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A Formative Approach to Strategic Message Targeting Through Soap Operas: Using Selective Processing Theories

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In the past 2 decades, soap operas have been used extensively to attain prosocial change in other parts of the world. The role of the soap opera in achieving social change has become of special interest to strategic health message designers and planners in the United States. Before a strategic approach is implemented, however, researchers need to conduct formative research to interrogate the viability of soap operas and guide communication strategies. This article constructs a profile of the soap opera user who is younger, less educated, and earns less than the nonuser. Using selective processing theory, I argue that the health-oriented individual is most likely to remember health content from soap operas and incorporate the content in future behavior. Strategic media planning and message construction guidelines are provided for the use of soap operas as vehicles for reinforcing positive health behaviors and introducing new behaviors in the health-oriented segment.

Recent years have witnessed a surge in nation-wide initiatives for strategically using popular entertainment for disseminating health information, informed by systematic research into the effects of popular entertainment media (Singhal & Rogers, 1999; Thompson, Robinson, Cusella, & Shellabarger, 2000). Based on successful experiences of strategically informed entertainment–education models in other parts of the world (Davenport Sypher, McKinley, Ventsam, & Valdeavellano, 2002; Singhal & Rogers, 1999), health communication scholars have started experimenting with the strategy in the U.S. market (Slater & Rouner, 2002). One of the key vehicles for strategic dissemination of health messages is the soap opera (Singhal & Rogers, 1999). Although the focus here is on using soap operas for disseminating health information, similar arguments can be used for using other genres, such as situation comedies and drama, for the diffusion of health information.

Before soap operas are widely adopted as strategic outlets for health message placement, formative research is needed to determine audience characteristics that would guide strategy choices (Dutta-Bergman, 2004a; Singhal & Rogers, 1999). This article seeks to (a) construct a descriptive profile of the soap opera user based on selective processing theory from the media effects literature and (b) sketch a narrative of the soap opera user that recalls, processes, and uses health information from soap operas. Note that the focus here is on determining the extent to which audience members process health information content in soap operas, irrespective of whether the content placement is planned or unplanned. It argues that the more health-oriented consumer is more likely to attend to, remember, and act on health information content in soap operas than the less health-oriented consumer.

SELECTIVE PROCESSING THEORIES

Selective processing theories interrogate the linkages between underlying motivations and media choice, based on the argument that individuals consume, orient their attention to, and process specific stimuli in their environment while ignoring other stimuli (Finn, 1997; Zillmann & Bryant, 1985). The choice of stimuli is driven by underlying motivations. In other words, this focused information orientation is driven by an enduring interest in a specific subject area (Petty & Cacioppo, 1986). Audience motivation shapes the active consumption of media and program types such that audience members optimize the match be-
tween the programs they consume and their dispositional orientations (Webster & Wakshlag, 1985; Zillmann & Bryant, 1985).

In support of selective processing theories, the investigation of audience processing of violent television material points out that individual aggressiveness is associated with the viewership and recall of violent television programming (Atkin, 1973, 1985; Robinson & Bachman, 1972). Similar matches in the realms of prosocial behavior, and political, and moral values document the selectivity in media exposure and consumption (Atkin, 1985). Sprafkin and Rubenstein (1979) observed a positive correlation between prosocial orientation and the viewing of prosocial television content. Similarly, Capella, Turow, and Jamieson (1996) demonstrated that listeners of Rush Limbaugh were significantly more likely to be conservative as compared to nonlisteners. Swee- ney and Gruber (1984) reported that audience consumption of media messages related to the Watergate hearings was highest among McGovern supporters, lowest among Nixon supporters, and moderate among those consumers who were undecided. These findings suggest that media content reinforces individual disposition and is chosen based on its congruence with existing beliefs, attitudes, and behaviors. In addition, media content presenting counterdispositional arguments is avoided because the individual audience member responds defensively to such messages (Atkin, 1985).

Noting the correlation between disposition and content choice, Atkin (1985) suggested the role of reinforcement theory in media choice. Reinforcement theory argues that individuals prefer messages that are supportive of their predispositions (Atkin, 1973, 1985; Capella et al., 1996). Therefore, media content reinforces individual disposition and is chosen based on its congruence with existing beliefs, attitudes, and behaviors. Essential to selective processing theories is the concept of audience motivation. Audience members that are motivated in a particular issue are likely to consume issue-relevant media outlets and process issue-relevant information presented in these outlets. Extrapolating the motivation-based framework to the realm of health information processing in a mediated context, it may be argued that individuals who are highly health motivated are more likely to process health information presented in the media and act on such information. Selective processing theory forms the basis for the articulation that the more health-oriented individual will be more likely to attend to, remember, and act on the health information he or she receives from soap operas. It is critical to point out here that although health orientation is active, exposure to health information on soap operas happens mostly by accident. However, the health-motivated consumer scans the environment for health information and is more likely to locate it even in passive media outlets as compared to a less health-motivated counterpart. The next section will review the literature on health orientation.

HEALTH ORIENTATION

Health orientation refers to the extent to which individuals are involved in issues of health and are predisposed to engaging in healthy lifestyles (Ardell, 1977; Celsi & Olson, 1988). Encompassing the attitudes, thoughts, and lifestyles of individuals, health orientation taps into a global-level health consciousness of the consumer and the expressions of this health consciousness in a variety of health-oriented contexts (Dutta-Bergman, 2004b; Moorman & Matulich, 1993). The health-conscious consumer values health, is sensitized to his or her health needs, holds health-oriented attitudes, seeks out health information, and demonstrates a dispositional proclivity toward engaging in healthful behaviors (Dutta-Bergman, 2003a, 2003b, 2004b). Moorman and Matulich defined it as “a goal-directed arousal to engage in preventive health behaviors” (p. 210). Research on health orientation demonstrates the existence of systematic differences within populations based on the extent to which individuals are motivated to lead a healthy life and engage in a variety of activities that contribute to greater health (Morris, Grossman, Barkdoll, & Gordon, 1987). Although some individuals show a positive orientation toward health, others demonstrate a neutral stance. Yet others report a negative orientation. Health orientation manifests itself at the attitudinal, cognitive, and behavioral levels. Dutta-Bergman (2003b, 2004b) examined the manifestation of health orientation in a wide range of contexts ranging from a global health consciousness to engagement in preventive behaviors and seeking out health information.

Research in psychology points out that motivation triggers an individual’s interest in a particular issue or topic, subsequently leading to active engagement in cognitions and behaviors related to the specific issue or topic (Bloch, 1984; Petty & Cacioppo, 1986). A high level of motivation increases the attention paid by the individual to relevant information and the comprehension of such material (Petty & Cacioppo, 1986). Motivation in the domain of health, therefore, suggests an active orientation toward health issues, leading to consumer participation in issues related to health and an active search for relevant health information (Ardell, 1977; Bloch, 1984; Celsi & Olson, 1988; MacInnis, Moorman, & Jaworski, 1991; Moorman & Matulich, 1993; Park & Mittal, 1985). The health-oriented individual holds a positive attitude toward health, believes in the value of healthy choices, and engages in healthy behavior (Bloch, 1984; Moorman & Matulich, 1993). These indicators in the realms of values, beliefs, and attitudes constitute health consciousness (Moorman & Matulich, 1993). Also, the health-oriented consumer participates in those activities that lead to better health, including eating healthy, eating fruits and vegetables, avoiding smoking, and engaging in physical activity (Bloch, 1984; Dutta-Bergman, 2003a, 2003b; Moorman & Matulich, 1993). This article explores the role of health orientation in the context of the consumption of soap...
operas and the subsequent recall and use of health information from soap operas via two separate studies. Whereas the first study identifies demographic and health orientation differences between users and nonusers of soap operas, the second study examines such differences in the context of recall and subsequent processing of health information from soap operas.

**STUDY 1**

With an exposure focus, the first study examines the demographic and health-orientation differences between viewers and nonviewers of soap operas. It measures health orientation primarily in the realm of health actions via two key variables: healthy eating and exercising. The demographic variables include age, education, income, and gender.

**RQ1:** How do viewers of soap operas differ from nonviewers in demographic variables?

**RQ2:** How do viewers of soap operas differ from nonviewers in healthy eating?

**RQ3:** How do viewers of soap operas differ from nonviewers in exercising?

**Method**

**Data.** Data were obtained from the annual consumer survey sponsored by DDB Needham, Inc. (1999; for extensive description, see Dutta-Bergman, 2003a, 2003b). Five thousand questionnaires were mailed to the panel members in the spring of 1999, and a total response of 3,388 was received. Respondents in the database varied in age from 18 to 91. The mean age was 47 with a standard deviation of 16.1 years. The sample was composed of 45% men and 55% women.

**Soap opera viewership.** The following instruction was provided to the respondents: “Listed below are different television programs. Please × each television show you watch because you really like it.” Soap operas were listed as a category “daytime serials/soap operas.” Responses were measured in a Yes/No format.

**Demographic variables.** Age was measured by a single item that simply asked the respondent to report his or her exact age in number of years. Education was measured by a single item, “education level of respondent” on a 1 to 7 scale. Income was measured by a single item, “Into which one of the following categories does your annual household income fall?” Finally, respondents reported their gender on a single-item dichotomous variable that asked them whether they were male or female.

**Healthy eating.** Healthy eating was measured by 10 items that were borrowed from previous research (Dutta-Bergman, 2003a; Dutta & Youn, 1999). The items were measured on a 1 to 6 scale ranging from 1 (definitely disagree) to 6 (definitely agree) and may be found in published scholarship (Dutta & Youn, 1999). These 10 items were subjected to a principal axis analysis. A single factor was produced that explained 47.8% of the variance. The aggregated scale had a high reliability (.89).

**Exercising.** Exercising was measured by six items that have been previously used in the literature (Dutta-Bergman, 2004a). The items were measured on a 1 to 6 scale ranging from 1 (definitely disagree) to 6 (definitely agree). When subjected to a principal axis factor analysis, a single factor with Eigenvalue greater than one was generated. Cronbach’s alpha of the scale was .63.

**Results**

Although 23.4% of the respondents (785) reported viewing soap operas, 75.4% (2,400) did not watch soap operas. To answer the research questions, the data were subjected to t tests and a cross-tabulation. The t tests were expected to be significant given the large power inherent in the sample size and the effect sizes were indeed small on average. Soap opera viewers (M = 45.40, SD = 16.82) were significantly younger than nonviewers (M = 48.72, SD = 15.70), t(3,183) = 5.05, p < .001. Soap opera viewers were more likely to have a lower level of education, t(3,174) = 8.87, p < .001, and a lower level of income, t(3,048) = 6.60, p < .001, as compared to nonviewers, who, on average, reported college attendance. More specifically, soap opera viewers reported having graduated from high school or trade school on an average as compared to the average attendance of college reported by nonviewers. Soap opera viewers earned an average of $30,000 to $34,999 as compared to nonviewers who earned an average of $40,000 to $44,999. Individuals who viewed soap operas were more likely to be women as compared to nonviewers. Significant differences were also observed in the domain of health orientations of the two groups. Respondents who viewed soap operas (M = 38.08, SD = 10.19) were more likely to eat healthy than their nonviewing counterparts (M = 36.64, SD = 10.39), t(3,072) = 3.35, p < .001. However, they (M = 11.63, SD = 5.35) were less likely to exercise when compared to soap opera nonviewers (M = 12.70, SD = 5.96), t(3,074) = 4.39, p < .001.

**Discussion**

The results of Study 1 pointed out demographic and health orientation differences between viewers and nonviewers of soap operas. Soap operas are more likely to be consumed by younger women from lower socioeconomic backgrounds. Of
particular importance here is the lower socioeconomic status of the soap opera viewer. The profile of the audience suggests that predevelopment messages targeting the lower socioeconomic strata of society are more likely to reach (hence, have greater opportunity for exposure) the target group. This is particularly relevant in the context of findings from earlier health research that higher mortality and morbidity rates are clustered in lower socioeconomic areas of the United States. The results also point out that soap opera viewers are more likely to eat healthy than nonviewers. From a media planning standpoint, soap operas are not likely to provide the reach to the at-risk target group of unhealthy eaters. However, soap opera viewers are less likely to exercise, suggesting that campaigns promoting exercise behavior are likely to reach the nonexercising population through soap operas. One of the limitations of this project is its reliance on secondary data. Also, it uses self-reported measures that appear on the surface to be related to healthy eating. Similarly, exercising is measured by self-reports. Study 1 also suffers from the problem of not measuring direct audience response to specific health messages on soap operas. Study 2 seeks to remedy this problem by looking at self-reports of actions in response to soap opera viewership.

STUDY 2

Study 2 investigates the demographic and health-orientational differences between individuals based on their recall of health information presented in soap operas and subsequent actions taken in response to soap-based health information content. As suggested in a previous section, health orientation is studied at a global level in the form of health consciousness, at the cognitive level in the form of health beliefs, and health actions at the behavioral level (Celsi & Olson, 1988; Dutta-Bergman, 2004a; Marks & Lutgendorf, 1999). Health consciousness is a global orientation toward health, composed of attitudinal and belief-based elements that indicate the extent to which the consumer values his or her health (Dutta-Bergman, 2004a; Moorman & Matulich, 1993; Morris et al., 1987). Health information orientation taps into the likelihood of the consumer to seek out health information, health beliefs emphasize the cognitive evaluation of different health-based belief elements, and health activities include reports of health-oriented activities such as healthy eating and exercising engaged in by the consumer (Dutta-Bergman, 2003b, 2004a, 2004b; Marks & Lutgendorf, 1999; Moorman & Matulich, 1993; Morris et al., 1987).

Selective processing theories posit that motivation in issues underlies audience information processing of issue-relevant information from the media (Webster & Wakshlag, 1985; Zillmann & Bryant, 1985). Attesting to a positive linkage between recall, comprehension, and processing of health content and health orientation, selective processing theories suggest that the health-oriented individual is more likely to choose, attend to, actively process, and act on health information content in the media (Webster & Wakshlag, 1985). Although soap operas serve as passive sources of health information (unlike the health beat on the evening news) and although the health oriented consumer is not likely to actively seek out soap operas to gather health information, the chances of learning health information from soap operas are higher among health-oriented individuals because they monitor the environment for health information anywhere they can find it and are intrinsically interested in health information anywhere they can find it. The selective processing argument extrapolated to the realm of health information processing from the soap opera leads to the following hypothesis:

H1: Individuals who recall health content in soap operas are more health oriented than individuals who do not recall health content in soap operas.

What do individuals do after they have comprehended health information and committed it to memory? What actions do they take based on the information? The responses examined in the study included calling a hotline; calling a clinic or health care place; giving preventive advice to someone; engaging in preventive measures; sharing the story; and visiting a doctor, clinic, or nurse. The comparison here is within the group of individuals who recall health information on a soap opera. Selective processing theories articulate a positive linkage between the postcomprehension actions taken and the health orientation of the audience member.

H2: Individuals who act on the health content in soap operas are more health oriented than individuals who do not act on the health content in soap operas.

To examine the previous hypotheses, the study used 1999 HealthStyles (Porter Novelli, 1999) data. Demographic variables measured in the study were age, education, income, and gender. Health-oriented variables included in the study were health consciousness, health beliefs, health information orientation, and healthy activities (Celsi & Olson, 1988; Dutta-Bergman, 2004a; Marks & Lutgendorf, 1999). The following section discusses the study method in detail.

Method

Data. The HealthStyles database collected by Porter Novelli (1999) was used for analysis (for additional details, see Dutta-Bergman, 2003b, 2004b). In 1999, the response rates for LifeStyles and HealthStyles were 68% and 74%, respectively. The entire sample is weighted on age, sex, race/ethnicity, income, and household size to reflect the U.S. Census population. A total of 2,636 respondents provided usable data. The sample was composed of 48.2% men and 51.8% women. The mean age of the sample was 44.87 (SD = 16.71).
Recall of health information on soap opera. Processing of health information on a soap opera was measured by the following item: “I did not hear about a health issue or disease on a soap opera.” Responses were measured in a dichotomous Yes/No format.

Actions. To measure the actions taken after processing of health information on a soap opera, the following guideline was provided: “In the past year, which (if any) of the following things did you do AFTER you heard something about a health issue or disease on a soap opera?” The categories included: “Called an 800 number or hotline,” “Called a clinic or other health care place for advice,” “Told someone to do something (like see a doctor or get more information) to prevent this problem,” “Did something to prevent this problem,” “Told someone about the story or health topic,” and “Visited a clinic, doctor, or nurse.” Responses were measured in a dichotomous Yes/No format.

Demographics. Age, education, income, and gender were measured in the same fashion as in the first study. In addition to the demographic variables, health orientation was measured at the attitudinal, cognitive, and behavioral levels by health consciousness, health information orientation, health-oriented beliefs, and healthy activities.

Health consciousness. Health consciousness was measured by five items—“living life in best possible health is very important to me,” “eating right, exercising, and taking preventive measures will keep me healthy for life,” “my health depends on how well I take care of myself,” “I actively try to prevent disease and illness,” and “I do everything I can to stay healthy”—that were borrowed from previous research (Dutta-Bergman, 2003b, 2004b). Responses were measured on a 1 to 5 scale ranging from 1 (strongly disagree) to 5 (strongly agree). When subjected to a principal axis factor analysis, a single factor with an Eigenvalue of 2.36 was produced, explaining 47.24% of the variance. The Cronbach’s alpha for the scale was .72.

Health information orientation. Eight items were borrowed from existing research (Dutta-Bergman, 2004b) to measure health information orientation. The items were “I make a point to read and watch stories about health”; “I really enjoy learning about health issues”; “to be and stay healthy it’s critical to be informed about health issues”; “the amount of health information available today makes it easier for me to take care of my health”; “when I take medicine, I try to get as much information as possible about its benefits and side effects”; “I need to know about health issues so I can keep myself and my family healthy”; “before making a decision about my health, I find out everything I can about this issue”; and “It’s important to me to be informed about health issues.” Responses were measured on a 1 to 5 scale ranging from 1 (strongly disagree) to 5 (strongly agree). A principal axis factor analysis produced a single factor with an Eigenvalue of 4.18. Factor loadings ranged from .55 to .80, and the factor explained 52.24% of the variance. Cronbach’s alpha for the aggregated scale was .87.

Health-oriented beliefs. Health-oriented beliefs were measured by eight items that have been previously used (Dutta-Bergman, 2004b). The respondents were provided with the following instruction: “Please rate each of the following health behaviors on a scale of 1 through 5 depending on how important you think that behavior is for your overall health.” Items included: “eating a diet that is low in fat”; “eating lots of fruits, vegetables, and grains”; “drinking plenty of water every day”; “taking vitamins and mineral supplements regularly”; “exercising regularly”; “not smoking cigarettes”; “not drinking alcohol or drinking in moderation”; and “maintaining a healthy body weight.” A principal axis analysis yielded a single factor with factor loadings ranging from .52 to .77. The Eigenvalue of the factor was 3.71, and it explained 46.31% of the variance. Cronbach’s alpha for the aggregated scale was .82.

Healthy activities. Based on previous research (Dutta-Bergman, 2004b), healthy activities were measured by eight items. The respondents were provided with the following instruction: “Please place an × for each of these behaviors that you currently perform to maintain your health.” Items included: “eating a diet that is low in fat”; “eating lots of fruits, vegetables, and grains”; “drinking plenty of water every day”; “taking vitamins and mineral supplements regularly”; “exercising regularly”; “not smoking cigarettes”; “not drinking alcohol or drinking in moderation”; and “maintaining a healthy body weight.” Responses were measured in a dichotomous Yes/No format and the activities were summed to constitute the healthy activities variable.

Results

Given that seven t tests were conducted for each hypothesis, Bonferroni correction was used to adjust the alpha level by the number of tests. The adjusted alpha for each of the hypotheses was .05/7 = .007. To examine Hypothesis 1, t tests compared respondents who recalled a health issue or a disease on a soap opera with respondents who did not recall a health issue or disease on a soap opera. Although 312 (11.8%) respondents reported having heard something about a health issue on a soap opera, 2,324 (88.2%) respondents said they were not exposed to a health issue on a soap opera. As a result, a principal axis analysis yielded a single factor with factor loadings ranging from .52 to .77. The Eigenvalue of the factor was 3.71, and it explained 46.31% of the variance. Cronbach’s alpha for the aggregated scale was .82.
4.52, SD = 1.29) and individuals who did not recall health issues on a soap opera (M = 5.03, SD = 1.28). Also, the results, t(2,634) = 8.17, p < .001, revealed that individuals recalling health information on a soap opera (M = 10.05, SD = 6.20) earned less than individuals who did not recall health information on a soap opera (M = 12.94, SD = 5.83). No significant differences were observed in the realms of age, health consciousness, health beliefs, and healthy activities.

To compare the demographic and psychographic orientations of participants reporting different responses to soap-based health cues with those of participants reporting nonresponse, the sample was first split into two groups based on their processing of soap-based health information. Analysis was done simply within the group of respondents that recalled health issues on a soap opera because recall is the first step to further information processing. What did these individuals do after processing health issues on a soap opera? In other words, the important question answered here dealt with the actions individuals took after processing health issues in a soap opera. T tests and cross-tabulations were conducted to test the hypotheses.

To test Hypothesis 2, the participants who reported calling an 800 number or hotline after processing health issues in a soap environment were compared with their counterparts who did not call an 800 number or a hotline. There were no significant differences in age, education, or income between those who called the 800 number and those who did not. Furthermore, no significant differences at the p < .007 level were observed in the realms of health consciousness, health information orientation, health beliefs, and healthy activities. When the respondents who called a clinic or health care place were compared with those respondents who did not call a health care place after processing health content on a soap opera, no significant differences were observed in age, education, income, or the four health orientation variables.

In the realm of preventive advice given by the respondents based on soap-covered health issues or diseases, the t tests revealed no significant differences between the two groups with respect to age, education, or income; however significant health-orientation differences were observed. The results, t(302) = 3.59; p < .001, revealed that the respondents who reported giving preventive advice to someone after hearing about a health issue or disease on a soap opera (M = 4.13, SD = .60) were more health-information oriented than their counterparts (M = 3.80, SD = .74). They (M = 4.39, SD = .57) were also more likely to hold stronger health beliefs as compared to those individuals who did not report giving preventive advice to someone after hearing about a health issue or disease on a soap opera (M = 4.07, SD = .74), t(280) = 3.34; p < .001.

When participants were compared with respect to their postprocessing preventive actions, no significant differences were observed in the realms of age, gender, education, or income. However, respondents who indeed engaged in preventive action after hearing something about a health issue or disease on a soap opera (M = 4.31, SD = .70) held stronger health-consciousness attitudes as compared to those respondents who did not report engaging in preventive action (M = 3.97, SD = .67), t(306) = 3.23; p < .001. They (M = 4.42, SD = .69) also held stronger health beliefs than their counterparts (M = 4.10, SD = .71), t(280) = 2.79, p < .007. Respondents who participated in preventive action after viewing a soap opera (M = 5.14, SD = 2.52) also revealed greater likelihood of engaging in healthy activities as compared to the nonaction group (M = 3.33, SD = 2.33), t(310) = 4.98, p < .001. No significant difference was observed at the p < .007 level in the domain of health information orientation.

Individuals who reported sharing about a health issue or topic with others in their social network (M = 4.15, SD = .61) were more health conscious than others who did not participate in word-of-mouth communication (M = 3.92, SD = .73), further supporting Hypothesis 2, t(306) = 2.95, p < .007. They (M = 4.06, SD = .62) were more health-information oriented as compared to their counterparts (M = 3.74, SD = .77), t(302) = 4.05, p < .001. They (M = 4.07, SD = 2.38) were also more likely to engage in healthy activities when compared to those individuals who reported not sharing about a health issue or topic with others in their social network (M = 3.22, SD = 2.45), t(310) = 3.10, p < .007. In the realm of visits to the clinic, doctor, or nurse, no significant differences were observed in age, education, or income. Also, individuals who reported visiting a clinic, doctor, or nurse after hearing about a health issue or disease on a soap opera did not differ from individuals who did not visit a clinic, doctor, or nurse in health conscious attitude, health information orientation, health beliefs, or health activities.

Discussion

Study 2 pointed out that the recall of health issues on a soap opera reflected the patterns of demographic and health-orientational differences pointed out in the first study. Individuals who recalled health information from soap operas were less educated and earned less compared to individuals who did not recall health information from soap operas. This supports the notion of soap operas serving as conduits of disseminating information to the lower socioeconomic segment. Individuals who remembered health information from soap operas were also more health conscious and health-information oriented than those individuals who did not recall health information from soap operas. These findings provide further support for selective processing theories, articulating that individuals motivated by a specific issue (health, in this case) are likely to remember issue-relevant information (Atkin, 1973, 1985).

Significant differences were observed between respondents in the realm of the health advice they provided to others in their interpersonal networks based on the processing
of a health issue on a soap. Supporting selective processing theory (Atkin, 1973, 1985), those individuals who were more likely to provide advice to others in their social networks were also more health oriented than their counterparts. This finding suggests that health-oriented individuals who are already activated about issues of health are likely to take the information received from a soap opera and use it for providing advice on health issues. Such health-oriented individuals with strong health information needs are the opinion leaders in the context of issues of health. The health information orientation of the group strikes a chord with the information-oriented nature of opinion leaders. The preventive behaviors documented by respondents after processing of health issues on a soap opera further bolstered support for selective processing theory. The health consumers who did something to prevent a health problem after being exposed to the problem on a soap opera were more likely to be health conscious, health information oriented, and health active than their counterparts who were not willing to take preventive measures.

APPLICATION

The support for selective processing theories in the domain of soap opera viewership suggests that although the soap opera may be used to reinforce healthy behavior choices of the health active segment, it is unlikely to reach the unhealthy segment. The study results indicate the inability of soap operas to trigger healthy behaviors in the target population that is in most need for an intervention (the less health oriented group). This is particularly problematic in the context of the increasing knowledge gaps between the information rich and information poor in society (Dutta-Bergman, 2004b); the results indicate that soap operas perhaps contribute to such knowledge gaps instead of reducing them. In other words, although the strategy of using soap operas increases the health knowledge of the healthy consumer, the unhealthy consumer does not notice, remember, discuss, or act on the health information presented in soap operas. Alternative targeted communicative strategies need to be developed for effectively reaching the underserved groups (Dutta-Bergman, 2003b, 2004a, 2004b). Furthermore, given the fact that soap operas reach out and provide an opportunity for recall among the lower socioeconomic segment, a strategic choice might be to target opinion leaders within the segment who are likely to engage in word-of-mouth communication based on the health information and supplementing the mediated message with heightened interpersonal communication strategies (Valente, Poppe, & Merritt, 1996).

LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Some of the key limitations of this study may be remedied in future research. First, the study used self-reported measures to tap into the independent and dependent variables. It is possible that the health-oriented individual over-reported his or her likelihood of processing soap opera information. Also, self-reported indicators of health consciousness, health beliefs, health information orientation, and healthy activities raise questions about validity. Future research ought to interrogate the role of health orientation in audience health information processing by conducting experiments and measuring actual learning and audience behavior as a consequence of exposure to health content on media materials such as soap operas. Also, experiments would be critical in establishing causality. Second, the mailback panel used in the study suffers from problems of attrition and panel bias. Third, a great deal of attention has been directed toward soap operas. Although soap operas might indeed provide a conduit for reaching out to the audience, future research ought to expand the realm of media vehicles to include other genres of programming, particularly entertainment programming such as sitcoms and talk shows.

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