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Entertainment-Education as a Public Health Intervention¹

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Since 1982 the Johns Hopkins University's Center for Communication Programs assisted in some 125 entertainment-education productions worldwide designed to improve public health. Almost all major projects include both explicit health advice and implicit efforts to influence the broader social norms that help determine individual health behavior, such as the treatment of girls and women, distribution of wealth, inequities in access to health care, and environmental protection. Entertainment-education serial dramas proved especially effective in changing knowledge, attitudes, behavior, and norms because they evoke emotions, create role models, stimulate discussion among listeners and viewers, and show the ultimate consequences of both healthy and unhealthy behavior to large, attentive audiences.

"I don't know what to do. I have kept him hidden in my house, doctor. He has AIDS." Wiping the tears from her eyes, the Bangladeshi village wife leads Dr. Jalal to the bed of her emaciated spouse.

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"Have you come to watch me die?" he asks desperately. "They treat me like an animal, as if I were a cat or dog."

"That is intolerable," replied Dr. Jalal firmly. "We must hate the disease, not the patient. AIDS is very dangerous but people do not get infected by touching." And he placed his hand gently on the thin arm.

"Oh," the sick man replied, "You have laid your hand upon me. At last someone has touched me. Now I realize that I am not an animal. I am a human being after all."

This poignant scene from the Bangladesh television serial *Shabuj Chhaya* captures, almost like a religious parable, an important HIV/AIDS message: Care for the sick, do not shun or stigmatize them. In one 3-minute sequence, this episode illustrates the multifaceted power of entertainment-education (E-E) to convey a specific health message, to evoke a powerful emotional response, and to create a lasting impression that can change viewers' behavior.

The thirteen 30-minute episodes of *Shabuj Chhaya*, aired in 2000, end on another meaningful social note skillfully scripted by Dr. Hamayun Ahmed, noted Bangladeshi writer and producer of the television series. The sympathetic medical doctor tells a dedicated young female health worker from the village, "I have discovered that you are very talented and have learned to read and write all on your own. Why don't you take qualifying exams to advance your own education and career?"

His encouragement, so unlike the malicious gossip that some male villagers have spread about the attractive young woman who aspires to become a professional health worker, moves her deeply. "Yes, doctor," she whispers, "I promise I will." (See photo 3.1 for the public response to the show.)

Shabuj Chhaya, like most of the 50 radio and television serial E-E dramas that Johns Hopkins University's Center for Communication Programs

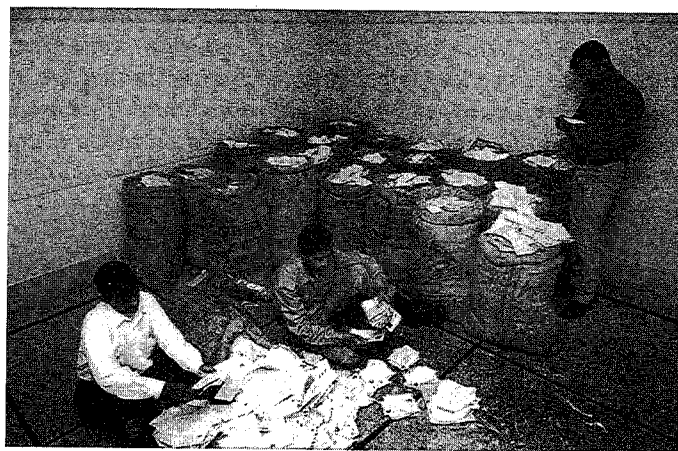


PHOTO 3.1. The Bangladesh serial drama, *Shabuj Chhaya*, attracted more than 600,000 letters. (CREDIT: BCCP, Courtesy of Photoshare)

(JHU/CCP) assisted in developing countries, conveys multiple health messages: Space and/or limit your family, breastfeed exclusively for six months, recognize danger signs of pregnancy, avoid risky sexual behavior, wash your hands before eating, keep your fingernails short and clean and many more. JHU/CCP strategic communication programs, often built around E-E formats, stress social issues, such as inequities between men and women, rich and poor; the value of girls' education; respect for women as health professionals; child abuse; and the need for community participation in local governance as well as in decentralized health programs. Because health practices and social norms are so closely related, E-E public health interventions often need to address both.

The present chapter summarizes the experience of JHU/CCP in developing or assisting with E-E programs in over 40 countries (Coleman & Meyer, 1990; JHU/CCP, 1998a; NEEF & JHU, 2001; Pelsinsky, 1997). The JHU team, working with talented colleagues overseas, and with support from the United States Agency for International Development (USAID) and other donors, learned a great deal about audiences, health behaviors in communities, E-E content, format, production processes, impact, and evaluation. This chapter discusses some of the major issues and lessons learned, and particularly, the crucial relationship between individual behavior and social norms addressed through entertainment.

USES OF ENTERTAINMENT-EDUCATION

JHU/CCP assisted about 125 E-E programs over the last 20 years (Table 3.1). Songs and music videos were among the first health interventions: National

TABLE 3.1
Entertainment-Education Programs Supported by the Johns Hopkins
University's Center for Communication Programs, 1986 to 2002, by Type
and Region

Region	Serial Dramas		Films and Videos	Songs	Variety Shows	Distance Learning
	Radio	Television				
Africa	18	9	14	8	8	4
Asia	3	7	14	3	1	3
Latin America	3	3	2	7	3	1
Near East	0	4	5	0	1	0
Europe/Eurasia	0	0	3	0	0	0
Totals	24	23	38	18	13	8

Note. These categories are not always clear cut. Some films and videos have been shown serially on television. Variety shows often include serial drama episodes. Songs were incorporated in other productions as well as in separate music videos. Learning programs for service providers were incorporated in various media formats. This classification is based on the principal purpose of each production and avoids double-counting.

and international hits by Tatiana and Johnny in Mexico and in Latin America (*Cuando Estemos Juntos* and *Detente*) (Kincaid, Jara, Coleman, & Segura, 1988); then Lea Salonga and Menudo in the Philippines (*I Still Believe* and *That Situation*, 1988) (Rimon et al., 1994); and King Sunny Adé and Onyeka Onwenu in Nigeria (*Wait for Me* and *Choices*, 1989) (Emah, 1993; JHU/CCP, 1990; Obadina, 1991). These music videos focused on avoiding unwanted pregnancies by delaying sexual activity or, in Nigeria, by planning future child-bearing. More than a dozen other songs have since been developed, mostly in Africa—Burkina Faso, Cameroon, Ghana, Madagascar, Nigeria, Philippines, Tanzania, and Uganda, among others. Several, like *Wake Up Africa* in Francophone Africa, deal with HIV/AIDS and have regional appeal. Some are an integral part of national and regional campaigns like the *Africa Alive* concert series. In Latin America and the Caribbean (Ecuador, Haiti, and Nicaragua) and through a collaborative effort with UNESCO, JHU helped produce songs and music videos that focused on children and adolescents and that included environment issues. Not counting many other songs that were part of larger campaigns, JHU/CCP helped to develop at least 18 popular E-E songs with some health or social messages.

As Table 3.1 shows, E-E comes in many different sizes and shapes. Single films and videos have been important in Asia and Africa where they are shown from video vans as well as on national media. Variety shows are increasingly popular as a means to engage youth directly in content and production (Kiragu, Sienche, Obwaka, Odallo, & Barth, 1998). Television and radio spots now often include E-E through short narrative or familiar characters (Kincaid et al., 1996; Underwood, 2001). Locally, street theatre, community radio, indigenous storytellers, drama contests, and community rallies with local performers incorporate and/or adapt national E-E productions (Valente, Poppe, Alva, de Briceño, & Cases, 1995). Ghana's "Stop AIDS, Love Life" campaign is an example (see photo 3.2).

A unique and innovative form of E-E, pioneered by JHU, supported by ministries of health, and documented as effective in Nepal, is E-E as a component of distance learning for health and community workers (Storey, Boulay, Karchi, Heckert, & Karmacharya, 1999; Boulay, Storey, & Sood, 2002). Radio dramas that incorporate technical health, communication, and community mobilization skills reached thousands of otherwise hard-to-reach health workers in Bangladesh, Indonesia, Nepal, Ghana, Guinea, Haiti, Senegal, and Zambia. In Nepal, one radio serial drama for villagers (*Cut Your Coat According to Your Cloth*) and another for health providers (*Service Brings Rewards*), both written and produced by a well-known Nepali writer, Kuber Gartaula, attracted combined villager and provider audiences and contributed to more spousal discussion, better quality counseling in clinics, and, indirectly, to greater contraceptive use (Storey et al., 1999; Boulay et al., 2002). Client-provider interaction was much improved when both clients and providers listened to the radio programs.

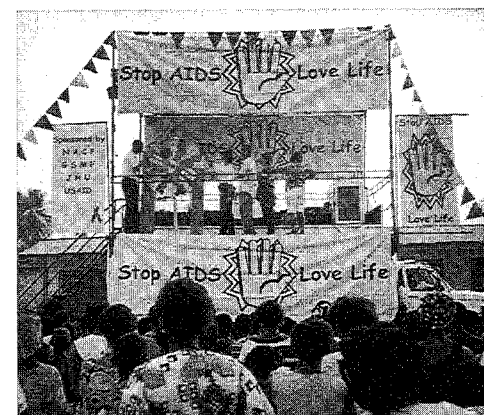


PHOTO 3.2. Community performances and street theater are important E-E components of Ghana's "Stop AIDS, Love Life" campaign. (CREDIT: CCP, Courtesy of Photoshare)

Of all the various formats for E-E programs which JHU/CCP adapted, developed, tested, or contributed to, serial drama—on television where possible, or on radio when access and language are limited, proved to be a highly effective format to promote long-term changes in health behavior and to influence the social norms that can reinforce such changes. JHU/CCP has been involved to some extent in about 50 serial dramas. Approximately half of these were on radio and half on television, primarily in Africa and Asia. Most showed measurable changes in knowledge, attitudes, perceptions of others' attitudes (community norms), and, in many cases, action. These dramas stimulated interpersonal discussion about these issues which often lead to action. (Boulay et al., 2002; Kincaid, Figueroa, Underwood, & Storey, 1999; Lozare et al., 1993). A metaanalysis of the impact of JHU health campaigns (most of which included E-E) suggested that the effects are comparable to various health campaigns in the United States; on average, the number of individuals who adopted the desired behavior change increased by about 7 percentage points and the number of exposed persons who adopted the behavior increased by 12 percentage points (Snyder et al., 1999; Snyder, Diop-Sidibé, & Badione, 2002).

CHALLENGES OF ENTERTAINMENT-EDUCATION

Presenting health messages in an E-E serial drama format raises real challenges, especially when these health messages are specific or technical. For example,

some of the early radio serial dramas and videos/films in The Gambia, Ghana, Kenya, Nigeria, and Zimbabwe conveyed messages about the health risks and especially the economic burdens of large, closely-spaced families (Piotrow et al., 1990; Piotrow et al., 1992; Valente, Lettenmaier, Kim, & Dibba, 1993; Valente, Lettenmaier, Kim, Glass, & Dibba, 1994). These programs promoted child spacing and often referred to specific contraceptive methods such as the pill or IUD. But these interventions usually conformed closely to existing social norms, showing that husbands, not wives, made the final decisions and that wives were pleased and compliant. These interventions were far more engaging than previous direct admonitions like "Go to the family planning clinic." But the early E-E programs were not subtle. They rarely focused on character development or suspenseful narrative and often relied on slapstick humor, as in Nigeria, or on sharp stereotypical contrasts between the wise father who spaced his family and prospered versus the foolish father with many children who could not pay for food, school fees, or his wife's health needs (JHU/CCP, 1991a).

As audiences became accustomed to more sophisticated entertainment, it became clear that E-E programs promoting healthy behavior needed to be fine-tuned. Major health problems, such as high infant and maternal mortality, spread of the HIV/AIDS epidemic, and medical and moral problems of abortion, were excellent material for drama. JHU/CCP identified at least seven major challenges in using E-E to transmit specific health advice.

1. Too much education and not enough entertainment. Lecturing about good health practices in E-E dramas may sound artificial and unwelcome, especially to those who turn to the media to escape real-life problems. The early Indonesian radio serials, for example, were not popular with young couples who found them pedantic and preachy (Piet, 1981; SRI-Nielsen, 1997). In Nicaragua, when a radio serial drama was pretested, listeners were bored by frequent lectures on breastfeeding from a medical doctor. These lectures were deleted. Dialogues between a village health promoter and a mother experienced in breastfeeding were substituted. Educational messages could not just be inserted like extra courses in a meal but rather needed to be incorporated subtly in the main dishes, like well-chosen spices (Ainslie, 2002).

2. Too much entertainment and not enough education. Highly dramatic productions designed to appeal to commercial entertainment audiences may lose sight of the health message. In the Philippine film *Mumbaki*, for example, which was designed to encourage Filipino doctors to serve in rural areas, audience attention was distracted from the family planning/health messages by the excitement of a romantic rivalry and violent tribal conflicts. Although the film, produced and partially funded by a commercial firm, won multiple local awards, donors were critical (JHU/CCP, 1999). Reconciling

donor interest in strong health messages and producer interest in artistic and commercial appeal creates tension in many E-E programs. It is probably the most important single problem that E-E faces. The best way to deal with this problem is by maintaining close contact with donors and encouraging producers to develop a clear design document and to follow it carefully.

3. Poor quality entertainment. Characters, plots, and dialogue that are not credible will not attract listeners or viewers and will not influence behavior. Training in basic skills of drama development was a necessary first step and is usually included in preliminary planning for a JHU/CCP E-E series or drama.

4. No credible urgency. Most unhealthy behavior does not have an immediate impact. Poor nutrition, large families, risk-taking in sexual behavior, smoking, drinking, and poor hygiene pose long-term health risks, rather than sudden catastrophe. Dramatic entertainment can make these risks seem more immediate and serious, but this effect requires skillful scripting. For example, in the Uganda television series *Centre 4*, market day turned into a stampede for the latrines after shoppers helped themselves to fruit from a seller whose unclean habits contaminated his product.

5. Routine recommendations. Specific preventive health measures are often not dramatic—taking a daily contraceptive pill, eating a healthy diet, or breastfeeding. In the Uganda television program, *Time to Care: A Question of Children*, the mother throws her daughter-in-law's pills in the fire—a vivid visual image. The misunderstandings that ensue help to emphasize the need to take a pill each day in order to prevent unwanted pregnancy (Keller, 1997; Kiingi, 1998; Wendo, 1998).

6. No immediate personal relevance. Those not directly, immediately, and personally threatened by a particular health problem tend to ignore E-E messages about it. Husbands often are relatively casual about dangers that their wives face in pregnancy and delivery. Many young men and women are in denial with respect to their risk of contracting HIV/AIDS. Films like the Safe Motherhood trilogy in Indonesia and *The Merchant's Daughter* in Morocco focus especially on how men suffer when the health of their wives or daughters is neglected. To capture men's attention, the Indonesian film *Flowers for Nur* was designed as a murder mystery opening with a fight between two men over their relationship with Nur, a conflict in which one was killed (JHU/CCP, 1997b).

7. Controversies based on culture and tradition. In reproductive health, cultural sensitivities loom large, first in depicting problems such as STDs, HIV/AIDS, unwanted pregnancy, abortion, and, paradoxically, even more in proposing solutions such as contraceptive or condom use. While dramas and other fictional programs are probably less vulnerable to censorship and retraction than explicit television spots, they often must rely on an indirect approach to avoid political repercussions. One device used in the



PHOTO 3.3. In Egypt's television drama series *And the Nile Flows On*, a young religious leader helps other men understand the need for child spacing. (CREDIT: CCP, Courtesy of Photoshare)

Bangladeshi series *Ey Megh*, *Eyi Roudro* and in the Egyptian serial *And the Nile Flows On* (see photo 3.3) was for a religious leader to defend use of contraceptives. Explicit advice that might not have been allowed on the air from a lay person or even a health care provider is acceptable from an *imam*.

THE IMPORTANCE OF SOCIAL NORMS

JHU/CCP and major donors for E-E programs such as USAID recognize that a unique advantage of E-E, especially of serial dramas with multiple subplots, is their ability to link health issues with related social behaviors and in the long run to change social norms (Kaiser Family Foundation, 1996; Kincaid, 1993).

The main social norm that affects reproductive health is related to *gender*. The inferior status of women takes such forms as the lack of equal decision-making power in the family, a prevailing preference for male children (which contributes substantially to higher desired fertility and family size), dowry payments in some countries, property ownership and inheritance laws that deprive women of their own or family resources, lack of education, limited access to health care, and inadequate nutrition. Women have little ability to control their own lives from childhood through marriage, reproductive years, and economic livelihood to widowhood and death.

The theme of women's rights and roles has been prominent in JHU/CCP-assisted E-E health programs. Notable examples are a Pakistani television serial drama *Aabat* (1991) (JHU/CCP, 1994; Lozare et al., 1993) and the video *Ek Hi Raasta* (1992) (JHU/CCP, 1995), still vividly remembered by Pakistanis and individuals in other Muslim countries. *Aabat*, a six-episode 60-minute serial, depicted a young urban couple with four closely spaced daughters.

The husband and mother-in-law want to keep trying for a son; the weakened young wife wants to educate her daughters. Their maid servant chooses a dangerous abortion to cope with a large family and an abusive husband. Produced by a leading Pakistani woman director, Sahira Kazmi, and scripted by popular woman screen-writer Huseena Moin, *Aabat* was aired nationally in 1991 and was viewed in Pakistan by 17 to 20 million viewers, about 75% of the intended audience (Lozare et al., 1993). The key messages of gender preference, need for birth spacing, and the importance of husband-wife communication were well understood by viewers. Strong approval of family planning increased from 65% at baseline to 75% after viewing. Some 12% reported that the television program led them to take action to space their children. Between 1990 and 1994, contraceptive prevalence among married women of reproductive age in Pakistan rose from 12% to 18%, a change probably influenced to some degree by this television drama. Today, people who watched this television show as children can repeat the plot and remember its strong emotional impact.

Pressure on young women to be sexually active is an important issue. Lily, a character in a 1998 Peruvian television serial drama, *Time for Love*, first thinks she is not normal because she is not ready for sexual relations with her eager boyfriend. After refusing him, she finds another boy who is more understanding. Her friend, Andrea, follows a different course, as the excerpt in the box shows (see photo 3.4).

A *Time for Love* May Also Mean a Time for Decisions

In this Peruvian television drama, a young man comes to recognize that he also has a responsibility for unplanned pregnancy.

- Andrea: I just took a pregnancy test and it came out positive.
 Renzo: What are we going to do?
 Andrea: I don't know, Renzo. I don't know what we could do.
 Renzo: Well, you have to think of something! You're responsible for this!
 Andrea: Why me? We're both responsible. What we did, we did together.
 Renzo: Okay, but you're the woman and you have to take care of yourself.
 Andrea: You're the man and that doesn't change a thing.
 Renzo: Well, you're the one that's pregnant. You should have been more careful.
 Andrea: What's wrong with you? You know perfectly well that you could have also been more careful. We made a mistake but we have to face it together. Please don't leave me alone. Please!
 Renzo: Come here. Forgive me. I'm very scared. I don't know what I'm saying. I love you and we're going to get through this together.



PHOTO 3.4. Young actors in Peru's *Time for Love* series depict the consequences of careless love versus concern for partners. (CREDIT: BELL SOTTO, Courtesy of Photoshare.)

ADDRESSING POVERTY

Another social issue in most developing-country E-E dramas is poverty, and the massive handicaps that face poor families seeking adequate health care. Six Indonesian films/videos, including both the Equatorial Trilogy on Population and Environment, and the Safe Motherhood films, take place in settings where women and their families are struggling to survive in the face of rural economic losses, urban pollution, or a lack of economic opportunity, especially for women (JHU/CCP et al., 1995; Storey, Berutu, & Dutjuk, 1996). The Indonesian film directed by Arifin Noer, *Tasi, Oh Tasi* is the story of a girl forced by impoverishment to leave her fishing village for the city, where, vulnerable and without access to reproductive health knowledge and services, she becomes pregnant. She then must cope as a single parent, alone. She turns to prostitution. In the Nicaraguan drama *A Secret in the Village*, Yadira overcomes her poverty with the assistance of friends by setting up her own business, making tacos, and selling them at a bus stop.

Whether the subject is the life of street children in Brazil, wives in Nepal, desperate single women in Ethiopia who give up their illegitimate children, or

men living with HIV/AIDS in Africa, poverty defines and restricts individuals' lives. A lack of funds for medicines and school fees and disrespectful treatment by health professionals create multiple problems for poor families, lower castes, women, and indigenous peoples. JHU/CCP-assisted E-E dramas depict these social inequities as part of the basic setting for characters and narrative. Even when the specific message is health promotion or HIV/AIDS prevention, the underlying themes of gender discrimination and poverty are present and add emotional intensity to the drama. The episode described in the box below is from the first-ever radio E-E drama in Ethiopia.

The Journey of Life: Will It Be a Tragedy for this Ethiopian Family?

Azeb tells her friend, "My husband told me he took children for adoption. He said rich people are waiting to adopt healthy little boys. But he lied. He sold the boy that he did not know was my son to a beggar trader—to be blinded."

"No, no," her friend insisted. "This has not happened yet. We must stop this hideous plan. I cannot believe your husband would do this—to your own birth child."

"We can't," Azeb wailed. "My husband is an important man. He would not want to learn that years ago I was raped—I was just a servant—I had a child—and now my child is going to be blinded and sold as a beggar. Oh my friend, what am I going to do?"

Azeb struggles with the shame of her rape, as her husband misunderstands her anguish and seeks distraction with a prostitute. Then both face the threat of HIV/AIDS from careless infidelity. This 26-part radio serial drama, aired in 2002, revealed the potential tragedy when women are unable to protect themselves or provide for their children. Then men, women, and children all become victims of careless or coercive sex (Ferrara et al., 2002).

Other social norms addressed in various dramas include:

- An increasing emphasis on the independent role of youth and the need for young people to take a more active role in educating one another and in protecting themselves from sexual risk-taking. The youth variety shows designed and implemented in large part by young males and females in Bolivia, Jordan, Kenya, Namibia, Nicaragua, Nigeria, Tanzania, and Zimbabwe with help from Johns Hopkins University are examples (Anonymous, 1996b; JHU/CCP, 1997a; JHU/CCP, 1998b; Kim, Kols, Nyakauru, Marangwanda, & Chibatamoto, 2001; Palmer, 2002; Piotrow & Rimón, 1995).

- Links between population growth, environmental degradation, and deteriorating community and individual health. *Arcandina*, the prize-winning children's serial in Ecuador, written and directed by María Elena Ordoñez, is an educational variety show modeled on *Sesame Street*. Focused on

population and environment, *Arcandina* illustrated both the newly proactive role of youth and the links between health, hygiene, environment, and conservation (Aguilar, 2002).

- Community participation in governance and especially in advocacy and management for decentralized local health facilities. E-E dramas can present positive models on how to strengthen links between a local health center and the community, how to set priorities and advocate for local health care, and how to expand health coverage cost-effectively. Two Zambian radio distance education programs for Neighborhood Health Committee members, *Our Neighborhood* and *Community Health with Sister Evelina*, are entertaining as well as educational with a focus on health, including simple explanations of the Essential Basic Care Package, and on social issues like community mobilization. In one episode, for example, villagers track the source of children's sudden illness to polluted water and join forces to dig a safe new village well (db Studios, 2002).

LINKING HEALTH WITH SOCIAL ISSUES

There are multiple advantages of linking health promotion to social norms (Elkamel, 1995). These combinations attract larger audiences and allies through interest in a broader issue. Women and some men respond to shows with gender messages, while environmental activists respond to conservation messages, like the U.S. National Wildlife Federation, which cited *Arcandina* as the best international population/environment program. These combinations establish a setting or context that resonates with other people facing similar problems. For example, impoverished urban migrants in the Turkish serial *Sparrows Don't Migrate* and rural migrants in the Nepali serial *Cut Your Coat According to Your Cloth* face problems with which many listeners identify. Migration, they find, may not put food on the table or make life easier for large families.

Programs that link health and social issues can strengthen and sustain commitment to an issue that extends beyond specific fictional characters, however compelling. They can position the desired intervention, such as family planning, firmly in the context of other desired objectives. An effective drama can move health behavior issues out of the realm of purely individual actions and into the realm of social norms and policies to enable and reinforce those behaviors. For example, raising the legal age of marriage to discourage too-early childbearing was a major theme in the Egyptian television E-E serial, *And the Nile Flows On*, produced by the Egyptian State Information Service under Nabil Osman (Underwood, Kemprecos, Jabre, Wafai, 1994; Robinson & Lewis, 2002), and in the 2002 Nigerian variety show *Listen Up*.

Existing social norms, such as gender, environmental protection, and disparities in wealth, are highly controversial. Efforts to change these social problems may stimulate stronger opposition to the health measures. Critics in Zambia took messages off the air that advised girls to insist on condom use; the resulting controversy and debate sparked more attention than the original television spots had. Social or environmental issues that can be vividly presented, such as polluted water in the Indonesian film *The Lost Child* or the densely packed slums in the Guatemalan film *The Girl Who Saw the World from Above*, may distract attention from specific health behaviors like family planning.

ADVANTAGES OF SERIAL DRAMAS

Serial dramas continuing for several months or years are an extremely powerful form of E-E that can influence both specific health behaviors and related social norms. Why? (1) Serial dramas capture the attention and the emotions of the audience, (2) serial dramas provide repetition and continuity, allowing audiences to identify more and more closely over time with the fictional characters, their problems, and their social environment, (3) serial dramas allow time for characters to develop a change in behavior slowly, with hesitations and setbacks as occur in real life, (4) serial dramas have various subplots that can introduce different issues in a logical and credible way through different characters, a key characteristic of conventional soap operas, (5) serial dramas can build a realistic social context that will mirror society and create multiple opportunities to present a social issue in various forms, and (6) serial dramas probably offer the best opportunity to realize fully the nine P's that JHU/CCP uses to encapsulate the potential power of E-E (as the box below shows). Serial dramas can present different perspectives and stimulate audience questioning that can lead both to individual health behavior and to changing social norms (Coleman & Meyer, 1990; JHU/CCP, 1997b; Figueroa, Kincaid, Rani, & Lewis' 2002; Kincaid, 1993; Kincaid, 2002; NEEF & JHU, 2001; Nariman, 1993; Piotrow, Kincaid, Rimon, & Rinehart, 1997; Singhal & Rogers, 1999; Sabido, 1981).

The Nine Ps of Entertainment-Education

The entertainment-education approach, or "Enter-Educate," or E-E, is an effective way to promote healthy behavior because it is:

Pervasive: Everywhere, from street theatre to national television, from songs and dances to community radio, entertainment is there, with some kind of message.

Popular: People like entertainment, seek it out, and enjoy it.

Passionate: Entertainment stimulates the emotions, so people remember, talk to others, and are more inclined to take action.

Personal: People identify with dramatic characters as if they were personal friends.

Participatory: People participate by singing, dancing, and talking about entertaining characters, stories, and activities.

Persuasive: People can be persuaded to identify with role models, and then see the consequences of sensible or foolish behavior and imitate what works.

Practical: Entertainment infrastructures and performers are already in place and always look for good dramatic themes.

Profitable: Good E-E helps pay its own way and generates sponsorship, collateral promotions, and, sometimes profit.

Proven effective: Messages from entertainment can change the way people think, feel, and behave, as research has shown.

Source: Piotrow et al. (1997).

How to Link Health With Social Issues

How can health and social issues best be linked in E-E formats so that both messages strengthen each another, instead of competing? Five elements are necessary for a successful serial drama that links health messages and social change effectively.

1. **Creative ability** to produce first-rate entertainment that engages the audience and reflects audience interests.
2. **Technical knowledge** of the health problem and of those actions that can realistically be applied to improve it.
3. **On-site familiarity** with the intended audiences, their prevailing health practices, their rationale for these practices, and incentives or barriers to change.
4. **Cultural sensitivity** to the social norms that underlie specific behaviors.
5. **Time and patience** to bring different skills and knowledge together harmoniously in a coherent plan that all E-E players can understand and follow.

Creative Ability. Scripting, producing, and acting may be learned skills, but talent is also essential. The best way to locate such talent—which exists in every country—is not through formal contests but more often through informal inquiries in the entertainment industry, personal interviews, exercises following a brief orientation workshop, and sometimes small financial

incentives (Rimon et al., 1994). A commitment to E-E and especially to the specific health and social issues involved is illustrated by producers and directors like Carola Prudencio (Bolivia), María Elena Ordoñez (Ecuador), Nabil Osman (Egypt), Norma Guadamos (Nicaragua), Reuben Vysokolan (Paraguay), Gartaula (Nepal), Humayan Ahmed (Bangladesh), Teguh Karya (Indonesia), Slamet Rahardjo Djarot (Indonesia), Arifin Noer (Indonesia), and Jujur Pranato (Indonesia). Sometimes senior practitioners with established reputations are less committed to an issue like gender equity than women or newcomers starting their careers. Creative team members must be able to create characters that live, breathe, talk, struggle, suffer, and succeed in a way that holds audience attention and evokes a strong emotional response as well as an understanding of the health issues. They must be able to generate and resolve credible conflicts among characters, especially conflicts over health behavior (Kincaid, 2002).

Technical Knowledge. In-depth technical knowledge of family planning, HIV/AIDS prevention, safe motherhood, or clean water can help give accurate answers to hard questions. “What do I do if I miss two pills, nurse?” “My friend got pregnant when her boyfriend’s condom broke. What can I do to make sure that does not happen to me?” “How can I have a safe delivery if the clinic is 10 kilometers away?” “How can I be sure a blood transfusion is safe?” “If I am HIV+, how can I feed my baby?” JHU/CCP E-E interventions depend heavily on national ministries of health and local medical experts to help develop the messages. International experts meet with scriptwriters at the start in order to provide technical assistance. Transmitting that information without jargon in a way that families can understand is key.

Familiarity with Practices in the Field. Knowing current health practices is crucial. Unless scriptwriters really understand what is already happening, they cannot suggest realistic changes. Promoting packaged salt or sugar fortified with micronutrients for oral rehydration may make sense technically, but it did not work well in Zambia where most families could not afford to buy the packages.

To find out what intended audiences see as their major health problems requires substantial formative research, which is essential in developing language, visual images, and persuasive messages. Not only the content, but also the format for E-E health programs, will differ for different people.

Cultural Sensitivity. A sense of what is acceptable is essential even when an E-E program seeks to shift cultural norms. In Kenya in the 1980s, a television show in which a young girl slapped an older man trying to seduce her was not acceptable. The program was taken off the air (Usiniharakishe, 1986). In Zambia in 2002, an E-E spot in which girls (rather than boys)

talked about condoms for protection was not initially acceptable. It was taken off the air, but then, after protests from young people, it was rebroadcast, a signal of change in the culture. Three recent shows—*Jante Chai*, *Janate Chai* (Bangladesh), *Listen Up* (Nigeria), and *The Suzie and Shafa Show* (Namibia)—all emphasize that girls can refuse sex, negotiate with partners, and insist on protecting themselves, even in male-dominated societies.

Time and Patience. Successful E-E dramas are as much a process as a product. Two detailed manuals by Esta de Fossard, *How To Write a Radio Serial Drama for Social Development: A Script Writer's Manual* (1996) and *How To Design and Produce Radio Serial Drama for Social Development: A Program Manager's Guide* (1998), spell out the steps required. The design process outlined in these guides includes three key elements: the design team, the design workshop, and the design document. As described by de Fossard: "The design document is the end result of the work done by the design team—a group of advisors, such as media specialists, content advisors, and writers—during the design workshop. The design workshop is a designated period of time (usually five working days) in which the team meets and works together to compile the design document. The design document is the blueprint that presents, in written form, the details required by all those involved in the writing, reviewing, production, and evaluation of the serial drama" (de Fossard, 1996). A 26-episode radio serial drama typically requires at least six months to design, script, review, and produce.

To ensure a large audience, E-E benefits greatly from a conspicuous launch with national leaders and entertainment stars. In Nigeria, for example, the *Listen Up!* youth program was launched through community rallies in all the broadcast districts. In Bangladesh, the television serial, *Shabuj Shathi* (which means "Evergreen Friend") featuring a dedicated village health worker, was launched with a 3-mile parade of local luminaries and village field workers carrying green umbrellas through the streets of Dhaka. This launch was part of a campaign centering on a television serial drama (Hasan, 2001; Kincaid, 1999; Talukdar & Hasan, 2001; Whitney, Kincaid, & de Fossard, 1999).

As part of the overall E-E process, evaluation research is important (Hornik, 2002). JHU evaluations have gained in quality and sophistication over the last decade and now include panel surveys, structural equation modeling, and propensity score analysis, as well as standard multivariate analysis. The cost of these evaluations ranges from 5% to 20% of the total budget. In addition, formative research is an essential component of an effective E-E intervention.

Early evaluations measured such changes as self-reported attitude change after listening to Tatiana's and Johnny's songs (Kincaid et al., 1988) or clinic attendance in Nigeria following an E-E program (Piotrow et al., 1990). More

recent evaluations measured the impact of mass media and interpersonal communication on knowledge, attitudes, and behavior (Valente et al., 1996; Valente & Saba, 1998), dose-response effects (Jato et al., 1999), changes in perceptions of community norms (Kincaid, 1999), impact of social networks (Kincaid, 2000), increased spousal discussion (Boulay et al., 2002; Kim & Marangwanda, 1997), changes in ideation (Kincaid, 2000), and causal pathways to behavior change stimulated by the emotions in E-E or other forms of communication (Kincaid, 2002). Evaluations are now also addressing cost-effectiveness (Robinson & Lewis, 2002) and the impact of E-E on social change and the process followed by communities to achieve it (Figueroa, Kincaid, Rani, & Lewis, 2002).

CONCLUSIONS AND LESSONS LEARNED

More than two decades of experience with the E-E strategy suggest that in order to be maximally effective:

1. E-E should be of high quality, comparable to commercial material, and should resonate emotionally with the intended audience. Needed is a realistic setting, engaging characters, a compelling story, popular music, and in many cases audience participation. These require a talented and well-trained team of researchers, writers, producers, and actors.
2. E-E should weave health messages naturally, gradually, and subtly into plot, songs, character, and message development rather than inserting health lectures arbitrarily into a program.
3. E-E should be research-based, relying on understanding the audience and situation, health data, and behavior change models and theories, and using qualitative and quantitative methods.
4. E-E should be a sustained and continuing presence, preferably an ongoing series so that audiences can identify closely with the characters and the community and their continuing trials, tribulations, and occasional triumphs, while moving gradually and logically to behavior change.
5. E-E should be part of a broader strategic health program that not only presents specific individual health behaviors but also attempts to establish social norms (or remove constraints) to ensure continuation of the new behavior.
6. E-E, as part of a broader program, should include multiple activities and spin-offs, such as live performances, songs, storybooks, community and celebrity participation, Internet link-ups, print materials, and orchestrated media coverage. Thus, an E-E intervention should be part of a comprehensive campaign.

The health communication team at Johns Hopkins University has found that effective E-E must combine business and technology, commitment and talent, participation and leadership, and above all art and science. To influence behavior and to change social norms, E-E can be a powerful force. As Aristotle pointed out centuries ago, the way people learn is by watching and imitating. As he noted in *Poetics*, "It is natural for people to delight in watching works of art that are realistic representations of life for this is how we learn." In his words, "To be learning something is the greatest of pleasures not only to the philosopher but also to the rest of mankind. . . . The reason for the delight is that one is at the same time learning—gathering the meaning of things" (Aristotle, 1941). This combination of delight and learning is an apt description. It offers a time-tested model and a worthy goal for E-E today.

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4

The Origins of Entertainment-Education

Miguel Sabido
Nuevo Sol Productions

EDITORS' INTRODUCTION

The basic idea of entertainment-education was developed by Miguel Sabido by integrating his theory of the tone with theoretical elements adapted from Albert Bandura, Eric Bentley, Carl Jung, and Paul MacLean. The evolution of the theoretical basis for entertainment-education has been partially told by Televisa's Institute for Communication Research (1981), Nariman (1993), Singhal and Obregon (1999), and Singhal and Rogers (1999). Here, for the first time, Miguel Sabido (Photo 4.1) tells his personal story of the beginnings and development of entertainment-education, drawing from his recent book on this topic (Sabido, 2002).

When people ask me what I am, I tell them that I am a hands-on communication theoretician. In addition to being a communication theoretician, I produce and direct movies, plays, and radio and television dramas. A practical and theoretical approach to human communication gave birth to various methodologies sustained by a theoretical framework. One methodology, which I originally called "entertainment with proven social benefit," was then translated as "entertainment-education," a concept that is now being used around the world.