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'STERLING TOWERS'
A SOAP OPERA FOR HIV AWARENESS AMONG THE
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'STERLING TOWERS'

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By

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ABSTRACT

'STERLING TOWERS'

A SOAP OPERA FOR HIV AWARENESS AMONG THE MIDDLE CLASS IN METROPOLITAN INDIA

By

PRACHEE PATHAK

India now has the second highest number of HIV/AIDS infected people in any country all over the world after South Africa. The disease is beginning to hit the Indian middle class. However there is denial among the middle class about its vulnerability due to social taboos on sex. Research was conducted to address the need for mass media campaigns to spread awareness and promote discussion among urban middle class families in India. Soap operas based on entertainment education methodology using participatory approach and audience involvement were investigated. Guided by the findings a pilot script for a television soap opera called Sterling Towers was designed and written.

THIS TEXT IS DEDICATED TO THOSE PEOPLE IN INDIA WHO COURAGEOUSLY WORK TO CURB HIV-AIDS, SPEAK OUT AGAINST THE TABOO SURROUNDING IT AND HELP EMPOWER PEOPLE TO PROTECT THEMSELVES FROM IT.

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LIST OF ABBREVIATIONS

1. AIDS – Acquired Immune Deficiency Syndrome.
2. HIV – Human Immuno Deficiency Virus
3. PSA – Public Service Announcement.
4. UNAIDS – United Nations AIDS
5. UN – United Nations
6. NACO – National AIDS Control Organization.
7. WHO – World Health Organization.
8. STD – Sexually Transmitted Disease
9. IHO – Indian Health Organization.
10. PLHA – People Living With HIV AIDS
11. KAP – Knowledge, Attitudes, Practices.
12. NGO – Non Governmental Organization
13. FM – Frequency Modulation
14. TRP – Television Rating Point
15. DD – Door Darshan
16. BBC – British Broadcasting Corporation.
17. CSW – Commercial Sex Worker

INTRODUCTION

Several factors are responsible for the alarming figures of HIV infection in India, now a country with the second highest number of sero positive people in the world after South Africa. The lack of information about HIV/AIDS among most people both literate and illiterate is a primary factor for the spread of the disease. This is tied into people's denial of being susceptible to HIV infection. AIDS has for long been considered a "lower class" disease with everyone from the government to the people blaming truck drivers, migratory laborers and sex workers for the rapid spread of infection. At last count 5.1 million people are currently HIV positive out of a population of over a billion in India. (NACO 2005) Increasingly, reports from various organizations are trying to bring attention to the fact that HIV infection has crossed ranks and the huge middle class population is now part of the swift growth statistics in HIV/AIDS cases.

Metropolitan India comprises the four mega cities of Mumbai (formerly Bombay, Calcutta, Delhi, Chennai (formerly Madras), Bangalore and Hyderabad. (Ram Mohan Rao and Simhadri, 1999). According to a standard assumption by NACO – National AIDS Control Organization, HIV spreads from urban areas to rural ones. By NACO's estimates the urban rural differential of infection in high-risk population is 3:1. The last census in India conducted in 2001 sets the population of Mumbai at 16.36 million, Calcutta at 13.21 million, Delhi at 12.79 million, Chennai at 6.42 million, Bangalore at 5.6 million and Hyderabad at 5.53 million people. (Misra and Misra, 1998) The states with highest prevalence according to

NACO are Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, West Bengal and Delhi. (NACO 2005) All of the metros mentioned earlier belong to the above states thus confirming them to be high-risk areas for HIV infection. Epicenters of the epidemic are metropolises and urban areas where population is concentrated and huge segments are migratory. These urban agglomerations are home to a specifically high-risk segment in HIV infection – the middle class.

Prevention and intervention measures on various levels are underway as part of the effort by national and international organizations. However denial on part of the majority population is a key stumbling block in these HIV/AIDS intervention campaigns. In fact NACO had to withdraw sero surveillance data because of gross under reporting of HIV infections in various surveillance centers. Heterosexual sex is one of the largest modes of transmission of HIV in India. But the conservative Indian society steadfastly refuses to discuss the issues surrounding the rapid infection rates. Thus various programs about information and safe practices for intervention have failed to make an impact.

The use of entertainment television as a medium of communicating information and dealing with delicate issues sensitively is a viable proposition to serve this purpose, according to several experts. The popularity of dramas or serials or soap operas in Indian society following the satellite television boom could be a successful method of diffusing information as well as promoting discussion about the issues surrounding HIV infection. However, so far commercial television

programming in India as in any other for profit systems does not risk topics and formats that could cause the loss of audience members. Apart from a few PSAs and a couple of efforts by the government towards the use of television in a pro social manner, this potential vehicle to spread awareness and create dialogue about HIV/AIDS has not risen to the challenge.

This thesis looks at creating a pilot script that uses the soap opera format on commercial television for the purpose of creating awareness and disseminating information to help prevent HIV/AIDS. It aims to follow the communication concepts of entertainment education and the participatory approach in formulating a soap/series about HIV/AIDS issues. It looks at establishing television serials as a commercially viable and effective means of addressing issues like HIV infection, dispelling myths about it's mode of transmission and trying to address the travails of people living with HIV/AIDS. The culminating script targets the middle class as its intended audience and uses research in its design that would help make it as popular as it is effective.

Chapter 1

OBJECTIVE

The objective of this thesis is to design a pilot script for a pro social soap opera about HIV awareness on television that targets the middle class in urban India.

"Every one wants to be James Bond" - This is a quote by a psychiatrist in Bombay, India from a cover story on AIDS among the middle class in India Today, a leading national magazine. (Baria, Menon, Nagchoudhary, David,Menon 1997) Having multiple sexual partners among the affluent middle class is increasingly viewed as fashionable, a symbol of liberation and upward mobility. Unfortunately this neo liberalism in Indian society has also fueled the rapid spread of HIV/AIDS among the middle class.

Much has been said in newspapers, magazines, and various other forms of mass media the world over about the grave crisis of HIV/AIDS in India. Several intervention programs by national and international agencies look to addressing this serious problem through various means. The UNAIDS as well as Singhal and Rogers, 1999 have highlighted the potential of mass media to be highly effective in the dissemination of information and health messages.

However ongoing prevention efforts in India so far have not tapped into the tremendous potential and appeal of television as a means of spreading

awareness on a large scale in urban India. This thesis, by using tools such as already available information and further research to explores this possibility. It proposes to formulate a pilot script for a television show in the soap opera format.

The proposed soap's target audience is the middle class population in urban India. The message it looks at spreading is HIV/AIDS awareness and discussion. The unique attribute of this soap opera is the use of "edutainment" methodology combined with the participatory approach in its design. Using research that directly includes audience opinion and attitudes, the proposed soap combines mass communication theories with popularity requisites, thus ensuring that it is poised for success.

This thesis is organized into the following sections:

Ch. 2: Rationale – This chapter explains the choice of target audience for the proposed soap opera.

Ch. 3: Literature review – This chapter looks at the various inputs required for successful mass media campaign and examples of the use of soap operas in the same context.

Ch. 4: Pre Production research – This chapter details the methodology, sample groups and instruments used for data collection.

Ch. 5: Findings and Implications – This chapter discusses the relevant findings of data collected and analyzed.

Ch. 6: Pilot Design for "Sterling Towers" – This chapter outlines the opening episode of the proposed soap opera and mentions factors of academic and viewer interest.

Ch. 7: Conclusion – This chapter includes the opening episode actual working script of "Sterling Towers" as written by using various academic inputs and the research results.

SUMMARY:

The objective of this thesis is to combine existing information and research about communication strategies for health with popular appeal to design a pilot script for a soap opera on television. This soap opera will target chief issues like low levels of awareness and reluctance to face the HIV AIDS pandemic spread among middle class audiences in the urban regions of India. It aims to promote discussion within middle class families in cities and break the silence around HIV AIDS issues. Finally, it aims to show how commercial television can be used in health communication campaigns to promote pro social behavior.

Chapter 2

RATIONALE

WHY HIV IN INDIA?

The UNAIDS 2004 update on HIV prevalence in India puts the total number of HIV positive people – adults and children at 5.1 million. (UNAIDS 2004) This includes all people whether or not they have developed AIDS, alive at the end of the year 2004..However in a press release on August 7 2000 the government of India accused the UN of publishing inflated statistics. The Health minister Mulayam Singh Yadav, puts the official figures at 3.5 million and asked that when NACO was the only organization collecting field data through sentinel survey how there could be differing estimates from various UN agencies. There have been several reports, and articles in books, newspapers, magazines and academic journals and on web sites that mention alarming figures about the spread of the HIV pandemic in India. There have been projections of AIDS deaths in books, up until the year 2050. (Nath, 1998) The estimates range from about 3.5 million HIV positive individuals currently, to as many as almost 4.5 million. It is likely that the true value lies somewhere within this range. The exact figure remains an academic issue and has little programmatic implications.

India accounts for 60 percent of the HIV cases in Asia and some 20 percent of the world's cases. At the XI International Conference of AIDS at Vancouver, the Executive Director of UNAIDS - Peter Piot predicted that India would soon have

the dubious distinction of being the epicenter of the HIV/AIDS pandemic in the world. (The Daily Progress, 1996) What is worse is that for a variety of reasons, not all deaths due to AIDS are reported. "AIDS is not a notifiable disease under the law; many doctors do not report the diagnosis of AIDS to protect the patients' family; finally as some Bombay based doctors held during a meeting in Pune, why should they bother to report a case of AIDS when it had become such a usual and commonplace experience!" (Nath, 1998) When it comes to officially recognizing that a major health problem is connected with sex, denial comes easily in a country where sex is generally taboo. In India, generally open demonstrations of physical affection are unacceptable. Except for a western fringe that frequent discotheques and nightclubs in metros, most men and women traditionally do not dance together. Sexual matters are not discussed and homosexuality is mentioned only as a 'western problem'. And yet, figures clearly state the center of gravity of the AIDS epidemic might shift from Africa to Asia. In 2004, United Nations figures put the number of people with HIV and AIDS in Asia at 12.5 million. That year, authorities reported 23 million cases in Africa. But the rate of contagion in Asia is approaching 20 percent a year. (Reuters, 1999) By 2020 Asia could have more cases than Africa unless drastic preventive steps are taken. In some cases, rate of increase in HIV prevalence outstrips anything Africa has ever known. One of its primary focuses in Asia is India. (Paterson, 1996)

These figures, predictions and statements amount to one simple fact. India is in the throes of an epidemic like it has never witnessed before - an epidemic of an incurable disease that can sap its population, damage its workforce and have huge socioeconomic ramifications on its already shaky growth rate.

Impact on various sectors:

AIDS will have an impact on human capital, the skills base of an economy. Economic growth is closely correlated with increases in urban, skilled populations. If these populations are adversely affected, this will have a negative impact on the economic growth. Further, HIV/AIDS will affect savings that are essential for economic growth as they allow new and replacement investment. As AIDS patients finance their treatment costs from savings, and then investment and future growth will suffer. (Whiteside, 1996) The overall message is bleak – AIDS has the potential to slow economic growth significantly, a cause for serious concern in a developing country like India. Experts predict that the effect of AIDS will be felt first at the micro economic or household level. Later, impacts on the national economy would be detected. The effects are cumulative: AIDS will continue to have an impact on individual households while affecting the macro economy.

Health:

Current rates of infant and maternal mortality, average life expectancy and morbidity already paint a dismal picture of the Indian health situation. The World

Development Report 1999 published by the United Nations Development Program (UNDP) put average life expectancy at birth in India at 62.9 years for males and 62.3 years for females. 33% infants were born with low birth weight. Established health facilities are inadequate for the population they are expected to serve. There are 48 doctors per 100,000 people. (UNDP 1999) As a result they are poorly equipped and over strained. The middle and upper middle classes patronize private medical practitioners. This is obvious from the fact that the private sector provides 80 percent of health care in India and is the principal source of curative care. (World Bank, 1996) It employs two thirds of the medical human resources and is responsible for the two thirds of the total expenditure on health in India and yet is poorly regulated. (Mane, 1992) The growing epidemic of HIV/AIDS will place severe pressure on the health infrastructure.

Socio cultural:

Other growing adverse impacts are social in nature. Marginalized populations like sex workers and hijras (eunuchs) that have traditionally been ostracized and painted as the "unmentionables" of society are at high risk for further persecution. According to the WHO fact sheet released in March 2000, women are biologically more vulnerable to HIV infection. (WHO 2000) Socio cultural factors like patriarchy also make women more vulnerable – Women are not expected to discuss or make decisions about sexuality with their partners. They cannot request let alone insist on the use of a condom or any other form of protection. The many forms of violence against women mean that sex is often coerced

which itself is a risk factor for HIV infection. For married and unmarried men, multiple partners are culturally accepted.

Traditionally women neither inherit nor own property and are totally dependent on men for survival. Patriarchal family norms operate differently for men and for women. While men are expected by and large to remain within the confines of a monogamous marriage, there is social indifference to their indulging in extramarital sex. (Ramasubban 1999) "Worse still, the Indian woman is at a special disadvantage if she becomes HIV infected. She is viewed as the vector of transmission and as the "guilty" one, transgressing cultural norms of fidelity and womanliness and thus deserving a "just" punishment." (Mane, 1992 p. 124) Female poverty, a feature of Indian society often brings with it an increased risk of HIV infection through restricted access not only to health information but also to health services such as condom supplies and STD infection.

Religious:

Nearly 80 percent of the population in India is Hindu. This religion has some unique beliefs that unwittingly could be responsible for a fatalistic attitude about AIDS being incurable and death inevitable when infection occurs. The Hindus believe in 'samsara' – the cosmic evolutionary cycle of birth-death-rebirth. Thus life is considered part of a series of births and rebirths because of the firm belief in the existence of 'atman' – soul. Each life lived on earth is a chance for each soul or living being to do good deeds and accumulate good 'karma' – actions.

Good karma adds up through several lifetimes to free a soul from this cycle of birth and rebirth when it finally attains moksha – liberation. Thus most Hindus are instructed to not fear death, and to welcome it as a friend. The widely encouraged spiritual belief is that she/he who goes to sleep is certain of waking up the next day. Hence death or the pain that accompanies is is not to be feared. "Through death man becomes alive again and gifted with life and there is born in him a new strength to see various types of dreams in future and it is in this manner that we can look upon death as our very best companion." (Kalelkar, 1982)

The Hindu scholar Acharya Palaniswami (1998) in an article in the Encyclopedia of AIDS said " Often the encounter with AIDS is also an encounter with mortality, both one's own death and that of close ones. Hindus believe that all adversities are part of a divine plan to help mankind attain the experience and knowledge that leads to wisdom and growth of our souls. As for AIDS as an epidemic, there have been devastating diseases with many deaths. These seem to occur in cycles and they slowly die out only to be replaced in the future by a different set of circumstances." Such fatalistic notions about HIV/AIDS and its gravity could seriously damage national and international efforts to curb the spread of HIV/AIDS. The HIV epidemic in India is a patchwork- one that reflects the country's richness and complexity. It is in India, where sacred cows amble through city streets, that factors as disparate as goddesses, monsoons and tea stalls can propel the spread of HIV. All in all, the bottom line is that HIV AIDS in

India is growing at a rapid pace and has the potential to wreak havoc in various sectors of its population – economic, health, socio cultural.

WHY HIV IN INDIA? WHY MIDDLE CLASS?

"We need a Rock Hudson to die here..."

This is a statement by Dr I.S Gilada of the Indian Health Organization (IHO), considered by many to be the foremost AIDS expert in India in an email (personal communication) on November 10 2000. This statement was indicative of the middle class reluctance to admit their susceptibility. He mentioned that for the majority of middle class to realize they were as much at threat as any one else, a celebrity death was necessary. He further said " AIDS is still seen here as a disease of the poor, illiterate, prostitutes and deviants." The conservative Indian society refuses to admit that a sexually transmitted disease like AIDS is rampant in it's midst. This view is reflected in a statement of the Health minister in 1993 that traditional Indian values were the best protection for India against AIDS, not condoms or STD care or protection of sex worker. (Beyrer, 1998) Thus an Indian society where talking about sex is strictly taboo, refuses to accept that anyone but the marginalized populations could fall prey to HIV infection.

But experts say there is no longer a high-risk population any more. In its initial phase, the virus infected sex workers and professional blood donors. After which it spread to their clients and the recipients of infected blood. Now the infection has reached the general population. (Bhandari, 1999) "There are clear

indications that the killer that prowled red light and seedy highway dhabas (roadside stalls selling food) is now stalking the bourgeois neighborhoods and beginning to attack conservative households. Promiscuity is the single most important way by which it spreads. Another reason: the middle class never really believed it was vulnerable to the insidious spread." (Baria et al) Particularly alarming for many experts is that HIV is making inroads into middle class homes. Sociologists blame the spread of AIDS among middle class people on the changes in sexual behavior caused by industrial and economic growth, leading to many traveling executives spending a lot of time away from home. Women have become increasing part of the professional workforce, leading to a rise in casual unprotected sexual relationships. (Deutch Presse Agentur, 2000)

The middle class is especially in peril because it cannot accept its own vulnerability. On a larger scale, the national campaign needs to shift gears from general awareness to what experts call focused intervention. This means targeting all members of the family, since people of all ages and classes face risks in various contexts. The father from casual sex, the mother from unprotected sex with her husband and the teenage children from unprotected premarital sex.

The figures of HIV positive men and their wives in private clinics in metros are increasingly rapidly. A study done among couples attending a private AIDS clinic in Bombay, revealed the mode of transmission to most monogamous wives was

through their husbands who had engaged in unprotected sex. (Uzgare, 2000) Arranged marriages are common among the Indian middle class. But inquiring about the HIV status of the prospective bridegroom is another taboo that sometimes proves lethal for young women. Articles in media highlight the callousness of HIV positive men about infecting their fiancees. (Baria et al)

Sexual mores among the middle class are changing as women are increasingly asserting themselves, demanding that they be treated as something more than passive partners. (Deusche Presse-Agentur 1999) Some sociologists describe the increase in numbers of working-women as part of the reason. There are more opportunities for casual sex and extramarital sex at the workplace. Dr. Radhika Ramasubban (PhD), Senior Fellow at Mumbai's Centre for Social and Technological Change, said it is an example of "bridging the gender gap." Only a few years ago, Indian health officials started looking at Indian women in other than their traditional "goddess-mother" role, Dr. Ramasubban said. The culture led the government to reason that since "good women" didn't think about sex, sexually transmitted diseases didn't circulate among the middle classes, so there was no need for education about AIDS. (Deutsche Presse Agentur, 1998)

This need for education among AIDS is an urgent one even among the educated white-collar urban citizens. A pilot field study in Delhi questioned male respondents classified as professionals and white-collar workers about their

knowledge of HIV/AIDS transmission. 72 percent thought AIDS is spread by Handshaking, 70 percent by hugging, 56 percent by kissing, 62 percent by stepping on urine or stools and 59 percent through mosquito bites. (Basu, Gupta and Krishna 1997) This brings home the fact that mere knowledge of the existence of a disease is not enough. The educated middle class too, needs to know about the mode of transmission of the virus to protect itself from infection.

Segments that face risk: Married men:

Extra marital sex is likely to be more common among men than among women in India because of the power and freedom enjoyed by men in a patriarchal society and the poverty that determines availability of female sex workers. Fidelity within marriage is the ideal or norm for both men and women but sanctions against extra marital affairs and sex are severe for women and virtually nonexistent for men. "The Indian male feels it is perfectly all right for him to indulge in premarital and extramarital relationships, visit prostitutes and call-girls. But he would kill his wife or daughter if she indulged in pre or extramarital sex relationships" (Tuli, 1976) It is difficult to collect reliable data on sex anywhere, in India it is more so due to cultural norms against discussion of this aspect of everyday life. Findings from eight studies conducted in urban communities show a wide variation in the practice of extra marital relationships. A study among the educated middle class in Calcutta, Delhi and Madras found that the proportion with experience of extra marital sex was 9 per cent among men and less than three percent among women. Surprisingly in Maharashtra the study found that the corresponding

proportion was 7 per cent in the middle class groups. (Nag, 1996) While these figures do not indicate extra marital sex is widely practiced in urban India, they are much higher than Indians would expect. Though no figures for condom usage and protection used have been found, the high incidence of HIV infection among the monogamous married wives of men that have extra marital sex indicates that protection is not often used. A retrospective study was conducted on 134 HIV-infected females evaluated at an HIV/AIDS center in Chennai. The mean age was 29 years; 81% were housewives; 95% were currently or previously married; 89% reported heterosexual sex as their only HIV risk factor; and 88% reported a history of monogamy. Single partner heterosexual sex with their husband was the only HIV risk factor for the majority of women. (Newmann, Sarin, Kumarasamy, Amalraj, Rogers, Madhivanan, Flanigan, Cu-Uvin, McGarvey, Mayer, Solomon, 2000) This highlights the need of HIV prevention and intervention strategies to focus on married, monogamous Indian women whose self-perception of HIV risk may be low, but whose risk is inextricably linked to the behavior of their husbands.

Married women:

In India heterosexual transmission is the main mode of transmission. Statistics show most Indian married women contract infections from their husbands. A study among married couples in a private HIV/AIDS clinic in Bombay showed that in 93.02 percent of the patients, the route of viral transmission was heterosexual sex and 92.05 per cent of the women had contracted it from their

husbands. (Uzgare, 1998) Another cross-sectional study of married women and men seeking services at a voluntary HIV testing and counseling site in Chennai, India found that between June 1999 and January 2000 from the respondents, 74% of the women and 96% of the men were HIV-positive. 30% of the women had been threatened by their husbands with violence, 29% reported being hit or slapped by their husband, and 18% report1ed having experienced sexual coercion. 38% of the men reported that they had hit or slapped their wife, and approximately 50% reported that they had forced their wife to have sex even when she refused. In addition, only 27% of the women felt comfortable discussing condom use with their husband, while 46% of the men felt comfortable discussing condom use with their wife. An overwhelming majority of women (82%) stated that their husbands initiated sex more often or always. (Vedanthan, Solomon, Lindan, Ganesh and Reingold, 1998) Thus, married women in India may have an increased vulnerability to HIV infection due to domestic violence, sexual coercion, lack of control over sex, and lack of power to engage in condom negotiation.

Teenage children:

Premarital sex among teenage boys, while frowned upon and sought to be avoided through arranged marriage early in life is nevertheless, common. Sexual experimentation is widely prevalent among adolescent middle class boys and girls in Bombay according to Bharat (2000). When 2000 students from colleges in Bombay were interviewed, 15 percent males and 7 per cent females

revealed having had premarital sex. The males mentioned sex workers, housemaids, older women in the neighborhood, friends and other relatives as sexual partners. The females named friends and relatives in the same context. Most of these sexual encounters were not pre planned and hence condom usage was revealed to be nil. Further high-risk behavior involved was the consumption of alcohol and drugs as part of the sexual initiation. (Bharat S. 98 Int conf of AIDS)

Another gauge of teen sexual activity according to experts and health providers is the number of young women who seek out illegal abortionists in a desperate bid to protect their anonymity. Illegal and unsafe abortions can be deadly: the WHO estimates that they kill between 50,000 and 100,000 women and girls woldwide each year. Studies on the frequency of abortion - both legal and illlegal among unmarried adolescents in India do not exist. But researcher Shireen Jeejeehoy from Calcutta, another metropolitan city in the East of India believes that at least half of all unmarried mothers are adolescents – many of them less than 15 years old. In terms of illegal abortions, a Calcutta based gynecologist Arati Basu estimates that teenage girls account for half the clientele of such illegal abortionists. (Oneworld, 1998) Ignorant and anguished by their condition or unaware that legal safe abortion services exist, many teenagers delay termination until their pregnancies are well advanced, increasing health risks. This is fairly indicative of the lack of knowledge on their part about birth control methods and thereby protection before sex.

Hausner's study (2000) comprised in depth interviews with 35 male students

from two colleges in Chennai, India to explore knowledge and attitudes about HIV/AIDS and sex, and patterns of sexual behavior showed similar results. He also used a survey with nearly 1,600 male participants chosen in a random cluster the study came up with results that can unfortunately be called predictable. Majority of participants (~80%) had very good knowledge about HIV transmission routes; however, these students did not apply their knowledge to their personal lives. As many as 55% of students believed that people like themselves did not get HIV, and 45% thought there was little they could do to prevent from catching HIV. Approximately 20% of male students reported having had sexual activity at least once in their lifetime. Among these, 35% had their first experience with another male. However, about 80% of male students who had initiated vaginal or anal intercourse did not use condoms the first time.

Metropolises, cities and other urban areas long considered epicenters of the HIV pandemic have begun to exhibit patterns of unprotected sex, low awareness about HIV transmission and a seemingly uncaring attitude among people. They hear about AIDS but never associate themselves with ever contracting the virus. Psychiatrists warn that having multiple partners is becoming fashionable among the upwardly mobile that view this as a status symbol. This added to the fact that Indian society refuses to hold discussions about sex between spouses, let alone their teenage children and a situation ripe for the massive proliferation of HIV cases is ready. Which is precisely what is happening all over the urban areas. Even discussion between peers is frowned upon. The head of Contagious

Diseases Department in Bombay's JJ Hospital Dr. Alka Deshpande puts it succinctly "Indian society is its own worst enemy" (Baria et al)

Atrocities on People Living with HIV AIDS (PLHA):

And yet, what of the ones who are infected already? The same taboo drags them into a vicious cycle of denial and concealment. Fears like horrible consequences, once word of their sero positive status gets out make for a private purgatory. Horror stories of the above genre abound that talk about he suffering of victims, their families and their persecution – medically, socially and financially. Faced with a slow crawl to death, debilitating medical bills, ostracization and racked by guilt, the AIDS positive middle class plods on disbelieving that it happened to them.

Medical:

Doctors all over the country have been accused of being callous and unhelpful when it comes to treating AIDS cases. In early 1999, all major newspapers widely reported the story of Krishna, a 32 year old who was removed from an operating theater at Safdarjung Hospital in Delhi when doctors suspected he might have AIDS. He was suffering from a groin injury requiring immediate surgery. The operation was eventually performed but Krishna was discharged immediately. Two days later he was re – admitted for complications but remained untreated and died soon after (Mitra, 1999) The stigma attached to being HIV positive is based on irrational fear and has nothing to do with how much society

believes the victim is to blame. Shockingly, apathetic doctors have refused even children treatment. In July 97, a three-month HIV positive infant who was lying unattended in the JJ Hospital in Bombay died of neglect. Doctors, who had earlier refused to admit the infant and were forced to do so, let it lie untreated until it died. (Thomas, 1994)

Social:

Inhumane behavior does not stop with patients who are victims of persecution. Ill-treatment of their families in addition to being victims of an incurable disease continues even after death. A worker, who died of opportunistic infections resulting from AIDS, was given a cruel funeral. His body was burned in the hospital bed. His widow was then forced to wrap and transport his corpse herself. Afterward she returned home to discover her water and electricity supply had been cut off. Posters sprang up around town warning people to avoid her family. She was barred from vegetable stalls and her children were expelled from school. (Baria et al) Sheer ignorance about HIV results in brutality in every walk of life. And newer stories of atrocities are coming to the fore. In June 98 wild rumors of women, men and children being stalked by a gang carrying needles infected with the HIV virus gripped Chennai, sparking mob violence. While one man was lynched, another barely escaped with his life. Another incident was grotesque: A young girl, 12 years old was set upon and severely beaten when she was found roaming alone in the streets at night. (Oneworld, 1998)

Workplace:

The scenario in the workforce is as bad. Discrimination against HIV positive is rampant. Professionals who know or work with AIDS awareness programs with industries in several cities in India acknowledge that there has been only a 'knee jerk response' and the industry sector is still not convinced of the real medical and socioeconomic impact of the epidemic. A Knowledge, Attitude and Practices (KAP) survey conducted in Bombay turned up findings that confirmed this. Seven locally owned companies, each with a workforce of more than 5000 participated in the study. Questions directed to people at various positions in the company – senior manager, mid level manager, supervisor, union worker and medical officer revealed the following:

- Almost a third of the respondents had personally known a co-worker with HIV/AIDS.
- All companies required a medical examination as part of pre-employment procedure for all levels of workers.
- None of the companies had written policies or guidelines regarding employees with HIV/AIDS.
- Most senior manager did not support labor unions, boards of directors or medical consultants for HIV advice, nor did they favor drawing on the practices of other companies that might already have written policies.
- None of the companies admitted to altering their hiring, promotion or firing policies on the basis of their concerns about HIV/AIDS in the workforce.

There are other cases where companies do not bother masking their discrimination when refusing employment to HIV positive individuals. A leading newspaper the Indian Express carried a story about discrimination in an insurance company. This one had a happy ending. On November 30, 99 the Bombay High Court directed an insurance company to employ a sero positive woman on the grounds that the right to earn a living was guaranteed by the constitution. She had applied for a job on compassionate grounds when her husband died of AIDS. Since she was HIV positive as well, the company refused her employment. However the court intervened and the woman was hired. (Deutsche Presse Agentur 1999)

Politicolegal:

Not all rulings by the court are helpful to HIV positive individuals though. In December 89, Justices of the Bombay High Court – Panaji Bench were asked to rule in a petition that challenged the arrest and isolation (solitary confinement) of three HIV positive persons in Goa. The bench accepted that isolation was an invasion upon the liberty of a person "yet in matters like this, individual right has to be balanced against public interest" (Thomas 1997)

In March 97 at a celebrity fundraiser for an AIDS NGO attended among others by Hollywood actor Richard Gere, another example of the unethical attitudes towards PLHA came up. Vinod Khanna, an actor turned politician who is a Member of Parliament for the right wing Hindu ruling party, suggested publicly

that HIV testing should be made mandatory and those testing positive should be made to wear badges. Another horrifying instance of oppression faced by PLHA is the 'Wanted for AIDS' posters with names and photographs of patients that adorn the walls of the Lok Jaya Prakash Hospital in Delhi. Some of these posters are also on city streets. AIDS in India is treated as a crime and not an illness.

Politicians belonging to the radical Hindu ruling party are dangerous when they are elected to positions of power. Not only do they refuse to address the seriousness of the HIV/AIDS spread in India, they harp upon Indian values and morals to keep the infection at bay. Then they take it a step further by opposing any sex education in schools claiming that it encourages immoral behavior among children and clamp down on mass media efforts that aim to spread awareness as well as dispel myths about HIV/AIDS that adolescents may have.

In May 1996, it was announced that the Hindu nationalist federal government would crack down on a radio program which promotes AIDS awareness and safe sex, by none other than the Indian Information and Broadcasting Minister Sushma Swaraj. She told a delegation of Azadi Bachao Andolan (Save the independence movement) that adultery was being promoted on the electronic media in the name of safe sex and AIDS education.

Swaraj who heard the tapes of the program "Kam ki Baaten" (which means both useful matters and sex affairs in Hindi) said she would issue a notification to stop

airing the show in the state-owned All India Radio's FM channel the very next day. (Deutsche Presse-Agentur, 1996) This at a time when sociologists, psychiatrist, health experts have been repeatedly stressing that sex education is the need of the hour. A week ago, on November 18 2000, the same minister stressed the need to promote the philosophy of the joint family system. She said many 'social problems' were automatically resolved when three generations lived under one roof. With conservative leaders like her running the Information and Broadcasting ministry, it's no surprise that the mass media in the country have barely been utilized for the purpose of spreading awareness about HIV/AIDS. Revealing trends on HIV/AIDS in Indian society however, bring home some bitter truths- The Indian Family, despite its strong bonds is unable to prevent the spread of the HIV virus. In fact the Indian family, probably because of its silence, stigmatization and hypocrisy may be the one contributor to the spread of the virus.

WHY TELEVISION?

"You mean that I should give up TV and you will give me anything I want? (Yes) I can never watch it again as long as I live? (Yes). Then I must say no. I would love to have nice toys and nice clothes but without TV what would I do?

- 8 year old boy in Rajpuri , Maharashtra (Johnson, 2000)

The above statement is very indicative of the powerful sway television has over

mass populace in India, irrespective of age, gender and socio economic status. In studies everywhere, including India television has been found to influence the most fundamental of individual activities like eating and sleeping. People seem to be sleeping less; they seem to be rearranging the times and places of their evening meals in order to watch programs of their choice. In India, streets were deserted when popular programs were on, a phenomenon widely recorded during the televised version of the epics Mahabharat and Ramayan were broadcast. (Gupta, 1998)

Television in India today is in the midst of a revolution. Over 50 channels both national and regional, many of them telecasting 24 hours a day are now available through terrestrial satellite and cable. Through a population of 50 million sets, the medium of television reaches 7 urban households out of 10. At the touch of a button, television has the potential to reach 250 million people, a staggering number indeed.(Gupta and Dyal, 1997) In October 1992 Zee TV, the first Hindi satellite television channel started broadcast. It was on air 12 hours a day with 18 hours of programming on Sunday. A new era in Indian television was ushered in as people rapidly took to the new programs that brought the world to their living room. The STAR network to which Zee TV belonged captured the imagination and subscriber loyalty of nearly 8 million urban households within a year of it's first telecast. (Bhatt 94 p. 70) As India celebrated its fiftieth year of independence in 1997 media observers saw television emerging as a powerful force, much like a growing middle class. Television was firmly established as a medium of the

masses and they responded rapidly to this whole new world of entertainment that had been opened up to them.

By then, a TV set was already a must in the family budget of the Indian middle class. Even at the cost of some economic strain in other areas, a television set was budgeted in and acquired. Market research describes the Indian middle class individual as someone earning between 12,000 and 60,000 rupees per annum. But the term also has a more generic meaning taking into its sweep both mill worker and industrialist – anyone who is urban, literate and has an income above Rs 12,000 a year falls into the category. Television has indeed been for long, a medium of and for the urban middle class. (Mitra 93 p.74) Satellite television caused a dramatic expansion in choice for millions of viewers and terrestrial television was forced to compete with the revolution by revitalizing it's programming in order to retain audiences. In India the chips have steadily mounted in favor of television over radio as television audiences show rapid growth and radio has declined inspite of the the beginnings of local FM services. (Younger, 1997) (Note: 45 Indian rupees are equal to one US dollar in foreign exchange. However, for purchases within the country, a dollar is similar to a rupee in buying power.)

A study conducted through a survey of 180 households in Calcutta aimed to discover if having cable television (satellite channels are offered through cable in India) encourages people to watch more television. One important variable of the survey was income levels of the households, to determine television-viewing

patterns. The reasoning was that families with higher incomes have the financial ability to choose alternative ways of spending their leisure hours. Two main observations that came up were – there was no significant relationship between income and time spent watching television. Secondly, it was found that households with cable connections watched 15.2 per cent more hours of television than those without. This meant that even households with other leisure options were choosing television over alternative leisure activities. Interestingly, respondents from lower income levels seemed to see television as a source of information whereas the higher income groups saw it as a source of entertainment. On being questioned whether television was a positive or negative influence to their lives, 76.9 percent replied in the affirmative. (Gupta, 1998)

Youth are a huge part of the population at risk for contracting HIV infection. The need for sex education aimed at the youth through mass media, schools and other forums has been highly advocated by all national and international organizations. In fact as part of a Universities Talk AIDS (UTA) study conducted by Bhagaban Prakash, Quraishi, Binodini (1996) on campus among 2000 students through 3 state capitals in the country sought to find their media habits in relation to HIV awareness. Television emerged as the most promising medium for disseminating messages about HIV awareness. The study recommended an entertainment education approach based on feedback from the students and specified a prime time mix would be ideal for reaching the targeted audience. On an alarming note, 73 per cent did not know the difference between HIV and

AIDS. This merely serves to strengthen the argument that television messages on HIV awareness need to be frequent and cater to youth tastes. However the effectiveness of television as a medium for diffusing AIDS messages is not restricted to the youth alone. A study by Chatterjee (1998) among married women in Bombay to examine exposure about AIDS related information in the media and discussion about AIDS with friends, family and husband revealed the following encouraging facts: 75 percent of the women spontaneously identified television as the primary source of information about AIDS. 84 percent remembered seeing a PSA on AIDS (run frequently by the government) and 54 percent of them had discussed AIDS with their family, friends and husband. The study concluded that television is the single most important source of AIDS related information for married women in Bombay. Increasing the frequency of AIDS messages would most likely have a positive effect on their AIDS related discussion with family and friends.

Finally, an example of the all encompassing sweep of sex education messages on television is revealed through the Durex international survey on the sex related attitudes and habits of people in 27 countries. Indians came across as being the highest receptors of sex education messages through television and cinema. The percentage of Indians who depend on television and cinema for sex education is 30 compared to 3 per cent in the US, France and Russia. (UNI, 2000) All of these studies prove the immense potential of television as a medium

of spreading crucial information and health messages. It can also be used to encourage positive behaviors among the general population.

Further, television is a great device to encourage and promote discussion since it provides a communal gathering point in many families who interact with each other while the set is on. Often, programs that are being watched provide topics of conversation and a sense of togetherness is generated in the family. On another level, in rural areas television promotes social contact. It brings people from different households, classes, ages and genders into close proximity for and extended period of time. (Johnson, 2000) This relaxed atmosphere is conducive to discussions about issues as well. Thus the idea of television as a leveler, promoter of discussions on an informal level and inducer of knowledge gathering among families is a very viable one for pro social purposes. In fact, television provides a 'window on risk', a means of working through the complexities of human relationships and of demonstrating the ills to which human bodies may become prey. (Tulloch, 1997)

Television is arguably the most popular of all media. Its reach spans across demographic and socio economic profiles. As a medium to engage audiences into the programs that are shown and causing discussion about the characters' behavior in those programs, its impact is almost unparalleled. Thus it is an ideal medium to employ for the objective of spreading awareness and promoting discussion among middle class families in India

WHY SOAP OPERAS?

"The only joys of living abroad are English underwear and French perfume"

The above dialogue from a 524 episode soap on Doordarshan the state run television network, called 'Swabhimaan' – self esteem, is indicative of the urban audience assumption of serials broadcast on Indian television. One look at the categories of shows telecast on the three most popular urban television channels – Zee TV, Star Plus and Sony reveals the immense popularity of serials/sitcoms in other words, drama based programming on prime time today in India. On any given day approximately 9 out of 13 prime time slots on Zee, 10 out of 13 on Star Plus and 8 out of 13 on Sony are filled with various formats that are drama based. (India TV Guide, 2000)

Series are serious business in Indian television ample evidence of the business success. A serial – by definition is an ongoing narrative released in successive parts. (Kentucky, 1997) All of these prime time shows on Indian television today revolve around a host of myriad characters, brought together by a common interest – as members of a family, people who work together or various such situations picked from everyday life. The series is an ongoing effort to engage the viewers in their (the characters') trials and tribulations. A common skein running through the series is the evoking of emotions- laughter, sadness, joy, triumph, failure and so on. A common outcome is the viewers' vicarious pleasure obtained through identification with the characters, their lives and situations.

TV RATINGS DATA APRIL 10 2000 – MAY 7 2000

Selections: All Weeks, All Days, 15+AB All homes
Share base: metros, 15+AB, All TV
INTAM Data April 10 - May 7 TVR

Universe (000s) 16883

Program	Channel	Genre	Metro
UJALA JAI GANGA MAIYA	DD	Mythological	5.4
KOSHISH	Zee TV	Soap	4.9
UJALA NEHLE PE DEHLA	Zee TV	Sit Com	4.4
ALIF LAILA	DD	Short Stories	4.2
SAANS	Star Plus	Soap	3.9
SURAAG THE CLUE	DD	Thriller	3.9
CAPTAIN HOUSE	DD	Sit Com	3.8
C I D	Sony	Thriller	3.6
MUSKAAN...	Sony	Soap	3.5
RAJA AUR RANCHO	DD	Thriller	3.5
SANSKRITINAMA	DD	Mythological	3.3
EK MAHAL HO SAPANO KA	Sony	Soap	3.3
YEH HAIN MERE APNE	Sony	Soap	3.3
HUDD KAR DI	Zee TV	Sit Com	3.2
COLGATE SITARON KE SANG	DD	Countdown	3.1
FAIR & LOVELY CHITRAHAAR	DD	Countdown	3.0
RISHTE KAISE KAISE	DD	Soap	3.0
X-ZONE	Zee TV	Thriller	3.0

In the television numbers game, programs that generate higher TRP are the ones that survive. In a report showing the TRPs generated by all channels (cable and satellite as well as state run DD) for the period from April 7 2000 to May 10 2000, almost all the shows featured from average to high rating generators are drama/series/soap format See table above. This gives a good idea of how much popularity the serials enjoy on prime time television.

Television soap operas in almost every country earn the highest audience ratings. Research spanning 50 years indicates that emotional release, fantasy fulfillment (wishful thinking) and information seeking still represent the major reasons why people consume soap operas. (Singhal and Rogers 1999) The drama element appeals to most people, drawing them into the lives of characters thus giving vent to the people's aspirations. Indians have for long, been extremely responsive to soaps. The first ever long running soap opera on Indian television "Hum Log" had a record 90% viewership. Since the advent of satellite television western popular soaps like Bold and Beautiful hit the airwaves on Star Plus in an Indianized avatar – dubbed in Hindi. The initial soaps on satellite television that gained strong viewership were imports until the potential of the soap opera was noticed. Soon after a virtual plethora of domestic soaps was being telecast, with every channel from Zee to Star to Sony vying with DD for a slice of the Rs.2700 crore advertising pie in Indian television.

(Note: 1 crore is equal to ten million rupees.)

These new soaps followed the tried and tested western style of soaps – laced with illicit passion, murders, and corruption. (Gupta, 1998) Some of the earlier Zee soaps were promoted as:

Andaz – The hottest soap to hit Indian television! Power, love and greed drive weekly episodes featuring a star packed cast.

Parampara - features a wealthy Indian clan and it's bitter infighting over the family fortune. (cited in Matelski, 1999)

The TRPs indicate that this ploy worked and other long running soaps like Santa Barbara, Tara, Junoon – the early offerings of satellite television confirm that soaps have come to stay in India. (Shah, 1997)

As the tremendous success of the first pro social soap opera in Indian television proved, television can garner large audiences with the use of appealing story lines identifiable characters and situations similar to those in audiences' lives. With reference to social changes brought about by television, it can be said that the changes brought about by the media lie largely in the psychological domain. By influencing and altering people's ideas, attitudes and knowledge, media ultimately result in effecting and changing the structure and institutions of society. (Jain & Gupta, 1998)

An excellent example is a long running soap on Star Plus called Saans (Sigh). Given the conservative nature of Indian society, most serial makers for a long time, had flirted with and delicately skirted the edges of out-of-wedlock

relationships. Hints were dropped, salacious remarks regarding cuckolds were made, but there wasn't any overt acknowledgement of people who walked out of a failed marriage, and who opted to play "musical beds". Saans comes along to change all that. Its central character is a woman who is the victim of her husbands philandering ways and has built up a band of interested viewers who have come to the point of accepting that maybe it's not such a bad idea for television to put a mirror on it. The serial deals with her fight for dignity and her struggles to adjust to her broken marriage. (Hindustan Times 1999) The high viewership of the series indicates that Indian society has begun to believe there is a life after a broken marriage, and that divorce is not such a bad word. Thus television can indeed bring up issues that are usually swept under the carpet, influencing a slow but sure change in public opinion. And all this without any premeditated intention to bring about change!

This is where entertainment education steps in. For three decades now, this concept has been effectively used in several countries India included, to prompt desirable social change amongst various target populations. Entertainment is defined as a performance or spectacle that captures the interest or attention of an individual, giving pleasure, amusement or some sort of gratification. Education is defined as a formal or informal program of instruction or training that has the potential to develop an individual's skill to achieve a particular end by boosting her or his mental, moral or physical power. (Nariman, 1993) Soap operas provide the perfect foil for mixing entertainment with education by providing an

opportunity to blend messages of desirable social behavior into popular storylines. Studies conducted after the SITE experiment in India in 1975 gave audience feedback mentioning audience's preference for serials or teledrama even though they contained educational messages, to the lecture format used which was usually rejected. (Gupta, 1998) The burning need for spreading HIV/AIDS awareness in India, coupled with the immense popularity of serials/soaps among Indian viewers is a perfect opportunity to use the entertainment education concept toward the greater goal of eliminating the menace of HIV in India. All that remains to roll the dice is the implementation of a well-planned communication theory based project targeting the urban middle class.

SUMMARY:

India is now a country with the world's second highest number of HIV infection and has a prevalence rate of 0.35 percent that is growing at a formidable rate. Several national and international organizations are hard at work to curb the rapid spread of HIV/AIDS in India. The government formed NACO as well as other international organizations are putting forth a concerted effort to work against the looming epidemic. India no longer has a high-risk population – every one is considered to be facing the risk of infection.

The urban middle class has long been in a state of denial about their susceptibility to the infection. They have steadfastly refused to believe it can

happen to them, that their morals and sense of family values would be shield enough to protect them. The opposite has happened, middle class families in megapolises all over India have been infected with HIV. The primary mode of transmission in India is heterosexual sex and now it looks like there are gaps in the heavily touted 'values and morals' fabric.

All over India, husbands infect their monogamous married wives. Married men who indulge in unprotected extramarital sex seem to have no qualms about passing the infection on to their wives. Teenage children who are uniformed about sex and HIV AIDS have unprotected sex and run the risk of infection. The whole family faces risk caused chiefly by ignorance about the disease, it's mode of transmission and about how to protect them selves from it. In spite of the rampant spread of the disease, the middle class refuses to have a more open attitude to discussion in sexual matters. This refusal is made worse by the government's sluggish moves to introduce sex education in schools for fear of offending religious sentiment and social mores.

But the need of the hour is informing the population about modes of transmission of HIV and reducing stigma related to infection. The mass media have been looked at as a viable medium of disseminating information – especially television. Since television is one of the most popular media that has many family specific advantages, it could be the perfect vehicle to reach out to millions of middle class viewers. The one risk is of losing viewer interest by making the messages boring

and didactic. Enter soaps – an immensely popular format on television that can create a blend of entertainment and education of the audience. Using tried and tested techniques, employing soaps for spreading HIV/AIDS awareness and to reduce stigma that surrounds PLHA could be a workable solution in this hapless scenario. The rest as they say is to be continued …

Chapter 3

LITERATURE REVIEW

VARIOUS INPUTS NEEDED IN MASS MEDIA CAMPAIGNS

The HIV/AIDS epidemic in India needs immediate attention and a drastic measure to help prevent its spread. The government has shifted gears from denial to resigned acceptance and now finally to movement towards that effect. Dr. Radhika Ramasubban (PhD), Senior Fellow at Mumbai's Centre for Social and Technological Change said 'the Indian government, like those in many other countries, first denied that AIDS was in India. It then blamed the local epidemic on foreigners, and then on prostitutes'. (Deutsche Presse Agentur, 1998)

Numerous campaigns are underway in all parts of the country that use approaches ranging from standard to very innovative. Peer education, interpersonal communication and workshops for sex education are some of the approaches being used. There is some media usage such as PSAs on television and radio but their telecast frequency is fairly low. Yet since the mass media have been used the world over for communicating health messages, India's ignoring of television as a medium for informing people about HIV/AIDS and issues surrounding the disease is almost incomprehensible.

So how effective are mass media campaigns? How can television be used to bolster the ongoing efforts for prevention of HIV infection? More importantly what

makes a campaign successful? All of these are vital questions that must be taken into account when formulating a strategy for the use of television in India as an ally against HIV/AIDS.

AIDS is a disease communicated almost exclusively by human behavior and therefore, it is behavior that must be altered to stem the proliferation of infection. This is easier said than done especially since to change behavior that fringes on sex and sexuality in the conservative Indian society means honestly discussing issues that are frowned upon, taboo and make even liberal minded people shift uneasily in their seats. Fisher (1988) rightly pointed out that – "a value or behavior that conflicted with a belief that was central to any group's belief system would be strongly challenged through social networks." However to make an impact in the swelling ranks of HIV infections, it is imperative that some attempts be made to create an atmosphere of frank and open talk regarding safe sex, sexually transmitted diseases and the incidence of HIV as a disease, not a crime.

One way to do it would be to tip toe around the issue, distribute free condoms and hope that the population figures out how to use them and hope for the quality of mercy to stop the atrocities that are heaped on PLHA resulting from fear coupled with ignorance. Another way to do this is to diffuse correct information with sensitivity so as not to offend social mores and use media that can help achieve the task without being too blunt. Television can help do that. It is a ubiquitous part of life for most middle class Indians. Their favorite characters on

TV shows are more like family members or neighbors, with every move closely scrutinized and discussed. There's also a considerable amount of living vicariously that comes with the territory. Most people stop to ask themselves what they would do in the televised situation. The immense popularity of soap operas clearly suggests that the urban middle class is watching when there's a birth, death or murder in a soap operatic family. This can be our ideal vehicle to make inroads into denial, reluctance to admit susceptibility to HIV among these viewers and eventually causal understanding of AIDS in terms of the HIV virus; it's modes of transmission and ways to protect them viewers contracting it.

But what factors would need to be included in such a format on television?

Health communications approaches:

Freimuth and Taylor (1995) presented their findings to the question 'Are mass media campaigns effective?' The answer was mass media campaigns can increase awareness, stimulate information seeking, induce knowledge and improve attitudes to a significant degree.

AIDS communications specific approaches:

Thus the objective of a national television soap opera for HIV/AIDS information purposes should be restricted to the above four effects. However, the importance of interpersonal communication can never be replaced by mass media and the two should work in conjunction towards the common goal of intervention. The Communications Framework for HIV/AIDS - a comprehensive

framework to guide future HIV intervention programs was put together by the UNAIDS incorporating comments and inputs form a range of researchers and practitioners from all over the world, more than 80 per cent of them from developing countries. It states "media campaigns are also useful in reinforcing interpersonal communication by focusing on gender roles in the family and the community." Thus these two elements of intervention programs go hand in hand and can very well be used in complementary association to have more effective intervention.

Once intended effects are delineated, it is time to look into the kind of appeal that should be used. The diffusion of any new idea/innovation is incumbent on several factors. When it comes to preventive innovations such as health messages, the willingness to adopt is not very strong. A simple reason is the effects are invisible. Exhorting people to practice safer sex in the cause of personal safety and health is very difficult because no effects are exhibited as a result of the recommended behavior. (Rogers, 1995)

This lays a higher responsibility on the medium of communication to find a hook, an appeal that makes the viewer want to adopt the desired safe behavior. One of the commonly used appeals in health communication messages is the fear appeal. These are persuasive messages that underline the harmful consequences either physical or social of failure to comply with the accompanying recommendation. (Dillard & Hale, 1995) The objective of such an

appeal is to trigger the emotion of fear and then the need to control that fear. (Leventhal, 1971) But in a situation that is already rife with violent incidents provoked by fear such as in India, the use of fear appeals could be avoided. A better approach would be one that can create a sense of confidence, smooth away irrational fears and induce a sense of control over the situation.

Witte (1995) said, "The extent to which danger control would operate depended on the efficacy of the message recommendations. If the recommendations offered an effective method to eliminate the negative outcome, then the target would comply with those recommendations. If the recommendations were an ineffective means to eliminate the negative outcome then threat control in any of its manifestations would occur." Thus one of the goals of any successful media campaign is to send out a recommendation that encourages efficacy of the recipients – the audience members.

Indian puritanical attitudes about sex have been ineffective in the prevention of HIV spread in all parts of the country. Hence advocating abstinence as part of the intervention efforts as the only method of ensuring protection against HIV seems like a self-defeating stratagem, one surely headed for failure. Therefore, the emphasis of a media campaign against AIDS in India has to be the ability of individuals to protect them from infection in a context that fits them best. Thus the attitude of self-efficacy must be part of the appeal used in any such effort. Bandura (1990) has observed that – "translating health related knowledge into

effective self protection against AIDS requires: a. social skills and b. a sense of personal power to exercise control over sexual situations." A television soap opera by way of enacting dramatic situations taken from everyday life can help the viewer by offering alternatives to options they have if they could find themselves in a risky situation. The idea is to empower the individual and help her or him believe that she or he has the ability to change risky behavior as well as habits and further to instruct the individual on how to actually bring about the change. Communications that explicitly do so increase people's belief in their ability to modify habits detrimental to their health. (Maddux & Rogers, 1983)

The entertainment education approach:

An appeal that advocates self-efficacy can make all the difference to the effectiveness of a television soap opera against AIDS in India. It can bring about a mindset where people move away from the tendency to blame others and stigmatize PLHA. One essential component of such an appeal is also to give the audience the means and resources to effect that change in behavior. This has been the mainstay of Miguel Sabido's entertainment education method in creating telenovelas or soap operas in Mexico. Entertainment education soap opera is a melodramatic serial that is broadcast in order to both entertain and convey subtly an educational theme to promote some aspect of development. (Singhal & Rogers, 1989) Sabido is the pioneer of soap operas for social change who stumbled upon the concept after the unprecedented success of his soap opera 'Simplemente Maria.' The overwhelming response to the romantic story of

the upward mobility through hard work of a simple farm girl set him thinking that this response could be engineered to induce desirable behavior among the viewers. Shortly thereafter, using five theories ranging from communication to psychology, he devised the entertainment education methodology. This paved the way for a prototype for soap operas that were meticulously planned to subtly introduce pro social behavior or behavior that works for the good of society. At the same time, these prototypical soaps included all the active ingredients of a popular soap opera – star-crossed lovers, family feuds, love triangles and such other angles that make serials popular among large sections of viewers. The most important point it demonstrated was that TV programs could be commercially profitable as well as socially responsible.

His ploy was ingeniously simple – Plots, sets and characters that could be set against any required backdrop. And the storyline featured characters that in one way or another overcome hardships to live happier lives. As the audience developed intimacy with the characters and their lives, they subliminally identified with the good characters and cheered their triumph over evil ones. This provided ample opportunity to have the audience identify with either set and induce desired behavior that was rewarded in the end. Since then this prototype has been implemented to address issues such as women's equality, safer sex behavior and adult literacy in other developing countries with great success. However there is no data that proves he had any impact on public behavior. Sherry (1997) analyzed the 'success' of Sabido's soap opera formula and

pointed out the lack of pre production and audience participatory approach as a factor that needed work on. Improving the audience involvement is one of the key characteristics of the proposed soap opera resulting from this thesis.

Some guidelines that Sabido set down as part of the prototype which are extremely pertinent to the acceptance of a television soap opera promoting AIDS awareness in India are as follows:

- "The entertainment education methodology can be used to address a variety of development themes. The fundamental message of any entertainment education campaign is that every individual possesses the ability to make personal decisions regarding the quality of her or his life and that in each society there are various available options that they can consider to enhance the quality of life." (Nariman, 1993) This is extremely relevant in a television soap opera that aims to help empower and help people achieve a feeling of self-efficacy.
- "Entertainment Education campaigns can be co-ordinated to build upon and reinforce other public education/information campaigns". The national and international organizations involved in prevention efforts in India stress the need for media to complement grass roots level programs that are ongoing. Thus the entertainment education concept would indeed make an excellent complementary effort in the prevention of AIDS.
- "Formative research should be an ongoing process that begins during the planning of the entertainment education soap opera and continues throughout

the production and initial broadcast months". In dealing with sensitive issues such as safer sex and sexuality in a conservative society like in India, the need to involve potential viewers when creating a television soap opera cannot be stressed enough. People's acceptance of characters, their behavior and the story line itself is essential to the success of such a project. The participatory approach to designing media campaigns is an integral part of the campaign's popularity and thereby it's achievement of specified goals.

Participatory approaches to message design are an effective way to actively involve the audience members in their own welfare. The question is how does one get the audience to participate in the formation of the message intended for their own consumption? Mody (1991) says, "the audience based approach implies making the audience the sender or source of the message as well as the receiver". Failed campaigns have shown that the producer's attitude-that the audience is a blank headed entity willing to consume any message communicated as long as it is frequently repeated does not work. The success of any communication campaign depends on how much input the producers manage to gather from the audience themselves. Yet that is not the practice followed by most communication practitioners. The intent is more to create a program that is admired by peers and colleagues and one that appeals to the artistic or esthetic sense rather than one that communicates with an invisible audience. This often brings the adaptation of the program and its eventual success in achieving its objective to an impasse since the producers are blind to

what they did wrong and the viewers reject it outright. Several audience-related factors must be taken into account before deciding to produce the program. Some of them are the political compatibility, psychological appropriateness and the socio cultural sensitivity of the message for the audience members. In this way formative research can help bridge the gap between producers and audience goals.

Formative research through pre production evaluation and pre testing is imperative to eliminate personal biases and assumptions about the target audience. (Mody, 1991) Given the extremely sensitive nature of the information to be disseminated in a serial about HIV/AIDS it is mandatory that formative research be an integral part of the design process. Information about the kind of language spoken by the intended audience, their lifestyles, their social mores and openness to such a soap can increase manifold the possibility of its becoming popular and thus attaining the goal of being an important component in the intervention effort.

The entertainment education methodology and its widely circulated success stories have proven its potential to attract large audiences many times over. However there being no such thing as a perfect methodology, there are some proverbial chinks in the armor. John Sherry, a lecturer at Arizona State University conducted an extensive review of pro social soap operas that were aired internationally. He further probed if the methodology did indeed deliver on all its

promises. Some of the findings of that review are – Development soap operas attract large audiences but are not always successful in getting the audience to identify with intended characters. One example is the soap opera Hum Log (We the people) broadcast in India in 1984. It was a pro social soap opera that attempted to promote family planning, equality for women in the patriarchal Indian society and family harmony. One of the central characters was Bhagwanti a negative role model for female equality. She was submissive and allowed her husband and mother in law to abuse her verbally and emotionally by berating her all through. But an audience survey showed that 80% of the viewers who chose her as a positive role model were women. This points to the need for careful design and audience testing of characters to ensure identification during script identification during script development.

Sherry pointed out that there is no compelling evidence that soap operas are capable of inducing change in knowledge, attitudes or behavior. The results were evaluated according to the social science theories on which the methodology is based – Bandura's social learning theory and hierarchy of effects. He does say however that identification seems to be improving over time with greater use of formative research. He also says that the philosophical basis of the interventions should be questioned while moving towards an audience-based approach. (Sherry, 1991) This approach exhorts producers to recognize that audiences are not passive receptacles of media messages. Outcomes like partial acceptance, reinterpretation and sometimes, outright rejection of the 'planned and unplanned'

meanings of messages are more than likely. Now the challenge is to produce a television soap opera for AIDS awareness taking all these inputs into mind, adding new ones that come directly from viewers and sugarcoating the educational messages into an entertaining format. A tall order indeed but it has been done in the past and with careful planning it can be done again.

OTHER INSTANCES OF SOAPS USED IN THE SAME CONTEXT:

The first time the entertainment education methodology was used internationally (outside of Mexico) was in India with Hum Log in 1984. Soon after, many other countries began to see this as a viable method of creating responsible television programming to address a variety of pro social issues. From sex education to adult literacy and from women's equality to HIV/AIDS awareness, the entertainment education methodology could accommodate them all and replicate success stories over and over. Letters from viewers poured in, an excellent indicator of how the audience indeed felt involved and identified with the series.

An animated entertainment education series based on stories from the Old Testament was aired in Japan and called Superbook. It was broadcast in 50 countries and received stupendous response in the form of letters from viewers all over. It was aired in Russia in 1991 and an estimated 400,000 viewers responded, including one day in Moscow when it's postbox received over 30,000 letters. The story doesn't end there, when the program sponsors decided to assess the effects of Superbook by holding a nationwide Bible quiz, a whopping

1.2 million replies were received. It was the largest volume of letter stimulated by a media program. Post office officials told the sponsors, "You don't need a post office box, you need a post office" cited in Singhal and Rogers (1999)

The methodology has been implemented as part of a media mix in another instance, achieving tremendous success yet again. In South Africa, Soul City is a unique example of entertainment education that is part of a coordinated series of mass media activities year after year. Each year a series of mass interventions are implemented, including the flagship Soul City – a 13-part prime time television drama that runs for 3 months promoting specific health education issues. Simultaneously a radio drama series is broadcast everyday for 60 minutes as well as 2.25 million health education booklets designed around the popularity of the characters are distributed free to select target audience groups. Since 1994, the series has focused on maternal and child health, HIV prevention and control, alcohol abuse, domestic violence, youth sexuality, even some issues of national priority such as housing and urban reform. As to whether these mass media interventions are popular, the Soul City television series has emerged as the number 1 rated drama in South Africa.

They say the cornerstone of their strategy rests on producing high quality media materials by hiring the best talent in the media industry. Extensive formative evaluation is yet another chief element that ensures their success. To quote the

founder Garth Japhet "Our media products do not just have to compete with the best...They have to be the best."

The BBC World Service Television has recently announced plans of joining the anti AIDS battle in India. Starting early 2001 they plan to start on a media intensive campaign using both radio and television using a saturation strategy to inundate the state of Andhra Pradesh with messages about HIV/AIDS awareness. In an email correspondence on November 17 2000, Lori McDougall the Project Manager in Delhi mentioned that their proposal to the Union government included several formats on television like PSAs, talk shows, dial-in shows and 3 soap operas. These are all to be part of a multi electronic media campaign that targets issues such as lack of knowledge about HIV infection, stigma surrounding PLHA and sex education in general. She wrote that the BBC specializes in presenting topics that are serious or boring in an engaging, entertaining manner. The mantra here again is the tried and tested entertain educate methodology that has been used successfully by them in Vietnam in the HIV/AIDS context.

Entertainment education has been used in various cases to promote desirable social behavior as in the instance of "Tinka Tinka Sukh" – "Happiness lies in small things" a radio soap opera in India in 1997 and "Twende Na Wakati" in 1995 – a radio soap opera in Tanzania to show that entertainment education could cause people to adopt and emulate behaviors of their favorite characters

on the soap opera. Instances of similar stories resound from far-flung corners of the world. Cultures, races and people as varied as the countries these soaps are broadcast in – Pakistan, Gambia, Egypt, Tanzania, and Turkey... the list goes on. The entertainment education methodology has grown in the years to accommodate, better and reach out to millions of people worldwide even as it helps better their lives. Verily, " ordinary human subjects – variously referred to as the grass roots, the oppressed, El pueblo –are the most solid vessels of wisdom and knowledge concerning their living conditions and must be involved in deciding, planning and implementing if development is to occur." (Dervin & Huesca, 1997) There is every reason to believe that with a serious commitment to the people and society in general of India, this could well be a talisman that helps to battle and eventually best HIV infection that is hacking at the very roots of the country.

SUMMARY:

If communication and mass media campaigns are to succeed they cannot be left at the artistic mercy of media producers that seem to work in a vacuum. The best communication happens when the message to be sent out comes from the people that it is to be sent out to. Thus the participatory approach to designing messages as pioneered by Mody in 1991 is the closest that media professionals can come to an insurance policy on the success of their programs. A television soap opera about HIV/AIDS in India would do well to use the entertainment education strategy introduced by Sabido. Based on sound theories,

complemented by the invaluable tool of formative research and perfected over years of use in a wide range of issues as well as contexts the methodology is a sure shot way of working towards the goal of inducing no risk behavior about HIV/AIDS in India.

Chapter 4

PREPRODUCTION RESEARCH

METHODOLOGY

The participatory approach has the potential to communicate what the audiences want to see as part of any communication message design. Audience involvement in the program design helps immensely to ensure proper communication of the message, higher acceptance by the intended audience and ultimately achievement of the program objective. In 1991 Mody created a step-by -step strategy for audience involvement in research design. The sprit of this approach is the basis of this thesis:

1. Learn everything possible about the topic of the campaign.

2. Analyze lifestyle and communication preferences of the audience(s)

3. Assess audience needs vis-à-vis the campaign topic

4. Write specific measurable goals

5. Select media in light of the audiences' media habits (from 2 above)

6. Agree on creative-persuasive strategy that corresponds to the audiences' life style (2 above) and needs (3 above).

7. Write message specifications for the production team.

8. Pretest draft and final scripts as well as pilot episode before telecast.

9. Modify messages based on pretest results and proceed with mass production

10. Monitor audience exposure to the message created.

11. Collect audience impact data.

All of these steps provide to feedback to the team at every stage. This helps the producer of a program to reduce relatively errors like personal biases and misplaced assumptions about the audience thus proves to be cost effective in reaching audience change goals.

As part of the first step and information gathering responsibility of a committed pro participatory approach producer, she has prescribed specific guide lines for collecting information and further, how information can be physically collected. Those information collection methods are paraphrased below:

1. Don't reinvent the wheel. Read what others have already done and documented. This saves time, money and effort. Thus literature reviews are the first step to gathering all relevant information about one's topic.

2. Listen hard to the target audience, unobtrusively, unnoticed. Before asking them questions, observe them carefully. Get an idea of their language, mannerisms, and overall "normal" behavior.

3. Speak to experts on the program, topic. Get the experts' advice on how to and how not to attempt change in the HIV/AIDS area. This can be done through open-ended personal interviews.

4. Listen to the intended audience to determine the cause of attitudes and behaviors. This can be done via one-on-one interviews, or group interviews. Focus groups are also a viable option but require that there be homogenous groups where people are comfortable to say what they wish without fear of bias or prejudice by the rest of the group.

Not all of the above methods are necessary to conduct audience participation based pre production research. The idea is to choose the ones that work best for a given project to achieve optimal results. Another key element is the specification sheet introduced by Mody in her book in 1991. This sheet is devised to help keep the producer in perspective of her or his objective and specific measurable goals for each episode thus ensuring that the purpose of the program is not sacrificed for creating an esthetic or visually appealing program. (See list of tables)

Data collection included a. a review of literature presented in the previous chapter and b. personal interviews with several segments that could help the making of a television soap opera on AIDS awareness in India as presented in chapter 5. These groups were chosen on the basis of their ability –personal as

well as through the positions they occupy. The findings are presented in two sections: literature on the topic and interview findings.

SAMPLE GROUPS:

Television is not an interactive medium for most viewers. They employ a top down approach to communicate with people. Consequently there exist people in certain positions that are entrusted with the task of making sure that the numerous units that exist within the media function smoothly and this flow of information stay intact. Such individuals are the gatekeepers to this information flow. As a direct outcome of their responsibility they also control what kind of information goes through and what doesn't. These gatekeepers hence form a very vital part of the success of the proposed television soap opera on AIDS awareness project. Primary data was collected from media planners in advertising agencies, heads of programming at TV networks, Commercial Se workers (CSWs) and the middle class audience. In most pre production research, the audience is the exclusive focus of the study. This study pioneers in including the gatekeepers of TV systems who have to be convinced to allow TV shows on HIV/AIDS to be produced and transmitted.

Media planners:

Owing to the structure of commercial television today, two chief factions of gatekeepers emerge. One set is the Media planners in advertising agencies that

buy airtime on commercial television for their corporate clients. These planners work a twofold job – they are responsible for creating exposure among the consumers for their clients – manufacturers, investors or just about anyone that needs to advertise their product or service. This they do by picking a good vehicle to advertise their client on. Additionally their responsibility is also to bring together the most optimal media and channel of distribution that can help create the image that the client wants consumers to have of the product being offered. For example if a client wants to advertise a range of clothing for older men, they use all the regular media and disperse commercials to get the client maximum exposure within her or his advertising budget. Further, if a specific opportunity like Fathers Day is round the corner, they suggest the television networks come up with a special one off program that they would be willing to sponsor. This ensures maximum visibility for the product as well as creates a favorable image for the product and builds the product's brand equity in the consumers' eyes. These are powerful players in the television market since it is the sponsors they bring to any program that can allow a show to stay on air or be taken off. Any new idea for a soap opera on AIDS awareness would go through their scrutiny and only if they deem it viable would the serial ever go on air. Consequently five media planners from the top-notch advertising agencies such as Lintas, Ogilvy & Mather, Rediffusion, Saatchi & Saatchi and Trikaya Grey in India were interviewed individually.

Heads of Programming:

However the approval of a proposal for such a project going to the media planners rests equally on the other set of gatekeepers. This set is the group of heads of programming at television networks that make all the decisions for which shows are broadcast and which ones languish in the cans. Their job profile is two fold as well – to ensure a steady flow of marketable programming by commission shows to smaller media companies and to maintain all programming within the image that the channel has positioned itself as. For example – On an occasion like Valentines Day, a channel that is positioned as a family entertainment provider would require its head of programming to plan ahead for a line up of special programming that could be marketed to various media planners, thus generate extra revenue. All new prospective programs and genres go through the heads of programming necessitating their approval for a project like a soap on a sensitive issue like AIDS awareness. Five heads of programming- four from the most watched satellite networks in India such as Zee TV, Sony, Star Plus and SAB TV as well as one from a regional satellite network, fast gaining popularity called Tara were interviewed as a second group. The interview was on an informal level over drinks, dinner in a social setting where they had a chance to answer the questions with enough time to say what they really believed of their positions and power that went with it. It was recorded as they spoke about things they were working on and had planned, what they hoped to do as well as what they thought would work.

Members of the audience:

The third group interviewed was the potential members of the audience or viewers that health messages are aimed to target. This group comprises 15 families that belong to the socio economic category of middle class, from several geographical locations in the city of Bombay, India. Bombay is the economic center of India and a megapolis. Hence middle class income there is multiplied manifold. An average range of middle class family income in Bombay would be between Rs.15, 000 and Rs. 45,000 a month. The members of families were both male and female and ranged from middle and high school students to working professionals of ages between 12 and 73 years. The objective of these interviews was to gauge audience likes and dislikes on television and their viewing patterns.

Also some questions were calculated to elicit their feedback on whether they would be willing to watch a soap opera on the sensitive topic of AIDS awareness and what elements they would like in such a serial.

Commercial Sex Workers:

A soap opera about AIDS awareness in India would have to feature some of the primary vectors of infection in the cities – the commercial sex workers. The city of Bombay has a huge belt of prostitution or a red light district called Kamathipura. Nearly 70 per cent of the sex workers in the area are supposed to be seropositive. Since they would feature in the story line in keeping with the information collection methods recommended in Mody's participatory approach, it

is imperative to observe them closely, get an idea of the way they dress, their colloquial language and their mannerisms. This would help build characters who are authentic and recognizable to their middle class clients among the audience. Further in her email on November 17 2000, the project manager of the BBC World Service Television Lori McDougall mentioned that according to their research, CSWs watch an average of 6 hours of television in a day. Thus they could be indirect recipients of the health messages promoted through the soap opera resulting from this research. 10 CSWs were interviewed.

INSTRUMENTS

The following lists of questions were used in the open-ended interviews with each of the above-mentioned groups.

1. Group I (Media planners)

a. How do you decide what channels to buy spots on?

b. What do middle class audiences want to see?

c. What is the possibility of your influencing a client to buy time? When does it happen?

d. What would it take to get you to sponsor a soap opera on AIDS awareness? Do you and if yes why do you think such a concept would work?

e. How does sponsorship affect programming mixes in channels?

2. Group II (Heads of programming)

a. How do you define your target audience and whom do you think they want to watch?

b. How does marketing influence programming decisions?

c. What, if any is your programming mix with regard to pro social soaps?

d. What factors would you include in a soap opera about AIDS awareness to make it popular?

e. How would your audience respond to soap operas that deal with HIV? Do you think they are ready for it?

f. Have you seen or personally made any television shows/one offs that address HIV awareness?

3. Group III (Members of audience)

a. Can you please tell us your monthly household income?

b. How often and when do all of you watch TV together?

c. What kinds of programs are popular in your family and social circle? Why?

d. What do you think of shows that deal with bold themes (extramarital sex, premarital sex, sex at the workplace?)

e. Do you think a pro social soap opera on AIDS awareness would work?

f. What would you like to see in such a soap opera?

4. Group IV (Commercial Sex Workers)

a. What do you like to watch on TV? Who are your favorite stars?

b. What else do you do for recreation?

c. What kind of clients do you prefer?

d. Do you have a chance to use condoms? How often?

e. Where do you get the condoms?

f. Do you think it's necessary to use them? Why?

g. In your opinion has condom usage among sex workers gone up in the past few years?

SUMMARY:

The participatory approach is now the new paradigm for designing effective media campaigns. Audience involvement in formulating a media message helps increase the acceptance of such a message. It also helps eliminate personal biases and assumptions on the producer's part. Mody (1991) has prescribed a step-by-step system for creating a media message rendered effective by audience involvement. Further she has also stated a method for information collection. This chiefly exhorts the producer to get as much information about the prospective viewer as possible. This can be done through various means such as reviewing literature on the topic, observing the audience, talking to experts and collecting data from members of the audience through questionnaires, interviews or focus groups. Using all of these methods is not necessary, optimizing results through choosing the most appropriate means for the project is the best modus operandi.

The data collection for this thesis was done through scheduled open-ended interview sessions with various groups who will influence the design of a pilot script of the proposed soap opera on HIV/AIDS. These groups interviewed were

gatekeepers to the television medium such as Heads of Programming at television networks, Media planners at advertising agencies and in keeping with the participatory approach, members of the audience. Finally a set of interviews was also done with CSWs as character research. The instruments of data collection – questions planned for the interviews are listed as well.

Chapter 5

FINDINGS AND IMPLICATIONS

The literature review about the topic – AIDS in India, revealed that the virus is infecting the population at a deadly pace, rendering 3.5 million people infected or already showing symptoms of AIDS. The economic, medical and socio cultural impacts have been discussed leaving no doubt that HIV/AIDS in India is a serious problem that needs to be addressed and something needs to be done yesterday. One of the factors that has caused the rapid fire spread of the infection is the lack of awareness about the disease which stems from a denial and reluctance to admit vulnerability to infection owing to traditional taboos on sex and related matters. A needs assessment of the target audience reveals that television is a hugely popular medium among the middle class in India where the disease is spreading at it's fastest through epicenters like metropolises and cities where population mass is concentrated. Further reading suggests that soap operas enjoy a very prominent position among the TV viewing habits cutting through gender and age subdivisions.

The soap opera has great potential to combine educational messages with entertainment. Unfortunately beyond attracting large audiences we have few examples of pro-social soaps having social impacts. This is something the proposed soap hopes to correct. During the course of the literature review it was found that the appeal that is most promising in the given context is self-efficacy

promoted by Bandura in 1990. Thus the tack to take in designing this particular intervention message was to use entertainment education based soap operas that through identification with characters aim to send messages of empowerment and self-efficacy to the audience.

To ensure acceptance of such a soap opera, the participation of gatekeepers, audience members and featured characters in its design was crucial. This helps to create public involvement in their own welfare by getting invaluable feedback from them about what elements they would like to see included in the resulting program. Also this approach helps better identification of audience with characters through use of language and other cultural factors that mimic or keenly reflect the ones that the audience is familiar with. To use this approach open-ended interviews were conducted with members of the target audience as well as other segments such as experts that are key to the working and eventual acceptance of the resulting soap opera intervention.

INTERVIEWS AND ANALYSES:

1. Group I (media planners):

Media planners were interviewed as gatekeepers and experts of television viewing patterns. They were asked questions in their area of expertise that could contribute to the betterment of the soap opera. When questioned about what trends they had seen in middle class audiences preferred television-viewing most of them replied that soap operas were the highest rating generators in prime

time. Some also rated mythological dramas and Hindi feature films as eyeball pullers (sic). Some mentioned how a drastic change had occurred in this since Kaun Banega Crorepati? (The Indian version of 'Who wants to be a millionaire') had come on air. A common feeling was that this was due to the novelty of the show and the charisma of the host Amitabh Bachhan- a big star in Bollywood, the Hindi film industry. This has implications for the soap. This means that celebrities and film stars have great "audience pull" and that this should be taken into account when casting for the soap.

The next question related to how much influence they had over the client's media buying division. This was intended to elicit response on whether they can push a pro social soap opera to their clients- the adverstisers and thus make it commercially viable. All of them had the same reply. It differed from client to client. They had carte blanche over some accounts since they had proven themselves in the past with the client, they could easily talk that client into buying time on a new idea. With others, especially in case there wasn't too much confidence owing to a short-term relationship, they had to toe the line the client drew for them.

When asked about the viability of a pro social soap opera/serial on AIDS awareness and whether they would back it, the response was a mixed bag. They all agreed on that it would have to be very slickly made with high production value if it had to have a shot at prime time. This is an important finding for the

production of the intended soap in this research. High production values are necessary for the soap to be even considered as a contender for prime time. Some of them said they would have to see it first (not a common practice) to gauge whether a sensitive issue like AIDS had been dealt with in proper fashion. Most of them concurred that the messages would have to be subtle and not the 'deadly DD (Doordarshan the dominant state run Indian TV network) style programming' (sic) that they usually saw associated with health messages.

This makes it clear that the soap opera has to avoid leaning excessively on preaching AIDS messages. The requirement is to subtly introduce the idea of required information while maintaining the entertainment value of the soap. Another key input that came up was the serials running on prime time were mostly family type (sic) storylines. The middle class audiences seem to prefer shows that the whole family can sit and watch together. This is vital to the storyline of the proposed soap. This means it has to consider a central plot that the whole family can watch together and enjoy.

2. Group II (Heads of Programming)

This group consisted of gatekeepers to the television medium. They yay or nay all new ideas and concepts that go on air. They obviously have their pulse on what works and what doesn't for Indian television programming.

They were asked to define their target audience and what they thought their viewers wanted to watch on TV. Zee TV has a Hindi driven target audience. They aim for mostly the Hindi-speaking belt in the north of India, central India and metropolitan India. Star TV aims more for the English speaking urban metropolitan audience. Sony TV targets the Zee audience as well but is more upper middle class driven with glamorous shows that appeal to the urban audiences. It competes with Zee by offering similar reach and cheaper advertising rates. Tara is a regional channel that focuses on the regional audience that looks for more Indian language based programming.

And finally Zed TV is an educational channel that aims for the metropolitan English-speaking middle class that looks for informational value in television programming. Based on their positioning all of them replied respectively. For Example Zee focused on middle class urban and semi urban families. (Having first move advantage Zee has greatest reach in the satellite television circles) Star focused on metropolitan middle, upper middle class families and so on. One common factor in their replies was middle class families. Sameer Nair from Star said "The Indian middle class is one of the largest in the world attracting multi national companies so for an Indian television company, it's a matter of common sense to focus on such a huge consumer base." All of them said their programming – prime time and other wise was a mix of genres, with a focus on family viewing and soap operas. Tripti Gupta of Zee claimed, "Zee TV caters to family values and is the leader in broadcasting popular serials. Even when Ravi

Rai (a famous director of soaps) moved to Sony, they advertised his new soap as being from the makers of Sailaab" (a long running highly rated serial on Zee). This has clear indications for the proposed soap opera – it would have to be broadcast on one of these channels to reach their target audience. Further, with these channels already have brand equity with the audience thus making it easy to get to the intended middle class viewers.

Most of them said film based programming – countdown shows in particular had tremendous appeal for the audience. A close third in the race for viewership were mythologicals. This implies that the soap would have to showcase some characters that were interested in films and religion respectively, to increase audience identification with the character.

Next, the group was asked if they had any programs on air that were pro social in nature or dealt with HIV/AIDS. Sony's Geeta Kashyap mentioned that one of the top rated shows they had was "India's Most Wanted". This thriller show dramatizes real life unsolved crimes and then asks the audience for any information they might have on the perpetrator by showing his photograph and a phone number to dial in at the end of the show. She said the police have had very high response in apprehending criminals thanks to the show. Most of them considered AIDS an issue to be included in their breakfast programming health show slots. Tripti Gupta of Zee went so far as to say "we do a few one off episodes or include AIDS in talk shows occasionally but we do have a family based channel to run."

These answers suggest that these channels might run a pro social soap if it has the potential to generate revenue and does not offend the sensibilities of their middle class family audience. Thus the conclusion for the proposed soap is that it needs to be very sensitive about how the information is dealt with and presented.

Finally they were asked if they had ever made or intended making any programs that addressed HIV awareness and if audience attitudes or reaction was an issue. Ajay Bhalwankar of Tara, an ex journalist said "the media have a responsibility to mirror the malaises that ail society. We are already in production of a series of 30 sec PSAs to be aired on our channel where celebrities like Madhuri Dixit (a popular film star) will endorse the need to address AIDS victims with more compassion." None of the others had any such programming on air except as sporadic single episodes on talk shows and health shows – not prime time television. Interestingly, Harini Calamur of Zed TV – India's first 24-hour exclusively educational channel believed that Indian audiences were more than ready for AIDS programming. She said "look at all the steamy soaps on air right now. Banegi Apni Baat (a long running serial on Zee TV) featured the first French kiss on Indian television and it was a whole 5 seconds long. Other soaps show adultery; premarital sex leading to pregnancy, the list goes on. Bay Watch and The Bold and the Beautiful have inured Indian audiences to sex or matters related to sex. I don't think anyone in urban areas would be offended by a topic like AIDS awareness or sex education" This has definite implications on the intended soap opera in terms of being realistic and not prudish about the issues

of sex that need to be addressed. Indian audiences are already used to images of physical intimacy on screen. Thus one can safely conclude that for the purpose of entertainment without being vulgar, to include images of a slightly bold nature would be acceptable.

3. Group III (Members of the audience):

Questions for members of the intended audience aimed to get their response and feedback for the proposed soap thus increasing its appeal and acceptability. The groups were asked when and how often the family watched television together. All of them replied that they did so, in the evenings, around dinnertime and after dinner mostly 6 days a week. This suggests that the proposed soap must be aired in the evenings on prime time in order to reach the intended audience.

A question about what kind of programs they found popular in their families and friends gave some very insightful comments about the further direction for the proposed soap. Most of the female members liked serials and followed them avidly. Some of the younger females preferred film based shows and liked to watch music channels like MTV and Channel V. The most commonly mentioned soaps they mentioned were Saans on Star Plus, Nazdeekiyaan on Sony, (Togetherness) Chattaan (Rock) on Zee TV. All of these have to do with the lives of families, both middle and upper middle class that deal with travails like adultery, family feuds and unknown parentage. This gives us a clear indication that the popular soaps have to have family based plots and dramatic twists while

keeping a plausible story line that the viewers can identify with. Some other names that came up were Just Mohabbat on Sony – a sitcom about a middle class family with a precocious son and their lives. Then there was Dastaan (Saga) on Zee – a long running soap set in Dubai, UAE which is based on the feud between two powerful business men that love the same woman. Other characters are their families and how their lives keep intertwining leading to explosive face-offs and melodramatic dialogue. All these soaps have women as central characters in various roles such as wives or sisters or daughters. Though most of them adhere to stereotypes of Indian women in these roles some are very strong, individualistic characters. This has obvious implications for the proposed soap opera. It has to have women in leading parts in a gamut of roles some stereotypical and others not.

The males in the sample groups professed to watching soaps only because the rest of the family did so. Most of them preferred news based shows like Aaj Tak (Until Today) on Zee and political shows like Janata ki Adalat (People's Court) – a show on Zee that features a celebrity each week who is questioned by the spiffy and sarcastic host as well as people in the audience in a mock courtroom setting. Many others said they liked to watch Kaun Banega Crorepati because it was informative and they liked to play trivia along with the players in the hot seat. This suggests that men perceive serials as 'for female audiences' and that they likened themselves to people with loftier, intellectual interests. Thus it is

important for the intended soap to have male characters that are identifiable in the above specifications context.

Most of the younger members preferred teenage romantic soaps like Banegi Apni Baat - a serial about a family with a single mother and 4 daughters that go to college. Their friends, heartaches and collective ambitions give this serial a very youthful flavor. Thus for the proposed soap, to engage the interest of young viewers there have to be characters that are of their age group and have romantic interests as well as similar issues like exams, career decisions and sexual matters.

Some of the interviewed families were joint families that included the grandparents who lived with their children. They brought up an interesting issue like most serials they liked to watch were aimed at people younger than them. They felt left out of programming. They mostly ended up watching what the whole family did. This can be used in the intended soap by including characters that older audiences could identify with such as grandparents. Indians value elders and joint family systems, although conflict between generations is common and often the grandparents play an important role in raising their grandchildren. To address and inform them about AIDS awareness and issues could have positive effects on the discussions that the soap aims to generate.

Finally the sample groups were asked about serials that dealt with bold themes and what they thought of a soap aimed at AIDS awareness. They were also requested to enumerate some of the elements they'd like in such a serial. With the exception of one family, all of them agreed about the need to address the issues surrounding AIDS. Most of them said that television was doing society a good turn by bringing up issues that needed to be addressed like divorce and dowry deaths as well as extra and pre marital sex. Some women mentioned Saans as an example of how (the central character of the soap has an adulterous husband and deals with him strongly and in a dignified manner) serials today were creating discussion about subjects usually considered taboo in society. Many younger females identified with her and one actually said " if I were her I would kick him out" Older women preferred the pro family, protective stand the character takes for her children's sake. This implies that people are more open to looking taboo issues in the eye thanks to such storylines in serials. One male member made a very encouraging remark about the acceptability of a soap on AIDS awareness. He said "Many times I find it awkward to openly bring up a topic like sex with Aashay (his college going son). If we were all sitting around and watching a serial like that, I could use the story as a starting point for discussion about how much he knows." This statement clearly highlights the positive influence a soap can have on discussion within the family and help create a correct picture about sex AIDS infection in the family's minds. Further, the clear implication about a soap is to include a character – a father faced with a

similar problem who deals with it by using a PSA about AIDS on TV. This could create a positive model for efficacy in the viewers' minds.

To the question about what elements they would like in such a soap on AIDS awareness all of them without exception said high production value using terms like 'well made', 'slick', 'interesting', 'not DD like' and 'classy looking'. Most members wanted it to reflect family values, issues in everyday life. Some younger female members said it had to have fashionably dressed characters that they could identify with. Some male members said it had to be plausible and not be too melodramatic like some serials on air. One college going male member said it should have characters that were fond of English music. The deductions from these statements are that most families want a certain aspirational value out of the entertainment they watch. The shows have to be well made and not sloppy like the pro social shows they have seen previously on the state run Doordarshan channel. They prefer characters that deal with the issues they have to in everyday life. The family as a social unit is obviously very important to most members of the sample group and thus the soap has to have vignettes of family life both happy and sad. These are very significant inputs for the production of the proposed soap.

4. Group IV (Commercial Sex Workers):

The CSWs were interviewed as character type research for the show. Further they could also be part of the audience given their predilection to television and

films. This sample group was asked general questions about their lives and profession with the objective of learning mannerisms and language used by them in everyday life to add authenticity to the characters.

When asked what they liked to watch on TV, most of them said they loved the movies that were aired on the channels. Countdown and film based shows were another hot favorite with almost all of them. The shows they mentioned were Chehren (Faces) on Zee cinema – an interview based show that featured a new film star every week, Truck Dhina Dhin – a countdown show on DD (A countdown show is a program that lists the top songs from Indian feature films that are top of the charts) They didn't follow any shows regularly and most of their viewing times were afternoon. They also named a couple of serials like Babul ki Duaaen Leti Jaa (Go with your family's blessings)- the story of 5 young girls and how they overcome their social problems. And Kahani Ghar Ghar Ki (A story of each home) – a family based serial about a middle class family and their everyday struggles in life. The sample group members were very reticent when they spoke about anything. Reluctant to part information, they seemed very wary and cautious. The language they spoke was Hindi interspersed with bits of English like 'problem', 'time waste' – words commonly used in everyday lingo by almost all Bombayites educated or illiterate.

Other questions about their condom usage, clients and AIDS awareness revealed a surprising level of awareness about the disease. One reason for that was that they were in constant contact with the Non Governmental Organization

(NGO) workers that arranged for the interviews. The answers sounded almost parroted. And they didn't seem to be reticent here at all. That could be because the social worker was present during the interview. The sample groups dress in bright colored saris, almost all of them wore costume jewelry like metal bangles, earrings and nose rings. They frankly seemed relieved when the interview was over. This set of interviews helped a lot with getting a feel for the dressing styles, language and manner of speaking of the sample group. This implies that a similar get-up be used for characters that play the role of CSWs in the proposed soap.

RESULTS:

Open ended interviews with various sample groups of people that could influence the success of the proposed soap opera on AIDS awareness was a tool to get the intended audience involved in the design of the script. The analysis of the interviews indeed revealed innumerable inputs for the production stages. The results from the above analysis are as follows:

- The proposed soap opera must subtly blend in health messages with an
- entertaining story line.
- It should have room for usually neglected characters that would appeal to the
- older members of the audience.
- The proposed soap opera has to revolve around a family centered plot.

- The characters in the family should belong to the middle class and emulate how the average middle class dresses, talks, behaves and lives.
- The story line has to be plausible and not overtly melodramatic, while showcasing the everyday lives of the urban middle class.
- There should be a range of characters with males and female in roles that are stereotypical and yet positive role models.
- There must be plots and angles in the story line that appeals to the younger audience as well. This would mean some element of romance.
- The treatment has to be very sensitive, while being open but not to the point of scandalous.
- The soap must have high production value to appeal to all the members of intended audience.
- It must be aired on prime time to be able to reach out to the target audience.

These are the chief implications and guidelines for the proposed show based on the research and findings. They are unique in their guidance of the various elements that ought to be incorporated in the script. Most soaps have dramatic elements like plots woven around families that are very rich and have family feuds over inheritance and the like. The proposed soap has to avoid such entertaining but unidentifiable characters for the middle class audience. Most soaps in the drama vein overlook everyday problems that people face such as traffic, problems with domestic help and admission of children into good schools. This will be one element the script will include so that the audience identifies with

characters, feels more closely connected to the bigger issues like HIV infection and how the characters deal with such issues in a pro-social manner. This will incline them to emulate the desired recommendations in the plot, which is a chief objective of the soap opera. Another important point is the implausible behavior of most soap opera characters such as going to bed with make up on and behaving in an over dramatic manner with people they would not normally associate with or avoid. This realism on part of the proposed soap opera while in keeping with the audience member's recommendations will help to create better identification with characters.

One important factor is that pre production research is not enough, to follow formative research truly, there must be pre testing of the soap when it is finally made and changes incorporated based on audience feedback before the soap is actually broadcast.

SUMMARY:

The four interviewed groups were chosen for the guidance and direction their inputs could give to the proposed soap opera on AIDS awareness. Each sample group gave insightful comments based on their experiences and expertise. These were then scrutinized to see what meanings could be deduced for the purpose of implications on the soap. The analysis revealed a wealth of information about the storyline, elements, characters and treatment that could make all the difference to the proposed soap. The results of the analysis are, the

soap opera for AIDS awareness has to be plausible, reflect the middle class and their lifestyle. It has to be centered around a family based plot, it must be sensitive in presenting information, it must incorporate a gamut of characters that all the intended audience members can identify with. It has to have high production value, and not be overly educational; the messages have to be subtly introduced in the guise of natural parts of the plot. It has to be aired at prime time to help it reach the target audience and make it commercially viable as well.

Chapter 6

'STERLING TOWERS' PILOT SCRIPT DESIGN

The results gleaned from analysis of the research findings have provided a definite direction for how the proposed soap opera should be scripted and treated. Following those guidelines a soap opera called Sterling Towers is proposed to be the communication vehicle for spreading information regarding AIDS awareness and for the promotion of discussion among the target audience regarding issues surrounding HIV/AIDS. Here follows an explanation of why Sterling Towers could be the ideal communication message vector. How it ties in the findings and incorporates implications based on those findings is also explained.

ELEMENTS IN THE SCRIPT DESIGN BASED ON FINDINGS:

To create a soap opera that an urban middle class identifies with as the findings show, the central plot must have families that belong to the urban middle class and lead similar lives. Their lifestyles, language, dress and behavior must conform to what is widely seen by the intended audience all around themselves. Therefore the soap opera is called 'Sterling Towers' a typical name for a high rise building found all over in metropolises and cities in India. The plot is that of life in this high rise where several middle class families reside. These families are made of characters that are based on recommendations by the audience included in the findings. The families belong to various diverse ethnic, language

and ethnic groups, which is typical in most urban areas since people from several regions in the country move to cities for better prospects. Also since metropolises and cities are commerce centers where numerous companies and concerns are based, they are home to many families from different parts of the country. Sterling Towers is one such building among many. The families that live there belong to a variety of professions and faiths and differ in many ways. What they do have in common is the lifestyle, the ambitions, dreams and hopes of any urban middle class family. The characters in these families have been carefully chosen to create potential situations where messages of AIDS awareness can be blended in. Here's how:

Residents of Sterling Towers:

The Pal family: This is a prototype for the ideal family whose positive role model behavior is what the audience should imbibe as an objective of the soap opera.

Ajeet Pal – A pilot by profession, he is a devoted husband, educated, easy going and dotes on his family. The profession of pilot is chosen to exhibit the traveling nature of his work. Somewhere down the line he succumbs to temptation and has a one-night stand with a coworker. He confesses as much to his wife out of guilt. This is a positive behavior for married men to emulate if they have extra marital sex. In that episode he will be shown to have protected sex as a reinforcing element for the married middle class men who do indulge in extramarital sex.

Veena Pal – An artistic boutique owner and Ajeet's wife. She is a very strong woman who adheres keenly to her beliefs and is very concerned about the status of women. In the pilot she is shown to talk to her maid about not taking physical abuse from the husband. She is a loving mother who has built an atmosphere of openness around the family. Thus there will be opportunity to incorporate some frank discussions about sex with her daughters again meant as desirable behavior for middle class families who watch the soap.

Amrita Pal – their college-going daughter who is dreamy, gentle and an introvert. She is often argued down by more aggressive people around her, which lead her into a situation where she is at risk for experimenting with drugs. She is modeled after a recommendation in the sample group interviews, a character teenage female members of the audience can identify with.

Aditi Pal – The Pal's younger college going daughter who is feisty and a firebrand feminist. Even though she's only a year younger than Amrita, she bosses her around. She is a virtual encyclopedia of Hindi film trivia, extremely gregarious and humorous. Her inclination to talk first, think later always gets her into scrapes that she wriggles out of using her wit. She is a positive role model for teenage female members of the audience.

The Gupta family: A huge patriarchal joint family with ultra conservative beliefs, this is the prototype for a negative family.

Ramsharan Gupta – The patriarch and the grandfather of the family, he is a self-made man with a success story and runs a business that all his sons work in. He

is extremely conservative, a corrupt businessman and most other people in the family are afraid of him.

Sindhu Gupta – The grandmother who has spent her whole life being submissive and giving into her ornery husband's whims. She dotes on her younger son and spoils him rotten. This leads to complications as the story unfolds.

Balram Gupta – The eldest son in the family not very highly educated, lives by the family values set down by his father and never questions him, even when Ramsharan strikes his daughter.

Rohini Gupta – Balram's wife who is another submissive woman but she is not happily so. She realizes what she's missed in life and yearns for a better life. This does happen when she has an extramarital affair with a younger man who is her niece Meera's tutor later in the series.

Rohan and Suneet Gupta – Their sons, typical college going students that belong to conservative families. They sneak and indulge in smoking, drinking habits, which land them in a brothel in a later episode. Between them, they provide elements of youthful interest that seek to involve the younger members of the audience.

Avinash Gupta – The younger son in the family who is an ill-tempered man. He is married but has a mistress on the side. He gets infected and passes it on to his wife.

Smita Gupta – Avinash's wife and is extremely spiteful about the fact that she does not bear a son. She is constantly worried about the inheritance and who gets it after the patriarch is dead. She is a negative role model for women.

Meera Gupta – Their daughter who is a quiet, intelligent person. She has a crush on Viraf, another young man whose family lives in Sterling Towers. This is intended to provide romantic interest in the story line.

Suneeta- The Gupta family's live in maid. She is bright and bubbly, the only humorous person in the household. She has an ongoing affair with the watch man of the complex.

Bahadur- The watchman of Sterling Towers. He is a no gooder who will do anything for a buck and frequents CSWs. He also professes undying love to Suneeta in the hope that she'll have sex with him. In later episodes, he tests seropositive.

The Dixit family – A successful couple that call themselves DINKs – Double Income No Kids. This is the prototype for the transformational family.

Abhijeet Dixit – A highly ambitious and suave banker he is very narcissistic. He can do anything for a contract and often asks his beautiful wife to play hostess at parties to show her off and is a dedicated social climber. His ambition can be shown as him sleeping with someone to get a contract, a high-risk situation.

Natasha Dixit – A financial consultant in a multinational, she is young, attractive and very bright. She knows the love has gone out of her marriage and behaves callously with her husband. In the first episode she gets drunk and makes a scene at one such party.

The Treasuryvala family - This is a small family of open people who are well liked by all.

Ardeshir Treasuryvala – A Retired Colonel from the Army, he is the light of every party as he regales them with anecdotes from his life in the service. He is very open-minded and has friends among the younger folk as well.

Jasmine Treasuryvala – A simple woman who is very highly compassionate. She is a social worker and works with PLHA. This gives opportunity to bring up a discussion between husband and wife about AIDS topics. Later in the series she brings home a young orphan child who was infected at birth. This is an excellent chance to reduce stigma and do away with some myths about AIDS.

Viraf Treasuryvala – Their high school going son. Bashful and very quiet, he wants to be a social worker like his mother. She usually tells him about her work and he is very interested in helping people. This can provide an opportunity for them to discuss health messages.

Singhal Family: This is a dysfunctional family with a father and two sons. The mother has divorced the father and the children have grown up shuttling between two homes.

Ajrun Singhal: A successful lawyer with a rapacious wit. He has not remarried since his divorce and dotes on his sons. To him they can do no wrong. This is a character that can bring in a situation where the legal rights of HIV positive people can be discussed in later episodes.

Vicky and Sameer Singhal: Both of them study abroad and later on come home to have an arranged marriage. They are very close to each other and later on, Vicky unknowingly infects his wife. This is to highlight the risk of entering into

arranged marriages without knowing the HIV status of the spouse. Sameer is a rock music fanatic and hopes to start his own band.

Suman – she is an occasional character who is the housemaid in the Pals' and the Dixits' home. She is a victim of domestic violence and her husband is a drunk. This is an opportunity to introduce other pro social messages like anti domestic violence ones.

All the characters of STERLING TOWERS have been chosen to create an entertaining background for a story line that deals with their lives. And yet all of them the potential to inform the audience about AIDS and the many ways in which it can touch ordinary people's lives.

FACTORS OF VIEWER INTEREST:

The results that came up after analyzing the findings mentioned some very specific attributes that the viewers would like the proposed soap opera to have. Given below is a table that matches the factors of interest to the viewer to their incorporation in the script.

VIEWER INTEREST FACTOR	CORRESPONDING SCRIPT FACTOR
1. Middle class characters 2. Family set up with strong values 3. Characters that can be identified with as regards to interests, likes	1. All the characters belong to middle/upper middle class backgrounds. 2. Most characters belong to families

and dislikes. 4. The storyline must be plausible not melodramatic and farfetched. 5. The health education messages MUST NOT BE OVERT. The emphasis is to be on entertainment.	with both positive and negative role models. 3. There are various age groups male and female in the characters that are designed to appeal to every member of the target audience. 4. The storyline follows the lives of characters that could be part of any urban middle class household. 5. The plot is designed so as to weave messages about HIV issues into the story not vice versa.

FACTORS OF ACADEMIC INTEREST:

However interesting the characters of a soap opera, however engaging the plot may be the primary objective of STERLING TOWERS is to disseminate HIV/AIDS awareness messages and promote discussions about safer sex among the urban middle class in India. The literature review about communication messages revealed some rules to live by in order to make the program a success. These factors have been taken into account when designing the plot and characters of STERLING TOWERS. Given below are factors of academic interest matched with corresponding elements in the soap opera.

FACTORS OF ACADEMIC INTEREST	CORRESPONDING SCRIPT FACTOR
1. The objective is to increase self - efficacy among the audience. 2. Entertainment education methodology requires there be three prototypes of characters – good, bad and transformational. 3. Pro social soaps need to be audience based if they are to succeed. 4. The participatory approach requires the message to be socio culturally audience related.	1.There are characters as positive role models that practice desired behavior. These are designed so the audience can identify with them and believe they can handle situations just like the characters in the soap by using the recommended approach. 2. The plot has delineated three sets of families that are prototypes for good bad and transformational characters. 3.The story line and character types are designed based on audience inputs so the audience can identify with them. 4. Input obtained through character research ensures all the character types are based on how the intended audience speaks, dresses and behaves.

SUMMARY:

STERLING TOWERS is designed to be a soap opera that makes the audience senders as well as receivers of the message to be communicated. Based on inputs obtained from the viewers, STERLING TOWERS has myriad characters that are carefully chosen for their ability to communicate the AIDS awareness message credibly and entertainingly. The complexity of the characters ensures that it can have all the ingredients of a regular soap opera replete with drama, surprise twists and happy endings. However the objective of the project is not relegated to the background in designing an entertaining serial.

The guidelines formulated through literature review about communication messages that succeed are incorporated into the design as well. Factors that would be of interest to viewers as well as academics are matched with their corresponding appearance in the script. This is tabulated to give a clearer view on how all of these factors have been kept in mind while designing the program.

Chapter 7

CONCLUSION: RESEARCH BASED DESIGN OF A TV SOAP OPERA PILOT.

The writing of a soap operatic script takes imagination, talent and commitment on the part of the writer. All over the world in commercial television, soap operas are sure-fire revenue generators because of their wide spread appeal to people irrespective of age, gender and race. However, the writing of a pro social script that aims to address a certain issue of public concern is slightly more complicated. Their script has to have a clear focus on the objective. Each episode helps reinforce the message sent out by the soap opera in general. Several factors have to be borne in mind and a specific measurable goal has to be assigned to each episode. Every possible situation has to be exploited to the fullest to send out positive messages to the audience. Furthermore, every character has to be written with some role model in mind positive or negative. Care has to be taken to create characters that the audience can identify with. All of these factors add to the chance that audience will want to model themselves after the positive role models certain characters portray. Arduous effort thus goes into a soap opera geared for social change.

MODY'S MESSAGE SPECIFICATIONS SHEET:

Typical message specifications sheet.

Audience: Middle class families living in metropolitan areas in India.

ıneral Objective of the series: To promote discussion between members the audience on topics like sex, HIV/AIDS awareness and other issues rrounding HIV/AIDS.

Specific measurable objectives for this message: The impact of this series in getting audience members to identify with the positive prototype characters and emulate the desirable behavior like discussion within families about HIV/AIDS to be monitored 6 months after broadcast.

Mix of message delivery channels: Other prime time television shows like talk shows, game shows and PSAs that reinforce the message of this soap opera.

Content: Elements like conversation among characters about HIV/AIDS. Situations that cause fear resulting from risky behavior that are resolved. Scenarios that show stigmatization of PLHAs as oppressive and cruel. Situations that show irrational fear and extreme reactions to HIV/AIDS as unnecessary and counter-productive. Interactions between positive and transformational characters that highlight desirable behavior.

Treatment: Lack of healthy and open discussion between negative characters causing them suffering. Positive characters in scenarios where discussions within the family lead to outcomes that reward their desirable behavior. Transformational characters interacting with positive ones in situations where open talk about HIV/AIDS averts an undesirable outcome.

Infrastructure required in audience community for achievement of message objective: Television sets.

PILOT EPISODE WORKING SCRIPT:

STERLING TOWERS

EPISODE: PILOT

CAST:

AJEET PAL

VEENA

AMRITA

ADITI

SUMAN

RAMSHARAN GUPTA

SINDHU

ROHINI

AVINASH

SMITA

MEERA

SUNEETA

ABHIJEET DIXIT

NATASHA

ARDESHIR TREASURYVALA

JASMINE

VIRAF

BAHADUR

GUEST CHARACTERS:

MALINI

ABHISHEK

WORKING SCRIPT:

TITLE CREDITS

ACT I: DRIVEWAY

ELEVATOR

GUPTAS' LIVING ROOM.

PALS' BEDROOM

DIXIT'S LIVING ROOM

TREASURYVALA'S BEDROOM

COMMERCIAL BREAK

ACT II: WATCHMAN'S COTTAGE

ADITI'S BEDROOM

PAL'S KITCHEN

LIVING ROOM

COMMERCIAL BREAK

ACT III: JASMINE'S CAR

VIRAF'S SCHOOL

HOSPITAL CORRIDOR

HOSPITAL WARD

END CREDITS

STORY IN THE EPISODE:

It's late in the night and a car pulls into the driveway of Sterling Towers. There's a cab blocking its path. Veena gets out of the car to ask the cabbie to move so she can park. The cause of delay is a man who is having trouble moving some crates of beer out of the cab. Veena recognizes him as the watchman of the building and questions him. He replies that he's only delivering for the Dixits. She frowns and asks him to move so she can park.

CUT TO Veena rushing towards the elevator, asking the occupant to hold it for her. As she walks in. there's a well-dressed man in it who looks inebriated. She steps in and he looks her up and down. The man asks her what floor she'd like to go to. Put off by the stench of the liquor on him she doesn't reply and punches the button herself. The man smiles and tries to strike up a

conversation. She snubs him and gets off on the next floor. Loud music can be heard in the background.

CUT TO the Gupta's living room. Music gets louder in the background here. Sindhu, Avinash, Rohini, Smita, Meera and Suneeta are in the room watching TV. Soon erupts an argument between Rohini and Smita going on over what to watch on TV. Rohini gets up and storms out of the room. Smita smirks and switches to the channel Rohini was trying to watch. Meera admonishes her mother who snaps at her and reprimands her. Sindhu merely looks up in anger but says nothing. Suneeta burst out laughing. Just then Ramsharan walks in asking what the commotion is all about. Everyone goes quiet. They are obviously afraid of him. Then Ramsharan irritably starts complaining about the noise next door. There's loud party music and lots of voices, laughing and making merry. Ramsharan calls the neigbors names.

CUT TO Ajeet Pal sitting in his bedroom, reading. He hears the front door open takes his glasses off and ducks behind the door. Veena walk into the room looking tired and puts her bag on the dresser. He jumps her and startled she shrieks. She is thrilled to see him. He says he didn't hear the elevator. She tells him about the man in the elevator and how she took the stairs. They hug and kiss. She asks him how he's home. He tells her that his flight was canceled and that he has duty for three consecutive nights starting the next day so they'd better make the most of his time off. Obviously

pleased Veena pretends mock anger and remonstrates him about startling her like that. She says she would have woken the girls up or worse still the neighbors would wonder if he's suddenly turned violent. He grins and says the girls are fast asleep and once that occurs nothing can wake them up not even an earthquake. They laugh. Then he points out that in any case no one would have heard her, she's not the only one shrieking in the building.

CUT TO loud shriek of happiness as Natasha opens the door finds the man from the elevator standing there. There's a noisy party going on in the back ground. She welcomes him in and introduces him to several people around as an old friend of hers from school. She takes his arm and together they go looking for Abhijeet. He's in the middle of a group of people trying to impress them. He turns around looks at her and asks her what she though of his performance. As she makes a wry face he realizes she's with someone and turns on the full charm as she introduces him to her friend whom she calls Abhi, her name for her husband. She hastily corrects her self and says her friend's full name Abhishek. Flustered, she excuses herself to go get a drink. She stops at a table fixes herself a drink and as she's going back to the party catches a glance in the mirror. She looks sad for a moment and then forces a smile back on her face. Deciding her makeup needs fixing, she picks up her lipstick and begins to paint her lips.

CUT TO Jasmine painting her lips. Her husband asks her to hurry up or they'll miss what's left of the party. He says judging by the noise it's already in full swing. She laughs and ribs him about how at 63 he behaves like he's 23. He laughs too and comes close to her saying how he's the only one who's aged and that she still looks 23. Then with a sly grin he says that every time he sees her looking pretty, he still feels as amorous as he did at 23. He bends to hug her from behind. Just then their son steps into the room looking for something. He catches them standing and looks embarrassed, fumbles for an apology. Ardeshir laughs off his embarrassment and says there's nothing to apologize for. When a woman is as pretty as his mother if a gentleman doesn't do something about it, that would be something to apologize over. Does he understand? .Viraf grins and smartly salutes his dad saying 'yes sir'.

CUT TO Bahadur mockingly saying yes sir. He's in his cottage half drunk. He's pilfered some of the beer he delivered earlier. Then he swears at Ardeshir calling him names for being a tight ass. He says to himself that the old man has no business ordering HIM Bahadur to lay off drinking. He falls asleep still muttering. **FADE OUT**.

FADE IN Its still dark and an alarm rings in the background growing louder. A hand reaches out, switches the alarm off and falls back onto the covered figure. Suddenly the figure sits upright screaming. Veena hears the screams and comes running into the room. Aditi is babbling about it being someone's

birthday and she could kill herself blah blah. Veena manages with great difficulty to calm her down and ask her what the matter is. Aditi replies that it's Sunjay Dutt's (a film star) birthday and she had promised her friends they would all go stand outside his bungalow to wish him. Veena looks relieved yet frustrated. And that slowly turns into a look of irritation. She admonishes Aditi for cutting class without turning a hair and being so worked up about a film star's birthday. Veena announces that 25 per cent of Aditi's allowance is cut off until she manages to attend college regularly. She informs Aditi that Amrita has already gone to college. Veena stops and smiles at the thought of her elder daughter. Then she goes on to say that if Aditi could only ... be a bit more like her sister Her sentence is completed for her, it's obviously a line Aditi gets all the time. They both laugh.

CUT TO the breakfast table. Veena and Ajeet are laughing over their younger daughter's latest antic. Aditi walks in looking for breakfast as Ajeet asks Veena for their account number since he has to deposit a check in the bank. Veena gently scolds him for forgetting it all the time. He makes an apologetic face and promises never to forget again, its just that she is so efficient. Veena rattles off a string of numbers and Aditi pipes up saying that was the date Khuda Gawah (As god is my witness) a movie was released and it made 93 per cent collections at the box office. Veena stops and turns to look at her. Aditi is obviously thrilled with herself and expect praise. Veena tells her to use that brilliant memory of hers to get better grades. Aditi dismisses this and tells

her that studying is for morons. She wants to be a film critic so she can watch lots of movies. Ajeet says he needs to get dressed and leaves the room. Just then the maid Suman enters the room asking if she's done for the day and may she leave? Veena almost says yes and then notices a bruise on her face. She stops Suman and asks her how that bruise came about. Suman tries to cover it up but Veena knows who did it and says to Suman that she must not take abuse like that. She tells Suman that it is wrong for people to hit one another especially for a man to raise his hand against a woman. She tells her about an NGO against domestic violence that can help her. Aditi chimes in and says that Suman's husband can also be locked up for beating her up and that he should be beaten as well. Veena smiles at her daughter very proud of her.

CUT TO Jasmine's car. She's driving to work and looks at her watch several times as though she's really late. Viraf who's getting a ride to school asks her why she's so perturbed since they've left earlier than usual. Jasmine asks him if he remembers her speaking about a pregnant girl she and her co worker found in a semi conscious state outside the NGO office. He replies in the affirmative and asks Jasmine if the girl's gotten better. Jasmine says she has and is going to be discharged from the hospital later in the day. She wants to go see her before she leaves to sure the girl is safe and wont be harmed again. Viraf nods understandingly and asks his mother what she means by safe. Jasmine says they (at the NGO) suspect that she is a CSW and that she

was thrown out because she tested positive for AIDS. Viraf is shocked and asks how anyone can do such a thing, treat human beings like garbage. Before she can answer, they are at his schools and Jasmine pulls over. As he gets out Viraf bids her good bye, hesitates, looks around quickly to see if any of his schoolmates are in sight and finding none kisses her cheek. Jasmine smiles and says she loves him too.

CUT TO Hospital corridor. Jasmine is talking to a doctor who's in a tearing hurry and acts tersely with her. She loses her temper and says that this is a possible AIDS patient she's talking about. And that he'd better act more concerned. He stops in mid stride turns to look at her and says that he hasn't slept in 48 hours, has had a busy night at the OPD and most importantly, seeing a possible HIV positive person may be new to her but it certainly is not to him, the wards are full of people like the one she's come to visit. Stunned Jasmine looks at him as he walks away.

CUT TO hospital bed. Jasmine smiles at the girl and asks her if she feels any better. The young girl Malini gives her a bright smile and says she is very happy. Jasmine enquires about her reason for being happy. Malini explains that being in the business she always thought she couldn't find a boyfriend but she's had one for a while now. And though she has to sleep with other customers, she always makes time for him. Not understanding Jasmine looks at her quizzically. The girl points to some apples on the bed-side table and

says that he came to visit her a short while ago and that he said he loved her. She beams with happiness. Jasmine smiles back at Malini and says she would like to talk to him about Malini's health. Malini tells her he's just left and if Jasmine would walk to the door she'd probably catch him he's wearing a black shirt and trousers. Saying she'll be right back Jasmine walks quickly towards the door looking for a man in black trousers and shirt. She spots someone and tries to move faster through the crowded corrider. When she finally catches up with him she calls out to him saying she's like to ask him something about Malini. He stops and turns. **CUT TO** Jasmine's face. It has an expression of disbelief and shock.

CORELATION BETWEEN THE RESULTS AND THE SCRIPT:

The working script of STERLING TOWERS (see Appendices) uses every trick known and unknown to achieve its dual purpose of entertainment and education. The pilot episode introduces only the characters necessary to make an interesting audio-visual story and to maintain a slick pace without cramming too many people in. As befits a good soap opera it has a lot of characters so twists and turns in the plots can be devised to keep the narrative interesting and viewers coming back for more. It makes use of crisp transitions from one scenario to another thus eliminating the danger of the episode being a drag. Most transitions are woven into another to keep the viewer interested in all the characters and the happenings in their lives. For example the transition from

Natasha to Jasmine is through the use of a quick cut when they are both in the act of wearing lipstick.

This also creates a sense of pace as opposed to typical transitions in soaps where a character simply stares 'expressively' at another trying to kill time before the transition happens. For a prime time show today the audience demands use of fast pace and slick videography in short, anything to keep the narrative snappy. The use of outdoor scenes (Jasmine driving Viraf to school) also adds to the pace of the episode. Most people expect soap operas to be in sets only. This is another example of encouraging the audience to trust the producer in that a good program will be made and their entertainment is of prime importance. All this is in keeping with the recommendations made by the audience members group.

Also, the characters are complex and given time to show their complexity instead of making them one-dimensional. This is achieved by keenly detailing the scene and the characters' expressions. For example Smita is shown arguing with Rohini for the express purpose of riling her. When she switches back to the same channel after Rohini leaves the room in a huff, Smita smirks at her perceived opponent over his small victory. Thus even an introductory episode establishes that Smita is the spiteful character she is expected to be. The episode script also makes use of subtle, unsaid gestures to convey the characters' feelings. For example Viraf is a high school student obviously awkward with demonstrations of

affection and certainly doesn't want his friends to know about his tender side. So his gesture of peeking around before kissing Jasmine on the cheek to say he loves her and is touched by the work she does is an understated manner of expression. This is aimed at helping younger male audience members identify with him.

Another detail intended to stimulate viewer curiosity and interest is the suspense at the end. The man Jasmine calls out to does turn towards her but the camera becomes his perspective to let the viewers see only her face and expression. The end credits roll and the viewers still don't know who the person is. This can help bring them viewers back for the next episode if only to confirm that the guess they made is right. This is a commonly used hook in most soap operas and its steady popularity over the years has shown that it works.

However the attention paid to the presentation of the episode does not make for neglecting it's true objective – that of sending out pro social messages and creating awareness about AIDS. As Freimuth (1995) found, mass media can stimulate information seeking. So the NGO that Veena recommends to her maid for help against domestic violence can be a real NGO whose contact information can be flashed at the end of the episode. This is in keeping with one of the guide lines laid down as part of the entertainment education methodology. That the soap opera can be used in conjunction with other resources to create greater impact and better help viewers. Also Mody (1991) recommends in her participatory approach that to help the producer keep his focus, a specifications

sheet be used for each episode. This sheet helps clearly define what each episode sets out to achieve. In other words what the specific measurable objective each episode has. This particular episode has a specific measurable objective too. This is to inform the audience that massive numbers of patients are infected with HIV in India and hospitals are straining under the HIV case loads. This in turn plants the germ of a thought in the viewers' minds which helps them comprehend better the gravity of the situation when they read a newspaper article that says HIV/AIDS places a huge strain on the country's medical system. Yet the episode delivers this message subtly by carrying on to the next scene which ends on a dramatic note. Thus the audiences don't feel like they are being force fed HIV messages.

SUMMARY:

STERLING TOWERS is a pro social soap opera that aims to increase HIV awareness. The pilot script design and episode implementation shows how the soap uses techniques from the audiovisual medium to give itself high production value. Using other skills in the narrative the soap creates an impression of being a well-made episode. It also carefully avoids common mistakes in treatment that soap operas make which adds to its credibility. Finally it ends in a time-honored fashion of the television medium that almost guarantees to bring the viewer back for another episode. Thus it makes for a superior entertainment product that can hold its own against any other prime time soap.

On the education side it reflects findings like the role of mass media in stimulating information seeking. This it uses by showing a situation where a character that needs help is given some advice by another character and the information included in that advice is that of a real life resource. It further reinforces the information seeking by repeating that piece of information at the end as the end credits roll. On another note the episode does not lose sight of its primary aim to spread awareness about AIDS. It fulfills its specific measurable objective of making audiences aware of the magnitude of HIV infections in India today. And last but not least it does so without scaring away the audience by being too dry and boring. It weaves the information into a dramatic situation and follows it up with another suspenseful scene thereby making it easier for the audience to wash down the bitter pill of truth. The pre production research in STERLING TOWERS is based on inputs and tips from the members of the potential audience as well as gatekeepers of the television medium. This itself makes it special in terms of ability to reach commercial as well as health communication goals. The design makes it more plausible and acceptable to the audience. Since the characters are fashioned from everyday life, the situations in the soap are ones that the audience members face everyday. This makes it easier for the target audience to accept the recommendations and desirable behavior of the characters as the story unfolds and presents HIV/AIDS resulting situations that are the key points of the soap. Further the advice gleaned from interviews with the experts also makes it a saleable product. Finally the character

research helps reinforce the gestures of the soap characters as real and reinforce the reality of the plot.

A key point to be borne in mind is that this soap aims to compete for viewership with other commercial soaps being broadcast at the time. In order for the audience not to categorize this as an educational soap the health messages have to be oblique and subtly introduced into its plot. The pilot episode designed as part of this thesis is the opening episode. It aims to introduce the main characters in the series and endear them to the audience in a bid to bring the audience back week after week. Thus it addresses the issue of awareness about the huge numbers of AIDS patients in India today. However, as the series unfolds, its aim is to promote discussion between the audience members about HIV/AIDS issues. Some key elements that will be included in the script by being woven into the story line in future episodes are –

- Conversation between the characters about the disease,
- Situations where risky behavior leads to fear responses among the characters but are resolved,
- Scenarios showing that irrational fears and extreme reactions to HIV/AIDS are unnecessary and counter-productive.
- Situations where stigmatization of PLHAs is depicted as cruel and oppressive.
- Interactions between positive characters and transformational ones that leads to transformation through discussion and openly talking about risky behavior.

- Negative characters being portrayed in an unfavorable light where their suffering is linked to not being open and discussing their risky behavior or lack of information.

All of these elements aim to highlight the importance of discussion about sex and HIV/AIDS among the characters and how it affects their lives thus creating a desirable model for behavior to be emulated by the target audience. In this it follows the self-efficacy model through audience identification and by helping them to feel empowered to make right choices to protect them selves from infection. Following Mody's (1991) model this soap can be part of a media campaign where other talk shows, game shows and entertainment based programming as well as 30 second PSAs work together to inundate the audience members with messages about HIV awareness and issues surrounding infection. This kind of reinforcement every day of the week can go a long way in actually bringing about a change in audience attitudes and behavior. The impact of this soap will be monitored about 6 months after broadcast begins so that audience acceptance of the series and changes brought about by the soap can be measured and recommended revisions in the treatment can be effected.

These points will help to ensure the success of this proposed soap opera in comparison to the other entertainment education soaps in the past that have only ended up attracting large audiences. With such careful planning about the entertainment as well as the education of the viewers, STERLING TOWERS is indeed scripted for success.

APPENDICES

APPENDIX A

PROJECTED AIDS DEATHS IN INDIA

Table 2: Projected AIDS deaths in urban and rural India in age group cohorts

Age group of cohort	Year (baseline 1991)	AIDS Deaths Urban (,000)	AIDS Deaths Rural (,000)	Total AIDS Deaths (,000)
0-4	1991-1995	8.2	7.9	16.1
5-9	1996-2000	15.2	16.1	31.3
10-14	2001-2005	14.0	15.0	29.0
15-19	2006-2010	6.9	7.5	14.4
20-24	2011-2015	18.6	16.4	35.0
25-29	2016-2020	41.4	35.5	76.9
30-34	2021-2025	56.0	48.1	104.1
35-39	2026-2030	57.1	53.4	110.5
40-44	2031-2035	39.2	41.6	80.8
45-49	2036-2040	21.5	25.7	47.2
50-54	2041-2045	8.6	12.5	21.2
55-59	2046-2050	2.3	3.3	5.6
60-64	2051-2055	0	0	0
65-69	2056-2060	0	0	0
70+	2060+	0	0	0

Goodwin, (1998) p.7

APPENDIX B

RELATIONSHIP BETWEEN HOURS SPENT WATCHING TV, INCOME AND EFFECT OF CABLE CONNECTIONS.

6.4: Relationship between Hours spent watching television, Income and the effect of Cable Connections

Income Category	No	Below 4 Hours Total = 30		4-7 Hours Total = 86		Above 8 Hours Total = 32	
		cable	no cable	cable	no cable	cable	no cable
1	22	0	3	3	12	2	2
2	35	2	6	5	14	2	6
3	18	1	3	7	4	2	1
4	29	3	3	4	10	9	1
5	22	3	1	14	3	1	0
6	11	0	4	6	0	1	0
7	11	1	0	3	2	4	1

APPENDIX C

THEORIES IN ENTERTAINMENT EDUCATION METHODOLOGY

Table 2.1

Function of Theories in Entertainment-Education Operas

Theory	Function in Entertainment-Education Soap Opera
Communication Theory	Provides a model for the communication process through which distinct sources, messages, receivers and responses are linked.
Dramatic Theory (Bentley)	Provides a model for characters, their interrelationships and plot construction.
Archetypes and Stereotypes (Jung)	Provides a model for characters which embody universal human physiological and psychological energies.
Social Learning Theory (Bandura)	Provides a model in which learning from soap opera characters can take place.
Concept of the Triune Brain (MacLean)	Provides a model for sending complete messages which communicate with various centers of perception.

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