neutral and simple mirror that represents what 'happens out there', but the result of decisions that are made by the production team and other voices in society (see also Chapters 6, 8 and 9).

Karpf (1988) identifies four different approaches in health and medical programmes on radio and television. The *medical approach* is the oldest. It is organized around diseases and celebrates medicine's curative powers. The medical approach originates from informative doctors' talks on radio and television, and lives on in feature films, where doctor-heroes save peoples' lives as a daily routine and still have time for romancing with the female star; and in medical documentary shows, depicting the doctor, most often a surgeon, as the brilliant star of the operating theatre. The medical approach is ruled by strict role patterns, often gender-stereotyped. The expertise of the doctor

is never questioned, quite contrary to the *consumer approach*, which tries to identify medicine as a profession in which as many mistakes are made as in any other. The consumer approach questions the organization of medical care and introduces the issue of power in the doctor-patient relationship. It pays much attention to iatrogenic damage and tries to empower patients to expose this and to react against their patronizing doctors who should care for, rather than rule, their bodies. The third approach is called the *look-after-yourself approach*, which appeals for changes in individual behaviour and puts preventive health on the public agenda. This approach advocates a healthy lifestyle. Television programmes using this approach do not depict the patient in the skilful hands of the surgeon, but show people jogging or working out in sportswear, or carefully deciding what to buy in the supermarket, or cooking a healthy meal, sometimes supplemented by nutritional advice, recipes and lists of where-to-buy-what. This approach stresses the individual's own responsibility for illness and health, in contrast with the *environmental approach*, which stresses the social and economic origins of illness. Much like the look-after-yourself approach, the environmental approach rejects the idea that illness is a mere pathological problem that can be cured by a competent doctor, but, unlike it, it does not emphasize personal responsibility for prevention, but the responsibility of society as a whole to create a healthy environment for the masses. In spite of the existence of much supportive epidemiological research, the environmental approach is not largely covered by the media, including television. Karpf's central argument is that, in spite of greater diversity in the media's reporting of health and medical issues over the past decade, medical definitions and perceptions still prevail, and viewpoints which look at the politics of health are neglected.

Karpf's distinction between different approaches can also be recognized in the difference in perspective of 'social marketing' and 'media advocacy'. The social marketing framework combines communication and social psychology theories with applied marketing techniques and planning variables to influence people's lifestyles. Media advocacy is described as 'an innovative approach for aggressively promoting health causes, particularly public policy reforms' (Wallack, 1990:25). Key methods in media advocacy are 'creative epidemiology' (in which factual data about the prevalence of health problems is packaged in an interesting and meaningful manner) and 'issue framing' (which focuses attention on problematic industry practices in order to shift the blame away from the individual and to delegitimize corporations that make unhealthy products) (Wallack et al, 1993). As indicated in Chapter 2, the social marketing approach has been criticized as being manipulative and ethically suspect because of the close correspondence with advertising and marketing principles. It has also been criticized for being reductionistic, promoting single solutions to complex health problems and ignoring the conditions that give rise to and sustain disease. Both social marketing and media advocacy, however, play their own role in health promotion. The social marketing framework is increasingly used by national health organizations in health communication campaigning to promote changes in individual health behaviour. In Karpf's terms, this represents the look-after-yourself approach in particular.

3.4 Television research

3.4.1 *History of effects*

The first period of mass media research focused on the impact of press, film and radio in society. The history of entertainment television research dates from the 1950s, when the medium was introduced.

McQuail (1994) distinguishes four different stages of development of thinking about mass media effects in general. During the first stage (1900-1930), mass media were credited with an enormous amount of power to influence people's opinions, beliefs, attitudes and behaviour. This idea of an all-powerful medium was put to the test in the second stage (1930-1960). Based on the poor results of this media effect research, a much more modest role was attributed to the media in causing any planned or unintended effects. In the third stage (1960-1980), however, the period in which television as a new medium was widely introduced, this 'modest role of mass media' was challenged and revised to powerful again. Television in particular, as a wide-spread audiovisual medium, was regarded as having the power to attract the attention of a large audience. This early research period relied heavily on a belief in direct effects of the media, and accordingly used a stimulus-response model derived from (social) psychology. The fourth stage (1980-today) is characterized by more attention being paid to media content and audiences, and also to media organizations. This new focus in media research, according to McQuail (1994), is based on a more 'social constructivist' approach. From a social constructivistic point of view, people negotiate the meanings that are constructed and offered by the media into personal meaning structures. Both medium and audience have power to define and to choose. A methodological consequence of this is a greater emphasis on qualitative research methods (see for example Altheide, 1996).

In general we can say that there has been a paradigm shift in mass-media theory from a sender or medium-centred communication model to a receiver-centred model. The notion that meanings are really in people and messages just provide the symbol system through which meaning is negotiated has become very popular in recent media studies (Stappers et al, 1990; Frissen, 1992).

3.4.2 *Television research traditions*

The effects of television are complex, because there are so many aspects involved. There are short and long term effects, intended and unintended effects, but whether the effect is on an individual level, a group or organization, social institution or societal level is also important. In the field of health communication, television effect research was based on models of different stages of behaviour change, regarded as a hierarchical order of effects, with behaviour change as the ultimate one. Nowadays, television effects are differentiated in more subtle categories. The media can: cause intended change; cause unintended change; cause minor change; facilitate change; reinforce what exists; or prevent change (McQuail, 1994).

There are several television research traditions (see Rosengren et al, 1985; Rubin, 1986; Zillmann & Bryant, 1986; Beville, 1988; Bryant 1989; Jensen & Rosengren, 1990; McQuail, 1994). These traditions focus on different aspects of the message-effects continuum, while some have a certain overlap. A few of the more important traditions will be briefly commented upon here:

- From a 'uses and gratifications approach' perspective, researchers try to understand viewers' needs and conscious motives for watching television. Why did the viewer choose to watch that specific television programme? Was the gratification that was sought for also obtained? Researchers use structured interviews and questionnaires as their primary research instrument.
- From a 'critical analysis' or 'literary criticism' perspective, researchers consider and scrutinize the structure, themes, symbols and apparent meanings of media messages. What issues or themes where dealt with and what norms and values were expressed? In order to find out, traditional rhetorical analysis, innovative textual and message system analysis, and numerous other critical techniques and skills are used. The focus is on message analysis rather than on any aspect of message effects or measured entertainment impact.
- From an 'applied audience research' perspective, researchers assess the attention of viewers to the television programme and provide an index of exposure to various messages rather than measure the messages' value to various audiences. How many viewers watched the programme and what were the audience characteristics? These questions are mainly answered by electronic media ratings (e.g. Nielson) to provide advertisers and programmers with information on the size and composition of the audience reached by a given television programme. It is the earliest and simplest kind of research.[2]
- From an 'entertainment-theory' perspective, researchers focus on a variety of elements in entertainment messages that affect enjoyment (e.g. the appeal of romance, violence and suspense) and on various factors that influence the appeal of different message genres (horror film, sitcom, soap, talkshow). What makes a programme funny, emotional, educational, and so on? The principal tools that are employed are social psychological laboratory or field experiments.
- From a 'behavioural' perspective, researchers investigate whether the issues and themes that were dealt with in the television programme were noticed and put on the agenda of the viewers and influenced the opinion, attitude or behaviour of the audience. Research methods used are mainly structured interviews, questionnaires and field experiments, the latter ideally based on a pre-post design.
- From a 'structural' and 'cultural studies' perspective, researchers are interested in the social norms and values that are reflected and mirrored in television programmes. For instance: is there a shift over the years in the doctor-patient relationship and the role of medical specialists? Trend analysis and research are used to find the answers.

2 Some will also attempt to assess dimensions of the quality of the viewing experience (appreciation figure) but since the introduction of commercial broadcasting the emphasis is mostly on viewer rates, and research of viewer appreciation has become very unusual.

The following table shows the integration of these different research traditions with McQuail's model of television communication.

Table 3.2: Relationship sender-receiver (extended version)

Orientation of	Sender	Receiver	Research	Methods
Transmission model	Transfer of meaning	Cognitive processing	Behaviouristic cause-and-effect	Pre-post designs Structured interviews/ questionnaires Field experiments
Publicity model	Competitive display	Attention-giving/ spectatorship	Viewer and appreciation rates	Electronic ratings
Expression or ritual model	Performance	Consummation/ shared experience	Socio-cultural analysis	Trendanalysis
Reception model	Preferential encoding	Differential decoding/ construction of meaning	Uses & gratifications Reception analysis Ethnographic discourse analysis	Participant observation In-depth interviews Text analysis Laboratory/field exper.

(Bouman after McQuail, 1994:55)

The suitability and choice of research tradition and assessment method depend on who is interested in the research, for what reason, and how much time and money is available. Several partners with different interests can be identified, such as the broadcasting organization, interested social institutions (such as health organizations) and university-based communication scholars or commercially-based media researchers.

National health organizations, who use television as a channel for health communication to reach large audiences, are primarily interested in the effects of watching television on changes in health behaviour (behavioural effect research). Broadcasting organizations and the television industry are primarily interested in audience rates (applied audience research). Media sociologists and communication scholars like to know more about the impact of media images in society and the sense-making process of the viewer (uses and gratifications research, reception analysis, cultural studies, literary criticism, entertainment theory).

In the past, researchers and media sociologists were especially concerned about the side effects or antisocial effects of entertainment programmes. For example, several studies have been conducted on violence and the antisocial effects of entertainment television in general (Cassata et al, 1979; Gerbner, 1984; Shaw, 1986; Elliott, 1987; Montgomery, 1990; Signorielli, 1993; Gröbel, 1993), but there have also been several studies in specific health domains such as drinking (Philips, 1982; Breed & de Foe, 1986, Montgomery, 1993), nutrition (Kaufman, 1980; Story & Faulkner, 1990; Lank et al, 1992), and sex (Sprafkin & Silverman, 1981; Lowry & Towles, 1989).

Much energy has been expended on investigating the negative consequences and nature of television on viewers. This has led to a lower status and priority for the use of popular media by established organizations and research institutes. Nowadays, there is also evidence of scholarly interest in the intended and prosocial effects of entertainment television programmes (see for example: Gunter, 1984; Harvey et al, 1979; Lovelace & Huston, 1982; Porter & Ware, 1989; Singhal & Rogers, 1988, 1989; Singhal et al, 1989; Montgomery, 1990; Bouman et al, 1998).

3.5 Entertainment television genres and criteria

Watching television always means watching a 'genre', a particular kind of programme, such as a talkshow or drama series. Within a given genre there are specific genre features. In this section, some insight will be given into the specific features of different entertainment genres. Such an insight will elucidate how television programmes are created, how programmes relate to one another, and why people like them.

3.5.1 *Genre theory*

The formula of a television programme is the key element in understanding television content (Rose, 1985). Genre theory has been somewhat neglected for a long time, but in recent years researchers have become interested in the nature of genres and the role they play in mass communication (Berger, 1995:47).

A genre can refer to any category of content (television, radio, film, print, etc.) which has the following characteristics according to McQuail (1994:263):

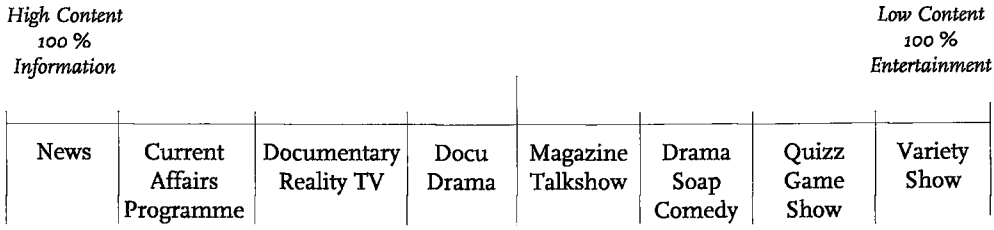
- 'It has an identity recognized more or less equally by its producers (media professionals) and its consumers (media audiences).
- This identity (or definition) relates to its purposes (such as information, entertainment or sub-variants), its form (length, pace, structure, language, etc.) and its meaning (reality reference).
- It has been established over time and observes familiar conventions; it tends to preserve cultural forms, although these can also change and develop within the framework of the original genre.
- A particular genre will follow an expected structure of narrative or sequence of action, draw on a predictable stock of images and has a repertoire of variants of basic themes'.

By referring to a specific genre, both television professionals and viewers know what can be expected from a programme. Standardized formats make the programmes relatively easy to produce. Writers and producers are very sensitive to the traditions of their craft, to formulas and conventions, and to 'track records' (Rose, 1985). Viewers also learn the conventions of a genre and know what to expect from it when they watch a genre-specific television programme. Genres have a face-value meaning and in-built guidelines for interpretation by an audience. Within the bounderies of a genre, viewers often feel comfortable. Different television programmes are also designed to attract different audiences. A soap opera, for example, is seen as a feminine narrative, just as an action series is seen as a masculine narrative (Fiske 1987; Hobson, 1982; Brown, 1994).

3.5.2 *Entertainment television genres*

In order to understand the specific features of entertainment television genres, four main genres will be briefly described here: 1. talkshow/magazine; 2. drama: single play drama series, soap operas and comedy; 3. quiz/gameshow; 4. variety show (for overview of more characteristics see Table 3.1). These genres can be found at the right side of the division line of the continuum that is sketched here:

Figure 3.1 Television genres



Talkshow/magazine

Talkshows have been described as a 'form of theatre', a 'spectator sport', a 'celebration of visibility' (see Conrad, 1982; Munson, 1993; Livingstone & Lunt, 1994; Leurdijk, 1995). The success of health communication within this genre depends on being 'televisual', either as health expert or lay person. In terms of Karpf's distinction between health approaches on television (see this chapter, section 3.3), the talkshow would be very useful for the 'look after yourself' and 'consumer' approaches. In both, the audience may participate in the discussion and debate. Famous televison personalities or just the ordinary man in the street may testify about their personal struggle to be healthy, slim and beautiful and (of course) their success in achieving this. As such, they serve as role models for the vicarious learning process and may help to construct an identity. The personal involvement of the viewer is heightened by the direct personal interview style of the host and, in some cases, the possibility for phoning in.

A talkshow can contribute to the insight that solutions to problems and argumentations are context bound and cannot be generalized to everybody's personal life. A critique of this may be that by formulating problems in terms of individual choices, the issues of power in society, and social and economic determinants of health problems are excluded from the picture, as Carbaugh (1988) points out.

According to Munson (1993), talkshows have not led to the disappearence of the public sphere, as Habermas argues, but have formed a different postmodern sphere, in which elements from the private sphere, such as intimacy, spontaneity and personal feelings and emotions are introduced into the public sphere. Public and private as such fuse in the genre.

Some talkshows also have an aspect of hyperreality. All kinds of extremities and variants of personal lifestyles, sexuality, psychic problems and handicaps are shown, often with excessive emotions, extreme points of view and a chaotic interview and dis-

cussion style. This is the kind of show that famous hosts like Oprah Winfrey and Jerry Springer (re)present. According to Munson (1993) this kind of show produces an endless stream of subject positions. These various subject positions may be too abundant from a health communication perspective, where a 'one voice' normative element (preferred reading) is used to inspire and guide the health communication message. After all not all behaviour can be regarded as equally healthy, health organizations will claim. Here we see also the friction between open and closed text structure. Fiske (1987:94) states: 'The television text is as a site of struggle between the dominant ideology, working to produce a closed text by closing off the opportunities it offers for resistive readings, and the diversity of audiences who, if they are to make the text popular, are constantly working to open it up to their readings'. For health communication messages to be unmistakably clear, a closed text structure would be preferable, though also moralizing. This dilemma, while interesting, will not easily be solved.

Drama: single play/drama series, soap opera and comedy

Drama series can be divided into three main subgenres: single play/drama series; soap operas and comedy.

Single play/drama series

Bentley distinguishes five theatre genres in his drama theory: tragedy, comedy, tragicomedy, farce and melodrama (in Nariman, 1993). Drama in all its varieties draws upon the ancient art of storytelling and the transfer of oral history, and provides, in this sense, a natural arena for the combination of entertainment and education. What they all have in common is that they dramatize human emotions via symbolic narratives, inviting the audience to vicariously feel or express the same emotions and feelings. A single play is a stand alone drama, with a clear narrative structure. There are, however, distinctive differences between conventional drama and E&E drama. These differences are recognized in Miguel Sabido's application of theoretical notions, such as the social learning theory (see Chapter 2, section 2.3.5.). In E&E drama, everything from the first planning to the detailed elaboration is in service of the chosen message. In E&E soaps, for example, the characters are carefully chosen, prosocial values and behaviour are reinforced rather than rejected, the moral position of the modelling characters is consistent and their behaviour is based on real life facts and situations.

Soap operas

The term 'soap' opera stems from the 1930s when the American soap company, Proctor and Gamble, sponsored radio series to sell their products to female listeners. In the 1960s the first soap operas were broadcast on television. These soap operas were soon named 'washboard wheepies' by critics, because they were regarded as an escape to a fantasy world by lowly educated and deprived housewives (Hobson, 1982). The soap opera was regarded as a 'morality play' for women. By listening or watching the storylines, women were invited to reflect on their own motives and choices in situations of moral dilemmas (such as unwanted pregnancies, extra-marital love affairs).

The soap opera is an ongoing serial with a consequent lack of narrative closure. It is a never-ending and continuing story. After missing a few episodes of a soap series, the viewer easily picks up the storyline again, without any consequences for involvement.

In drama theories, soaps are regarded as belonging to the melodrama variant. According to Bentley, melodrama is closest to reality. He describes the melodrama genre as emotive, showing moral conduct that is continuously in disharmony. The storyline is designed to create an identification between the characters and the audience. The plots in melodrama are rational contructions of extreme situations, ordered in such a way as to create an atmosphere of tension. Although based on realistic everyday people, the characters in melodrama are not individual personalities, but live through the storyline (in Nariman, 1993).

The popularity of the soap lies in its 'open text' structure. Viewers are active participants in the process of sense making. This contrasts with more 'closed text' television genres such as documentaries, single plays and situation comedies, in which meanings are more uniform and less flexible. This open text structure of soaps exists because of the many characters involved, each with his or her own viewpoint within the storyline. Viewers can identify with different sorts of characters. In the soap, there is often not one voice or one authority. Characters and storylines evolve permanently. Happy endings are always temporary or a prelude to new conflicts and problems. In fact, soaps are always unfinished texts, and that is exactly what makes these series so interesting. The audience is invited to speculate about the who, what and whom of the series. This speculation and discussion is part of the pleasure of watching a soap. The regular soap opera viewer develops a kind of 'cultural soap capital', a certain expertise in understanding and interpreting the genre. These regular viewers are 'people who are in the know'. They enter the lives of the soap opera characters without being seen. Fans of soap operas are asked to play the game of 'make believe'. They are aware that it is a game, and enjoy the game just because of this 'willing suspension of disbelief'. Buckingham (1987) calls watching soap operas a collective game in which the viewers are the most important participants. The television programme offers the rules of the game, but the viewers give their own interpretations and enjoy crossing the borderline of fiction and reality. The fact that soap characters are interviewed and photographed in popular tabloids and gossip columns of magazines supports this blurring of private and public repertoires.

Critics of popular television refuse to play this game and judge the soap opera genre as pure self betrayal. In this way, they remain outsiders and will never be able to grasp and understand the popularity of the genre. Brundson (1984:85) remarks that 'soap opera is seen by television critics as the opium of the masses, particularly the female masses - soothing, deluding, and product and producer of false consiousness'. She identifies two strategies that television critics use to bridge the gap between their own judgements and that of the audience. The first strategy is called the 'addiction strategy'. It is said that viewers need a shot of soap opera four or five times a week. It has become as habit forming as a drug. The other strategy is called by Brunsdon the 'kitsch strategy'. This is the strategy of 'it's so bad it's good'. The same features are commented on, but become cause for pleasure. Hobson upbraids television critics for employing criteria derived from high art in the evaluation of a popular form (class snobbism) and appears to argue that popularity itself should be a central evaluative criterion (Hobson, 1982).

Brown (1994:1) raises the question: 'how can an apparently trivial or even exploitive genre as soap opera be associated with a notion of empowerment for its viewers?'.

According to her, the answer lies in 'the invisible discourse networks it plugs into and helps to solidify'. Such discourse networks, or 'soap opera gossip networks' are important for women's resistive pleasure. Brunsdon also makes it clear that although soap operas often reproduce the dominance of the ideological norms of 'happiness' of a white middle-class heterosexual family unit, the pleasure of viewing lies in the fact that they provide a site for viewers to become involved in problems, issues and narratives that do touch their own lives. According to her 'the generic lack of closure in combination with the realist premise, offers a homology between soap life and viewer life' (Brunsdon, 1984:86). Like us, soap opera characters have to live with the consequences.

Comedy

The comedy genre has originated, like most popular television programmes, from radio. Comedies place an emphasis on dilemma resolution as much as on caricature and stereotyping. The early comedies were more funny and entertaining than provocative, though they had surely the potential to offend now and then. According to Rose (1985:109) they proved their funniness 'by contrasting normal appearance, normal situations and moments of calm with bursts of insane energy, childish abandon, and unbridled enthusiasm'.

Comedy-drama can be divided into several subtypes. For example, Newcomb distinguishes two main categories: situation and domestic comedy. 'Domestic comedy is based upon the static home setting, but more importantly upon differences in tone. While sitcom is more oriented toward humor, domestic comedy has more warmth and a deeper sense of humanity' (Newcomb in Rose, 1985:117). Others see the difference more as one of degree rather than kind, noting that domestic comedy may be a separate subtype, but is structurally the same. Other subcategories mentioned are: 'single parent comedies', 'man-wife comedies', 'black comedies' and 'kidcoms' (Rose, 1985).

Situation comedies are very popular nowadays. Much of the appeal of situation comedy rests in characterization. The character types are familiar, many go back to the *commedia dell'arte* and other forms of popular humour (Rose, 1985). A sitcom is usually a half-hour series focused on episodes involving recurring characters within the same premises. That is, each week the same people are encountered in essentiallly the same setting. The episodes are finite: what happens in a given episode is generally closed off, explained, reconciled, solved at the end of the half hour. Sitcoms are generally performed before live audiences, whether broadcast live (in the early days) or filmed or taped. Rose (1985:115) points that 'they usually have an element that might be almost metadrama in the sense that since the laughter is recorded (sometimes even augmented) the audience is aware of watching a play, a performance, a comedy incorporating comic activity'. He continues by suggesting that in situation comedy everything always comes out right. This faculty for the 'happy ending' is, according to Rose, one of the staples of comedy, according to most comic theory. Comedy involves confusion, disruption and reconciliation. Critics of comedy state that the fact that the status quo is always returned to, has social implications. For example, Rollin notes that 'the values of society expressed in comedy, values which can be almost as conservative as those of traditional comedy, are in effect reasserted and reinforced rather than rejected. The values center on the nuclear family itself' (cited in Rose, 1985:118). In a comedy, the personal happiness of the characters is more important than public achievement. Problems, embarrassments

and failures will be survived with the help of family and friends and all will end well. Sitcom characters are generally warm, friendly and likeable. As Reiner puts it: 'Warm is an important word. You laugh easier when funny things are happening to nice people' (cited in Rose, 1985:117).

Over the years, in a situation comedy flat characters may gradually evolve into round characters. Some sitcoms even become moralistic over time, more conscious of their 'humanistic' potential and deal with issues, such as racial tolerance or homosexuality. Situation comedy trivializes everything however. According to Gitlin (1983), sitcom ideology is carefully shaped to please the majority and offend as few people as possible, even when it appears to be controversial and provocative. As he contends: 'TV entertainment takes its design from social and psychological fissures: that is the deep unspoken reason why writers look for conflict at the heart of the tale. If the messages are susceptible to divergent interpretations, that is no failure for television' (1983:217). Critics complain that comedies deal with issues ambivalently, ambiguously, superficially and sensationally rather than in a thorough, consistent manner. There is often an illusion of confronting issues squarely when they are actually sidestepped. However, others believe that the ambiguity, ambivalences and superficiality are themselves instructive and perhaps reflective of the current climate (Gitlin, 1983). Because comedy makes frequent use of stereotypes (de Leeuw, 1997:57), this subcategory seems less suitable for E&E purposes.

Quiz/gameshows

Quiz/gameshows share many characteristics with soap opera: they are widely devalued, they are excessive, they produce a high degree of viewer participation, they make visible and validate many of the normally invisible everyday life skills, and they appeal to the socially powerless (Fiske, 1987).

Quiz and gameshows have their roots in radio and, before that, in party and community games (Fiske, 1987; Conrad, 1982). The early radio quizzes were intellectual trials. The winners were rewarded for their mental skills. The radio routine of question and answer had to be adapted to television. While radio accepts moments of silence as a kind of suspense between the questioning and answering, television as a visual medium demands more action and performance. This televisual demand changed the format of gameshows and 'altered them from tests of mental aptitude to gambling ventures in which chance and luck and bluff count more than skill' (Conrad, 1982:90). The contestant had to give a performance. The quiz formula turned from an aural examination into a visual spectacle, training contestants to be actors. Television gameshows changed from question and answer games to surprise shows where people were seduced into self-revelation. According to Conrad (1982), the show host's questions are not meant to obtain information or to assess knowledge but to seduce people into self exposure (candid camera, dating shows).

Fiske (1987) categorizes quiz shows according to the type of knowledge required and its relation to social power. He distinguishes between questions that are based on factual knowledge (either academic knowledge or 'everyday' knowledge), and those that are based on human knowledge (knowledge of people in general or knowledge of a specific individual). This produces a hierarchy of quiz shows. Those based on factual knowledge require an academic or specialist knowledge. A greater proportion of men than women

watch and participate in these programmes. Further down the hierarchy, the programmes based on human knowledge depend more on intuition and are watched predominantly by women and children. According to Fiske (1987), 'as the knowledge becomes more democratized, so the popularity of the programmes shifts towards those with less social power' (1987:266).

The generic characteristics of quiz shows are, according to Fiske, clearly effective bearers of capitalist and patriarchal ideologies, also called commodity capitalism (Fiske, 1987:271). The winners of quiz and gameshows win rewards, be it money, consumer goods (car, modern kitchen) or services (air ticket to a tropical island). According to Conrad (1982:88), gameshows are incitements to the 'romance of consumerism'. Behind quiz and gameshows there is a lot of commercial interest. 'Quiz shows are the cheapest television commercial possible, and one that has the added bonus of presenting them as 'sponsors' not as 'advertisers'' (Fiske, 1987:271). Conrad adds: 'they also attest to television's power of broker of celebrity: hopeful nonentities are plucked from the barracking ranks of the studio audience, loaded with riches, then returned to their original oblivion' (1982:88).

Quiz shows produce particularly active, participatory viewers, because they are not presented as enacted fiction but as life events. Their 'liveness' or 'nowness' is crucial for their appeal. The viewers are encouraged to compete with the performers of the show. McQuail and colleagues have found that 'viewers from higher socio-economic groups (better educated) use quiz shows to check and test their academic knowledge. Viewers from lower socio-economic groups (shorter formal education) use the show to prove to themselves that they are as clever as the contestants' (in Fiske, 1987:278).

As an established genre, gameshows have great potential to teach, because 'they create a frame through which audiences have learned to read meaning' (Hinds, in Cooper-Chen, 1994:240). Cooper-Chen (1994) mentions several advantages of gameshows. They are cheap to produce, because of simple sets, few paid performers, and the need for only limited creative staffing to create the skits of questions. The economic advantage and commodification potential can be great, because they can bring in advertising revenue. As quiz and gameshows are apolitical and inoffensive, they can have a run potentially long enough to have an impact, and few fundraising difficulties. Quiz and gameshows are varied in format, such that any culture can adapt a suitable vehicle, but if quizzes or gameshows are used for prosocial change, such as preventive health, they have to include carefully selected questions of substance and problem-solving tasks deemed appropriate for the viewers' age and skill levels.[3]

Variety show

In the early fifties, when televison made its entrance, nearly half the programming was devoted to the variety show. As Rose (1985:307) states: 'In those early days of television it provided an anchor for an audience being exposed to a new medium, and like vaudeville, through its different formats of 'vaudeo' (general variety), musical variety and

3 In the autumn of 1998 the Dutch public broadcasting company AVRO broadcast a new medical infotainment quiz show, called *Dag Dokter*. Dutch celebrities and actors play doctor and patient. The 'patient' has been instructed to exhibit behaviour and describe symptoms pertaining to a particular disease. The 'doctor' has to guess what the disease might be. A real doctor values this guess and comments upon the depicted disease.

comedy variety, it drew on viewers' past experience to provide entertainment in a new electronic age'. Like all other genres, the variety show was dependent upon formula. It was a form of entertainment, with comedy routines, musical numbers and stars that reaffirmed traditional values. 'The structure is designed to highlight the individual talents of the star or host, to show how musically or comedically skilled they are, or how astute they are putting on the show' (Rose, 1985:320).

Some national health agencies have used the variety show format for fundraising purposes. Between the song and dance acts, the logo and bank account number of the organization appear on the screen inviting viewers to contribute to the particular organization.

In order to summarize the highlights of the abovementioned genres, some main characteristics of the genres with E&E potential are indicated in Table 3.1. The matrix in the table describes the genres: talkshows, drama and games. The variety genre is not further elaborated here because national health organizations use it mainly for fundraising.

Nowadays, the strict line between genres has blurred however. There are no longer just the familiar conventions. This blurring of genres makes the discussion about the role and function of television in society even more interesting. An often-discussed matter is whether the audience will be able or 'television literate' enough to select fiction elements from non-fiction elements. The genre's function of helping viewers to plan their viewing choices seems to be somewhat reduced. Viewers cannot rely on the old clear cut genres but have to get used to more diffuse and hybrid genres. In practice this seems to be no problem. The newer genres, such as docu-drama and reality television, often have enough conventional formulaic elements left to gain high viewer rates and to compete with the more traditional programme genres (see also Berger, 1995).

3.6 Summary

In this chapter, several models of television communication have been related to the practice of national health organizations. National health organizations make use of television mainly from a transmission and publicity model orientation, and from a sender's perspective.

In addition, the role of television in society has been discussed from different perspectives. A culturally pessimistic view was expressed in the early days of television by representatives of the Frankfurther Schule, who were concerned about the manipulative and ideological influence of the medium. A more active view of audiences was formulated by representatives of the Birmingham School, who stressed that messages as produced by a sender may very well have a manipulative aspect, but that this is compensated for by the emancipatory way the audience interprets and gives meaning to these messages. Postmodernists regard television as unique in its ability to produce much pleasure, and they also put great emphasis on the power and autonomy of the viewer.

Furthermore, in this chaper it is indicated that television can influence the public

health agenda in a broad or a narrow way, depending on the approach that is used in the programme: a medical, a consumer, a look-after-yourself or an environmental approach. National health organizations, by their nature, frame their health messages mainly from a 'medical' and 'look-after-yourself' approach. A social marketing framework is used by national health organizations to promote changes in individual lifestyle behaviour and less emphasis is placed on media advocacy which underscores more social, economic and political determinants of health problems.

Research into the impact and effect of television on audiences is dealt with in this chapter by presenting different research traditions: uses and gratifications approach; critical analysis; applied audience research; entertainment theory perspective; behavioural perspective; cultural studies. National health organizations are especially interested in the effects that watching television has on changes in health behaviour and use mainly behavioural effect research (sometimes also applied audience research).

Finally, different entertainment televison genres are described and examined for their E&E potential: talkshow/magazine; drama; quiz/gameshows; variety shows. It is argued that an E&E genre differs from conventional entertainment genres.

Table 3.3 Characteristics of entertainment genres with E&E potential

Talkshow				
CHARACTERISTIC	*Magazine*	*Discussion arena*	*Celebrity show*	*Confession show*
Public: Role & function	Applause machine	Intellectual jury	Applause machine	Moral jury
Host/actors: Role & function	Journalist Facilitation	Moderator Provocation	Interviewer Exposure	Judge/Priest Exposure/Provocation
Guests: Role & function	Expert	Expert	Celebrity	Sinner
Programme content/storyline	Information/ tips	Pros & cons	Human interest	Moral dilemmas
Emotive stimulus	Parasocial interaction	Cognitive interaction	Voyeurism	Sharing experience Voyeurism
Sequential character	Stand alone	Stand alone	Stand alone	Stand alone
Commodification potential	Large	Small	Small	Small

Drama

CHARACTERISTIC	*Single play/Drama series*	*Soap*	*Comedy*
Public: Role & function	Not applicable	Not applicable	Not applicable
Host/actors: Role & function	Not applicable	Not applicable	Not applicable
Guests: Role & function	Depiction	Depiction	Depiction
Programme content/storyline	Narrative closure Central motto One main plot Melodramatic archetypes	No narrative closure Central motto Main/Subplots Melodramatic archetypes	Narrative closure No central motto One main plot Common man themes
Emotive stimulus	Emotional involvement	Emotional involvement	Humour
Sequential character	Stand alone/ Serialized series	Serial	Series
Commodification potential	Modest	Modest	Small

Games

CHARACTERISTIC	*Quiz*	*Gameshow*
Public: Role & function	Support contestants	Support contestants
Host/actors: Role & function	Competition animator Arbitrator	Competition animator Arbitrator
Guests: Role & function	Intellectual competitors	Sportive/ Physical competitors
Programme content/storyline	Competition	Competition
Emotive stimulus	Cognitive appeal	Action/ Affective appeal
Sequential character	Stand alone	Stand alone/Sequence
Commodification potential	Large	Large

4 Medisch Centrum West; a Dutch E&E Television Case

As indicated earlier, ways have been sought worldwide to incorporate health messages into television entertainment. In the Netherlands, the Heart Foundation (NHF) incorporated its cardiovascular health message in several episodes of a popular Dutch hospital serial called *Medisch Centrum West* (MCW). To obtain greater insight into the impact of this use of the entertainment-education (E&E) strategy an evaluation study was carried out. The results are presented and discussed in this chapter.[1]

4.1 Introduction

In the Netherlands, people belonging to lower socio-economic groups die, on average, five to seven years earlier than those from higher socio-economic groups. The former have also been reported as having higher mortality and morbidity from cardiovascular diseases (Mackenbach, 1994; Nederlandse Hartstichting, 1994). For this reason, in its health policy document the Netherlands Heart Foundation (NHF) states that it will pay more attention to targeting these groups. In order to reach them, entertainment television, among other things, was selected to convey the message. Poorly educated people spend a greater proportion of their viewing time watching light entertainment programmes (gameshows, music shows, etc.) and drama (films, series, soaps) compared with those holding secondary and higher qualifications, (Knulst & Kraaykamp, 1996:267/268; see also Hobson, 1982; Buckingham, 1987; ResCon, 1992). Based on these epidemiological signals, the NHF decided to utilize social marketing principles by participating in a popular hospital drama serial called *Medisch Centrum West* (see also Bouman, 1993; 1994; 1996).

4.2 Medisch Centrum West

Medisch Centrum West was a prime time (8.30pm) hospital serial broadcast by TROS[2] once a week in the period 1988-1994. The serial was based on realistic medical themes and was organized around romances and intrigues between doctors and nurses. An emphasis was placed on patients suffering from diseases requiring hospital treatment. The fact that audiences become 'medical voyeurs' in this way makes such serials very appealing and attractive to a large number of people (Karpf, 1988; Turow, 1989). More than 2.5 million viewers on average watched the serial weekly.

1 This chapter is largely based on the article 'Health Education in Television Entertainment: A Dutch Drama Serial', by Martine Bouman, Loes Maas and Gerjo Kok (1998) published in *Health Education Research*, 13(4), pp.503-518.

2 TROS is one of the broadcasting companies of the Netherlands and is well known for its high level of entertainment programmes.

The Netherlands Heart Foundation made a formal arrangement (so-called inscript participation [3]) with the TROS broadcasting organization, based on a negotiated agreement to write several cardiovascular health themes into the script. The hospital setting of the serial lent itself well to the realities of dealing with heart patients and their families. Each cardiovascular health theme was captured in a storyline of approximately twelve minutes, divided into ten fragments of seventy seconds. The NHF briefed the script-writing team and checked the content of the cardiovascular health message for its medical and educational value.

During the 1992/93 television season, three episodes dealt with cardiovascular issues. In the first episode, 'nutrition and cardiovascular diseases', the audience was informed about a healthy, low fat diet and the important role of the dietician. This episode also showed that a single cholesterol measurement is not accurate enough to get a reliable indication of the actual blood cholesterol level. Instead, two or three measurements need to be taken at regular intervals in order to gain a more precise measurement. In the second episode, 'women and cardiovascular diseases', the message was focused on the fact that, after menopause, women are as vulnerable to heart disease as men. In the third episode, on 'organ donation', viewers received information about heart transplants and the procedures for becoming a donor.

These three cardiovascular health themes were selected by the Netherlands Heart Foundation for their preventive potential (especially episodes 1 and 2) and were approved by the scriptwriters because of their potential dramatic impact (especially episode 3).

4.3 Theoretical perspectives

Some television drama serials are deliberately designed to promote social change (see Chapter 5). *Medisch Centrum West*, however, already existed as a popular drama serial and was not specially designed for health communication purposes. The main characters of MCW were already established, so it was not possible to apply the guidelines for E&E soap serials as formulated by Sabido (see Chapter 2). Several theoretical perspectives were, however, applied in the design of the script to include the cardiovascular issues.

4.3.1 *Social Cognition*

As mentioned earlier (Chapter 2, section 2.3.5.), the E&E approach draws upon Bandura's (1986) social cognitive theory, which posits that an individual can learn by observing and imitating the overt behaviour of others in real life or on television (vicarious learning). Bandura found that imitation or modelling could be influenced by the type of reinforcement the role model received: role models who were rewarded were more likely to be imitated than models who were punished (Signorielli, 1993). According to social cognitive theory, vicarious learning best takes place when viewers can *identify* with, and relate to, these role models, and when viewers *recognize* the issues

3 Inscript participation refers to a formal transaction between an organization and a broadcasting or production company in order to incorporate items into an already existing TV programme. This is to be distinguished from inscript lobbying (where no financial transaction is involved) or from a co-production (a mutual investment in a new TV programme) (see Chapter 6, section 6.1.).

as relevant for their daily lives. As Hobson says: 'sometimes storylines are touchstones for experiences which viewers have and which they see reflected in the serial' (Hobson, 1982:134).

For health communication to be effective, it is essential that the message is *realistic* and *credible* to the audience, in the sense of 'true to life characters' and 'realistic, credible plots and storylines'. This does not mean that every detail must conform to reality. Realism is defined by Fiske (1987:24) as 'the way it makes sense of the real, rather than by what it says the real consists of'. Williams (1977) lists three main characteristics of realism in drama: that it has a contemporary setting, that it concerns itself with secular action (human action described in exclusively human terms) and that it is socially extended. By the latter he means that it deals with the lives and experiences of ordinary people.

4.3.2 *Agenda setting*

Television programmes can direct viewers' attention selectively to issues and problems. This agenda setting is referred to as the power to 'structure issues'. In relation to TV-drama and soap serials, social learning theory can be expanded to include the influence of peer group behaviour. *Talking with others*, neighbours, family and friends about popular serials stimulates people to consider and incorporate the serial's ideas and messages. As Buckingham (1987:162) says: 'the desire to 'see' what everyone's been talking about reveals a degree of social pressure to watch soap and drama serials, and often people start watching in order to avoid feeling left out of conversations'.

4.3.3 *Uses and gratifications*

Research indicates that the cognitive processing of information occurs best when triggered by a positive affective evaluation. Emotional appeals can lead to attitude change especially when people's motivation to think about the message is low (Pieters & van Raaij, 1988; Petty & Cacioppo, 1986; Cafferata & Tybout, 1989). If viewers do not *appreciate* the E&E formula they will stop watching and become less receptive to the message. The drama must therefore be sufficiently gratifying. Entertaining the audience is the aim of all programme makers, and even those who seek to inform and educate know that they need to be entertaining in the widest sense if the audience is to remain interested and continue viewing. To entertain and inform without alienating an audience and to keep them 'hooked on the programme' is vital (Hobson, 1982:47). Singhal et al (1992) also state that the repetition of the educational content in an E&E message is important in achieving the desired educational effect, but they warn against making the educational content too blatant or 'a hard sell'.

4.4 Research

In order to find out whether the NHF had succeeded in reaching its target audience and how MCW viewers responded to these efforts, an evaluation study and panel discussion [4] were conducted. An elaboration of the panel discussion is beyond the scope of this chapter, but reference is made to the results, where relevant.

The evaluation study was set up as a post-test only design with non-equivalent groups. Because of practical problems in relation to baseline studies, such a design is often used in media effect research, despite its methodological limitations. Without a pre-test it is more difficult to measure possible changes in knowledge, attitude or behaviour. To compensate for this, in the present research three subsamples were selected and interviewed: viewer 1: regular MCW viewers who saw the specific cardiovascular health episode; viewer 2: regular MCW viewers who normally watch the series but missed the specific cardiovascular health episode; viewer 3: non-MCW viewers. Comparison of viewers 1 and 2 is of special interest here and often not found in other media research.

Based on the theoretical perspectives mentioned above and related to part A of the central question of this thesis, the following research questions were formulated:

- Did viewers become involved in the health issues of the MCW serial (*identification and recognition*)?
- How did they evaluate the credibility of the medical and health information in MCW (*credibility and realism*)?
- Did the health information have an impact on their everyday life in terms of reflection (*talking with others*)?
- Did the MCW audience appreciate the combination of health information in a drama serial in general and in these three episodes specifically (*appreciation*)?
- Did viewers actually notice and retain the health information interwoven in the three episodes (*knowledge*)?

An important aspect of the research was to examine whether there were differences in opinions and reactions between men and women, older and younger, and lower and higher socio-economic respondents. The assumption was that this would be the case for level of education. It was also interesting to establish whether variables other than sex, age and education would account for differences, such as the question of whether respondents were familiar with cardiovascular diseases because of having a history as heart patients, or having a heart patient in their inner social circle.

4.5 The sample

The three episodes were broadcast on December 25th of 1992, January 29th of 1993 and February 19th of 1993. Within a week of the broadcast of each of the three episodes, a

4 The episode about 'nutrition and cardiovascular diseases' was previewed and discussed in a panel discussion by twenty-two people, of 15 years and older, divided into two focus groups. There were thirteen men and nine women. Only six of them had a higher or middle level of education. All of the participants were more or less familiar with the serial. The discussion was led by a trained interviewer and taped on video. In order to prevent them from giving socially desirable answers and from directing their attention to the heart health theme the participants were not told beforehand that the study had been initiated by the Netherlands Heart Foundation (NOS-KLO, 1992).

random sample of about 2,000 telephone numbers, obtained from the directory of the National Dutch Telephone Company, were dialled. In the event of there being more than one resident aged 15 years or older, the person whose birthday came first in the year was selected. The data collection was carried out by the audience research centre of the National Broadcasting Foundation (NOS-KLO, 1993).[5]

The decision to ring 2,000 telephone numbers was based on the aim to reach a sample of at least 180-200 MCW-viewers, given an average viewer rate of 15 percent and a non-response rate of 35 percent. This procedure resulted in 1,303, 1,108 and 836 persons willing to be interviewed after episodes one, two and three, respectively, a corresponding percentage response rate of 56 percent, 58 percent and 51 percent. The non-response rate seems higher than the calculated 35 percent. Assuming a 15 percent rating for the serial, however, the actual response rate of the MCW-viewers (i.e. type 1 viewers) in the sample was 78 percent, 94 percent and 79 percent respectively for each of the three episodes, which is in fact quite high. All those respondents (333, 282 and 197 respectively) were actually interviewed (93 percent, N=754 over three polls) as also about one in four type 2 viewers who had missed the previous week's specific episode, but usually watched the serial (27 percent, N=243 over three polls). This chapter reports mainly on these two respondent groups. Those respondents (viewer 3) who never watched MCW are only referred to and discussed for reasons of comparison. Of this viewer 3 category also, about one in four of those willing to be interviewed were interviewed (26 percent, N=395 over three polls).

4.6 Composition of the audience

Analysis of the composition of the audience (which is standard practice for the National Broadcasting Foundation (NOS) for every television programme broadcast) shows that the three MCW episodes under consideration were watched by people of both sexes, of all age groups and of all education levels. Compared with the total population of the Netherlands aged six years and over however, relatively more women than men (61 percent as against 51 percent) and more people from a lower socio-economic background (78 percent as against 73 percent) who watched MCW had a low or middle level of education.[6] In the research sample under analysis, compared with the official statistics of the MCW audience, women and the better educated are overrepresented. The sample, therefore, was weighted for sex and education and, for the sake of completeness, also for age and family size. After this weighting procedure the sample may be considered as being representative of the MCW audience of 15 years and older (with respect to these characteristics). The frequency distributions reported here refer to the weighted sample. Sixty percent of this weighted sample, as also of the MCW audience, is female, 77 percent have not completed secondary school, while the age distribution is as follows: 35 percent between 15 and 29 years, 35 percent between 30 and 49 years and 30 percent

5 The data were analyzed by Bouman and Maas, the first being responsible for the interpretation of the data and the latter for the statistical data analysis.

6 In the Netherlands, a low level of education means having completed only primary school or low vocational training, and a middle level of education means having completed at most three years of secondary school or middle vocational training.

over 50 years. The frequency distributions of age, sex and education were quite similar in the three subsamples. Reviews of one or more of the subsamples - as distinct from the total sample - likewise refer to the weighted versions.

4.7 Data analysis

The interviews were conducted by telephone. The questionnaire consisted mainly of structured questions. Each of the four theoretical concepts (identification, credibility, talking with others, appreciation) were measured by means of statements with pre-coded answer categories. The frequency distributions of the answers can be found in Table 4.1.

To analyze whether the items validly measure the concepts they are supposed to measure, and in order to summarize the data, principal component analysis was carried out on each of the four groups of items. For each group, this procedure led to a rather strong first factor, which represented the concept quite well and thus four factor scales were constructed (Eigenvalues between 1.6 and 2.7). The principal component analysis of items 11 to 17 led to only two factors with an Eigenvalue higher than 1.

The effect of sex, age and level of education on respondents' opinions was analyzed by Analysis of Variance with the factor scale (=concept) as the dependent variable, and sex, age and education level as independent variables. Both age and level of education were measured in three categories, therefore Analysis of Variance (ANOVA) was preferred to regression analysis. Within ANOVA, the 'regression' method was chosen to adjust the effects of each independent variable for possible confounding effects from the other two independent variables. Further, the effect of familiarity with cardiovascular diseases on respondents' opinions was analyzed by means of a Oneway Analysis of Variance with factor scale as the dependent, and familiarity with cardiovascular diseases as the independent variable.

The respondents' knowledge of the health information that was interwoven into the three episodes was measured by means of three different batteries of five to six statements with pre-coded answer categories, covering the health information given in the episode under consideration. The percentage of correct answers on the knowledge statements from the regular viewers who saw the episode, the regular viewers who missed the episode and the non-viewers are reported in Table 4.2. The differences between the three types of viewers were tested for significance by means of Oneway Analysis of Variance procedures (with knowledge statement as the dependent and type of viewer the independent variable) including multiple range testing: see Table 4.2, columns 4 and 5.

Likewise (as with the respondents' opinions) the effect of familiarity with cardiovascular diseases on respondents' knowledge was analyzed by means of Oneway Analysis of Variance procedures (with knowledge statement as the dependent and familiarity as the independent variable).

When the regular viewers (who had seen the first episode) were being interviewed after the second episode, they were given statements in relation to the first episode as well as to the second, in order to verify whether or not the health information gained from the first episode had been retained. A similar exercise was carried out in the poll after the third episode with respect to the health information of the second.

The percentage of correct answers one week and five weeks after the broadcast are reported in Table 4.3. The differences in the percentages of correct answers over time were tested for significance by means of Chi^2-tests which are also reported in the table.

4.8 Results

4.8.1 *Identification and recognition*

Only one third of the sample agree or partly agree that they sometimes identify with particular situations in MCW. However, two thirds of the respondents agreed that 'for example, if there is a heart patient in MCW, I sometimes think: that could happen to me too'. About half of the respondents agreed (most of them partly) that 'what is said about health in MCW often relates to me too' and that 'MCW frequently contains health information I can apply in everyday life'. Of the respondents, 50 percent more or less felt that they had learned something from the health information in MCW and could apply it in everyday life.

4.8.2 *Credibility and realism*

The majority of the respondents agreed or partly agreed (79 percent) that they thought the stories were credible and that the MCW doctors' recommendations about health and illness were true (76 percent), (Table 4.1, items 5 and 6). When questioned specifically about the risk-factor of cardiovascular diseases, the respondents agreed even more (item 7). In addition, most of the members in the panel discussion (fourteen out of twenty-two) confirmed the statement that the information about health and diseases given by the medical staff in the serial was true. As one respondent said: 'I am sure they have a team to do the medical research for the script', and another said: 'There must be truth in this medical information'. In the panel discussion, however, some respondents also said that the way things were dramatized was not always realistic: 'There is so much happening in such a short space of time' and 'There are so many conflicts and problems, in real life this wouldn't happen'; but they were aware that the incidents portrayed in MCW can happen in 'real life' and do happen, if not to them, then to other people in their social circle (NOS-KLO, 1992).

4.8.3 *Talking with others*

Ten percent and 35 percent respectively said they 'often' or 'sometimes' talk with others about what happened in MCW. For about one third of the respondents who talk with others about what happened in MCW, the conversation included health issues. When asked about the previous week's MCW episode specifically, 19 percent of the sample said they had actually discussed it with others. Moreover, 26 percent of the respondents reported having reflected upon and thought about that week's MCW episode.

4.8.4 *Appreciation of health information in drama serials*

Did the MCW audience get annoyed at the E&E format, or was it too blatant or too hard a sell of the health message? A high proportion (60 percent) of the sample disagreed that health information in a drama serial makes such a serial too 'preachy' (Table 4.1, item 12). The overwhelming majority (86 percent) did not agree that health information

in such a serial reduces their viewing pleasure. Between 80 and 90 percent of the respondents agreed, or at least partly agreed, that they like to be educated in health matters in such serials, that health information in such serials is useful and that entertainment and health communication can be combined very well. Seventy-two percent agreed or partly agreed that the appeal of health education in a serial is greater than by means of a leaflet. In addition, the majority of the sample did not agree, or partly did not agree, that they would not take the health information in such a serial seriously.

Items 12, 13 and 15 were submitted to the respondents for the purpose of measuring their general attitude towards health information not only in a drama serial, but also in the specific episode: the three questions were asked using similar wording in relation to the previous week's episode in particular. A comparison of the frequency distributions of the answers (see Table 4.4) indicates that the respondents are inclined to judge the E&E format even more positively in relation to the specific episode watched the previous week than in general.

The statements measuring the appreciation of the E&E format (Table 4.1, items 12 to 18) were submitted to the regular viewers and also to respondents who never watch MCW. Oneway Analysis of Variance with 'appreciation' as the dependent and 'type of viewer' as the independent variable shows that the effect of being a regular viewer or not is significant ($F=124.3,1,275$; $P<.000$, $R^2=.09$). Comparison of the group means shows that the regular viewers appear to appreciate the enter-educate format significantly higher than the non-viewers.

4.8.5 *Knowledge*

To measure whether viewers actually noticed and retained the health information that was interwoven into the three episodes of MCW, the questionnaire contained three different batteries of five or six knowledge statements with pre-coded answer categories, each one covering the cardiovascular health information given in the episode under consideration. A comparison of the percentage of correct answers of the subsample that saw the episode (Viewer 1) with that of the subsample that usually watched MCW but missed the episode (Viewer 2) clarifies the question of whether or not viewers pick up health information in a drama serial. Comparison with the subsample of respondents who never watch MCW (Viewer 3) may give insight into the question of whether or not regular viewers and non-viewers differ in knowledge about health issues. The percentage of correct answers for each subsample are reported in Table 4.2, columns 1 to 3.

The effect of type of viewer on knowledge is tested for significance by means of Oneway Analyses of Variance (with knowledge item the dependent and type of viewer the independent variable), see Table 4.2, column 4. The differences between the various types of viewers are tested for significance by means of Scheffé's Multiple Range Test, see Table 4.2, column 5.

As indicated earlier, the first episode contained information about 'nutrition and cardiovascular diseases'. With respect to four of the five items about this subject (item 1 being the exception) there are significant differences between the subsamples. (The four items are: 2. Snacks as well as normal foods can stimulate a high cholesterol level. 3. Cooking in oil is healthier than cooking in animal fat. 4. Some kinds of fish are better

for the heart than meat. 5. The cholesterol in the blood should be measured several times to determine its level.) Inspection of Table 4.2 shows that in three of these four items the difference is evident with the regular viewers: respondents who saw the episode knew more than respondents who missed the episode. For two items, respondents who saw the episode also had more knowledge than respondents who never watch MCW, but there was no difference with respect to the other item.

The health information in the second episode was about 'women and cardiovascular diseases'. Significant differences are found between the subsamples for only two of the six items: (6. After menopause the probability of cardiovascular diseases is almost as high for women as for men. 8. Female hormones can protect against cardiovascular diseases.). For both items, the differences between regular viewers who saw and who missed the episode are significant, as well as between repondents who saw the episode and respondents who never watch MCW.

The information in the third episode was entirely about organ donation. Here too there are significant differences between the subsamples for two of the five items: (13. Many children are on the waiting list for a heart transplant. 16. The family of the deceased donor never knows who receive(s) the organs.). Further inspection shows that regular viewers who either saw or missed the episode know better than the respondents who never watch MCW that there are many children on the waiting list for a heart transplant. However, both regular viewers who saw the episode and the respondents who never watch MCW know better than the regular viewers who missed this episode that the family of the deceased donor never knows who receive(s) the organs.

Considering Table 4.2 as a whole, we can say that there is a general tendency for regular viewers who saw the episode (Viewer 1) to perform better on average on the knowledge items than regular viewers who missed the episode (Viewer 2) and than respondents who never watch MCW (Viewer 3), while we expected the non-viewers to perform better, because they are in general better educated. The effects of 'type of viewer' on the items did not change after correcting them for the effects of age, sex and level of education.[7] These performance differences in the knowledge test in favour of viewer type 1 seem, therefore, to be due to the viewing of the episode and the exposure to the specific health items. A probable explanation might be that the knowledge statements in the episodes were specific rather than general. Non-viewers (better educated) may not have known the specific answers, while in general they are regarded as people with an adequate health-seeking attitude and behaviour.

In order to gain insight into whether the acquired knowledge was retained over time, the respondents who were interviewed after the second episode were asked if they had also watched the first episode. If this was the case, the knowledge statements relating to the first episode were also submitted to them. Their answers - about one month after the episode - were compared with the answers of the respondents interviewed within one week after the episode. The same procedure was followed for the knowledge items relating to the second episode: these were also submitted to the respondents who were

7 To verify that the effect of 'type ower' as reported in Table 4.2 is due to 'type of viewer' only and not to the difference in composition of the subsamples, Analyses of Variance were conducted with each item as the dependent variable, and age, sex, level of education and type of viewer (in that order) as the independent variables (SPSS, ANOVA, hierarchical method).

interviewed after the third episode and who had seen the second episode [8].

Table 4.3 shows that for five of the eleven items the answers of the respondents to the statements were significantly less correct after one month than they had been within a week of the message being broadcast, while for six of the eleven items there was no significant difference in knowledge after a month.

4.8.6 *The effect of sex, education and age*

We were interested to examine whether there were differences of opinion and reactions towards health education in MCW between men and women, older and younger people, and between lower socio-economic and higher socio-economic groups.

To answer this question an Analysis of Variance was conducted with the factor scales 'identification', 'credibility', 'talking with others' and 'appreciation of the enter-educate format' as dependent variables, and sex, age (in three categories) and level of education (in three categories) as independent variables. The explanatory power of the four models is low however, and not impressive: the combined effects of the three variables never explained more than 5 percent of the variance of the models. Therefore we decided not to elaborate on these effects.

4.8.7 *Influence of familiarity with cardiovascular diseases*

The effect of being familiar with cardiovascular diseases on respondents' opinions and knowledge was analyzed by means of oneway analyses of variance (with factor scale, respectively item dependent variable, familiarity independent variable).

Respondents who are familiar with cardiovascular disease tend to be more involved in the health issues of the MCW serial (identification, F=10.5,1,968; p=.001) and the health information in MCW has more impact on their everyday lives in terms of reflection and talking with others (talking with others, F=7.8,1,759; p=.005). However, in both cases no more than 1 percent of the variance in answers can be explained by familiarity.

The effect of familiarity on 'credibility' and 'appreciation of the enter-educate format' was not significant. Neither is the effect of being familiar with cardiovascular diseases significant for any of the sixteen knowledge items, not even after correcting for the effects of sex, education, age, or for type of viewer.

4.9 Discussion

Despite our assumption that the variables, sex, age and education level, would explain much of the difference in opinions and reactions of the respondents, they explained only 5 percent of the variance of the model. Neither does the variable, familiar with cardiovascular diseases, contribute to differences in answers.

The drama and soap serial format was originally designed to appeal to women (Ang, 1982; Frissen 1992; Brown 1994). An explanation of the relatively high proportion of men who watched MCW might be that television viewing has to be seen less and less as an isolated individual activity and more as a social, even a collective activity. Television is

8 As there was no fourth episode this could not be done with the third episode.

often purposively used by family members to construct occasions of interaction and a context in which to interact (Lull, 1990; Morley, 1986). In the panel discussions, MCW viewers told the researchers that they often watched the serial as a weekly family ritual (NOS-KLO, 1992, 1993), thus indicating that the gratification offered by television goes beyond the direct consumption of information or entertainment. It structures family life and effects social bonding possiblities.

It is interesting to see that while one third of the sample agreed or partly agreed that they 'sometimes identified with particular situations in MCW', twice as many, that is two thirds, agreed or partly agreed that 'if there was a heart patient in MCW, they sometimes thought that it could happen to them too'. This large difference might be due to the more specific formulation of the second statement. In addition, the incidence of cardiovascular diseases is quite high in the Netherlands (40 percent of the total death rate or 143 per day), so many respondents have had experience of it, either in their own case history, or through people they know (Nederlandse Hartstichting, 1994).

Results show that the majority of the respondents, about 80 percent (see Table 4.1, questions 5, 6, 7), saw both the stories themselves and what the doctors in MCW said about health as realistic. This was even more specific in the case of information about cardiovascular risk factors. The fact that health information was given by medical professionals who used a lot of medical terms in the dialogue clearly influenced the 'aura' of truth and trustfulness. Karpf (1988) also mentions this effect. Hospital serials seem to be a good setting for dealing with such educational topics.

The series did set an agenda for social discourse. Ten percent and 35 percent, respectively, of respondents said they 'often' or 'sometimes' talk with others about what happened in MCW. For about one third of the respondents the conversation included health issues. Twenty-six percent of respondents reported having reflected on the specific episode. This can be regarded as a promising finding.

In five of the eleven cases, answers to the statements were significantly less correct after five weeks than they had been within a week of the message being broadcast, while in six of the eleven cases there was no significant difference in knowledge after a month. Why some of the statements were retained better than others is hard to explain. It could perhaps be related to whether the statements were dramatized or articulated in the actors' dialogues in a prominent way or not. Another possible explanation is that additional information sources may have contributed to the retention of knowledge (e.g. health campaign material of other organizations).

The overwhelming majority of the sample did not agree with the statement that the E&E format made the serial 'too preachy' or reduced their pleasure in watching it. Although they were well aware that the programme included health messages, they did not find this intrusive for their enjoyment of the fiction. A most interesting aspect was that a comparison of group means shows that the regular viewers appear to appreciate the E&E format significantly better than non-viewers. Fans were more positive towards the E&E strategy regardless age, sex and education level. That might indicate that regular viewers or fans of soap and drama serials are more flexible and 'open' to experiments with their 'favourite' television format, though not on a discursive level, than non-viewers. It is also possible that fans and regular viewers, by appreciating the E&E format, create an opportunity to legitimize their being a fan of a 'mindless' genre (see also Chapter 2, section 2.4). Perhaps non-viewers do not want to bother about the E&E issue

at all. This may be because they are mostly more highly educated, often more sceptical about so-called 'hidden persuasion' or 'clandestine advertising', and dislike the format of soap and drama serials anyway. The proof of the pudding is clearly in the eating. Watching an episode in which health education and amusement are harmoniously combined in practice takes away some of the hesitation that might exist in theory. It seems that either you like it and 'go for it', or you do not like it and 'stay away' from it. This may indicate that the liking or disliking of soap and drama serials as a television genre is the most important factor.

4.9.1 *Implications for practice*

From the social marketing perspective, NHF's choice of this television format to communicate with lower socio-economic groups was a legitimate one. More lower socio-economic than higher socio-economic viewers watched MCW. The choice of the medium and the drama genre was, therefore, in tune with the target group. An important aspect of the present research is the fact that 'outsiders' (non-viewers, more highly educated) judge the entertainment-education formula more negatively and as more questionable than 'insiders' (the actual viewers and fans). It is very important for health communication professionals, who are often non-fans and more highly educated, to realize this, because their cultural taste is based on aesthetic norms and values different from those adhered to by the lower educated (Bourdieu, 1973). It is time to re-validate popular culture as a 'highly' esteemed communication channel and tool.

Medisch Centrum West was a 'soapy' type of drama, although not broadcast daily. The production costs and contents also differ from a daily prime time soap series (Cantor & Pingree, 1983). This distinction is relevant, for daily soap series evolve slowly each day, and certain patterns emerge. Identification with positive or negative role models, one of the basic theoretical notions of the entertainment-education strategy, is more likely to occur when viewers engage in watching the serial over a long period of time. 'The viewers of popular television series and films become quite familiar with the characters and often experience strong reactions to the things that they do and to the things that happen to them' (Hoffner & Cantor, 1991:63).

In MCW, each cardiovascular health messages was dealt with within one specific episode and related to 'guest' role models that were written into the script especially for that occasion and written out of the script after the episode was broadcast. The effects of the E&E strategy in MCW could have been greater if the message had been related to main characters of the permanent cast, and not to guest actors/actresses only. The approach taken depends, of course, on the negotiation process with the producer and the scriptwriter. In this case, the scriptwriter did not want to redesign his complete script for the purpose of the inscript sponsor. In contrast, when a health organization (co-)produces its own prime time serial, it is possible to design positive and negative role models for educational purposes, according to Miguel Sabido's E&E methodology.

4.9.2 *Implications for research*

The evaluation study was set up as a post-test only control group design. As indicated earlier, this had some methodological limitations. However, comparison of the three types of viewers (regular MCW viewers who saw the heart health episodes; regular MCW viewers who did not see the relevant episode; and non-MCW viewers) gave some interesting

insights. Because of the three types of viewers, it was possible to compare fans with non-fans.

In general it is clear that there is much more to television's influence than can be studied by impact evaluation of the type used in this research (Halloran, 1970). In other research traditions, such as ethnographic or cultural studies, the role of the viewer in negotiating meaning is stressed. It would be interesting for future entertainment-education research to combine audience survey research with ethnographic and cultural studies approaches to obtain a greater insight into the active role of viewers in the decoding process and the construction of meaning, because this active 'sense-making process' plays a large part in the success of soap and drama serials (Morley, 1986; Lull, 1990; see also Chapter 3).

It would be interesting, for example, to research more in-depth the identification process with positive and negative role models. What are the mechanisms behind accepting or rejecting a role model's health behaviour? How subtle is the balance between entertainment and education when non-dramatic health issues are involved? When does the viewer back away and stop being a fan? These are interesting questions for the practice of enterainment-education television as a rising new genre.

Table 4.1
Extent to which respondents identify with medical and health problems in MCW (items 1 to 4), evaluate the credibility of the medical and health information in MCW (items 5 to 7), talk with others about MCW (items 8 to 11) and appreciate health information in a drama serial (items 12 to 18).

	% *agree*	% *partly agree*	% *disagree*	% *don't know*	% *total N=998*
Identification and recognition					
1 Sometimes I identify with particular situations in MCW in my own life.	20	12	66	2	100
2 For example if there is a heart patient in MCW I sometimes think: that could happen to me too.	57	10	32	1	100
3 What is said about health in MCW often relates to me too.	9	43	46	2	100
4 MCW frequently contains health information I can apply in everyday life.	9	41	48	3	100
Credibility and realism					
5 I think the stories in MCW are credible.	42	37	20	1	100
6 I think the MCW doctors' recommendations about health and illness are true.	47	29	14	9	100
7 I think what the doctors in MCW say about risk factors of cardiovascular diseases is true.	68	18	8	7	100

	yes, often	*yes, sometimes*	*yes, rarely*	*never*	*total*
Talking with others					
8 Do you ever sit to talk with others about what happened in MCW?	10	35	11	44	100

	nurses/ doctors	*health issues*	*both*	*don't know*	*not applicable*	
9 If yes, do you talk about the events of the nurses and doctors in MCW or about health issues in MCW?	23	12	19	1	44	100

	yes	*no*	*don't know*	*total N=754*
10 Did you reflect upon the issues in last week's MCW episode?	26	73	1	100
11 Did you talk with others about last week's MCW episode?	19	80	1	100

	agree	*partly agree*	*disagree*	*don't know*	*total N=998*
Appreciation of enter-educate format					
12 Health information in a drama serial makes such a serial too preachy.	18	19	60	2	100
13 Health information in such a serial reduces my pleasure in watching it.	6	8	86	0	100
14 I like learning about health through such serials.	57	20	22	1	100
15 I would not take the health information in such a serial seriously.	16	30	53	2	100
16 I find health information in such serials useful.	68	19	13	1	100
17 Entertainment and health education can be combined very well.	8	11	7	1	100
18 Health education through a serial has a greater appeal to me than through a leaflet.	60	12	27	2	100

Items 10 and 12 were not submitted to the subsample of respondents who had not seen last week's episode of the serial.

Table 4.2
Percentages of correct answers to the knowledge statements regarding 'nutrition and cardiovascular diseases' (episode 1), 'women and cardiovascular diseases' (episode 2) and 'organ donation' (episode 3) by type of viewer.
Because some of the statements evoked a rather high percentage of 'don't know' answers, the columns A contain the percentages of correct answers computed on the basis of the complete subsamples, while the columns B contain the percentages of correct answers computed after excluding the category 'don't know' from the subsamples. The absolute number of correct answers is the same in columns A and B.
The differences between the three subsamples (types of viewers) were tested for significance by means of a Oneway Analysis of Variance procedure (after excluding the category 'don't know' from the subsamples) with Statement as the dependent and Type of viewer as the independent variable. The level of significance is reported in the table if smaller than 0.05. The groups that differ significantly on the .05 level (Scheffé Multiple range test) are also reported in the table.

	Type of viewer						Effect	Groups
	1 saw last episode		*2 didn't see last episode*		*3 never watches MCW*		*of type viewer on statement (p-value)*	*that differ significantly from each other*
	N=275		*N=77*		*N=135*			
	%	%	%	%	%	%		
Nutrition and cardiovascular diseases	A	B	A	B	A	B		
1 By keeping a low-fat diet the cholesterol level in the blood can decrease. (true)	85	89	79	89	85	88	n.s.	
2 Snacks as well as normal foods can stimulate a high cholesterol level. (true)	95	99	81	91	92	94	.01	1-2
3 Cooking in oil is healthier than cooking in animal fat. (true)	80	92	53	66	55	68	.000	1-2, 1-3
4 Some kinds of fish are better for the heart than meat. (true)	86	92	77	86	76	83	.01	1-3
5 The cholesterol in the blood should be measured several times to determine its level. (true)	67	78	58	68	57	74	.001	1-2
	N=282		*N=90*		*N=137*			
Women and cardiovascular diseases	A	B	A	B	A	B		
6 After menopause the probability of cardiovascular diseases is almost as large for women as for men. (true)	56	78	16	35	22	48	.000	1-2, 1-3
7 The same risk factors of cardiovascular diseases hold for women as well as for men. (true)	56	62	56	60	53	59	n.s.	
8 Female hormones can protect against cardio-vascular diseases. (true)	45	76	21	50	23	61	.003	1-2, 1-3
9 Cardiovascular diseases are common among men only. (not true)	78	83	81	85	68	75	n.s.	
10 Diabetes increases the risk of cardiovascular diseases. (true)	41	65	41	57	44	65	n.s.	
11 Cardiovascular diseases are always hereditary. (not true)	58	65	68	71	66	75	n.s.	
	N=197		*N=76*		*N=122*			
Organ donation	A	B	A	B	A	B		
12 There are not enough donor organs available. (true)	87	95	86	97	90	96	n.s.	
13 Many children are on the waiting list for a heart transplant. (true)	61	87	44	78	42	65	.000	1-3, 2-3
14 Organ donation after death relates to one organ only. (not true)	85	90	70	79	85	90	n.s.	
15 Deciding about organ donation should be done soon after death, because of the decreasing quality of the organs. (true)	95	97	88	95	93	96	n.s.	
16 The family of the deceased donor never knows who receive(s) the organs. (true)	73	84	50	56	63	73	.000	1-2, 2-3

Table 4.3
Percentages of correct answers to the statements within a week of broadcasting and a month after broadcasting. Because some of the statements evoked a rather high percentage of 'don't know' answers, the A columns contain the percentages of correct answers computed on the basis of the complete subsamples, while the B columns contain the percentages of correct answers computed after excluding the category 'don't know' from the subsamples. The absolute number of correct answers is the same in columns A and B.

The differences in the percentages of correct answers as measured over time are tested for significance by means of Chi^2 -tests. The p-values smaller than 0.05 are reported in the table. The data were tested after excluding the 'don't know' answers, but inclusion of these answers changed the Chi^2-values only marginally.

		interviewed right after episode		*interviewed a month after episode*		*p-value of Chi²*
		N=275		*N=198*		
		%	%	%	%	
Nutrition and cardiovascular diseases		A	B	A	B	
1.	By maintaining a low-fat diet the cholesterol level in the blood can decrease. (true)	85	89	80	88	.03
2	Snacks as well as normal foods can stimulate a high cholesterol level. (true)	95	99	88	94	.01
3	Cooking in oil is healthier than cooking in animal fat. (true)	80	92	62	75	.000
4	Some kinds of fish are better for the heart than meat. (true)	86	92	84	91	n.s.
5	The cholesterol in the blood should be measured several times to determine its level. (true)	67	78	64	76	n.s.
		N=282		*N=167*		
Women and cardiovascular diseases		A	B	A	B	
6	After menopause the risk of cardiovascular diseases is almost as high for women as for men. (true)	56	78	35	58	.001
7	The same risk factors of cardiovascular diseases hold for women as well as for men. (true)	56	62	62	70	n.s.
8	Female hormones can protect against cardio-vascular diseases. (true)	45	76	29	55	.001
9	Cardiovascular diseases are common among men only. (not true)	78	83	77	83	n.s.
10	Diabetes increases the risk of cardiovascular diseases. (true)	41	65	43	61	n.s.
11	Cardiovascular diseases are always hereditary. (not true)	58	65	59	68	n.s.

Table 4.4
Comparison of the answers to those appreciation-items that were stated in general terms as well as in relation to last week's episode in particular.

Wilcoxon's matched-pairs signed rank test (carried out on the unweighted sample) shows that the frequency distributions of items 13 and 15 differ significantly for the general question as compared to the specific question. One should keep in mind that the test statistic relates only to those respondents who gave a valid answer to both the general and the specific version of the item under consideration.

	agree %	*partly agree* %	*disagree* %	*don't know* %	*total* %	*Wilcoxon's Matched-pairs signed rank test*
Item 12						
Health information in a drama serial makes such a serial too preachy. (General version)	18	19	60	2	N=998 100%	
The information (in last week's episode) was made too preachy. (Specific version)	14	15	60	121	N=754 100%	Z=-1.7 p=.86
Item 13						
Health information in such serials reduces my pleasure in watching. (General version)	6	8	86	0	N=998 100%	
The information given (in last week's episode) reduced my pleasure in watching. (Specific version)	4	3	84	9	N=754 100%	Z=-2.9 p=.004
Item 15						
I would not take the health information in such a serial seriously. (General version)	16	30	53	2	N=998 100%	
The information woven into the story was incredible. (Specific version)	11	12	63	14	N=754 100%	Z=-3.4 p=.0006

5 E&E Television in Practice and Research

5.1 Introduction

The aim of this chapter is to illustrate how theoretical notions, as described in the previous chapters, have been applied in several E&E television programmes worldwide, what the research results have been, and what conclusions can be drawn for the design of E&E television programmes in the future.

As the E&E strategy in television has only recently become a domain of scientific interest, there was only a limited amount of television research, under the keyword 'entertainment-education', available for scholarly analysis. In general, many research data of television programmes are difficult to access, because they often belong to the so-called 'grey area': in-house evaluation research reports that are in principle open to the public, but unknown, because the results of these studies do not find their way into mainstream communication journals or have not otherwise been disseminated. Many television research reports are treated as internal policy documents and usually have a marketing and policy purpose, not a specific scientific one [1]. Moreover scientific research data are not always used optimally in the programme decison process, because they do not meet the information demands of the campaign planners and decision makers (Gleason & Hursh-César, 1992). To tackle this problem and to meet the demand of diverse audiences, the Department of Population Communication Services of Johns Hopkins University (JHU/PCS) has published results from their E&E research in several different ways: key findings, field reports, journal articles or book chapters and presentations at professional meetings (Piotrow et al, 1997). This has been very helpful in disseminating the research findings of E&E projects for various interested groups.

For this present study, E&E television publications have been selected from online computer search, conference papers, research reports from health agencies, and personal contacts with E&E practitioners, researchers and research institutes. In principle only first hand information and original publications and research reports have been used. This has resulted in the following list of E&E television programmes (see also Appendix 1):

Netherlands: *Familie Oudenrijn*; *Way of Life Show*; *Way of Life Magazine*; *Hou nou toch op*; *Twaalf Steden-, Dertien Ongelukken*; *Villa Borghese*; *Oppassen*; *Je zult het zien*; *Op Leven en Dood*; *Medisch Centrum West*; *Gezond en Wel*; *Viola's Gezondheidsshow*.

International: *Ke Wang* (China); *Hum Log* (India); *And the Nile Flows On*, *The Family House* (Egypt); *Oshin* (Japan); *Tushauriane* (Kenya); *Cock Crow at Dawn*, *In a Lighter Mood*; *Koko Close* and *Mulero* (Nigeria); *Ven Conmigo* and *Acompaname* (Mexico); *Aahat* (Pakistan); *Sparrows Don't Migrate* (Turkey); *Soul City* (South Africa); BBC *Health Show* (United Kingdom); *Sesame Street*; *Que Pasa*; *Cancion de la Raza* and *Designated Driver* (USA).

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1 According to Singhal and Rogers, 'the early evaluation of effects was conducted in-house and did not utilize certain of the more rigorous research designs that have been used in the 1990s. The past two decades, the 1980s and 1990s have seen important advances in improved understanding of how E&E interventions have their effects. Only since the mid-1980s have university-based communication scholars become involved in conducting research in E&E' (forthcoming, 1999).

The entertainment-education strategy was earlier defined as 'the process of purposively designing and implementing a mediating communication form with the potential of entertaining and educating people, in order to enhance and facilitate different stages of prosocial behaviour change' (see Chapter 2, section 2.2.). In this chapter, the focus will therefore be on purposively designed E&E television programmes with intended and planned educational messages, interwoven in an entertaining context[2]. All the indicated E&E television programmes (except *Ke Wang* and *Oshin*) were purposively designed to convey an E&E prosocial message and were based on a more or less formal agreement between health communication and television professionals to collaborate. For some E&E television programmes, extensive research material was available; others were less documented. Some were low-key pilot projects and not designed primarily as research projects, but included several evaluation components.

As the entertainment-education strategy is especially applied and researched by scholars in the field of development communication[3], many international E&E television programmes in this study deal with development communication issues such as family planning in non-western countries. This can be regarded as both an advantage and a disadvantage. It may underexpose the work of health communication and television professionals in western countries who often do not yet use the term 'E&E' to label their work, but it also creates a unique opportunity to combine and analyze results from E&E televison programmes in both western and non-western settings.

5.2 Theory applied in E&E television programme design

In this section, the principal theoretical notions will be discussed and given a practical perspective. Several E&E television programmes will serve as examples.

5.2.1 *Social learning*

The essence of the entertainment-education strategy is to use television characters as role models for prosocial behaviour. According to Sabido's methodology of E&E soap series, there have to be three basic groups of role models: those who support the prosocial behaviour (positive role models), those who reject it (negative role models) and those who doubt, but gradually change their opinion in favour of the prosocial behaviour (transition models). It is necessary to present appropriate models who practice the relevant behaviour and are visibly rewarded or punished for it in front of the observer. This provides a vicarious experience for the observer and can inhibit his or her practising the same behaviour. An important condition for effective social learning is to show how new behaviour can be practised in real life.

2 The process of 'purposively' designing and implementing differed however. In most cases a specific new entertainment television programme was designed with an educational and prosocial aim (E&E co-production or production), but in other cases an already existing entertainment television programme was used for that purpose (E&E inscript participation).

3 Most development communication projects have been technically supported by scholars of: the Department of Population Communication Services of Johns Hopkins University (JHU/PCS) in Baltimore, USA; the Ohio University in Athens, USA; and the University of New Mexico in Albuquerque, USA.

Social learning principles can be applied in different formats in E&E television. Most of the social learning role models in the programmes under review were designed as key characters in drama or soap series. For example, Kincaid (1993) describes how the Pakistani drama *Aahat* featured husband-wife communication in bed, about family size limitation and specific contraceptive methods. These interpersonal scenes were designed to demonstrate how to discuss such a taboo topic and to stimulate modelling effects among viewers. According to Storey (1995), who studied the Pakistani drama serial *Aahat*, television social dramas influence ideation, that is, how people think about and talk about things, in this case reproductive health. As he says: 'Witnessing the experiences of a couple on the television screen and hearing what they say to each other in the intimicy of their bedroom alters the bounderies of what is thinkable, the limits of what is speakable. Viewers acquire a vocabulary of characters, dialogue and images from the drama that they subsequently incorporate into family conversations about family planning. New words, ideas and strategies for negotiation between husband and wife enter family discourse' (Storey, 1995:11).

Positive role models can be played by lay people, but also by professional experts. In the Egyptian drama series *The Family House*, the health messages came mostly from the physician. The research study found that he was a unanimously popular character (Diase, 1992). The influential role of medical professionals was very much a feature of the Dutch hospital series *Medisch Centrum West* also. The series was based on a 'medical approach' (see Chapters 3 and 4) and the hospital setting of the serial lent itself well to the realities of dealing with patients and their families. The research results of *Medisch Centrum West* (1), regarding credibility and realism, showed that the majority of the respondents agreed or partly agreed (79 percent) that the stories were credible and the *Medisch Centrum West* doctors' recommendations about health and illness were true (76 percent) (Bouman et al, 1998). Also, a majority of the members in the panel discussion (fourteen out of twenty-two) underscored the statement that the information about health and diseases given by the medical staff in the serial was true (NOS-KLO, 1992; see also Chapter 4). In *Medisch Centrum West* audiences became 'medical voyeurs' which made the serial very appealing and attractive to a large number of people (see also Karpf, 1988; Turow, 1989). Both drama series *The Family House* and *Medisch Centrum West* are examples in which the 'credibility heuristic' (people trust statements by credible sources) play an important role in the modelling process.

In some research it was found that identification with characters depended on the level of education or age. Underwood et al (1994:2) describe how in the Egyptian drama serial *And the Nile Flows On* most women identified with the village's female physician, who advocated family planning in the serial, but identification dropped as their educational level increased. The opposite trend was found with respect to the character of a young Sheik whose views represented progressive Islam. The young progressive Sheik was held in the highest esteem by men who had attended university, while the illiterate segment of the population identified with him the least. In the Nigerian social drama *Cock Crow at Dawn*, viewer ratings of the characters appeared to be significantly age-pointed also. 'Younger characters were the favourites of their age group (18-30), while the much older character enjoyed the admiration of the over 40s' (Ume-Nwagbo, 1986:158).

In the Indian soap series *Hum Log*, viewers tended to identify with characters of the

same gender as themselves. Viewers reported learning prosocial behaviour from characters of the same sex, age and socio-economic status: male viewers learned more prosocial behaviour from male *Hum Log* models, younger viewers learned more prosocial behaviour from younger *Hum Log* models. The fact that viewers with lower household incomes learned more prosocial behaviour from *Hum Log* models than higher socio-economic class viewers makes sense, according to Singhal and Rogers, given that the family characters in *Hum Log* were from a lower income family (forthcoming, 1999).

Sometimes the purposively designed and intended positive or negative role models are not always recognized by the audience. In *The Family House* Amina, a character representing a negative role model, was liked by the majority of participants. Those who liked Amina did so because she was 'a clear example of an Egyptian wife who is behind her kin working to push them forward' (Diase, 1992:10). They admired Amina for her refusal to remarry in order to take care of her children and for her dedication to her husband. The same happened in the case of *Hum Log*. When *Hum Log* was planned, the female character Bhagwanti was intended to be a negative role model for gender equality and portrayed as a stereotype of the traditional Indian wife-mother. Some *Hum Log* viewers sympathized with Bhagwanti's character however, and viewed her as a positive role model of tolerance, compromise and patience. They admired her because 'she suffered but quietly'. Singhal and Rogers (forthcoming 1999) found in their survey that 76 percent of female viewers who chose Bhagwanti as a positive role model were housewives, and only seven percent were employed women. The effect of modelling is mediated by viewers' prior attitudes and experiences. It is not strange that women who are in a difficult position without much prospect of changing their lives are more inclined to see Bhagwanti as a heroine rather than a sufferer. This relates to the concept of self-efficacy which reflects the extent to which people perceive themselves as being able to change their lives and successfully adopt and maintain new behaviour [4].

This raises another interesting question: are audience members with a lower socio-economic status and less formal education inclined to identify more often with negative role models? (see also Sherry, 1997). One could hypothesize that lower socio-economic groups are often the late majority or laggards when it comes to new norms and values regarding personal lifestyle behaviour. If positive role models are portrayed as innovators who drastically change their lives, then they will probably feel less connected to these models. Traditionally-oriented people need more time and often make behaviour changes step by step. Showing less innovative positive role models and especially showing transitional role models may, therefore, be an important way of facilitating identification among lower socio-economic groups with positive role models.

Inspired by Bandura's (1986) theory of self-efficacy and social modelling, the Dutch *Way of Life Show* introduced three representatives of the target group as positive role models, the so-called 'Three of Hearts' candidates, two women and a man (Bouman, 1989). They all had an obvious weight problem and accepted the challenge to lose weight during the thirteen weeks of the campaign. They were guided by a dietician and

4 Self efficacy is defined by Bandura as 'an individual's perception of his/her capability to deal effectively with a situation, and his/her sense of perceived control over the situation'. Bandura also uses the concept of 'collective efficacy' which he defines as 'the degree to which the individuals in a collectivity believe that the collectivity is able to organize and execute courses of action to produce given attainments'. Particularly in collectivistic cultures, defined as those in which the collectivity's goals are more important than the individuals' goals, collective efficacy is important (Bandura 1986).

a physician. Every week the viewers of the *Way of Life Show* could see how much weight these 'Three of Hearts' candidates had lost and how they improved their physical condition. The host of the show, television celebrity[5] Ron Brandsteder, interviewed these 'Three of Hearts' candidates in every weekly episode of the show, asking them how they succeeded in losing weight, if they had obtained sufficient social support, what were the most difficult moments, and so on. In order to get the viewers more involved, a contest was devised. Viewers could fill in a postcard with the name of the person they expected to win that week. This social modelling mechanism, showing real families attempting to follow a healthier lifestyle, also appeared to be the most popular element of the BBC's *Health Show*, its Dutch variant *Viola's Gezondheidsshow* and the Dutch light entertainment variety programme *Je zult het zien*. Wallace states (1993:223) in relation to the *Health Show*: 'the 'guinea pig' families were the most interesting, memorable and watchable parts, with almost everyone wanting to see how they were getting on now. There was a strong appeal in being the 'fly on the wall' as their bad habits were explored by the physician of the show'.

In all these examples, different role models represented a spectrum of genuine points of view among the target audience and in this way enhanced more subject positions for different types of viewers.

5.2.2 *Parasocial interaction*

When viewers develop a seemingly interpersonal face to face relationship with television personalities or characters of popular series, this is called 'parasocial interaction' by Horton and Wohl (1958). The concept refers to the process by which the viewer develops a sense of friendship and a feeling of knowing the television character in person.

In China a tremendous amount of parasocial interaction occurred between *Ke Wang*'s viewers and its characters. Wang and Singhal (1992:185) report that 'one of the central female characters in *Ke Wang* received many herbal medicines at home from *Ke Wang* viewers when she briefly fell ill in the soap opera.' Over three thousand viewers' letters were received by Beijing Television Arts Centre (BTAC) in the first two weeks of the broadcast of *Ke Wang*, many pointing out the real life nature of the soap opera and its believable characters. In addition, 'many of *Ke Wang*'s audience were dissatisfied with the way the story ended. The popular central female character, Lui Huifang, died. They called and wrote to BTAC demanding a sequel. During a television programme which was watched by 900 million Chinese viewers, on the occasion of the Chinese New Year celebrations, the actors and actresses of *Ke Wang* appeared as special guests, including Lui Huifang. The programme ended with a screen family reunion of *Ke Wang*'s characters, which was a source of tremendous comfort for audience members' (Wang & Singhal, 1992:185).

Singhal and Rogers report a similar effect in the Indian soap series *Hum Log*. The actress playing the role of one of the characters, Badki, a protagonist for female equality, was mobbed on several occasions by young college students, asking her to advise

5 This is also called 'celebrity endorsement', which means 'an individual who enjoys public recognition and who uses this recognition to promote a certain product, concept or service' (McCracken, 1989). The celebrity becomes the champion leader of the prosocial issue. It is important however that the celebrity 'fits' the issue, in order for the endorsement to have an effect. Role modelling can also backfire when the celebrities' conduct in personal life is the opposite of his or her performed role model (Singhal & Rogers, forthcoming).

them what to do. When Badki got married on television, several shops and bazaars in North India closed early for the celebration, and Doordarshan, the television company, received hundreds of telegrams and handmade cards wishing the couple a happily married life (Singhal & Rogers, 1989a:108-109). Some 400,000 letters were received in response to *Hum Log*[6]. Viewers wrote letters to the scriptwriter asking for one of the main characters who became blind in the series to be given his eyesight back. The scriptwriter indeed changed the script. When the series ended there was a widespread sentimental protest from many *Hum Log* viewers (Singhal & Rogers, 1991). The same was true for the Dutch series *Medisch Centrum West*. After five years of broadcasting and 100 episodes, the regular viewers and fans of the series showed their protest and disappointment in talkshows on televison and radio (KRO, 1995).

Parasocial interaction contains two aspects, both working in favour of the intended behavioural change. The first is the effect of 'intimacy at distance': the viewers feel that they have a personal relationship with the characters on television, more or less as if they were talking to their own family or neighbours. The other aspect follows from the first. Because of the parasocial interaction effect, the events and the experiences of the characters in the series or show will become of interest to the viewers. They want to discuss these with their peers. So there will be a tendency to convert parasocial interaction into social interaction. The adoption of the 'messages' of the series in social discourse enhances their chance of inculcation.

5.2.3 *Elaboration likelihood*

Petty and Cacioppo (1986) distinguish two possible routes that people may follow in the persuasion process: a 'central' route to persuasion, which people follow when they are able and motivated to engage in issue-relevant thinking, and a 'peripheral' route, where people employ simple decision rules or heuristic principles during information processing (see Chapter 2, Section 2.3.3.).

The entertainment-education strategy makes use of a combination of these two routes. It uses emotional appeals to gain attention and to increase audience involvement in the issue, but also to increase the likelihood of elaborating the prosocial message. As such it caters both to heart and head (Piotrow et al, 1997).

In order to cater also for the head, in the Mexican telenovelas *Ven Conmigo* and *Acompaname* epilogues were delivered following each episode by a well known film and television actress (a liking heuristic principle). 'Epilogues are added as closing sections that provide further comment, interpretation, or information' (Nariman, 1993:17).

Elkamel (1995) reports how, in the Egyptian drama series *The Family House*, well known actors and actresses not only attracted a large audience, but also lent credibility to the information presented (a combination of a liking and credibility heuristic). He states: 'While *The Family House* draws on a wide pool of 'typical' problems depicted in soaps (kidnapping, infidelity, deaths, jealousy, accidents, murders), health and social problems are emphasized. Once introduced the problems are dealt with over the course of several episodes as in the standard soap opera format. Information and issues are explicitly presented, but never in a formally didactic way. Characters do not address the

6 Letter writers are, as Singhal and Rogers indicate, untypical of all viewers and of the general population, but they provide valuable data for understanding the E&E effects (Singhal & Rogers, forthcoming 1999).

audience directly nor is the information presented outside the dramatic storyline' (Elkamel, 1995:227). When the prosocial message is strongly linked with the dramatic storyline, the television programme can challenge deeply ingrained social attitudes and practices and change them, by the power of drama. In the evaluation of the South African project *Soul City* the researchers reported that 'significantly, new information was learned especially on issues where the drama hinged around challenging existing and incorrect social beliefs, such as giving milk to children who have swallowed paraffin, putting various substances on burns and so on' (CASE, 1995:191).

Another way of gaining the attention of the audience via the peripheral route is by using humour. In the Dutch television programme *Way of Life Show*, a short comedy *De Familie Voordeur* was developed. In short episodes (five minutes) an ordinary family dealt with social values and norms around healthy and unhealthy habits (nutrition, smoking, physical exercise and stress). The characters (man, woman, son and daughter) were attuned to the target group: no high brow intellectual conversations, just down to earth reality. Their ideas and practices were discussed afterwards as a kind of epilogue by the host of the show (Bouman, 1988). The 'trigger' story purposively used a lot of humour. According to McGhee (1980:188) 'Humour can provide an emotional 'slap in the face', drawing attention and interest back to the program'. However, the essence of the health message, the 'golden' health tip, must not get drowned in loud laughter or become ridiculous. Humour tends to induce a playful frame of mind, but 'since it is very difficult to take communications seriously within this state, a playful set may actually interfere with the kinds of cognitive change required for new learning and enrichment' (McGhee, 1980:190). The use of humour can backfire on the prosocial message[7]. Chabra, an Indian advisor on media and communications to the Ministry of Health and Welfare describes how in one of the episodes of the series *Hum Log*, Lalu, the eldest son of the family, was so embarassed about talk of contraceptives that he dived under the table at the family planning clinic. She calls this 'a lost opportunity for the sake of cheap humour to plug in an effective health messsage' (Chabra, in Coleman & Meyer, 1989:72). Okaro, manager of programmes of the Nigerian Televison Authority explains, however, how the use of jokes and humour in the variety programme *In a Lighter Mood*, proved to be very helpful when family planning was a very sensitive issue and a taboo on Nigerian broadcasting media (Okaro, in Coleman & Meyer, 1989:63). Singhal also describes how in Egypt humour was employed by the television producer-director Fadel to disguise the prosocial content of his television programmes, in order to escape censorship under Sadat's regime and to avoid potential conflict (Singhal, 1995).

Here we see how humour is used by the television professionals as a way of tension reduction to tackle an 'uncomfortable' issue, and to break their own or viewers' resistance to deal with an educational content while, from the health communication professionals' perspective, the health message may be 'ruined'. In *In a Lighter Mood* as also in *Way of Life Show*, the key characters in the short family comedy were always making

7 This is also sometimes called 'the Archie Bunker effect': certain individuals in the audience identify with negative role models. Archie Bunker was a highly-prejudiced, working class American and main character in Norman Lear's comedy show *All in the Family*. The intention of the show was to use humour to raise the consiousness of viewers about ethnic prejudice. However, 'highly-prejudiced persons, as compared to low-prejudiced viewers were more likely to watch the television programme. These higher-prejudiced viewers perceived Archie as 'a loveable, down to earth, honest and predictable' person and were more likely than low prejudiced viewers to condone his use of racial slurs' (Singhal & Rogers, forthcoming 1999; see also Vidmar & Rokeach, 1974).

comments (as a kind of alter ego) and contrasted ideal situations with those that were not so good. Other E&E televison programmes also used humour in a comedy format, for example the Dutch E&E family comedies *Oppassen* and *Familie Oudenrijn*.

When serious social issues are addressed in comedies, this new variety of 'sitcoms' is nowadays referred to as 'seriocoms' (Singhal, 1995). There is much inconsistancy about the effectiveness of humour. Studies conducted by the Childrens' Television Workshop (the producers of *Sesame Street*) concluded that 'in order to be an effective aid to learning, humor must be at least meaningfully related to the material to be learned. The humor should coincide perfectly with the critical learning opportunity' (Lesser, cited in McGhee, 1980:198).

When the correct balance is chosen, the audience often does not mind, or even favours, television programmes that entertain them while teaching new things. Among the gratifications audiences derive from watching an E&E television programme is a sense that the programming is not just conventional entertainment. Often both gratifications of entertainment and education are sought and obtained. For example, the entertainment and educational elements of *Soul City* appeared to be mutually supportive. *Soul City* concentrated on many health topics, such as mother and child health, tuberculosis, tobacco, alcohol and AIDS. Other subthemes that ran through the entire series included gender issues, empowerment of women and communities, family values and nation building. The fact that the series aimed at being both entertaining and educational did not decrease its popularity. On the contrary, the audience of *Soul City* told the researchers that the combination of drama and health education was the particular added value and the reason for their enjoyment. Respondents were asked to describe *Soul City*, and the overwhelming response was that the programme helped people by teaching them 'how to deal with problems', 'how to face life' and how to be 'a community builder'. Issues in the campaign which respondents reported liking the most corresponded with those about which they claimed they had learned most. For example, HIV/AIDS was the most popular issue in *Soul City*. Of respondents who accessed the campaign, 31 percent spontaneously mentioned having learned about HIV/AIDS (Samuels et al, 1997:iii). Respondents indicated that, if *Soul City* had not contained health information, they would have found the programme enjoyable enough to watch, though not as interesting. This was the strength of *Soul City* in their opinion, not its weakness as a drama. The research reports also that some respondents felt that the programme was far too valuable, because of its educational content, to be grouped with other drama programmes. *Soul City* is loved for what makes it different from standard dramas: the education, the lack of sex and violence, and so on. As the researchers indicate, 'this is important, for it suggests that the dramatic element did not merely 'dress up' the education, but is powerful enough to stand alone' (Stevens et al, 1995:6). Similarly, the focus group discussion on the Egyptian drama series *The Family House* revealed that viewers of the television series not only did not mind watching a series which contained educational messages, but also stated clearly that 'a good series entertains as it addresses problems of ordinary viewers' (Diase, 1993). Elkamel (1995:228) reports that in fact the potential to learn something from a series was found to be a factor which positively affected whether viewers would like it or not. Audience research into *Medisch Centrum West* (1) also indicated that, although viewers were well aware that the programme included a health message, they did not find it intrusive to their enjoy-

ment of the storyline. It is interesting to note that fans were more tolerant and positive towards the E&E strategy than non-fans (Bouman et al, 1998).

The presentation of media messages via the peripheral route runs the risk of alienating audience groups which are more used to following a more central route to persuasion. This was signalled in the case of the BBC's *Health Show*. The results from the qualitative research of the *Health Show* indicated that 'although parts of the light entertainment were enjoyed, some felt that the light entertainment aspects of the show were aimed at a target audience whom they perceived as less well-informed and probably more downmarket than themselves. The *Health Show* intended to target more closely those in the population who had a greater need and would benefit more from lifestyle and health related behaviour advice (C2DEs). But the sample profile showed that the *Health Show* attracted an audience of higher socio-economic (ABC1) households who were more health conscious in general. Some expected the show to be quite factual and documentary in style, and had not expected as much light entertainment. For some this felt to be excessive and they were disappointed not to learn anything new' (Wallace, 1993:223). Clearly these viewers preferred to learn via the central route and where already motivated to seek out health information.

5.2.4 *Message styles and issue framing*

What works well for conveying factual information to particular audiences may not be so successful for conveying attitudinal messages to the same audience. Researchers of the drama series *Soul City* reported that respondents with higher levels of education gained most from the inferential messages tackling prejudice and attitudes. Respondents with lower levels of education, however, gained more from factual information and knowledge about health issues and were sometimes unable to draw the appropriate inferences from more subtle messages conveying particular attitudes (Samuels et al, 1997:x). This is interesting: it shows that different audiences demand different kind of message frames. Clear cut factual information and practical advice seems to meet especially the demand of the less well educated, while implicit contextual information suits more highly educated audiences. This is what Dervin (1974; 1976) calls the 'intellectual barrier': the form of the available information is not always adapted to the skills (and needs) of the information seekers. Many of the health topics dealt with in *Soul City* were potentially fatal, while other issues, such as gender roles and mother-friendly workplaces, were not life saving, but more life changing. The most urgent needs have to be relieved first, before other more distant impersonal problems and issues can be tackled. Lower socio-economic groups are more 'people oriented' and part of a parochial network. Their immediate social micro environment is their main source of inspiration and information, while higher socio-economic groups are more 'object oriented' and part of a 'cosmopolitan network'.

In the evaluation of the second *Soul City* drama series it was found that 'awareness of the government housing subsidy and land issues was much lower than that of other health related issues dealt with by *Soul City*. Land and housing were not such popular issues as smoking, tuberculosis and HIV/AIDS. Neither did participants perceive themselves to have learned as much about land and housing as on other health issues' (Samuels et al, 1997). The researchers suggest that this may account for the lower popularity of land and housing issues, because the more popular issues corresponded

with those about which respondents perceived themselves as having learned most. Another finding is that '*Soul City* did not appear to have an impact on opinions of whether women have the same right to land and housing as men' (Samuels et al, 1997). This suggests, according to the researchers, that a more direct approach may be more successful in addressing issues where attitude change is likely to be particularly difficult. This issue was indirectly dealt with in the television series by using visual messages affirming women as active members of the housing group.

It is also interesting to read that, in the early episodes of the Mexican telenovela *Ven Conmigo*, Miguel Sabido tried to teach adults 'how to' read and write. This didactic approach did not work well. The soap opera content was dull and Sabido changed *Ven Conmigo* to 'encourage' adults to enrol and to continue to participate in literacy classes. The telenovela centred around the lives of the dozen adults enrolled in one literacy class and the series climbed in popularity (Singhal & Rogers, forthcoming 1999).

As far as the framing and the educational value of the information given in the series *Villa Borghese* is concerned, the research findings (ResCon, 1992a) give reason to question whether the content of the message was not too general, perhaps even too trivial [8]. The series dealt with the importance of a healthy lifestyle and its essential aspects in a rather general way and paid considerable attention to emphasizing the effectiveness of behaviour change for health, highlighting the extent to which it is suggested that certain habits (such as non-smoking, a low-fat diet, sufficient exercise) have a positive influence on health. The question increasingly arises as to whether there is much point to this approach. So-called 'personal efficacy', or the extent to which people think that they have the skills to change their behaviour, offers an alternative focus. Imparting skills to handle different situations (smoking and eating), seems to offer a better option for changing behaviour than emphasising the damaging effects for health. In the case of the *Designated Driver* in the USA a 'white paper' has been prepared [9], which describes several 'reality reminders' epitomizing appropriate behaviour by 'advising' viewers how to deal with situations when the driver is intoxicated, such as 'give me those keys' (Breed & de Foe, 1986).

Researchers of the Dutch drama series *Familie Oudenrijn* made several suggestions to improve the series (Hagenzieker, 1989; Wittink & Hagenzieker, 1991). One of these suggestions was to show the desired behaviour by the characters of the series, instead of having them say what the audience ought to do. A possible alternative, which does not place too strong an emphasis on the transfer of information and which does not become immediately serious and 'heavy', is to depict how ordinary people deal with dilemmas in everyday life about certain issues: how they share emotions, exchange ideas and arguments and how they make their final choice for one or the other behaviour. Another remark of the researchers was that 'a series such as *Familie Oudenrijn* can link up with what is already part of the public awareness. The influence is problably greater when a message evokes recognition and then adds an idea or concrete information to that, rather than when it is contradictory to the prevailing opinion' (Wittink & Hagenzieker, 1991:14). Nariman fully agrees with that. She remarks: 'It is

8 *Villa Borghese* can be regarded as the first Dutch drama series that purposively put Miguel Sabido's E&E soap theory to the test.

9 By the Caucus of Producers, Writers and Directors, an umbrella organization in the television production industry.

important to note that entertainment-education soap operas address their objectives by associating them with pre-existing human values and dramatizing how specific characters learn to more fully actualize these values in their lives by practicing the prosocial behaviour' (Nariman, 1993:17). In *Ven Conmigo*, the Mexican telenovela which promoted literacy, the characters went to the real life offices of the Secretary of Public Education to ask for information about adult literacy classes. This action was enhanced by the fact that each episode ended with a thirty second epilogue, delivered by a well-known film and television actress, who summarized the main educational point of each episode and related it to the daily lives of the viewers. By introducing these epilogues, specific information was provided about the infrastructure needed for a viewer, motivated by the E&E soap opera, to convert an intention into action (Singhal & Rogers, forthcoming 1999).

The message framing in the South African *Soul City* drama series was based on what Karpf has defined as the 'consumer approach' (see Chapter 3, section 3.3.), which questions the organization of medical care and introduces the issue of power in the doctor-patient relationship. Health care was placed in a context where the role that individuals and communities can play was highlighted. Health care professionals were involved, but often on an equal basis with others, and were humanized by their dramatic roles.' As an example, Samuels et al. (1997) mention that creche mothers were as able to provide correct solutions to problems as nursing sisters or doctors. Their focus was to support and empower lay people. The Egyptian drama series *And the Nile Flows On* also addressed medical care issues, but in another way. Underwood et al (1994) mention issues such as 'the physician shortage in rural areas, the responsibilities of the nurse to treat patients in emergencies, the danger of untrained traditional midwives to the health of both mother and child, and the importance of hygienic conditions in the home. Socio-economic issues [what Karpf defines as the environmental approach:MB] incorporated in the series *And the Nile Flows On* include the meager opportunities available to migrant workers who have returned to their villages, the burden of a social strucure based on ascription (or inherited status) rather than achievement, and the injustice of child labour' (1994:3).

5.3 Formative research

Evaluation research seeks to answer different kind of questions, varying from questions about the target audience before initiating a campaign to assessment of the implementation and effectiveness during and after a campaign (Flay & Cook, 1989). It is widely recognized that the use of formative evaluation techniques contributes considerably to more effective health communication messages (see for example, Backer et al, 1992; Nariman, 1993; Flay & Cook, 1989; Piotrow et al, 1997).

As indicated in Chapter 2, the entertainment-education strategy is based on a social marketing approach and a consumer orientation, implying a strong focus on the social adoptability of prosocial messages. In order to position the 'product' and to be responsive to consumer needs, pre-production research and 'product testing' (formative research) is of utmost importance. In the E&E studies mentioned in this section, many

researchers report on formative evaluation research in the design process of the television programme.

A good example of extensive formative research is that carried out on the South African drama series *Soul City*. The health communication professionals in the production team carefully designed the prosocial message by using focus-group discussions in their pre-production research and product testing. The 'standard' procedure in *Soul City* was to ask the target audience (black, lower income, less well educated South African) what they thought about a certain issue. After the story lines were created, representatives of the target audience were consulted again to establish whether the story line made sense to them and whether they enjoyed it. Japhet and Goldstein (1997) describe several ways they tested the script in the rural areas. One way was to transcribe the material to audio tape. Another way was to have a local drama group perform a specific episode. The latter appeared to be less useful however. Instead of giving feedback about the issues that the formative researchers had selected, feedback concentrated on the dramatic performance. Eventually the researchers settled for script reading by representatives of the target audience themselves.

The Turkish three-part television drama *Sparrows Don't Migrate*, which was a central element in a larger campaign on family planning, conducted a communication needs assessment, consisting of thirty-four focus group discussions, held in seven Turkish provinces in order to design appropriate messages before the campaign began (Kincaid et al, 1993; see also Yaser, 1997). The audiences were carefully studied in terms of their perceptions about family planning and knowledge of contraceptive methods. It appeared that 'misinformation about modern contraceptives methods was widespread, while religious and ethical views were not major obstacles to women's practice of family planning' (Kincaid et al, 1993:75). The formative research of the Nigerian E&E televison programme *In a Lighter Mood* also revealed misinformation about the health issue involved: there was a rumour going round that 'contraceptives could impair health.' Results from focus-group discussions also showed that people feared that 'those who used family planning had license to do as they pleased' and that 'family planning would inhibit the birth of male children' (Okaro, in Coleman & Meyer, 1989:62).

It is very important to find out what kind of misconceptions and rumours there are around any issue involved. Information about rumours and ideas can be very helpful in designing health messages and choosing positive and negative role models.

Besides improving messages and materials, the process of audience analysis and pretesting also proves helpful in generating a sense of involvement in the collaboration process between television and health communication professionals. Some report that by attending the focus-group discussions and reflecting on the feedback from the potential audience, the collaboration partners came to realize all the more that communication is a *process*, not a *product* (Piotrow et al, 1990:272).

Sometimes in E&E television projects a 'previewing' is held as a kind of pretest. In the strict sense of the word one cannot speak about a pretest, for the results of such previewing cannot be used to redesign the series fundamentally. Only some minor last minute changes or changes in later episodes are allowed. The first episode of the Egyptian drama series *The Family House* was previewed and discussed in several focus groups in order to give immediate guidance for programme production (Diase, 1992; Elkamel, 1995). There was an assessment of viewers' potential interest in health mes-

sages and, also, viewers' reactions to the main entertainment elements (music, plots, stars, pace, sound effects) were pretested. The focus-group participants indicated that they especially liked the outdoor scenes in which well known Egyptian sites were shown. According to them it made the series more realistic (Diase, 1992). The respondents ranked *The Family House* as either better than, or as good as, other series. The participants in the focus-group discussions found that *The Family House* was (1) a realistic, and (2) a well acted story, that it was (3) entertaining, (4) educational, (5) set in modern Egypt, that it (6) included events in the countryside, (7) depicted characters who are 'people like us' (8) involved a variety of problems, which are (9) eventually solved (10) to the benefit of the good characters in the story (Diase, 1992; Elkamel, 1995).

Depicting lifelike situations and characters who are 'people like us' is an essential part of E&E social drama to create the circumstances necessary for social learning and to enhance a feeling of involvement. In extensive formative research of the Mexican telenovelas *Ven Conmigo* and *Acompaname*, a research team visited members of the target audience in their homes, 'to see how they decorated their homes, the number and ages of family members and how they communicated with one another, the jobs people had and how they made ends meet, in addition to the overall look of the neigbourhood' (Nariman, 1993:54). This type of realistic portrayal was also the case in *Soul City* in which an informal settlement was chosen to be the heart of the drama series. The researchers strongly recommended, however, that 'the extent to which people in these areas may dislike viewing their lifestyles, or feeling that others may be further stigmatising them by watching the series, need to be considered' (CASE, 1995:191). To avoid this feeling of embarrassment or stigmatization, it is advised to depict positive role models with a slightly higher aspiration level (Nariman, 1993).

It is also interesting to get indications about whether certain actors or actresses are seen by the audience as positive or negative role models, or evolving from negative to positive role models. To monitor audience appreciation of the storyline and characters, some researchers report of a panel of viewers who are followed during the broadcasting of an E&E television programme. In the Dutch drama series *Villa Borghese*, a panel of twenty-three people was invited to view all the episodes and once a forthnight, on six occasions, they were asked to give their appreciation, understanding and opinion of the main characters, plot lines and acceptance of the prosocial health messages (ResCon, 1992b). The main characters in the series were staff members and regular customers of *Villa Borghese* (a fictitious health farm in Holland). In this health farm setting, which included a restaurant, swimming-pool and fitness centre, opportunities were offered to come to terms with the importance of exercise, a good diet, non-smoking and dealing sensibly with stress. A question mark was placed by the members of the panel, however, over the choice of a health farm as the setting for the story. Most of the panel indicated that they thought visiting a health farm a rather exaggerated way of doing something about health. The situations depicted were not sufficiently credible to be realistic [10]

Singhal and Rogers (1989a) also report that, for the Indian soap *Hum Log*, forty 'viewing clubs' were set up by the Ministry of Information and Broadcasting to monitor the

10 It was planned in the original script that the health farm would be taken over by the staff members and transformed into a public health centre during the second broadcasting season. Due to low ratings, the series was not continued however, so this transformation process could not take place.

first thirteen episodes and to provide feedback. This resulted in a mid-course correction of the series.

Not all E&E television studies conduct extensive formative research. It is mostly E&E television projects in non-western countries that do so. Maybe this is due to the fact that JHU/PCS give technical support for these projects, as formative research is an essential part of their methodological framework[11]. Other E&E television projects, however, may also be based on thorough preproduction research and data pre-testing, but for some reasons these results have not been published. Formative evaluation, before and during the campaign, is often a 'behind the screen' kind of process. The results are used for programme decision making. Policy makers are especially interested in the results of summative evaluation, and therefore these formative studies are often not extensively documented and/or reported to the public. Another reason for not finding published results of formative evaluation might be that an E&E television programme is often part of a larger campaign. The whole campaign might be based on pre-production research and the E&E television programme may not be individually mentioned.

Sometimes in the case of a health behaviour problem which has already been widely researched, campaign designers may also rely on a literature search, consultation with key persons or former experiences with the target group. For example, the makers of the Dutch series *Familie Oudenrijn* studied relevant literature and talked with experts about the intended approach in the series (Wittink, 1988; Wittink & Hagenzieker, 1989); and the campaign designers of the Dutch *Way of Life Show* deliberately associated with a well known producer, Joop van den Ende, who had an established reputation for making entertainment television programmes aimed at less well educated viewers: the target group of the campaign (Bouman, 1988).

5.4 Summative research

Summative evaluation research seeks to answer questions about the effectiveness of the intervention: was the intervention successful in reaching and communicating with the target audience and did this influence the level of knowledge, attitude or behaviour of the target audience?

5.4.1 *Stages of behaviour change*

The E&E strategy aims to 'enhance and facilitate different stages of prosocial behaviour change'. This part of the E&E definition refers to stages in behaviour change and postulates that media effects are cumulative, passing through several basic steps that begin when an individual is exposed to a message and continue finally to maintenance or advocacy of behaviour change. It is assumed that progress from one step to the next increases the probability of behaviour change and continuation. These behaviour change models have guided most of the present E&E television research studies. Singhal and Rogers adapted McGuire's (1984) 'hierarchy of effects' to study the effects of E&E soaps (in Nariman, 1993:78). They describe six steps for behaviour change: (1) exposure to the soap

11 The design, implementation, monitoring and evaluation of Johns Hopkins communication projects follow 'The Processes and Principles for Health Communication Projects', known as the P Process (see Piotrow et al, 1997:27)

opera; (2) awareness and understanding of the social message and identification with characters; (3) being persuaded to modify attitudes towards the proposed behaviour; (4) acquiring information about the infrastructure; (5) practicing the proposed behaviour; (6) changes in macrosocial indicators. To each of these stages a specific hypothesis is attributed and checked, by either applied audience research, behavioural social research or monitoring [12]. Evaluation studies based on the applied audience research perspective, also called 'advertising type of evaluation' by Flay and Cook (1989:183) are often carried out by market research firms to enable the data collection and analysis to be conducted efficiently and quickly. In the 'E&E hierarchy of effect model' these studies are used mainly in the first two steps (exposure and awareness) to determine whether the programme was attracting any audience, and if so what kind of audience, and to ascertain viewers' overall reactions to the programmes: whether they liked the programme and whether they found it authentic, credible, relevant and useful, or not. Usually these studies have a good external validity, but a low statistical and internal validity.

Behavioural social research (quasi-experiments/field experiments/time-series design) [13] is aimed at determining whether there are any observable relationships between exposure to the programme and subsequent changes in knowledge, attitudes and behavioural dispositions among viewers. This type of research tries to isolate audience effects as a result of exposure to the E&E television programme. Such studies are likely to be large scale, comprehensive and expensive, and mostly carried out by research departments of universities or other research organizations. This type of research is used in steps 3, 4 and 5 (knowledge, intention, attitude and behaviour). The greatest strength of the experimental model is its high level of internal validity, especially when it is based on a pre-post test design with a control group.

Impact monitoring, point of referral research which relies on routinely collected data from a management information system or other archival source to monitor more distant effects and impacts, is used at the end of the causal chain, especially in step 6 (prevalence of a certain problem).

Of the present evaluation studies of E&E television programmes, several summative research studies were based on an 'audience research or advertising-type of survey' (see for example BBC's *Health Show* and *Designated Driver*). Others used an 'experimental model of evaluation' (see for example *Way of Life Show*; *Way of Life Magazine*; *Villa Borghese*; *Soul City*; *Sparrows Don't Migrate*; *Hou nou toch op*; and *Je zult het zien*) and some were based on a mix of these two (see for example *Hum Log*; *Ven Conmigo*; *Acompaname*; *Medisch Centrum West*; and *The Family House*). The impact monitoring model is hardly mentioned by researchers, although some of the E&E studies used visits to literacy classes or family planning clinics as their point of referral (*Ven Conmigo, Acompaname, In a Lighter Mood, Mulero*).

12 The model distinguishes between (1) commercial, (2) perceptual, (3) attitudinal, (4) informational, (5) behavioural and (6) macrosocial hypotheses. Commercial hypotheses (1) are measured by audience rating and advertising sales. Perceptual, attitudinal and informational hypotheses (2, 3, 4) are measured by group sessions and audience recall surveys, whereas behavioural and macrosocial hypotheses (5, 6) are measured by records maintained and monitored by organizations in the infrastructure.

13 A quasi-experiment means that the treatment and the control conditions are not randomly assigned. A field experiment consists of a pre-post design with a control group. In an interrupted time-series design, data about the effects of an E&E project are gathered for a number of time periods (often months) (1) prior to the intervention, (2) during the intervention, (3) for some time after the intervention.

It would require a meta analysis to give a well balanced overview of all the reported impact and effects of the E&E television programmes under study (see for example Sherry, 1997). This is beyond the scope of this thesis. However, some of the more remarkable findings will be discussed and reflected upon in order to sensitize the reader's notion of the theoretical foundations of the E&E strategy and its potential impact.

5.4.2 *Exposure, awareness and understanding*

The first essential step in prosocial behaviour change is to expose the target audience to the intended prosocial message and to raise awareness and understanding of the issue. If this condition is not successfully fulfilled, behaviour change is not very likely to occur.

In the E&E strategy the 'price' of information about prosocial behaviour (in terms of time, effort, money) is meant to be kept low by informing and educating people in an easy and enjoyable way, in their private sphere at home in their own colloquial language. The use of the social marketing perspective resulted in most cases in high levels of exposure. The soaps and drama serials, in particular, reached huge audiences. Around 90 to 95 percent of all television viewers - an audience of 550-600 million people - watched the Cinese soap *Ke Wang* and about 65 percent of Japanese viewers followed the 297 episodes of the soap *Oshin*. The 'Oshindrome' gained worldwide popularity (Svenkerud et al, 1995; Singhal & Udornpim, 1997). These two soaps were not, however, purposively designed as E&E television series, in the sense that they used an E&E theoretical framework, but both series mediated strong prosocial values (social harmony, selflessness, love, sacrifice, endurance, perseverence and forgiveness) and facilitated a large amount of public discourse on these issues.

Purposively designed E&E television programmes also gained high levels of exposure, however, and some even competed favourably with more commercial soaps[14]. The Mexican E&E telenovela *Ven Conmigo* achieved higher audience ratings than the ratings for other soap operas on Televisa (Berrueta in Singhal & Rogers, 1989). The South African drama series *Soul City* also received higher ratings than imported soaps such as *The Bold and the Beautiful* and *Days of Our Lives* and outrated (five to six times) the more conventional health programmes on television (CASE, 1995:19). Around 52 percent of television viewers (4.3 million) watched *Soul City*. The Dutch medical drama serial *Medisch Centrum West* and the Dutch comedy serial *Oppassen* were also very popular and received high viewer ratings.[15] However, the Dutch comedy serial *Familie Oudenrijn* and the Dutch drama series *Villa Borghese*, both designed as experimental entertainment-education programmes, were relatively less successful in respect of exposure and attracting the target audience. While *Familie Oudenrijn* attracted 1.1. million viewers (8.6 percent), *Villa Borghese* attracted no more than 650,000 viewers (5 percent), almost half the audience that had been hoped for (ResCon, 1992a; Bouman & Wieberdink, 1993).

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14 When there was no electronic rating system, the determination of the estimated reach sometimes passed through a somewhat complex procedure. In a national survey sample, people were asked if they possessed a TV set, if they could receive the programme and, finally, those who answered yes in both cases, were asked whether they had seen the programme. The resulting percentage multiplied by the average number of household members represented the estimated viewership.

15 *Medisch Centrum West* 2.5 million and *Oppassen* 1.5 million. When *Medisch Centrum West* started, there was not yet any competition from commercial channels. At the time *Oppassen* started - in 1991 - viewing rates already showed an overall decrease, due to the start of commercial channels.

The question as to what contributes to the popularity of E&E television series is an intriguing one. There are some indications, varying from programming and technical factors to content-based factors or more external societal factors. It is well known that new series need time to create a rapport with their audience and need to establish themselves before they can become successful. Sabido indicates that a television soap opera needs to be broadcast five times a week in order to have its desired effects (Singhal & Rogers, 1991). This may be one of the reasons for the low exposure of *Villa Borghese* and *Familie Oudenrijn*. Both series consisted of only thirteen weekly episodes of thirty minutes each, which is little compared with *Ke Wang*: fifty episodes of sixty minutes, or *Oshin*: 297 episodes of fifteen minutes. This, however, cannot be the only reason. *Medisch Centrum West* and *Oppassen* were not broadcast daily either, and the *Soul City* drama series also consisted of only thirteen episodes of thirty minutes each, the same as *Villa Borghese*.

The balance between entertainment and education is a more content-based factor (see also section 5.2.3. on the Elaboration Likelihood Model). This is one of the most delicate and vulnerable aspects of the E&E strategy. There are no cut and dried answers about the right balance. Bouman (1989) suggests that the balance should be 70 percent entertainment and 30 percent education, others say 60 percent entertainment and 40 percent education (Baseley, cited in Singhal & Rogers, forthcoming 1999).

It is generally agreed that too blatant a selling of the educational message is 'killing the darling'. What is enough or too little of each varies among countries and regions and depends on the taste of the audience, cultural standards and the way the message is incorporated. Singhal and Rogers (1989) recount that, at the start of the Indian family planning soap opera *Hum Log*, the series achieved disappointing ratings. Viewing clubs complained of too-violent dramatic situations, didactic sermons about family planning, indifferent acting and a story line that was developing too slowly. The family planning issue was not very popular with the Indian television audience. After the first thirteen episodes, the series got a 'mid-course' correction in which the family planning theme was diluted and the series purposely began to focus more on 'meta-level' themes, such as the status of women and family harmony. To create more suspense in the series, a substory addressing underworld activities and political corruption was added, which, according to Singhal and Rogers (1989), although popular with the audience, distracted from the soap opera's major purpose. When the family planning theme was less heavily emphasized, ratings however jumped to record levels. *Hum Log* gained audience ratings of 65 to 90 percent in the Hindi speaking regions of North India and 20 to 45 percent in the non-Hindi speaking regions of South India (total 60 million viewers), (Singhal & Brown, 1995). In the eyes of Chabra '*Hum Log* ended up being the classic "Bombay formula" with a few desperate attempts to throw in some family planning sequences' (Chabra, in Coleman & Meyer 1989:72). *Villa Borghese* suffered also from some of the same 'imbalances'. The viewers' panel complained of a story line that lacked suspense and developed too slowly (ResCon, 1992b; Bouman & Wieberdink, 1993). Alarmed by low viewer ratings and based on feedback from the viewers' panel, the scriptwriter and producer tried to create more suspense by having one of the main character hospitalized and dying of a sudden heart attack.

On the other hand, a too blatant selling of entertainment may attract many viewers, but may also cause an imbalance in the entertainment-education relationship, and beco-

me a reason for withdrawal of sponsors. In the case of *Hum Log*, there was a moment where a motion was raised against *Hum Log* in the Indian Parliament (which sponsored the programme) in which *Hum Log* was dismissed as 'irrelevant melodramatic trivia' (Singhal & Rogers 1989:95). When the Dutch family comedy *Oppassen* became very sucessful, the environmental issue was marginalized, at which point the co-funder, the Ministry of Housing, Spacial Planning and Environment (VROM) reconsidered whether to continue the collaboration with the producer and scriptwriter (VROM, 1996). In Kenya also, the television series *Tushauriane* went off the air because political support was withdrawn and financial difficulties arose. This premature death was caused by the decision of the National Centre of Family Planning (NCPD) in Kenya, who funded the soap opera, to discontinue their involvement claiming that it did not adequately convey the family planning messages that would have justified their continuing (Singhal, 1995).

An important external societal factor which explains high exposure levels of several television series is the 'novelty factor' and the 'political timing' factor. *Soul City* was the first of a kind domestically produced indigenous product and developed in a South African post-apartheid era with a strong nation building climate. There was an urgent need to redress national health priorities, and there was a strong public broadcasting climate with a demand for more local content quota in television programmes (Ushdin, 1997). The 'novelty' and 'timing' factors were also relevant in China, where *Ke Wang* was that country's first domestically-produced and long running television soap series. As Wang and Singhal (1992) report, '*Ke Wang* was a refreshing change for Chinese audiences who were tired of dull and highly regulated television programming' and '*Ke Wang* helped boost the nationalistic spirit of China, wounded since the 'Tiananmen Square Incident'' (Wang & Singhal, 1992:164). This 'novelty' factor, being the first indigenous long running soap opera, also played a crucial role in the success and popularity of the Indian soap *Hum Log*. '*Hum Log* was a novel programming genre for Indian audiences' (Singhal, 1995). *Medisch Centrum West* was also the first indigenous Dutch hospital serial.

Much of the success of E&E television programming was attributable to the fact that these series were domestic productions, often in the colloquial language. In writing *Hum Log*, 'the scriptwriter creatively used Khadi Boli, a much used and highly popular derivative of Hindi, which served as the lowest common denominator for many *Hum Log* viewers' (Singhal & Rogers, 1991:22). *Tushauriani*, the first family planning soap in Kenya, was broadcast in Swahili, the lingua franca of Kenya (Church & Geller, 1989), and in the Egyptian series *The Family House* all characters spoke colloquial Egyptian, with variations corresponding to their areas of origin (Elkamel, 1995: 227). Using colloquial language and not using the official language of the literate minority breakes 'the hegemony of elitism' (Ume-Nwagbo, 1986:159).

Another intriguing societal success factor worth considering is the difference in orientation of literate and oral societies (Epskamp, 1995:19). In many developing countries there is a high illiteracy rate, in which case printed educational material would be less appropriate. The large amount of audience involvement and expression of parasocial interaction in E&E soap and drama series in developing countries may be explained by the fact that stories in such series reflect a lively oral tradition in these countries.

National press also play an important part in increasing or decreasing the popularity of an E&E television programme. Storey (1995) reports that response to the Pakistani drama *Aahat* was positive and press coverage extensive: over fifty articles about the drama

appeared in the national and regional press. This influenced public discourse on family planning at the macro level. On a few topics covered by the *Soul City* campaign, such as child abuse or HIV/AIDS, there was also enormous and sustained media attention. On others, however, such as burns, poison swallowing, infant nutrition or immunisation, there was little or no press attention (CASE, 1995). In some E&E television cases, an editorial column about the series was created. For example in the Netherlands, Rob Oudkerk, a politician and general practitioner, wrote a weekly column in *Trouw*, one of the national newspapers, about the hospital drama serial *Medisch Centrum West*. In the case of *Ke Wang*, the Chinese newspapers started columns exclusively dedicated to the soap opera, and in the local Kenyan press many newspapers articles appeared referring to many disappointed viewers when Tushauriane died a sudden death (Singhal, 1995).

It is not only positive press coverage that can cause a lively public discourse: negative coverage can do the same. Heated debates in the press and a mix of negative and positive publicity arose when the Dutch television series *Op Leven en Dood* (based on the BBC's *Life and Death Game Show*) was broadcast (Houtman, 1994, van der Zant, 1994). The programme aimed to stimulate awareness of the need to make choices in medical care because of the rise in medical costs. In the programme, which was a mix of a talk- and gameshow, two fictional 'patients' (played by actors) gave their case history. At the end of every episode the studio audience was invited to select the 'winner'. The winner's prize was adequate medical treatment, while the 'loser' was withheld medical treatment. The press not only gave extensive coverage to the need to make choices in medical care, but also discussed the ethics of this approach. This caused a political crisis in the Ministry of Welfare, Health and Cultural Affairs (WVC) which co-produced the programme.

Technical factors such as infrastructure, the available hard- and software and the number of competing channels also play in important part in success. Many successful E&E television projects in non-western countries have capitalized on the amazing growth of television audiences. Wang and Singhal (1992) report: 'Between 1980 and 1990, a period of ten years, the number of television sets increased from 5 million to 160 million (32 times) in China and from 1.2 million to 24 million (20 times) in India. *Hum Log* was broadcast at a time when Doordarshan, the government national television network, was experiencing an unparalleled expansion due to the launch of the Indian National Satellite (INSAT-IB) in 1983, which greatly increased public access to television in India' (Singhal & Rogers, 1991:21). As soon as more broadcasting channels become available, the level of competition increases and viewing rates decrease. In western countries, competition among television channels to gain audience attention is extremely strong. This is a complicating factor mitigating against E&E television programmes in western countries becoming successful and pervasive (see Table 5.1).

5.4.3 *Target audience: who benefitted most?*

The fact that the scripts were based on extensive formative research and script testing among the target audience contributed in large part to the successful communication with the audiences in the present E&E programmes under review. Nevertheless, the intended target audience was not always reached, due to several factors.

One of these factors is the 'audience segmentation dilemma' (see Singhal, 1995). For example, the target audience of *Soul City* was the black, lower income, less well educa-

ted South African. In general, *Soul City* succeeded in reaching sectors of society conventionally regarded as being marginalized. Results of summative research, however, showed that 'education levels had a strong impact on access to television. People in South Africa with little or no education did not watch *Soul City* as much as those with better education'(CASE, 1995:69). Although the setting of the drama series was an informal settlement, people in such settlements have limited access to mainstream media. And for those who have access to television, the 18.00 - 18.30 time slot was particularly difficult for televison viewers living in these settlements. The same was the case for television viewers in the rural regions. They were less able to watch television at 18.00 than people in urban regions. Those with no schooling were the most likely to access the *Soul City* campaign through *Soul City*'s radio programme *Healing Hearts* only. This reflects their relative poverty and their lower access to television and print media generally, in comparison with other education groups. Furthermore, *Soul City* appealed most to children below the age of 16. They were not part of the target audience as intended, but they do comprise the largest single age cohort among viewers. According to the researchers, this meant that the next series would open important channels for reaching young South Africans (CASE, 1995; Everatt et al, 1995).

The results of the research on the Dutch family comedy *Familie Oudenrijn* also indicated that particularly children up to 13 years of age watched the series, as also people with a formal education of primary school only. Young children were not the intended target audience however.

The Turkish campaign, of which *Sparrows Don't Migrate* was part, had its greatest impact on women with one to five years of education. In this group, contraceptive use increased from 31 percent to 44 percent. Contraceptive use did not change among women with no education. Among women with more than five years of schooling, it increased slightly. According to the researchers 'one explanation for these differences may be that 55 percent of uneducated women in comparison with 82 percent of the women with some education said that they saw only part of the campaign' (Church & Geller, 1989:19).

Some people gained more information than others from *Ven Conmigo* and *Acompaname* also. *Ven Comigo* was aimed at motivating adults without a primary school certificate to enrol in a national adult education plan. Results obtained from a survey indicated that 'The group regularly exposed to the soap opera had significantly more information about the relevant social infrastructure than the group not regularly exposed to the soap opera'. However, it was also shown that 'respondents who already had a primary school certificate gained more information as a results of exposure to *Ven Conmigo* than those without a primary school certificate gained' (Nariman, 1993:93).

In the research on the telenovela *Acompaname*, which promoted family planning, it was found that 'people without pregnancy risks gained more information about family planning infrastructure than those with pregnancy risk. Pregnancy risk was shown to be a greater determining variable than exposure to the soap opera' (Nariman, 1993:93). Nariman claims that people with a primary school certificate and people without pregnancy risk could act as opinion leaders to influence others to enrol in literacy classes or to teach others how to plan their families (Nariman, 1993:91). She refers to the 'two-step flow model,' which contends that 'communication messages flow from a source, via mass media channels, to opinion leaders who in turn pass them on to followers' (Rogers, 1995:285).

The 'success' of a television programme can be measured in many different ways. It is important to remember that even a television programme aimed at an audience which is small by the standards of the medium will still attract a wide variety of people. A programme which is 'just right' for one segment of the audience (in terms of prior knowledge, for instance) may be boring or too simple for others. This means that it is difficult to say, in general terms, 'how successful' any programme has been, simply because 'success' is likely to vary widely among different parts of the audience.

Audience research into the drama series *Cancion de la Raza* showed that the more affluent viewers were particularly critical: '24 percent of them considered the programme to be worse than most other television fare they chose to watch; while the major target group of the programme, viewers in the low income category, was the most appreciative. Curiously enough, persons with higher incomes were also most successful in motivating others to watch *Cancion de la Raza*, despite their own relative dissatisfaction' (Mendelsohn, 1971:49). The researchers could not find out from the data whether their 'boosting' of the series was out of a sense of satisfaction or indignation.

In the national sample survey of the Egyptian drama series *The Family House*, the women who lived outside Cairo were much more positive towards the series than Cairese women. Further analysis of the data reveals that 'Cairese women who live in high income neigbourhoods were the least positive. Only 42 percent of them indicated any desire to watch, compared with 67 percent of Cairese women coming from lower income neigbourhoods. Most of those who did not like the series criticized the acting, film directing or felt that some events were unrealistic. Most of these criticisms came from more sophisticated urban viewers' (Elkamel, 1995:230). It is well known that the cultural taste of the more highly educated is based on other aesthetic norms and values than those of the lower educated (Bourdieu, 1973), but also the more highly educated are often more sceptical about so-called 'hidden persuasion' or 'clandestine advertising' and are used to getting their health information in a more 'sophisticated' way. Outsiders (non-viewers, more highly educated) often judge the entertainment-education formula more negatively and questioningly than 'insiders' (the actual viewers and fans) (see also *Medisch Centrum West*, Chapter 4).

5.4.4 *Knowledge, attitude, intention and behaviour*

So far, the reported impact of E&E television programmes has been on the level of exposure, awareness and understanding. Several results have also been reported in affecting knowledge, attitude, intention and, even in some cases, the change of behaviour regarding the prosocial issue.

The researchers of the *Soul City* campaign report that the campaign was successful in terms of affecting knowledge, attitude and practice (KAP): 'the campaign left those it touched with greater levels of knowledge than those who did not access. Especially knowledge was effected about incorrect social beliefs, such as giving milk to children who have swallowed paraffin, putting various substances on burns and so on' (CASE, 1995:191). In general, however, the *Soul City* research indicates that 'increasing knowledge of health issues proved to be a much easier task for *Soul City* than addressing the thornier issues of prejudice and attitude change around health issues, and the people they affect' (Samuels et al, 1997:v). Nevertheless it was on the issue of HIV/AIDS that exposure to *Soul City* showed the most impressive results. Soul City was particularly

effective in helping dispel myths around how people get HIV/AIDS. A storyline was included in *Soul City* which showed two friends, one of whom was HIV positive, sharing their food after a dramatic discussion about HIV/AIDS. 'Seventy per cent of respondents with access to any one component of the campaign knew that HIV/AIDS could not be contracted by sharing food with someone who is HIV positive, compared with 58 percent of viewers who did not access the campaign' (Samuels et al, 1997:v).

Soul City also made some contributions in changing attitudes towards smoking. The campaign helped shape social norms concerning the acceptance of smoking. The researchers report that 'more than one third (37 percent) of respondents in the evaluation survey (many younger respondents) strongly disagreed with the statement 'smoking is cool', compared with just under two fifths (18 percent) of respondents in the baseline survey'. They further report that 'changing behaviour around condom use was one of the most difficult tasks Soul City tried to accomplish in its campaign. Comments made by participants in focus groups highlight strong peer group pressure and negative attitudes to condoms. Condom use was alarmingly low in the baseline survey in which just 11 percent of sexually active respondents reported that they 'always' use condoms. In the evaluation survey there was an increase of 9 percent in the number of respondents who reported that they always use condoms' (Samuels et al, 1997:vii).

Researchers of the Egyptian series *And the Nile Flows On* also report effects at the level of knowledge, attitude and intention. 'Viewership of the series appeared to reduce fears about the potential side effects of the oral pill and IUD, improve knowledge about the reproductive process, create a more positive image of contraceptive users and providers, increase intention to visit a family planning clinic and inspire a greater appreciation of the potential benefits of family planning' (Underwood et al, 1994:iv). Again according to the researchers, 'viewers were significantly less likely than non-viewers to believe that contraceptives are harmful to health or cause harmful side effects. In addition, differences between viewers and non-viewers were significant for several of the attitudes concerning women. Viewers were less likely than non-viewers to think it is alright for a girl to marry early. One of the messages in the series dealt with the fact that the man's sperm determines the gender of children. Education about this issue was planned 'to help ease marital tensions when a women bears only girls and to give less incentive to a man to take a second wife or divorce his current wife when he is aware that he is responsible for the gender of his offspring'' (Underwood et al, 1994:11). Nearly 62 percent of viewers were aware that the man was responsible, while 43.6 percent of non-viewers understood this fact. In particular, viewers were much less likely to think that it was acceptable for a man to take a second wife because he thought it was in his favour or because all his children were female. The Egyptian drama series *And the Nile Flows On* also seems to have had a positive effect on the audience's understanding of the compatibility of Islam with modern contraceptive use. The impact research indicated that 'the role of the Muslim clergy as interpreters of Islamic principles, even in fictional form continues to be a powerful force in the daily life for many Egyptians'. This suggests, according to the researchers 'that the Islam, which remains a vital force in Egyptian society, can help to advance family planning. The identification with the young progressive Sheikh, together with the respondents' concern about the Islamic position on contraception, reproductive health and conjugal rights, indicates that family planning policy will go further when aligned with Islamic teachings' (Underwood et al, 1994:iv).

Papa et al (1998:3) indicate that the social change process is 'a non-linear circuitous process involving contradictions and paradoxes'. In *And the Nile Flows On* the researchers report underlying contradictions in the responses. When asked whether they agreed or disagreed with the statement 'contraceptive users anger God', 15 percent of baseline and 19 percent of impact respondents stated that they agreed. According to the researchers, 'this suggests that an increase in those who think contraceptives are religiously suspect is found between the two surveys. Yet, when asked whether modern contraceptives are religiously forbidden the percentage who agreed dropped from 17.5 percent in the baseline to 14 percent in the impact study. Similarly 64 percent of baseline respondents believe abortion is religiously forbidden under all circumstances, and yet 47 percent state that it is acceptable under certain circumstances. These contradictory findings suggest that there remain unresolved questions about the compatibility of religous values with family planning' (Underwood et al, 1994:18).

Calling people to immediate action, and inviting people in the television programme to visit a service organization to get practical support, seems to play an important role in the effectiveness of E&E television programmes. In several cases of family planning, the results suggest that 'mass media can draw people into service facilities when the services offered are relatively new and media coverage is extensive' (Piotrow et al, 1990:273). In Enugu in Nigeria, forty-three dramatic episodes on family planning were incorporated into the popular variety show *In a Lighter Mood* (Winnard et al, 1987). During the broadcasting period, attendance at the major clinic in Enugu increased from fifty clients per month to more than 120. After the first month an average of 45 percent of clients mentioned the show as their source of referral. However, just as broadcasting began, the main family planning clinic increased its opening hours from three to six days a week and another clinic was opened. The researchers indicate that these expanded services alone may have increased the number of new clients. They add: 'From a research point of view this confounding factor is troublesome, but from a health education point of view this result is very positive. Each component of the campaign played its own crucial role' (Piotrow et al, 1990:269). Based on *In a Lighter Mood*, family planning themes were incorporated into two ongoing television programmes: twenty-six episodes of the drama *Koko Close*, the most popular show in Ibadan, and thirteen episodes of *Mulero*, a weekly magazine programme for women. Advertisements for family planning clinics were also aired. The number of new clients grew almost threefold during the broadcast period. Clients said that the shows brought them to the clinic. The effects of the Turkish drama series *Sparrows Don't Migrate* cannot be separated from the results of exposure to the entire campaign either. Around 240,000 women in Turkey are estimated to have adopted modern family planning methods (Church & Geller,1989). According to Kincaid (1993) pre-post survey comparisons of the Turkish drama series *Sparrows Don't Migrate* revealed an increase in modern contraceptive use (sterilization, oral pills, the IUD and condoms) from 39 percent to 43 percent with an accompanying reduction in traditional method use (withdrawal, rhythm and periodic abstinence).

It is also claimed that the highly rated telenovela *Acompaname* which was designed to promote family planning and broadcast in Mexico during 1977-1978 helped to convince half a million Mexicans to visit government family planning clinics in order to adopt contraceptives, an increase of 32 percent over the previous year (Televisa's Institute of Communication Research in Singhal & Rogers, 1989). *Acompaname* has

been credited with 'being the determinating factor in the drop of Mexico's population growth rate from 3.1 percent to 2.5 percent during the period it was aired from 1977 to 1978' (Galindo & Poindexter, in Elkamel, 1995).

People may be encouraged to take immediate action not only in the field of family planning but also around other social issues. Exposure to *Hum Log* was found to be positively related to behaviour indicating freedom of choice for women. Singhal and Rogers (1991:22) report that the president of the Legal Aid Centre for Women in New Delhi said that, during June-July 1995 (when *Hum Log* was broadcast), a record number of womens's cases (152) were handled by his office, sixty-five of which were new. Also inspired by *Hum Log*, a youth club in North India started an eye donor campaign and enrolled thousands of donors in a short period of time.

This immediate response is also provoked in western countries in television programmes which are based on a 'telethon format'. The BBC *Health Show* generated 1.6 million telephone responses, resulting in a half million *Health Show Guides*[16] being distributed on request. In its Dutch variant *Viola's Gezondheidsshow* viewers also provided feedback. The audience could fill in a 'fat intake' diary. After the programme, these diairies were available at drugstores all over the Netherlands and 150,000 were filled in and returned to the health organization (van Dis, 1994).

The term ideation has been mentioned before, that is, how people think and talk about an issue. Most viewers of *Cancion de la Raza* seemed to have gained an increased knowledge of what was taking place in the Mexican-American community and a majority (57 percent) indicated that 'the programs provided them with ideas about how Mexican-Americans in Los Angeles could improve their lives' (Mendelsohn, 1971:50). It is worth noting that the research reports that 'watching the series has resulted in considering joining a club or organization that would be oriented towards improving the lives of Mexican-Americans' and 'Six per cent of the viewers asserted that they had actually joined a social ameliorating organization as a consequence of seeing *Cancion de la Raza* (Mendelsohn, 1971:51). The researchers point here at the 'chicken and egg' dilemma and ask themselves 'did *Cancion de la Raza* in fact produce greater community participation among viewers as contrasted to non-niewers, or did it attract more community-minded persons anyway?'. They indicate, however, that 'the trend in the data suggests that the former is a more plausible conclusion' (Mendelsohn, 1971:53).

Papa et al (1998:abstract) indicate that 'when conversations among audience members about the media stimulus create a social learning environment, audience members may consider the adoption of behavioural changes that are socially meaningful'. Storey researched the effects of the Pakistani television series *Aahat* and reports such an impact: 'twelve percent of viewers surveyed (N=2118) said the program had prompted them to do something to space their children (Lozare et al in Storey, 1995). Nine percent of *Aahat* viewers said they had visited a family planning clinic after watching the series. Almost all of them (98 percent) had discussed family planning methods with his or her spouse. According to Storey (1995), the research on *Aahat* confirms a discursive link between social drama, interspousal communication, and visits to the clinic. This discursive link between social drama and interpersonal communication was also repor-

16 This was a free A-5 sized booklet which provided advice and suggestions for increased exercise, healthy eating, and quitting smoking.

ted in the research into the Dutch drama series *Medisch Centrum West*. The series did set an agenda for social discourse. Ten percent and 35 percent, respectively, of respondents said they 'often' or 'sometimes' talk with others about what happened in *Medisch Centrum West*. For about one third of respondents the conversation included health issues (Bouman et al, 1998). The research on the Egyptian drama serial *And the Nile Flows On* also reports that half of those who viewed the serial said that they had discussed it with others.

Public opinion polls in the USA regarding *Designated Driver* indicated that the campaign had an impact on awareness, acceptance and usage of the designated driver concept. In 1989 Gallup found that 67 percent of adults had noticed the designated driver message on network television (Winsten, 1994). The most detailed survey data were collected by the Roper Organization in studies of U.S. adults, conducted in 1989 and 1991. Roper's finding, with selected comparisons to 1989 are that 46 percent of drinkers had been designated drivers in 1991, versus 35 percent in 1989. The concept of 'designated driver' was transformed into a national movement and became so deeply embedded in American life and language over a three-year period that by 1991 the term was included in the Random House Webster's College Dictionary.

Research on the Dutch drama serial *Medisch Centrum West* measured whether viewers actually noticed and retained the health information that was interwoven into the three cardiovascular health episodes. The results indicate that there is a general tendency for regular viewers who saw the relevant episode to perform better on average with respect to knowledge items than regular viewers who missed the episode, and than respondents who never watch *Medisch Centrum West* (Bouman et al, 1998; see also Chapter 4).

In the summative research on the Dutch light entertainment television programme *Hou nou toch op*, which was part of a wider campaign about quitting smoking, exposure to the television elements of the campaign was found to have a bearing on attempts to quit during folllow up. Both post-campaign and post-follow up abstinence from smoking were predicted by exposure to the television elements of the campaign: 250,000 Dutch people stopped smoking, three times as many as usual, and 54 percent of this group were still abstaining from smoking after a year (Baan, 1992; Mudde et al, 1993; Baan et al, 1994). In a similar Dutch programme series *Je zult het zien* which was not part of a wider campaign, research results showed that, although 17 percent of the viewers indicated that they had gleaned new information from the programmme, knowledge of the sports issue and physical activity were not influenced by watching it. As far as the issue of nutrition was concerned, there was no significant increase in knowledge of viewers compared with non-viewers, although 16 percent of viewers claimed to have gathered new information. No differences in attitudes between viewers and non-viewers were found in the four questions asked about sports and physical activity (Roos & de Oude Vrielink, 1992; van der Togt, 1992; Gozeling-Van Tol, 1993; Roos & de Bol, 1994). Surprisingly, however, viewers reported an increase in sports and physical activity. One explanation might be that researchers face the difficulty that they usually have to rely on the self-reported behaviour of respondents, which may be inaccurate because what people say and what they do may be very different. Also in the *Way of Life Show*, although the campaign did not specifically address the issue of alcohol, the results of the summative research (pre-post design with control group) reported changes in alcohol

behaviour (ResCon, 1989). There was no positive change measured in knowledge level, but some positive changes in behaviour intention and (self reported) behaviour. The research indicated that 'one in every three to four persons considers him or herself too fat, and 80 of these want to lose weight. Five percent attributed this to the campaign. The results also indicate that 20 percent of the population wants a healthier diet, of which 8 percent because of the campaign. Fifty percent of the population is physically active, whether they practise a sport or jog, and a further 20 percent wants to be that way, again 5 percent of this is due to the campaign. And finally 45 percent of smokers want to quit, 5 percent because of the campaign' (ResCon, 1989:43).

5.5 Methodological caveats to the research

Most of the E&E television programmes were part of multimedia campaigns and combined television messages with a community component. From a health communication perspective this is an important thing to do, in order to enhance the potential effectiveness of a campaign. From a research point of view, however, it makes it more difficult to isolate the effects of E&E television programmes from the contribution of other campaign elements in causing the reported prosocial behaviour change (see also Kok, 1993; Nutbeam, 1996a, 1996b; Whitelaw & Williams, 1994). Measuring the overall effectiveness of E&E television programmes is also complicated because 'it concerns a many-faceted stimulus situation functioning over a relatively long period of time in 'natural' complex communications situations which no one could possibly control' (Mendelsohn, 1971:53).

Several of the summative evaluative studies reviewed here are not free from methodological problems. There are four methodological criteria that are generally considered to be important in interpreting the findings of quantitative experimental models of evaluation studies: '(1) the use of an appropriate control group; (2) the collection of pre-intervention or baseline measures; (3) the use of validated outcome measures; and (4) the sampling of a representative population' (Redman et al, 1990:87). Several present evaluation studies of E&E television programmes did not meet these basic methodological criteria.

The summative evaluation of the Indian soap *Hum Log*, for example, was based on a post-test only design with no control group. The absence of baseline measures precludes an assessment of whether changes in behaviour occurred following the intervention. Statistical analyses on a large number of respondents before and after the E&E intervention can show how exposure to a campaign is related to the subobjectives or (intermediate) steps to behavioural change. Acknowledging the methodological complication of their after-only survey, the researchers report that from their statistical analysis (including several regression models and factor analysis) it appears that '*Hum Log* had a modest effect on its audience: viewers' attitude towards the status of women and family planning were positively related to exposure to *Hum Log* as were certain viewers' behaviours related to the freedom of choice for women' (Singhal et al, 1988, 1989; Singhal & Rogers, 1988, 1989a and b, 1991). The data collection for *Hum Log* was carried out eighteen months after the final broadcast of the series. It may have been that summative evaluation research was not initially incorporated in the project design or

that scholary interest was raised at a later stage. There might also have been a lack of time or money to do the baseline research [16]. In the case of the BBC's *Health Show* too, the evaluation study was conducted ten months after broadcast (Wallace, 1993).

Most usually the studies which omitted pre-intervention measures asked respondents to recall whether the intervention altered their behaviour. For example, in the evaluation of the BBC's *Health Show*, respondents were asked by way of telephone interview whether they had eaten more healthily since the screening of the show or had undertaken more physical activity than before (Wallace, 1993). Such retrospective data are rather unreliable as an indicator of behaviour change. If baseline measures have not been collected, however, it is one of the possible strategies to build up data (Redman, et al, 1990).

The best way to increase internal validity is to have a no-treatment control group that is equivalent to the treatment group (Flay & Cook, 1989). Finding control groups in mass-media evaluation studies is difficult however. The researchers of the Dutch quit-smoking series *Hou nou toch op*, for example, indicated that comparison of the summative research results with a non-exposed control group was not possible because of the potentially nationwide magnitude of the campaign (Mudde et al, 1993). Sometimes, besides practical reasons, there are also ethical difficulties in having a control group that is not exposed to the E&E messages. People in the control group do not get the opportunity to benefit from the prosocial message and to change their behaviour (Rogers & Shefner-Rogers, 1994). Even if there is a control group of non-viewers, other methodological objections may arise. Redman et al (1990) indicate that non-viewers do not automatically constitute an appropriate control group, since viewers and non-viewers may differ in characteristics critical to behaviour change. The two groups have to be compared on demographic characteristics or other characteristics critical to behaviour change. This problem was creatively solved in the case of the Dutch medical drama series *Medisch Centrum West*, in which some episodes dealt with cardiovascular health issues (see Chapter 4). The researchers selected three random subsamples: (1) regular viewers of *Medisch Centrum West* who saw the specific cardiovascular health episode; (2) regular viewers of *Medisch Centrum West* who missed the specific cardiovascular health episode and (3) non-viewers. Comparison of the subsamples 1 and 2 is of special interest here. The viewers of the second subsample were identical to the viewers of the first subsample. Both subsamples were fans and regular viewers of the series. Therefore the second subsample, who just missed the specific episode, could be treated as a control group (Bouman et al, 1998).

If the results of the study are to be generalizable to the community as a whole, it is important to use a random sampling plan to select the initial sample. It is also important that a high proportion of those approached consent to participate and that, when pre-post or cohort designs are used, follow up data are obtained from a high proportion of the initial respondents (Redman et al, 1990). In the summative evaluation of the BBC's *Health Show* this was certainly not the case. The initial sample was selected from a database of people who had phoned in or sent off for a copy of *The Health Show Guide* during or after the show. Wallace (1993:221) therefore indicates that 'caution is required in interpreting the research finding as requesters of the guide were characterized by above average awareness and interest in health issues'. Besides that, 'compared with the population as

16 Singhal and Rogers write in their latest book (forthcoming, 1999) that they could not obtain money to study the effects until after its broadcast was completed.

a whole, in the television audience of the *Health Show*, women and the over 45s were overrepresented, as were those from ABC1 housholds (middle and higher socio-economic groups). The respondents appeared to be more health conscious than the general population and tended to have a more positive attitude to health and lifestyle issues, particularly diet and physical activity' (Wallace, 1993: 223).

In the Egyptian series *And the Nile Flows On* also, the study results reveal a bias towards educated respondents. Underwood et al (1994:4) indicate that 'although the research agency used a probability sampling design, the final survey sample was biased due to the difficulty of accurately enumerating all households. In particular, the sample has a relatively high proportion of individuals who have completed their secondary and post-secondary education'. As the researchers state: 'the data revealed some significant discrepancies between the baseline and impact respondents, particularly with respect to education' (1994:4).

Special attention to selection of a representative sample was given in the Nigerian television programme *Mulero*. The researchers describe how, in order to get an accurate cross-section of the population, 'a purpose sample of 25 clusters was drawn based on socio-economic characteristics of the locations. Respondents were systematically selected within the clusters' (Piotrow et al, 1990:271). The summative evaluation of the first year of the South African television drama series *Soul City* was not based on a national survey, but the summative evaluation of the second series was carried out in four sentinel sites (rural, metropolitan, small urban, informal settlements) over a two year period, in order to have a better understanding of the audience impact in these specific different sites (Samuels et al, 1997).

5.6 Multi-method data collection

Several studies have used a multi-method data collection strategy. For example, Singhal and Rogers (1989a; 1991) collected multiple types of data to determine the effects of the Indian soap opera *Hum Log*. They used personal interviews with key officials who were involved in *Hum Log*, content analysis of *Hum Log* scripts, a field survey of the television audience in India, content analysis of a sample of viewers' letters written in response to *Hum Log* and a mailed questionnaire to a sample of the letter writers. In the Chinese soap series *Ke Wang*, data were gathered by thorough viewing of all fifty episodes of *Ke Wang*, a review of over seventy articles on *Ke Wang* published in Chinese newspapers and magazines and the Chinese ethnic press in the USA, personal interviews with officials of Chinese television stations in New York and personal interviews with about sixty Chinese students in the USA, who saw *Ke Wang* there (Wang & Singhal, 1992).

It is also interesting how *Soul City* made extensive use of qualitative research methods, such as in-depth interviews, focus group discussions, participatory rapid appraisal (PRA). 'PRA is a highly interactive research technique which seeks to recognize and accept that there are power structures and group dynamics which affect people's responses to questions' (Samuels et al, 1997:9).

In research literature, the benefits of triangulation [18] and the combination of both quantitative and qualitative research is emphasized (Cook & Campbell, 1979; Denzin &

Lincoln, 1994). The value of both qualitative and quantitative research methods in evaluating the potential impact of E&E communication material was also evident in practice. Elkamel (1995) reports in his research of the Egyptian drama series *The Family House* how surprised he was that results based on only seven focus-group discussions with a total of less than forty people and based on watching only the first episode of the series were in full agreement with the findings of the national survey (N=600) which was based on the full fifteen episodes of the series. The results of the preview panel for *Villa Borghese* were also confirmed by the quantitative research (N= 1250) (ResCon, 1992b).

A variety of research methodologies of different qualities were used in the E&E television programmes presently under review. There are some differences in research techniques in western and non-western societies. For example telephone surveys are much used in western or westernized countries, while in non-western societies, street corner recall surveys are held or visits are paid to the rural villages or places where a lot of people gather. Some used 'mystery clients': individuals who visit family planning clinics disguised as regular clients but whose real task is to observe how clients are treated (Rogers, in Piotrow et al, 1997:xiv). Some use more empowering research methods such as PRA techniques. Samuels et al (1997:7) report that 'in *Soul City* local people were trained in basic interviewing skills to carry out the field work, while also gaining valuable work experience and a wage. In this way, the financial benefits of conducting fieldwork were passed directly to local communities. Field workers were drawn from surrounding areas and not the sentinel sites, because of the sensitive nature of the questionnaire (including a series of questions about sexual issues)'.

Using local organizations for the research, however, demands extra training and supervision and needs a cautious collaboration at each stage of the survey process. In the research of *And the Nile Flows On*, the researchers complained of a need for extensive data cleaning in both the pre and post survey. The data entry design used by local implementing agencies had to be improved in order to get a high quality sample frame to conduct survey research (Underwood et al, 1994:24).

According to Singhal and Rogers (forthcoming, 1999), the E&E strategy did not spread widely in the 1980s, partly because a rigourous evaluation of its effects (that could convince policy makers of its potential) was lacking. The evaluations were limited, pre-post measures of effects could not be obtained or did not include a control group which allowed researchers to eliminate the effects of contemporaneous influences other than the E&E intervention on audience effects.

For several reasons, a more advertising type of survey rather than an experimental design was chosen, sometimes for reasons of budget or time contraints, but also for more theoretical considerations. Flay and Cook (1989) plead for a more 'advertising-type survey' focussing on the early part of the causal chain (exposure, awareness) when a campaign is new and there is little prior knowledge about it. Extensive, large-scale experiments should be used when some assurance exists that, in the 'real world', the

18 Triangulation is the use of multiple research methods to measure the same variable or set of variables. The advantage of using multiple methods is that while each method may be a somewhat small basis on which to base conclusions from a research study, stronger truth claims result from triangulation of multiple measurements. Generally the more research methods that are used to measure the effects of an E&E project and the more varied the methods are (survey, focus groups, clinic data content analysis), the more confidence one has in the strength of the research findings.

message is actually reaching the target audience and is being heeded. This type of study is recommended for a mass-media programme that has strong theoretical and experimental underpinnings.

5.7 Other research angles

Most post-studies concentrate on determining whether effects occurred rather than on providing theoretical explanations of how audience members change their perceptions, attitudes and/or behaviours as a result of exposure to E&E programmes. These post-studies report aggregate changes in audience members' knowledge, attitude and behaviour, but do not explain exactly how such changes in audience behaviours occur. According to E&E researchers today, the main research question is not whether or not E&E can change behaviour, but 'how' such effects take place (Singhal & Rogers, forthcoming, 1999). This means that future research in the field of E&E will utilize more qualitative research methods to probe the process through which E&E takes effect. It is essential to integrate qualitative and quantitative research findings.

The E&E research studies were based on models of behaviour change. Some researchers, however, question whether these models of behavioural change are appropriate for understanding the impact of E&E programmes. Papa et al (1998) indicate that these models of behaviour change prescribe a somewhat linear conception of social change that is 'entertainment grabs audience members' attention, raising awareness-knowledge about the educational topic which then leads to attitudinal and behavioural changes on the part of the audience members', while the social change process is a non-linear, circuitous process fraught with contradictions and difficulties (Papa et al, 1998:2-3). Contradictions in the research results may be ascribed to this circular, non-linear and sometimes even inconsistant human behaviour. Singhal and Rogers say in this regard: 'Paradox and contradiction are part of the process of social change. Since established patterns of thought and behaviour are difficult to change, people often engage in contradiction or paradoxical activities as part of an adjustment process until the new behaviour patterns are fully internalized' (Singhal & Rogers, forthcoming 1999).

Recent studies of E&E television programmes have focused attention on 'ideational' factors in addition to structural, socio-economic factors as one of the main sources of change. Some researchers suggest treating ideation as a 'quasi-independent force' in order to avoid underestimating the potential for change (Freedman in Kincaid, 1993).

According to Kincaid (1993), in order to confirm the connection between behaviour change and social modelling in drama, more precise measurement is required in surveys (what did you actually say to your spouse? and how?) and better research designs (experimental designs with control groups and observation). It is also interesting for future entertainment-education research to combine audience and behavioural social research with ethnographic and cultural studies approaches to get more insight into the active role of viewers in the decoding process and the construction of meaning. It would be interesting to research in more depth the identification process with positive and negative role models, and the mechanisms behind accepting or rejecting role models' health behaviour. The balance between entertainment and education when non-dramatic health issues are involved may be another future research topic.

5.8 E&E financing

It is claimed that the enter-educate approach capitalizes on five elements of modern popular culture: it is pervasive, popular, personal, persuasive and profitable (Piotrow in Coleman & Meyer, 1989). Whether the E&E strategy in television is profitable in terms of cost-effectiveness, or in generating income by selling advertising time to sponsors, cannot be confirmed by the present data. This 'profitable' element was often not found. The Kenyan drama series *Tushauriane* was described at that time as the most popular programme on Kenyan television, but the programme was eventually cancelled, due to lack of funds and loss of political support (Church & Geller, 1989).

Many television pilot projects were funded by NGO agencies with the intention of finding commercial sponsors for the future, and sometimes, when the programme gradually became successful, potential financial partners were indeed interested. This proved especially the case with soaps and drama series. According to Singhal and Rogers (1991), the Indian soap *Hum Log* launched the era of commercially-sponsored programmes in Doordarshan, the broadcasting organization.

In the case of the Chinese soap *Ke Wang*, money was generated from spin-off products. Videotapes of the programmes and audiocassettes of the scores became tremendously popular (Wang & Singhal, 1992). The *Soul City* programme was financed in four ways: a quarter of the funding came from the media, a quarter from the South African government (Department of Health); a quarter from the donor world (European Union, Unicef) and a quarter from commercial companies. *Soul City* material has now been seen and used in Zimbabwe, Zambia, Namibia, Lesotho, Botswana and Swaziland. Nigeria, Malawi and Ghana will also be taking it, and *Soul City* is also marketed outside Africa. The success of the programme in attracting television viewers means that it has a viable commercial future (Japhet & Goldstein, 1997).

The Dutch *Way of Life* campaign was a health communication campaign, also with certain fund raising elements. Planned sources of income were: sponsoring, merchandising and newspaper puzzle revenues. However, fund raising proved not to be very successful, and the income lagged behind the expenses (Bouman, 1988).

The E&E television projects *In a Lighter Mood, Koko Close* and *Mulero* in Nigeria were developed with support from the state and federal ministries of health and the Nigerian Television Authority, with funding from USAID and technical assistance from JHU/PCS. JHU/PCS (1990) reports that there were 30 - 40 percent lower production and airtime costs, partly due to JHU/PCS's ability at the time to pay in dollars. The project experimented with an innovative approach to funding by providing spare parts for the technical equipment of the broadcasting company in exchange for the production of some episodes for free. Incorporating the family planning messages into existing programmes also kept costs relatively low (JHU/PCS Final report AF-NGA-07/08). This type of inscript sponsoring also took place in the Dutch drama series *Medisch Centrum West* (Bouman et al, 1998).

Although a profit element could not be specifically attributed, several projects have also been evaluated in terms of their cost per adopter of the new behaviour, and appeared to be relatively cheap in comparison with other types of intervention. Singhal and Rogers state: 'For a policymaker with a limited budget whose objective it is to bring about as much audience behaviour change as possible, the important question is not

whether or not entertainment-education has an effect, but how much each individual behaviour change costs, compared to alternative approaches' (forthcoming, 1999).

5.9 Non-western and western countries

There are several contextual differences between non-western and western countries that may explain why some E&E televison projects are more successful than others (see Table 5.1). Factors such as infrastructure, the available hardware and software and the number of media providers play a crucial role. In addition, many successful E&E television projects have capitalized on the growth of television audiences in their country and on the fact that the E&E programme is a new indigenous genre (novelty and timing factor). Another intriguing societal success factor worth considering is the difference in orientation of literate and oral societies. The large amount of audience involvement and expression of parasocial interaction in E&E soap and drama series in developing countries may be explained by the fact that stories in soap and drama series reflect a lively oral tradition in these countries.

5.10 Summary

In this chapter, illustrations have been given of the application of theoretical notions (social learning; parasocial interaction; elaboration likelihood; message styles and issue framing; formative and summative research) in the design of the television programmes. Characteristics of E&E television programmes have been identified and the effects and conditions for success have been described (see Epilogue I).

Most E&E television programmes have been successful in attracting large audiences. They have been effective in creating involvement with characters; this was evident especially where extensive formative research was undertaken. The direct effects of most E&E programmes were modest, while the indirect effects via the encouragement of peer communication was considered to be substantial. Effects occurred through the social-psychological processes of social modelling, parasocial interaction and efficacy building, which took place particularly when audience members discussed the content of an E&E message in peer communication. The most reported impact of E&E television programmes was at the level of exposure and awareness. Several results have also been reported in affecting knowledge, attitude and even in some cases a change of behaviour regarding the prosocial issue. Although E&E television proved generally successful in raising the attention of the audience and communicating the message as intended, clearly failure has to be accepted in certain areas. Viewers did not always identify with the intended characters and it was sometimes difficult to find the right balance between entertainment and education. In addition, many summative research designs had methodological limitations.

Future E&E research will need to utilize more qualitative research methods to analyze the process of how E&E attains its effects. Also, in making an E&E television programme for prosocial change, there has to be close collaboration between many organizations and professionals.

Table 5.1: E&E in non-western and western countries *(Bouman, 1998)*

Factors	Non-Western Countries	Western Countries
Infrastructure	Relatively small number of broadcasting stations, satellites, cable.	Relatively large number of broadcasting stations, satellites, cable.
Hardware	Relatively low availability of television sets, though a rapid diffusion from one set per village or family to almost every household is on the horizon.	Distribution of hardware almost 100%. New hardware is quickly adopted.
Software	Programmes on offer are usually highly regulated and dull. Indigeniously produced entertainment programmes, such as soaps, are a novelty and are therefore highly appreciated.	All types of programme formats are available. Viewers are accustomed to a large variety. Programme makers of national networks constantly create new formats.
Providers	Due to a lack of different providers there is little programme variety and hardly any competition.	Due to a network abundance, there is great programme variety. This, and commercial interests, cause strong competition.
Population	High viewer rates are possible due to large nations and (often) over-population. Demography pyramid shows a large base and small top.	Smaller nations and more differentiated target groups force networks into more specialized programming. Demography pyramid shows a small base and large top.
Politics	In totalitarian countries networks are often centrally controlled. In many countries there is strong governmental support for prosocial issues.	In democratic societies programmes on offer are more market-oriented. Governments tend to refrain from interference in network policies.
Issues	Epidemiology and public health show a high rate of 'basic' mortal (infection) diseases which strongly affect peoples daily life.	Lifestyle diseases do not constitute a main focus of people's daily interests.
Social Context	More community based than individually based. Aesthetic values based on folk art and oral traditions.	More individually based than community based. Aesthetic values based on concepts of 'high' and 'popular' culture
Funds/ Budgets	Funding depends largely on development budgets of national and foreign NGOs.	Funding depends on a combination of NGOs and commercial sponsors.
Focus of Development	Nation building Hope for a better future Interpersonal solidarity Public health	Lifestyle diseases Mental health Environmental issues Personal growth

Epilogue I

Conclusions and lessons learned (Summary part I)

The purpose of this section is to summarize some of the experiences and lessons of the E&E television programmes studied here in order to assist the design of E&E television programmes in the future and to answer the first part of the central research question in this thesis:

A *What are the characteristics of entertainment-education (E&E) television programmes which are purposively designed to enhance prosocial behaviour, and what is known about their effects and conditions for success?*

Characteristics

Entertainment-education (E&E) television programmes which are purposively designed to enhance prosocial behaviour are not just regular television programmes. In order to be effective, the design of E&E television programmes (drama, comedy and soaps, or quizzes, gameshows and talkshows/magazines) should be based on the principles of vicarious learning and social modelling. The actual modelling and observational learning process is governed according to Bandura (1986) by four interrelated subprocesses: attention, retention, production and motivation (see Chapter 2, section 2.3.5). Based on these four processes, combined with the research results of the design and effects of E&E television programmes worldwide, the following characteristics can be identified as important for the design and success of E&E television programmes:

Attention process

First, the socially desirable television model must catch the attention of the audience (observer). In entertainment-education television, this is achieved by using a popular programme genre. Other variables, such as the perceived credibility and attractiveness of the model, also come into play. It is important to use spokespersons (show host, stars, actors) that the audience will trust and believe. Entertainment-education television must be of high quality, using skilled and talented professionals. The production quality has to meet or exceed media standards. It is important to keep entertainment in the foreground and education in the background. First the audience has to get involved in the programme, later messages can be introduced and incorporated. It is important to cater for both the head and the heart and to be dramatic and moving. Although different kinds of programme formats have been used in E&E television studies, varying from talk and gameshows and variety shows to popular soap and drama series, realistic social drama is especially successful in involving people emotionally. There is much inconsistancy about the effectiveness of humour. Studies concluded that in order to be an effective aid to learning, humour must be at least meaningfully related to the material to be learned. The humour should coincide perfectly with the critical learning opportunity.

Retention process

In order to reproduce the behaviour without the presence of the model, it is necessary to retain the image and verbal symbols that are provided. Retention of modelled information is enhanced when viewers perceive the model and the circumstances to be similar to themselves and significant in their lives. The programme has to involve a variety of problems which are eventually solved to the benefit of positive role modelling characters.

It is necessary to present role models who exchange ideas and opinions about the prosocial issue involved. In this way, different segments of the population will be able to identify with the issue at hand. Vicarious learning can best take place when viewers identify with and relate to these role models and when viewers recognize issues as relevant for their daily lives. This way, television programmes can serve as touchstones for experiences which viewers have and which they see reflected in the programme. The programme has to be realistic, set in todays world, include events in different settings (urban and rural), and depict characters who are regarded by the viewers as 'people like us'.

Depicting lifelike situations and portraying social models who are 'people like us' is an essential part of E&E television programming to create the circumstances necessary for social learning and to enhance a feeling of involvement. A realistic programme does not mean that every detail must conform to reality, but that it has a contemporary setting, that it concerns itself with secular action (human action described in exclusively human terms) and that it is socially extended, which means that it deals with the lives and experiences of ordinary people. With reference to the latter, to avoid feelings of embarassment or stigmatization, it is advised to depict positive role models with a slightly higher aspiration level. Domestic productions with outdoor scenes at well known sites, using colloquial language, make E&E television more realistic.

The essence of the entertainment-education strategy is to use television characters as models of behaviour and to encourage audience members to talk each other into practising the desirable behaviour they see portrayed. Entertainment-education programmes are designed to stimulate and enhance parasocial interaction between viewers and television personalities and characters and encourage talking with neighbours, family and friends about what they have seen on television. Memorable images and the acting out of prosocial behaviour are remembered better and longer than dialogues and lectures about such behaviour. E&E television programmes have to link in with what is already part of public awareness. The influence is problably greater when a message evokes recognition and then adds an idea or concrete information to that, rather than when it is contradictory to the prevailing opinion. It is important that E&E television programmes address their objectives by associating them with pre-existing human values and dramatizing how specific role models learn to actualize these values in their lives by practising the prosocial behaviour.

Production process

The third subprocess that influences the degree of modelling is called the production process. This process addresses the ability of the individual to replicate the observed behaviour, or the translation of retained symbols into guides for future behaviour. In order to reproduce the modelled behaviour it is important to tell audiences what they can do *now*, referring them to sites (e.g. address, telephone, Internet page) for answers on questions or to services or service providers that are familiar, available and ready. Some ways to do

this are: (1) by using several 'reality reminders' epitomizing appropriate behaviour; (2) by 'advising' viewers how to deal with specific situations; and (3) by introducing epilogues to programmes to summarize the main educational points and to provide specific information about the services and infrastructure needed for viewers to convert an intention, motivated by the television programme, into action. Direct messages work best, especially with hard to reach audiences. Researchers report that respondents with lower levels of education gained more from factual information and knowledge about health issues than from more subtle messages conveying particular attitudes from which they were sometimes unable to draw appropriate inferences. Respondents with higher levels of education, however, gained most from the inferential messages tackling prejudice and attitudes. This confirms that different audiences demand different kind of message frames. Clear cut factual information and practical advice seems to meet especially the needs of the less well educated, while implicit contextual information suits more highly educated audiences. It is also suggested that a more direct approach may be more successful in addressing issues where attitude change is likely to be particularly difficult. It is important to focus on so-called 'personal efficacy', or the extent to which people think that they have the skills to change their behaviour. Focusing on imparting skills to handle different situations seems to offer a better prospect for changing behaviour than emphasising the damaging effects for health. Another approach which does not place too heavy an emphasis on the transfer of information and does not become too serious, is to depict how ordinary people deal with dilemmas in everyday life: how they share emotions, exchange ideas and arguments about a certain issue and how they make their final choice for one or the other behaviour.

Message framing based on a 'consumer approach' supports and empowers lay people, in contrast to a 'medical approach', which underlines and supports the central role of the educated health care professional. Message framing according to a 'look after yourself' approach focuses on individual lifestyle determinants of health problems, and an 'environmental approach' stresses the socio-economic determinants and conditions of health problems.

Motivation and reinforcement process

The most important and decisive subprocess is motivation and reinforcement. An individual may observe, retain and have the ability to translate the retained symbols into specific behaviour, yet not do so unless favourable incentives are introduced. Motivational processes address incentives to exhibit modelled behaviour, including direct and vicarious rewards. There are three types of modelling characters with whom the audience needs to identify closely in order to vicariously experience the rewards (or punishment) for practising the promoted behaviour: (1) those who support the prosocial behaviour (positive role models), (2) those who reject it (negative role models), and (3) those who move from antisocial to prosocial behaviour (transition models). In entertainment-education television programmes, the observer or viewer learns vicariously by watching a television model being visibly rewarded or punished immediately after the model engages in prosocial or antisocial behaviour. These rewards or punishments must be realistic and can vary from subtle gestures to more explicit moral statements.

Effects

In general we can say that, from a social marketing perspective, the use of entertainment television formats has been very beneficial. Most programmes gratified both the need for entertainment and education and attracted a huge public, in ways that cannot be achieved by straight-forward didactic approaches. The programmes had favourable prime time slots which are never given to more conventional health education television formats. The most reported impact of E&E television programmes was at the level of exposure and awareness. Several results have also been reported in affecting knowledge, attitude and even in some cases a change of behaviour regarding the prosocial issue. The strength of E&E television programmes lies especially in social modelling, social reinforcement and interpersonal communication. Some E&E television programmes were also successful in triggering and mobilizing local communities (collective efficacy). While the direct effects of most E&E programmes were modest, the indirect effects via the encouragement of peer comunication can be substantial. Effects occur through the social psychological processes of social modelling, parasocial interaction and efficacy building which take place particularly when audience members discuss the content of an E&E message in peer communication. Although generally E&E television proved successful in raising the attention of the audience in respect of the prosocial issue and in communicating the message as intended, clearly failure has to be accepted in certain areas. The entertainment education strategy is not free of problems. Viewers did not always identify with the intended characters and it was sometimes difficult to find the right balance between entertainment and education. In addition, many summative research designs had methodological limitations.

Entertainment-education by itself can sometimes bring about social change, and under certain conditions (in combination with other sources of influence) it can create a climate for social change.

There are several contextual differences between non-western and western countries that may explain why some E&E televison projects are more successful than others, such as differences in infrastructure, available audiences, novelty and timing and other societal factors.

Conditions for success

As indicated earlier, the entertainment-education strategy is based on a social marketing approach, implying a strong focus on the social adoptability of prosocial messages and a consumer orientation. In order to position the 'product' and to be responsive to consumer needs, pre-production research and 'product testing' (formative research) is of utmost importance. Various techniques of social marketing are used in the design of entertainment messages (e.g. formative evaluation, audience segmentation, needs assessment, product development, pre-testing).

Research-based knowledge about the characteristics, needs and preferences of the target audiences can substantively inform and support the design of entertainment-education programmes. This may be done by having the scripts of E&E television programmes read by representatives of the target audience, by inviting audience representatives to participate in the design process, or by organizing focus groups to get actual information and feedback from the specific target group. In order to achieve realistic por-

trayals, visiting the sites and neigbourhoods where the target audience lives and talking with them about their day to day problems and experiences have proved to be of considerable value. In particular, establishing whether there are any rumours, myths or misinformation around the issue involved is helpful in designing the content of the programme and very helpful in choosing positive and negative role models. Besides improving the messages and materials, the process of audience analysis and pretesting also proves helpful in generating a sense of involvement in the collaboration process between television professionals and health communication professionals. Some researchers report that by attending the focus-group discussions and reflecting on the feedback from the potential audience, the collaboration partners came all the more to the realization that communication is a *process*, not a *product*.

This extensive formative research, however, demands more preparation time before and during the design of an E&E television programme than conventional television programmes. This calls for careful planning in advance and communicating with the television professionals in order to meet the demands of the production schedule.

Effective implementation requires the creation of solid ground in order to optimize programme effects. The research shows that E&E television programmes that are part of a multi-media campaign and are combined with a variety of other promotional and educational activities to inform and influence target groups are the most effective. E&E television alone cannot cause change without the support of other socio-cultural and structural factors. The importance of providing adequate infrastructural services to support E&E is emphasized. In order to be effective E&E television programmes need to be well planned, researched and orchestrated, but even the most thorough planning, research and orchestration do not guarantee success. Enough time, adequate funding over a sustained period, applied by a dedicated staff of able people using strategies based on research, is also essential. Effective communication demands a high level of commitment and multidisciplinary teamwork. The way in which collaboration partners succeed in building a win-win relationship is important for success.

PART II

6 Theoretical Aspects of E&E Collaboration

In order to design and implement E&E television programmes, health communication and television professionals have to collaborate. This means that they have to sit together to negotiate, to brainstorm, to create ideas and to put these ideas into television practice.

Television research tends to focus on audience effects, while hardly any research has been conducted on programme design and the collaboration processes between the various stakeholders. Some media scholars have compensated for this by undertaking research in this neglected area of study and have published insightful work on media organizations and occupations and media production (see e.g. Elliott & Chaney, 1969; Halloran & Gurevitch, 1971; Elliott 1972, 1977; Hirsch, 1972; Cantor, 1979, 1982; Gitlin, 1979; Karpf, 1988; Tunstall 1991, 1994; Turow 1984, 1989; Thompson & Burns, 1990; Sandeen & Compesi, 1990; McQuail, 1994; Grossberg et al, 1998).

Media production can be studied and analyzed at different levels. Some have studied media production from a macro industrial perspective, focusing on the dynamics of media production companies and power structures in society (e.g. Turow, 1984, 1989; Tunstall, 1991, 1994; Thompson & Burns, 1990; McQuail, 1994). Others have studied the production process itself and the roles of different professionals involved - more the meso and micro level (Elliott, 1972; 1977; Cantor, 1982; Karpf, 1988; Wieberdink, 1992; McGrath, 1995; Zandvliet, 1998; Bouman & Van Woerkum, 1998). Macro, meso and micro perspectives are all important for understanding the input and output variables in media production.

A greater insight into the collaboration aspects of the design and production process is crucial for the effective implementation of the E&E strategy. An academic debate would involve questions like: what type of partnership arrangements can be made; how is the programme content selected and created; how do health communication and television professionals collaborate and perform their tasks; and what are the hindering and facilitating collaboration factors? In this chapter some theoretical aspects of media production and E&E collaboration will be described in order to create a frame of reference for the empirical study into the collaboration process in Chapters 8 and 9. In addition to the theory derived from the literature, empirical insights will contribute to the overview this chapter aims to present.

6.1 E&E partnership arrangements

The E&E strategy has been defined in Chapter 2 as: 'the process of purposively designing and implementing a mediating communication form with the potential of entertaining and educating people, in order to enhance and facilitate different stages of prosocial behaviour change'.

In order to purposively design an E&E television programme, some type of E&E partnership has to be established. In this thesis, four types of E&E partnership arrangements are distinguished: *E&E lobbying, E&E inscript participation, E&E co-production,* and *E&E production* (Bouman, 1997 ;1998).

E&E lobbying is defined here as 'a strategy of prosocial organizations to put informal or formal pressure on broadcasting organizations or independent producers to deal with prosocial communication in their entertainment programmes'. In the case of E&E lobbying, it is extremely important to find out what the norms, values and rules of the game are in the media world. Because there is no formalized agreement to collaborate, one is dependent on the goodwill of the other party. Health organizations or prosocial-issue groups often try to'frame their lobby request in such a way that media partners feel that there is something for them to gain too [1].

Shefner and Rogers (1992) reviewed recent experiences of 'Hollywood lobbyists', groups that seek to influence the Los Angeles-centred entertainment media (chiefly prime time television) to incorporate the lobbyist's cause in entertainment messages. There is a long line of Hollywood lobbyists and advocacy groups providing incentives, facts, expertise, support and awards for storylines (Shefner & Rogers, 1992; see also Cantor, 1979; Montgomery, 1989). An important lobby strategy is establishing personal networks with members of the media community and identifying well known individuals, like actors, who will promote particular issues in the mass media (the latter is also called 'celebrity endorsement' by McCracken, 1989).

In the Netherlands, these specific media lobby organizations do not exist as such, although we see tendencies that point in that direction[2]. Of course health organizations try to increase their influence by establishing personal networks with members of the media community, but there is no formally organized (E&E) lobby movement in the Netherlands yet. A possible explanation for this might be the fact that the broadcasting system in the USA is commercial in origin. Economic forces determine what kinds of television programmes will be made. When groups are discriminated against (black, elderly, women, disabled), grass root organizations have to advocate for proper media coverage. In the Netherlands, however, the different political and religious parties used to have their own broadcasting organizations and channels. These were and still are (financially) supported by members and subscribers' fees. This so-called 'pillarized' system makes it more possible for many 'voices' in society to speak and be heard. The need for grass roots movements to protest and lobby for their causes is therefore less important, although founding a new public broadcasting channel as an interest group is not very easy and requires a lot of effort.[3]

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1 An example of this is the Designated Driver Project in the USA where lobbyists succeeded in incorporating the 'designated driver' concept in popular prime time drama serials (Winsten, 1994).

2 Such as 'Landelijk Bureau Leeftijdsdiscriminatie' (age and elderly issues); E-Quality (gender and ethnic issues); Stichting Omroep Allochtonen (ethnic issues) and Bureau Beeldvorming NOS (a 'lobby' organization about gender issues within the television world itself).

3 In the Netherlands, in the last few years several interest groups (new age groups, homosexuals, elderly) have tried to attain the status of a public broadcasting organization, such as: Omroep 2000; Zender 7; Ommekeer; Radio Vitaal; Morgana; Charisma TV; and GTV. These initiatives were not successful, however, and the necessary number of subscribers/members was not achieved. Only recently, BNN (Brutaal Nieuws Netwerk) a new public broadcasting organization aimed at youngsters between 15-25 succeeded in achieving Aspirant-status (60,000 subscribers/members) and is now heading for C-status (150,000 subscribers/members) which gives them a certain amount of public broadcasting time (Blom, 1998, 37:8-9). In order to increase the amount of broadcasting time, they need to enrol 300,000 subscribers/members to obtain a B-status and 450,000 subscribers/members to obtain an A-status (Media Law, artikel 35, lid 6; see also http://cvdm.nl).

When health organizations want to plan a health campaign with an E&E television programme, they need to be sure of being able to broadcast and cannot rely on E&E lobbying. One way to be sure of the commitment of broadcasting companies is to choose a more formal partnership arrangement and establish a collaboration contract. These partnership arrangements are called here 'E&E inscript participation' and 'E&E co-production'. In practice, there is also a fourth type of partnership arrangement 'E&E production': making your own 'independent production' and sell it to a broadcasting company.

E&E inscript participation is defined here as 'a formal transaction between a prosocial organization and a broadcasting organization or independent producer to use an already existing entertainment programme as a carrier of prosocial communication'. In this partnership arrangement health organizations pay a certain amount of 'capital' to have the prosocial issue dealt with in the scripts of already existing popular television programmes (e.g. soaps or drama series; quiz/gameshows; talkshows). The genre format is already chosen and not tailormade for the health communication message. In addition, the scriptwriter or host of the show has already put his or her own professional mark on the programme ('authorship').

E&E co-production is defined here as 'a formal transaction between a prosocial organization and a broadcasting organization or independent producer to design, produce and broadcast a new entertainment programme for prosocial communication purposes'[4]. In this E&E partnerhip arrangement, entertainment television programmes are especially designed for prosocial communication purposes.

E&E production is defined here as 'an initiative of a prosocial organization to act as an independent producer and design and produce one's own entertainment programme for prosocial purposes and 'sell' it to a broadcasting organization.' In this E&E partnership arrangement, the prosocial organization (alone or with others) assigns television professionals to make the specific E&E programme. Being now the actual 'producer', the prosocial organization has full authority over all stages of the production process, from reading the first scripts to directing the last cuts[5].

Obviously, the collaborative basis for all parties involved is quite different in these four partnership arrangements. The question of which E&E partnership arrangement is

4 An example of this type of E&E collaboration is the television programme *Sesame Street*, that was particularly designed to educate children in deprived neighbourhoods. A curriculum was carefully constructed, translated into production ideas, and tested to make sure that the resulting television programme both entertained and educated (Lesser, 1975). Other examples of E&E co-production television programmes are the Indian soap series *Hum Log* and *Hum Raahi* about women's status and family planning, the Mexican telenovela *Ven Conmigo* to promote adult literacy (Singhal et al, 1992) and the Dutch drama series *Villa Borghese* to promote a healthy life style (Bouman & Wieberdink, 1993).

5 An example of this type of E&E collaboration is the South African television drama series *Soul City*. *Soul City* is an enter-educate project initiated by the Institute of Urban Primary Health Care in South Africa and produced under its own name and responsibility, with the aid of funding agencies and commercial sponsors (Everatt et al, 1995). This meant that the agreement for broadcasting time had to be negotiated and was at first not initially guaranteed. In the case of *Soul City*, the broadcasting organization was offered an entertaining, local content drama series with the potential of attracting a huge audience, responding to the public broadcaster's mandate for more local content television programmes. The health organization asked for a free broadcasting slot on prime time and free advertising space for sponsors in return (Ushdin, 1997).

the most suitable depends on the situation of the specific prosocial organization and its resources. In order to weigh the pros and cons of these different partnership arrangements, an indication list can be made with some points of reference: capital investment, expertise, manpower, contract, corporate identity, time investment, research, follow up (Table 6.1). The relative weighting of the factors is indicated and explained in the legend.

Capital investment means the amount of money the (health) organization has to invest in the partnership in order to design, produce and broadcast the E&E television programme. The funding may vary from federal government and private foundations to commercial sponsors. *Expertise* means topical expertise: the amount of professional knowledge regarding the health issue. *Manpower* stands for the human resources involved. *Contract* refers to the possibility of signing formal agreements between partners. *Corporate identity* means the amount of exposure and control of one's own 'name and fame' in the television programme. *Time investment* refers to the amount of time that needs to be spent during the collaboration. *Research* refers to the possibility of formative and summative evaluation. *Follow-Up* means the possibility of planning additional supporting activities during or after the broadcasting of the programme.

Table 6.1: E&E Partnership arrangements

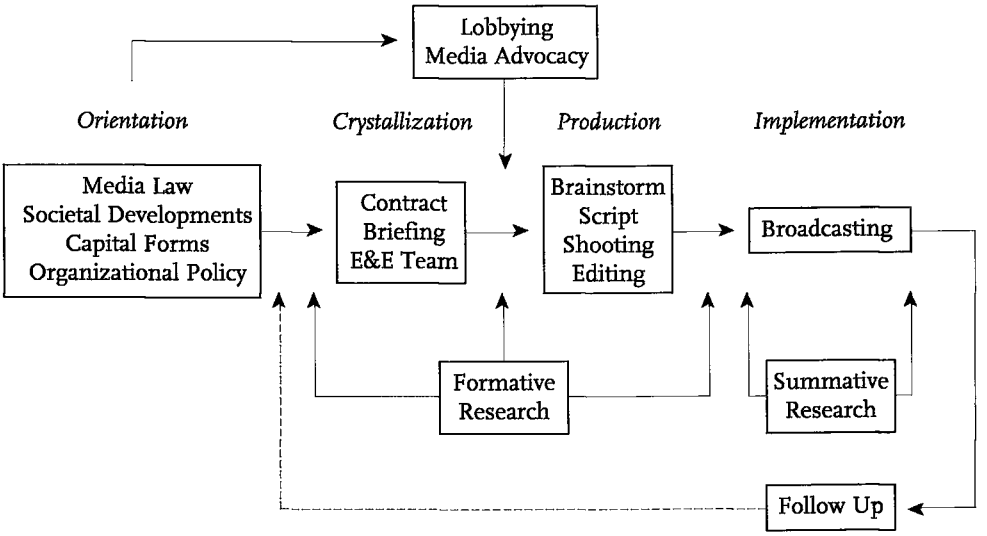
	Inscript Lobbying	Inscript Participation	Co-production	Independent Production
Capital Investment	x	xxx	xxxx	xxxxx
Expertise	xxxxx	xxxxx	xxxxx	xxxxx
Manpower	xxx	xx	xxxx	xxxxx
Contract	-	±	+	-
Corporate Identity	-	±	+	++
Time Investment	xxxxx	xxx	xxxx	xxxxx
Research	-	±	+	++
Follow-up	x	xxx	xxxx	xxxxx

xxxxx = *a great deal* + = *yes or possible* x = *hardly any;* - = *no or not possible* *(Bouman, 1997)*

6.2 Stages of E&E collaboration

Besides differentiation between various partnership arrangements, it is important also to differentiate between stages of collaboration. In this thesis four stages will be distinguished and briefly commented upon: (1) orientation; (2) crystallization; (3) production; (4) implementation (see Figure 6.1). Needless to say, this framework is rather static and linear. In practice these stages sometimes overlap and are more dynamic. They are distinguished here only for analytical reasons.

Figure 6.1 Stages of E&E collaboration



6.2.1 *Orientation Stage*

When national health organizations consider using television as a part of their media policy, they have to take both external and internal conditions into account.

External conditions are for example media regulations as defined by the national *Media Law*. These media regulations differ in countries around the world. In countries with a strict public service broadcasting system, there may be regulations that make E&E co-productions or E&E inscript participation difficult. This is partly due to the fact that this kind of cooperation may be regarded as 'sponsoring', which is often only allowed under certain conditions or in commercial broadcasting.

Another example of an external condition are *societal developments*, such as trends that influence the amount and type of media coverage. There are always 'hot' and 'cold' communication topics. When a certain topic is booming, the media are very eager to cover the issue [6], but as trends pass, so also the media attention fades away. This up and down movement of media coverage is not a-typical. Public relations handbooks are full of tips to titilate the senses of the media (see for example Groenendijk et al, 1988). When a collaboration is sought by health communication professionals with television professionals, the chances to coming to some arrangement with each other are better when the issue is on an upward trend. When the specific educational issue is a hot topic, contacts with the media will, it seems, be more frequent and more easily arranged. However, many organizations cannot wait for their issue to become trendy or a hot topic. Some issues may not be very popular, but are nevertheless important because of their contribution to individual and environmental health. In these cases, organizations

6 This, however, may be more the case in current affairs or news programmes on television than in popular entertainment genres such as drama series and shows.

need to make an extra effort to reach the public. This necessitates the development of an active media policy, based on marketing principles. This leads to internal conditions that play a crucial role in the decision to collaborate with eachother: forms of capital and organization policy.

For successful collaboration, partners must possess sufficient *capital forms* to make working together attractive, worthwhile and profitable. One of the central ideas of the French sociologist Bourdieu is the concept that there are different forms of capital (or different forms of power). He identifies capital in three fundamental forms: economic, cultural and social capital[7](Bourdieu, 1984; 1989; 1991; 1993). Economic capital refers to material wealth, financial resources or economic goods (money, stocks and shares, property etc.). Cultural capital refers to cultural competencies and qualifications, talents, knowledge and expertise, level of mental and intellectual growth. Social capital refers to having the skills to socialize, having interesting relationships and membership of networks, a place in society, image and goodwill. Bourdieu stresses that all these forms of capital can be transformed and converted into one another and negotiated and valued in terms of money in the short or long term (but not reduced to money). Bourdieu calls cultural and social capital also 'symbolic capital' or 'symbolic power', because this form of capital is non-material and less visible, while economic capital is material and more visable. In the negotiation stage of collaboration, such forms of capital need to be clearly specified. If health organizations have little capital in any form to offer television organizations, chances for E&E collaboration may become very poor. Television organizations also need to offer enough capital to health organizations, in order to be an attractive negotiation partner. Being aware of these different forms of capital and having the skills to make them profitable in the initial negotiation process is a very important factor in collaboration.

Another important internal condition is related to specific *organizational policies*, such as the desired corporate identity (see also Backer & Rogers, 1993). As mentioned in Chapters 1 and 2, there has been a shift of focus in health communication from disease prevention to health promotion. This has triggered the need to experiment with new communication methods, such as combining health communication with entertainment television. For some health organizations, however, this might be too way out and too innovative. Fear of populism may be so strong that internal support and commitment for the E&E strategy cannot be found at all organizational levels. Not addressing such fears in the orientation stage may cause painful experiences during the collaboration process.

In this orientation stage, the type of E&E collaboration also needs to be chosen, whether to go for a new television programme (E&E production or E&E co-production), use an already existing formula (E&E inscript participation), or employ lobbying strategies (E&E lobbying). Developing a pro-active media policy demands careful positioning and specification of the required kind of coverage, especially when this includes television as part of a multi-media campaign. In this stage specific choices have to be made concerning the television genre, the broadcasting channel and time of broadcast (based on the type of message to be conveyed and the specific target group). In order to integrate health issues in television genres, varying from light entertainment genres (talkshow/magazi-

7 According to Bourdieu there are also subtypes of capital, which depend on the field of action, such as political capital, linguistic capital, etc.

ne) to heavy entertainment genres (comedy, soap, quiz, gameshow, variety show), one has to understand the specific features of these genres (see also Chapter 3, section 3.6).

In E&E lobbying, where no formal contract is signed, influence has to be sought via an indirect and bypass route during the different stages of the development process (by building networks and using formal or informal advocating techniques). This partnership arrangement will not be further elaborated here.

In the case of E&E inscript participation and E&E production or E&E co-production, partners will move along to the next stages: crystallization, production and implementation.

6.2.2 *Crystallization Stage*

After the initial decision is taken in the orientation stage to design an E&E television programme, *contracts* need to be negotiated between the designated partners. These contracts have to lay down conditions for effective collaboration, such as the money involved, the time of payment, channel and time slot for broadcasting, the responsibilities of the editorial board, who has the final right to intervene and decide, agreements about additional sponsors and the sharing of revenues, names on the credits, spin-off activities, and public relation agreements.

It is only on the basis of a thorough *briefing* that the production process can start. A briefing is an important and strategic stage in the collaboration process. The briefing document contains the background, specifying objectives, target group and other relevant information (Holzhauer, 1976; Pieters & Van Raaij, 1992). The function of a briefing is to position oneself. As such, it is the basis for the writing and development of scripts, casting actors and host or guest in the studio. A briefing is not identical to the assignment. Sometimes a briefing precedes the formal contract procedure. More often, however, the specific briefing is done at the end of the crystallization stage.

Another feature of the crystallization stage is the formation of the editorial team - called here the *E&E team*. Representatives of both the health communication domain and the television domain have to be appointed to this team.

Furthermore, the initial planning of the research has to be done in the crystallization stage. There the budget has to be allocated and the theoretical framework of the television programme and subsequent research defined. Around this stage the *formative research* should be conducted and, where a pre-post research design has been adopted, the baseline study of the programme's summative research should be carried out.

6.2.3 *Production Stage*

The framework of the briefing and the contract serve as the arena for the development of the programme. *Brainstorming* is the first step in the creative production process. In a brainstorming session, both tacit and explicit professional knowledge is shared. The relevant health communication professional and television professional, together with the other members of the editorial team, generate and stimulate ideas and specific angles to create the best possible format. In practice, a brainstorm is sometimes hard to distinguish from a briefing. The important difference, however, is that a briefing is done from the perspective of one of the collaboration partners, and has a closed structure: the information to be transferred is fixed in outline or even detail. A brainstorming session includes both partners and has an open structure.

Elliott contends that 'the programme content is less a manifest consequence of decisions about its substance than a latent consequence of its passage through the production process itself' (1972:85).

The making of a television programme involves complex team work. Different television professionals are involved in the production process: the lighting director, costume coordinator, art director, music coordinator, director, producer and head writer, actors and actresses, host of the show, and so on (Breyer et al, 1991). They all make decisions that affect the final production product. In the E&E collaboration process, the producer, director, head writer and host of the show are the most important from the point of view of the health communication professional. The producer's primary responsibility is to handle the business details of the production company: hiring the crews, securing the production facilities and administering the budget. Overall, the producer is there to ensure that the production operation runs smoothly and on time. The director usually establishes and maintains stylistic conventions. Virtually every stylistic decision begins and ends with the *script*. Descriptions of sets, costumes and even directions (when to use a close up, for instance) are written into the scripts (Thompson & Burns, 1990). The head writer/creator establishes the style of the television programme and has control over story development and often also over casting.

When the final scripts are ready it is very difficult to make corrections and adaptations. The camera team, actors and set are often already prepared for the *shooting* and actual production. After the shooting the *editing* takes place and the score is added.

6.2.4 *Implementation Stage*

After the production stage, the television programme is ready for *broadcasting*. Most E&E television programmes are part of a multi-media campaign. As soon as the television programme is aired, *follow up* activities need to be in place to give people further information about the health or social issues raised in the programme. Viewers who are interested in additional material (leaflets, books, special services) may visit, phone or write to the health organization. This is an intended effect of the health organization which often uses the television programme as part of an integrated communication policy (mediamix). Nowadays, more national health organizations try to combine mass-media with interpersonal communication methods and therefore organize their communication efforts jointly with regional and local organizations (municipal health services, schools, general practitioners, public health nurses, and so on). Viewers' questions may also be directed to these other health organizations. This means that health communication professionals are in charge not only of the E&E collaboration process with television professionals, but also of the collaboration process with other health-related organizations.

Other types of follow up activity include the handling of the publicity that is raised by the television programme, the interpretation of the evaluation results and the designing of new policies based on the E&E learning process.

At this stage, the post-test of the *summative research* also takes place.

6.3 Negotiated agreement

An E&E television project can be regarded as a planned intervention. The traditional notion of a planned intervention as simply 'the execution of an already-specified plan of action with expected outcomes' is rather linear and static however, especially when the intervention involves collaboration between multiple stakeholders (Long & van der Ploeg, 1989). Cantor (1979) examined the social and political context of the production of prime time drama series and films for television and documented the present struggle for control over content. She contends: 'a television drama is not necessarily a reflection of the tastes and ideology of either the creators or those who control the channels of communication; rather, it represents a negotiated struggle between a number of participants' (Cantor, 1979:387). Multiple partners may have multiple goals, expectations and visions of reality. The final product, the entertainment-education television programme is always a compromise, or as Cantor calls it a 'negotiated settlement of the debate' (Cantor, 1979:390). In this thesis, an E&E intervention will be regarded from a negotiation and social constructivist point of view, which leaves more room for acknowledging and incorporating the instrinsic struggle between the various collaboration partners (Long & van der Ploeg, 1989; Aarts, 1998). The final product of the design process is the result of a negotiated agreement, created within an interdependent social context. Therefore, the collaboration processs is not fully controllable and predictable, and E&E programme designers have to deal with a 'soft system', the properties of which cannot be predicted from the individual parts (see Röling, 1994, 1998; Engel, 1995). The demands of the ideal-typical mass-media planning process (see for example van Woerkum, 1987) can often not be met in the development of television programmes. The different stages are more ad hoc and hectic than health organizations are used to. They are used to producing health communication material (e.g. brochures, magazines, videos, documentaries) under their own control, and to defining and deciding independently on all the different steps that have to be taken in order to attain their goals. In the collaboration process with television professionals, however, the organizational production routine of both health organizations and television organizations have to come into line with each other. Elliott and Chaney (1969) emphasize that making a television programme acquires its own dynamic. They state 'the more a television programme achieves an objective existence, the more difficult it will become to effect changes in the programme' (1969:339).

Health communication and television professionals may have mixed motives for collaboration. According to Pruitt and Carnevale (1993: 18): 'A setting is said to involve mixed motives if it evokes both competitive and cooperative motives in the parties involved. Joint decision making in a mixed motive setting can be complicated, and mixed motives may lead to incompatible goals. Where incompatible goals are involved, a state of social conflict may arise. According to Pruitt and Carnevale (1993), negotiation and mediation are the best way to solve these types of conflict because they are the main route to win-win situations (see also Fisher & Ury, 1981; Raiffa, 1982; Carnevale, 1995; Mastenbroek, 1997). There are four possible outcomes of negotiation: victory for one party, compromise, win-win agreement, and non-agreement.

In E&E collaboration it is obvious that a win-win agreement is the most desirable outcome, but the question is whether in practice the mixed motive setting and the dilem-

ma that go with it will lead negotiators into conflict or not. In general, the term conflict has strong negative connotations. Organizational theorists, however, emphasize that conflict itself is neither negative nor positive. It is the way in which conflicts are managed that can have positive or negative consequences for the collaboration (Gudykunst, 1994). Folger and Baruch Bush (1994) also reject the premise that conflicts need to be viewed as problems and instead consider conflicts as opportunities for human growth and transformation. They suggest a 'transformational orientation' as an alternative to the 'problem solving orientation'. Specifically, a conflict is seen by Folger and Baruch Bush in this transformative orientation as a potential occasion for growth in two critical dimensions of human development: empowerment and recognition. As they explain: 'Growth in empowerment involves realizing and strengthening one's capacity as an individual for encountering and grappling with adverse circumstances and problems of all kinds. Growth in recognition involves realizing and strengthening one's capacity as an individual for experiencing and expressing concern and consideration for others, especially others whose situaion is 'different' from one's own' (1994:15-16). This new direction in mediation means that the ideal response to conflict goes beyond problem solving, and involves transformation of the individuals concerned. If these capacities are realized, 'the response to conflict itself transforms individuals from fearful, defensive and self-centered beings into confident, open and caring ones' (1994:16). Attractive as this concept may seem, the question arises as to how applicable it is in E&E partnership arrangements.

Jones (1994) uses a dialectical perspective in mediation, which adheres to the notions of contradiction and process that act as a motive for strategic management. She refers to Baxter, another theorist in the area of mediation, who has identified four generic strategies to manage contradictions: selection, separation, neutralization and reframing. The fourth strategy, reframing, requires a perceptual transformation in which the original poles of the contradiction are no longer seen as oppositional. Reframing differs substantively from the other three general strategies in that it is the only one that does not present the poles of the contradiction as zero-sum opposites. This sense of reframing is more as contextualizing a relationship, learning new understandings of the social context' (see also Schön & Rein, 1994).

6.4 Power and control

Thompson (1995) refers to creation in television as an issue of power - not just imaginative power, or intellectual power, but organizational, occupational and entrepreneurial power as well. In intervention planning models (see for example Green, 1986; Green & Kreuter, 1991), the role of power is hardly, or only implicitly, mentioned .

It is useful to elaborate at this point on the work of Bourdieu, because he offers an interesting sociological perspective on the dimensions and struggles within different fields of practice. Bourdieu uses 'field' as his preferred technical term, but the terms 'market' and 'game' are also commonly used. A field or market may be seen as 'a structured space of positions in which the positions and their interrelations are determined by the distribution of different kind of resources or 'capital'' (Bourdieu, 1991:14). As indicated earlier, one of the central ideas of Bourdieu's work is the idea that there are

different forms of capital (or power): not only 'economic capital' in the strict sense, but also 'cultural capital' and 'social capital'.

According to Bourdieu, one of the most important properties of a field is the way in which it allows one form of capital to be converted into another. The field is the site of struggles through which individuals seek to maintain or alter the distribution of the forms of capital that are specific to it. As Bourdieu says: 'The individuals who participate in these struggles will have differing aims - some will seek to preserve the status quo, others to change it - and differing chances of winning or losing, depending on where they are located in the structured space of positions' (Bourdieu, 1991:14).

The theory that informs Bourdieu's approach is a general 'theory of practice'. The key concept that Bourdieu employs in developing his theory is that of 'habitus'. The habitus is sometimes also described as a 'feel for the game', a 'practical sense' that inclines agents to act and react in specific situations in a manner that is not always calculated, or a question of conscious obedience to rules' (Bourdieu, 1991:12). Practices should be seen as the product of an encounter between a habitus and a field which are, to varying degrees, 'compatible' or 'congruent' with one another, in such a way that, on occasions when there is a lack of congruence (e.g. health communication professionals dealing with popular entertainment culture) an individual may not know how to act.

In other words, the habitus is the sum of learned and incorporated knowledge, behaviour and intuition that makes one belong to a field. To enter a field, to play the game, one must possess the habitus which predisposes one to enter that field, that game, and not another. Without full recognition of the habitus, a field will always reject, or try to exclude the new 'player'. One must possess at least the minimum amount of knowledge, or skill, or 'talent' to acquire the needed habitus and be consecrated and accepted as a legitimate player. Entering the game, furthermore, means attempting to use that knowledge, or skill, or 'talent' in the most advantageous way possible. It means, in short, 'investing one's (academic, cultural, symbolic) capital in such a way as to derive maximum benefit or 'profit' from participation' (Bourdieu, 1993:8).

Within fields (such as the field of national health organizations) that are not economic in the narrow sense, practices may not be oriented towards financial gain and governed by a strictly economic logic. Yet they may none the less concur with a logic that is economic in a broader sense, in so far as they are oriented towards augmentation of some kind of capital or the maximization of some kind of profit. Bourdieu rejects the idea that interests are always narrowly economic, but contends: 'even when organizations give every appearance of disinterestedness because they escape the logic of 'economic' interest (in the narrow sense) and are oriented towards non-material stakes that are not easily quantified, practices never cease to comply with an economic logic' (Bourdieu, 1991:16). He terms this as having an 'interest in desinterestedness'. According to Bourdieu 'as individuals within a field will always strive for maximization of capital - in any form, a field as a whole strives for autonomy - autonomy being the key to the power to include or exclude. The degree of autonomy of a particular field is measured precisely by its ability to refract external demands into its own logic' (Bourdieu, 1993:14).

A concept related to Bourdieu's autonomy of the field is that of control. In E&E collaboration, many stakeholders [8] (broadcasting organization, production companies, advertisers, social issue groups, media legislators and scriptwriters) struggle for control or access. This is a dynamic, interactive process in which some of those who participate in the creation of television have more power in determining the content than others. According to Cantor (1980), there are levels of control within the legal context, the organizional context, the creative context and the audience context. All exert their own influence and power over the content of the programme.

If some stakeholders who participate in the design process have more power and influence to determine the content of the programme than others, the balance of power may become asymmethric. According to the 'strategic contingencies theory' there are three main factors that attribute power to people: (1) having specific expertise (in Bourdieu's terms, a large amount of cultural or symbolic capital: MB) which cannot be found elsewhere or when they are irreplaceable ; (2) holding a central and therefore powerful position in the organization; and (3) having the ability to reduce risk concerning the final product (Ettema, 1980).

6.5 Intercultural collaboration

In E&E collaboration, where representatives of different professional fields work together, culture is regarded as a mediating variable. According to Pinxten (1994), culture entails everything that is not given by birth, but that is learned by people in order to survive. Pinxten uses the term 'cultural sphere' to describe this. He also uses the term 'cultural intuition' to refer to the capacity to see the coherence between seemingly incoherent observations or facts. In learning each other's culture, newcomers develop a definition of the situation (McHugh, 1968), a scheme for interpreting everyday events in the setting (Schutz, 1964; Berger & Luckman, 1966; Cicourel, 1974). This concept closely relates to the sense-making process (see section 6.8).

The management style and work culture of national health and television organizations differ. There are several ways of looking at organization work styles. Burns and Stalker (1961) draw a distinction between 'mechanistic' and 'organic' systems of management. 'In *mechanistic systems*, the problems and tasks facing the concern as a whole are broken down into specialisms. Each individual pursues his task as something distinct from the real tasks of the concern as a whole. The technical methods, duties and powers attached to each functional role are precisely defined. Interaction within management tends to be vertical. *Organic systems* are adapted to unstable conditions, when problems and requirements for action arise which cannot be broken down and distributed among specialist roles within a clearly defined hierarchy. Individuals have to perform their specialist tasks in the light of their knowledge of the tasks of the firm as a whole. Interaction runs laterally as much as vertically' (1961:5-6). Though largely outdated by more modern, dynamic analyses of organization structures, this contrast is still useful to elucidate the different work organizations to be found within television and health organizations.

8 Freeman (1984) defines stakeholders as any group or individual who can affect or is affected by the achievement of the organization's objective.

Health organizations are often relatively mechanistic and bureaucratic, while television companies are more organic, working in small teams with a lot of personal freedom. Karpf (1988:22) argues that 'most broadcasters experience their work as proceeding in an ad hoc fashion, making individual pragmatic editorial decisions to deal with technical, institutional and (occasionally) political problems as they arise'. The production is organized more along craft rather than bureaucratic lines. The reason for this personal freedom, according to Hirsch (1972), is that the professional judgement of the television professionals has to be trusted, because nobody knows exactly what makes a programme successful. The creative personnel are therefore given professional status and as Hirsch says 'are "delegated" the responsibility of producing marketable creations with little or no interference from the front office beyond the setting of budgetary limits. Close supervision in the production sector is impeded by ignorance of relations between cause and effect' (1972:644).

Non-profit health organizations constitute a more stable environment, with fewer constraints to vertical integration, and are therefore administered more bureaucratically (see also te Molder, 1995).

Another way of looking upon work styles is suggested by Tunstall (1991) who regards media organizations as 'a contrary mix of the rational-bureaucratic and the charismatic-creative' (1991:164). He explains that 'this mix can be seen easily in bureaucratic routines of production processes, existing side by side with acceptance of the ideosyncratic demands of creativity.' According to Tunstall (1991:166): 'the media occupations exhibit strong elements of occupational community - the overlapping of work and non work relationships, the suburban location, the intensity of the working experience, the peculiar working hours and the generous supply of talented colleagues as potential friends (and rivals) means that the broadcasting personnel may find most of their social life focusing on the broadcasting organization'.

6.6 Social identity

Professionals not only work within an organization where they have to adapt to a specific work culture, they also have their own social and professional identity.

Social identity theory seeks to explain how membership of social groups influences interpersonal and intergroup cognitions and behaviours (Hogg & Abrahams, 1988; Kramer & Messick, 1995). Social identity is defined as 'that part of an individual's self-concept which derives from his knowledge or membership in a social group (or groups), together with the value and emotional significance attached to that membership' (Tajfel, 1978: 63). Research in the field of social identity shows that actions by a member of one's own group are evaluated quite differently from the same actions by a member of another social group. This is also described by Elias and Scotson (1976) who theorized on the social identity of the established insider versus outsider groups (see also Elias, 1965). Every group has its own norms, values and rules of the game (and play). Parties belonging to different social or professional groups, who want to collaborate, have to become familiar with and get to know each other's culture. If parties only reason and act from their own cultural perspective and others are only accepted when they fit within that perspective, negotiating is very difficult. This is called 'ethnocentrism' by the

French antropologist Levi-Strauss (1987) or 'mental colonialism' by Pinxten (1994) and in its extreme form 'terrorism or racism'. Levi-Straus indicates that a certain minimal amount of ethnocentrism is necessary and normal in order to protect the cultural identity of the group. Bourdieu (1989) who studied the survival mechanisms of different 'fields' or 'domains' (such as religion, politics, art) also concludes that a certain amount of 'functional antagonism' is inherent to every field. Every field has a basic drive to exclude newcomers who might threaten the status quo. This antagonism also constitutes a threshold for collaboration with newcomers.

Closely related to the concept of social identity is the concept of 'ownership' in relation to ideas, plans, expertise and the like. In film and television this is called authorship: the personal signature of a director or producer on films or television programmes. Elliott (1977:168) states that 'so far as production personnel are concerned, there is one value "novelty", which is supported by features of their occupational situation. The individualism associated with making a name or a career in most fields of cultural production ensures that producers try to mark off their work from that of most others in the field'. Nevertheless it may be difficult to locate the 'author' or the single individual who provides the unifying vision behind the television programme. As Thompson and Burns (1990:14) indicate: 'television authorship is more like coaching a championship football team or conducting a superb symphony orchestra. Like the coach and conductor, the television author must coordinate and facilitate the concerted efforts of a large and complex team'. In addition, Thompson and Burns (1990:ix) assert that a television programme is often created by more than one author and is 'generated in and by a complex web of cultural, social, political and formal conventions and expectations'. As such they state that 'television appeared authorless or to be more precise, so confusingly polyauthorial'.

6.7 Professional standards, personal skills and stereotypes

Health communication and television professionals have different professional backgrounds, role sets and standards. The former are often academically trained in one of the human or health sciences, and the latter usually have an education or training in creative arts or journalism. Both fields of work have their own professional norms, values and ethics.

Making a television programme is not just a technical process, but also and additionally a creative and mental process. Besides professional and technical competence, personal skills and stereotypes influence interaction. Personal management style affects the organization of workers and the flow of communication in and out of an organization. The personal skills of the practitioner are a type of human resource and contribute to access to sites and organizations, and to the motivation of others. Charismatic leadership, for example, may facilitate rapid commitment. Particularly in creative processes, personal feelings, thoughts and actions can hinder or stimulate interaction. If personalities clash, the collaboration will be very difficult and counterproductive. Stereotypes may play a role, and how these images and stereotypes affect the collaboration depends on personal interaction and communication skills.

6.8 Sense making

In order to communicate and interact effectively, collaboration partners must find common ground. When health communication and television professionals collaborate, they have to make sense and meaning out of particular situations. Sense making begins with a basic question: Is it possible to take things for granted? According to Weick (1995: 9): 'in real-world practice, problems do not present themselves to the practitioners as givens. They must be constructed from the materials of problematic situations which are puzzling, troubling and uncertain'. To convert a problematic situation into a concrete problem (which can be solved), a practitioner needs to make sense out of situations that initially make little sense.

Louis (1980) describes the sense-making process by which individuals cope with their entry experiences into new organizational settings. She concludes that 'newcomers are often ill-equipped to make sense of the myriad surprises that potentially accompany entry into an unfamiliar organization' (1980:248). A newcomer's actions and behaviour will be determined by his or her understanding of what the others are doing or are about to do. One has to fit one's own actions to the actions of others. 'The actions of others therefore cannot be regarded as a mere arena for the expression of one's own dispositions' (Blumer, 1969:8).

It is obvious that in E&E collaboration both sets of professionals have their own motives and reasons for collaborating, but they have to find ways to cope with their different professional backgrounds and attitudes. Both parties are invited to enter each other's world and frame of reference.

6.9 Influencing collaboration factors

Based on the theoretical notions already described the following facilitating and hindering factors that influence the collaboration and the level of power and control over the process can be identified: *capital forms, cultural differences; personal traits; selection criteria; genre features and professional standards.*

Capital forms refer to the different types and amount of capital available and invested in the negotiation and collaboration process. Here not only economic capital is adressed, but also social and cultural capital. *Cultural differences* are regarded as a mediating variable. In order to make sense of signals and things that happen, collaboration partners must know the specific rules of the game of the professional field. *Professional standards* and *personal traits* constitute the social identity that is brought into the collaboration process. *Selection criteria* concern the selection of collaboration partners and *genre features* refer to the groundrules and principles of the specific television programme involved (see also Chapter 3).

These influencing factors will be used as sensitizing concepts to explore the E&E collaboration in more depth in the empirical study of the collaboration process in the design of several Dutch E&E television programmes (see Chapters 7 and 8)

6.10 Summary

E&E collaboration can be constituted in different partnership arrangements. Each type of arrangement represents a certain amount of possible influence for the health organization. All arrangements go through a range of stages: orientation; crystallization; production and implementation. In every stage, the collaboration partners are engaged in a 'give and take' kind of interaction. Notions of power and control convert the arrangement into a negotiated agreement. The result of a creative process cannot be predicted in detail: it is not a standard practice with strict protocols and both E&E partners influence the final product. In addition, the members of the E&E team clearly do not collaborate in a vacuum. They are tied to several other reference groups and important others (colleagues, board of directors within the organization, other professionals in the sector, the press).

The use of the entertainment-education (E&E) strategy in health communication can only be successful if all parties involved work collaboratively. It is obvious that both health communication and television professionals have their own motives and reasons for collaborating, but they have to find ways to cope with their different professional backgrounds and attitudes. It is interesting to elaborate on the practical and theoretical implications of such an 'intercultural' E&E collaboration process and to explore how health communication and television professionals make sense of their collaboration and take meaning from particular situations.

In this chapter several theoretical factors have been identified that may influence the collaboration process in practice. These factors will be used as sensitizing concepts in the empirical research as described in the next chapters.

7 Research Methodology

In order to improve the efficiency and effectiveness of the implementation of the E&E strategy it is important to research the factors that facilitate or hinder an E&E collaboration process. In this chapter, the methodology of the empirical research into the E&E collaboration process will be presented.

7.1 Research question

The central question in this E&E collaboration research is:

B How do health communication and television professionals collaborate in the design and implementation of an E&E television programme and what recommendations can be made for the management of E&E collaboration in the future?

This central question consists of four parts:

B1 How can we describe the present collaboration process between health communication and television professionals in the different stages of the design and implementation of an E&E television programme?

B2 What facilitating and hindering factors have influenced this E&E collaboration process?

B3 How did health communication and television professionals manage these influencing factors?

B4 What recommendations can be made for health communication and television professionals to manage an E&E collaboration more adequately and satisfyingly in the future?

The area of this research, the E&E collaboration process between two professional fields, is still 'terra incognita'. One aim of this thesis is to identify factors that facilitate or hinder an effective and efficient collaboration process between health communication professionals and television professionals and to explore the mechanisms behind these factors.

Another aim of this research is to contribute to the development of theoretical and practical knowledge in both the health communication and television domains. This will be done by giving a reality-based description and by inductively building theory through the qualitative analysis of data.[1] By clarifying and illustrating the collaboration process, the research findings can hopefully be of use in developing policy in both professional practices.

1 There is a difference between description and theory. As Strauss and Corbin indicate (1990:29) 'in description, data may be organized according to themes. There is little if any interpretation of data, nor is there any attempt to relate the themes to form a conceptual scheme. Theory uses concepts. Similar data are grouped and given conceptual labels. This means placing interpretations on the data and relating the concepts by means of statements of relationships'.

7.2 Level of analysis

In this study, the focus is on the collaboration between the members of the E&E team. It is the interface where they actually meet, negotiate and act that is of specific interest here. This study will identify and analyze the collaboration process from both the health communication and television professionals' perspective. Although the impetus for this research originates from health communication practice, it is also important to investigate what television professionals do and say, because their actions influence how health communication professionals manage the collaboration process [2]. The level of analysis here is the process group or the members of the E&E team: those who were involved in all stages of the collaboration process.

Three types of questions are relevant in this research:
Organizational questions: The focus is on the broader organizational conditions and responses to this collaboration process.
Interactional questions: The focus is on interpersonal communication and negotiation.
Biographical questions: The focus is on differences in personal and professional exprience and career.

7.3 Qualitative Research

As stated earlier, studies in the E&E collaboration field are scarce. It is difficult to determine which variables pertain to this area and which do not. In order to do this, it is necessary to have a research question that gives the flexibility and freedom to explore the E&E collaboration process in depth. A qualitative research [3] design is best suited to answer the central question of this research, because qualitative methods can be used to uncover and understand what lies behind any phenomenon of which little is yet known. A qualitative method strives to 'understand' the objects of interest and asks questions like: what kind of things are going on here? what are the forms of this phenomenon? what variations do we find in this phenomenon? (Lindlof, 1995).

In qualitative research, the most widely used methods are participant observation and (in-depth) interviews [4]. As the term 'participant observation' indicates, the researcher using this method becomes a participating member of an existing culture, group or setting. By participating in the activities of a group or setting, the researcher gains insight

2 Choosing to focus on two professional domains makes the research more challenging but also more complicated. Not one, but two field analyses need to be integrated in order to come up with a plausible explanation of the E&E collaboration process and to build an E&E collaboration theory.

3 The term qualitative research means any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification. It is a non-mathematical analytic procedure (Anderson & Meyer, 1988; Strauss & Corbin, 1990).

4 Interviews typically employed in qualitative inquiry go by several names: in-depth, unstructured, semi structured, intensive, collaborative and ethnographic. These interviews resemble conversations between equals. Most of what is said and meant both by interviewer and interviewee emerges jointly in interaction. Although the researcher often wants to cover certain areas going into an interview, relatively little structure is imposed on most of what the respondent says (Lindlof, 1995).

into the constraints, motivations, emotions and meanings that members experience.

In this research, face to face in-depth interviews were held. The choice of in-depth interviews over participant observation as a qualitative research method was made for several reasons: (1) the preparation, production and evaluation of an E&E programme takes on average one or two years. If the researcher chose to participate in and observe all the stages of a collaboration process it would be very time consuming; (2) the chance of such an E&E television programme being initiated and developed during the available research period was very low and, if so, at best only one or two 'case studies' could be examined; (3) the researcher had already been professionally involved in four substantial E&E collaboration processes, thus gaining many insights into the stages and elements of the process, although this cannot be regarded as participant observation; (4) the research question focuses on an exploration of interaction and sense-making processes of health communication and television professionals. By interviewing in retrospect, the learning process of both sets of professionals could be traced over the years. This biographical and time perspective is more limited in participant observation methods.

7.4 Interpretative paradigm

How an event occurs, how it functions in social contexts, and what it means to participants are all issues addressed from the perspective of an interpretative paradigm. The interpretative perspective is based on the axiom that one needs to see a social situation from the point of view of the actors in order to understand what is happening in that situation. Lindlof (1995) talks about an interpretative 'paradigm', in addition to a cognitive or a functionalistic paradigm[5]. Whether or not it is a true paradigm, the interpretative inquiry has to be seen as a coherent way of studying communication, according to Lindlof (1995). The interpretative paradigm, takes 'understanding' or *verstehen* as its principal topic and as the basis of its methodology.

There are several sources of the interpretative paradigm that have informed qualitative study in communication. The traditions of ethnomethodology, symbolic interactionism, ethnography of communication and cultural studies have all made distinctive contributions to work in the communication discipline (Collins, 1994; Lindlof, 1995). There are also variants of the interpretative paradigm that draw on more than one of the four sources mentioned here. Anderson and Meyer's (1988) social action theory, for example, owes significant and nearly equal debts to ethnomethodology, symbolic interactionism and cultural studies.

5 Lindlof (1995) admits to standing on shaky grounds in arguing that any communication theory or perspective has come close to a paradigmatic status as understood in the physical science as defined by Kuhn. Communication has been described variously as being pre-paradigmatic, quasi-paradigmatic and multi-paradigmatic (Dervin et al, 1989).

7.5 Grounded theory

One of the research methodologies that is based on the premiss of the interpretative perspective is the *grounded theory approach.* The grounded theory approach is a qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomenon. The grounded theory is thought of as a 'transactional system', a method of analysis that allows a researcher to examine the interactive nature of events. Grounded theory is an action/interaction-oriented method of theory building. As Strauss and Corbin indicate: 'there is action/interaction, which is directed at managing, handling, carrying out, responding to a phenomenon as it exists in context or under a specific set of perceived conditions' (1990:104). The main purpose of using the grounded theory method is to develop theory. In grounded theory, one does not begin with a theory, then prove it. Rather than testing the relationships among variables as is the case in quantitative research, one begins with an area of study, and what is relevant to that area is allowed to emerge. Data collection, analysis and theory stand in reciprocal relationship with each other (Strauss & Corbin, 1990).

According to Strauss and Corbin (1990) the grounded theory is 'a scientific method which, if properly applied, meets the criteria for doing 'good science': significance, theory-observation compatibility, generalizability, reproducibility, precision, rigor and verification' (1990: 27). Glaser & Strauss (1967) were the first to present the underlying logic for the procedures of grounded theory. According to Glaser and Strauss, the development of a discipline needs theories which are grounded in reality. It is necessary to get out into the field if one wants to understand what is really going on (see for example Glaser & Strauss, 1968; 1971). Formulating theoretical interpretations of data grounded in reality can provide a powerful means both for understanding the world 'out there' and for developing action strategies that will allow for some measure of control over it.

7.6 Role of the researcher

In qualitative research, the researcher and his or her subjects are not anonymous, but known to each other. They interact and, as Lindlof (1995:9) points out: 'social intimacy is the basis for entering the domain of cultural or interpersonal experience and later social distance permits the researcher to interpret its forms and meanings'.

In this research of the E&E collaboration between health communication and television professionals, the problem definition originates from the professional experience of the present writer. Having been employed for several years as a health communication policist of a national health organization, the researcher was professionally involved in the design and production of four specific E&E television programmes: *Way of Life Show, Way of Life Magazine, Villa Borghese* and (episodes of) *Medisch Centrum West.* Strauss and Corbin (1990) remark that choosing a research problem through the professional or personal experience route may seem more hazardous than through other routes, but they add that this is not necessarily true. They state: 'the touchstone of a researcher's own experience may be more valuable an indicator of a potentially successful research endeavor' (Strauss & Corbin, 1990:33). According to Strauss and Corbin, a qualitative researcher requires theoretical and social sensitivity and the ability

to maintain analytical distance, while at the same time drawing upon past experience and theoretical knowledge to interpret what is seen.

Theoretical sensitivity is a term frequently associated with grounded theory. It refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data. It refers to 'the attribute of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't' (Strauss & Corbin, 1990:42, see also Glaser 1978). Professional experience is indeed an important source of sensitivity. Throughout years of practice in a field, one acquires an understanding of how things work in that field, and why, and what will happen there under certain conditions. Strauss and Corbin do not elaborate on the aspect of 'social sensitivity', but this factor also plays a pivotal role in qualitative research and will therefore be introduced here. Social sensitivity is defined here as 'the ability and sensitivity to attune and adjust to different social settings and to establish a good rapport with the subjects involved'. Professional knowledge and social skills are taken into the research situation and help to elucidate events and actions seen and heard, and to do so more quickly than if one does not bring this background into the research [6].

7.7 Collection of data

In order to explore in more depth the relevant factors that influence an E&E collaboration process, several Dutch E&E television programmes were examined. The criteria that were used in selecting these programmes were:

1 The television programme had to be focused on knowledge, attitude or behaviour change regarding health related topics.
2 A substantial collaboration (not just one or two telephone conversations) between health communication and television professionals had to have taken place.
3 The format of the programme had to be a combination of education and entertainment (varying from light entertainment genres to heavy entertainment).

As the E&E strategy is still experimental and innovative, not too many television programmes met the criteria. Twelve Dutch productions based (some more, others less) on the E&E strategy were selected [7]. These programmes were:

1 *Familie Oudenrijn* (1987-1990);
2 *Way of life Show* (1988);*
3 *Way of Life Magazine* (1988);*
4 *Medisch Centrum West* (1988-1994);*
5 *Villa Borghese* (1991);*
6 *Hou nou toch op* (1991);

6 The literature suggests that this kind of experience can also become a handicap. Things that have become routine or 'obvious' can block one from seeing (Strauss & Corbin, 1990). To reduce these possible negative effects, ideas and insights can be discussed with fellow researchers and the data analyzed with people who have no former E&E collaboration experience or background.

7 In the E&E television programmes indicated with an asterix *, the present author was professionally involved in the design and production.

7 *Je zult het zien* (1992);
8 *Twaalf steden, dertien ongelukken* (1992-1996);
9 *Oppassen* (1992-1996);
10 *Op leven en dood* (1993);
11 *Gezond en Wel* (1994-1995);
12 *Viola's Gezondheidsshow* (1994).

Nine of these television programmes dealt with health issues, one with environmental issues and two with road safety issues. To get more insight into the specific television programme, video tapes of each programme were watched.

7.8 In-depth interviews

In this research face to face in-depth interviews were conducted with the responsible health communication (N=18) and television (N=12) professionals of the E&E team involved in these twelve television programmes (see Appendix II) [8] [9]. A 'mirror research design' was used: all professionals were asked about their own organization and profession and also to reflect upon the organization and profession of their counterpart.

The background of the interviewed health professionals varied from communication to social scientist, topical experts to public relation managers. Television professionals here are the producer or programme manager in charge or those 'creatives' (e.g. scriptwriter, drama expert, director) working as a team member on the E&E television project. All persons where intensively involved in the E&E collaboration process until the television programme was broadcast.

The cooperation of the E&E team members was requested by telephone. By way of introduction, the researcher explained the aim of the research and the procedure for the interviews. The response was 100 percent. None of the respondents from the twelve selected television programmes refused to cooperate. A contributing factor to that may be that the researcher had good access to the health communication and television professional network. It also appeared that the topic of the research was very current. The respondents were very open about their collaboration experiences and willing to share their ideas and impressions. This proved especially true for health communication professionals, for some of whom it almost seemed like a 'therapeutic release'. Although television professionals were also very cooperative, the conversations differed slightly. Health communication professionals seemed to evaluate the relevance of the research topic as more evident than television professionals, and often underlined the need for this type of research and hoped to gain from the results for their own future practice.

8 In some television programmes, more than one health or television professional in the E&E team was interviewed about the collaboration process.

9 Besides interviewing the collaboration partners of these twelve TV programmes, additional interviews (N=13) were held with health communication professionals, media specialists and policy makers of organizations who did not have an E&E collaboration experience (yet). These interviews will serve as background information for the description and analysis. The reason why they were not yet involved in an E&E television programme was either because the initial negotiating process had failed, or there was a lack of funds or they did not know how to organize such a collaboration, or they disapproved of it.

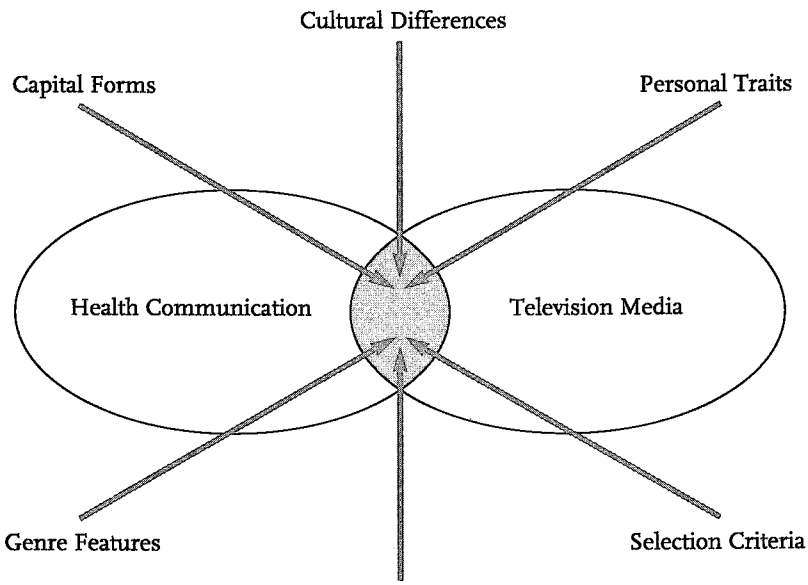
Television professionals never explicitly expressed these kinds of thoughts or wishes. It seemed that the research 'problem' was not so much their problem. Television professionals were often also very confident and showed high self esteem, while many health communication professionals were less secure about their own professional attitude and status.

The interviews lasted between ninety and 180 minutes each. Six interviews were held at respondents' residences, two in a restaurant and twenty-two at respondents' workplaces. The interviews were taperecorded and verbally transcribed. These transcriptions were returned to the respondents for an additional check and authorisation. After every interview, a memo was written to describe the interview process.

7.9 Sensitizing concepts

The interviews were unstructured and based on six sensitizing concepts (see figure 7.1 and Chapter 6). Most of the time, the conversation directed itself. Leading questions to introduce these concepts were only brought into the conversation when necessary. The interviews were like natural conversations though the researcher refrained from debating or giving comments.

Figure 7.1 Sensitizing concepts



Bouman 1997

7.9.1 *Forms of capital*
In order to collaborate satisfactorily, there has to be 'something in it' for both partners involved. This can either be economic capital (money), social capital (people, network) or cultural capital (knowledge, expertise, image). Relevant interview questions were: What were your motives to collaborate? Was there money involved or other forms of capital? Also, was there a contract signed and what were the basic conditions?

7.9.2 *Selection criteria*
Selection criteria refer to the question of how specific the choice was for the collaboration partners and what mechanisms defined this choice. Did partners know each other? Did they have any idea about their mutual expertise, status or motives? Relevant interview questions were: Who initiated the collaboration process? Why did one decide to collaborate? Which parties were involved?

7.9.3 *Professional standards*
In the E&E strategy, education and entertainment are combined. For some collaboration partners this may have felt like a forced marriage or an alienating experience. If professionals define themselves primarily as journalists or educators, and not as entertainers, this may be of great influence. Relevant interview questions were: Can you define your present profession and your main tasks and responsibilities? How much working experience do you have in this field? How did you get into this job? What is your vocational training in this field? How do you perceive your job? How do you evaluate the contribution of the other collaboration partner?

7.9.4 *Genre features*
Every television genre has its own specific rules and standards. A talkshow is based on different principles than a soap. Knowing these ground rules and principles of the various television genres and accepting and being aware of the consequences may help to smooth the collaboration process. Relevant interview questions were: Do you regularly watch television yourself? With what kind of television genres do you have previous collaboration experience? Can you describe the working process of the different television formats?

7.9.5 *Cultural differences*
The health communication and television field both have their own organizational culture and work styles. When these differ widely, it can be an obstacle to effective and efficient collaboration. Relevant interview questions were: How do you perceive the world of the television professional and health communication professional? Can you give some characteristics of these two professional worlds? Can you give some similarities and differences between these two worlds? Was it easy for you to enter the world of the collaboration partner? What were the 'rites the passages' to become accepted? Were there some specific dos and donts to become accepted by the other?

7.9.6 *Personal traits*
Collaboration is always based on personal contacts and work relationships, but social competencies may differ. Personal traits and social skills contribute either in a positive

or in a negative way to the collaboration process. Relevant interview questions were: If you had to select someone for your job to replace you during a long sabbatical leave, what kind of person would you select? What personal skills and characteristics would, in your opinion, stimulate or hinder the collaboration process? How did you experience your present collaboration partner? How would you define your ideal E&E collaboration partner?

Besides these questions and sensitizing concepts, some general and evaluative topics were raised or brought into the conversation, like opinions or ideas about the future of television, the changing policy of health organizations, the rise of entertainment-based television programmes, the competition between public service and commercial broadcasting organizations, and so on. Sometimes the respondent introduced these topics, sometimes the researcher brought them up. This additional information serves as background for the interpretation and analysis of the data.

7.10 Transcription, coding, analysis

All interviews were content analyzed according to a detailed coding schedule using the computer programme 'KWALITAN 5.1' (Wester, 1987; Peters, 1994). Coding qualitative material is always problematic in practice (Krippendorf, 1982; Weber 1985). Coding reliability is vulnerable to three kinds of error: type 1 error (mistakenly omitted codes); type 2 error (mistakenly included codes); and explicit disagreements (two coders assign the same unit to different categories). An independent coder was trained thoroughly in the use of the coding schedule. Each paragraph was coded in the context in which it occurred. In order to create common ground and to prevent coding errors, both the independent coder and the researcher, independently from each other, coded six interviews and then compared the results. The other twenty-four interviews were coded by the independent coder. Where disagreement in the coding arose, this was resolved through discussion.

7.10.1 *Coding procedures*

Grounded theory is often referred to in literature as 'the constant comparative method of analysis' (Glaser & Strauss, 1967). In grounded theory, data collection and data analysis are tightly interwoven processes, and must occur alternately because the analysis directs the sampling of the data. In this E&E collaboration research, after a first round of interviews and data collection, time was taken for data analysis. Based on this data analysis, the next round of interviews started.

Analysis in grounded theory is composed of three subsequent types of coding. First (a) open coding takes place, then (b) axial coding, and finally (c) selective coding. These coding procedures will be briefly explained and illustrated.

Open coding

Strauss and Corbin (1990:61) define open coding as 'the process of breaking down, examining, comparing, conceptualizing and categorizing data'. In this research 222 open codes were attributed to the data, which in the end were reduced to forty-four categories 'health communication professionals' and fifty-four categories television professionals (see Appendix III).

During open coding, data are broken down into discrete parts and closely examined. No interpretation is given to the data, but the data are coded according to the literal text. The code segments are compared for similarities and differences, and questions are asked about the phenomena as reflected in the data.
For example, in one of the interviews a health communication professional described the traits needed in an E&E collaboration: *'You need to have so much knowledge of the content that you can map out things fast, have a quick overview. There's no question of just having to go back to your organization. That is not what you stand for. They won't take that time either'.*

document/segment	18-76
respondent	Naam Geslacht Organisatie Programma 13/5/96
codes	2 houding vl-er 24 energie en tijd

I: Het moet iemand zijn die inhoudelijke kennis heeft. R: Ja, je moet namelijk zoveel kennis hebben dat je zo snel de boel in kaart kan brengen, zo snel het overzicht hebt. Je moet niet nog eens even terug naar huis moeten. Daar sta je niet voor, in al die situaties. Die tijd nemen zij ook niet.

This segment of the interview was open coded with two codes because it referred to two different things: 'attitude health communication professional' and 'time and energy'.

Another health comunication professional stated: *'It has been my experience that participating in six (episodes) - we have only six - puts a lot of pressure on you, because I also needed to consult a lot of external content specialists. That means stress. That doesn't matter, it's all in the game, but...' (Q: Time stress or responsibility stress, or...?) 'Time.' (Q: Time investment differed from what you had estimated?) 'And you have to do it on their terms, you are not free to plan your own time schedule. When they call, you have to.' (Q: Like you call, we dance?) 'Yes, that's the way it worked.'*

document/segment	1-38
respondent	Naam Geslacht Organisatie Programma 6/3/96
codes	2 houding vl-er 24 energie en tijd
	7 cultuur tv-org. 5 achterban
	27 hoogte-/dieptept.

I: Zijn er momenten geweest waarop je dacht: ik hou er mee op? R: Nee, ik heb wel ervaren dat wil je maar in zes - we zaten maar in zes - dat dat wel een hele grote druk op je legt, omdat ik ook nog een stel externe referenten moest raadplegen. Dat geeft druk. Dat is allemaal niet erg, daar doe je het voor, maar.... I: Druk qua tijd, qua verantwoordelijkheid of....? R: Qua tijd. I: De investering qua tijd was anders dan je had ingeschat? I: En je wordt daarin gestuurd, je bent niet vrij om te zeggen van ik plan dat in. Ze bellen en dan moet je. I: Zo van: u vraagt en wij draaien? R: Ja, zo werkte dat.

This interview fragment was open coded as 'culture television organization'; 'attitude health communication professional', 'backing', 'climaxes/anti-climaxes', and 'time and energy'. Both interview fragments had the 'time and energy' code. By constantly comparing all the 'time and energy' codings in the data, it was possible to discover different properties and dimensions of this 'time and energy' category (see axial coding).

Axial coding
Open coding fractures the data and allows for the identification of some categories, their properties and dimensional locations, while axial coding puts those data back together in new ways by making connections between a category and its subcategories.

For example, by close reading and comparison, all the codes 'time and energy' could then be analyzed by the following properties and dimensions;

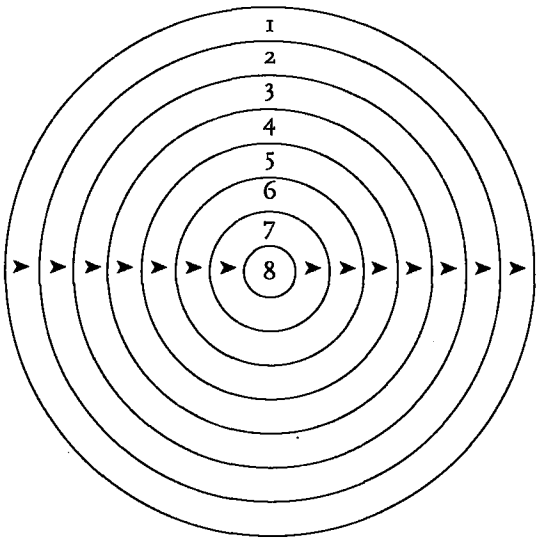
Category	*Properties*	*Dimensional range*
Time and Energy	Collaboration Stages	Orientation Implementation
	Quality of time	Undivided Attention Chaotic
	etc...	etc...

Selective coding
After collection and analysis of the interview data, the categories must be integrated in order to form a grounded theory (see Chapter 9, Figure 9.2: E&E Risk Management). Selective coding is the process of selecting the core category, systematically relating it to other categories, validating those relationships and filling in categories that need further refinement and development (Strauss & Corbin, 1990:116). Integration is not much different than axial coding but it is done at a higher, more abstract level of analysis. In axial coding the basis for selective coding is being developed.

7.10.2 *Paradigm and conditional matrix*
The relating of categories to the core category is done by means of the paradigm:
A (conditions) leads to B (phenomenon) which leads to C (context) which leads to D (action/interaction, including strategies) which then leads to E (consequences). The actual relating of categories to each other is far more complex than a simple cause that leads to consequences, because of the presence of intervening sets of conditions that enter at various points. These intervening conditions explain why one person has a certain outcome or chooses a certain set of strategies while another person does or attains something else. These intervening conditions are entered into a system called a 'conditional matrix'.

According Strauss and Corbin (1990), the conditional matrix is an analytic aid. The conditional matrix may be represented as a set of circles, one inside the other, each (level) corresponding to different aspects of the world around us. In the outer ring stand those conditional features most distant from action/interaction, while the inner rings pertain to those condition features bearing most closely upon an action/interaction sequence. The conditional matrix is an instrument to understand the conditional relationship of the phenomenon under research to the levels above and below it, as well as within the level itself (Strauss & Corbin, 1990:162-163). In the frame of the E&E strategy and subsequent E&E collaboration, this conditional matrix can be filled in as follows (see Figure 7.2):

Figure 7.2 Conditional matrix of E&E collaboration



1 International politics
2 National policies, cultural values
3 Community characteristics
4 Organizational policy
5 Departmental standards/culture
6 Individual professional skills/expertise
7 Interaction, E&E team
8 Action

Bouman 1998, after Strauss and Corbin 1990

International politics
The outer ring refers to international politics, problems and regulations. In the area of health for instance, the World Health Organization (WHO) emphasized the need for health promotion and to bridge health inequalities. The publication of the *Black Report* in England for example (see Chapter 2) has been crucial in getting the issue of inequalities in health on the agenda of European national governments. In the field of television we see a worldwide expansion of satellites, the rise of media conglomerates and the export and syndication of television programmes.

National policies and cultural values
The second ring consists of (features of) national policies, governmental regulations, cultural values, and so on. In the Netherlands, for example, the government has set high priorities for developing adequate strategies for reaching lower socio-economic groups in order to close the health inequality gap. In the television domain, the changing of the media landscape and national media regulations has left more room for television and national health organizations to collaborate.

Community characteristics
The third ring, the community level, includes all the above-mentioned items as they pertain to the community. In the Netherlands, more priority is given to using certain settings in health promotion (school, work, media, etc.). There is a stronger impetus for combining mass-mediated communication with commmunity-based health promotion projects. This means that an E&E television programme is often part of a multimedia campaign which demands proper follow up activities and a close orchestrating of the different parts of the campaign at community level.

Organizational policy
Fourth is the organizational and institutional level. Each organization has its own structure, rules, problems and history. National health organizations have a scientific, non-profit background. Some are dependent on fund-raising activities, others are government-related. Public and commercial broadcasting organizations differ in their mission. Both make entertainment television programmes, but the public broadcasting organizations have also a legislative task to offer information, culture and education as well as entertainment (see also Chapter 1).

Departmental standards and culture
The fifth ring represents the subinstitutional level. This level includes the peculiar features of the health communication department or the television production department where the E&E collaboration takes place.

Individual professional skills and expertise
Sixth is the individual professional level. This level includes personal (and) professional experiences, knowledge and skills derived from the standards of the profession. Health communication professionals have to define the specific health message both from a communication and a topical point of view. Television professionals use creative and technical skills to translate the E&E aims and goals into an entertainment television format.

Interaction E&E team
The seventh circle represents the interactional level. By interaction is meant 'people doing things together or with respect to one another in regards to a phenomenon and the action, talk, and thought processes that accompany the doing of those things' (Strauss & Corbin, 1990:164). This is the level of the E&E team: the actual interface between the health communication and television professionals, where they negotiate, brainstorm, make programme decisions and give each other feedback.

Action
Finally, in the centre of the matrix, there is action: both strategic and routine. This level represents 'the active, expressive, performance form of self and/or other interaction carried out to manage, respond to, and so forth, a phenomenon (Strauss and Corbin, 1990:164). If we apply this to the E&E collaboration process, this process also encompasses the negotiations, discussions, legitimation of bounderies and so forth, that take place in order to arrive at and maintain an E&E collaboration and accomplish its associated tasks.

The conditional matrix shows how a wide range of possible conditions bear upon the E&E collaboration process and facilitate the relating of the E&E collaboration to these conditions. This is important because, according to the grounded theory, negotiations always occur within a structural context (outermost rings of the matrix) and a negotiation context (inner rings of the matrix). By combining the two contexts (structural and negotiation) the analyst can more completely explain why any set of negotiations takes the form that they do. The conditional matrix is operationalized by tracing conditional paths.

According to Strauss and Corbin: 'to trace a conditional path, you begin with an event, incident or happening, then attempt to determine why this occurred, what conditions were operating, how the conditions manifest themselves, and with what consequences' (1990:168). Of course only those incidents that seem especially pertinent to the central phenomenon under question are traced.

The coding procedures provide the analytical framework for creating the (substantive or formal) grounded theory. Evaluating the theory against the data completes the grounding (see Glaser and Strauss, 1967; Strauss and Corbin, 1990; Stern, 1995).

7.10.3 *Questions of validity*

To ensure the validity of the findings in this present research and to avoid bias in interpreting the data, several precautions have been taken by: (1) using a codified procedure for analyzing the data; (2) having an independent coder with no E&E collaboration experience and background; (3) constantly comparing the data and re-reading the interviews; (4) describing the data of the E&E collaboration in relation to the theory (theory-observation compatability); (5) checking whether the developed theory is integrated and all of the parts fit together; and (6) presenting the results to other communication scholars at conferences to provide effective reflection.

A well-constructed grounded theory will meet four central criteria for judging the applicability of the theory to a phenomenon: fit, understanding, generality and control. As Strauss and Corbin (1990) indicate: 'if theory is faithful to the everyday reality of the substantive area and carefully induced from diverse data, then it should fit that substantive area. Because it represents that reality, it should also be comprehensible and make sense both to the persons who were studied and to those practicing in that area. If the data upon which it is based are comprehensive and the interpretation conceptual and broad, then the theory should be abstract enough and include sufficient variation to make it applicable to a variety of contexts related to that phenomenon. Finally the theory should provide control with regard to action toward the phenomenon. This is because the hypotheses proposing relationships among concepts - which later may be used to guide action - are systematically derived from actual data related to that (and only that) phenomenon. Furthermore, the conditions to which it applies should be clearly spelled out' (1990:23).

7.11 Summary

The aim of this research is to discover relevant categories in an E&E collaboration process and to define the relationships between them. The research question as formulated in paragraph 7.1. is fourfold. Parts B1 and B2 of the central question will be illustrated by giving a description of the E&E field. The answer to parts B3 and B4 will be elaborated according to the procedures of grounded theory.

This research aims to contribute to the development of theoretical and practical knowledge in both the health communication and television field. This will be done by giving a reality based description and inductively built theory through the qualitative analysis of data. By clarifing and illustrating the collaboration process, the research findings may be of use in developing policy and guiding both professional practices.

8 Research Results Collaboration Process

The central research question (B) as formulated in Chapter 7 is: 'How do health communication and television professionals collaborate in the design and implementation of an E&E television programme and what recommendations can be made for the management of an E&E collaboration in the future?' This central question is divided into of four parts. In this chapter, the answers to the first two parts will be presented:

B1 *How can we describe the collaboration process between health communication and television professionals in the different stages of the design and implementation of an E&E television programme?*
B2 *Which facilitating or hindering factors have influenced this E&E collaboration process?*

In this chapter a description will be given of the collaboration process in the different stages of collaboration (B1), and of the facilitating and hindering factors that have influenced this E&E collaboration (B2). This description is based on the empirical data derived from the in-depth interviews with health communication (N=18) and television (N=12) professionals belonging to the E&E teams of twelve Dutch E&E television programmes. This description will serve as a context for the second part of the analysis: How did health communication and television professionals manage these influencing factors (B3) and what recommendations can be made for health communication and television professionals to manage an E&E collaboration more adequately and satisfyingly in the future (B4). These last two questions will be analyzed and answered in Chapter 9.

8.1 Description of collaboration stages

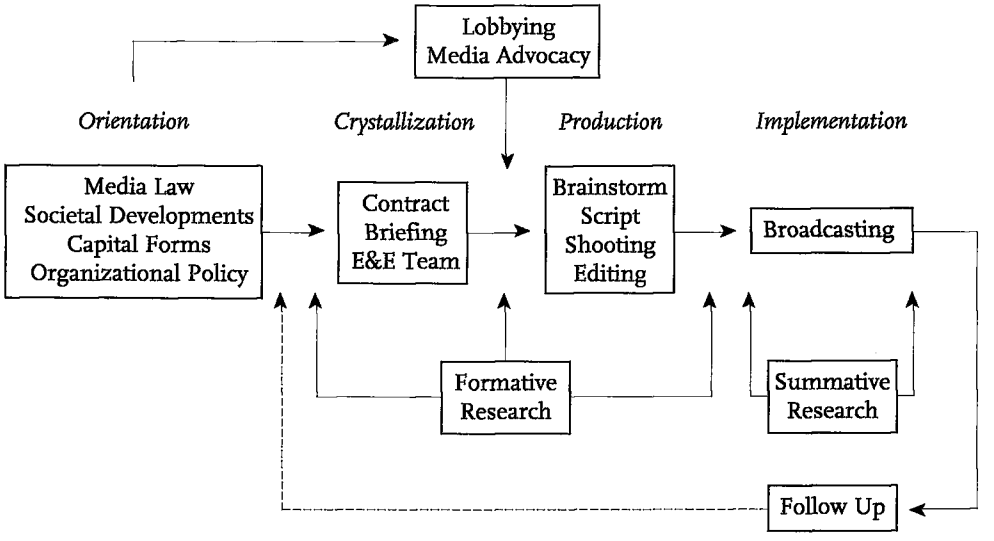
In Chapter 6, four stages into the collaboration process has been distinguished: orientation; crystallization; production; and implementation. These stages will serve in this chapter as a framework for the description of the collaboration process between health communication and television professionals in this research.

8.1.1 Orientation

As already indicated, in the orientation stage the initial choice for an E&E collaboration and the type of partnership arrangement are made. This initial decision is based on both external and internal conditions. External conditions are, amongst others, the media regulations, media legislation and broader developments and changes in society. Internal conditions are the available forms of capital and the communication policy of the organization.

Whether health organizations take the initiative (active media policy) or respond to an initiative (reactive media policy), the initial and final decision to participate will be based on these external and internal conditions in both cases. In this section, the external and internal conditions that played a part in the collaboration process in the twelve television programmes under study will be described.

Figure 8.1 Stages of E&E collaboration



External conditions: Media Law

The twelve television programmes under study were broadcast between 1987 and 1995. In this period the television landscape underwent major changes. In 1989, the first commercial broadcasting organization, RTL-4, entered the television world in the Netherlands (Manschot, 1993). Prior to that there had been three public service broadcasting channels, the last one having been initiated in 1988. In the early period of commercial television, it was 'not done' for governmental and non-profit organizations to collaborate with commercial broadcasting organizations.

The reason for this non-collaboration had to do, among other things, with the government's media policy of protecting the public service broadcasting function and ideology, with its strong emphasis on pluriformity. 'Traditionally Dutch broadcasting associations represent a particular social, cultural, religious or spiritual tendency within the population' (Manschot, 1993:183). The government was afraid of an overdose of entertainment on television, also called the 'Vertrossing' phenomenon, after 'TROS' the broadcasting association that first started to broadcast a high dose entertainment programmes.

As time went by and as commercial broadcasting became part of the media environment, the debate about participation in commercial programming gradually diminished, but unexpectately made its revival in 1992. In that year, the Information Department of the Dutch Ministry of Finance sponsored an information item[1] in a popular television programme called the *Vijf uur Show* on the commercial station RTL-4. This inscript participation evoked questions in the press and was hotly debated in parliament. The incident became known as the *Wim Kok affair* (the name of the Minister

1 In this programme the Minister of Finance explained and introduced 'Per Saldo' a new budgeting service.

of Finance at that time) and reframed the media discussion within the government. The parliament decided that in future only participation in television programmes on the basis of 'co-production' and not 'inscript participation' (also called inscript sponsoring) would be allowed. Collaboration in entertainment programmes ought also to be avoided (Voorlichtingsraad, 1992).

This explicit abstention from participation in entertainment programmes is interesting and somewhat peculiar, because it was not made clear what type of programmes this entailed. The government acknowledged that a clear definition of entertainment could not be given (Lubbers, 1992). In order to check whether a programme formula fits these formal guidelines, national health organizations need to register new television programmes and have the permission and approval of the 'Voorlichtings Raad' (VORA), a governmental information council (Voorlichtingsraad, 1992). The exclusion by the government of entertainment formats seems to be more ideological than realistic, for the strict line between information and entertainment programmes has become blurred. Because of competition in the media market, we see a rise of so-called infotainment programmes in which information and entertainment are combined and integrated (Briers, 1975; Fiske, 1987; Manschot, 1993).

National health organizations that are indirectly or partly dependent on government subsidies also have to follow these new media regulations. The 'Wim Kok affair' seems to have discouraged several organizations from undertaking E&E collaborations. Two of the twelve television programmes under analysis had a 'narrow escape' in this regard. Their contract with E&E collaborating partners had just been signed before the 'Wim Kok affair' took place, and could not be cancelled.

Another incident occurred in the same period. The government released an investigative report about the cost-effectiveness of Dutch mass-media campaigns (Algemene Rekenkamer, 1991). This resulted in a general debate and discussion about the effectiveness and efficiency of mass-media campaigns, including television participation. The question was raised about whether investing in television programmes was cost-effective.

It is clear that the government, by sharpening the guidelines, wanted to find a balance between targeting the audience by means of free publicity press coverage and planned TV sponsorship projects. It agreed that television could be a powerful communication medium to combine with other policy instruments, but was also afraid of commercial popularism, and of misleading the audience (see also Chapter 2, section 2.4.). It is difficult, however, for health communication professionals to act upon this dual focus. In practice, therefore, the regulations are not taken too strictly and are interpreted with ample room for negotiation.

Societal Developments

Besides media regulations, an important external condition is the broader societal change undergone by the health (communication) sector in recent years. Because of the reduction of governmental subsidies, output financing and neutral budget projects became a 'must' for many government-related health organizations. They had to turn their not-for-profit culture into a (semi) profit culture. A commercial logic became necessary for their economic survival, and their ideological view was challenged by a pragmatic view. More and more package deals, involving commercial sponsoring, were

made with so-called third parties (Brockhoven, 1988; Geval, 1990; Verpalen, 1990). Obviously, this type of shift to a marketing approach involves a lot more than just the development of new ideas and products. It requires a reframing of professional orientation, both at individual and at organizational level (see section 8.2). In Bourdieu's terms, their 'interest in desinterestedness' in economic capital was put to the test (see Chapter 6, section 6.4.).

The introduction of commercial television and the subsequent survival strategy of the public broadcasting service also called for changes in programme policy. During the last five to ten years new television departments, so-called 'infotainment' departments, have been developed. It is important to note this, for this change makes the integration of entertainment and education more feasible.

As indicated in Chapter 6, current trends always influence the amount and type of media coverage. In the eighties, the environmental topic was a current media issue and some of the television programmes in this study profited from that. Later, media interest in environmental issues faded away. Health communication issues, such as healthy diets and low-fat food consumption, were more difficult to deal with in entertainment television genres. As one television professional said: 'you cannot throw with food in gameshows' (Stokvis, 1996) and as another said 'you cannot dramatize a meatball' (Galensloot, 1996). In these cases, health organizations had to make an extra effort and needed to develop an active media policy. This brings us to internal conditions that play a crucial role in the decision to collaborate with the television industry: forms of capital and organization policy.

Internal conditions: capital forms

When health communication organizations and television organizations negotiate about a collaboration partnership, exchange of capital is needed. The work of Bourdieu has already been discussed (see Chapter 6). Health organizations certainly differ in the form and amount of capital they have [2]. Some have a media budget for developing an E&E television programme, and some do not. They all, however, have a vast topical expertise (cultural capital) which is difficult to find elsewhere, and interesting networks that include significant and powerful key individuals (social capital). All forms of capital can be negotiated and valued in terms of money and their possibilities for exchange have to be carefully examined.

Television organizations also have to offer enough capital to be an attractive negotiation partner. Their capital consists of the production skills and knowledge to make a successful television programme, access to the medium, a good time slot and the power to broadcast (cultural capital). Being aware of these different forms of capital and having the skills to make them profitable in the negotiation are important factors in the collaboration process (in section 8.2 this will be further elaborated). When health and television organizations have poor access to such forms of capital, the likelihood of an E&E collaboration taking place will be very low.

2 There are health organizations who raise their own funds, and others who are (partly) dependent on governmental subsidies. Both types of organization were part of this analysis.

Organization Policy

Traditionally, national health organizations have non-revenue goals. Because of the shift to output financing already mentioned however, marketing objectives and revenue goals are featuring more and more as leading concepts in present organization policy. This causes an identity crisis in several health organizations. The core business of the organization is being put to the test. Many organizations need to expend much energy on their struggle to survive, and are focused more than ever on finding interesting new projects with additional financing. It is all too clear that health organizations need to ensure their position in a competitive market. This is true both for health communication organizations who are dependent for their annual income on fundraising, and for government related and subsidized organizations. National health organizations also realize that they have to compete with each other for the attention and goodwill of the public. Their communication output nowadays needs to be recognizable as a product of the specific organization.

In television organizations there was a time when a dichotomy existed in the sense that television programmes had to be either entertaining or educational. This dichotomy was reflected, among other things, in the segregation of information departments and entertainment departments within broadcasting organizations. Television professionals belonged to either one or the other division and often a certain disdain was manifested by staff in the 'hard' information department for staff in the 'soft' entertainment department (van der Meer, 1996). Within public service broadcasting, the news and information department and the entertainment department had their own budget and financial resources. If television professionals wanted to make an entertaining educational programme, they had to convince either one of the two departments to invest in the programme, or find additional money from third parties, such as governmental or private national health organizations. When commercial broadcasting became established however, public broadcasting companies had also to cope with the pressure of a competitive market. The rise of the 'infotainment' department was one answer to the need for more entertainment programmes in order to compete with commercial channels. The establishment of infotainment departments has made the development of E&E television programmes more feasible.

Collaboration motives

After evaluating the external and internal conditions in the orientation stage, both health organizations and television organizations have to decide whether to collaborate or not. In this research both partners were asked for their motives for collaboration and for their 'give and take' options.

Health communication professionals stated that the motives for their organizations to collaborate were manifold. They all wanted to reach a large segment of the Dutch population in order to educate the people. In nine of the twelve cases, the E&E television programme was part of a larger campaign and was meant to set the agenda for the public and to serve as an organizer (in the case of a series of programmes) or as a national 'kick off' (in the case of a once-off television programme). Some of them also wanted to experiment with new methods as part of their health promotion strategy. Very few of them had only health communication motives however. Most of national health organizations also had a strong need to be exposed to the public, either to highlight the value

of their organization in Dutch society (self legitimization), or to change their traditional image to a modern 'television' one (increasing their symbolic capital), or to compete with other organizations in the field. In addition, by the 'push and pull' mechanism of the television programme, organizations wanted to 'sell' their products, such as brochures, diskettes, books, etc. Another additional and more mundane motive for starting a specific television programme was that, through the new financing available for the television project, staff members of the health organization could ensure the continuation of their jobs.

Television professionals wanted health organizations to be straight about their collaboration motives. Sometimes they noted that the main motive, changing health behaviour, was accompanied by other less explicitly stated, but also important motives, such as recruiting members, or selling products. This proved to be confusing. As one television professional said: *'I want them to tell me frankly what they want to achieve with the programme, no matter how mundane that is, but no hidden agendas'*. Their own motives as television professionals were also various. They mentioned finding (additional) finances for programme development, being in business and accepting the challenge of an experiment to make both an informative and entertaining television programme. This duality of an idealistic component (information and education) and a commercial component (advertising and sponsorship) is seen in most media products nowadays (Hendriks, 1995).

It was clear in all twelve E&E collaboration processes that both health communication and television professionals wanted a television programme with a high entertainment value and high viewer rates (cooperative motives). However, they diverged in interest (competitive motives) in the final aim of the programme, in the sense that health communication professionals wanted to influence the audience's knowledge, attitude and behaviour and television professionals did not *per se*. Health communication professionals had a clear view of how they would like the audience to live their lives. Television professionals were not at all interested in this topic. Both types of professionals had different ideas about the 'receiver' and of the morality that guides their profession.

8.1.2 *Crystallization*

After the final decision has been taken by both partners to collaborate and to develop an E&E television programme, either by co-production or inscript participation, the agreement has to be worked out in a contract, and the briefing for the programme has to be undertaken.

Contracts

According to the data in ten out of the twelve cases, the initial idea and suggestion for collaboration originated from the television professionals' side. In almost all cases, the contracts that were signed were based on standard contracts of the broadcasting organization or production company. Health organizations did not have much experience in this. When government related organizations were involved, the 'Rijks Voorlichtings Dienst', a governmental information council, assisted with contract negotiations. This was of special importance because of the media regulations that existed at that time. Although this often cost a lot of extra time and money, it was seen as worthwhile in the

end. Other health organizations hired a media lawyer to screen the standard contract and make suggestions for modifications.

Contracts consisted of several agreements, varying from the amount of money involved and the conditions of payment, to mutual responsibilities, the kind of publicity and follow up activities, and the re-use of film material. Outline contracts were agreed upon, not the details, but television professionals and health communication professionals had different views about what were outlines and what were details. Most smaller issues were not formalized in contracts, but had to be agreed upon on the work floor. An important element in the contract concerned the role of advertising and commercial sponsoring. Interesting 'business' options from the perspective of the television industry sometimes interfered with the non-profit intentions of the health organizations. One way to avoid misunderstandings was to make clear agreements. Often the formal contract was supplemented with an editorial statute in which the working and decision process and mutual responsibilities were stated in more detail.

The time spent on negotiation and waiting for the contract to be officially signed was often remarkably long, due to bureaucratic procedures within the health organization, but also due to the fact that the health organization had to respond to a standard contract from the television organization. These standard contracts did not include all the needs and wishes of the health communication partners. Health organizations wanted more guarantees than television professionals initially gave. In several cases, the contract negotiations came under great pressure because of the deadline of the production process itself or because of the end of the budget year. It is well known that time pressure has effects on negotiation. Pruitt and Carnevale (1993) mention several studies which have shown that time pressure produces lower demands, less ambitious goals, faster concessions and faster agreement. A slow progress in negotiation had, however, some advantages, consciously or sub-consciously, for the health communication organization. As long as they had not signed the contract, they felt they were in charge and had control, because of their economic power. This power was also recognized and acknowledged by television professionals. They said that when they met health communication professionals or their organizations for the first time, they always tried to find out who would be on their side and who would not, in order to be able to manipulate before being manipulated. In such a case they said they would try to seemingly please those who were against them in order to disarm them. They confessed that in the initial negotiation stage they sometimes promised more than they were able or willing to deliver. As one of them stated: *'...We butter them up from here to Tokyo... We promise the earth and give them as little as we can or just as much as does us no harm...'* Health communication professionals said that after the contracts were signed they felt a world of difference. As one said: *'As long as the money is not handed over, the power is in our hands, but as soon as the money is given, the television organization takes over. I did not like this power play'.*

The negotiations were conducted in almost all cases by the directors or heads of departments and not by the middle managers who were later responsible for the daily collaboration process. Some of these middle managers did not even know exactly what had been formally agreed, nor had they had any influence on what was agreed. This was especially true for the television industry. Scriptwriters, for example, did not know what their 'bosses' had promised to health organizations. This led to great annoyance and dis-

turbances on the work floor. In these cases, health communication professionals had to explain to their collaboration partners what the contract entailed and what they expected of them.

In a multi-client collaboration, a two- or threefold contract was needed: (1) between health organization and production company, (2) between production company and broadcasting organization and (3) sometimes between more collaborating health organizations or their subsidiaries. When these multi-fold contracts were not signed by all parties involved, and things went wrong between two parties, the third party could do whatever it liked. For example, an independent producer made contractual promises to a health organization about time slots at prime time. When the broadcasting organization, who had final authority over time of broadcast, suddenly changed the agreed time slots, it could do so without being liable for breaking the agreement. This taught health organizations to sign a contract not only with the party who was primarily responsible for the production of the television programme, but also with any other parties involved.

Signing contracts helped to stabilize the collaboration process, but it was no guarantee that problems would not arise. There were no clear breaches reported, but health communication professionals experienced several breakings of 'gentlemen's agreements', which caused their disappointment or mistrust. In one case, for example, the production company, without the consent of the health organization, made and promoted brochures about the prosocial issue, with the logo and other promotion visuals of the programme. The brochures of the health organization, all carefully designed according to health communication principles and ready for distribution, were not mentioned. In this case, there had been no clause about the production of supporting printed matter in the contract.

When contracts are signed and agreements are not honoured, there is always a possibility of legal sanctions. The data in this research showed that legal sanctions, in the sense of going to court, were not taken. Health organizations sometimes did sanction in economic ways, for example by threatening to stop paying or to pay less. Problem solving by 'third party decision' was never chosen.

Briefing

In the crystallization stage, a clear and thorough briefing is essential. In most cases, the E&E television programme was part of a larger campaign. The objectives of the campaign were the basis for the briefing. Strangely enough often no specific communication objectives for the television programme were stated.

Health communication professionals indicated that the briefing was always based on their consultation with experts, within or outside the organization. Particularly when the television programme had a high information content (talkshow, variety infotainment show), the scientific state of the art was established by consulting experts in the field. These consultation sessions were important to assess the needs and demands of the target group and to create a solid ground for implementation.

Usually the briefing was given both orally and on paper. Some collaboration partners indicated that they reserved special time for this purpose and organized a sort of 'briefing retreat' in an informal atmosphere. In these sessions, health communication professionals became aware that television professionals did not like to be bothered by aims and goals of a campaign or policy documents and that a briefing was sometimes

felt as a restriction of freedom. They often discussed the briefing only with the producer or the head of the editorial team and not with the creative artists (scriptwriter or actors and actresses), to avoid these 'creatives' becoming frustrated or blocked.

It is obvious that the 'weight' of a briefing in a co-production or inscript participation differs. In inscript participation, no specific new programme is designed and the format and genre are already established. The setting of the series, the main characters and the genre specifics are already fixed. When health organizations participated in an already existing drama series, they only described the aims and goals for the specific episode(s). The role of the briefing coming from the health communication organization in that case was a minor one. More crucial was the initial briefing in co-productions. In these cases, a new television programme was designed from scratch, and the involvement was more intense and the briefing more important and elaborated. In the case of an E&E drama series, the role models of the characters were in some cases designed and crafted according to social learning theories in order to attune the programme to the needs and culture of the target group and to satisfy health communication aims and goals.

There was a large difference signalled in working along systematic plans, as health communication professionals are used to, and working along creative impulses and visual perception, as television professionals are used to. A tension between these different work styles was frequently mentioned by both health communication and television professionals. Television professionals said they wanted to have creative control over the television programme. Often during the brainstorming, the sky was the limit for the creative television team, while the health communication professionals claimed to keep both feet on the ground, and were hard to 'fire up' (see also Chapter 9, section 9.5.).

8.1.3 *Production*

In this section, a description will be given of the production process: the script phase, the shooting and the editing.

Script

The kind of participation of health communication professionals in the editorial board was dependent on the partnership arrangement. In the case of inscript participation (in drama series), the outlines of the scripts and the dialogues were sent to the health organization for their approval and/or comment concerning the specific health issue. In such cases, health communication professionals often faxed or telephoned their remarks within two or three days, and only attended the editorial meetings about the relevant episodes. In the event of serious problems or dissatisfaction an extra meeting was arranged. In most cases, however, the partnership arrangement was a co-production. In that instance, health communication professionals acted as 'delegated producers' and had extensive editorial roles to play, and all the editorial meetings were attended. These editorial board meetings (or E&E team meetings) were always scheduled at the office of the broadcasting organization or that of the (independent) production company. In one case, during the crystallization stage, the health organization deliberately invited the editorial team to come over to its office, in order to make a 'power' statement. They wanted to play the game on home ground. This was agreed under protest from the

television professionals of the editorial team, who complained that many of them were stuck for time because they were also involved in other television programmes. In that case the contracts had not yet been signed and the TV people were more willing to come over to the health communication organization at that stage than in the production stage.

One, sometimes two, health communication professionals usually represented the health organization at the editorial meetings, while between five to ten on average (in one case around twenty) television professionals were on the other side of the table. Health communication professionals said this was difficult for them to deal with and that it demanded a lot of negotiation skills. They said that one way to deal with this was to invest in a personal relationship with the most influential television professionals on the editorial team. Informal contacts after the editorial board meeting, having a drink or personal telephone conversations helped to get things done their way. Health communication professionals said they also prepared very carefully for the editorial meeting, especially when there were two or three of them present, in order not to get overruled or divided. They allocated tasks (they alternated, for example, the 'bad guy' and 'good guy' roles) and arranged 'set pieces' to score more effectively.

In the eyes of health communication professionals, many television professionals did not give enough thought to the theoretical notions of communication and the (pro or anti) educational impact of the television programme. As one health communication professional said: *'They hurry shooting and filming and think it will be OK as long as the pictures are nice.'* Health communication professionals had other ideas and opinions about effective communication and found television professionals more easily satisfied with the product than they were themselves. In the perception of health communication professionals, the minds of television professionals (especially the creatives) were constantly wandering in creative realms. They found it difficult to have discussions with them and found their argumentation style often 'rather sloppy'.

Health communication professionals found that television professionals also tended to 'overshoot' the health item, often making it too exceptional and stereotypical. As one health communication professional said: *'They only show the negative side of the coin, claiming that this is what the audience likes to see and hear.'* Television professionals on the other hand claimed they had often warned health communication professionals that television is a superficial and volatile medium and that, in order to have audiences stay tuned to the programme, they have to shock the audience by emotions or humour. They wanted health communication professionals to understand that sometimes one needs to 'twist' the health message a little - as long as one is not lying - in order to make the health message more communicative and organic. Television professionals regarded the translation of health messages in 'televisualized' pictures and stories as their profession. Health communication professionals indicated that, in their eyes, television professionals often promised heaven on earth and then failed in their promises. They got the impression that television professionals sometimes said that they knew and understood what health communication professionals wanted in order to forget this and do whatever felt good to them: like saying 'yes' but acting 'no'.

According to television professionals, health communication professionals knew little of television genres in general, and were not used to reading scripts. As they were not able to visualize the script in actual performance, television professionals found it

difficult to discuss the scripts with them. They said that health communication professionals should not only be able to read the scripts, but also have an eye for programme quality. The latter, according to television professionals, goes far beyond saying whether they personally like a script or not. From the point of view of television professionals it was a handicap that health communication professionals knew nothing about how television works. Not knowing the essence of television, television professionals said, the power of health communication professionals is vitiated, and that this made the creative process very laborious. In drama especially, they reported that in some cases dramatic lines were killed off because of the health content that needed to be built in. They said that actors felt emotionally blocked by health content-related dialogues. Television professionals stress that actors can only perform when they bring themselves to an emotional climax and that this became difficult when they had to talk about serious items that felt like a *fremdkörper*. When, in their eyes, the 'brute' content approach clashed with the subtlety of the drama line and dialogues (such as talking about condom use while love making), this became a source of irritation on the work floor.

Shooting

When the scripts were agreed upon, the shooting could start. In some cases it was reported that the shooting had already begun before all the scripts were finalized. This was the ultimate form of the prisoner's dilemma, and put a lot of pressure on both collaboration partners. None of the twelve E&E programmes was broadcast live. All of the programmes were studio- or prerecorded, some with semi-live interviews inserted.

Health communication professionals said they were present during most shootings, but did not have much power to intervene. It was only when significant mistakes were likely to happen that they prompted the director to stop shooting. This was strongly discouraged by the latter however, as every reshoot cost extra time and money. On the other hand, some television professionals said that the presence of the health communication professionals prevented them from making mistakes and being blamed for them. There was clearly an ambiguity in their tolerance. In general, television professionals disliked it when health communication professionals showed up on the set during shooting, unless they experienced it as a stimulating and rewarding visit. They liked it when health communication professionals openly showed their appreciation and respect for the way the actors dealt with the health message. On reflection, health communication professionals said that they realized that they needed to have a greater input into the script at the discussion stage with the editorial board rather than relying on making last minute changes at the shooting stage.

Editing

When shooting was complete, the rushes were finalized and edited in the editing room. Some health communication professionals had contractual agreements to be present at this final editing, but most of them did not. For those that had, this was their last chance to exercise programme control, though this control was very minor. The only option they had during this editing stage was to cut a scene or interview fragment, but not to alter it. Sometimes, additional or alternative fragments were available in the surplus material and could be used, but this was seldom the case.

Health communication professionals found that their presence in the editing room

proved especially important when pre-recorded semi-live interviews were being inserted into the television programme. These interviews had not been part of the original script and therefore had not been discussed with them during the editorial meetings. Even when the editing stage did not allow for remakes or changes, the viewing of the final product helped health communication professionals to anticipate unwanted side effects and to take remedial measures.

8.1.4 *Implementation*

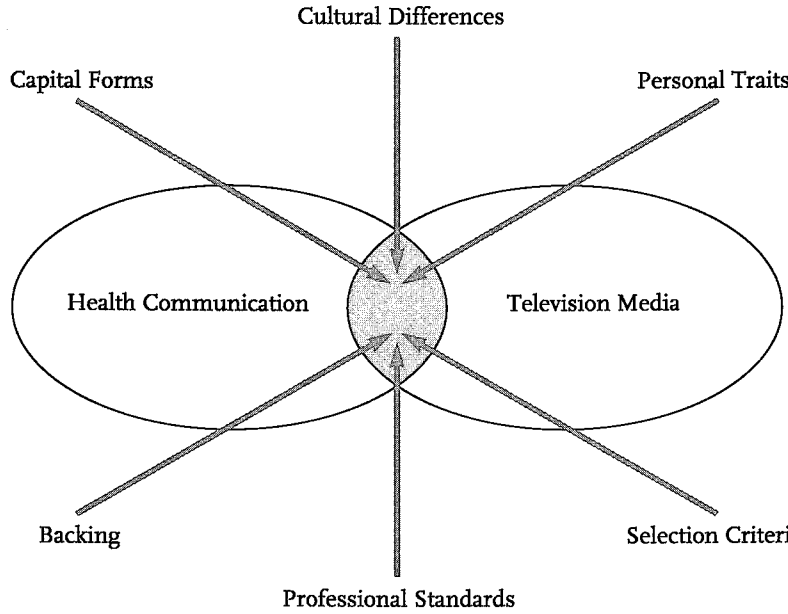
The viewing rates were available to each partner on the day after the broadcast of the programme. At that stage, television professionals regarded their job as finished. Health communication professionals reported having the impression that television professionals were only interested in the programme's short term effects and not in the 'aftersales service'. For health communication professionals, however, work continued after the *broadcast.* Health communication professionals mentioned the need to take care of and coordinate *follow up* activities, as in most cases the television programme served as the 'kick off' or as 'organizer' of a larger communication campaign. They also had to pay attention to the *summative evaluation research.* Ten of the twelve television programmes under study have been evaluated, some more substantially than others. Several types of research were used, varying from target group analysis, pretesting, formative and summative evaluation research (see Chapter 5 and Appendix I).

The specific experiences of the collaboration partners of the twelve E&E television programmes are analyzed in the following section in order to elucidate how health communication professionals and television professionals dealt with the collaboration process.

8.2 Facilitating and hindering factors

The aim of this section is to describe the facilitating or hindering factors that, according to the interviewees, influenced the E&E collaboration process. The results of the research will be commented upon in line with the six sensitizing concepts that were used (see also Chapter 7). The following figure shows one important difference from the figure in Chapter 7: 'Genre Features' is now included under 'Selection Criteria', while a new factor 'Backing' has been added. This is due to the outcome of the interviews. It appeared that, for most professionals, all kinds of decisions (this included the element of choosing for a specific genre) were seen as belonging to the category 'Selection Criteria'. Consequently this aspect was placed under 'Selection Criteria'. The interviews also showed that 'Backing' (support of others within and outside of their organization) was a key element for most professionals in their experience of the collaboration process. Hence 'Backing' is included in figure 8.2.

Figure 8.2 E&E collaboration aspects



8.2.1 Capital forms: economic capital

Nine E&E partnership arrangements in this study were co-productions and the other three, inscript participation. All the E&E television programmes were substantially paid for by the health organizations or by governemental subsidy.

Economic capital was the most mentioned capital form. The amount of money health organizations could spend on the development of a television programme determined their access to the media. Sometimes this access was relatively poor, bearing in mind that health organizations contributed considerably to the budget (sometimes even between 50 percent and 100 percent). In the opinion of television professionals, health organizations were the 'visiting' and dependent party. Some said that health organizations were allowed to join more for the money than because they shared the same ideas and goals. Health communication professionals said in the interviews that some television professionals made it clear that, if it was not for the sponsor money, they would rather not work with them (however, after having said this, they collaborated professionally, according to the health communication professionals). They noticed that television professionals often seemed forced to act like small businessmen. They understood that, in the tough and competitive media world with its regime of viewing figures, television professionals had to take care of their own interests in order to survive. Television professionals stressed that the television industry is a professional business and not a playground for hobbyists. As one television professional stated: *'even politicians in The Hague forget that this is an important branch of business and that the entertainment industry is the second largest industry in the world'*. Most television professionals

regarded themselves neither as servants of society nor volunteer advocates of prosocial issues. Health organizations had to put their money on the table like everybody else, or there would be no collaboration. They said that some health communication professionals were even so naive as to think that television professionals would serve their prosocial cause for free. In those cases they were inclined to teach them: this is the 'real world', where nothing is for free.

It was obvious that health organizations with a large media budget had more negotiation space for access to the media. This did not mean, however, that lack of finances made a collaboration impossible. Sometimes, when health organizations had no media budget of their own, they assisted television professionals in finding additional funding either from other (non-)profit organizations or via governmental subsidies. In the latter case, these health organizations often served as the formal (co-)applicant for the subsidy.

Other economic capital forms, besides money, that were also implicitly mentioned were the provision of important shooting locations which television professionals would otherwise have difficulty accessing, the supply of follow up information material (brochures, posters or a telephone help line), or the provision of clothing and sportswear (with the logo of the health organization) for candidates of gameshows.

Cultural capital

A powerful form of capital mentioned by both health communication and television professionals was 'topical expertise', both scientifical and practical. Health communication professionals regularly pointed to that part of their contribution to the collaboration process. As one said: *'There you are as a health communication professional with a lot of know-how and expertise. They bleed you dry, and get it all for free'*. Television professionals were aware of this, as one stated very clearly: *'If I want to make a programme with you, then I need not only your money, but also your know-how and your network of specialists in the field. Only if you agree with that, can you get access'*. Television professionals found it normal that health organizations provided this information for free, because, as they said, it was in their own interest that their health message would be designed correctly. They could not imagine that health organizations would sent them a bill for their editorial service, because as one said: *'it is the core business of health organizations and their higher goal to educate people'* and *'if they did not give this service we would go to another organization'*. Health communication professionals said that where free publicity was involved they indeed gave this information to the media for free, as a part of their public service task. However, now that they were often substantially paying for the television programme, they expected a better client-oriented relationship, in which a lot of editorial and other work would be taken out of their hands.

Health organizations expressed major concern about keeping their knowledge system and expertise up to date. They realize that if they do not succeed in this, it will limit their capability to turn this 'cultural capital' to economic advantage. As project financing with fixed and limited budgets comes more into vogue for health organizations, they will have to play off their cultural capital in the initial negotiation process, offering their expertise and knowledge and information system as a part of the deal. Some health organizations succeeded in using their 'cultural capital' to the fullest by supplying their own permanent experts as co-hosts on the television programme. Of

course, this could be done more easily in a talkshow or magazine programme than in drama or soap series.

Other items, besides specific expertise, that were mentioned by health communication professionals as part of their capital stock, included goodwill, an independent scientific status and a reliable image. As one cleary said: *'our name, our trustworthiness, is our exchange capital. Our logo is the most valuable, because it represents independence, scientific reliability and accountability'*. They were well aware that sometimes their health or other prosocial issue served in commercially sponsored television programmes as an 'idealistic' varnish to highten the image of the commercial sponsors in the programme. In these cases they knew they served as 'bait to catch fish', but as long as the influence of the commercial sponsors did not conflict with their message, they did not mind.

Social capital

Being a centre of expertise also means having a powerful network. National health organizations know 'who is who' in their field. Health communication professionals said they used their social network extensively to facilitate television professionals in their work. They facilitated in arranging introductions for and interviews with specialists in the field, academics, researchers or lay persons. This role of serving as 'database and information desk' was of great value, often also mentioned by television professionals. The latter said they were very happy if they could work with health communication professionals who had direct access to interesting data and experts. This was especially the case in television genres with a relatively higher information content, such as talkshows, magazines and infotainment shows. Often the television professionals in charge had a journalistic background and style of working.

Social capital was not something that health communication professionals spontaneously mentioned however. They recognized the fact that they had important networks, a good name and fame, but they took that for granted and did not perceive it as something to capitalize. Television professionals knew how to exploit this. They had seen that, by merely mentioning the word 'television', all kinds of people - experts and laymen - were willing to cooperate. It was presented and regarded as a personal and professional opportunity to create a distinct profile. Health organizations, however, sometimes became annoyed at the exploitation of their networks by television professionals. Several health communication professionals complained that television professionals did not treat important key persons from their networks correctly, that this led to loss of goodwill on the part of their organization (loss of social capital), and took time and energy to redress.

A bold new perspective on social capital was proposed by a representative of an organization with a high membership. This organization could offer television professionals higher viewing rates and consequently a better advertising income for the broadcasting company, because it was able to mobilize its members and stimulate them to watch the specific television programme. As the relevant health communication professional said: *'My capital is called "members". I do not bring money, but I mobilize people, I deliver audiences'*. Access to these specific groups in society was regarded by this organization as an interesting form of exchange capital.

8.2.2 *Cultural differences*

Health communication professionals described their own cultural organizational sphere as bureaucratic and formal. They often had to consult others (board of directors, superiors, colleagues) to make decisions. Television professionals became annoyed by this bureaucratic work style, as one television professional indicated: *'Good professionals in television know how to work independently. We don't have a culture of consultation and formal meetings. Of course we consult each other, but it's more doing than talking. And all you come across are those health communication professionals who first have to consult their superiors or others in the field, mainly for strategic reasons, to avoid conflicts or problems'.*

Television professionals said they experienced the slow decision making processes in health organizations as an annoyance. Although they understood that in some cases organizations needed more time (because they were dependent of government subisidies for example), in their eyes slow decision-making processes caused many missed opportunities. In some cases, television professionals suggested the incorporation of more 'inserts' and 'spin off' material from the television programme (such as a popular song on CD, new campaign material, comic books). They regarded this as potentially lucrative for the health organization. However, due to the internal policy trajectory and slow decision procedures, the health organization could not 'deliver' in time and the opportunity was lost. Television professionals were acutely aware at such times of the non-profit culture of the health organizations and found it an 'unworldly' waste of time and money. As one said: *'I find these organizations frumpish, not working along modern insights, while having so many means at their disposal'.*

A prominent reaction among health communication professionals was how demanding and time-consuming the making of a television programme is. It often left them no time to do their other regular work at the office. They had to spend a lot of time reading scripts, telephoning or faxing their comments and supplying and checking the content of the message. They experienced the organizational setting and social context of programme production as hectic, ad hoc, informal and demanding quick and pragmatic decisions. Health communication professionals indicated that within their own organization they could normally spend more time on reflection. Television professionals emphasized that, during the production stage, they were intensively involved in their programmes, working round the clock for short periods to get the product they wanted. They knew that health communication professionals were used to working from nine to five and not to being on call for twenty-four hours a day. Television professionals said they were used to working with deadlines and to working like crazy to finish the programme on time. The stress of deadlines fuelled their creativity, as one said: *'you constantly challenge the deadlines, because you always want to make the most optimal programme'.* They indicated that the culture and working process of health organizations demanded other time dimensions. As a television professional said: *'What bothers them is that we work on very short terms. They want to have detailed programme information months beforehand and find it ridiculous that we just start working in top gear three weeks before broadcasting. That is a great source of irritation for them, but that is how television works'.*

Because of the freelance culture of the media industry, new television professionals were often hired for a job to replace other freelancers. Health communication professionals found it a waste of time and energy to deal and talk with these many 'new faces' all the time. They said that they had to take time again and again with these profesio-

nals to explain their work and their philosophy about health communication. They complained that this caused a systematic undermining of their intellectual and social investment in their collaboration partners.

In the eyes of health communication professionals, producers and broadcasting companies often took many risks. They fired actors or show hosts and replaced them at the very last moment. In a market where so many freelancers are looking for work, high salary demands often precipitate dismissal, because there are enough competent replacements to be found.

Adaptation to the other partner's organizational culture seemed to occur less on the part of the television professionals. Operating in their own territory, they did not need to adapt so much to the organizational culture of health communication professionals. Often only slight adaptations were made, without fundamental implications for their own daily practice.

8.2.3 *Personal traits*

The personal traits and skills of the collaboration partners were also mentioned as factors that influence the outcome of the collaboration process. The way in which these traits and skills were experienced and perceived by the counterpart determined whether each individual skill or characteristic was a stimulating or a hindering factor. The present research examined how health communication professionals and television professionals perceived each other's personal traits and professional standards, and what they said about their effect on the collaboration process. This was done by reviewing the interview data from four different angles: (a) the way health communication professionals perceived themselves, (b) the way they regarded television professionals, (c) the way television professionals perceived health communication professionals and (d) the way they regarded themselves (see Chapter 7: mirror research design; see table 8.1).

Many health communication professionals said they found themselves ill-trained negotiators. Though they found they were often right in their judgement, as they said, they did not get the desired result, partly because they failed to sucessfully play the game of 'give and take'. A strategy to overcome this problem was to invest time in making informal contacts, especially with important key persons at the production level. At that point they had to carefully balance their decision to 'go native' with the risk of losing negotiation leverage.

According to health communication professionals, television professionals could be very arrogant, like *peacocks* showing their feathers. They said that some of these 'peacocks' proved to be very vulnerable however, when it came to their ego. The creatives in particular often gave the impression that they needed to be liked and treated with special care and attention. As one health communication professional said: *'Before we talked to the scriptwriter, we were warned about his sensitive nature and requested not to upset him too much.'* Television professionals recognized this and said that different kind of rules, based on emotions, govern their world. They referred to their own media culture as being dominated by personal ambitions, intrigues and gossip. As one television professional stated: *'this world is like a zoo, with birds of different feathers. You have to reckon with all kinds of emotions and egos'*. Some television professionals acknowledged in the interviews that they were sometimes bloody-minded and tough to handle and also found themselves extrovert and direct.

Health communication professionals indicated that they perceived television professionals as being very self-centred. As one said: *'They still think that as soon as they show their cameras, everybody will jump to attention, eager to be on television'.* Health communication professionals got very annoyed when some (young) television professionals tried to score for themselves instead of for the project. They felt that in these cases they had to manoeuvre subtly and that they continuously had to attribute (even when this was unjust) the authorship of the creative idea to the 'artist'. In this sense, they felt the pressure of having to act as full-time diplomats. Television professionals said they also often had to manoeuvre. They did not like the ritual dances of long meetings with health organizations, where they had to be endlessly subtle and tactical. They found health organizations often arrrogant, working in ivory towers, having a paternalistic, 'do-gooder' attitude towards their target groups. Health communication professionals were often regarded as 'dull moralizers'. Though they appreciated the dedication of health communication professionals to their mission, they found many health communication professionals unable to distance themselves from their own prosocial message and to put things into perspective. They had difficulties in convincing health communication professionals of their point of view. They found health communication professionals often rather rigid and detailed in their demands for correction of editorial content. They said that in those instances health communication professionals often came with background literature and with facts and figures to teach the 'simpleminded' creative professionals a lesson. Television professionals, however, regarded their so-called 'simplemindedness' as a realistic down-to-earth attitude, in the sense that they knew that facts and figures would not entertain.

They found it especially disastrous when health communication professionals wanted to be 'on television' boosting their own ego's and promoting their own personal goals and interests. According to television professionals, this type of health communication professional proved to be the worst possible partner with whom to collaborate. A comedy writer told how he disliked health communication professionals who disapproved of a script because they did not find it funny themselves. Television professionals said that sometimes health communication professionals even started to write storylines, acting as co-writer, or suggested casting their friends or relatives for a role in the series.

According to health communication professionals, television professionals seldom showed or admitted their insecurities. Hence they found it difficult to share their own insecurities about a certain programme approach. If they did so, they were afraid that it would make them extra vulnerable or that they would fall from grace. As a health communication professional said: *'If they don't like you or what you represent, they find creative ways to undermine your presence.'* Health communication professionals noted that, in editorial meetings, television professionals expected and wanted cut and dried answers from them, demanding a clear judgement, either yes or no. Sometimes fights about editorial control were intense. When health communication professionals were able to make their point adequately however, their comments were rather easily accepted by the television professionals (often only when it had to do with the correctnesss of the health message). After such disagreements, however, the television professionals bore no hard feelings. Some health communication professionals indicated that this surprised them. In their own culture, these things were often quite different.

Television professionals stated in the interviews that they noticed that health organizations had a fear of populism, and a fear of becoming involved in popular culture. Television professionals regularly felt the disdain that health organizations had for popular entertainment and experienced a lot of initial suspicion and mistrust coming from health communication professionals and their organizations. As a television professional said about a health communication professional *'he was such a turtle, showing his head now and then, quickly withdrawing, when he got afraid'*. The comparison with a turtle goes beyond this single interview. Health communication professionals were regarded by television professionals as trustworthy and solid, but quickly withdrawing when things became too dangerous or difficult.

8.2.4 *Professional standards*

Television professionals said that on a personal level they liked being able to communicate straightforwardly with health communication professionals, because there were normally no hidden agendas. They felt that health communication professionals respected their work. They were aware that health communication professionals showed more interest and respect for their profession than the other way around, and that their interest in health communication professionals was rather poor. They often had no clear idea of what kind of contribution they could expect from health communication professionals. They wanted facts and figures about health related topics and expected health communication professionals to supply these. When the health communication professionals turned out to be social scientists or communication scholars, they were often confused. They expected to collaborate with topical experts, delivering editorial input, and not with communication experts. The communication specialists or social behaviourists among health communication professionals had to position themselves often again and again and had to explain their expertise to television professionals. This was not always easy, because television professionals claimed they were the ones who knew how to communicate on television. The subject specialists among health communication professionals fitted better with the expectations of television professionals as there was no overlap in expertise in these cases.

Television professionals indicated that they were especially focused on audience satisfaction, high appreciation and viewing rates, making sure that viewers did not switch off or change to another channel. They selected the most interesting bits of the total health message in order to guarantee the entertainment value of the programme. Subject specialists among health communication professionals, especially the 'transfer of knowledge' oriented types, found this selection subjective and undesirable. The more 'social marketing' oriented types of health communication professionals had less difficulty with that. They accepted that, in order to hold the attention of the public, television professionals had to select the information and had to choose very carefully what to tell and what not to tell.

Most health communication professionals said they were newcomers to the television world and that they hardly ever watched television, especially popular entertainment programmes. They found out that they were not very 'television literate' and not very good at thinking in visual images and in quickly giving practical examples and alternative solutions for a 'message design' problem. Their television illiteracy seemed to cause a communication gap. In general, health communication professionals felt 'han-

dicapped' by their theoretical and scientific background. Shifting between a theoretical concept and a television concept was often very complicated for them, although most of them stated explicitly that they enjoyed this creative component in the E&E collaboration. As one health communication professional said: *'I found the editorial meetings very inspiring. I enjoyed driving to the studio, looking forward to being creative again'.*

Health communication professionals indicated that they always felt a natural tension during the collaboration, due to the different aims and goals and professional standards and perspectives that had to be reconciled. They were aware that, in general, television professionals did not like their influence on the programme. Television professionals said that they were willing to listen to health communication professionals so long as they could benefit from their expertise. They liked to collaborate with competent professionals. As one television professional said: *'The more competent and intelligent the player, the more interesting the game'.* They found it difficult to collaborate with health communication professionals who believed that they were competent players, but who in their eyes were not. Television professionals remarked that they had to work with different types of qualified 'health communication professionals'. Sometimes they worked with the director of the organization, and in other cases they had to deal with an *upgraded secretary.* Some of these pseudo-professionals disturbed and frustrated the process, due to their urge to 'score' and to be on 'television'. They did not know anything about television, but they behaved as if they were full-blown experts, television professionals complained.

Most of the time, television professionals found the authority of health communication professionals limited to the right to say 'no'. For every 'yes', they had to go back to their organization and consult their superiors. When health communication professionals represented more than one health organization, they had to balance the interests of, and pay deference to, each different health organization. This was an even more complicated and time consuming matter. As one television professional remarked: *'....and then he had to go back to his own little clique, which is also a bunch of crowing jays, of course...,'* referring to the internal competition and quarrels among health organizations, about who should get more or less media exposure.

In the perception of health communication professionals, television professionals showed a lack of interest and care about the possible societal impact of their programme. Television professionals said they regarded themselves neither as servants of society nor volunteer advocates of prosocial issues. In some cases, creative television professionals showed involvement in a specific prosocial issue and a genuine interest in the aims and goals of the health organization. In these cases though, television professionals were more intrinsicly motivated and seemingly more easy to collaborate with. According to health communication professionals, however, these television professionals had the inclination to ride their own hobby horses and to frame the specific prosocial issue according to their own ideas.

The collaboration partners' perception of each other's organizational culture, personal traits and professional standards can be summarized as follows:

Table 8.1: Perception matrix

Perception Matrix	Health communication professionals	Television professionals
Health communication professionals about ▸	a. Communication and content specialists Dedicated, involved Television illiterate, newcomers Scientifically and politically correct No generals but watercarriers, mediators Diplomats Ill-trained negotiators Down-to-earth	b. Hard working professionals Flexible, creative Short-term planners Ad hoc, hard to steer High self-esteem, *Peacocks* Belittling, patronizing Daydreamers 'The sky is the limit' Self-centred, not client-centred
Television professionals about ▸	c. Editorial assistants Dedicated, involved, moral commitment Television illiterate, afraid of populism Narrow-minded, moralizing, inflexible Solid, easily afraid, withdrawing, *Turtles* Sergeant-majors, firefighters No-sayers, slow decision-makers, unworldly	d. Hard workers, meeting deadlines Flexible, creative to the last minute Hard to handle, big egos Ruled by emotions Final responsibility for the programme Realistic, know what works Audience-oriented

Of course this is only a very abbreviated portrayal, but a comparison of the statements of both health communication and television professionals shows that there are significant similarities as well as differences. It is less easy to extract the extend to which the statements about each other may have had a 'strategic' value. According to Bourdieu (1998): 'In a field the different protagonists often have polemic images of their social counterparts: they use stereotypes or even insults. Such images often are strategies in which the power balance is the starting point for a struggle over either change or consolidation of the relationship. In fact such polemic images are ways of positioning, and more or less implicitly show the position of the one who expresses them' (Bourdieu, 1998: 58). Although most interviews had taken place long after the actual collaboration process, a form of 'strategic positioning' still may have played a role.

8.2.5 *Ideal collaboration partners*

From the interview data it appeared that both types of professional have an idea about their ideal collaboration partner. In this section, these ideas are compared in order to establish whether the images of the ideal partner exclude or include each other.

Both health communication and television professionals prefer a collaboration partner who knows his business, but who is also interested in the profession of the other. Television professionals mention in this frame the 'television (il)literacy' of health communication professionals, while the latter indicate that they like television professionals to have an open mind on the aims and goals of the health organization, and to accept the communicative expertise of health communication professionals. It seems that television professionals have more requirements in this respect than health com-

munication professionals. They demand more or less that health communication professionals adapt to their dynamic working rythm and the need for quick and accurate content information. *'That's the way it works in television'* is an often heard sentence, and seems to imply that television professionals want the game to be played in their half of the field. The data show that most health communication professionals accept this. When asked what the solution for the different working styles might be, health communication professionals indicated that in future collaborations they wanted better facilities to dedicate themselves more to the collaboration 'job', like more time and more authority to meet the demands of their collaboration partners. It is questionable, however, whether this will work. One clear wish of television professionals is that health communication professionals should not worry too soon and too much about the details, but should take care of the main line. They should trust their partners' professionalism, and just deliver what the latter ask of them. This conflicts, however, with the claim of health communication professionals that they have their own communication expertise, which cannot be covered by that of television professionals, and which interferes directly with the way their issues are dealt with in the E&E programme.

Understanding and respect seem to be very important for both partners. Health communication professionals have to be able to deal with big egos. This means that they must have good communication skills: social, intelligent health communication professionals compliment their counterparts whenever it seems appropriate and more. On the other hand, television professionals like a 'sparring' partner, who is not overruled or impressed too easily. In this frame the concept of 'television literacy' is mentioned again, but more specifically. Television professionals declare that the ideal health communication professional should be able to read a script and detect dramatic quality, and recognize artistic and dramatic possibilities for issue framing, but must also know when to draw back and accept that their issues are being dealt with in a way that fits with the television medium.

Television professionals like to work with health communication professionals who socialize easily, but their motives differ from health communication professionals. For television professionals it is part of their culture to relax with other team members after work. For health communication professionals, it is a way to gain influence. They may like the personal contact, but they also try to use it to their own advantage.

Health communication professionals accept the self-centredness of their collaboration partners, but only partly. As long as it serves the artistic and professional quality of the E&E product, they do not mind, but television professionals who just try to score for themselves are loathed.

Dedication and passion for one's work are highly appreciated by both types of professional, but this much valued trait has a tricky edge. For health communication professionals it is linked to professionalism. Television professionals adopt a slightly different angle: those who mention 'passion' as a desirable trait in their counterparts have a 'but': passionate professionals yes, but missionaries no. *'To be able to put things in perspective'* is the most-heard sentence in this frame, and often this has to be the television professionals' perspective, in which education has to be adapted to entertainment, rather than vice versa.

8.2.6 *Selection criteria*

According to health communication handbooks, a problem has first to be defined, then the determinants of the problem have to be described, to result finally in a specific communication strategy and method choice (Green & Kreuter, 1991). In practice, however, more than often a 'trigger' from outside or a 'unique' chance is responsible for the first step.

Strangely enough, specific choices in relation to partnerships were rarely made. The partners in the twelve collaboration processes under study indicated that somehow they just got involved with each other. Some television professionals made good use of their informal contacts and links with health organizations. Some had collaborated before and renewed the acquaintance. In nine out of the twelve cases, the initial idea and suggestion for collaboration originated from television professionals. The independent producer or broadcasting organization sought support and additional funding for their new programme ideas and created a programme concept based on the perceived needs of the organization. Being the initial creator of the programme idea had advantages as well as disadvantages. When the basic programme idea had already been developed by the producer or broadcasting organization, it was harder to attune the programme to the needs of the specific health organization. On the other hand, health organizations who had no previous experience in making E&E television programmes could wait and see what crossed their path. As one health communication professional stated metaphorically: *'I prefer to hunt rabbits with willing dogs, than with dogs I have to train first'*. Many health communication professionals stated, however, that in future they would like to be more pro-active, or at least be more conscious and selective in their choices of collaboration partners.

8.2.7 *Backing*

Health communication and television professionals clearly did not collaborate in a vacuum. Most E&E television programmes were part of a campaign involving other partners in the field. This demanded a careful orchestration of the different elements of the campaign. Health communication professionals, in particular, said they were tied to several other reference groups and important others. They mentioned their colleagues and board of directors within the organization, other health (communication) professionals in the health sector, their family and friends, and last but not least the press.

They needed the willing cooperation of colleagues, especially the subject specialists (e.g. epidemiologist, nutritionist, medical expert) in order to supply the television professionals with accurate data and information. If this internal service was lacking or not functioning properly, it was difficult for health communication professionals to perform well. Some said they felt jealousy or a lack of understanding from their colleagues because these often had no clear insight into the kind of collaboration process in which they were involved. Many health communication professionals found the overt results of their efforts rather small and difficult to explain to their superiors and colleagues within the health organization. Sometimes only slight recognition had been given to their wishes and demands. This put a lot of pressure on health communication professionals in charge of the collaboration process. On the other hand, health communication professionals vocalized how talking with relatives about 'their' E&E television project heightened their self esteem and helped accumulate their personal symbolic capi-

tal. People gave them credit, because association with the world of television is still appealing and exciting for most people. Television professionals in their turn were not impressed by collaborating with health organizations. Their often already existing 'big ego' could even be damaged by having to share the authorship of 'their' television programme with others: they thereby risked losing symbolic capital at a personal level. This seems to indicate that the prestige and 'ego' benefit for health communication professionals was greater than that for television professionals.

As E&E television programmes are not part of the core business of health organizations, some journalists wondered why and how such organizations decided to go 'into entertainment'. Television professionals said they noticed that some health organizations dissociated themselves from the E&E television programme if success lagged behind their expectations, or if they were attacked by others (press, government, board of directors, colleagues in the field, family members). Health organizations feared that negative press coverage, in particular, would affect their image and goodwill towards them and that this, in turn, would mean a loss of symbolic capital at an organizational level. Though television professionals could understand this, they felt it had a paralizing and demoralizing effect on the collaboration process. They noticed how health communication professionals in this position needed to work very hard to keep their own organization on board, and how, as one stated: *'they had to work like firemen fighting two fires at the same time.'*

8.3 Symmetry of power

Constant comparison of the interview data gave rise to an interesting picture. Several health communication professionals indicated that they found the collaboration, though interdependent in theory, rather dependent in practice. Interdependency presupposes an equal balance of power, but the television world was percieved as being far more powerful. Some even denied there was such a thing as 'collaboration' and called it rather *'a ride on a wild horse'*, or *'travelling in a fast train with destination unknown'*. In their opinion, there was an asymmetry of power. Comparing the collaboration to a football game, one health communication professional said: *'Usually the television professionals are playing the ball; only sometimes, when you play fluently, you can also score'*. It is interesting to look closer at these imbalances of power and at the question of whether television professionals experienced such an imbalance of power too.

In the open coding process of the interviews with health communication professionals (N=18), 187 segments were coded 'power(less)' while in the interviews with television professionals (N=12) only thirty-five segments were coded as such. Besides the fact that more health communication than television professionals were interviewed, this substantial difference in the number of 'power(less)'-coded segments can also mean other things. Either there is a real difference in (the perception of) power, or health communication professionals were more explicit about it than television professionals. The latter seems to be at least part of the explanation. As mentioned in Chapter 7, health communication professionals were very talkative about their collaboration experiences and willing to share their ideas and impressions. For some of them it was almost a 'therapeutic release'. They had very lively memories of their difficult and joyful moments.

They also stressed the importance of E&E collaboration research. For the interviewed television professionals, this type of research seemed to be of much less interest. They also showed more self-confidence and self-esteem than health communication professionals. The latter were often less secure about their own professional role and status in the collaboration process. As indicated earlier, in the opinion of television professionals, health communication professionals were the 'visiting' and the dependent party.

To get more insight into the issue of power, the coded interview segments were analyzed at a deeper level. It was found that the balance of power shifted during the collaboration process. In the early stages of the collaboration (the orientation and crystallization stages) health communication professionals felt they had more steering power and were more able to control and manage the collaboration process than in the later stages (production and implementation). Health organizations consciously and subconsciously delayed the moment of signing the formal contract in order to maintain the power to define and control the necessary conditions and contingencies. In turn, television professionals pressurized health organizations to sign the contract, and in some cases even started the production process before the contracts were formally signed.

The signing of the contract proved to be a turning point. In the production stage the collaboration process took on its own course and dynamic, and the balance of power reversed. Now television professionals found themselves in control. Health communication professionals had to do their utmost to adjust to the dynamic of television making. They described this dynamic as unpredictable and uncontrollable, using metaphors such as *'fast moving trains,' 'galloping horses'*, or a *'whirlwind'*. The dynamics of programme making were so intense and hectic that health communication professionals wanted to slow down the process in order to keep control. They needed more time. This time was often not given by television professionals however, partly due to the dynamics of the medium and partly due to their being accustomed to these dynamics. For health communication professionals it seemed to be a 'survival of the fittest' for which television professionals were better equipped and trained. After the formal signing of the contracts, health communication professionals had to change strategies and move from a formal to a more informal strategy to keep control over the process (see Chapter 9).

8.4 Summary

The central issues of this chapter were (B1) how the E&E collaboration process can be described and (B2) what factors facilitated or hindered the E&E collaboration process. The research used six collaboration aspects as sensitizing concepts in a series of in-depth interviews. Not all of the aspects evoked the same degree of reaction and response. The aspects 'cultural differences', 'personal traits' and 'backing' caused the most hot tempered interview moments. In fact, 'backing' was an unanticipated aspect that came to the fore during the initial interviews and was added afterwards to the original model. Although health communication theory dictates that, in order to be successful and effective, clear aims and goals must be specified, there proved to be a wide gap between theory and practice. Motives of health organizations to collaborate with television professionals were manifold and varied from educating the public and experimenting with new

methods to promoting themselves, surviving, raising funds or selling products. Often, health organizations tried to combine these objectives.

Health communication and television professionals indicated that an E&E collaboration is a strange kind of marriage. Both professionals consider themselves to be communication specialists, each with their own line of approach. Television professionals said that they did not know much about the health communication profession as such. Both collaboration partners felt the urge to explain to each other their professional points of view, but partly failed in this, because of both the time pressure of the production process and of differences in work culture.

9 Management of E&E Collaboration

The management of an E&E collaboration is a joint function shared by members of the E&E team. Both types of professionals have to manage their specific part of the process, but they also have to go beyond their own part. As indicated earlier (Chapter 6), the making of a television programme is the result of a negotiated agreement in which all partners have to give and take, and have to be willing to cross bounderies in order to create win-win options. Crossing bounderies and entering a new professional field, however, may cause imbalances in the collaboration. One may interfere too much in the daily routine of the other, or misinterpret the cues of the other's professional field. Both professionals have to figure out, often by trial and error, how much influence and interference is permitted and effective. Too much or too little interference may be counterproductive or even disastrous for the final outcome.

In this chapter, the second two parts of central question (B) will be posed and attempts will be made to find an answer:

B3 How did health communication and television professionals manage the hindering and facilitating factors in the E&E collaboration process?

B4 What recommendations can be made for health communication and television professionals to manage an E&E collaboration more adequately and more satisfyingly in the future?

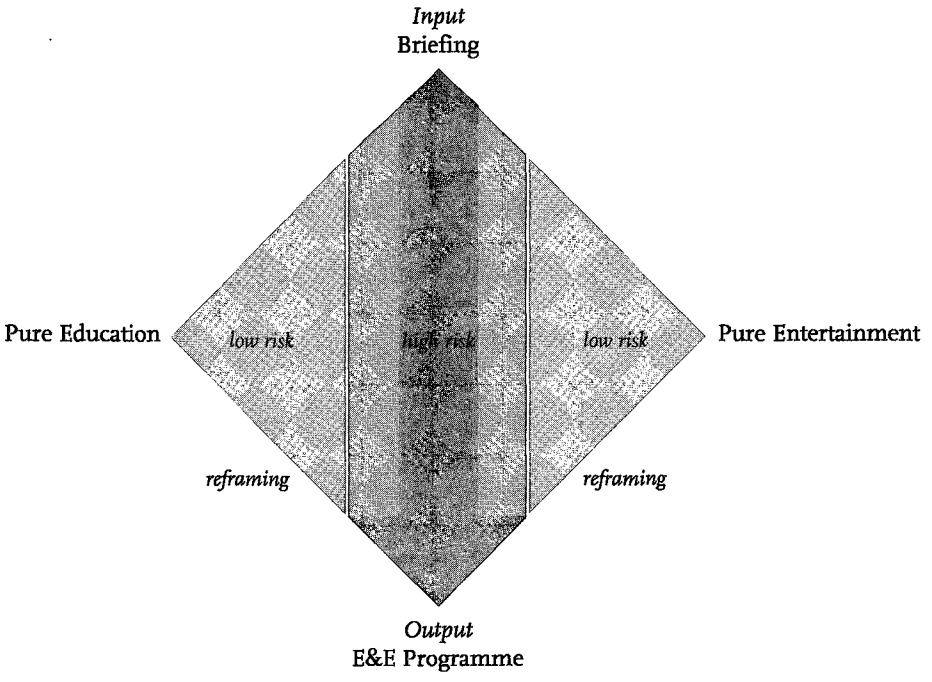
9.1 E&E risk management

The notion of 'risk management' emerged strongly from the interviews as a core category. E&E collaboration was compared by one health communication professional to a *'heart transplant'* with all the risks of rejection of the new heart. This metaphor is interesting. It points to an element of 'artificiality'. Implanting an educational message in an entertainment television format may be regarded as a challenging, but also a risky experiment. Health communication professionals were more explicit about this than television professionals, and expressed the intrinsic tension they felt, by using words like *love and hate, in the heat of the fire* and *walking on tiptoe.* Television professionals used words like *tightrope dancing, ballet of compromises* and *hauling in a Trojean horse.*

The choice of an entertainment television format for health communication was felt by both types of professional to be an extra element of risk. There were nuances in this however. There were E&E television programmes emanating from the information perspective and 'dressed up' by entertainment, and there were E&E television programmes starting from the entertainment perspective and 'dressed down' by health communication. This created differences in the perception of risk and the risk-management strategies used. For analytical purposes, a distinction will be made here between a low risk and a high risk context. At both extremes, producing a purely informative programme, like a documentary for health communication, or producing a purely entertainment programme, like a soap or a gameshow, is regarded here as a 'low risk context'. Making a television programme in which entertainment and education have to be combined,

however, is regarded as a 'high risk context'. This is visualized in the next figure:

Figure 9.1 E&E risk context



It is interesting to examine how both professional fields defined and assessed the risks involved in the E&E collaboration, what strategies they used to deal with these risks, and what factors played a role in their risk management (research question B3).

9.2 Health communication risk management strategies

From the perspective of health communication professionals, the risks that needed to be assessed and managed were especially related to the message (message management). Health organizations were very concerned about misinformation and consequently afraid of losing their respectable image and goodwill. The health message had to be presented in a trustworthy context, be based on scientifically correct, objective information and on consensus that was reached among subject specialists in the specific field of health expertise. Television professionals underlined this point of departure, but emphasized that the laws of television making demanded different things. Scientific data needed to be made suitable for visualization in an entertaining and popular way. Sometimes the content of the message was sacrificed for principles of entertainment. For health organizations who were accustomed to designing their health communica-

tion materials inhouse (brochures, leaflets, books, magazines, videos and documentary films), this was difficult to manage. They were used to spelling out their aims and goals, to creating a message following a carefully structured plan, and to checking and double-checking the message repeatedly. The design process stayed always under their control from start to finish, as also the distribution of the message. For health organizations, this was the 'low risk' context in which they were used to working.

Compared with this, the management of a health message in entertainment television brings with it high risks. Such a message is complicated by the multidimensional character of the medium (television combines text, image and sound), is open-aired, massmediated and, in this sense, not restricted to a captive audience. Moreover, when education and entertainment have to be combined, the clearcut character of the message tends to disappear behind the entertainment. The outcome becomes difficult to control. The programme is made under conditions of uncertainty and complexity. Even if health organizations have final control over the content, the final programme often differs from the original script, due to technical or practical production matters, casting, costs, etc.[1] Taken altogether, this creates a high risk context.

In the entertainment-education strategy, form, content and presentation are all equally important. Risk reduction means controlling them all, because health communication professionals know that it is not only the message, but also the interaction of content, form and presentation that determine whether the prosocial message will be effective or not. Thus health communication professionals felt responsible for managing all these different message elements. Television professionals, however, expected health communication professionals to deliver only content, such as scientific facts and figures. They regarded matters such as form and presentation as 'their side of the job'. Health communication professionals, knowing the importance of a good integration of content, form and presentation, wanted to do more. This overlap of professional roles made the risk management even more complicated.

9.2.1 *Management strategies of health communication professionals*

Health communication professionals searched for a variety of cues, in order to accurately estimate the risk level. Some of them had former experience in an E&E collaboration and relied on their own past television experience. Most health communication professionals, however, were newcomers and had many difficulties in finding and making sense of cues.

The formal power they used in steering the collaboration process was related to the kind of E&E partnership arrangement (see Chapter 6). The collaborative basis and power to define was greatest in an E&E (co-)production and least in E&E lobbying. The latter was not found in the collaboration processes under study, but still plays a role: in cases of 'free publicity', health communication professionals are accustomed to a highly service-oriented strategy, in which pleasing the other party plays an important role. This service-oriented strategy was often mentioned by health communication professionals, though in a co-production type of partnership they expected a more client-orientated

1 This difference could be for the better or the worse. Health communication professionals also benefitted from the flexiblity of television professionals to change their ideas at the very last minute. In this way it was sometimes possible to insert new health communication material just before broadcasting.

relationship. Because health organizations paid in large part for the television programme, they expected television professionals to serve their needs in line with the formal power structure defined by the contract. A strict customer-client attitude proved to be ineffective however, and forced health communication professionals to shift to more informal coping strategies. They assisted in desk research, facilitated in organizing interviews, in finding shooting locations, etc. This strategy proved to be an excellent tool of control. The more health communication professionals invested in being of service to television professionals, the more influence they had on the exposure and quality of the health message in the final programme output. It seems that the more experienced health communication professionals became in collaborating with television professionals, the more able they were to consciously shift between the formal and informal strategy, or between 'being nice and of service' or not.

Another, more formal strategy, widely used by health communication professionals, was to continuously ask for more detailed information about the latest programme ideas. They preferred to have this information on paper, but often programme ideas were not completely known beforehand and changed during the production process. This was something health communication professionals had to get used to. They had the impression that withholding information was sometimes an (informal) strategy of television professionals to avoid editorial control and discussion. When health communication professionals wanted to know more about the programme, or asked questions about the visualization of the message, this was often belittled and discouraged by television professionals by saying *'everything will be alright, don't worry'*. Some health communication professionals came to realize that television professionals would only listen when they made a really big fuss about something.

Television professionals were not accustomed to planning much forehand, but liked to brainstorm about alternative options until the very last minute. When health communication professionals expressed their uneasiness about this, they told them to have faith in their television professionalism. This, however, conflicted with the organizational work culture of health communication professionals who often needed to inform their board of directors, or to consult internal or external colleagues about programme matters. The data from the interviews show that in many cases the specific E&E television programme was part of a larger campaign or health communication trajectory which demanded a careful orchestration of all the different campaign elements. Health communication professionals became tired of, and annoyed at, waiting for more specific information and had difficulties in responding to questions that were raised about the television programme within their own organization. They were afraid of losing credibility vis-à-vis colleagues and important others because they could not give detailed information about the programme.

The social or communication scientists among health communication professionals indicated that they served as mediators between the subject specialists and the television professionals. They described their role in the E&E collaboration process in various terms, such as *bridge-builder, chameleon, diplomat, gatekeeper* and *policeman*. From this it can be seen that health communication professionals perceived their role as both mediator/facilitator and controller/regulator. A close reading of the interviews revealed that health communication professionals used mediating and facilitating strategies in order to gain control over the message as part of their risk management strategy. Health

communication professionals functioned in the collaboration process as watercarriers and not generals. They had to be of service to television professionals in order to have influence and control over the content.

As indicated earlier (Chapter 8), a complicating factor in the management of an E&E television programme was the difference in work rhythm. Health communication professionals were usually middle managers, with a lot of responsibilities but with no, or little, final decision authority. They always had to check back and deal with their superiors. This was often not compatible with daily television practice where a lot of ad hoc decisions had to be made. Consequently, health communication professionals often reached informal agreement with their TV counterparts, anticipating formal confirmation that still had to be gained within their own organization, which made their position extra vulnerable. Needless to say, this made them extra vulnerable.

During the actual production of the programme, the television professionals worked round the clock to get things done. When they had questions related to the health message, they called the health communication professionals day or night for a quick response. When the health communication professionals could not react immediately, the television professsionals made their own decisions. To avoid this, the health communication professionals decided to give their private address and telephone numbers. This strategy was chosen after some confrontations. Sometimes programme decisions had been made by television professionals in the E&E team without proper consultation with the health communication professionals, because the latter could not be reached in time. In such circumstances, the health communication professionals usually saw no other option but to give in to the pressure, and be available, even late at night (an actual requirement of some television professionals). If there were two or more health communication professionals on the E&E team, sometimes the television professionals put pressure on one of them. To avoid a 'divide and rule' situation, the health communication professionals established a coalition and decided to consult one another before replying, in order to maintain steering power. They had to act and speak as one voice and, at the editorial meetings, no disagreements between them were publicly displayed. In cases where this mutual support was not given, collaboration became very confusing and troublesome.

Health communication professionals realized they were ill-trained negotiators. Though they often felt right in their judgement, they did not achieve the desired result, partly because they failed to successfully play the game of 'give and take', partly because of more structural production factors. One strategy to overcome this problem was to invest time in developing informal contacts.

Health communication professionals mentioned that shifting between a theoretical concept and a visual television concept was often complicated for them. However, this skill improved during the collaboration process. They had to change their approach because they found out that the best way to convince creative people was not to give a theoretical explanation but to give down to earth examples from experiences of daily life. They felt the need to think and act from the perspective of television professionals rather than from their own perspective. In fact, they needed to think and act within the frames of two different professional fields: their own and that of television professionals.

It was interesting to note that health communication professionals with a more 'transfer of knowledge' attitude frequently used the words 'objective information' and

'truth' in the interviews. They contrasted objective information with subjective information. Other types of health communication professionals, with a more social marketing attitude, mentioned another variant called 'selective information'. They accepted that only a specific selection of health information, which met the demands of the medium, was fit for media exposure.

9.3 Entertainment risk management strategies

Television professionals indicated that in the dynamics of the development of an entertainment television programme it was very difficult for them to work along systematic communication plans, such as those used in health communication. A television programme is by definition generated in and by a complex web of cultural, social, political and formal conventions and expectations (see also Thompson & Burns, 1990).

When a television programme is being made, the outcome is always uncertain (see also Hirsch, 1972). Audience figures are very important for survival in the television industry, but nobody knows beforehand what the reaction to the programme will be. Distribution is also highly competitive - there are only so many minutes in prime time and the audience of one channel is the potential audience for another. In consequence, much attention is paid to reducing uncertainties. One way to do this is to hire a production team of professionals with a proven track record or who 'know the score'. Another way is to create a 'stable of stars' who are sure to attract the public. Using formats or concepts that have proven to be successful elsewhere is also a frequently used method of risk reduction (Elliott, 1977).

Television is 'fear business'. There is little room for new and experimental approaches. The entertainment-education format in television is not a standard and well tested format yet. Television professionals who engage in E&E collaboration take risks. From the perspective of the broadcasting organization, choosing the E&E format is regarded as opting for a high risk context, in contrast to choosing a pure educational approach or a pure entertainment approach. It is the interactive effect of education and television entertainment, and the probability of clashing cultures in the collaboration process, that create these 'high risk factors'.

9.3.1 *Management strategies of television professionals*

Television professionals did not describe their role in the E&E collaboration process as explicitly as health communication professionals did. Some referred to themself as 'creatives' (scriptwriters, drama experts and directors) and others referred to themselves as programme managers or producers. It is important to distinguish here between television professionals in public broadcasting and those in commercial broadcasting. In commercial broadcasting organizations, a special 'sponsor or client manager' is often appointed to coordinate the collaboration process. These professionals serve as intermediairies between creative television professionals and health organizations. They have an attitude of 'serving the client's need in exchange for sponsor money'. Their type of management is businesslike. They discuss the aims and desired effects of the programmes with health organizations and start designing together with creative professionals. The role of health communication professionals is much the same in both the

public broadcasting and the commercial setting but there seems to be less tension in the latter between expectations and professional standards. Commercial broadcasting organizations seem to be more client-oriented towards health organizations.

Creative television professionals said that they were put under strong pressure by their superiors. They said that producers or programme managers explicitly told them to be cooperative and nice to the representatives of the health organization, threatening that without the sponsor money the programme could not be made or would be taken off the air. Creative television professionals frequently mentioned this pressure. Scriptwriters felt that they were squeezed flat between the broadcasting organizations or production companies for whom they wrote, and the health organizations who wanted their prosocial issue dealt with in the script. They often felt that they could not satisfy their clients. In the event of an argument or formal complaint from the health organization, a meeting was sometimes organized at which the scriptwriter was told to be nice and polite and not to offend the health organization. Scriptwriters said this raised their urge to retaliate.

Scriptwriters said they often did not know what had been promised in the contracts and formal agreements. They were only informed after the deal had been made. This often led to misunderstandings. Some television professionals admitted that miscommunication within their own production team was sometimes unfairly blamed upon the health organization which they sometimes started to regard as their common enemy.

In one case, the representatives of the health organization told the producer and the broadcasting company that they would decide about a definitive collaboration only after they had seen the scripts of three episodes of a new E&E drama series. The result showed both sides of the coin. The broadcasting company's drama expert warned the producer that these first three scripts lacked dramatic potential: the educational part dominated too much. The producer however told the drama expert to back off and wait until the health organization had given its approval. After that, there would be more flexibility to change the script. When the health organization approved the three scripts, however, the harm had already been done. According to the drama expert, changing the script proved to be impossible. The first three episodes had set the tone for the rest of the script and, with that, the health organization had put its mark on the project. For economic reasons, the criticism of the drama expert on the entertainment value of the programme had not been taken seriously. This type of risk management by television professionals had consequences for the success of the project. The end result was that both collaboration partners lost.

Television professionals realized that it was necessary to explain to health communication professionals how television works. By taking time to do this, the relationship gained more trust and respect. Television professionals said they regarded it as an illusion to think that the less health communication professionals knew about the medium, the better they could be manipulated. They preferred to be open and to have no hidden agendas or secrets. They enunciated the view that the more clearly the aims and targets were formulated in an early stage of the collaboration process, the more time there was for mutual consultation and sharing points of view.

At a personal level, television professionals said they learned to appreciate the expertise, skills and dedication of health communication professionals, but at a professional level they often felt tension. Some television professionals said they succeeded in 'de-

frosting' health communication professionals by taking time to socialize and to drink and dine together. Television professionals regarded socializing as a key activity to prevent health communication professionals frustrating their work. They advised health communication professionals also to invest in personal relationships with the people on the work floor.

Television professionals regarded themselves as responsible for the programme, although often giving health communication professionals power of veto over the message content. If a disagreement arose, they could exchange arguments, trying to convince one another, but television professionals said they felt ultimately responsible, because they were 'hired' for the job. A strategy often used by television professionals was to refer to the perceived wishes and needs of the invisable audiences. They adopted a receiver orientation, so it seemed, to free themselves from sender demands. They often said that the audience would not like this or that, and as nobody knows the formula for success, this way they were always the ones 'in the know'.

9.4 Time and energy

In the interviews, 'time and energy' were frequently mentioned by both professionals as a factor that influenced risk management. In interviews with health communication professionals, seventy-one segments were coded as such, and the corresponding figure in interviews with television professionals was forty (see Appendix III). It is not so much the difference in number that is remarkable, but the intensity behind these interview fragments. This was especially true for health communication professionals. Health communication professionals indicated they had to accomplish a diversity of tasks in the E&E collaboration, such as travelling to and from the television studio, writing letters and faxes, discussing with content specialists or intermediaries, reading and commenting on television scripts, formulating points of view, negotiating and resolving disagreements, socializing with television professionals after work and so on.

The time and energy factor was studied in line with the grounded theory, by determining the properties and dimensions of the core. In so doing, it was found that time was mentioned not just in the sense of a physical dimension of time, such as hours to work, or time spent reading and checking manuscripts, but in the sense of a mental and social dimension of time. *Physical time* will be defined here as an 'outer time consciousness' related to the clock: the number of hours, weeks, months (or even years) spent on the E&E collaboration. *Mental time* will be defined as a more 'inner time consciousness', related to the amount of mental processing that is needed to act and reflect upon daily life in the collaboration process, and *social time* will be defined here as a 'timing consciousness', the sociability and social interaction that is needed and the personal investment in a collaboration process. By referring to the time and energy factor in these different dimensions, it was possible to understand more of risk management and the coping strategies that were chosen.

A quick glance at the interview data would give the impression that the 'time factor' was experienced only as a factor to complain about, but on close reading and comparison of the interview segments, a more diverse picture arose. By ranking the dimensions of the time factor on a scale from plus to minus, or from pro to con, the time and

energy factor also appeared to be valued positively. This especially proved to be true for health communication professionals, and among them especially the newcomers to the television world.

Health communication professionals had an initial difficulty in adapting to the pace of television production. The E&E collaboration caused a specific pressure that they often had not foreseen. At a certain point in the production process they had to adjust to irregular working hours, during the day, at night or at the weekend. This time pressure was very demanding and tiresome. On the other hand, many health communication professionals stated that they enjoyed being away from their offices, doing something quite new and exciting. Because of their tight schedules and busy agendas, they felt important. The fact that they were 'in television' gave them prestige, boosted their ego and infused them with a lot of positive energy. Although health communication professionals found it difficult to deal with the hectic pace and the lack of time for reflection on a mental level, this stress appeared to be mentally stimulating as well. Skills were challenged to the brink, and the creative work had a special appeal. They found it more stimulating than their more academic work. In the social time dimension, health communication professionals had to socialize with a lot of new people. In television culture, showing more than common interest in the latest work of the creative professional appeared to be a very important cue to mutual respect. Not every health communication professional was used to socializing in this way, but many reported that they enjoyed meeting a lot of interesting people and that they liked the fanciful and creative atmosphere of the television field.

It was clear that the factor 'time and energy' showed both positive and negative aspects. The comparison of the data from the interview fragments of the various health communication professionals revealed a tendency for health communication professionals experiencing an E&E collaboration for the first time to be more enthusiastic and to find it more rewarding than health communication professionals who already had previous E&E collaboration experience. Some of these 'experienced' health communication professionals would even decline the honour a next time or said they would demand better and more supportive working conditions. They tended to say 'never again' or at least 'not in the same way'. They also said that in adapting to the work style and professional standards of television professionals, they felt they were drifting away from the work style and aims of their own organization.

9.4.1 *Factors relating to time management*

Because time and energy was one of the most frequently mentioned factors in the interviews, the factors that influenced the amount of physical, mental and social time that had to be invested in the collaboration process will be elaborated somewhat more.

The amount of time and energy expended was first of all related to the *collaboration stage*. Although the first two stages, orientation and crystallization, could be managed at a normal tempo, the production stage proved to be a very intensive and time-consuming period for both professionals. Deadlines were determined by the time slots reserved for broadcasting and could not be jeopardized without a serious risk of losing this slot and all the invested money.

Although the orientation and crystallization stages were very quiet in comparison with the production stage, health communication professionals indicated that in future

they would like to spend more time in these first two stages of the collaboration process. They realized that during the collaboration process they often lacked sufficient and solid common ground to work upon and that the aims and goals were not clearly enough specified or mutually elaborated to each other.

Another related factor was the *television genre* that was chosen, as well as the *number of programmes* or episodes. Each television genre has its own production routine and varies in the type and amount of input needed from health communication professionals. Most health communication professionals were familiar with the production of a single audiovisual, like a film or documentary. When they collaborated to produce a series of television programmes, the production process was more complicated and hectic. The first one or two episodes of a series were often the central focus of all the participants and were carefully scrutinized before airing. Later episodes were produced in a more or less standardized production process. Ideally, all episodes of a television series have to be finished and in stock before broadcasting commences. In practice, however, in some cases only the first episodes were in stock and finished before the whole series started; later episodes were being shot and edited while the broadcast of the first episodes had already started. This caused enormous time pressure.

In practice, often a group of health organizations, or a group of different sponsors were involved in the making of a television programme. In these cases of *multiple collaboration partners* this caused a complicating factor. In a straight forward co-production, whith two collaboration partners, less time was consumed in negotiation and synthesis than when there were three or four parties involved.

Another complication arose when the television programme was part of a *communication campaign*. The orchestration of all the different parts of the campaign was a very demanding job for the health communication professionals in charge. When mass-media and interpersonal methods had to be combined and synchronized, the making of the television programme became particularly complicated.

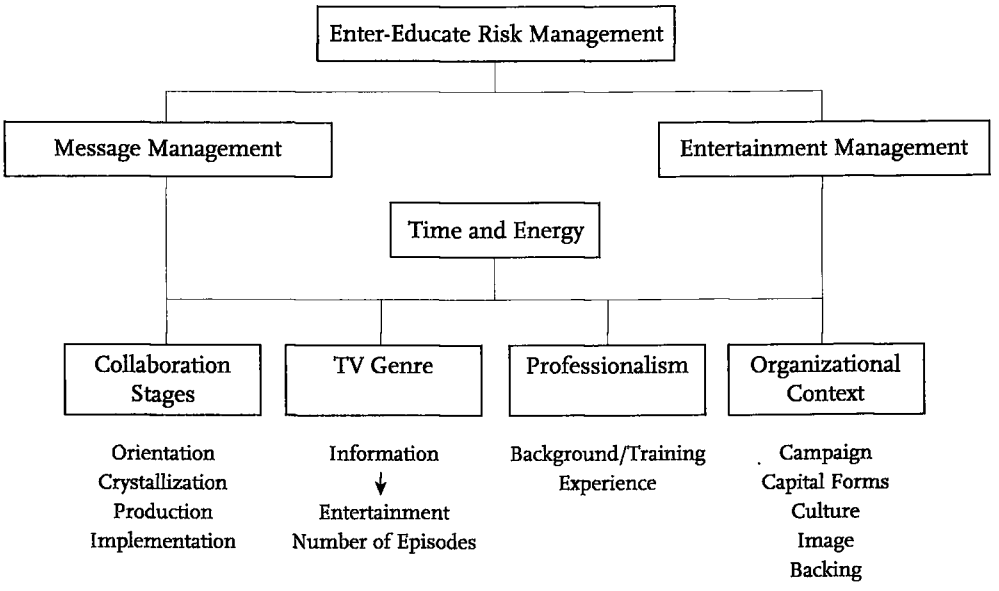
The time and energy factor proved also to be related to the *professional competence* of the professionals involved and the (delegated) *authority* they had to make decisions. Many decisions had to be made 'on the spot' during the E&E production process. The more decision power and authority both collaboration partners had, the faster the process evolved.

Also of influence were the competencies on a more personal level. The right dose of flexibility, humour and firmness were *personal traits* that facilitated the collaboration. Professionals who were able to deal with differences in culture, who had the right negotiation skills and could shift between different perspectives were more efficient and effective than those who lacked those skills.

Finally, former *experience* in making an E&E television programme influenced the amount of invested time and energy. Experienced health communication professionals knew better when and how to act and react and were more able to shift from a reactive to a proactive attitude. In the interviews, health communication professionals indicated that in future they would plan and reserve more time for the management of a television collaboration. It seemed that as soon as they had experienced what was really needed to manage an E&E collaboration process, the time and energy factor became more recognized and taken into account.

The E&E risk-management factors mentioned in Chapters 8 and 9 are summarized in Figure 9.2.

Figure 9.2 E&E risk management



9.5 Stages of creativity

In the E&E collaboration, both professionals indicated there was a tension between following systematic plans, like health communication professionals were trained to do, and following creative impulses and thinking in visual perception, like television professionals were trained to do (see also van Woerkum, 1981, 1987; Runco & Albert; 1990). According to some theories in psychobiology and cognitive neuro science (Sperry, 1977; Ehrlichman & Barrett, 1983; Beaumont et al, 1984; Farah, 1985; Springer & Deutsch (1998) this tension may be caused by different functioning of the two brain hemispheres: the left and the right brain hemisphere. Both hemispheres use contrasting methods of information processing.

Edwards describes how the left hemisphere is specialized in verbal, logical, analytic thinking. 'Naming and categorizing are among its favourite things to do. It excels in symbolic abstraction, speech, reading, writing, arithmetic. In general, its system of thought is linear, sequential, logical, uncomplicated by paradox or ambiguity. In contrast to the left mode, the right half of the brain functions in a non-verbal manner and is specialized in visual, spatial, perceptual information. Its style of processing is non-linear and non-sequential, relying instead on simultaneous processing of incoming information, looking at the whole thing, all at once. Its preferences are for perceiving

information, searching for patterns or relationships that satisfy requirements for visual fit, and seeking spatial order and coherence' (Edwards, 1986: 11-12).

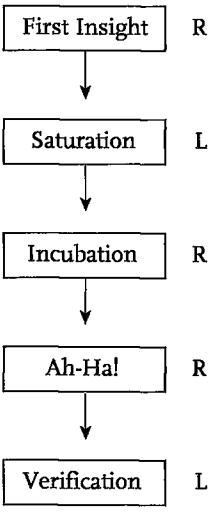
Though both thinking modes are involved in high level cognitive functioning, each brain hemisphere specializes in its own style of thinking and each has its own capabilities, and even our perception of 'reality' differs with our actual preference for one of the two modes (Edwards, 1986). This might have been the case in the following situation as described by a health communication professional: '*Brainstorming for television professionals often meant creating all kinds of ideas and acting out every wild fantasy, although there was a limited budget, that allowed for only so much of the expressed ideas. Then we had to sober them up and calculate the possibilities. Often enough it appeared that some of the ideas were not at all feasible, for example, that the stars they had in mind were never available, etc.*' Health communication professionals often became annoyed (although some were also thrilled) about how television professionals indulged in fantasies and how they let their imagination run away with them. Trained as professionals with a scientific background, they felt the urge to pull the creative team back to earth. This may be regarded as an example of a 'left brain mode of thinking' in conflict with a 'right brain mode of thinking'. Of course it is too simplistic to transpose the left-right brain modes of thinking within an individual to two types of professionals. Health communication and television professionals use both brain modes of thinking, but it appeared that they indeed had each specialized in a different mode. The crucial question for television professionals was 'how to visualize ideas and thoughts' (a dominant right mode of thinking). Health communication professionals asked such questions as 'is what is said true? can this message cause a prosocial effect?' (a dominant left mode of thinking). A television professional said about health communication professionals in this regard: '*From start to finish they are busy guaranteeing that their facts and figures will be taken into account. If I do that, I would have no room left for intuition, for big strokes. These big strokes may not be precisely right, but they do guide my thinking*'. This specific television professional did not want health communication professionals to be part of the editorial team. He claimed freedom in certain stages of the production process, saying: '*In a certain stage I want to be free to do what I think best. If there are tight agreements about certain messages, then I still want to initiate the propositions. You can agree or not agree, but don't follow me around all the time. It is a completely different way of thinking.*' Related to this aspect is the kind of freedom creative professionals claim they need in order to create work with 'a spirit'. A television professional says about this: '*For a writer it is very important to be able to produce from his own creativity. That the product bears his own special signature. If he does just what he is called for, because it's just another assignment, you always get a product without a spirit or soul*'.

This interview fragment brings up the question of who is in charge of the creative process, given the fact that two collaboration partners want to design an E&E television programme that has to reconcile the goals and aims of both professions. One television professional had clear ideas about this and said: '*Everything was new to them. Health communication professionals did not understand where their responsibilities ended and mine began. They were not television professionals, but clients. They had to take care of the content, not the creative process. Those are difficult distinctions to make.*'

In order to get some insight into the stages where television professionals and health communication professionals may have to be left alone to do their part of the job, it

might be interesting to look more closely at theories about creative processes. A theoretical perspective about stages of creativity was developed in the early 1960s by the American psychologist, Jacob Getzels (see Figure 9.3). Getzels distinguishes five stages of creativity: First Insight; Saturation; Incubation; Ah-Ha!; Verification (in Edwards, 1986:4).

Figure 9.3 Five stages of creativity



L-mode	*R-mode*
Verbal	Non-verbal
Syntactical	Perceptual
Linear	Global
Sequential	Simultaneous
Analytic	Synthetic
Logical	Intuitive
Symbolic	Concrete
Temporal	Non-temporal
Digital	Spatial

(after Getzel's Conception of Creativity.In: Edwards, 1986)

If we apply Edwards' insight and the different modes of thinking to the stages of the collaboration process of an E&E television programme, we may elucidate the respective roles of health communication and television professionals (see also van Woerkum, 1987). The role of health communication professionals, as representatives of the left mode of thinking, would be especially important in the Saturation and Verification stages and the role of television professionals, as representatives of the left mode of thinking, would be important in the Incubation and Illumination stages. The initial first insight may have come from television professionals or from creative health communication professionals.

To summarize: Either television professionals or health communication professionals develop the initial idea (First insight), health communication professionals give a briefing and all the information and research data that are needed (Saturation), the creatives among television professionals sit back and digest all the information that is given to them (Incubation) and suddenly they have a great programme idea and start working on it (Illumination), in order to be recalled and evaluated in terms of the aims and goals of the E&E project by health communication professionals (Verification). Reductionistic as this approach may seem, the analyzed data of the interviews with both professionals seem to confirm this line of thinking on the part of the television professionals. They preferred to get as much information as possible (Saturation) and then to be left alone

(incubation). Health communication professionals who did not interfere with this right-mode thinking process of television professionals were experienced by them as relatively easy collaboration partners. Some health communication profesionals indeed stepped back for a while, while others indicated that they started to participate in the creative process and liked shifting between left and right brain modes. As in an E&E collaboration this type of interference cannot be avoided, it helps when both types of professional can easily shift between brain modes, although preferences for a specific mode of thinking will always exist. In television practice, there is a division between more management types of television professionals and more creative types. In health communication such a clear division is not made. Health communication professionals in an E&E collaboration have to unite these functions. Sometimes, however, topical experts join them in the E&E collaboration team (especially during the Saturation stage).

It would be interesting to use a hemispere preference test in research into E&E collaboration processes in order to elucidate and get more insight into the shifting of these brain modes during the different stages of the collaboration process. There have also been some critical reflections and discussions among specialists in the field about the functioning of hemispheres and mental imagery (Ehrlichman & Barrett, 1983; Beaumont et al, 1984; Farah, 1985). In general, these discussions encompass a warning, such as verbalized by Beaumont et al (1984): 'attempts have been made to influence educational and social policy as a result of hemisphericity research, with the claim of a sound scientific basis which does in fact not exist! Some of the suggestions being made are simply absurd, others might be potentially dangerous and should not claim the support of neuropsychology for their legitimacy' (1984:206). The final word about the functioning of the left-right brain hemisperes on mental and creative processes has clearly not yet been said. Research in this field is still in progress (see Springer & Deutsch, 1998, for an historic overview of hemisphericity).

9.6 Newcomers' socialization: learning by doing

Most health communication professionals said they had no previous experience of working with television in general, and the E&E strategy in particular. Louis's (1980) newcomers' socialization perspective is of importance here. Louis contends that newcomers need time and facilities to socialize in a new work environment and work culture. This socialization process proved to be barely possible however for those health professionals who were newcomers. There was not enough time for reflection, partly because production schemes were strict and partly because creative processes demanded other ways of thinking. Though newcomers to the television world, most health communication professionals were experienced senior people in their own field and sometimes even staff members of their own organization. They were expected to be fully able to handle the collaboration process and received hardly any backing or supervision from within their organization to facilitate their socialization process in the television world. Having to cope with this lack of experience and backing demanded a great deal of time and (physical and mental) energy from health communication professionals.

Health communication professionals started (forced by practice) to become more 'television minded' as the collaboration process moved on. As they became more fami-

liar with the daily practice of making a television programme, their self-confidence and trust grew. Paine (1997) calls these shifts in awareness 'windows of insight', by which he refers to the elusiveness of competence in practice. The more you collaborate and share experiences, the more you get insight into each other's professions. According to Paine (1997:167) 'as practice integrity grows among the actors the uncertainty diminishes, harmony emerges and practices interplay towards more effective resolutions of shared problems'. This was also reported by the health communication and television professionals under study. As the programme developed over time, the collaboration process became teamwork, based on mutual trust and respect. Health communication professionals became more television literate ('less unworldly' according to television professionals) and more familiar with the production process. The hectic period in the last weeks before the actual broadcast was reconciling and fraternal. The common interest of meeting the deadline for the actual broadcasting brought both partners closer together. After the broadcast, even when the results and the viewer rates were disappointing, the mutual respect often remained. Health communication professionals in particular believed 'their' E&E programmes to be really special because they had gone through so much to manage them. The interviews give the overall impression that they experienced the collaboration as very demanding and difficult but also as transforming. They said they would not have wanted to miss the experience of an E&E collaboration. They indicated how they enjoyed the stimulating and creative television climate and how they learned new things. The intense E&E period had strenghtened their capacities both at a professional and at a personal level. Part of the challenge was that the collaboration was frustrating and rewarding at the same time. Not one health communication professional, however, was interested or had any ambition to find a job in the television world. They liked the incidental experience, but the hectic, self centred and 'peacock'-like television world was not one they thought would bring them much happiness. They liked to flirt with that world now and then, but not to get permanently involved in it.

9.7 How did the outcomes differ?

It was clear that both health communication and television professionals wanted a television programme with a high entertainment value and high viewer rates (cooperative motives), but they diverged in interest (competitive motives) when it came to the ultimate goal (see Pruitt & Carnevale, 1993). In principle, health communication professionals wanted to influence the audience's knowledge, attitude and behaviour, while television professionals wanted to entertain the audience and satisfy commercial sponsor-revenue ambitions as well as their professional standards.

According to negotiation literature, win-win situations are defined as agreements in which both parties accomplish their major goals. Whether and how this has been the case in the twelve E&E collaboration cases under study will be dealt with in this section.

In a negotation context, according to Pruitt and Carnevale, there are four possible outcomes: victory for one party; compromise; win-win agreement; and non-agreement (see Chapter 6). The latter does not count here, for all the E&E television programmes have been broadcast. So there remain three possible outcomes: win-win, win-lose (vic-

tory for one party), and compromise. The research data give the impression that win-lose (victory for one party) and compromise were the main outcomes. In the case of win-lose, victory always seemed to go to television professionals. Part of the logic in this is that health communication professionals would never be happy if education triumphed over entertainment, because in that case probably nobody would watch the programme. When entertainment outweighs education however, audience figures will at least be positively influenced and audiences can be maximized.

There were no clear cut answers from either partner about perceived level of success. In some E&E collaborations, the television programme was thought to be highly successful, although the collaboration process had been unsatisfying. In other cases, the partners were disappointed by the (relative) lack of success of the programme, but were satisfied about the collaboration. There were hardly any cases where both partners had a win-win feeling about both the product and the process. At the start of the E&E collaboration there was often a mutual spirit of enthusiasm, but during the process a feeling of disappointment often arose because of the intense struggle and results sometimes lagging behind the initial expectations. In these case, the balance usually tipped in favour of the collaboration *process* and not of the *product*.

The next logical question is: 'What conditions need to be met to satisfy both partners about the collaboration process and the E&E product?' This leads to an elaboration of the fourth part of central research question B:

B4 What recommendations can be made for health communication and television professionals to manage an E&E colaboration more adequately and more satisfyingly in the future?

9.8 Bridging frames of reference

Health communication professionals (whether communication professionals or topical experts) usually have a scientific training in which matters of objective information, truth, balancing of values and standardized protocols and procedures are important. Television professionals have a professional training and background in which creativity, originality, spontaneity and authorship are important. On commencing their E&E collaboration, both sets of professionals enter the process with their own professional standards and frames of reference. The data in this research show that these two frames of reference (and perceptions of reality) often conflicted in daily practice. Health communication professionals specified their aims and goals by means of a thorough and often detailed briefing, based on their own frame of reference. After the briefing and discussion with the television professionals, the latter also started to work on this job from their own frame of reference. From this moment on, the conflict became more evident. While both professionals thought they were doing a good job, each was questioned and criticized by the other because the production process did not evolve in the direction the other wanted. A reference frames conflict was born and was fought out at the production level, on the work floor. Recognizing this, both professionals started to invest time in socializing with each other in order to influence the decisions that were made, but as the production of the television programme took place in the domain of

the television professionals, ultimately their frame of reference proved to be the more decisive. It tended to be health communication professionals who mostly had to reframe their issues. During the collaboration process, and especially at the production stage, they were confronted with controversies that were based on different perceptions of reality. Because of the deadline structure of television, which requires quick and decisive answers when problems arise, there was not much time for reflection. This resulted most of the time in their accepting the television professionals' frame of reference. They succeeded in having television professionals accept their frame of reference only in minor cases. They were happy with those achievements, but they did not prove to be big 'victories' in the eyes of superiors and colleagues within their own organization. The latter often did not understand what a struggle they had gone through.

Although television professionals also were forced to reflect upon their own frames of reference, most of the time this reflection did not lead to reframing. This supports the previously described feeling of dependency and power asymmetry on the part of health communication professionals. Health communication professionals, while already managing a high risk context, had to leave their frame of reference and had to start reframing, while the process moved on. This gave them a sense of vulnerability and a feeling of drifting away from their point of departure: their own organizational aims and goals. This drifting away was very subtle and often noticed only after a while.

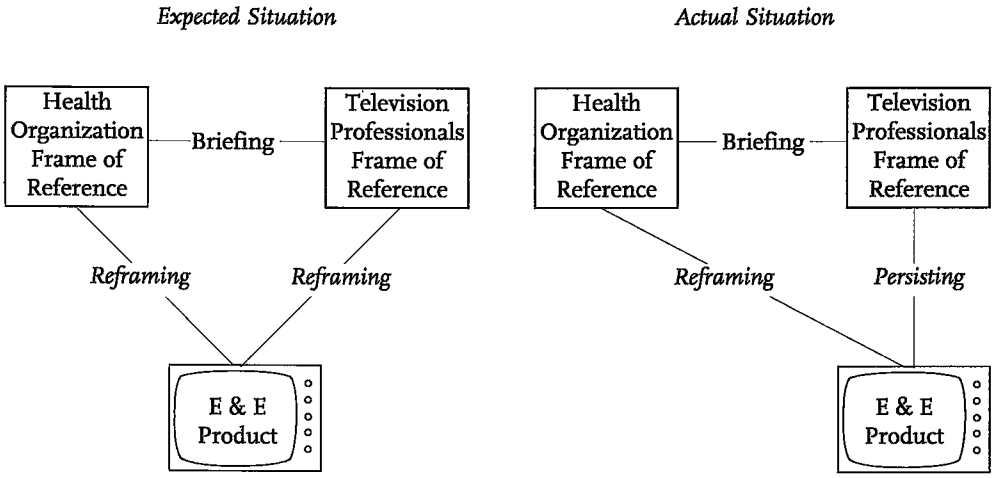
At this point, backing support became important. Health communication professionals regularly articulated how they experienced a lack of support and organizational backing. Perhaps their own organization did support them, but it did not seem so to them, partly due to their framing/reframing efforts. They had to convince both themselves and their backing support group (and often failed at this) that it was necessary to reframe their frame of reference, or even to adopt a new one. They had to create an awareness that learning does not always have to follow the educational route (central route) but may also happen in a more entertaining way (peripheral route). Health communication professionals called this *'fighting two fires at the same time'*, *'being an intermediary between two cultures'* and *'bridging reality frames'*.

To summarize this, one can say that health communication professionals expected symmetry of power in order to deliver a balanced E&E product, and hence that both parties would reframe their reference frames in order to come out somewhere in the middle (situation 1 in Figure 9.4.).

Most television professionals, however, appeared to regard the programme as their responsibility, once health communication professionals had kindly delivered their 'piece of the pie'. For more than one reason, television professionals almost always succeeded in bending the reframing process into their direction (situation 2 in Figure 9.4).

As long as a conflict of frames of reference exists, present practice indicates that the E&E collaboration ultimately seems to lead to victory for the entertainment partner over the education partner.

Figure 9.4 Symmetry and asymmetry of power



An interesting question is whether the different frames of reference can be reconciled in order to come to a balanced E&E product that satisfies both.

To answer this question, Bourdieu's (Bourdieu, 1993; 1998) field theory may be of interest. According to Bourdieu, the field that is most subject to the demands of the market will dominate the market orientation of other fields. Other fields can either submit to this domination, or try to capitalize their own forms of capital in a way that aims to rebalance the power structure. One of the forms of power, other than economic, that health organizations use in their contact with the media is their monopoly on 'legitimate' information (expertise). They are the formal and legitimate spokespeople when it comes to their specific field.

According to Bourdieu, every field wants to protect and accumulate its different forms of capital. In this study it seems that accumulation of capital by the television field means a certain threat to, and sometimes loss of the capital of, the health communication field, and vice versa. Health organizations have a lot of expertise, know-how and goodwill. This cultural and social capital (symbolic capital) has to be protected, by a certain exclusiveness of the field, in order to accumulate power. By collaborating with television professionals in entertainment genres, the risk of losing a respectable image within the field of health communication is heightened. The elitist ivory tower position (which is a characteristic of autonomous fields) has to be surrendered in order to collaborate with television professionals. National health organizations struggle with the question of how to be faithful to the demands of their own scientific and intellectual profession (objectivity, transparancy, lack of bias) while at the same time also fulfilling their democratic obligation to disseminate the newest information and insights to the general public.

9.9 E&E grounded theory

The results of the research into the E&E collaboration process showed there was an intrinsic tension between entertainment and education. Health communication and television professionals both felt this tension and employed risk management strategies to assess and to contain the risks.

In an E&E collaboration, management takes place in a high risk context, which is more difficult to manage than a low risk context in which television programmes are either educational or entertaining. The factors that influenced the style of risk management are related to time and energy; the different collaboration stages; TV genre, professionalism and organizational context (see Figure 9.2: E&E risk management).

The present risk management strategies of both types of professional lead to an asymmetry of power and hence to an unsatisfying outcome.

9.9.1 *Paradigm model*

In order to define and to determine what should be done to avoid this unsatisfying outcome, the paradigm model will be followed here, as earlier mentioned in Chapter 7, section 7.10.:

(A) The need for health organizations to reach certain target groups in society (conditions) leads to (B) a combination of entertainment and education in television programmes (phenomenon), which leads to (C) management in a high risk context (context), which leads to (D) certain high risk management strategies, such as formalized contracts, controlling editorial input, a service-oriented attitude and significant investment by health communication professionals in time and energy and in personal contacts, using deadlines and production demands by television professionals (action), which inadvertently lead to (E) field antagonisms and hence an asymmetry of power (win-lose outcome) that has a negative influence on the desired outcome (consequences).

As Bourdieu (1993) makes clear, there is a basic antagonism between fields that is hard to overcome. A solution may be the construction of a 'neutral territory'; a domain where both parties can meet without the strict and excluding rules of their field. This neutral territory has to become 'common ground'. In order to constitute this common ground, the construction of a joint frame of reference is a key condition. One strategy to attain a joint frame of reference is 'mapping', or translating from one frame to another (Schön & Rein, 1994). If such frame-mapping or translation were reciprocal, health communication and television professionals might come to understand one another's conflicting views, and this might enable them to make an informed choice among their conflicting frames or to synthesize elements in a new frame that they would jointly construct.

In order to create a win-win outcome instead of a win-lose outcome, the following premiss may provide a pointer: The design of an optimal E&E television programme is not possible when the frame of reference of one of the collaboration partners dominates that of the other. This will result in an unbalanced collaboration setting (asymmetry of power) and hence to unwanted field antagonisms. This imbalance can only be resolved by jointly creating a new frame of reference, bearing in mind that E&E television programmes which are purposively designed to enhance prosocial behaviour are not

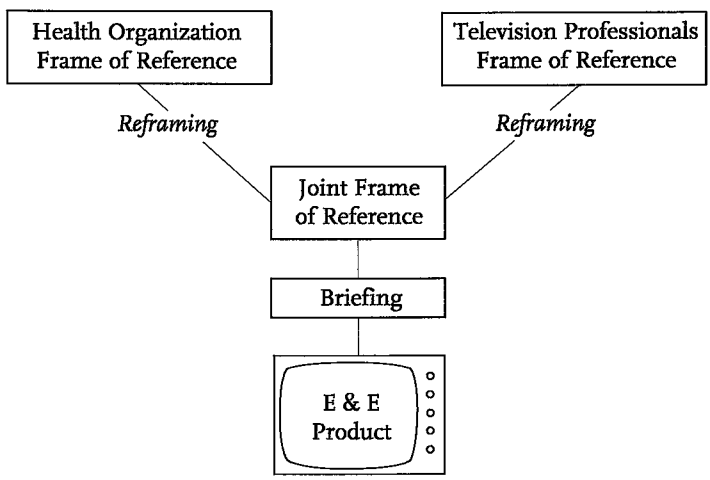
just regular television programmes. As such, they constitute a new genre, called E&E television, that has (among others) the following characteristics: it (1) is designed according to behaviour change theories; (2) follows a time schedule that allows collaboration partners to mutual explore of each other's ideas and expertise; (3) engages target audiences in the different stages of design and production; (4) is guided by extensive (formative) research; and (5) is integrated into a larger communication campaign. This new genre has to be accepted and consecrated as part of the habitus in both fields in order to become feasable and effective

This leads to the following E&E theory:

Purposively designing an E&E television programme means collaborating in a high risk context which can lead to a win-win outcome only when both collaborating partners jointly construct a new frame of reference that ultimately leads to an E&E television genre that is consecrated in both professional fields.

Win-win situations become feasible when both partners are willing to see that mutual victory gives a better result than single victory. This will only be possible, however, if both partners agree that an E&E television programme (1) represents a genre that is different from genres that are produced in a low risk context, and (2) requires other working procedures than those called for in a low risk context. This can be summarized in figure 9.5 showing the ideal collaboration model:

Figure 9.5 Ideal collaboration model



9.10 E&E working procedure

Based on the ideal collaboration model and on the 'stages of collaboration' model presented earlier in this thesis (see Chapter 6, section 6.6.), an elaborated working procedure can be constructed. This procedure should give appropriate time for design, pro-

duction and implementation, but most of all should allow for the construction of a joint frame of reference. Other features are that the E&E product should meet standards other than pure entertainment or pure education programmes, and that the organizations that engage in E&E production should accept their responsibilities with regard to support, backing and the outcome for the organization, the professionals and for society at large.

In this working procedure, the different stages of collaboration serve as a frame in which the different parts of the procedure are implemented, each one consisting of a *process* and a *product* definition. The E&E collaboration procedure as presented and summarized in table 9.6. can roughly serve as a checklist: every process is the result of the former process and is to be initiated only when this former process has resulted in a product that all stakeholders are willing to acknowledge. Not every product, however, has to be a product on paper, like the ones health organizations with their policy-developing tradition are used to. The product of the process of constructing a joint frame of reference, for instance, may very well be a mutually and explicitly verbalized conviction of agreement and respect, on which both parties agree to proceed. This mutual conviction is then put to the test in the next phase, where the E&E team briefing has to be formulated. In this sense, every phase culminates in a go/no-go decision from all (both) stakeholders. In order to create such a joint frame of reference it is recommended to reserve special time for this and organize a workshop or 'briefing retreat'.

The importance of research merits special note. Researchers have to be involved from an early stage: firstly, to advise about formative and summative research, and, secondly, to conduct and evaluate this. This is not explicitly mentioned in the following procedure (Table 9.1.), but plays a role during all phases.

Table 9.1 E&E collaboration working procedure

STAGE	ACTION	PHASE	PEOPLE INVOLVED
ORIENTATION		E&E INITIATIVE	
process	Preliminary Talks		Health Organization
product	Gentleman's Agreement to Collaborate		Television Company
CRYSTALLIZATION		MESSAGE DESIGN	
process	Consultation		National Health Department Non-Governmental Organizations
product	Policy paper		Community Based Organizations
process	Topic selection		Literature Research Consultation Topical Experts
product	List of topics		Target Group Analysis
process	Design workshop		Institutional Representatives Health Organization Staff-members
product	Message Value Grid		Subject Specialists
		CONTRACT DRAW UP	
process	Negotiations		
product	Contract(s), draft		
		REFERENCE FRAME CONSTRUCTION	
process	Formation E&E Team		Health Communication Team Producer, Scriptwriter, Director Special Consultants (on demand)
process	Workshop		
product	Joint Frame of Reference		
process/product	Signing of the Contract(s)		
		CREATIVE DESIGN	
process	Meetings E&E Team		
product	Briefing		
process	Meetings E&E Team		
product	Synopsis E&E Programme		
PRODUCTION		SCRIPT	
product	Outline all Episodes		
process	Consultation		Expert Panel Audience Research
product	Second Draft, Outline per Episode		
process	Consultation		Expert Panel Audience Research
product	Third Draft, per Episode		
product	Script		
IMPLEMENTATION		SHOOTING & EDITING	
product	Programme Ready for Broadcasting		
		BROADCASTING	
process	Broadcasting, guided and followed by Research		
product	Final Report with Research Data about E&E Effects and Recommandations for Follow Up		

Epilogue II

Conclusions and Lessons Learned (Summary part II)

In this section, an overall view of the experiences and lessons of the E&E collaboration processes as studied in Part II of this thesis will be given, and an answer will be provided to the second part of the central research question of this thesis:

B *How do health communication and television professionals collaborate in the design and implementation of an E&E television programme and what recommendations can be made for the management of E&E collaboration in the future?*

Characteristics

In general, the E&E collaboration between health communication and television professionals was experienced as complicated. Bourdieu's general theory of practice (see Chapter 6) may be of assistance in gaining more insight into the hows and whys of the complexities of the E&E collaboration process. The key concept in this theory is that of 'habitus'. The habitus is sometimes also described as a 'feel for the game', a 'practical sense' that inclines agents to act and react in specific situations in a manner that is not always consciously calculated, but nevertheless fits the rules of its 'field' (the 'territory' of the habitus). It is clear that health communication and television professionals belong to different fields and thus employ a different habitus. In collaborations, however, where fields more or less have to integrate in order to reach a common goal, like in E&E production, it is necessary that both parties attune (make 'congruent') their habitus to that of their collaboration partner.

In the E&E collaboration processes under study, health communication and television professionals experienced a lot of incongruency because they had different interpretations of the habitus the collaboration required. Television professionals talked about 'viewers' and 'viewers satisfaction', and health communication professionals about 'target groups' and 'behaviour change'. With regard to programme content, television professionals looked at potential topics in terms of visualization and gaining the attention of the audience, seeing these as goals in themselves. Health communication professionals were interested in the topics' potential for vicarious social learning and influencing audiences' awareness, attitude and behaviour. What was an end in itself for television professionals was a means for health communication professionals. Consequently, both wanted to obtain and maintain steering power during the whole E&E collaboration process. Health communication professionals wanted to work along the principles of behaviour change theories and to have influence on all programme aspects: content, form, angle, context. Television professionals, however, expected a clear division of tasks: health communication professionals to deliver and to take care of the content of the message, and television professionals to design the format in which the health message could be best televisualized. So it appears that instead of creating common ground (or habitus), both fields first just employed their own habitus. Then

almost automatically the question arose as to whose habitus was the strongest and could force the other to comply with its rules.

According to Bourdieu, in order to be accepted by a field (to be 'consecrated'), one must possess the habitus which predisposes one to enter that field. Without full recognition of the habitus, a field will always reject or try to exclude new 'players'. Although television organizations often took the initiative for the E&E collaboration, and in that sense were the requesting party with regard to health organizations, practice showed reversed positions. Besides paying an entrance fee (delivering economic, cultural and/or social capital), health communication professionals were more or less forced (not always conciously) to incorporate the televison field's habitus in order to be 'consecrated' and allowed to 'play along'. For health communication professionals, especially when they were newcomers to the television field, this proved to be a complex and demanding task that often made them feel they were drifting away from their own field. In their eyes, working along the television professionals' frame of reference caused an asymmetry of power. This was not what they had in mind when they started the collaboration. Moreover, this acquisition of the habitus of the television field jeopardized their relations with their own organization. By 'going native', they put not only the backing of their organization at risk, but also its symbolic capital (fear of misrepresenting their health message, losing their respectable image, damaging their networks). Health communication professionals, knowing this, became hesitant to assimilate the television field's habitus, and experienced difficulties in shifting between the two fields.

Differences in field mechanisms also played a significant role in the complexity of the collaboration. According to Bourdieu, the field with the greatest economic and commercial interests will (try to) dominate other fields. Ultimately, the competition for high viewing rates always determined the way the E&E television programme was designed. In this case, the television field dominated the health communication field. Health communication professionals had to prove that an effective E&E television programme could not be made without their professional input and expertise with regard to behaviour change. That burden of proof was additionally complicated by the fact that the collaboration motives of national health organizations ranged from raising money, creating publicity and selling products to influencing behaviour change. In cases where behaviour change was not an aim, specific behaviour change expertise indeed was not needed. Television professionals in such situations could just follow their own knowledge and expertise. To design E&E television programmes, however, their knowledge and expertise are not sufficient, and there is a requirement for the specific expertise of health communication professionals about the way the programme can be attuned to the goal of prosocial behaviour change, and therefore the merging of professional cultures becomes inevitable. Because of all this, combining entertainment and education in the television field means working within a high risk context.

Conditions for success

The nature of the habitus will in almost all cases militate against fields easily merging and working together in harmony. Specific measures have to be taken to stimulate the fusion of one habitus with the other and to build an E&E collaborationship based

on symmetry of power. What is required is a joint frame of reference which incorporates elements of the habitus of both professional fields. Both partners have to acquire a new 'E&E habitus' that materializes in an E&E television programme with specific genre features and working principles, and which is consecrated by both constituting fields.

The next important question is how both types of professional can be convinced of the advantages of collaborating on common ground. The answer to this question is not yet fully clear, but engaging in some informed speculation may provide a few clues. When health organizations experience the asymmetry of power in the collaboration as a crucial factor hindering success, they may find ways to exert their power to exclude: 'if the television field does not collaborate on our terms, they cannot have our money or expertise'. This will certainly help health communication professionals to gain self-esteem, and maybe even stimulate the expansion of their habitus. It would be an antagonistic strategy however, which in the long run probably would result in unwanted adverse effects on the power balance.

The designing of new incentives to create a joint frame of reference can be expected to have more, and positive, effects. Probably the best incentive will be the attraction of a new television genre which is both challenging and promising. Health organizations as well as television organizations, therefore, are recommended to invest in establishing the features for this genre and to stimulate the formation of capital relevant to an 'E&E habitus'. Cultural, social and symbolic capital can be formed by establishing professional standards and by achieving success. Cultural and social capital originate where a body of knowledge and expertise is acknowledged and distributed by a core network of professionals. Symbolic capital is ultimately confirmed by success. In order to achieve this, a substantial investment is inevitably required from both fields: health organizations must become more television literate, television organizations must combine commercial interest with social accountability, and both must move from a production-centred to a truly audience-centred attitude.

10 Discussion and Recommendations

The central research question in this thesis was twofold:

A *What are the characteristics of entertainment-education (E&E) television programmes which are purposively designed to enhance prosocial behaviour, and what is known about their effects and conditions for success?*
B *How do health communication and television professionals collaborate in the design and implementation of an E&E television programme and what recommendations can be made for the management of E&E collaboration in the future?*

These questions have been answered in the Epilogues at the end of Part I and Part II. In this final chapter, an overview of the thesis will be presented and discussed, and recommendations for the future will be made.

10.1 Overview

The E&E strategy finds its justification in signals from health communication theory and practice. There is an urgent call for the development of methods to reach less well educated target groups and for the adoption of a greater consumer orientation. In the design of health communication programmes, more attention must be paid to affect as well as cognition. Entertainment television seems to be able to serve these needs because it: (1) is based on popular culture, (2) is more people oriented (human interest) than object oriented; (3) encourages talking with family, friends and neighbours about the previous day's television events, as in parochial networks; and (4) is a main source of inspiration and information. Health communication professionals, however, are ill-equipped to tap this potential. In their relatively television-illiterate and bureaucratic working culture they resemble *turtles*, who on the one hand are solid and trustworthy, but on the other hand do not quickly assimilate new and challenging developments. The call for innovation in their health communication methods and professional standards is forcing them to change. In these circumstances, collaboration with television professionals in the application of the E&E strategy may act as a catalyst. Television professionals are used to exposure and expect a service-oriented attitude from the external experts with whom they work. They act like *peacocks*, displaying their feathers in order both to be admired and to exert power and thus stay in charge of the production process.

Because of the strong competition between public and commercial networks, television professionals are forced to share their 'face value' with others. Collaboration with external partners will become a necessary standard rather than a sought-for exception.

Due to changes in budgets and competition in the market, national health organizations have to position themselves and have to define the 'price' of their 'product'. For many national health organizations, the use of a social marketing approach in their health communication practice is still in its implementation stage and not yet an integral part of their general policy. A goodwill approach has dominated the culture of national health organizations for many years. It is only recently that changes in the

direction of a 'social scientific approach' can be noticed. A genuine 'people participation approach' is still a far cry for many.[1]

National health organizations seem to be in a transition stage, changing from a non-profit culture to a semi-profit culture. The same is true for public broadcasting organizations. After many years of legislative protection and much support from loyal members, the television world has become a highly competitive business, due to the rise of commercial broadcasting. Both national health organizations and public broadcasting organizations seem to be undergoing the same transition, though coming from different professional orientations. National health organizations need to market their 'product' to different target groups and so legitimate their existence. Public broadcasting organizations need to serve their audiences with a programme schedule that justifies their public service mandate and at the same time guarantees high viewer rates. Such an explicit market-driven approach for both types of organization is rather new. As a result, both have dismantled the borders of their fields and are open to partnership arrangements with third parties. Both, however, are also hesitant about this type of client-customer relationship, in contrast to commercial (broadcasting) organizations.

Both public and commercial broadcasting companies have discovered how to use drama and emotion profitably to achieve higher viewer rates. More and more programmes zoom in on the life of ordinary people. For health communication professionals and their organizations, this change from public to private spheres may constitute a challenging as well as a frightening perspective: reaching the public at its most 'tender spots' has become feasible, but at what price?

The health communication and the television fields demonstrate differences that in some respects make collaboration difficult though also challenging. First there is the identity of the organizations: national health organizations rely mainly on the transmission model and publicity model in their communications to target groups. They are not focused on a receiver's model or an expression or ritual model. Entertainment television genres are based more on the expression or ritual model and require a receiver's orientation.

Then there is the professional level. The design and implementation of E&E television programmes demand close collaboration between the health communication and television professional. Both professionals have their own work culture, their own dynamic and their own professional standards. This results in a high risk context for the management of the E&E collaboration. Health communication professionals manage this high risk by having a service-oriented attitude, delivering editorial content and investing in social contacts with important key persons on the work floor. Television professionals manage this high risk context by making health communication professionals familiar (television literate) with the dynamics of the production process and by investing in good personal contacts.

In an E&E inscript and co-production partnership arrangement, the power balance shifts from health organization to television organization after the signing of the con-

1 In this thesis, the social marketing approach rather than the media advocacy approach has been the central focus. This is not because social marketing is regarded as more effective than media advocacy, but because this thesis starts from the practice of national health organizations who design television programmes as part of their persuasive communication campaigns based on an individual lifestyle approach.

tracts. Then the dynamic of the production process defines the collaboration process, and health communication professionals have to adapt to that process and to the television professionals' frame of reference. This asymmetry of power can be restored by creating a joint frame of reference and by fulfilling some other necessary conditions, the most important of which is treating an E&E television programme as a new genre. The E&E strategy is based on a multidisciplinary theoretical framework. An essential element is (vicarious) social learning and role modelling. The application of social learning principles makes E&E television programmes different from conventional entertainment television genres. At the moment, most television professionals do not regard E&E programmes as representing a new genre. In order to emphasize this dimension, the characteristics of E&E programmes must be clear for both collaboration partners: new genre, special care and attention, based on formative research; part of multimedia campaign; good collaboration with multiple stakeholders. Under these conditions, E&E can be regarded as a potential strategy for prosocial change.

The main effects of E&E strategy in television are reported in the first stages of behaviour change: exposure and awareness. In some cases, changes in knowledge, attitude and even behaviour are also reported. In order to get more insight into these effects, summative research of E&E television programmes demands multimethod data collection, both quantitative and qualitative. Advertising or audience type research can be used to measure the first stages of behaviour change (exposure and awareness), more sophisticated social behavioural research can be used to measure later stages (knowledge, intention and attitude) and monitoring point of referral research in the final behaviour change and maintenance of behaviour stage.

Audiences (from a receiver's perspective) indicate they like to learn while being entertained. Ethical discussions about the E&E strategy are important, but may not serve as an excuse to do nothing or to choose (from a sender's perspective) safer and seemingly more respectable communication methods.

10.2 Discussion

Although positive effects of E&E programmes are reported, much is still open for discussion. One of the crucial points of this thesis is the asymmetry of power between the two collaborating professional fields which causes suboptimal results in many cases. The creation of a joint frame of reference is offered as a solution to this problem, but to expect that both collaboration partners will eagerly embrace the concept of common ground may seem unrealistic. Television professionals have a lot to lose by accepting their collaboration partners as equals: authorship, creative freedom and editorial control for instance. In practice this loss of status for television professionals appears to be an important barrier to successful collaboration. The question of how this barrier can be pulled down is not yet answered. The challenge of jointly creating a new 'popular' television genre may, to say the least, not suffice. However, at a time where funding is restricted and television organizations are searching for a new identity, defining a new genre with new collaboration partners may also be an interesting option.

The depiction of each other's cultural identity is an intricate issue. Health communication professionals are portrayed by television professionals as *turtles*, while televi-

sion professionals are portrayed by health communication professionals as *peacocks*. In the light of the above-mentioned power asymmetry, the question may be asked whether these metaphors are grounded in reality or just strategic stereotypes.

Whether national health organizations should 'go into television' is still a much debated issue. Critics may state that the core business of national health organizations is to prevent diseases and to promote health, not to make television and that television professionals have their own responsibility to make television programmes which contribute to prosocial change. Reality shows, however, that in a competitive market this social accountability is put under great economic pressure and cannot be taken for granted. Television professionals do not see themselves as advocates for prosocial change.

There are some other points. It may be that national health organizations with a low media budget cannot make purposive use of television because they cannot afford this type of communication strategy. In practice we see that several national health organizations (small and large) have joined forces with third parties (government, other national health organizations, commercial sponsors)[2] in order to make television programmes. They have to become more creative in finding forms of exchange capital in the negotiation process with the television field.

This raises another point: when television is big business, how can national health organizations with a non-profit culture deal with commercial collaboration partners in a profit culture? At the moment it seems that they are still in a reorientation phase. New types of professionals (more communication and marketing oriented) are being employed, new criteria for health communication projects are being added (such as being cost-effective), and other types of partnerships arrangements are being made (long term sponsoring).

National health organizations have shifted from an expert driven approach to a more social marketing approach. The use of a social marketing perspective does not automatically lead health organizations to become more customer oriented. If they do not fundamentally change their perspective from a sender's viewpoint to a receiver's viewpoint, it may be only in their own interest and not in the interest of the client to use this strategy. Their 'product' on offer may stay the same, but the way of marketing the product may become more sophisticated. In such cases using the entertainment-education strategy can be a tiresome and frustrating experience. Another question is how well the E&E strategy can be applied in western countries. E&E television has been found to be particularly effective in non-western settings, where television is a relatively new medium, domestic entertainment productions are rare, the health issues involved are fundamental to life and death, and millions of viewers can be counted upon. In addition, the work cultures in non-western settings of health communication and television professionals are more oriented to development and prosocial change. The entertainment-education strategy in western countries certainly has to meet other demands. There is more competition for viewers' attention, the public taste is more sophisticated, the number of potential viewers is smaller and many prosocial change issues (promotion of health) are not immediately life threatening. In view of the fact, however, that in western countries

2 For example, in 1997 ten Dutch national health organizations created the foundation, 'Stichting Samenwerkende Gezondheidsfondsen', to serve as a collaboration platform in the media and to jointly create television programmes.

the amount of entertainment television is still rising and attracting a relatively large and important audience for health communication, tapping entertainment's potential and upgrading these programmes with a prosocial content is something worth striving for.

This leads on to another theme for discussion. The possible negative effects and impact of 'antisocial' behaviour portrayed on television is still hotly debated. Some may, therefore, ask why E&E television should have a positive effect on people's intentions, attitude and behaviour. These questions will probably not be resolved in the short term, but television practice goes on. From a pragmatic point of view, one can argue that prosocial messages in entertainment television will at least not hurt anybody and that, even when direct effects on people's behaviour cannot be measured, a positive context and climate for social change can be created. The next question then is, in order to create positive effects, what, if any, is the formula for success? Health communication and television professionals dispute each other's expertise in relation to mass communication, and maybe rightly so: when television professionals themselves have no clear cut answers and recipe for successful television programmes, with high viewing rates, how can health communication professionals then be able to give clear cut answers about what is effective? However, this thesis has tried to shed light upon these questions and invites others to take up the challenge to research these issues in more depth.

10.3 Recommendations

The following recommendations emerge from the overview and discussion:

1 Social drama seems to be the most applied and researched E&E television genre. Other genres, talkshow, quiz and variety shows have not been systematically applied and researched and should also receive scholarly attention. With regard to the design of E&E television programmes, the social learning principles (attention, retention, production and motivation), should guide the design. E&E television programmes are more effective when integrated into other health communication strategies and supported by additional services. A more consumer-oriented approach rather than a medical approach is recommended in E&E television programmes on health in order to contribute to the empowerment of the target group.

2 Health organizations who want to collaborate with television professsionals need to develop a pro-active media policy in which specific choices for television partners, television genres and approaches in television programmes are carefully and consciously made beforehand. On the other hand, television organizations who want to collaborate with health organizations must be willing to reframe their frame of reference and to invest in the creation of common ground. In order to create a joint frame of reference, an E&E workshop for the members of the E&E team and other relevant stakeholders should be a standard procedure in every E&E collaboration (see Table 9.1: E&E working procedure). Incentives have to be devised to encourage television organizations to cooperate in this and to spur their ambitions in this direction.

3 In order to devise these incentives, national health organizations have to reflect upon

their different forms of capital, in order to capitalize on these in the initial negotiation process with the television professionals and to use them as positive incentives for the collaboration. Both organizations have to realize the need for the full commitment and backing of the members of the E&E team on all organizational levels. Of course, both the health and the television organization must delegate professionals who are capable of dealing with the intrinsic tensions of combining entertainment and education and differences in work culture.

4 E&E television programmes are designed within a high risk context. Criteria that normally apply for pure educational or pure entertainment television programmes formats do not fit with the criteria for E&E genres. Therefore E&E television programmes should become a new genre and as such be accepted and consecrated in both the television and the health communication field. This consecration on the part of the health communication professionals can, among other things, take place when they invest more time in watching different genres of television as part of their professional schooling in order to become more television literate. In order for both health communication and television professionals to become skilled collaboration partners, the integration of E&E teaching modules in present teaching institutes and departments in the field of television and (health) communication is highly recommended.

5 To gain more from research and to contribute more to E&E practice, the establishment of national E&E Media Training and Research Centres is recommended, with the objective of collecting relevant data, designing suitable research programmes and training modules, and functioning as clearing houses for national health organizations who want to make use of the E&E strategy [3].

This thesis is written at the intersection of different developments: the professionalization process of health communication professionals, the transition from non-profit to semi-profit or profit cultures, the refocusing of target groups and the meeting of private and public spheres, the rat-race and competition in the television field. Because of the fast pace of change currently being experienced, the situation may be quite different in a few years from what it is at present. This can only be regarded as positive and to be desired, for stagnation means decline, or as Mark Twain once said: 'even when you sit on the right track, you'll get run over if you just sit there'.

3 An example of such an E&E Media Resource and Research Centre is the department of Population and Communciation Services of Johns Hopkins University (JHU/PCS) in Baltimore, USA. In the Netherlands the recently established 'Entertainment-Education (E&E) Foundation' has put the realization of this recommentation high on its agenda.

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Samenvatting

De Schildpad en de Pauw

Samenwerking voor prosociale verandering;
De entertainment-education strategie op televisie

Introductie

Midden tachtiger jaren werd op de Nederlandse televisie de serie *Zeg 'ns Aa* uitgezonden. De grote populariteit van deze serie bracht in kringen van gezondheidsvoorlichters de discussie op gang of populaire televisieprogramma's ingezet zouden kunnen worden voor het bereiken van een grotere doelgroep. Nationale voorlichtingsorganisaties doen met hun voornamelijk inhoudelijke boodschappen een sterk beroep op de rationele verwerking van informatie, gebaseerd op de veronderstelling dat de ontvanger bij voorbaat geïnteresseerd is. Deze nadruk op cognitieve informatieverwerking bleek echter lang niet altijd effectief. Zolang er geen acuut gezondheidsprobleem om een oplossing vraagt, gaat men doorgaans niet actief op zoek naar informatie over gezondheid en gezond gedrag. In die gevallen zal een effectieve communicatiestrategie voor gezondheidsvoorlichting meer gebaat zijn bij boodschappen die een beroep doen op affectieve principes: op de emoties en op de belangstelling voor dat wat mensen wezenlijk raakt.

Populaire televisieprogramma's maken gebruik van deze communicatieprincipes, en worden bekeken door een groot aantal mensen. Wereldwijd is televisie een onlosmakelijk onderdeel geworden van het dagelijks leven. Televisie dient de bevrediging van verschillende behoeftes van de consument, variërend van de vraag om informatie tot de behoefte om met elkaar te praten over belangwekkende, actuele onderwerpen. De impact van populaire televisieprogramma's, als ze zouden worden ingezet voor voorlichtingsdoeleinden, zou dan ook wel eens veel groter kunnen zijn dan de invloed van voorlichtingsmiddelen met veel feitelijke informatie.

Ten tijde van *Zeg 'ns Aa* waren voorlichtingsorganisaties echter niet toe aan een dergelijke verandering van voorlichtingsstrategie en het inzetten van populaire media. Wel werd onderkend dat mensen op een verschillende manier met informatie omgaan en dat, om de aandacht van grote groepen in de samenleving te trekken en vast te houden, voorlichtingsorganisaties zich meer 'marktgericht' dienen op te stellen. De vraag wat de doelgroep aanspreekt (wat willen ze) is een essentieel onderdeel van de *'social marketing' benadering*. Daartegenover staat de *'expert' benadering* (wij weten wat ze nodig hebben), die jarenlang het beleid van voorlichtingsorganisaties heeft gedomineerd.

De *entertainment-education strategie (E&E)* behelst het proces van doelbewuste ontwikkeling en implementatie van een mediërende communicatievorm die in staat is om mensen te amuseren zowel als voor te lichten, om daarmee verschillende stadia van prosociale gedragsverandering te bevorderen en mogelijk te maken. De essentie van de E&E strategie bestaat erin dat informatie en amusement met elkaar worden vervlochten. Daarbij worden meestal rolmodellen ingezet om het gedrag van mensen positief te beïnvloeden (prosociale verandering). Televisieprogramma's zoals comedy, drama en soap, maar ook spelshow, talkshow en quiz, die van deze strategie gebruik maken, worden in dit proefschrift onderzocht op hun mogelijkheden voor de bevordering van een gezonde leefstijl.

Een tweeledige onderzoeksvraag, enerzijds de theorie en praktijk van de E&E strategie, en anderzijds de voetangels en klemmen van E&E samenwerking betreffend, vormt de basis voor de twee delen waaruit dit proefschrift bestaat:

A *Wat zijn de kenmerken van E&E televisieprogramma's die doelbewust ontworpen zijn om prosociale gedragsverandering te bevorderen, en wat weten we over hun effecten en succesfactoren*

B *Hoe werken voorlichters en televisieprofessionals samen bij het ontwikkelen en uitvoeren van E&E televisieprogramma's, en welke aanbevelingen levert de analyse daarvan op voor toekomstige samenwerking?*

Om deze vragen te kunnen beantwoorden bestond het onderzoek uit de volgende onderdelen:

- Een literatuuroverzicht van theorie en praktijk van gezondheidsvoorlichting, massamedia (televisie) en van de E&E strategie;
- Een analyse van kwantitatieve data van Nederlands E&E onderzoek;
- Een analyse van E&E televisieprogramma's wereldwijd;
- Een overzicht van de literatuur betreffende televisieproductie en samenwerkingsprocessen;
- Een diepte-onderzoek naar het samenwerkingsproces tussen gezondheidsvoorlichters (N=18) en televisieprofessionals (N=12) bij twaalf Nederlandse E&E televisieprogramma's.

Deel I: De E&E strategie in theorie en praktijk

Kenmerken

E&E televisieprogramma's zijn geen gewone televisieprogramma's. Om effectief te zijn dient het ontwerp van een dergelijk programma gebaseerd te zijn op de principes van *plaatsvervangend leren* (vicarious learning) volgens de sociale leertheorie van Bandura en op het gebruik van rolmodellen, zoals ontwikkeld door Sabido. Op basis van gevestigde wetenschappelijke theorieën, gecombineerd met onderzoeksresultaten van wereldwijd E&E onderzoek kan een aantal kenmerken worden aangewezen als succesfactoren voor E&E televisieprogramma's.

Op de eerste plaats moet een E&E televisieprogramma de *aandacht* opwekken (attention). Dat kan door een populair tv-genre te gebruiken. Bij het inzetten van rolmodellen is de geloofwaardigheid en aantrekkelijkheid daarvan belangrijk. Het amusement dient op de voorgrond te staan, de informatie op de achtergrond. Eerst moet het publiek zich betrokken gaan voelen bij het programma; later kunnen voorlichtingsboodschappen worden ingeweven. Met name sociaal drama blijkt erg geschikt om mensen emotioneel bij een programma te betrekken.

Op de tweede plaats dient de gegeven informatie te *beklijven* (retention). Voorwaarde daarvoor is onder meer dat de gebruikte rolmodellen en de situatie waarin de handeling geplaatst wordt, zoveel mogelijk lijken op de kijkers en hun leefomgeving. Het programma dient problemen aan te snijden vanuit verschillende invalshoeken, die in de loop van het programma worden opgelost met een gunstig resultaat voor de positieve rolmodellen. De dialogen die daarbij worden gevoerd, dienen de verschillende stand-

punten weer te geven die bij de kijkers leven. Op deze wijze worden kijkers gestimuleerd om de weergegeven informatie met elkaar te bespreken en daarbij het gewenste gedrag positief te beoordelen en op termijn over te nemen.

Op de derde plaats dienen de kijkers dienen het gewenste gedrag daadwerkelijk *over te nemen* (production). Een middel daartoe is dat het programma concrete informatie verschaft over wat men 'hier en nu' kan ondernemen. Dit houdt in dat er telefoonnummers, adressen en internet- of teletekstpagina's beschikbaar zijn voor het beantwoorden van vragen of het leveren van kant-en-klare diensten. Bij de zogenoemde niet-spontane informatiezoekers blijkt heel directe informatie het best te werken, waarbij de nadruk dient te liggen op het vergroten van persoonlijke effectiviteit.

Het meest belangrijk is de *bekrachtiging* van het gewenste gedrag (motivation and reinforcement). Drie types rolmodellen (positief, negatief en overgangs (transition) model) kunnen de kijkers laten zien wat de voor- en nadelen van het gewenste gedrag zijn, en wat de beloning is als iemand van ongewenst naar gewenst gedrag overstapt. Met name de overgangsmodellen worden ingezet als weerspiegeling van de dilemma's waarmee de kijkers zelf worden geconfronteerd. De verbeelding van zowel realistische als gemakkelijke realiseerbare stappen bij het overnemen van het gewenste gedrag is bij het gebruik van rolmodellen van doorslaggevend belang voor succes.

Effecten

De meeste programma's die in het onderzoek zijn meegenomen, voldeden aan de behoefte aan zowel amusement als informatie, en trokken een zeer omvangrijk publiek, in een mate die door een conventionele didactische benadering niet bereikt kan worden. De programma's werden uitgezonden op zeer gunstige tijden, die anders nooit aan programma's met een puur educatieve inhoud gegeven worden.

Resultaten werden het meest gerapporteerd op het terrein van *aandacht opwekken.* Verschillende malen werden ook effecten op het gebied van beïnvloeding van kennis en houding en soms zelfs op het terrein van gedragsverandering gemeld. De kracht van E&E programma's ligt met name in het gebruik van *sociale modellering* (het inzetten van rolmodellen), *sociale bekrachtiging* (het versterken van sociale verbanden en identiteit) en *(para)sociale interactie* (interpersoonlijke communicatie). Enkele, met name niet-westerse, E&E programma's waren ook succesvol in het mobiliseren van plaatselijke gemeenschappen (collectieve effectiviteit).

Hoewel de directe resultaten van E&E programma's doorgaans gematigd waren, waren de indirecte resultaten, als gevolg van het stimuleren van het gesprek binnen de eigen sociale kring, meer dan eens groot. Effecten komen voort uit het psycho-sociale proces van sociale modellering, (para)sociale interactie en het versterken van persoonlijke effectiviteit, dat plaatsvindt wanneer de doelgroep de inhoud van de E&E boodschap bespreekt in de eigen sociale kring (*peer communication*). Uit het onderzoek blijkt dat E&E programma's in enkele gevallen sociale verandering teweeg kunnen brengen. In andere gevallen kunnen ze het klimaat voor sociale verandering helpen vormen.

Naast de successen moet echter ook erkend worden dat de E&E strategie niet vrij is van problemen. De doelgroep identificeerde zich niet altijd met de positieve rolmodellen en in een aantal gevallen bleek het moeilijk om een goede balans te vinden tussen amusement en informatie. Bij het bestuderen van onderzoek bleek dat veel summatief onderzoek methodologische tekortkomingen had.

Verschillende E&E projecten zijn geëvalueerd in termen van kosten, omgerekend naar het aantal personen dat het gewenste prosociale gedrag had overgenomen. In deze evaluaties bleek dat de betreffende projecten relatief goedkoop waren, zeker in vergelijking met andersoortige voorlichtingsinterventies.

Een aantal verschillen tussen westerse en niet-westerse samenlevingen kunnen mogelijk verklaren waarom sommige E&E projecten succesvoller zijn dan andere. Factoren als de beschikbare infrastructuur, hard- en software en het aantal massamediale aanbieders spelen een doorslaggevende rol. Veel niet-westerse E&E programma's hebben hun succes mede te danken aan de snelle groei van het televisiepubliek in het betreffende land, en bij het gegeven dat bijvoorbeeld soaps in de eigen taal een noviteit waren. Een andere, meer intrigerende mogelijke succesfactor is gelegen in het verschil tussen schriftelijke en mondelinge oriëntatie. De enorme betrokkenheid van het kijkerspubliek en het optreden van (para)sociale interactie bij E&E soaps en dramaseries in niet-westerse landen kan mogelijk een verklaring vinden in het gegeven dat deze soaps en dramaseries vaak in groepsverband worden bekeken en goed aansluiten bij de levendige orale traditie en cultuur in deze landen.

Voorwaarden voor succes

Zoals eerder is aangegeven is de E&E strategie gebaseerd op een *'social marketing' benadering*, die de nadruk legt op de sociale aanvaardbaarheid van prosociale boodschappen en op een consumentgerichte oriëntatie. Om het 'product' goed te kunnen positioneren en om goed te kunnen inspelen op de behoefte van de consument is formatief onderzoek van het grootste belang. Er worden verschillende sociale marketing-technieken gebruikt bij het ontwerpen van E&E boodschappen. Onderzoek naar profielen, behoeften en voorkeuren van de doelgroepen vormt een wezenlijke ondersteuning van de ontwerpers van E&E programma's. Dit kan gebeuren door vertegenwoordigers van de doelgroep te betrekken bij het ontwerpproces, door ze scripts te laten beoordelen, of door *focusgroepen* te vormen voor de gewenste informatie en feedback.

Het realisme van E&E programma's blijkt bijzonder gediend met bezoeken aan de plekken en buurten waar de doelgroep komt en leeft, en door met leden van de doelgroep te praten over hun dagelijkse beslommeringen en ervaringen. Het nagaan of er met betrekking tot het onderwerp van het E&E programma geruchten of onjuiste ideeën leven, blijkt bijzonder behulpzaam bij het bepalen van de programmainhoud en het kiezen van positieve en negatieve rolmodellen.

Behalve nuttig voor het E&E programma zelf blijkt dit soort onderzoek ook erg stimulerend voor de samenwerking tussen voorlichters en televisieprofessionals. Enkele samenwerkingspartners rapporteerden dat het bijwonen van focusgroepdiscussies en het reflecteren op de feedback van de doelgroep hen deed beseffen dat communicatie een *proces* is in plaats van een *product*.

Omdat formatief onderzoek tijdens de voorbereiding en uitvoering van een E&E programma veel tijd vraagt, moeten de planningschema's van het productieproces daarop zorgvuldig worden afgestemd.

Om effectief te zijn, dient een E&E programma ingebed te worden in een campagne die meer omvat dan het televisieprogramma zelf. Het effectiefst waren die programma's die onderdeel uitmaakten van een grootschalige multimediale campagne, die naast het pro-

gramma ook nog (tal van) andere voorlichtingsmethoden omvatte. E&E televisie kan geen prosociale verandering teweeg brengen zonder de hulp van andere sociaal-culturele factoren. Het belang van het verzorgen van een goede infrastructuur, via welke aanvullende diensten en informatie te verkrijgen zijn, kan niet genoeg worden benadrukt. Effectieve communicatie vraagt een grote betrokkenheid van voorlichtingsorganisaties, overheidsinstellingen, bedrijfsleven, media en de betrokken gemeenschap. De mate waarin de verschillende samenwerkingspartners erin slagen om een win-win relatie op te bouwen is een belangrijke voorwaarde voor succes.

Deel II: Het E&E samenwerkingsproces in theorie en praktijk

Samenwerking

Er worden vier vormen van samenwerking onderscheiden: lobbying, inscript-participatie, co-productie en productie. De kenmerken en voor- en nadelen van deze verschillende vormen hebben te maken met aspecten als: financiële investering, deskundigheid, menskracht, tijdsinvestering, onderzoek en follow-up, contractmogelijkheden en het imago van de samenwerkingspartners. Voorlichtingsorganisaties bleken de meeste invloed op het resultaat te hebben bij co-productie en bij een onafhankelijke productie. Samenwerking vooronderstelt een initiële gelijkwaardigheid van de samenwerkingspartners (sturingssymmetrie). In de praktijk bleek echter dat de televisieprofessionals er steeds in slaagden om het machtsevenwicht naar hun kant over te laten hellen, waardoor asymmetrie ontstond.

In het samenwerkingsproces werden vier stadia onderscheiden: oriëntatie, kristallisatie, productie en implementatie. Van deze vier stadia bleken de eerste twee door gezondheidsvoorlichters het best stuurbaar te worden gevonden. Voordat het contract werd getekend (ondertekening van het contract markeert het einde van het kristallisatie-stadium) hadden de gezondheidsvoorlichters het gevoel meer controle over het samenwerkingsproces te hebben dan daarna. Gedeeltelijk was dit te wijten aan het gegeven dat de televisieprofessionals 'hun kruit drooghielden' totdat het contract werd getekend. Daarna kreeg het productieproces zijn eigen dynamiek en werkritme. Beide werden voornamelijk bepaald door de werkcultuur van de televisieprofessionals.

Gezondheidsvoorlichters hadden het gevoel overspoeld te worden door de eisen die televisieproductie aan hen stelde, door de creatieve processen waarvan ze nu deel uitmaakten en door de onbepaaldheid van de uitkomsten van het werkproces. In dit verband vergeleken ze het samenwerkingsproces onder meer met een voetbalwedstrijd waarbij zij nauwelijks aan de bal kwamen.

De samenwerking en de bestuurbaarheid ervan werden beïnvloed door factoren als: kapitaalsvormen, culturele verschillen, persoonskenmerken, selectiecriteria, professionele standaarden en ondersteuning door de achterban. Gezondheidsvoorlichters noemden economisch kapitaal als een belangrijke faciliterende factor voor het samenwerkingsproces. Het gegeven dat de voorlichtingsorganisatie een substantiële bijdrage leverde aan de realisatie van het televisieprogramma (tussen de 50 % en 100 %) gaf hen een sterke uitgangspositie. Behalve economisch kapitaal investeerden voorlichtingsorganisaties ook veel cultureel en sociaal kapitaal. Zij leverden woordvoerders, programma-inhouden en interessante opnamelocaties en verzorgden additionele diensten, zoals

telefonische hulplijnen, brochures, teletekstpagina's en dergelijke.
Gezondheidsvoorlichters vonden dat al dit geïnvesteerde kapitaal een positie rechtvaardigde waarin zij het samenwerkingsproces konden sturen. In de praktijk bleek hun kapitaal echter moeilijk te verzilveren. Televisieprofessionals namen niet de klantgerichte houding aan die door gezondheidsvoorlichters van hen werd verwacht. Ook bleek de samenwerking veel meer werk voor gezondheidsvoorlichters met zich mee te brengen dan dezen hadden ingeschat.

Televisieprofessionals verwachtten van gezondheidsvoorlichters dat zij inhoudelijke informatie aan zouden leveren en de kwaliteit daarvan zouden bewaken: een puur dienstbare taak. Zij waren niet gewend aan het delen van de creatieve verantwoordelijkheid en aan suggesties, vragen en eisen met betrekking tot de vorm, context en invalshoek van de E&E boodschap.

Bevorderende en belemmerende factoren
Verschillen in werkcultuur en -stijl werden ervaren als een belemmerende, maar ook als een stimulerende factor. Enerzijds moesten de gezondheidsvoorlichters in korte tijd thuis zien te raken in de regels van de televisiewereld en leren om de signalen uit die wereld op de juiste manier te interpreteren. Vooral nieuwkomers gaven aan dat zij het gevoel hadden als blinde in een wereld te komen waar iedereen kon zien. De directe antwoorden op vragen die het productieproces van hen vroeg, kostten hen veel energie en leverden veel stress op.
Anderzijds werd de dynamiek en de creatieve karakter van het televisiewerk ervaren als stimulerend en plezierig. Ook maakte de nieuwe televisie-ervaring van hen meer ervaren en allround professionals. Niettemin gaven gezondheidsvoorlichters aan dat zij hun baan niet voor een positie in de televisiewereld zouden willen ruilen. De op uiterlijkheden en persoonlijke ambities gerichte televisieprofessionals werden vergeleken met *pauwen* die hun veren laten zien om te imponeren. Gezondheidsvoorlichters hadden niet het gevoel dat zij zich daartussen thuis zouden kunnen voelen.

Televisieprofessionals moesten van hun kant wennen aan de mores en werkcultuur van de gezondheidsvoorlichters. Regelmatig moesten ze hun werktempo vertragen, en werd het productieproces opgehouden doordat belangrijke beslissingen niet door de gezondheidsvoorlichters konden worden gefiatteerd zonder consultatie van hun achterban. De vergelijking met *schildpadden* werd getrokken om duidelijk te maken dat gezondheidsvoorlichters en hun organisaties weliswaar solide en betrouwbaar zijn, maar ook traag en (over)voorzichtig. Verschillen tussen profit en non-profit organisaties waren voor televisieprofessionals opvallend. Voorlichtingsorganisaties werden soms 'wereldvreemd' gevonden, omdat ze van televisieprofessionals verwachtten dat zij hun medewerking aan de goede doelen van de voorlichtingsorganisatie 'om niet' zouden leveren. Televisieprofessionals noemden in dit verband hun veld een volwassen bedrijfstak waarin geen plaats is voor goedwillende amateurs.

Verschillen in professionele standaarden en persoonskenmerken speelden eveneens een rol in het samenwerkingsproces. Bekendheid van televisieprofessionals met het werkproces van voorlichtingsorganisaties werkte bevorderend. Voorlichtingsorganisaties hadden omgekeerd vaak wel ervaring met informatieve televisiegenres, maar minder met entertainment-genres als drama, comedy en soap. De samenwerking met *creatieven* (scriptschrijvers, regisseurs, en dergelijke) vroeg grote diplomatieke vaardig-

heden van gezondheidsvoorlichters. Meer dan eens werd van hen door programmamakers gevraagd om toch vooral omzichtig om te springen met de creatieven, om hun creatieve productie niet te blokkeren. Gezondheidsvoorlichters gaven aan dat zij vaak het gevoel hadden op eieren te lopen en extra diplomatiek moesten zijn om de kwetsbare ego's van de creatieven niet tezeer te belasten.

Voorlichtingsorganisaties maakten bijna geen bewuste keuzes voor bepaalde samenwerkingspartners of een bepaald televisiegenre. Het initiatief voor een E&E productie werd doorgaans genomen door de televisieprofessionals, met de bedoeling om extra financiering te vinden voor hun programma. De motieven van voorlichtingsorganisaties om in te stemmen met samenwerking varieerden van publieksvoorlichting en experimenteren met nieuwe methoden van voorlichting tot het promoten van de eigen organisatie, overleven, fondsenwerving of de verkoop van bepaalde voorlichtingsproducten. Vaak werd gepoogd verschillende van deze motieven te combineren in één project.

Ondersteuning vanuit de eigen organisatie was een vaak genoemd punt. Veel gezondheidsvoorlichters hadden moeite met (het gebrek aan) ondersteuning dat zij van collega's en superieuren kregen.

Niet alle belemmerende en bevorderende factoren kregen evenveel respons. 'Cultuurverschillen', 'persoonskenmerken' en 'ondersteuning' door de achterban veroorzaakten de meeste en felste reacties. 'Ondersteuning' was in feite een onverwacht aspect, dat pas tijdens het onderzoek op de voorgrond trad.

Risicomanagement

Zowel gezondheidsvoorlichters als televisieprofessionals vonden de keuze van een entertainment-format voor voorlichtingsdoeleinden een extra risico inhouden. Voorlichtingsorganisaties zijn gewend om hun boodschap op te stellen volgens een nauwkeurig opgezet plan en om deze bij de productie keer op keer te controleren. Het ontwerpproces stond altijd volledig onder controle, net als de verspreiding van de boodschap. Deze vorm van werken bracht nauwelijks risico's met zich mee. In tegenstelling daarmee bergt het verspreiden van een boodschap via televisie, zeker in een entertainment-format, veel risico's in zich. Het multidimensionele karakter van het medium (een combinatie van tekst, beeld en geluid), het verweven van de informatie in amusement en het feit dat de verspreiding van de boodschap plaatsvindt via een 'open kanaal', dat toelaat dat het publiek ermee doet wat het wil, creëren tesamen een *hoog-risico-context.* In de E&E strategie zijn vorm, inhoud en presentatie allemaal even belangrijk. Risico-reductie betekent dan het onder controle houden van al deze elementen, en gezondheidsvoorlichters voelen zich in die situatie ook voor al deze elementen verantwoordelijk. Televisieprofessionals verwachten van hen echter enkel het aanleveren van inhoud, zoals wetenschappelijke feiten en cijfers. Zaken als vorm en presentatie rekenen zij tot 'hun kant van de klus.' Dit betekende dat de professionele rollen van beide soorten professionals elkaar gedeeltelijk overlapten, wat het risico-management er niet eenvoudiger op maakte.

Tijd en energie was een element dat door beide soorten professionals vaak genoemd werd tijdens de interviews. Een vluchtige lezing van de interviewdata zou de indruk kunnen wekken dat deze factor voornamelijk negatief werd gewaardeerd door gezondheidsvoorlichters. Een diepte-analyse van de betreffende interviewfragmenten leverde echter een genuanceerder beeld op. Vooral nieuwkomers in het voorlichtingsveld waardeerden deze factor ook positief.

Gezondheidsvoorlichters vonden het in eerste instantie moeilijk om zich aan te passen aan het werkritme van de televisieprofessionals, dat lange en onregelmatige werktijden met zich meebracht. Aan de andere kant gaf dit aspect hen ook het gevoel dat ze bij iets nieuws en spannends betrokken waren. Het gegeven dat ze met televisie bezig waren stimuleerde hun ego en voedde hen met veel positieve energie. Ofschoon ze maar moeilijk om konden gaan met het hoge werktempo en de geringe tijd voor reflectie, bleek de werkdruk ook een mentale stimulans in te houden. Ze werden uitgedaagd om op hun tenen te lopen en genoten van het creatieve appel dat op hen werd gedaan.

Socialiseren bleek erg belangrijk voor de samenwerking. Veel gezondheidsvoorlichters gaven aan dat zij plezier beleefden aan de open, informele contacten met interessante mensen in een glamourvolle en creatieve atmosfeer.

Geen van beide samenwerkingspartners gaf een helder antwoord op de vraag naar hun perceptie van het succes van het betreffende E&E project. In sommige samenwerkingen was het programma erg succesvol, maar werd de samenwerking als onbevredigend bestempeld. In andere gevallen was het juist andersom. Er waren bijna geen gevallen waarin beide partners van een win-win gevoel op beide fronten gewag maakten. Bij de start van de samenwerking was er wel vaak een gemeenschappelijk enthousiasme, maar naarmate de samenwerking vorderde en moeilijker te managen bleek, daalde het animo en kwam een gevoel van teleurstelling boven, vanwege de strijd die over veel punten geleverd moest worden en de soms tegenvallende resultaten. In deze gevallen werd achteraf de samenwerking doorgaans positiever gewaardeerd dan het product.

De logische volgende vraag: 'Aan welke voorwaarden moet worden voldaan om beide samenwerkingspartners tevreden te laten zijn over zowel het samenwerkingsproces als het product?' leidt tot het verder analyseren van de sturingsbalans tussen beide partijen. Gezondheidsvoorlichters gingen ervan uit dat de noodzaak om een evenwichtig E&E product af te leveren ook een sturingssymmetrie tussen beide partijen met zich mee zou brengen. Dit bleek echter niet overeen te komen met de wijze waarop televisieprofessionals met de sturingsbalans omgingen. Zodra de gezondheidsvoorlichters hun inhoudelijke deel hadden bijgedragen, wilden de televisieprofessionals het werkproces overnemen en beschouwden ze het programma verder als hun verantwoordelijkheid. Om meer dan een reden slaagden televisieprofessionals er praktisch altijd in om het machtsevenwicht naar hun kant over te laten hellen. De verschillende referentiekaders werden niet samengevoegd, maar botsten, met als gevolg een asymmetrisch resultaat in het voordeel van de televisieprofessionals.

Zolang deze strijd tussen de verschillende referentiekaders voortduurt, zal de E&E samenwerking altijd resulteren in winst voor de entertainment-partner, ten koste van de educatie-partner. Om tot een evenwichtig product te komen, zullen beiden dus hun referentiekader moeten herzien. Win-win-situaties worden slechts mogelijk als beide partners inzien dat 'eigen' winst alleen mogelijk is als er ook sprake is van winst voor de andere partij. Dat wordt mogelijk als beide partners het er over eens worden dat een E&E programma een genre vertegenwoordigt dat verschilt van genres die in een laag-risico-context worden geproduceerd, en een werkprocedure vergt die afwijkt van de werkprocedures in een laag-risico-context. Deze overwegingen worden samengevat in de volgende *grounded E&E theory*:

'Het doelbewust ontwerpen van een E&E televisieprogramma betekent samenwerking tussen twee professionele velden in een hoog-risico-context, die alleen tot een win-win-resultaat kan lei-

den als beide samenwerkingspartners gezamenlijk een nieuw referentiekader creëren, dat leidt tot een E&E genre dat wordt geaccepteerd en geconsecreerd door beide professionele velden.'
Op basis van deze theorie wordt een ideaaltypisch E&E samenwerkingsmodel en een ideale E&E werkprocedure gepresenteerd.

Het afsluitende hoofdstuk van het proefschrift entameert de discussie over de succesfactoren van E&E televisieprogramma's en samenwerkingsprocessen. Deze discussie leidt tot een vijftal aanbevelingen:

1 Sociaal drama is het meest toegepaste en onderzochte E&E televisiegenre. Andere genres als talkshow, quiz, spelshow en magazine zijn niet systematisch toegepast of onderzocht en verdienen meer wetenschappelijke aandacht. Het ontwerp van E&E programma's dient geleid te worden door de principes van de sociale leertheorie. E&E programma's zijn effectiever wanneer zij worden ontwikkeld op basis van formatief onderzoek en worden ingebed in andere voorlichtingsstrategieën en ondersteund worden door aanvullende diensten.
2 Voorlichtingsorganisaties die met televisieprofessionals willen samenwerken, wordt aanbevolen een pro-actief mediabeleid te ontwikkelen, waarin keuzes voor samenwerkingspartners, televisiegenres en benadering/invalshoek zorgvuldig en doelbewust vooraf worden bepaald. Televisieorganisaties en voorlichtingsorganisaties die met elkaar willen samenwerken wordt aanbevolen te investeren in een gemeenschappelijk referentiekader.
3 Voorlichtingsorganisaties wordt aanbevolen zich te bezinnen op de verschillende vormen van kapitaal die zij in het onderhandelingsproces zouden kunnen inzetten als positieve stimulansen voor de samenwerking. Van belang is eveneens de selectie van professionals die kunnen omgaan met de combinatie van voorlichting met amusement en met verschillen in werkcultuur, en die binnen hun organisatie op voldoende ondersteuning kunnen rekenen.
4 De criteria die gelden voor televisieprogramma's die worden ontwikkeld in een laag-risico-context (louter entertainment of louter informatief) zijn niet van toepassing op E&E televisieprogramma's. Om deze reden dienen E&E producten gezien te worden als een nieuw genre, dat geaccepteerd en *geconsecreerd* zal moeten worden in beide professionele velden. Om dit te bevorderen is de opname van E&E trainings- en onderwijsmodules in de bestaande opleidingen, zowel binnen de gezondheidsvoorlichting als de televisieproductie, zeer aan te bevelen.
5 Om meer te kunnen profiteren van onderzoek en om een grotere bijdrage te kunnen leveren aan de E&E praktijk wordt de oprichting aanbevolen van een nationaal E&E onderzoeks- en trainingscentrum, met als doel het verzamelen en ontsluiten van relevante data, het ontwikkelen van onderzoeks- en trainingsprogramma's en het functioneren als transferpunt voor voorlichtingsorganisaties die van de E&E strategie gebruik willen maken.

Appendix I

Title	**Familie Oudenrijn (Family Oudenrijn)**
GenreFamily	Comedy
Broadcasting period	1987-1990, prime time 19.00 (and in 1991 its sequel 'Ducker en Oudenrijn').
Number of programmes	50 episodes of 25 minutes
Broadcasting organization	TROS
Producer	Peekel/Stips Productions
Participants	Dutch Road Safety Organization (VVN), Ministry of Transport, Public Works and Water Management (Min. V&W)
Target group	Total dutch population
Aims	The series aimed to bring the subject of road safety and later also environmental issues to the attention. Road safety issues, such as accident prevention and driving while intoxinated (DWI) were interwoven with the experiences of the family in the comedy.
Action trajectory	The series was purposively designed to serve as 'an organizer' of a larger integrated communication strategy 'Action 25%'. In line with the playful approach of the television series, traffic fairs were organised in some major towns to confront road users more directly with road safety problems. These regional and local fairs were promoted by the series.
Ratings	Average of 1.1 million viewers (viewer rate 8.6%), average appreciation rate 7.2 out of ten.
Theoretical background	Organizer theory; Agenda setting theory; Social dilemma theory
Research	*Quantitative:* Pre-post study with control group *Qualitative:* Literature search; Expert interviews, Content analysis.

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Title	**Way of Life Show**
Genre	Sportive game show
Broadcasting period	June, July, August 1988, prime time on Tuesday
Number of programmes	13 weekly shows of 90 minutes
Broadcasting organization	TROS
Producer	Joop van den Ende Productions
Participants	Netherlands Heart Foundation Netherlands Bureau for Nutrition Education The Royal Dutch Touring Club ANWB Food Industry
Target group	Dutch population, mainly lower income groups, age 16 - 45.
Aims	The health elements of the *Way of life Show* were alternated with entertainment (sportive games) and consisted of: (1) the socalled 'Three of Hearts' candidates, who had taken the challenge to lose weight during the 13 weeks of the campaign; (2) a short comedy 'Familie Voordeur', dealing with healthy and unhealthy habits. The aims of the whole campaign were: • Awareness of importance of healthy life style in order to prevent CVD • Knowledge and understanding of 4 life style components: nutrition, smo king, exercise, stress • A positive attitude towards a healthy life style and the intention to choose such a way of life
Action trajectory	Multimedia campaign on television, radio, in newspapers and at local health fairs, and spin off activities and merchandizing
Ratings	2.5 million; appreciation in target group: 7.3 (scale of 1-10)
Theoretical background	Behaviour Change Model of Kok (1985), adapted from McGuire.
Research	*Quantitative and qualitative:* Four separate studies: (1) Pre- Post Control Group design (pre N =1518; post N = 1473; control N=1222) among the dutch population (2) Questionnaires among general practitioners (N=190); (3) Panel Research (N=24) into the appreciation of the E&E formula (4) monitoring of telephone calls and demands for support and additional information material (leaflets e.g.)

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ResCon (1989) *Way of Life campagne; Eindrapport evaluatie*, Netherlands Heart Foundation, The Hague.

Title	**Way of Life Magazine**
Genre	Magazine/Talkshow
Broadcasting Period	June, July, August 1988Number of programmes13 weekly magazines of 45 minutes each, fridays, afternoon 16.15 PM -17.00 PM
Broadcasting organization	TROS
Producer	Joop van den Ende Productions
Participants	Netherlands Heart Foundation Netherlands Bureau for Nutrition Education ANWB Food Industry Federation of hair-dressers
Target group	Dutch population, mainly lower income groups, age 16 - 45.
Aims	The formula of the programme was that of a service programme or womens magazine. It was a mixture of health information, recipes, testamonials of well-known Dutch personalities, beauty salon-treatment and simple physical exercises. Moreover the possibility was offered to ask questions to a general practitioner about cholesterol, blood pressure, stress, food labelling, etc. The aims of the magazine was: • Awareness of importance of healthy life style in order to prevent CVD • Knowledge & understanding of 4 life style components: nutrition, smoking, exercise, stress • A positive attitude towards a healthy life style and the intention to choose such a way of life
Action Trajectory	Multimedia Campaign on television, radio, in newspapers and on local health fairs + spin off activities & merchandizing
Ratings	3% or 400.000 viewers
Theoretical background	Behaviour Change Model of Kok (1985), adapted from McGuire.
Research	*Quantitative and qualitative:* Four separate studies: (1) Pre- Post Control Group design (pre N 1518; post N = 1473; control N=1222) mong the dutch population (2) Questionaires among general practitioners (N=190); (3) Panel Research (N=24) into the appreciation of the entertainment-education formula (4) monitoring of telephone calls and demands for support and additional information material (leaflets e.g.)

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Title	**Twaalf Steden, Dertien Ongelukken**
Genre	Docu Drama
Broadcasting period	1990-1992, prime time 19.45
Number of programmes	In total 24 episodes of 25 minutes
Broadcasting organization	VARA
Producer	Peekel/Stips Productions
Participants	Dutch Traffic Safety Organization (VVN), Ministry of Transport, Public Works and Water Management (Min. V&W);
Target group	Total Dutch population, especially viewers aged 25-49 .
Aims	The aim of the series was to stimulate awareness and engender a feeling of responsibility regarding traffic safety behaviour in order to avoid accidents.
Action Trajectory	The series served as an organizer of a larger communication strategy 'Actie-25%'.
Ratings	Average of 1.6. million viewers (viewer rate 12%) average appreciation rate 7.3 out of ten.
Theoretical background	Unknown
Research	Unknown

Title	**Hou nou toch op**
Genre	Light entertainment health show
Broadcasting period	30 December 1990-7 April 1991, Sunday afternoon 17.00 and Sunday evening 21.00
Number of programmes	13 episodes of 30 minutes and 2 episodes of 60 minutes
Broadcasting organization	KRO
Producer	Han van der Meer Productions
Participants	STIVORO (Dutch Smoking and Health Foundation).
Target group	Total Dutch population, but especially smokers
Aims	In *Hou nou toch op* well known Dutch television personalities (all smokers) were followed om their attemps to quit smoking in various ways, while experts commented on these attempts and gave information about the hazards of smoking. Also during that same period, a 6 week TV clinic was broadcast consisting of 6 televison and 6 radio sessions. A corresponding manual contained all the information that was broadcast. The aim of the television series was to encourage smokers to stop smoking and to highlight the positive effects of no smoking.
Action Trajectory	Part of a quit-smoking action.
Ratings	Average of 400,000 viewers (viewer rate 3.3) of the 13 afternoon health shows and 1,500.000 viewers (viewer rate 11) of the 2 evening gala shows; both afternoon and evening shows, appreciation rate 7 out of ten.
Theoretical background	Model of Self Efficacy and Self Change (Diclimente, Prochaska & Gibertini, 1985);
Research	*Quantitative:* Pre-post design with control group.

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Title	**Villa Borghese**
Genre	Drama series
Broadcasting period	October-December 1991, prime time 19.30 Thursday evening
Number of programmes	13 episodes, 25 minutes
Broadcasting organization	AVRO
Producer	R. Stokvis Productions
Participants	Netherlands Heart Foundation, Dutch Health Education and Health Promotion Centre
Target group	Total Dutch population, but especially low socio-economic groups
Aims	'Villa Borghese', was the name of a fictitious health farm in Holland. In the setting of this health farm, opportunities were offered to come to terms with the importance of exercise, a good diet, non smoking and dealing sensibly with stress. The message emphasized non-smoking and a low-fat diet.
Action Trajectory	Stand alone experiment.
Ratings	Average of 650,000 viewers (viewer rate 5%); appreciation rate 6.2 out of ten
Theoretical background	Social Learning Theory (Bandura, 1986); Contemplation Model (Diclimente, Prochaska & Gibertine, 1985); Behaviour Change Model (Kok, 1985)
Research	*Quantitative and qualitative:* Four separate studies : (1) Pre-post design with control group (pre N=1250; post N=1000; control N=650), (2) Panel study into the appreciation of the characters and storyline N=23, (3) Evaluation of the collaboration process between different stakeholders (4) Pre viewing first double episode with focus group discussion;

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Title	**Oppassen**
Genre	Family comedy
Broadcasting Period	1991-1993, prime time 19.55 (the series is still running)Number of programmesepisodes of 25 minutes
Broadcasting organization	VARA
Producer	Blue Horse Productions
Participants	Ministry of Housing, Spatial Planning and Environment (VROM)
Target group	Total Dutch population.
Aims	The aim of inscript episodes was to involve people in environmental issues and enhance pro-environmental individual behaviour, such as reduction of household waste.
Action trajectory	Stand alone, but indirectly part of a larger public service campaign 'Een beter milieu begint bij jezelf'
Ratings	Average of 2 million viewers
Theoretical background	Agenda setting theory
Research	*Qualitative:* Pre-test with focus group interviews

References

NOS-KLO (1990) 'Oppassen (een pretest)' *NOS Bulletin* B90-159, Hilversum.

Title	**Je zult het zien**
Genre	Light entertainment talkshow
Broadcasting Period	April, May and June 1992, prime time 21.10 - 21.40
Number of programmes	1 episode of 60 minutes and 8 episodes of 30 minutes
Broadcasting organization	KRO
Producer	Han van der Meer Productions
Participants	Netherlands Institute of Alcohol and Drugs (NIAD), Netherlands Bureau for Nutrition Education (VOVO), National Bureau Alcohol Education Project (AVP), Dutch Institute for Sports and Health.
Target group	Total Dutch population
Aims	Each *Je zult het zien* show presented a number of well-known Dutch persons and followed them in their efforts to change their health behaviour. Experts were interviewed as well. Each show included practical tips or exercises to show how one can change lifestyle. The aim of the television series was to encourage people to choose a healthier lifestyle. The message content focused on more physical exercise, stop or reducing alcohol consumption, quit smoking and healthier and more balanced nutritition.
Action Trajectory	Television series, printed information magazine, telephone help line
Ratings	Average of 600,000 - 1,000.000 viewers (viewer rate 5-7%), appreciation rate 6.9 out of ten.
Theoretical background	Model of Behaviour Change (Kok, 1985)
Research	*Quantitative:* Pre-post design, no control group

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Title	**Op leven en Dood**
Genre	Game and Talkshow
Broadcasting period	1993, prime time 22.00
Number of programmes	6 episodes, 40 minutes
Broadcasting organization	NCRV
Producer	Idee TV
Participants	Ministry of Welfare, Health and Cultural Affairs (WVC), Programme Committee 'Keuzen in de Zorg'
Target group	Total Dutch population
Aims	The aim of the series was to stimulate awareness of the need to make choices in medical care, because of rising medical costs.
Action trajectory	The series served as a discussion starter of a larger communication strategy 'Keuzen in de Zorg'.
Ratings	Average of 700,000 viewers (viewerrate 5.1.%); average appreciation rate 7 out of ten.
Theoretical	backgroundUnknown
Research	*Qualitative:* Post-viewing with focus group interviews

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Bureau Advies Research Training (BART), (1994) *Interessant of irritant? ; panelonderzoek naar het televisieprogramma 'Op leven en dood'*, Gouda.

Title	**Medisch Centrum West (1)**
Genre	Hospital drama series
Broadcasting Period	The total series was aired from 1988 - 1994. The specific three cardiovascular episodes were broadcast December 1992, January and February 1993, prime time 20..30
Number of programmes	3 episodes of 55 minutes
Broadcasting organization	TROS
Producer	John de Mol Productions
Participants	Netherlands Heart Foundation
Target group	Total Dutch population
Aims	The serial was based on realistic medical themes and organized around romances and intrigues between doctors and nurses. The hospital setting of the serial lent itself well to the realities of dealing with heart patients and their families. The aim of the three episodes was to inform the audience about:: 1) the importance of a healthy, low fat diet and the important role of the dietician. 2) the fact that after menopause, women are as vulnerable to heart diseases as men. 3) heart transplantation and the donor codicil.
Action Trajectory	Stand alone
Ratings	Average of 2.5 million viewers (viewer rate 18%) average appreciation rate 7.3 out of ten
Theoretical background	Social Learning Theory (Bandura, 1986), Uses and Gratifications Approach, Agenda Setting Theory
Research	*Quantitative:* Post design, control group. *Qualititative:* Two pre-viewings with focus group discussions.

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Bouman, M.P.A., Maas, L., Kok, G. (1998)' Health Education in Television Entertainment: A Dutch Drama serial', *Health Education Research* (13)4 pp. 503-518.

Title	**Medisch Centrum West (2)**
Genre	Hospital drama series
Broadcasting Period	1988-1994. Chronic diseases inscript participation. November and December 1993, prime time 20..30
Number of programmes	6 episodes of 55 minutes B
roadcasting organization	TROS
Producer	John de Mol Productions
Participants	National Committee Chronic Diseases (NCCZ)
Target group	Total Dutch population
Aims	The serial was based on realistic medical themes and was organized around romances and intrigues between doctors and nurses. The aim of episodes was to: - inform about chronic diseases - create understanding of the limitations of chronic patients - to increase their social acceptance in daily life situations
Action trajectory	Stand alone, but indirectly part of a larger communication strategy.
Ratings	Average of 2.5 million viewers (viewer rate 18%); average appreciation rate 7.3 out of ten.
Theoretical background	Agenda setting theory
Research	*Quantitative:* Pre-post design, no control group

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Title	**Gezond en Wel**
Genre	Talkshow/magazine
Broadcasting Period	1994/1995, Saturday 17.00, re-broadcast Friday afternoon
Number of programmes	39 programmes of 25 minutes
Broadcasting organization	RTL-4
Producer	RTL-4 Productions
Participants	Netherlands Bureau for Nutrition Education
Target group	Total Dutch population
Aims	The aim of the series was to stimulate healthy food choices
Action Trajectory	The programmes served as part of a larger 'Let op Vet' communication strategy
Ratings	Average of 648,000 viewers (viewer rate 5%)
Theoretical background	Social Marketing (push pull strategy)
Research	Unknown

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Title	**Viola's Gezondheidsshow**
Genre	Game and talkshow
Broadcasting Period	22th of February 1994, prime time 20. 30
Number of programmes	Single show (90 minutes)
Broadcasting organization	RTL-4
Producer	John de Mol Productions
Participants	Steering Group Healthy Food; Netherlands Heart Foundation
Target group	Total Dutch population
Aims	The aim of the show was to raise awareness about the how and why of low fat intake and low fat food choices among buyers within the household.
Action Trajectory	The show was part of an integrated communication strategy; the 'Let op Vet' campaign ('Fat Watch' campaign).
Ratings	Average of 1.6 million viewers (viewer rate 12%).
Theoretical background	Social modelling and self efficacy concepts
Research	Unknown

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Title	**Ke Wang (Aspirations) (China)**
Genre	First indigenously-produced chinese soap opera
Broadcasting Period	Broadcast in China daily during December 1990 and January 1991
Number of programmes	50 episodes of 60 minutes each
Broadcasting organization	100 television stations in China, among which Beijing Yianshan Petrochemical Company's Television Station (BYPCTV), the Chinese National Television Network
Producer	Beijing Television Arts Center (BTAC)
Participants	Seven industrial companies (including a major watchmaker) bought advertising time on the soap opera.
Target group	General population of China
Aims	The soapseries praised the lifestyles of ordinary people, promoting social harmony and selflessness. It adressed many of the important social issues, confronting the Chinese society: status of women, social morality, family harmony, class conflict, responsible parenthood, maintenance of traditional culture, volunteerism, child development, physical disability, and others.
Action Trajectory	Television, casettes of the theme music, video tapes in shops, news paper coverage
Ratings	Total estimated audience 550-600 million (ratings up to 90%-95%)
Theoretical background	The Cinese producers of Ke Wang did not consciously attempt to combine entertainment with education. While Bandura's social learning theory was not conciously incorporated in the design of Ke Wang, many of Ke Wang's characters served as role models for viewers.
Research	*Qualitative:* Thorough viewing of all 50 episodes of Ke Wang; review of over 70 articles on Ke Wang published during October 1990 and July 1991 in Chinese newspapers and magazines and in the Chinese ethnic press in the US.; personal interviews with officials of Chinese television stations in New York (who are planning to broadcast Ke Wang in the U.S. for Chinese expatriates); personal interviews with about 60 Chinese students in the U.S. who either watched Ke Wang when it was broadcast in China or in the U.S. on videotape.

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Title	**Hum Log (India)**
Genre	Soap opera
Broadcasting Period	17 months; July 7th, 1984 to December 18th, 1985
Number of programmes	156 episodes of 22 minutes
Broadcasting organization	Doordarshan, the government national television network
Producer	Doordarshan delegated this task to the Time and Space Corporation (Mrs. Shobha Doctor).
Participants	Food Specialties Limited
Target group	General population of India, especially Hindi speaking areas in North India
Aims	The soap opera aimed: To promote family planning and other socially desirable values, such as equal status of women, family harmony in India via a televison melodrama.
Action Trajectory	Television
Ratings	About 50 million people watched the average 'Hum Log' broadcast
Theoretical background	Theoretical framework of Miguel Sabido
Research	*Quantitative:* (1) Post-test field survey of the television audience in India (N=1,170 adults) in three areas; A mailed questionnaire to Hum Log letter writers (N=321). *Qualitative:* Personal interviews with key officials who were involved in Hum Log; Content Analyses 147 episodes of Hum Log; Content Analysis of a sample of viewers' letters in response to Hum Log (N=500; a random sample out of 20.000 letters of a total 400.000 viewer letters).

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Title	**And the Nile Flows on (Egypt)**
Genre	Television Drama
Broadcasting period	Broadcast in November and December 1992
Number of programmes	17 episodes of 45 minutes
Broadcasting organization	National Television in Egypt
Producer	The series was produced by the State Information Service's Education Communication Centre and directed by Mohammed Fadel, based on the screenplay by Usama A. Akasha
Participants	*And the Nile Flows on* was developed by the State Information Service's Education Communication Center and technically supported by the Johns Hopkins University's Population Communication Service (JHU/PCS).
Target group	General population of Egypt, especially married women aged 15-49 and their partners
Aims	The main female character, Sabreya, was married against her will to an older man who mistreats her. During the course of the show she is forced to abort an unwanted pregnancy, uses birth control pills behind her husband's back and leaves him for another man claiming that her first marriage was illegal and *haram* (religiously forbidden/not valid). The intention was also to show viewers that being older does not necessarily mean being more knowledgeable. The *mazoon* (official in charge of performing marriage ceremonies), who poses as a man of religion, had not completed his religious training but the villagers thought he truly was a legitimate authority on religion. He was very active in disseminating inaccurate information and propagating backward practices which were accepted by the villagers as the real religious position on the issue. The series emphasized family planning, gender equity, husband-wife communication and decision making. The series incorporated explicit family planning messages and was designed to enhance knowledge, or directly influence and change attitudes about important social concerns that are related to or directly influence family planning practices. Among the issues addressed were the compatibility of Islam and family planning, use of contraception to space as well as limit births, marriage at an early age, pregnancy during adolescence, preference for sons, general mistrust of family planning physicians and myths and misconceptions concerning family plannning.
Action trajectory	Stand alone television programme, but part of an ongoing effort to influence family planning awareness, attitude and practice
Ratings	Unknown
Theoretical background	Theoretical Framework: P'Process of JHU/PCS
Research	*Quantitative:* National pre-post sample survey. Baseline survey (N= 2000) randomly selected men and women, currently married. Women aged 15-49 and their husbands, from rural as well as urban areas. Follow up survey N=600. *Qualitative:* no qualitative research

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Title	**The Family House (Egypt)**
Genre	Soap opera
Broadcasting period	Broadcast in Egypt and Morocco in 1993, in Tangier and Lebanon in 1994
Number of programmes	Daily serial of 15 episodes of 45 minutes, every evening 19.00 and afternoon during two weeks
Broadcasting organization	National Television in Egypt, Morocco and Lebanon
Producer	The series was conceived and developed by Farag Elkamel, director of the Centre for Development Communication (CDC) and written and produced by the Egyptian writer-director Hussein Helmy El Mohandis
Participants	*The Family House* project was supported by grants from the Ford Foundation, the International Development Research Centre (IDRC) and the Johns Hopkins University
Target group	Arabic speaking countries. General population of Egypt, especially rural low income segments of population
Aims	The story of 'The Family House' focuses on two families. One of Amina,a strong willed mother of four, the other of Dr. Omar, who is attracted to Amina. Through the events and problems which confront these two families, their friends and Dr. Omar's patients, the serial attempts to entertain people while conveying information about AIDS, drug addiction, early pregnancy, anemia, home accidents and other health problems.
Action trajectory	Stand alone television
Ratings	*The Family House* was watched by almost 95% of the Egyptian adult population. Egypt's population in 1993 is estimated to be 56 060 000 of whom 61% are older than 14 years. An estimated 30 million viewers over 14 years watched (part of) the series.
Theoretical background	Theoretical framework based on Sabido's E&E guidelines
Research	*Quantitative:* (1) National post-test cluster sample survey of the television audience in Egypt (N= 600 adults) in three main regions. Clusters consisted of 16-20 randomly selected interviewees. *Qualitative:* Extensive pre-production research was conducted prior to design. Pre-view of first episode by 7 focus group sessions (N=6) before broadcasting with semiliterate and illiterate men and women in and around Cairo.

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Title	**Oshin (Japan)**
Genre	Soap opera
Broadcasting period	1983 till early-1990s in Japan, and in nearly 30 other countries
Number of programmes	297 episodes of 15 minutes each
Broadcasting organization	
Producer	NHK, the Japanese national television network
Participants	
Target group	General population of Japan and 30 other countries
Aims	The soap opera emphasized such diverse human values as love, sacrifice, endurance, perseverance, forgiveness and others. It highlighted the importance of well-knit family structures and the pain and suffering caused by war.
Action trajectory	Television
Ratings	In 1983, at the height of its popularity, Oshin was watched by about 65 percent of Japanese viewers. Oshin holds the record as the most popular Japanese entertainment television programme of all time, both inside and outside Japan
Theoretical background	Not purposively designed as an E&E series
Research	Unknown

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Title	**Tushauriane (Let's Discuss) (Kenya)**
Genre	Television soap opera; the first indigenous programme of its kind in Kenya
Broadcasting period	Broadcast from 1987 to 1989 (except from mid 1988 to late 1988),Sunday evening prime time
Number of programmes	60 episodes
Broadcasting organization	Voice of Kenya (VOK)
Producer	Voice of Kenya (VOK)
Participants	*Tushauriane* was championed by David Poindexter and technically supported by television professionals of Televisa (colleagues of Miguel Sabido) with funds from the National Council for Population and Development (NCDP) in Kenya.
Target group	General population of Kenya
Aims	The storyline of *Tushauriane* provided a contrasting view of urban and rural lifestyles, portrayed problems of land inheritance, inter tribal marriages, sexual responsability, and family planning.
Action trajectory	Television
Ratings	*Tushauriane* was watched by 2.5 million people (10% of total population)
Theoretical background	Patterned after the E&E methodology of Miguel Sabido
Research	Pretest of 6 pilot episodes with selected media audiences. No summative research evaluation was conducted on the audience effects.

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Title	**Cock Crow at Dawn (Nigeria)**
Genre	Television soap opera
Broadcasting period	Starting April 1980, broadcast once a week with a few reruns
Number of programmes	104 episodes of 30 minutes each
Broadcasting organization	Nigerian Television Authority (NTA)
Producer	Peter Igho (writer-executive producer-director)
Participants	The commercial sponsor of this program was the United Bank of Africa (UBA)
Target group	The target audience of the soap opera consisted of Nigeria's well-to-do farmers and also civil servants and businessmen, the key individuals in-charge of steering Nigeria's 'Green Revolution'.
Aims	The purpose of *Cock Crow at Dawn* was to educate viewers on the topic of agriculture (inspired by the success of the British radio soap opera 'The Archers'). Another aim of the televison series was (1) to encourage Nigerians who had migrated to urban areas to return to their farms and (2) to discourage those who worked on their farms from leaving them. Various educational themes related to agriculture, rural development, literacy, health, medicine and industrial and technological development were promoted.
Action trajectory	Television
Ratings	An average of 12 to 15 million Nigerians (15-20% of Nigeria's total population). At that time only about 25 % of Nigeria's population had access to television, so audience ratings ranged from 60 to 80 percent.
Theoretical background	*Cock Crow at Dawn* was not directly inspired by Sabido's work in Mexico, but had some elements of Sabido's framework in it, such as the 'doubter' who gradually and reluctantly adopted the prosocial behaviour.
Research	*Quantitative:* Post-test survey among 200 television households in eight states of the Federation of Nigeria (N=757)

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Title	**In a Lighter Mood (Nigeria)**
Genre	Drama segments incorporated in the existing television variety Show *In a lighter Mood*, with audience participation by answering questions of letters of viewers, in informal talks before the drama sections.
Broadcasting period	Fourteen months from July 1986 - September 1987
Number of programmes	43 weekly episodes of 30 minutes
Broadcasting organization	Nigerian Television Authority (NTA/Enugu, Anambra State)
Producer	Nigerian Television Authority, Mrs. Elisabeth Okaro
Participants	Funding: USAID (United States Agency for International Development) Technical Support: Johns Hopkins University Population Communication Services (JHU/PCS) University of Nigeria Teaching Hospital, Enugu's Family Planning Clinic
Target group	Urban residents of Enugu, area in Eastern Nigeria (187,000 people)
Aims	The aims of the TV programme were: - To integrate family planning themes into drama segments of an existing television variety programme *In a Lighter Mood*. Topics for the dramas ranged from health benefits of birth spacing, to traditional versus modern contraception, to economic pressures on a typical Nigerian family. Enugu's primary family planning clinic was advertised twice during each episode, encouraging residents to seek help in family planning.
Action trajectory	Television, short television public service announcements, referring to the family planning clinic
Ratings	54% of survey sample (N=299)
Theoretical background	Theoretical Framework ('P'-process) JHU/PCS
Research	*Quantitative:* Service statistics; Point of referral monitoring study; Post-test recall audience survey by streetinterviews (N=299) *Qualitative:* Focus group discussions/Pretesting

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Title	**Koko Close (Nigeria)**
Genre	Drama episodes incorporated in the existing television drama programme *Koko Close.*
Broadcasting period	Six months beginning in October 1987, Monday night 19:00 - 19:30
Number of programmes	13 episodes, shown every other week of 30 minutes each during 26 weeks
Broadcasting organization	Nigerian Television Authority (NTA/Enugu, Anambra State)
Producer	Nigerian Television Authority; Mrs. Ronke Okusanya, NTA Manager of Programmes and the producer of *Koko Close*
Participants	Funding: USAID (United States Agency for International Development Technical Support: Johns Hopkins University Population Communication Services (JHU/PCS) University of Nigeria Teaching Hospital, Enugu's Family Planning Clinic
Target group	Urban population of Ibadan, Oyo State
Aims	The aims of the TV programme were: - To integrate family planning themes into drama segments of an existing television drama programme *Koko Close.* Topics for the dramas ranged from health benefits of birth spacing, to traditional versus modern contraception, to economic pressures on a typical Nigerian family. Family planning clinics in Ibadan were advertised, by means of announcements throughout the six months duration of the project, encouraging residents to seek help in family planning.
Action Trajectory	Television drama, combined with short television public service announcements about the Ministry of Health, the Planned Parenthood Federation of Nigeria and the University College Hospital clinics.
Ratings	
Theoretical background	Theoretical Framework ('P'-process) JHU/PCS
Research	*Quantitative:* Service Statistics; Point of Referral Monitoring Study; Post-test survey (Cluster sample N=831) *Qualitative:* Focus group discussions/Pretesting

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Title	**Mulero (Family Togetherness) (Nigeria)**
Genre	Short drama, music/dance, expert commentary, dialogue, debates and discussions and interviews in an already existing magazine variety programme *Mulero.*
Broadcasting Period	Six months beginning in October 1987 to March 1988, aired every Sunday night from 18:30 to 19:00
Number of programmes	26 weekly episodes of at least 10 miutes each, in the Yoruba speaking television magazine *Mulero* of total 30 minutes
Broadcasting organization	Nigerian Television Authority (NTA/Enugu, Anambra State)
Producer	Nigerian Television Authority; Mrs. Ronke Okusanya, NTA Manager of Programmes and the producer of *Mulero*
Participants	Funding: USAID (United States Agency for International Development Technical Support: Johns Hopkins University Population Communication Services (JHU/PCS) Ministry of Health, the Planned Parenthood Federation of Nigeria and the University College Hospital clinics in Ibadan
Target group	Urban population of Ibadan, Oyo State
Aims	The aims of the TV programme were: - To integrate family planning themes into an existing television magazine programme *Mulero.* Topics for the programme featured family planning/health topics. Short television publice service announcements at the middle and end of *Mulero,* referring to the Ministry of Health, the Planned Parenthood Federation of Nigeria and the University College Hospital clinics in Ibadan were aired throughout the six months duration of the project, encouraging residents to seek help in family planning.
Action trajectory	Television magazine, combined with short television public service announcements about the Ministry of Health, the Planned Parenthood Federation of Nigeria and the University College Hospital clinics.
Ratings	42% of respondents (N=831)
Theoretical background	Theoretical framework ('P'-process) JHU/PCS
Research	*Quantitative:* Service statistics; Point of referral monitoring study; Recall audience survey (N=831) *Qualitative:* Focus group discussions/Pretesting

References

Piotrow, P.T., Rimon, J.G., Winnard, K., Kincaid, D.L., Huntington, D., Convisser, J. (1990) Mass Media Family Planning Promotion in Three Nigerian Cities. *Studies in Family Planning,* Vol 21 (5), September/October, pp.265-274.

Title	**Ven Conmigo (Come with me) (Mexico)**
Genre	Soap opera
Broadcasting period	Nov. 1975 - Dec. 1976, aired five times a week
Number of programmes	280 episodes of 30 minutes
Broadcasting organization	Televisa, the Mexican national private television system
Producer	Miguel Sabido of Televisa
Participants	*Ven Conmigo* was designed in collaboration with the Ministry of Public Education and was financially supported by commercial sponsors
Target group	General population of Mexico
Aims	The soap opera promoted adult literacy by motivating audience members to enrol in adult literacy classes. It provided specific information about a study programme offered by the Secretary of Public Education. The three essential objectives were (1) to provide specific information about the national adult education plan, (2) to motivate alliterate adults and (3) to motivate literate adults to promote study programme to others and to serve as volunteers.
Action trajectory	Television supporting a nationwide literacy project CEMPAE of the Ministry of Public Education
Ratings	Average audience ratings of *Ven Comigo* was 33%, representing an estimated audience of 4 million people in metropolitan Mexico City
Theoretical background	Enter-educate approach based on Miguel Sabido's theoretical framework
Research	*Quantitative:* Several post survey studies. Data were collected by personal interviews (N=600) among adult respondents living in Mexico City by Televisa's Institute for Communication Studies (directed by Miquel Sabido); monotoring and point of referral studies. *Qualitative :* Formative research of the target audience by assessing value systems and perceptions surrounding the prosocial behaviour among the target audience by standard questionnaires. Also physical characteristics of the target audience and their surroundings were articulated by visiting people at their homes in the neighbourhoods in which the soap opera characters were to live.

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Title	**Acompaname (Come along with me) (Mexico)**
Genre	Soap opera
Broadcasting period	August 1977 - April 1978 in Mexico and exported to 12 other countries
Number of programmes	180 episodes of 30 minutes
Broadcasting organization	Televisa, the Mexican national private television system
Producer	Miguel Sabido of Televisa
Participants	*Acompaname* was designed in collaboration with the National Family Planning Council and was financially supported by commercial sponsors.
Target group	General population of Mexico, and 12 other countries.
Aims	The soap opera promoted family planning.
Action trajectory	Television with local telephone numbers for additional information about family planning
Ratings	*Acompaname* has achieved audience ratings of 29%
Theoretical background	Enter-educate approach based on Miguel Sabido's theoretical framework
Research	*Quantitative:* Several post survey studies. Data were collected by personal interviews (N=800) among adult respondents living in Mexico City; monitoring and point of referral studies. *Qualitative:* Formative research of the target audience by assessing value systems and perceptions surrounding the prosocial behaviour among the target audience by standard questionnaires. Also physical characteristics of the target audience and their surroundings were articulated by visiting people at their homes in the neighbourhoods in which the fictional soap opera characters were to live .

References

Nariman, H. N. (1993) *Soap Operas for Social Change: toward a methodology for entertainment-education television.* Media and Society Series, Praeger Publishers, Westport.

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Title	**Aahat (An Approaching Sound) (Pakistan)**
Genre	A six part TV drama
Broadcasting Period	Aired in October-November 1991
Number of programmes	6 part drama of 30 minutes each
Broadcasting organization	Pakistan Television (PTV)
Producer	Sahira Kazmi, a well known dramatic producer of 'social issues' dramas
Participants	*Aahat* was technically supported by Population Communication Services of Johns Hopkins University (JHU/PCS) in cooperation with the Ministry of Population Welfare in Pakistan.
Target group	General population of Pakistan
Aims	The drama series emphasized family planning, gender equity, husband-wife communication and decision making
Action trajectory	Television series, as part of a campaign.
Ratings	*Aahat* has been watched by an estimated 30 million people
Theoretical background	Enter-educate approach based on JHU/PCS theoretical framework.
Research	*Quantitative:* Post survey (N=2118) Men and Women/Urban and Semi Urban *Qualitative:* Pre-test by focus group discussions. a) 12 focus group discussions among married couples of reproductive age; 2 focus group discussions among family welfare workers. b) 40 in-depth interviews were conducted among family elders, religious leaders and service providers

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Title	**Sparrows Do Not Migrate (Turkey)**
Genre	Three part TV serial mini drama
Broadcasting period	Broadcast in Turkey October through December 1988, repeated three times each during these months
Number of programmes	Three 45-minutes episodes
Broadcasting organization	State owned Turkish Radio and Television (TRT)
Producer	
Participants	The *Sparrows Do Not Migrate* project was technically supported by Johns Hopkins University's Population Communication Services (JHU/PCS) with funds from USAID at the request of th Ministry of Health and Social Assistance. The project was developed and coordinated by a newly established private organization, the Turkish Family Health and Planning Foundation (TFHPF).
Target group	General population of Turkey
Aims	The campaign adressed two pressing problems: Lack of correct knowledge of reliable modern contraceptive methods available in Turkey, and lack of awareness of the benefits of family planning to the family, community, and nation.
Action trajectory	Part of a three months intensive multimedia campaign: television, short 1-2 min. radio commercial advertising and documentaries, posters, brochures, calenders, symposiums and exhibitions.
Ratings	Total population in Turkey in 1988 was 52 million. *Sparrows Do Not Migrate* has been watched by an estimated 20 million people
Theoretical background	Based on the Sabido methodology to guide the creation of an entertainment education television mini series and social learning theory of Bandura.
Research	*Quantitative:* (1) Post-test survey; Personal interviews (N= 2.147); Married women between 15 and 44 years of age. *Qualitative:* Pre-test by 34 focus groups.

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Title	**Soul City (South Africa)**
Genre	Prime time television dramaseries
Broadcasting period	*Soul City 1* ran between August and October 1994; *Soul City 2* was launched in 1996 and *Soul City 3* in 1997
Number of programmes	Each period broadcast 13 episodes of 30 minutes
Broadcasting organization	South African Broadcasting Company (SABC). *Soul City* is also broadcast in Namibia, Botswana, Zambia, Zimbabwe and Kenya
Producer	*Soul City* is an independent production. *Soul City* is a South African NGO established in 1992 and is a project of the Institute of Urban Primary Health Care.
Participants	The project was initiated and developed by the Institute of Urban Primary Health Care (UPHC), with financial support of British Petrol (BP) and Neslé (only the first year). Also further funding was obtained from UNICEF, IDT, The European Union and the Open Society Foundation.
Target group	General population of the subcontinent of Central and Southern African Reach, especially young women in low income groups.
Aims	The *Soul City* drama series concentrated on many topics: Mother & Child Health Care; Tobacco; Tuberculosis; Land & Housing; Alcohol; Violence; Energy; Violence vs Women; AIDS; Youth Sexuality; Personal Finance; Hypertension. Other subthemes that ran through the entire series included: gender issues; empowerment of women and communities; prosocial issues such as co-parenting, family values and nation building.
Action trajectory	The drama series *Soul City* was part of a multimedia 'Soul City' campaign. The campaign used: television, radio, newspaper and magazines; PR and advertising support campaign and an educational package.
Ratings	Audience of *Soul City 1* was 4.3 million. Audience of *2 and 3*: Around 1.63 million adults and 700,000 children saw at least one of the episodes of *Soul City*.
Theoretical background	Behaviour change theories; Knowledge attitude practice (KAP) model
Research	*Quantitative: Soul City 1* used a national sample survey (N=800 black South Africans aged 16 years and over). A national probability sample was drawn, stratified by area (metropolitan, urban and rural). Informal areas were sampled in both metropolitan and urban areas. *Soul City 2 and 3* were based on a longitudinal pre-post intervention survey over 2 years in several sentinel sites (rural; metropolitan and small urban; informal). *Qualitative: Soul City 1* comprised of 20 focus groups in the pre-production stage in three different regions. *Soul City 2 and 3* used focusgroups; in-depth interviews (IDI) with key people; participatory rural appraisal (PRA); observational video.

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Title	**Health Show (United Kingdom)**
Genre	Variety show, consisting of: Guinea Pig Families; Comedy Sketches; Quiz; Telephone Line Information.
Broadcasting period	Sunday, April 26th, 1992
Number of programmes	Single prime pime show of 90 minutes
Broadcasting organization	British Broadcasting Company (BBC)
Producer	British Broadcasting Company and Health Education Authority
Participants	
Target group	General population of United Kingdom (England, Wales, Scotland and Northern Ireland)
Aims	The *Health Show* aimed: - To provide information and motivate viewers to take personal action and adopt a healthier lifestyle by making simple behavioural changes. The show concentrated on three behavioural areas- physical activity, healthy eating and smoking.
Action trajectory	Television, telephone information line, the 'Health Show Guide'booklet. Also promotion by local radio, television and press
Ratings	Estimated audience 8 million people
Theoretical background	Theoretical Framework ? The style and format of the programme echoed the approach adopted in Telethon broadcasts, aiming to involve the viewer and to produce the feeling of participtation in a major event, and hence to inspire immediate personal action among the audience.
Research	*Quantitative:* (1) Telephone Survey among a sample of people who had requested a copy of The Health Show Guide (N=750); (2) 250 interviews with respondents of the telephone survey, who fulfilled certain criteria. *Qualitative:* Post Focus Group Discussions

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Wallace, S. (1993) 'Evaluation of the BBC/HEA Health Show', *Health Education Journal* Vol 52 (4), pp.221-226

Title	**Sesame Street (USA)**
Genre	Children's television series. A variety of entertainment formats are employed to hold children's attention: puppets, music, animation, live action film, special effects and celebrity visits.
Broadcasting period	Broadcast in USA starting in 1969, every morning and repeated again in the afternoon each weekday for 26 weeks. The 5-day, 26 week cycle is rebroadcast during the second half of the year.
Number of programmes	Every year CTW creates a new series of 130 hour long *Sesame Street* programmes
Broadcasting organization	Public Broadcasting Service Stations in USA
Producer	Children's Television Workshop (CTW) of New York
Participants	Start-up funds were obtained from government agencies and private foundations in order to create an autonomous, non profit organization, free from political and economic pressure. At present CTW, a non profit organization meets two thirds of Sesame's total production costs from self-generated revenues (books, T-shirts, Sesame Street toys). The other third is provided by foundations corporate grants and by Public Broadcasting Service.
Target group	*Sesame Street* is targeted at pre-schoolers, especially in deprived neigbourhoods
Aims	The series wants to educate young children
Action trajectory	
Ratings	Sesame Street is watched by an estimated 12 million Americans every week, including six million preschoolers, about 40% of all US children aged two to five. Reaches audiences in over 100 countries on six continents.
Theoretical background	The programme utilizes Piaget's principle of knowledge acquisition: in order to teach something new, relate it to something that the learner already knows.
Research	*Quantitative:* Pre-Post test summative research design Eighteen months of formative evaluation research preceded the first broadcast of *Sesame Street* in 1969.

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Title	**Que Pasa (What's Happening) (USA)**
Genre	Bilingual situation comedy
Broadcasting period	1978
Number of programmes	18 episodes of 30 minutes each
Broadcasting organization	Originally local broadcast in Miami and Tampa area by Miami public television station WPBT. Later 70 public television stations across the USA picked up the series when it was nationally syndicated.
Producer	Miami public television station WPBT
Participants	*Que Pasa* was an idea from Manuel Mendoza, a professor at the Miami-Dade Community College in Florida. He joined with Channel 2 (WPBT) of Miami to secure federal funding for his project.
Target group	Targeted at Spanish speaking Cuban immigrants in the USA
Aims	The series was inspired by 'All in the Family' and primarily aired to help Spanish speaking immigrants bridge cultural gaps in the U.S.. It also promoted social themes such as the importance of learning English, the maintenance of Cuban culture and traditions, the importance of family solidarity, inter-generational conflict, ethnic and racial prejudices and how to deal with peer pressure.
Action trajectory	Television and instructor's manuals to accompany the show in classrooms
Ratings	The program was watched by an estimated 20 million viewers across the USA, forty times the size of the original target audience
Theoretical background	Unknown
Research	Unknown

Title	**Cancion de la Raza (Song of the people) (USA)**
Genre	Television drama series
Broadcasting period	From autumn 1968 to Febr. 1969
Number of programmes	65 episodes, over a 14 week period
Broadcasting organization	KCET, a Public Broadcasting Servive network in Los Angeles
Producer	KCET in co-operation with the Communications Arts Center of the University of Denver
Participants	*Cancion de la Raza* was technically supported by creative professionals of station KCET in Los Angeles and the social science research staff of the University of Denver's Communication Arts Center, led by its director Dr. Harold Mendelsohn.
Target group	Targeted at poor ethnic segments in the USA
Aims	The drama series was designed to address problems of the Mexican-American ethnic community in Los Angeles. It promoted Mexican-American culture, focusing on such issues as family harmony, literacy, social welfare services, and the topic of ethnic prejudice.
Action trajectory	Television
Ratings	It is estimated that the television series was viewed by 15 percent of all Mexican-American households in Los Angeles, a total of a quarter of a million people.
Theoretical background	Unknown
Research	*Quantitative and Qualitative*:: The series was thoroughly researched. Over a twelve separate studies (both qualitative and quantitative) of audiences were conducted as part of the formative and summative evaluation. The final evaluation study was conducted with a random sample of Mexican-American residents in Los Angeles metro area (N=397).

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Title	**Designated Driver (USA)**
Genre	Short messages embedded in dialogues of prime time television series
Broadcasting period	Broadcast in USA starting in 1988. During Autumn 1988 and 1989 seasons, some 77 prime time programmes promoted the designated driver concept by including at least a few lines of dialogue.
Number of programmes	
Broadcasting organization	All TV networks in USA
Producer	
Participants	The concept of the *Designated Driver* was part of the Harvard Alcohol Project. This project was an initiative of the Center for Health Communication which was established by the Harvard School of Public Health. It was inspired by a very influential lobby group: Mothers Against Drunk Driving (MADD) . The Harvard Alcohol Project was supported by grants from the Max Factor Family Foundation, the Pew Charitable Trusts, the Commonwealth Fund, the GTE Foundation, the Exxon Corporation and the ARCO Foundation.
Target group	General population in USA
Aims	The series emphasizes social norms related to alcohol and disseminated a new social concept 'the designated driver', (the non-drinking driver). The concept stands for a group of friends who select one person to abstain from alcohol and to be responsible for driving, while the other group members have the choice of consuming alcohol.
Action trajectory	Dialogues in episodes of prime time series by 'Hollywood Lobbyism', supplemented by public service announcements (PSAs) encouraging designated driver behaviour.
Ratings	
Theoretical background	Hollywood Lobbyism, Cooperative consultancy; collaboration and negotiation theories.
Research	*Quantitative:* National public opinion polls and monitoring alcohol portrayal on TV.

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Appendix II

List of respondents, collaboration research

Name; Male (M) or Female (F)/ Organization working at that time for/ E&E Television programme

Health Communication *(Male 8, Female 10)*

1 De Vries/F/Nationale Commissie Chronisch Zieken/*Medisch Centrum West*
2 Baan/M/Stichting Volksgezondheid en Roken/*Hou nou toch op*
3 Van den Herik/F/Stuurgroep Goede Voeding/*Viola's Gezondheidsshow*
4 Van den Togt/M/NOC-NSF/*Je zult het zien*
5 Van Mastrigt/M/Voorlichtingsbureau voor de Voeding/*Gezond en Wel*
6 Verbeek/M/Veilig Verkeer Nederland/*Familie Oudenrijn*
7 Wieberdink/F/Extern Campagne Commisielid Nederlandse Hartstichting/ *Way of Life Show*
8 Van Ginneken/F/Ministerie VWS/*Je zult het zien*
9 Van Geffen/M/Veilig Verkeer Nederland/ *Familie Oudenrijn* en *Twaalf Steden, Dertien Ongelukken*
10 Van Dis/F/Nederlandse Hartstichting/*Viola's Gezondheidsshow*
11 Van der Doelen/F/Nederlandse Hartstichting/*Viola's Gezondheidsshow*
12 Elzendoorn/M/Ministerie VROM/*Oppassen*
13 Broekmans/M/Nederlandse Hartstichting/*Way of Life Magazine*
14 Van Lent/F/ Ministerie VROM/*Oppassen*
15 Wieberdink/F/Landelijk Centrum GVO/*Villa Borghese*
16 Theelen/F/Veilig Verkeer Nederland/*Twaalf Steden, Dertien Ongelukken*
17 Utermarkt/F/Ministerie VWS/*Op leven en dood*
18 Breeveld/M/Voorlichtings Bureau voor de Voeding/*Way of Life Magazine*

Television *(Male 8; Female 4)*

1 Worries/M/Joop van den Ende Producties/*Way of Life Show; Way of Life Magazine*
2 Paauw/F/AVRO/*Villa Borghese*
3 Stips/M/Peekel Stips Producties/*Familie Oudenrijn; Twaalf Steden, Dertien Ongelukken*
4 Houweninge/M/Blue Horse Productions/*Oppasen*
5 Galesloot/M/Novalis Scenario Atelier/*Medisch Centrum West*
6 Van Mill/M/NCRV/*Op leven en dood*
7 Nieuwboer/F/John de Mol Produkties/*Viola's Gezondheidsshow*
8 Stokvis/M/René Stokvis Producties B.V./*Villa Borghese*
9 Tutert/F/AVRO/*Villa Borghese*
10 Huber/F/RTL4 Productions B.V./*Gezond en Wel*
11 Van der Meer/M/Han van der Meer Produkties/*Hou nou toch op; Je zult het zien*
12 Mooren/M/TROS/*Medisch Centrum West*

List additional interviewed respondents (background material)

Health Communication *(Male 3; Female 5)*

1 Heshusius/F/Nationale Kanker Bestrijding
2 Rolle/M/Nederlands Astma Fonds
3 Peltenburg/F/Diabetes Fonds Nederland
4 Vroon/M/Nationaal Epilepsie Fonds
5 Van Male/F/Nederlandse Lever en Darm Stichting
6 Siksma/F/Stichting Nederland Schoon
7 Kolker/F/ SOA Stichting
8 Meyer/M/Stichting Consument en Veiligheid

Government *(Male 2)*

9 Back/M/Directie Toegepaste Communicatie (DTC) van de RVD
10 Ens/M/ Ministerie VWS

Television *(Male 3)*

11 Nelissen/M/Scenario schrijver
12 Almekinders/M/Doctor Proctor Scripts
13 Sleeuwenhoek/M/NCRV

Appendix III

Coderingen voorlichters (Kwalitan)

overzicht van codes in werkbestand interv codes uit alle documenten
aantal verschillende codes: 44
totaal aantal codes: 4170

	code	*frequentie*		*code*	*frequentie*
1	samenw.mot. vl-er	64	3	tv-programma	127
10	andere tv-progr.	85	30	lessen toekomst	52
11	scriptbespr.proc.	303	31	metafoor	81
12	(on)macht/sturing	187	32	vl-filosofie	48
13	belem/bevord fact	6	33	achtergrondinfo	35
14	onderzoek/eindres	98	34	org. vl-beleid	137
15	besluitv/bevoegdh	93	35	quote	219
16	organisatie tv	68	36	samenw.mot. prmkr	53
17	contact	79	37	wensen toekomst	10
18	cultuur vl-org.	105	38	wij-/zij-gevoel	22
19	maatsch. ontwikk.	82	39	imago/publiciteit	76
2	houding vl-er	429	4	boodschapkenmerk	203
20	vl-doelstelling	104	41	beroepsorientatie	38
21	doelst. pr.maker	20	42	samenw. gezhfndsn	14
22	taak-/functieoms.	47	42	?	17
23	E&E-opvattingen	30	43	selectiemech.	62
24	energie en tijd	71	5	achterban	152
25	financiering	140	6	strategiekeuze	66
26	professionaliser.	136	7	cultuur tv-org.	140
27	hoogte-/dieptept.	57	8	contract	100
28	houding pr.maker	197	9	kenmerken tv	39
29	kapitaalsvorm	37		rommel	41

Coderingen programmamakers (Kwalitan)

overzicht van codes in werkbestand interv codes uit alle documenten
aantal verschillende codes: 54
totaal aantal codes: 2805

	code	*frequentie*		*code*	*frequentie*
1	samenw.mot. vl-er	21	28	schrijver	21
10	andere tv-progr.	136	29	kapitaalsvorm	26
11	scriptbespr.proc.	241	3	tv-programma	95
12	(on)macht/sturing	35	30	lessen toekomst	25
13	belem/bevord fact	2	31	metafoor	101
14	onderzoek/eindres	58	32	vl-filosófie	9
15	besluitv/bevoegdh	49	33	achtergrondinfo	19
16	organisatie tv	68	34	org. vl-beleid	53
17	contact	39	35	quote	161
18	cultuur vl-org.	26	36	samenw.mot. prmkr	52
19	maatsch. ontwikk.	41	36	omroep	4
2	houding vl-er	245	36	producent	1
20	vl-doelstelling	41	37	wensen toekomst.	2
21	doelst. pr.maker	20	38	wij-/zij-gevoel	10
22	taak-/functieoms.	11	39	imago/publiciteit	34
23	E&E-opvattingen	41	4	boodschapkenmerk	204
24	energie en tijd	40	41	beroepsor. prmkr	8
25	financiering	135	41	beroepsor. vl-er	19
26	profession. prmkr	44	42	samenw. gezhfndsn	5
26	profession. vl-er	48	43	selectiemech.	48
26	schrijver	2	5	achterban prmkr	30
27	hoogte-/dieptept.	21	5	achterban vl-er	82
28	houding pr.maker	275	6	strategiekeuze	17
28	dramaturg	1	7	cultuur tv-org.	45
28	omroep	9	8	contract	38
28	producent	2	9	kenmerken tv	22
28	regisseur	2		rommel	21

Curriculum Vitae

Martine Bouman was born in the Netherlands, in Delft on November 28th, 1954. In 1972 she completed HBS-A at the Thomas More College in The Hague and in 1979 she obtained her MSc. degree in empirical sociology at the University of Leiden. Her main topic was qualitative methods of research. During her study she was a teacher in social sciences at the Hugo Grotius College at Delft.

On completion of her studies, she worked in Surinam for three years (1979-1982). She developed and coordinated 'Studium Generale' at the Technical Faculty of the University in Paramaribo and co-presented a current affairs radio programme at the SRS (State Radio Broadcasting of Surinam). In that period she traveled through several countries in South America and the Caribbean.

After her return to the Netherlands she worked as a health communication policyst at the Netherlands Heart Foundation (1983-1994). She initiated and managed several health communication programmes in school settings and mass media. From 1984 on she has been a member of several national committees on health communication and public health. She became interested in the discussion about health inequalities which result from socio-economic differences. She wanted to contribute to the bridging of the health inequality gap by developing new health communication strategies, and started to experiment with the entertainment-education strategy on television. She was a member of the editorial board of several television programmes.

In 1994 she received a research grant from the Dutch 'Praeventie Fonds' to study how the potential of popular television entertainment could be tapped for health communication purposes. She was a researcher at the Department of Communication and Innovation Studies of the Wageningen Agricultural University until 1998. At present she works as a consultant in the field of health communication and mass media.