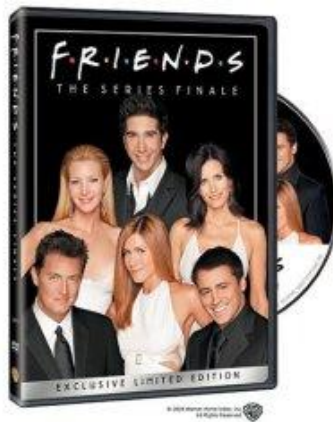


AUDIENCE INTERPRETATIONS OF HEALTH-RELATED CONTENT IN TWO AMERICAN TELEVISION PROGRAMS BROADCAST IN INDIA



by

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EXECUTIVE SUMMARY

Indian respondents who viewed two Hollywood television shows, *The Bold and the Beautiful* and *Friends*, give varied meanings and interpretations to health-related content. Independence, assertiveness, and empowerment displayed by female characters appealed to Indian viewers. Although this behavior was interpreted as characteristic of the United States, it was undoubtedly an influence for behavior change in India. Embedded HIV health messages in *The Bold and the Beautiful* may have helped reduce the stigma associated with HIV/AIDS in India.

Respondents viewed the sexual openness portrayed by characters in both U.S. television shows as inappropriate according to Indian culture. Extramarital affairs and explicit sexual discussion in these U.S. television shows were thought to promote promiscuity. The U.S. television programs were perceived by some of the respondents as normalizing deviant and undesirable social behavior. Nevertheless, viewing the two Hollywood television programs served to encourage our Indian respondents to discuss more openly sexual matters in the interviews.

Respondents expressed discomfort in watching the two television shows with their parents due to the sexually explicit nature of the television programs. Young respondents in our *Friends* research identified with its storyline and characters, especially its humor. Both television shows shaped standards for Indian ideals for masculine and feminine beauty. Viewers picked up fashion, dressing and grooming tips. Thinness of female and male characters seemed to be setting a new beauty standard for Indian viewers. Respondents desired to emulate the American accent spoken by the television characters.

Respondents were aware of the HIV-related information in “Tony’s HIV” episodes of *The Bold and the Beautiful*. While respondents liked the open disclosure and acceptance demonstrated by “Tony’s HIV”, they felt that disclosing HIV-positive status by an individual is unrealistic in India due to the strong stigma attached to HIV/AIDS. Living with HIV/AIDS was considered implausible in India due to the high cost of anti-retroviral drugs.

The safe sex message embedded in *Friends* was partially lost by Indian audience members due to the hilarious nature of the television episode. Situations like two women negotiating use of a single piece of condom, and open talk of multiple sexual relationships were considered implausible situations in India. Safe sex messages did not have a strong impact on our Indian respondents, in part because they were urban elites who were already well-informed about safe sex and the nature of HIV/AIDS. The reported strong impacts of U. S. television programs like *The Bold and the Beautiful* and *Friends* in the 1990s may have lessened in the past decade as the number of television channels, U. S. television programs, and Indian television programs with more explicit sexual content has increased.

INTRODUCTION

Communication scholars at Ohio University (OU), the University of New Mexico (UNM), and the University of Southern California (USC), working in collaboration with Population Communications International (PCI) in New York and Los Angeles, investigated how television audiences in India process and give meanings to health-related messages in two U.S.-produced television programs. Dr. Arvind Singhal at OU, working with the Centre for Media Studies (CMS) in New Delhi, India, conducted qualitative research, using focus group interviews and in-depth personal interviews, in order to interpret audience meanings of health issues (identified by a content analysis) in two Hollywood television programs. One program was the soap opera *The Bold and the Beautiful*, from which a series of episodes on “Tony’s HIV” was selected for study. The second Hollywood television program was *Friends*, from which an episode on condom use was selected for study. Investigators at the USC Norman Lear Center, led by Dr. Martin Kaplan and Vicki Beck, and Sonny Fox at PCI, collaborated with the OU and UNM communication scholars in selecting and obtaining the television episodes studied in India. PCI and CDC officials will host workshops for Hollywood creative personnel to feedback the research results of this investigation (using an approach pioneered by the annual Soap Summits, organized by PCI in collaboration with CDC).

Objectives

The overall goal of the present research is to determine how audiences in India process the health-related messages in U.S.-produced television programs. The present study investigated the degree to which U.S.-produced television programs are culturally shareable between nations. This issue is important to the CDC, whose MARCH (Modeling and Reinforcement to Combat AIDS) program strategy, one part of the CDC’s Global AIDS Program, asked: “Can program planners adapt programs produced elsewhere, or is it critical that the models in the drama reflect the exact settings, customs, practices, and personalities of the society?” (Galavotti, Pappas-DeLuca, & Lansky, 2001, p. 1606). We use mainly qualitative research methods (focus group interviews and in-depth personal interviews) in an interpretive research approach to ascertain how television audiences in India give meanings to the health issues contained in each of two American-produced television programs.

The present investigation has a special interest in the degree to which American television programs, which are extremely popular in many developing nations, are destroying indigenous, traditional cultures, as many critical communication scholars (for example, Schiller, 1976, 1989.) claimed. Tomlinson (1991) argued that a process of media imperialism is taking place by which media (especially television) from one nation (mainly the U. S) changes the culture of the receiving nation (p. 20). Tomlinson further pointed that there is an American message in the form and content of television programs and that this message is perceived the same way by viewers in different countries (p. 47). Also, we

explored how U.S. television programs influence indigenous values and beliefs about sexuality, body weight, and gender relations. We gained insights into the process through which audience individuals interpret the health events in Hollywood television programs, and apply them to their own life-situations.

Further, we analyzed the process through which these health issues were originally included in the television programs of study by Hollywood creative personnel (including the role played by the CDC, PCI, and the Soap Summits), and what health-related effects Hollywood creative personnel expected this health content to bring about in American, and in other, audiences.

Research Questions

The present research investigated the meanings given to HIV/AIDS information and safe sex messages in *The Bold and the Beautiful* and an episode of *Friends* by viewers in India. Specifically, we ask what meanings Indian respondents gave to messages about sexual openness, female assertiveness, concepts of male and female beauty, social acceptance of people living with HIV, HIV information, HIV treatment (anti-retroviral drugs), gendered roles in sexual behavior, impacts and interpretation of safe sex information, and condom use and other health behavior change messages imbedded in the two Hollywood soaps.

THEORETICAL BACKGROUND

A main theoretical perspective guiding the present investigation centers is the concept of transparency, defined as a “textual apparatus that allows audiences to project their indigenous values, beliefs, and rituals into imported media” (Olson, 1999, p. 5). This viewpoint proposes that audiences are capable of giving a multiplicity of meanings to any given media message, like an American-produced soap opera in an Asian country. The exact meaning given to an imported television message depends on the viewer’s cultural values, as well as the message.

Interpretive Research

Interpretive, reception research argues that audiences often make active, empowering “readings” of media content (Lindlof, 1987). Thus the dominant code (intended by the American producers of television programs that are broadcast in other nations) may be given an oppositional meaning by the audience. Recent research conducted in light of the concept of narrative transparency generally repudiates the past conception of the media audience as a passive receptor of media messages, and instead conceives of the audience as “active, involved, and dynamic” (Olson, 1999, p. 32). “The way people respond to the same programs is diverse and surprising; we all bring our own experience to bear on what we see” (Thomas, 2003, p. 46).

Early research in mass media communication focused on determining the effects of such communication messages on media audiences. It was assumed that the media messages were a more-or-less standard stimulus delivered to all audience members, at least if they had a similar degree of exposure. In recent decades, however, the focus of mass communication research shifted from determining common effects to how audience individuals give idiosyncratic meanings to the media messages. Such interpretive research assumes that audience individuals are active participants in the mass communication process. Instead of seeking to understand media effects, interpretive research aims to understand the reception process through which audience individuals give meanings to media messages. Thus each individual in a mass audience might gain an idiosyncratic meaning from the same media message.

Interpretive research has shown, however, that similar individuals who talk with each other about a media message tend to gain a similar meaning from such exposure and reception. This group of similar individuals who discuss the same media message is called an interpretive community (Lindlof, 1987). An example might be American fans of a television program like *The Simpsons*, who share certain common meanings from this program. The present research investigates the meanings given to two Hollywood television programs by viewers in India.

Transparency theory helps explain why Hollywood television programs and films are extremely popular throughout the world: Hollywood media revenues from its exports have been growing at the rate of 25 percent per year for the past 20 years, double the growth of the U.S. economy as a whole (Olson, 1999). Each national market has its own peculiar values, beliefs, and tastes, but this variety of audience qualities helps attract large audiences to American media products. “Whether or not these [American media] texts are transforming indigenous cultures into something American, those audiences are transforming the texts into something indigenous” (Olson, 1999, p. 50).

Hollywood television soap operas are broadcast all over the world today. For example, *The Bold and the Beautiful* is broadcast in 110 nations, including India. Health-related content in episodes of *The Bold and the Beautiful* encompasses abortion, HIV testing, safer sex, AIDS awareness and prevention, alcoholism, date rape, teenage pregnancy, and sexual abuse. When such television programs (as well as *All My Children* and *General Hospital*) are broadcast to millions of viewers in developing nations, the health/population messages that they contain elicit meanings from their overseas audiences, meanings that may or may not be intended by the American producers of these television programs.

Varied Readings of Hollywood Television Programs in Different Cultures

Reports from India suggest that imported television programs in general have

powerful effects on Indian audiences. American television programs broadcast in India in the past decade influenced a shift in the ideal female body shape from round to thin, a change accompanied by increasing rates of bulimia and anorexia, health problems that were previously almost unknown in India (Malhotra & Rogers, 2000; Crabtree & Malhotra, 2000). Female applicants for graduate study in communication at Jamia Milia University in Delhi in 2000 were asked during their application interviews: "Who is your role model in the media?" The most frequent answer was Calista Flockhart of the television program *Aly McBeal*. In another example, Indian youth today report that they gain knowledge of human sexuality, along with Western ideas of appropriate sexual behavior, from viewing episodes of *Friends*. In the cultural context of India, frank discussion of sexuality is generally taboo. An episode of *Friends* might contain the most graphic discussion of sexuality that an Indian viewer has ever encountered. This influence of Hollywood television programs on youth is alarming to many middle-class Indian parents. Viewed outside their own cultural context, *Aly McBeal* and *Friends* play very different roles in the lives of their international audiences, compared to their roles for domestic audience in the United States. International audiences may create meanings for certain health-related events in imported television programs that vary importantly from the meanings that were intended for the American audience by the program's Hollywood producers and scriptwriters.

Liebes and Katz's (1990) landmark investigation of American and others' impressions of the Hollywood television program *Dallas* illustrates these oppositional meanings given to the television program by a variety of cultures. Some 44 focus group interviews in Israel, 10 in Los Angeles, and 11 in Japan found that Arabs saw *Dallas* as a parable of the moral degeneracy of modernism; Russian immigrants in Israel saw the television program as an exercise in the politics of capitalism; Moroccans interpreted *Dallas* as showing that wealth itself is evil; and Israeli Kibbutzniks concluded that all Americans are unhappy (Olson, 1999). *Dallas* failed to attract an audience in Japan. Compared to U.S. audiences, Israeli viewers were particularly impressed by the tremendous wealth of the Ewing family, and by this family's disruptive interpersonal relationships, qualities that many Israeli viewers of *Dallas* attributed to all American families.

Joseph Yusuf Amali Shekwo (1984) described how his people, the Gbagyi of Nigeria, made sense of *Dallas*. This television show was very popular, but what the Gbagyi saw was not anything particularly American. Instead, J.R. Ewing, the oil magnate in *Dallas* played by Larry Hagman, was perceived by the Gbagyi as Gbagwulu, a trickster worm from Gbagyi mythology.

Allen (1995) found that the American soap opera *The Bold and the Beautiful* had larger television ratings in Italy, Egypt, and Greece than in the United States. Another American soap opera, *The Young and the Restless*, had strong impacts on the culture of Trinidad (Miller, 1995). This television program is extremely popular, in part because it serendipitously addresses the calypso value of bacchanal, which means scandal, confusion,

and bringing the truth to light. Thus the audience in Trinidad perceived the American soap opera as very realistic, not in the sense that the scenes looked like Trinidad, but that *The Young and the Restless* showed the realism of Trinidadian myths.

Similarly, the Gary Coleman character on *Different Strokes* was perceived by Australian aboriginal children as one of them, an aboriginal (Hodge & Tripp, 1986). An investigation of 20 black urban viewers of *The Bold and the Beautiful* in KwaZulu-Natal, South Africa by Tager (1997) found that this American television program was very popular. The author concluded: "Watching television is a process of making meanings and pleasures, and the freedom of the viewer to make socially pertinent meanings of television programs often intended for viewers to procure specific pre-determined meanings from what they are watching. In practice, however, this is not always the case, as the meanings people make are determined by social and cultural factors". This notion is stated by Barker (1999, p. 170): "Global television does not simply reproduce a dominant or hegemonic culture with its associated identities in any clear and straightforward fashion... Television does not operate as a hypodermic injection of meaning [audiences are active]."

A study of Laotian refugees living in the United States found that these respondents perceived of American television programs and movies like *The Exorcist*, *Incredible Hulk*, *Dracula*, and *Night of the Living Dead* as representations of reality, rather than as fantasy (Conquergood, 1986). The Laotians, who share a belief in spirits (*phi*), were very attracted to viewing the American supernatural programs/movies on U.S. television. In fact, the Laotian refugees wondered how Americans, who do not believe in evil spirits, could produce such fine *phi* movies!

None of the several communication researches reviewed here deal with the effects of the health content of Hollywood soap operas, and much of what is currently known about the perceptions by international audiences of American television programs is anecdotal. Relatively little scholarly research has been directed to this topic, although interpretive study of the varied readings of television texts has been conducted in the United States, in England (Livingstone, 1990), and in Brazil (Tufté, 2000). Here we propose to utilize the research methodologies of interpretive media research, and the theoretical perspective of narrative transparency (Olson, 1999) to investigate the meanings elicited by the health-related content of two U.S. television programs in India.

Television audiences in Africa, Asia, and Latin America have exploded in recent decades. For example, the number of regular television viewers in India increased from about 10 percent in 1984, to 25 percent in 1991, to more than 50 percent in 2000 (Singhal & Rogers, 2001; Thomas, 2003). These 600 million viewers, along with an even larger television audience in China, dwarf the size of the television audience in the United States. The worldwide audience for American television soap operas today may include almost half of the world's population of 6 billion people. As the television audience in countries like India exploded during the past decade, the audience make-up changed from mainly

urban elites to also include lower-income, rural people (who have the gravest health needs and the highest fertility rates). Today, television reaches a majority of the key audience members for health/population behavior change in Africa and Asia. However, the educational potential of American-produced television programs for health improvement and disease prevention has not been fulfilled, other than perhaps incidentally.

Most television programs do not necessarily elicit similar meanings in different cultures. However, the popularity of certain television programs like soap operas across cultures is unquestionable, and needs further investigation. Singhal and Svenkerud (1994) and Singhal and Udornpim (1997) investigated why *Oshin*, a 1983 Japanese soap opera, achieved audience popularity in over 70 different countries. Similarly, a 1969 Peruvian soap opera, *Simplemente María*, was extremely popular throughout Latin America, and, in the 1990s, in Russia (Shefner-Rogers, Rogers, & Singhal, 1998). Certain television programs seem to appeal to universal human values, and to attract a high degree of audience involvement wherever they are broadcast (Svenkerud, Rahoi, & Singhal, 1995). Soap operas fall into this category. The present investigation improved our understanding of the degree of cultural shareability of U.S.-produced television programs in developing countries. “Quantifying how Western television alters perceptions in the developing world has barely been attempted” (Thomas, 2003, p. 50).

As mentioned previously, this issue of the shareability of television interventions for HIV/AIDS prevention is of central importance to the CDC’s MARCH program strategy of using entertainment-education broadcasts coupled with interpersonal reinforcement: “How much impact would be lost if, for example, soap operas developed in Botswana were translated into local languages and broadcast in Zimbabwe?” (Galavotti, Pappas-DeLuca, & Lansky, 2001, p. 1606).

Past Research on Television Effects in Asia and Africa

Scholars from various nations criticized the American television and film industry for exporting programs/films to developing nations. These critics claimed that in the pursuit of profits, U.S. media companies destroyed local cultures, supplanted traditional entertainment forms, and promoted inappropriate cultural values. In most cases, however, these critical scholars did not gather actual data about whether or not cultural imperialism actually occurred, or whether the imported programming had any effects on audience individuals. U.S. television exports continue to be enormously popular throughout the world. These programs contain health messages and values that shape individual behavior and social norms regarding health problems and solutions. No past research established what effects, if any, these American-produced programs have on the immense audiences that they attract in the developing nations of Latin America, Africa, and Asia. Nor has past research investigated how these programs are received by overseas audiences and what meanings they evoke.

Past research related to the present investigation includes:

1. Studies of the flows of U.S. and other television programs in Latin America (Rogers & Antola, 1986) and in Asia (Waterman & Rogers, 1994). These investigations show that imported American television programs are gradually decreasing over time (1) in the number of hours broadcast per week, and (2) in the size of the audience they reach (as estimated by ratings data). A basic reason for the increasing popularity of local television fare is the improved production quality of in-country television production. Also, regional television production and export have increased. For example, Mexico and Brazil export television programs, particularly soap operas, to other Latin American nations (Brazil's TV Globo presently exports television programs to 130 other nations). Nevertheless, American television programs still dominate the export market throughout the world, with U.S. television programs reaching a huge international audience. Soap operas like *The Bold and the Beautiful*, as mentioned previously, are broadcast widely in Latin America, Africa, Asia and elsewhere.

2. Evaluation studies of the effects of Hollywood-produced television programs on foreign audiences. Beginning in the early 1980s, several cultivation studies of television effects were completed in Western Europe, Australia, and Canada, which concentrated on U.S. programming (e.g., Pingree & Hawkins, 1981). Cultivation analysis argues that the greater the exposure to a certain medium (such as television), the more the culture of the audience will become homogenized on values and beliefs featured in the content of the media programs. Fewer studies focused on U.S. television programming in Asian, African, and Latin American countries (Kang & Morgan, 1988; Morgan, 1990; Tan & Tan, 1987). Even fewer studies dealt with television soap operas (Allen, 1995; Ang, 1985). Most studies of this topic concentrated on violence, rather than on health-related content (Tulloch, 2000).

3. Evaluation studies of the effects of domestically-produced entertainment-education (E-E) radio and television programs (that is, programs produced in the developing country in which they are broadcast) dealing with family planning, HIV/AIDS prevention, female equality, environmental protection, etc. These studies show that these radio and television interventions for health improvement can have strong effects (Singhal & Rogers, 1999; Rogers et al., 1999; Vaughan et al., 2000).

Although these E-E studies focused on effects of domestically-produced programming with specific E-E intentions, their research methods can be adapted to determine the health effects of American television programs in developing nations like India. These research methods include focus group interviews, data-gathering from highly-involved audience individuals (such as letter-writers to a television program of study), content analysis, and field experiments, for example. Although American-produced television programs are not designed explicitly with the entertainment-education strategy in mind, television entertainment programs like *The Bold and the Beautiful* contain a great

deal of health-related educational content, and “Tony’s HIV” was produced with educational effects in mind.

The present investigation helps contribute toward the goals of the CDC’s Global AIDS Program, presently underway in 24 developing nations, which includes MARCH (Modeling and Reinforcement to Combat AIDS), an entertainment-education (plus interpersonal reinforcement) initiative in four African nations (Galavotti, Pappas-DeLuca, & Lansky, 2001). MARCH utilizes modeling through entertainment-education interventions. Modeling provided in entertainment-education soap operas is expected to inform, to persuade and motivate, and to show the consequences of actions so that the self-efficacy of audience individuals can be enhanced. How does such modeling contribute to health behavior change when the models shown in the media are obviously American? Here we seek to contribute toward one goal of the MARCH initiative, that of learning “how identification with role models in the media really works to influence behavior” (Galavotti, Pappas-DeLuca, & Lansky, 2001, p. 1606).

RESEARCH DESIGN AND METHODS

Country Selection

India was selected as the site for conduct of the present investigation. Both Everett M. Rogers and Arvind Singhal have extensive experience in conducting communication research in India over the past 15 years. This nation experienced a "television revolution" during the 1990s. At the beginning of this decade, the only broadcaster in India was Doordarshan, the government-controlled network. Only a few American television programs (like *Different Strokes*) were broadcast.

Then, in response to the pressing need for news about the 1991-1992 Gulf War, numerous private television networks were launched in India after 1990. Today there are more than 40 private television networks in India, in addition to Doordarshan. Some 100 different television channels are currently available in India. The privatization of Indian television included a major increase in American imports, such as *The Bold and the Beautiful*, *The Young and the Restless*, *Baywatch*, *Santa Barbara*, *Aly McBeal*, and *Friends*. Also popular are Indian-produced, American-style shows. The privatization and Westernization of Indian television generated enormous profits from advertising, and consumerism, commercialism, and a shift in ideal female body shape from round to thin were encouraged (Malhotra & Rogers, 2000; Crabtree & Malhotra, 2000). These social changes accompanied an opening of Indian markets to imported Western products (McDonalds, Kentucky Fried Chicken, Nike, etc.) since India’s New Economic Policy was announced in 1991 (Singhal & Rogers, 2001).

Conducting the present investigation in the vast nation of India, with a present population approaching 1.1 billion, allowed us to sample three important religions, each

with a distinctive subculture: Hindus, Moslems, and Sikhs. Thus, our sample represents (1) a range of geographical locations, subcultures, and religions in India, and (2) English-speaking audience individuals.

Selection of the Two Television Programs

A preliminary step in conducting the present research was to determine which Hollywood television programs are broadcast in India. As mentioned previously, *The Bold and the Beautiful* is currently broadcast in India, as is *Friends*, a popular Hollywood television programs in India, especially among younger audiences.

The main criteria for selecting these two television programs of study was that they are broadcast in English, contain health-related issues in their episodes, and achieve relatively high audience ratings. We began the selection process with the 16 Hollywood television programs awarded the CDC Sentinel Awards for their health content in 2000, 2001, and 2002. We selected the episodes featuring “Tony’s HIV” on *The Bold and the Beautiful*, winner of the 2002 CDC Sentinel Award, as one television program of study. An episode dealing with condom use on *Friends* was selected as the second television program of study.

Data-Gathering in India

Studying the effects of health-related episodes in Hollywood television programs in developing countries poses challenges for communication research. Our research methods were qualitative and open-ended in nature. We gathered data from audience individuals who had been exposed to *The Bold and the Beautiful* and *Friends*. A similar research approach was followed in the noted investigation of *Dallas* by Liebes and Katz (1990), and by several other communication scholars who investigated the meanings given to American-produced television programs in other nations. Previous exposure by individuals is considered a prerequisite to interpretive research on their meanings of a television program.

Researchers from the Centre for Media Studies (CMS), New Delhi, India, were trained to gather data about “Tony’s HIV” in the Hollywood television program *The Bold and the Beautiful* and a safe sex episode of *Friends*. We conducted 11 focus group interviews and 32 in-depth interviews in Delhi, Chandigarh and Hyderabad in March and April, 2003. Respondents in Delhi represented urban viewers who were mainly Hindus, participants in Chandigarh represented the Sikh religion, and Hyderabad participants represented the Moslem religion. Hindus, Moslems, and Sikhs have distinctive myths, traditions, and cultural values. Interestingly, we found no important differences in the perceptions of safe sex messages in *Friends* across our Hindu, Sikh and Moslem respondents in the three research locations in India. All respondents interpreted the

messages in a generally similar way, perhaps due to their urban elite characteristics, which resulted from broadcast of the television program in English

Focus group interviews and in-depth personal interviews for *The Bold and Beautiful* and *Friends* were conducted separately. One set of individuals in focus group interviews viewed “Tony’s HIV”, and then discussed this content with the help of a trained focus group leader. Likewise, individuals in other focus group interviews viewed the safe sex episode from *Friends* and then discussed its content. Our purpose was to understand the various meanings drawn from the television program of study, including understanding the process of how these meanings are formed by different individuals.

The Indian participants were all English-speaking, urban, educated and of higher socioeconomic status. The selection of respondents was based on the criteria that respondents should be familiar with the storyline of *The Bold and the Beautiful*, and should be current viewers of the *Friends* sitcom.

The CMS team consisted of two trained male and two female researchers and two trained ethnographers (one male and one female). One challenge was to find viewers of *The Bold and the Beautiful* to be interviewed. A screening question was used to first identify respondents as viewers of the soap opera who were then asked to participate in the study by coming to a given location on a particular day and time. Participants in the project were reimbursed for their travel to and from the interview and were given a small gift at the end of the interview. In Delhi, finding male respondents for *The Bold and the Beautiful* study proved especially difficult, as the program is seldom watched by males due to the afternoon hour when it is broadcast. The nine *The Bold and the Beautiful* respondents in Delhi were mainly females. In Chandigarh, 19 respondents (12 females) were interviewed. In Hyderabad, 13 viewers (six Muslims) participated. In all, 42 viewers of *The Bold and the Beautiful* were interviewed in the three cities.

A total of 39 respondents, 20 men and 19 women, responded to questions on their perceptions of *Friends*, including specific questions about the safe sex episode that they watched during the interviews. All study participants completed a brief respondent profile and signed a consent form. Finding viewers of *Friends* to interview was relatively easier (given that *Friends* is still perceived as hip and trendy in India). A screening question was used to identify respondents as viewers of *Friends*, who were then invited to participate in the study by coming to a given location at a certain time on a particular day.

Description of the Respondents

Respondents in our investigation of *The Bold and the Beautiful* in India were relatively elite, English-speaking individuals, as they constitute the main audience for imported television programs that are broadcast in the English language. Most were already quite knowledgeable about HIV/AIDS. More were female because *The Bold and the*

Beautiful is most popular among housewives in India. The afternoon broadcast hour means that many working males are unable to watch the broadcasts. The viewing audiences were mostly over 30 years of age. Recent changes in scheduling of *The Bold and the Beautiful* in different time slots and on different channels explained why many audience individuals had stopped watching it on a regular basis.

PROCESS OF EMBEDDED HEALTH MESSAGES

“Tony’s HIV” in *The Bold and the Beautiful*

The Bold and the Beautiful premiered in March, 1987 in the United States. It was a spin-off of an older television soap opera, *The Young and the Restless*. It immediately climbed on the rating charts to become one of the most watched soap operas in the United States. Presently, it is broadcast in over 100 countries throughout the world. The arrival of satellite television in India in 1992, led to the telecast of *The Bold and the Beautiful* by the Rupert Murdoch-owned Star TV Network. This Hollywood television program is immensely popular among upper-middle class housewives in India, although it is also watched by middle and lower-middle class urban people in India. In the United States, *The Bold and the Beautiful* was nominated in 2002 as the best daytime drama, for the first time in its 16-year history. The series also received a best script writing award in 2002. Currently in India, *The Bold and the Beautiful* is broadcast at 3 p.m. five days a week by STAR World.

The story of *The Bold and the Beautiful* is set in Beverly Hills, CA, location of the Forrester family’s mansion. Originally, the story centered around the wealthy Forrester family, Eric Forrester and his wife Stephanie, their oldest son Ridge, son Thorne, and daughter Kristen. Their daughter Felicia was introduced later. Stephanie and Eric have a troubled marriage and are on the verge of divorce. The Forresters own a fashion house, Forrester Creations. Eric and Ridge are fashion designers, and Thorne works in the manufacturing end of the business.

Kristen Forrester is Tony’s girlfriend. She loves Tony even when Tony finds that he is HIV positive. His struggle (denial phase) is shown by his initial refusal to get his blood tested. After much persuasion, Tony agrees to a blood test, which leads to confirmation that he is infected with the HIV virus. Kristen insists on continuing her relationship with Tony even after she knows he is HIV positive, and they decide to get married. The couple goes on a honeymoon to Africa, where they visit an AIDS orphanage. After returning to the United States, they decide to adopt a child from the orphanage.

Episodes dealing with “Tony’s HIV” in *The Bold and the Beautiful* were broadcast in the United States from July 21, 2001 to January 8, 2002. The selections on the composite videotape of “Tony’s HIV” used in India had a total running time of 32 minutes. Our content analysis of “Tony’s HIV” found that “HIV” was mentioned 30 times, “AIDS”

was mentioned 9 times, and condoms 3 times. A good deal of information about HIV/AIDS, especially about living with HIV/AIDS, was conveyed, mainly by a medical doctor who counseled Tony and Kristen.



Kristen and Tony after Tony's Learns of his HIV-status.

On August 3, 2001 the day on which Tony is diagnosed with HIV (in the U.S. broadcasts of *The Bold and the Beautiful*), and on August 13, 2001 the day on which he discloses his HIV status to Kristen, his fiancée, Tony appears in an advertising spot at the end of the episode to urge viewers to call the toll-free telephone number for the CDC National STD and AIDS Hotline. The telephone number for this hotline appeared at the bottom of the television screen, when Tony stepped out of his role to urge audience individuals to call the toll-free number for information and counseling. What effects did this announcement have on the U. S. television audience? The number of calls to the AIDS hotline within the hour increased by a factor of 16 over the previous hour on August 3rd, and by a factor of 19 on August 13th (Kennedy et al., 2002). These spikes in the number of callers to the AIDS hotline occurred in the hour immediately after the broadcasts. So the two educational advisements by Tony encouraged the U.S. viewing public to seek information and advice about HIV/AIDS.

The process through which “Tony’s HIV” appeared in *The Bold and the Beautiful* involved close collaboration between the Hollywood creative community and CDC officials. The story begins with Brad Bell, the head scriptwriter and producer of *The Bold and the Beautiful*, becoming concerned about the devastation caused by the AIDS epidemic in Africa, and particularly about the rapidly growing number of AIDS orphans (whose parents have succumbed to the epidemic). Bell asked Ron Weaver, senior producer of *The*

Bold and the Beautiful, to search for expertise on the AIDS epidemic. Weaver telephoned Vicki Beck, director of Hollywood, Health and Society at the University of Southern California's Norman Lear Center, in the Annenberg School for Communication. Prior to joining USC a few years previously, Beck worked for the CDC. She identified two behavioral scientists in CDC's HIV/AIDS program to provide expert information for the HIV storyline on the *The Bold and the Beautiful*. One expert, Ann O' Leary, advised script writers on Tony's diagnosis with HIV, and the other expert, Andrea Schwartzendruber, was called in when the television story led to the adoption of an AIDS orphan in Africa by Tony and Kristen (Beck, 2003).

Cynthia J. Popp, producer and director of *The Bold and the Beautiful*, worked with scriptwriter Teresa Zimmerman to present HIV infection as part of the positive love story. The intent was to balance technical information about HIV/AIDS with a personal love story. Tony was a fairly new character on *The Bold and the Beautiful* at the time of the broadcast of the episodes dealing with "Tony's HIV". A key element in the episodes was Tony and Kristen's honeymoon in Africa, where they visit an HIV orphanage and meet the child that they later decide to adopt. During the filming of "Tony's HIV", Ron Weaver noticed the strong effects on the actors and crew, evidenced by silence and tears after filming a scene.

In 2002, "Tony's HIV" received the Sentinel for Health Award for Daytime Drama presented at PCI's Soap Summits in Los Angeles and in New York. This award, established by the CDC in 2000, is to recognize "exemplary accomplishments of daytime dramas that inform, educate, and motivate viewers to live safer and healthier lives" (Beck, 2003). Judging for the award is conducted in two stages: (1) CDC topic experts review entries for the accuracy of their depictions, and (2) a panel of experts from entertainment, advocacy, public health, and universities review the finalists for potential benefit to the viewing audience and for entertainment value (Beck, 2003). *The Bold and the Beautiful* is produced by Bell-Philip Television Productions, and is broadcast by CBS. This television program has an estimated 300 million viewers in 110 countries, and is currently the second highest rated daytime drama in the United States (Beck, 2003).

In recent years, these television programs contained content about women's reproductive health, HIV/AIDS prevention, breast cancer detection and survival, disability, mental illness, diabetes, and drunk driving, as the recipients of the CDC Sentinel Awards for 2000/2001 suggest. The effects of this health content on American audiences was indicated by the CDC's 1999 Healthstyles Survey: 48 percent of regular viewers of soap operas (those who watched twice a week) reported that they learned about a disease or how to prevent it from a television soap opera. More than one-third (34 percent) reported taking some action as a result. Do similar audience behaviors occur when these soap operas are broadcast in Latin America, Asia, and Africa?

Safe Sex Messages in *Friends*

The *Friends* television show is set in Manhattan, although it is actually filmed in a studio in Los Angeles, California. It revolves around a group of six friends and their close interpersonal relationships: Rachel Karen Green, Monica E. Geller (Bing), Phoebe Buffay, Chandler Muriel Bing, Ross Geller, and Joey Francis Tribbiani, Jr. This show began broadcasting in 1991 on the NBC Network and immediately become very popular in the United States. It is presently broadcast in 120 countries, and is especially popular among younger populations, as is the case in India.

Friends began broadcasting in India on the Star World private satellite channel during prime-time hours (8:30 p.m.) in the mid-1990s; in 2003 Star World broadcasts it at 7.30 p.m. and midnight on weekday nights. Reruns of *Friends* are broadcast in India on the Zee English Channel on weekday nights at 10 p.m.

The safe sex *Friends* episode of the present study, featured Rachel, Ross, Monica, and her boyfriend Richard (played by Hollywood movie star Tom Selleck). The episode had a total running time of 23 minutes and was broadcast on March 12, 1996 in the United States. Condom use was the main theme running through the entire episode (condoms were mentioned six times).

Rachel, Ross, Monica, and her older boyfriend Richard, a medical doctor, are relaxing in the Central Park, a coffee shop. Monica says that she and Richard should sleep at her apartment that night. Richard says that he does not have his pajamas. Monica replies that he may not need them, thus hinting that they will have sex. Lisa, the singer at Central Perk, announces that of all the people that Monica has gone out with, her present boyfriend is the best.

Richard and Monica arrive at her apartment, which she shares with Rachel. Rachel and Ross are in a separate bedroom. They discuss how many men and women each had dated prior to their present relationship. Richard admits that he dated only two women in his life. One was Barbara, his wife for 30 years, and the second woman is Monica. She is skeptical about his statement. Richard feels Monica had dated a large number of men.

In Rachel's bedroom in the same apartment, Rachel and Ross are curious to know each other's number of earlier sexual partners. Rachel lists her former boyfriends. She claims that all of the earlier boyfriends just involved "animal sex". Her present relationship with Ross, she states, is a romantic relationship, not based just on sex.

Both women search for a condom in the bathroom of the apartment so that they can have protected sex. Meanwhile, the men are waiting for their women to provide a condom. Rachel and Monica realize that they have only one condom in the apartment. After trying to solve their dilemma in different ways, Rachel and Monica finally choose (rock, paper, scissors) and Rachel gets the only condom. Monica informs her swain, "not tonight", since they cannot have protected sex.

The main embedded health message in this episode is: no condom, no sexual intercourse.

FINDINGS

Audience Interpretation of Message Themes

The present research investigated the meanings given to health messages in *The Bold and the Beautiful* and *Friends* by viewers in India. Here, we summarize the meanings that Indian respondents as interpretive communities gave to messages like sexual openness, female assertiveness, concepts of female and male beauty, social acceptance of HIV patients, impact and interpretation of HIV information, response to HIV treatment (anti-retroviral drugs), and health behavior change. Here we discuss our findings regarding both *The Bold and the Beautiful* and the *Friends* together, because they are generally similar.

Reasons for Watching

Our respondents watched *Friends* for many reasons. Our college-going respondents said they identified with “a young peoples’ story”; and almost everyone said they watched it for “its light-heartedness, humor, and laughs.” Adil from Delhi said that he watched the program for “time pass”, which in Indian parlance connotes fun and mindless engagement in an activity.

Stated Harpreet: “I watch it to learn about their [characters’] lifestyle, the way they live”. Sudha emphasized how her motivations to watch *Friends* goes beyond grasping lifestyle issues to actually shape her conception of beauty and body weight: “[Seeing the women in *Friends*] kind of motivates you to look good. When you are watching it day in and day out....five days a week.... and you are seeing that they can take care of themselves and balance work....Then you see that somebody can be thin even after having kids. So you feel that, yes, you can work out and keep yourself in control.”

To many, *Friends* signified a life they dreamed about. Said Rekha: “*Friends* portrays my dreams to live with so much autonomy and freedom.” Sudha, a young married woman from Hyderabad, concurred: “*Friends* is like what you always wanted to be....wanted to live with your bunch of friends in a cute little apartment, where everybody understood your problems.”

Tara, a young female respondent from Chandigarh, said she watched *Friends* to get cues about how to interact with the opposite sex: “I learn about the behavior of guys, their nature, their personality.... I like to see the ways that males and females interact.” Amrik, a young male respondent from Chandigarh, said: “We watch *Friends* because we like to see

the girls!”

Another reason for watching *Friends* is that it is trendy and the “in-thing,” especially among young Indians. *Friends* represents a conversation point, especially among college students. Stated Tara: “You go out and your friends ask if you saw the last episode...and when they begin to talk about it you don’t have anything to say. So I say, okay, *Friends* is coming at 10 p.m. Let’s watch it so we can also participate in whatever they are talking about it”.

Sexual Openness

Much of *Friends* content dealt with interpersonal relationships, which have a sexual undertone. The sexuality in *The Bold and the Beautiful* was portrayed in the context of the HIV/AIDS story line. The physical settings each television program (open sexual interpersonal relationships of two rich families, and six friends living in close quarters, respectively), is rare in India. In fact, living with a member of the opposite sex prior to one’s marriage is taboo. Further, discussions (even in jest) about sex with members of the opposite sex are thought to be socially inappropriate. So the degree of sexual openness, including cross-gender discussions of sex, that are portrayed in both television programs, go far beyond the customs of Indian social permissibility.

“Rinku”¹ feels repulsed by the fact that Eric Forrester has a sexual relationship with his daughter-in-law. She says: “Father-in-law is a person who is a substitute for your father in your husband’s place. How can you have a relationship with him and share all the things that you share with your husband? It’s something real bad.”

Relating his reactions to the depiction of sexual relationships on *Friends*, Dinesh stated, “At least in my age group, we could not have an open discussion about sex with members of the other gender. We were in a professional institute where we still could not communicate with the opposite sex so easily.” Shankar echoed a similar viewpoint: “Our group of friends included three girls and four guys but the girls were always scared that if they do such and such thing their dad will get annoyed. They are not so open as in *Friends*. We do have some very thick friends.... maybe we could discuss [sex] with them, but they must be of our own sex.”

Regarding the sexual openness or frankness of *The Bold and the Beautiful*, Anuradha said: “We cannot relate this to our Indian society – their explicitness, how they talk about sex, their past relationships, it does not fit into our Indian culture... We don’t just leave a guy and marry his father – it doesn’t happen in our lives.” When it comes to portrayal of relationships, the distance [of the television program] to personal reality is felt acutely. Said Spiti: “I have been married for six years. I cannot think of any other guy. So

¹ In the present paper, we changed the names of all respondents to protect their identity.

when I see these relationships in *The Bold and the Beautiful*, I cannot relate to them at all.” Nadeem said that “Sometimes I find it [*The Bold and the Beautiful*] funny...sometimes it hurts my sensibility and sometimes it appeals to me. I am quite liberal..., but sometimes I feel that certain characters should not react to a given situation in a certain manner – and when he or she does that, it hurts my sensibility.”

Drawing a relationship between the extramarital affairs in *The Bold and the Beautiful* and those in real life in the Indian context, Nagma said: “One thing is certain – that extramarital affairs have increased but how are they [shown in *The Bold and the Beautiful*] different from the ones that I see [here in India]? I think over there [in the United States] it is a lot to do with the physical aspect, which is not the case with the people I know here, because it has to do with the general depression in [marital] relationships....Here problems between married couples arise because they don’t address many issues. Eventually it becomes such a problem that they end up breaking off or having an affair with somebody else. Sometimes it happens because couples don’t grow together and the magic finishes off...What they are showing in the [television] serial is a solution...that everytime you have a problem in your relationship, you just walk out and find somebody else. More serious issues [in real life] are not shown...So extra-marital affairs have increased here but not for the same reasons as those that are being shown [in *The Bold and the Beautiful*].”

Karun, a male respondent from Chandigarh, emphasized how social norms relating to sexual conduct in India are quite different from how they are portrayed on *Friends*: “I have said that our tradition won’t let us do that [engage in pre-marital sex]. We are bound by it. We just can’t go outside it. If you were telling me that I should have [pre-marital] sex, I will not do it because I should not hurt the feelings of my family. If they found out I have sex with some girl, they would kill me.” Virginitly until marriage, especially for females, is a strong social norm in India.

The openness in sexual relationships as portrayed in the U. S. television programs was admired by many Indian respondents. In fact, some feel that Indians need to emulate more sexual openness in their own lives. Nagma said: “I think somewhere along the line I watched this serial because I feel that when I become a mother I would definitely want to provide space to my child, so that he should have the guts to come and tell me the worst thing that he may have done in his life. He may have a different set of values, whatever, but he should have the space to come back home and tell me about it....when I saw Ridge come back and talk to his mom, I would say to myself, why can’t I do that?”

Commenting on the safe sex episode of *Friends*, Adil argued that disclosing information about previous relationships and talking openly and explicitly about “animal sex” (as Rachel and Monica did) was cause for trouble in India. However, Adil also emphasized that it was the humor undergirding *Friends* which made it easy to openly talk about sexual issues: “Sex is a joke if and you are sharing a joke and you laugh together it

becomes easier to discuss.”

On the other hand, Minu’s perception is that the U. S. soap opera is normalizing deviant and undesirable social behavior in India. She feels that the television soap opera celebrates all that is weak and timid in the human character and that it should have been named “The Timid and the Ugly” – “because of the values and wrong messages that they are giving to youngsters. People do have extramarital relationships or children out of wedlock; you know it happens. But if you go on watching this serial, I feel that subconsciously we will accept these things as normal. So when you are put in a tight corner, I’m afraid we might compromise, thinking that there’s nothing wrong in it since the whole world is doing it.” She pointed out that the pastor at her church advised her and other church-goers to avoid watching *The Bold and the Beautiful* as it glorified un-Indian and un-Christian values.

The consensus of our respondents is that *The Bold and the Beautiful* and *Friends* are far removed from Indian culture and values. This difference is perceived as having both a positive and a negative side. For instance, Rinku felt that issues of sexuality and morality are taboo in Indian society. “They don’t feel bad about discussing these things in the open. I can only discuss it with my friends. I can’t go and tell my mom about this; she would be embarrassed and so would I. It’s different in India. There [in the United States] everything is open.”

We were impressed with the degree to which our Indian respondents were encouraged to talk frankly about their own sexual beliefs as a result of viewing one of the two Hollywood television programs. This openness of discussion may have been facilitated by the same-sex composition of the focus group interviews.

Assertiveness of Female Characters

Independence, assertiveness, and empowerment of the women (in *The Bold and the Beautiful* and in *Friends*) appeal to Indian women. Sonia responded that it is a gender-equal world in *The Bold and the Beautiful*: “The women are quite strong. If their men cheat them, they do the same. They are not weak characters, they keep on moving, no depression.” Added Simran: “She should be bold enough to handle any situation. She should not get dominated by any stuff nor should she care about or give a damn about anything...that’s what’s shown in *The Bold and the Beautiful*.”

In the context of man-woman relationships, Seema pointed out that there are no barriers for the women in *The Bold and the Beautiful*. “Abroad, people [women] don’t bother. Ok fine, I’m in love with a man 20 years elder to me and I’m gonna be vocal about it. Here [in India], it’s different...they would try and hide it because it’s not common, anything that’s not common or is slightly different, they want to hide it, not be vocal about it. That’s the difference.”

Many respondents, both male and female, emphasized that unlike in India, women characters in *Friends* were portrayed on an “equal footing” with male characters. Stated Hari, a male respondent in Hyderabad: “Women are shown to be damn independent, totally independent, not like our society, where the women are dictated to do this and that. There the women take their own decisions.” Rekha, a female respondent from Hyderabad, echoed a similar sentiment: “See the way they [the women characters] talk, the way they sit, also the way they talk so casually about sex, here [in India] it’ll be more guarded....or that kind of discussion wouldn’t happen.”

Commenting on the assertiveness of females portrayed in the safe sex episode of *Friends*, Sudha stated: “In India it’s typically the male who takes the decision of whether or not to use a condom. I don’t think such a situation will arise in India when a woman is actually going to get the protection.” Rekha explained why: “She’ll be branded as a loose person for life. It’s an automatic perception that she has multiple partners. Even if she’s married, she’s not supposed to take the initiative.” However, when asked what they thought about Rachel and Monica rushing to the apartment’s bathroom in order to obtain condoms, some female respondents emphatically stated: “Why not? They are being sensible. It is important that there be shared responsibility [between man and woman].”

How would an India male handle the “no” sex message? Mrs. Vaish stated: “Definitely [it] will be different in India. Men here do not take no easily. They feel rejected.”

Watching Television Alone, with Peers, or with Parents

Television viewing in India is generally a family affair, as most households own a single television set. If a program is already being watched by another member of the family, a latecomer must watch that program. We found a level of discomfort among people who watch the two television shows of study with other family members, particularly parents, due to the sexually explicit nature of the television programs. Said Seema: “There are many intimate scenes...I’m not comfortable watching them with my parents, [but] with my brother, that’s okay.”

Said Rinku, who began watching *The Bold and the Beautiful* regularly when she was in seventh grade: “Suppose my mom comes to know that I’m watching; she starts shouting, ‘Why are you watching this? Why can’t you watch a good one [television program]?’” Parental disapproval of *The Bold and the Beautiful* was commonly expressed by our Indian respondents. The episodes featuring Eric and Brooke’s relationship, culminating in their marriage, evoked particularly strong emotions among viewers (as mentioned previously).

A large number of our respondents either watched *Friends* alone or with peers

and/or siblings. College-going respondents reported that their parents did not like their watching *Friends* “because of its sexual content and innuendo.” One respondent reported that “It was difficult to watch the program with their elders” as “the free discussion of sex is embarrassing.” Interestingly, some female respondents watched *Friends* with their mothers, but not with their fathers: “If my dad isn’t in town, you can watch *Friends*, [but] not when my dad is around. Otherwise he would just give me those glances, implying this is not the place that you should be living,” said Meenu.

Female respondents who watched *Friends* with their mothers noted that this joint viewing helped them “to talk more openly about issues.” Mrs. Vaish, a mother of two teenage daughters, reinforced this point: “My daughters used to watch it [*Friends*] and I used to pass by and they would ask me to sit and watch with them. But I said that the serial does not look good to me because, you know, there is a lot of [sexual] openness in this serial. So naturally you feel very awkward sitting with your children and watching this serial. Then they said if you start watching, you will surely like it. I started and I got addicted to it.” Mrs. Vaish further noted: “I became more open to my daughters, after watching *Friends*. Now I can discuss any subject with them related to sex and sexuality.”

Masculine and Feminine Beauty Ideals

Viewers pick up fashion cues and grooming tips from soap opera characters, but most do not directly imitate the styles that they see on their television screen. They nevertheless shape their ideas of fashionable clothes, accessories, body weight, and general appearance. Stated Nadeem: “Indian men’s fantasy was always well-endowed women but...today men want [women with] good figures, long, slim legs and [the right] vital statistics. Not skinny but good figures – that’s the concept of beauty today.” In *The Bold and the Beautiful*, he said: “There is a lot of attitudinal dressing, which hasn’t caught on in India. For instance, if a lady is wearing a cream dress with sharp colors and a tight belt, then you can make out she is a conservative person.” Good physiques are a norm on the American soap opera. Said Kranti: “They all have very well worked-out bodies – perfect bodies! It’s about ideal bodies, ideal lifestyles, ideal everything.”

Some viewers point out that the concept of masculine beauty was quite different on Indian television before the advent of *The Bold and the Beautiful*. Said Nadeem: “Practically all male characters have strong jaw lines like Robert Redford. This thing was never seen before – hair, skin, ok...but jawlines, never...” Added Rajeev: “I have not seen a single male character in this serial who has a paunch.” In contrast, most Indian television actors and actresses are plump by American beauty standards.²

²American television programs broadcast in India in the past decade seems to have influenced a shift in the ideal female body shape from round to thin, a change accompanied by increasing rates of bulimia and anorexia, health problems that were previously almost unknown in India (Malhotra & Rogers, 2000; Crabtree

Some Indian viewers feel that there is no way that they can wear the clothes depicted in the television program. Said Simran: “We do observe their dressing, their styles, what’s in fashion...but we can’t change our ways of dressing. There are limits...you cannot even dream of wearing some of the dresses they do even at hi-fi society parties here.” Rinku was very influenced as a young girl: “When I used to watch it [*The Bold and the Beautiful*] in the 7th grade, I found them so beautifully dressed and looking gorgeous.”

Confidence, body posture, grooming, good looks and certain personality traits seem to be coming together in a new definition of beauty in India. As Sonia stated: “You get motivated when you see that they [some of them] are quite old but they carry themselves so well...they are so well maintained. I feel I don’t like their hairstyles, because they all have short hair but then I like the way they dress up, the kind of makeup they wear.”

Farheed was impressed by the way the soap opera’s characters dress and carry themselves. He admits that he would like to copy “The American accent – it’s the in thing you know and you can be quite successful”, implying that talking with an American accent makes a positive impact on others. As Kamlesh admitted: “I first started watching the serial because I thought it was a good way of developing my personality – it gave me tips on personality development.”

Nadeem felt that serials like *The Bold and the Beautiful* shaped fashion trends in India, at least what is permissible to be shown on television, if not emulated in real life: “*The Bold and the Beautiful*, *Santa Barbara* and *Baywatch* have made a woman’s brassiere acceptable to be seen in public. It may not be acceptable [if women are seen wearing them] on beaches in real life, but on the screen it is acceptable– it is no longer considered obscene.”

Viewers of *The Bold and the Beautiful* agreed that the definition of masculine and feminine beauty has begun to change in the minds of Indians, in part due to exposure to Hollywood television programs.

Liking and Identification with Characters

Gossip about the sexual behavior of television characters is common in India. Their interpersonal relationships also generate many debates. Rinku recalled that that when a women character in *The Bold and the Beautiful* had an extra-marital affair, it was a topic of discussion among her friends: “How can she do that?” Seema said that although she did not discuss episodes or characters, her friends often did: “It was general chatter about what happened in the last episode; ‘Oh he shouldn’t have done that’, or ‘Oh, he’ll finally go back to her’ – that kind of general chatter. It was essentially about relationships.”

Sometimes discussions occur when regular viewers miss certain episodes. Rakesh stated: “I think I missed an episode which I had seen where Sheila is trying to steal someone’s baby, something like that was happening, so I was inquisitive about it as to ‘what happened?’”

Most viewers profess that they do not identify with particular characters in *The Bold and the Beautiful*, or if they do, only in certain situations. Said Kranti: “It’s something that I would like to watch. Not something that I identify with because I don’t lead that kind of life.” Naveen rejected any suggestion of identification by saying: “No way...it’s a fantasy. Besides it’s too complicated even to fantasize about.”

Indian respondents maintain that there is no similarity between the life portrayed in *The Bold and the Beautiful* and the Indian situation where arranged marriages are the norm and changing partners frequently is definitely forbidden. Some viewers admit that these matters are changing in India. Simran stated: “If you feel the guy is not good for you, you can switch to another because the generation has changed and a lot of things are changing.”

Our respondents generally liked the six *Friends*’ characters, and reported identifying strongly with certain of them. Said Amrik: “I like the characters as they are good actors and funny.” Tara said: “Rachel is cute and so good looking”. Bala expressed his liking for Monica as she was “sensible and level headed”. Bala also said: “Phoebe is very natural...she does not try to portray what she is not, and there is something about her, which is very likeable.” Sudha too expressed a very strong identification with Phoebe: “There is a Phoebe inside me”. This strong identification with Phoebe, suggests that, to several of our respondents, her character symbolized that it was okay to be comfortable with one’s eccentricities: One does not need to conform to societal norms all the time.

Shankar, a male respondent in New Delhi, did not particularly like any of the female characters, but noted: “I never associated with any one in the female cast, but I liked them all in parts...Rachael because she was hyper all the time, Phoebe because she was the female equivalent of Joey, Monica because she was always in trouble for some reason or other.”

The male characters in *Friends* were also generally liked, although one respondent noted that Ross was not his favorite character “as he is not very manly and strong. Though he is sensitive and caring, he is not a go-getter. He is a loser.” Joey was liked for being “cute,” “funny,” “for his muscles,” and “for being a Casanova.” Dinesh, a male respondent from Delhi, showed a high degree of involvement with Chandler: “I really like Chandler. I’d like to meet him because he, unlike others, is a levelheaded guy. He has a steady job and earns his livelihood.”

Rakesh rationalized that he neither feels close nor distant to the television characters but at some level the stories/situations do connect with him: “I will not say that they are very close and I will not say that they are distant. Some situations, I identify with. I

don't think these serials were conceived with an Indian audience in mind, so obviously most of the situations are not as convincing to an Indian as maybe a Hindi serial is. But yeah! It's OK. If these situations were unbelievable, I don't think I would have watched them, so it's somewhere connecting with me, that's why I am watching it."

Perceptions of "Tony's HIV"

"This message was good: Everybody was helping that guy [Tony] rather than trying to find out things like how he got it [HIV]. They try to help him, adjust with him, make him feel good rather than make him feel guilty about what he has done. So that thing was good," stated Mahesh. "Don't give up [on] the patient. The guy's detected with HIV but his girlfriend did not leave him, she supported him, whereas in India, people would leave the patient," said Parag.

"One must take care of people affected with HIV," stated Helen. "If a person is HIV positive, he should not give up hope. He should work towards living his life as a normal man rather than feel guilty that he is HIV positive. Also, his girlfriend really loves him and is willing to sacrifice her life," said Simran. "This has a social message, rather two messages. AIDS, HIV-positive and certainly layman's version of what the ailment can do. The second message is about adoption. The HIV positive person adopting a child, these two are interlinked," said Naveen.

Minu, who during the pre-screening discussion criticized *The Bold and the Beautiful* for being frivolous and propagating promiscuity was very impressed that the storyline tackled a grave issue like HIV/AIDS. "It's a very good thing, very important for the viewers, especially the youngsters, especially when you show it like this – they will accept it more readily."

"I think he did the right thing. He did not keep her in darkness. He was not like I have AIDS and now I have to live with it so why bother about others. He did not keep it to himself. He said this to his girlfriend, to his love he cared for his love," stated Farheed. Kranti felt that few people would have been as honest about their condition as Tony was shown to be. "He was honest enough, but I don't think anyone would be that honest. Like he says 'I will lose my career, my friends, I will lose my family. I will lose everything'. He was honest about it because he was supposedly in love with her so he cared enough. I don't think there are many people like him. People are selfish. Yeah!" said Kranti.

Reactions to "Tony's HIV"

The message that it is appropriate to disclose your HIV-positive status was well received, though some felt that the disclosure would lead to discrimination by others in India. Caring and treating the HIV-positive person in a humane manner is considered the ideal to follow, even though there are many difficulties in doing so in India.

HIV/AIDS is highly stigmatized in India, perhaps more so than is almost any other nation (Singhal & Rogers, 2003). Most viewers admired Kristen's reaction to the disclosure by Tony that he was HIV-positive. They felt she truly loves him and is willing to "sacrifice" her life for him. At the same time, they feel that while it is admirable, it is also "unrealistic" as few people would have the courage to marry a person who is HIV-positive and face the risk of contracting the illness herself.

"I don't think such a thing would have happened [in reality]. If you were to tell your girlfriend, I don't think she would be like 'Oh! I am cool!'," stated Rakesh. "Very few cases like hers [in real life]. If we have a person like Mother Theresa, followers of her, ok, that's fine and all. But in today's life they [women] don't adjust to these kinds of conditions," said Manjunath.

Indian respondents feel that the situations in "Tony's HIV" are implausible, particularly Kristen's decision to marry the HIV-positive Tony. Rationalized Kranti: "She [Kristen] says 'I don't look at it as a sacrifice'. I think eventually, or at some point of time, she would definitely think of it as a sacrifice....It's portrayed as if she thought about it. But until you are faced with it you don't know. Tomorrow when he has got marks all over him, his immunity is gone, he is hospitalized and you are [she is] living between the hospital and the house, child and your job, things are not as rosy as you would think today. Today the guy is healthy; he still leads a normal life. You don't have that much responsibility but later on it would definitely change."

Added Minu: "The attitude of the girl [Kristen] was excellent. That was the correct approach. Is it realistic? Is it possible? That is the question. Otherwise it is very good. It is how it should be. She was talking about their marriage vows and everything went off so perfectly. But in real life, I have my doubts as to how many people will take this attitude; it's really good but I don't know whether it is realistic."

Most respondents feel that while the episodes about "Tony's HIV" provide a great deal of information about HIV and AIDS, they do not bring out the day-to-day problems of living with an HIV-positive person. While admiring Kristen for her bold decision, many viewers feel that it might not be possible to do so in real life. Said Rinku: "They can't have children of their own. They have to adopt somebody which will take a long time." Naveen emphasized the lack of detail provided about adoption. For instance, he said that when Tony and Kristen decided to adopt a child, many issues are left unexplored. "There may be a possibility that the child can contract AIDS by coming into contact with say the razor that Tony is using. Such situations are not dealt with."

While viewers justify Tony and Kristen's reactions, most viewers found it difficult to accept Eric and Stephanie's [her parents] response to the news that Tony is HIV-positive. Most felt that had such an event happened to an Indian man, the parents of the girl

would definitely not have “accepted it so coolly.” There is a unanimous feeling among respondents that the parents’ reaction to Tony’s disclosure is totally implausible. One respondent points out that in the West parents are perhaps not as involved in their grown-up children’s decision-making process and that may be the reason for the way that Eric and Stephanie accept Tony and Kristen’s decision.

“Very good thing [their reaction]. Normally parents don’t react that way – it’s not possible. They were very cool about the HIV thing you know; HIV is something that you will not want to be hanging around with. Why take myself. I will not want to hang around with a guy or a girl having HIV; I will keep a distance. But the parents reacted so coolly. Yeah, it cannot be true – it’s like throwing their own daughter in a well,” explained Farheed.

“I think they were very broad-minded and accepted it. In India, no parent would accept that happily but they were very broad-minded, they accepted it very openly. So what if you are HIV positive? Because they [Indian parents] know that their daughter’s husband will die in two or three years or four years, but they would hate their daughter to be alone at such a young age. I’m not sure if an Indian parent would accept it,” said Seema.

While disclosure of HIV-positive status in India was considered possible to a certain degree, most Indian respondents said that acceptance of an HIV-positive person in one’s life is unrealistic. Compassion and sympathy towards the HIV-positive person has started developing, but total acceptance is not considered practical in the Indian context.

Perceptions of HIV

Most respondents in India claimed that they were already informed about HIV and AIDS. Said Naveen, “I am already aware...but such information needs to be disseminated as a lack of awareness leads to cases like the one in Kerala where two HIV-positive school children were not allowed to sit in the classroom.”

The “Tony’s HIV” episodes dwell on the course of treatment for Tony, explaining how the medicines will work and focusing on the side effects. However, at no point does the soap opera mention the cost of the drug treatment, a very important factor from an Indian patient’s point of view. Lack of information on costs and alternative treatments is commented upon by some viewers. They feel that while the suggested treatment is relevant for people from some well-to-do families in India, many HIV-positive people hail from the lower strata of society, for whom the cost of the anti-retroviral drugs is prohibitive. Some feel that there is a greater risk of such people infecting others because they cannot afford the drug treatment and they do not behave in a responsible fashion even after they are infected with HIV.

If Tony were Indian, “He would check the availability, accessibility and

affordability of the treatment,” said Naveen. Added Kranti: “It would depend on the financial background [of the person] and in terms of the [cost of] medicines and hospitalization. It is expensive. We don’t have that kind of cover [insurance] that those guys do. So I think that would be the first thing [that an Indian would check out] because I know these treatments are very expensive.”

“I will tell you even very educated people would consider options like going to a *sadhu maharaj* [holy man]. Meditation is very good – this is part of our culture in India. I may not go to the *mandir* [temple] regularly, but I love to do my *puja* [pray]. I will ask God what wrong have I done?” said Anuradha.

Indian respondents of *The Bold and the Beautiful* episodes of “Tony’s HIV” felt HIV treatment-related messages about drugs, especially their high cost and side-effects are essential information that should be provided. Since the cost of anti-retroviral medications are high, it is felt that alternative treatments and options should be also discussed for the Indian audience.

Condoms Use in *Friends*

Our respondents greatly enjoyed viewing the safe sex episode of *Friends*, chuckling and laughing as Monica and Rachel bragged about their sexual exploits in front of their partners, and negotiated to secure the only available condom with which to consummate sex. However, after the episode ended, when the respondents were asked what the key message of the program was, silence ensued, followed by shoulder shrugs. Stated Rekha: “Frankly, no, no message, no learning”.

Eventually, with more probing, respondents identified the safe sex message, even though it was not initially part of their active thinking. As Harpreet noted: “There is one kind of message we have seen today...it is the use of condoms. Without condoms, no sex.” Stated Tara: “First thing that I learned is safe sex, even in the desperate situations.” Sudha elaborated further on this safe sex theme: “Even though they [Monica and Richard] really want to be together, they are not irresponsible, which is a very important lesson for teenagers, who tend to get carried away in the heat of the moment.” Sudha from Hyderabad stated: “It’s nice to see that they [Monica and Richard] are talking about it...They want to have sex but they are also very practical and intelligent about the whole thing...not immature and hasty.”

Mrs. Vaish acknowledged deciphering the safe sex message, but stated that the episode’s main learning was modeled by Richard, when he gracefully accepted Monica’s proposition of “no sex”: “The first message which comes to me was having safe sex.... The second thing is no sex should be accepted casually. For example, the man [Richard] took it

very casually. The younger generation should learn not to make issues out of such situations. When the girl says no, the boy should casually accept.”

How Plausible in India?

How close or distant are *The Bold and the Beautiful* and the *Friends*’ plotlines, situations, and message content to Indian reality? Mrs. Vaish, representing the sentiments of many respondents, stated: “Very-very far!” However, some respondents pointed to the several universal themes emphasized in *The Bold and Beautiful* and *Friends*, such as friendships, social support, acceptance of HIV and neighborliness, appeal to people everywhere, including Indians.

Women Negotiating Condoms

Stated Mrs. Vaish: “Monica and Rachael are fighting over one condom. These things don’t happen in India.” Rekha concurred: “You have your own condoms in your own cupboard, but negotiating a condom is a closed topic here.” Zaira from Hyderabad was even more emphatic: “Give me a break. Absolutely no. No way. This is absolutely weird. This will never happen in India. I don’t think this even happens in America.”

Forgoing Sex

Most of our respondents believed that young people in India will not forego sex just because of condom unavailability, especially if they were “so close” to consummating the act. Stated Adil: “In India people get very few chances to have sex like that and they don’t want to leave it.” Another respondent echoed a similar sentiment: “That’s like one chance in a year; you are going to do it, condom or no condom.”

Given the lack of privacy in India and strong social surveillance, opportunities for sexual intercourse are infrequent for Indian youth. When opportunity knocks, “There is not enough time to run to the chemist’s shop for condoms,” noted Shankar.

Father-in-Law/Daughter-in-Law, and Brother/Sister Relationships

The father-in-law/daughter-in-law relationship depicted in *The Bold and the Beautiful* is simply not possible in India. Rinku said that in Indian culture, “Father-in-law is a person who is a substitute for your father in your husband’s place. How can you have a relationship with him and share all the things that you share with your husband? It’s something real bad.” Likewise, brother/sister relationships are sacred in India, compared to that shown in the *Friends* episode between Ross and Monica. The notion that a brother and sister could be in adjoining bedrooms, especially with non-spousal sexual partners, is an alien conception for India. As a respondent in Delhi remarked: “Only in foreign countries it happens that a brother [Ross] is there with his girlfriend in one room, and in an adjacent

room is his sister [Monica]. But this type of thing is not accepted here in India.”

Most respondents were highly uncomfortable about Monica being so open and suggestive about having sex with Richard in the same apartment as her brother, Ross: “Sex before marriage is not acceptable at any level in India. You never disclose to your brother if it happened. It is not proper.” Adil noted: “This never happens in India because here brothers are very protective of their sisters”. Zaira agreed: “It is not possible to be like this with my brothers. It is impossible.” Harpreet was categorical: “We cannot tolerate in India such a relation...I won’t allow her [sister] this type of behavior”.

Relationship with an Older Man

Many of our respondents found Monica’s relationship with Richard, who is 30 years older than her, as very odd. In India, age compatibility between partners is a highly cherished value. As Mrs. Vaish stated: “To be very frank the first thing that will come to people’s minds is that the girl has married for money. No one in India accepts that a girl can marry an older male for just love.”

Different Work Aspirations

Rekha from Hyderabad pointed to the vast difference among urban, elite Indians versus the work-related aspirations of *Friends* characters. “None of the characters work at certain times. They are always getting out of their present job, and getting another one. They are also likely to do small part-time jobs.” Rekha knows that in India young, urban, affluent people bring high motivations and aspirations to the work they do. To be without a job, or to do menial jobs at low pay, is looked down upon.

Adoption of a Child

The “Tony’s HIV” episodes suggests that Tony and Kristen could look forward to a happy future by adopting a child, an act appreciated by Indian viewers. However, some respondents are skeptical about such an option being available to Indian couples in a similar situation. Indians prefer to bear their own children and are reluctant to adopt, said Rinku, because there is a bias against adoption. However, others feel that adoption is increasingly becoming an option for childless couples in India and they feel that this is the best solution for a couple who are in a situation like Tony and Kristen. “You can find many cases where people have adopted many children in India,” said Farheed.

Toll-Free Numbers

Toll-free numbers are an easy way to access taboo or sensitive information and also ensure privacy, feel many Indian viewers. While some respondents are aware that there is a toll-free number for AIDS information in India, no one could recall the number. However,

one respondent pointed out that it is unlikely that Indians would use a toll-free number as they would be loathe to discuss HIV/AIDS even on a confidential basis because of the strong stigma attached to the disease. No one recorded or sought a toll-free number for HIV/AIDS information. “Persons who are suffering from HIV can get information by telephone. If they don’t want to talk face-to-face, they can talk on the phone for advice and precautions and everything. So this number is for those who hardly want to face the doctors, hardly want to make an issue of it. It’s better they talk on the phone,” said Simran.

“If the Americans are airing this serial in India, they should put the contact number for India as well,” said Naveen. The U. S. toll-free number was included in the video of “Tony’s HIV” shown to our Indian respondents. “I will be honest, if I had AIDS in this city, I would not be in this city, as 20 people talk..... I would leave this city. If I can afford it, I will go abroad. If I cannot afford to do so, I will definitely go to Delhi or Bombay and believe me that anybody would do it. So toll-free number, “*Ki Jaroorat Nahi Padegi India Mein*” [You won’t need a toll-free number in India] said Kruti. This response also suggests the high degree of stigma accorded to HIV/AIDS in India.

While the majority response of Indian viewers was that the toll-free numbers providing HIV-related information would not function effectively in the Indian context, some respondents felt that providing a toll-free number in India might be helpful. Respondents felt that people in India will not feel comfortable in discussing their HIV-status with an unknown person over the telephone.

CONCLUSIONS

Interpretations by *The Bold and the Beautiful* Viewers

Indian viewers of *The Bold and the Beautiful* ascribe various meanings to the health messages in the television soap opera. The respondents interpret the assertiveness of female characters as a desirable attitude that should be emulated by Indians. Messages relating to sexual explicitness depicted by the soap opera characters are generally interpreted as undesirable, possibly leading to promiscuity resulting in the spread of HIV. Sexual openness, partner switching and relationships based on sex are impossible in the reality of India today. Some respondents felt that many of the messages about dressing and fashion styles in Hollywood television programs have been picked up by Indians. The Hollywood television soap opera redefined the nature of male and female fashion and concepts of physical beauty. However, messages about sexual explicitness have little impact on respondents, although a few respondents claimed that the soap opera is influencing moral standards in India.

Respondents declared that socially, culturally and in reality it is not possible to accept a HIV-positive male by any girl or her parents, as there is such a strong stigma attached to HIV/AIDS in India. Positive messages in “Tony’s HIV” about medications for

HIV are critically processed as impossible in India due to the high cost of anti-retroviral drugs. Adoption of a child by an HIV-positive couple is regarded as virtually unthinkable in India.

The American soap opera *The Bold and the Beautiful* did not have very strong impacts on Indians viewers. Fashion and male and female sexuality may have been altered to a certain extent. Some respondents feel that producers of Hollywood soap operas should customize the health messages specifically for Indian populations. The stigma attached to HIV/AIDS in India is quite strong and affects the meanings given by Indian viewers to “Tony’s HIV”. The general reaction by our Indian respondents was that the sexual openness and acceptance of an HIV-positive person depicted in this Hollywood soap opera remains difficult in India today.

Interpretations by *Friends*’ Viewers

Indian viewers of *Friends* ascribed various meanings to the safe sex messages in an episode of the popular Hollywood television program. While the safe sex message in *Friends* was lost on many Indian audience members in a hilarious medley of “implausible” situations -- for example, women desperately negotiating over a single piece of condom and a sister openly disclosing her multiple sexual partners in front of her brother -- the television episode nevertheless engaged Indian audience individuals, engendering a strong liking among audience members for its six main characters.

One would not expect that a single safe sex episode of *Friends* would lead to health behavior change among Indian viewers. However, it may be possible for long-running, popular television programs like *Friends* to gradually influence the discourse about sex and sexuality, at least among urban, elite, and young audience members, its primary audience at present. This point was suggested in our respondents’ interpretations of *Friends*, even though they mainly rejected its depiction of sexual relationships as implausible for India today.

Respondents declared that socially, culturally, and in reality it is not possible in India for women to negotiate condom use, for Indian men to take “no” for an answer to sex when they are so close to consummating the act, for an Indian woman to talk openly about her sexual experiences in front of her brother, and for young Indian women to have “love-based” relationships with men twice their age.

Some differences were, however, apparent across age groups. While respondents of all age groups believed that the sexual content of *Friends* was “too explicit”, the senior age group, relative to their younger counterparts, displayed a more conservative attitude toward notions of pre-marital sex, multiple partners, and overt sexual discussions. Some differences were also apparent across gender lines. The freedom, autonomy, and bold lifestyles enjoyed by the women characters of *Friends* seemed to have made an impression

on some female respondents. A few respondents especially those who have watched *Friends* for a long period of time, seemed more comfortable expressing their opinions on sexuality, while exuding confidence in taking charge of their life situations.

The present investigation of Indian audience reactions to two Hollywood television programs was based on a relatively small sample of respondents in three locations. Future study of the health content in Hollywood television programs broadcast outside of the United States can build on the present investigation to determine if the present findings can be generalized to other audiences in India, and in other nations.

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Appendix A

Complete Transcript of “Tony’s HIV” Episodes on *The Bold and the Beautiful*

Scene I

Doctor: You and Ellen using protection?

Tony: She was on birth control.

Doctor: Then, you need to get tested, I can draw the blood now.

Tony: Doc, I am not HIV positive; you already tested me.

Doctor: That was two years ago, before you dated Ellen, before you slept with her.

Scene II

Tony: Give me the statistics. What are the possibilities of catching HIV from an infected person?

Doctor: There are a lot of different factors involved. I can't give a blanket statement.

Tony: Doc, maybe I am not risking anything at all because it never happened.

Doctor: Why are you doing this?

Tony: I don't want to get worked up over nothing. It's a long shot. It's a responsibility and it's my responsibility; I will handle it. Don't worry about me, doctor.

Doctor: And what about your friend Kristen? Should I worry about her?

Scene III

Tony: This is nothing to do with Kristen, doctor.

Doctor: You are obviously not involved with her.

Tony: What makes you say that?

Doctor: Because if you were, you would know that this has everything to do with Kristen. Have you been intimate with his woman?

Tony: No.

Doctor: Good, you are not going to, until you get tested.

Tony: I don't need to get tested, doctor.

Doctor: You are in denial, Tony. I have always been straight with you and I am going to be straight with you. You have got no choice. The responsible thing to do is to have this blood test and find out if you are HIV positive.

Tony: I already know, I feel fine.

Doctor: Tony, you can have HIV and feel terrific until you have full blown AIDS, but even then it can be delayed and possibly prevented with the right kind of medicine and lifestyle changes. Now don't you see that you are rolling a dice? You are gambling your life and you don't have to. With early detection there are a lot of things that can be done to help you if in fact you are HIV positive.

Tony: This is not supposed to happen to me, doc.

Scene IV

Doctor Craig takes a blood sample from Tony.

Doctor: I will be back with the results.

Tony: Listen, I will get out of here, I don't need to stay here for the results. I feel great. I know I am not HIV positive. I just did this to prove it to her.

Ellen: That's not the only reason.

Doctor: You never said. Are you involved with anyone, because if you are and the test comes back positive....

Tony: It won't.

Doctor: There is always a chance, sir.

Tony: I know the risks, I know my responsibility, I was tested before and I was negative. I am just doing this again because I am with a very special person.

Doctor: So you haven't had sexual relations with your current partner?

Tony: No, no, that's why I did this.

Ellen: He is doing the right thing.

Tony: Go run the results and I will wait for good news.

Scene V

Tony: I have AIDS.

Doctor: No, you are HIV positive.

Tony: AIDS.

Ellen: AIDS is the late stage condition of the virus. It takes time for the HIV to reach that stage. We will get you proper treatment.

Tony: Treatment.

Doctor: Being HIV positive is no longer a death sentence Tony. With a daily regimen of protease inhibitors and antibiotics, vitamins, you can live with this disease.

Tony: Live with it, what kind of life am I going to have?

Ellen: People with HIV can live very normal lives.

Tony: I am not normal, I am sick [shouting]. I am sick.

Scene VI

Ellen: Doctor Craig left his card if you want to talk to him. If you want to talk to him about the test results.

Tony: There is nothing to talk about.

Ellen: You are going to need some good HIV care right away.

Tony: Just what I want, Dr Craig filling out a million prescriptions for me and sending me to pharmacies. I might as well wear a sign around my neck. Danger, AIDS.

Ellen: The sooner you start treatment, the sooner you can make sure that your immune system is not compromised.

Tony: Yeah, because I forgot. I am not just HIV positive.

Ellen: Right, you have the virus, not the syndrome.

Tony: Do you think my family is going to care about that, do you think my friends are going to be relieved and say that I am just kind of sick?

Ellen: I know you are in a shock. It is a very upsetting news and it is going to take a little time to digest all that.

Tony: I don't need to digest anything Ellen, I know what it means. If this gets out, I am gonna lose my career, my reputation, my friends, everything.

Ellen: I know you feel like you are all alone but 40,000 people are diagnosed with HIV in this country every year.

Tony: It is not supposed to happen to me.

Ellen: No, but it does, it happens to people just like you every day. Its unfortunate, but it does happen.

Tony: Why? I mean what did I do? Yeah, I lived my life; I had fun had lots of girlfriends, but it was supposed to be fun. Now I understand!

Ellen: What?

Tony: Why she did what she did? She could not live with herself. She could not live with her guilt.

Ellen: Antonio, I know you want to run away from all of this. That's not the answer.

Tony: And what is?

Ellen: All of the fear and the shame and guilt you are feeling right now is completely normal. In fact, something would be wrong if you were not feeling angry and confused. But you are not the demon here Tony. HIV is the enemy. You are not. You have nothing to be ashamed of. This is not something you deserved. You are not being punished by God. Yes, you have a virus, but it is not a death sentence. It is not a death sentence.

Scene VII

Tony: So what is all this?

Doctor: This is the HIV treatment.

Tony: What?

Doctor: It is a daily drug cocktail to stop the HIV virus from reproducing.

Tony: It takes all these pills to wipe it off?

Doctor: No, this is not a cure for HIV. It would just slow its progression.

Ellen: You will still be HIV positive, but there will be less chance you will contract AIDS.

Tony: Well, I don't get it. If I am still positive, what's the point?

Doctor: Well, we are trying to keep your immune system healthy.

Tony: By loading my body up with chemicals?

Doctor: I am not going to lie to you. Taking these drugs won't be pleasant. They all have side-effects. That's what these drugs are for, vitamins, maganese, aspirins.

Tony: So those are pills just for the side-effects.

Doctor: Nods his head.

Tony: So what is this? This is like chemotherapy. I am going to get sick, before I am going to get better.

Doctor: No, chemotherapy destroys cells in the body. These drugs target the enzymes necessary for the virus to reproduce.

Tony: What does this have to do with my immune system?

Doctor: HIV destroys T-cells, white blood cells that fight infection. The more HIV in your blood, the more weak will be your immune system.

Ellen: When it gets too weak, that's when you have AIDS.

Tony: All right fine, I will take the damn drugs. Just tell me what to take and I will do it.

Doctor: It is not that simple, Tony. I will have to check your viral load and your T-cell count first, then we can begin formulating a treatment strategy as what to take and what to start. But I warn you, once you start these drugs, there is no turning back. If you agree to this treatment, you will be making a commitment that you will have to keep for your life.

Scene VIII

Kristen: Listen to me, all my life, I have been waiting for the right man to come along. I was beginning to think he is never going to show up. Then you came along, and I knew it was you.

Tony: It's not me, ok? It can't be me.

Kristen: Why are you doing this to me? What did I do, something wrong?

Tony: No, no, no. It is not you.

Kristen: What is it?

Tony: I made a mistake, I can't wish I could not, but I can't change. When you understand, you won't blame me, but you know what you should hate me. You should hate me; it will work out a lot better like that.

Kristen: I won't hate you. I love you. No matter what you have done, I will always love you.

Tony: No matter, what it is

Kristen: Just tell me, I want you to tell me, please.

Tony: Great, you remember when I was in Miami. I told you I learned something. A few days ago I learned something new. I got the most terrifying disease I have ever heard in my life.

Kristen: From whom?

Tony: From a doctor.

Kristen: Ellen's doctor.

Tony: My doctor, I am sick, Kristen.

Kristen: What do you mean? You are sick.

Tony: The doctor gave me a blood test, and it came back positive.

Kristen: For what, Tony? What was the test for?

Tony: HIV. I am HIV positive.

Scene IX

Tony: Come in, doctor.

Doctor: I have your results.

Kristen: What are they?

Doctor: You are right, you are negative

Kristen: Thank you, doctor.

Doctor: We will test you again in six months.

Kristen: Ok.

Doctor: There are still some things we need to discuss.

Tony: Like what?

Doctor: Well you are HIV positive, and your partner is not. I want to talk to you about ways you can safely express your feelings.

Tony: That won't be necessary, doc. I am not going to put Kristen in any kind of risk. We won't be seeing each other anymore.

Kristen: Tony.

Kristen's sister: Look, you think you should wait for a little longer before....

Tony: Wait, wait for what?

Kristen: Tony.

Tony: Yes, I am upset. Look, the woman that I love, I can't even touch. I know what she needs, what she deserves, and I can't give it to her.

Kristen: So you want to stop caring for each other?

Tony: That's why I am doing this, because I do care.

Kristen: Can I talk to Tony alone? (Doctor and Kristen's sister go out of the room).

Tony: Look, why are you prolonging this?

Kristen: What do you think, ahah that I found out that I am not infected?

Tony: You know what, you will look back and I hope you will care about and remember me as some who cared about you a lot.

Kristen: Well stop it; stop talking like that OK? I don't know what I want. I just found this out and I am very confused.

Tony: Well, I am not. This is all I have been thinking about for weeks. I know what does have to happen. You only.

Kristen: I don't except that I am not ready to lose you. This is not goodbye.

Tony: You know in your heart, there is nothing we can do, no matter how much we love each other. Anything we can do for each other, there is nothing we can do.

Kristen: Tony.

Tony: Tell your family I am very sorry. They love you. They will fend you through this.

Kristen: And what about you? You are not getting used to me.

Tony: You are, not by being in my life, but by going by your....

Kristen: When will you stop worrying about me?

Tony: I am not worried about you. Go on, you will find a man who will give everything I couldn't, give you a family, give you a life.

Kristen: I don't want it with anyone else.

Tony: Look, you can't close yourself off because of me.

Tony: You need to go on. Ok, you need to be happy and need to have a full life. You can't put yourself off because of me. You do that Kristen, swear to me, that will kill me faster than the disease, promise me, promise me. You will go on. You will not give up. I have to go.

Kristen: No, not yet.

Tony: I'll always love you.

Scene X

Tony: I don't want a relationship that causes a deviation in your family. Your parents love you and are trying to protect you. I understand that when you look at me you see danger right.

Kristen's mom: No, no, we just see a young man caught up in the most unfortunate situation.

Tony: Up until tonight, I was the luckiest man in the planet. Since I got diagnosed as HIV positive, I haven't had hope. Your daughter, she opened my eyes to the possibilities of a relationship with this disease. Yes, I have limitations, those things that we can't do. But there is no limitation on our love.

Scene XI

Doctor: All right, what can I help you with?

Kristen: As you know, Tony and I are in love. We are going to stay together and we never felt this way before.

Doctor: That is really wonderful. I am happy for you. But you have to realize that it will be important to be careful and responsible, so that the virus is not transmitted to Kristen.

Kristen: We know there are challenges doctor.

Doctor: Do you?

Tony: Of course, doctor. I am HIV positive. There are certain things we can't do.

Kristen: And that's what we want to talk to you about. What we can't do.

Doctor: Well, as you know this isn't an exact science, so I am gonna tell you my views and personally on the side of caution. One of the ways HIV is transmitted is through blood. Tony's blood is infected. If it comes in contact with your blood, Kristen, you can become may be HIV positive yourself.

Tony: Blood. What about other parts of fluids?

Doctor: Your semen carries the same risk, but your saliva does not.

Tony: So we can kiss.

Doctor: Oh yes, of course, but keep in mind. If you have any open sores in your mouth, cold sores, bleeding gums, absolutely not. Something as innocent as kissing can bring you into contact with each other's blood. That's what you have to avoid at all cost. Lets talk about sex.

Tony: We haven't had sexual intercourse.

Kristen: But we are very close.

Doctor: You are very close, meaning?

Kristen: Meaning what we do. We spend a lot of time together and so of course, we touch.

Tony: We are in love, Doctor Craig.

Doctor: Are you living together?

Tony: No.

Kristen: Not at this time.

Doctor: But you do spend time alone.

Tony: Yes.

Doctor: Do either of you drink on this occasion?

Tony: We have a glass of wine every now and then. But we don't get drunk.

Doctor: You first relax.

Tony: That is right.

Doctor: Your inhibitions fall away.

Tony: Look, I know what you are heading for, Doctor Craig.

Doctor: I want you both to stop drinking alcohol, until you both feel very comfortable with each other.

Kristen: That's fine, we can give up alcohol. We don't need it.

Tony: Now wait a minute, Doctor Craig. You are treating us as if we can't control ourselves, and we can.

Doctor: Then prove it. No more alcohol when you are together. Show me your discipline, Tony.

Scene XII

Kristen: What about the use of condoms?

Doctor: Well, there is still a risk factor even with condoms.

Kristen: You mean if the condoms break or come off.

Doctor: It happens.

Kristen: So that we have to weigh the risks.

Doctor: What I am saying is that abstinence from sexual intercourse, both vaginal and oral, is the only absolute solution. Anything less is dangerous. Look, I am not going to sugarcoat this, you are up against a very serious challenge, all the more serious because you are in love. And I am not saying that there are ways to use your hands and bodies safely because there are, but you have to be extremely diligent and responsible. I am sorry, I wish I could tell you this is going to be easy, but I can't. It's going to be extremely difficult. It would take two extraordinary people to make this work.

Kristen: Well, Dr Craig, you are looking at two extra ordinary people. Tony and I are going to make this work.

Doctor: Have you talked about the future?

Tony: What about it?

Doctor: You are involved in a new relationship. Both of you have spark and passion but in six months or a year when reality sets in, you may not feel the same way.

Kristen: I don't think you have to worry about that with us.

Doctor: And also there is the very real possibility that Tony will get AIDS.

Kristen: Yes, doctor a possibility. Thanks for seeing us. Oh, Dr Craig, I do have one more question for you.

Doctor: What is it?

Kristen: Is there any other way that Tony and I will have children?

Doctor: I am sorry Kristen, but as long as you are with Tony, I can't recommend that you have children together.

Scene XIII

Kristen: Let me tell you one thing, Tony. I don't think this is a sacrifice. You are a gift from God; you are not a liability. Nothing about the future scares me except for the thought of living with you. If you tell me no tonight, please let it be because we don't share the same love that I have. But if you tell me no for fear, then I could not leave, because I think my heart is scared of a future without you.

Tony: I have fear for you, Kristen. You are the only thing that I find precious in this world and I don't want to bring anything in your life except happiness and joy.

Kristen: But don't you see there is more than happiness and joy? There is pain and there is sorrow. You can't protect me from that. I want to share your joy but I also want to share your pain. Marriage is all about better or worse.

Tony: Better or worse, and sickness and health.

Kristen: 'Till death, do us part.

Tony: 'Till death, do us part.

Kristen: I have said the words, do you mean them?

Tony: Kristen, I love you. Yes, I want you to be my wife.

Scene XIV

Kristen: Thank you, Khadi, for bringing us. I know orphanages usually are not part of the tour.

Tony: They should be.

Khadi: People come to Africa to see the wildlife, nature. This is the most precious gift we have to offer the world, our children.

Kristen: Now what's this?

Khadi: This is how many of the children arrive at the orphanage. People can drop off their babies 24 hours a day. A sensor alerts the people in the house when a newcomer has arrived. They come out, get the baby and begin caring for it.

Kristen: That is so sad.

Khadi: Right this way, please.

Tony: Hi, there is Zende, the child.

Zende: Welcome, please come in. This is my home.

Kristen: Wooh, what a full house!

Zende: These are first the babies, there are older ones outside.

Mumotisho: Zende, introduce me to your guests.

Zende: Yes, sorry, this is Mumotisho.

Tony: Hi, I am Tony. This is my wife, Kristen.

Mumotisho: Hi, nice to meet you.

Kristen: How long have you worked here?

Mumotisho: Actually, I live here.

Tony: With the children.

Mumotisho: Yes, we wanted to feel as a real home as much as possible.

Kristen: How many children do you have here?

Mumotisho: In this house, there are 12. The orphanage has five houses just like this one.

Tony: So about 60 children.

Mumotisho: I knew what you are thinking. This is not many, compared to the need. What we do, we must. This is the newest addition to our family. She just arrived this morning.

Mumotisho: Would you like to hold her?

Kristen: Could I?

Tony: All these kids are of the same age. Many of them are smaller.

Mumotisho: But they might not be willing to tell you that.

Kristen: Send this all the parents to.

Mumotisho: You have to understand the fear. These children have death with so much rejection in their short lives.

Kristen: So what really happens in their lives?

Mumotisho: We watch Zende. He has been taking care of his little brother himself. Going from door-to-door, begging for food.

Kristen: His little brother. He has his brother too.

Mumotisho: Yes, he carried him all the way here. Of course at that point he weighed almost nothing. He died a few months later. He is buried here.

Kristen: The orphanage has its own cemetery?

Mumotisho: Yes.

Tony: How many of your children are HIV positive?

Mumotisho: I could not tell you. We don't test the children here.

Tony: You don't even test the children?

Mumotisho: What would be the point? We have almost no medication. Can't afford it.

Tony: But how long can a child survive without treatment?

Mumotisho: This little one here. If she is HIV positive, she has a 50-50 chance of making it to her first birthday, and almost no chances of surviving till her 5th.

Kristen: What about the healthy ones? What happens to them?

Mumotisho: We try to find them homes, foster parents. But every one is overwhelming.

Tony: You are talking about millions of kids, an entire generation raised without parents. What are they going to be like?

Unknown Assistant: What would our country be like when they are running things?

Kristen: What kind of future is there for a child like Zende?

Scene XV

Kristen: This boy needs us and we need him even more.

Tony: We could give this kid an education and a family and life.

Kristen: And then we would have the son that we thought we never would have. Let's do it. Let's fly back to Africa and adopt Zende.

Scene XVI

Kristen: You haven't said anything to him yet.

Mumotisho: No. He knows something is up. We had to take his picture for the passport and he did not understand when we took his blood for HIV test.

Tony: That happened already?

Mumotisho: You did not know. You can always wait without even knowing the results of the test.

Tony: Why, he is going to be our son either way.

Mumotisho: Well, you son tested negative.

Kristen: That's wonderful news.

Tony: Is there anything else we need to do? I mean in terms of paper work?

Mumotisho: No, your lawyer handled everything. In the eyes of law, you are Zende's parents.

Kristen: Assuming that he is okay with it.

Mumotisho: You don't have to worry about that. He's been talking about you both non-stop ever since you left.

Tony: It's been the same for both of us.

Kristen: Let's go tell him.

Scene XVII

Zende: Are you teasing me?

Kristen: No, we are not teasing you. We got back to Los Angeles and we missed you. We missed you so much. We figured since you are living here without any parents and we are living there without any children, it made us sad. So we decided that you could come live with us and be our son.

Tony: What do you think, Zende? Would you like to be our son?

Zende: Nods his head.

Tony gives the toll-free AIDS Hotline number: 1-800-342-AIDS or 2437, which appears at the bottom on the screen.

Appendix B

Complete Transcript of the *Friends* Episode on Condoms

Scene I

All six friends are in Monica's and Rachel's apartment, except for Ross, watching a broadcast of *The Days of Our Lives* on a television set.

Amber: Oh Drake.

Dr. Remore: I'm sorry, Amber. It's just like Brad to have to have the last word.

[Ross enters]

Ross: I'm sorry I'm late, what happened?

Monica: We, we just wanna see the end.

Amber: I want you, Drake.

Dr. Remore: I know you do, but you and I can never be together that way.

Amber: What?

Dr. Remore: There's something I never told you, Amber. I'm actually your half-brother.

[Everyone gasps. The television shows ends.]

Rachel: So what happens next?

Joey: Well, I get the medical award for separating the Siamese twins. Then Amber and I go to Venezuela to meet our other half-brother, Ramone. And that's where I find the world's biggest emerald. It's really big but it's cursed.

Chandler: God that is good TV!

Scene II

Chandler and Eddie's apartment. Chandler and Eddie are talking.

Eddie: That's good, that's good. So, so, so, who broke up with who?

Chandler: What're you kidding? I broke up with her. She actually thought that Sean Penn was the capital of Cambodia.

Eddie: That's good man, when everybody knows that the uh, the capital of Cambodia is uh...

Chandler: Well, it's not Sean Penn.

Eddie: Not Sean Penn. Alright, I've got a funny one, alright. My last girlfriend, Tilly. Ok, we're eating breakfast, right, and I made all these pancakes, there was like 50 pancakes, right? And all a the sudden she turns to me, alright, and she says, 'Eddie.' I say, 'Yeah,' she says, 'Eddie, I don't want to see you anymore.' And it was literally like she had reached into my chest, ripped out my heart, and smeared it all over my life, ya know. And now there's like this incredible abyss, ya know, and I'm falling and I keep falling and I don't think I'm ever gonna stop. [finishes laughing] That uh, wasn't such a funny story, was it?

Scene III

The Central Perk, where Phoebe is singing. Monica, Richard, Ross, and Rachel are listening.

Phoebe: And a crusty old man said I'll do what I can, and the rest of the rats played moroccas. That's it, thanks, good night.

Richard: Phoebe's got another job, right?

Rachel: Great set tonight Phoebs.

Phoebe: I know.

Ross: Well, we should probably get going.

Richard: Um, we should go too, I got patients at 8 in the morning.

Monica: Ya know, I was thinking. Ya know how we always stay at your apartment? Well, I thought maybe tonight we'd stay at my place.

Richard: I don't know, I don't have my jammies.

Monica: Well, maybe you don't need them.

Ross: My baby sister, ladies and gentlemen.

Monica: Shut up, I'm happy.

Phoebe: Oh, this is so nice. All right I have to make a speech. I just wanna say that of all the guys that Monica has been with, and that is a lot, I like you the best.

Richard: Oh, thank you, Phoebes. That's very sweet.

Phoebe: Ok.

Richard: Hear that? She likes me best, and apparently there've been a lot.

Monica: Not a lot, Phoebe's kidding, Phoebe's crazy.

Rachel: Phoebe's dead.

Scene IV

Chandler is in Chandler and Eddie's apartment. There is a knock at the door. Chandler answers it to see a young woman holding a fish tank.

Tilly: Hi.

Chandler: Hi.

Tilly: I'm looking for Eddie Minowick.

Chandler: Oh, uh, he's not here right now, uh, I'm Chandler, can I take a message, or, or a fish tank?

Tilly: Thanks.

Chandler: Oh, oh, c'mon in.

Tilly: I'm Tilly.

Chandler: Oh.

Tilly: I gather by that "oh" that he told you about me.

Chandler: Oh yeah, your uh, name came up in a uh, conversation that terrified me to my very soul.

Tilly: He's kind of intense, huh?

Chandler: Yes. Hey, can I ask you, is Eddie a little...

Eddie: [walks around corner] A little what?

Chandler: Bit country? C'mon in here, you roomie.

Eddie: Hello Tilly.

Tilly: Eddie, I just came by to drop off your tank.

Eddie: That's very thoughtful of you. It's very thoughtful.

Tilly: Well, ok then. I'm gonna go. Bye.

Eddie: Bye-bye.

Chandler: Bye.

Tilly leaves.

Chandler: So, we gettin' a fish?

Eddie: You had sex with her, didn't you?

Scene V

Central Perk. Joey enters with several magazines and runs up to Phoebe.

Joey: Phoebes, check it out, check it out, check it out, check it out.

Phoebe: Oh, ooh, *Soap Opera Digest*. Oh that's one of my favorite digests!

Joey: Page 42, page 42, page 42.

Phoebe: Ok, ok, ok. Ooh, hey new doc on the block, *The Days of Our Lives*' Joey Tribbiani. Ooh, cool picture.

Joey: Ooh, I look good.

Phoebe: Hey is this true, that you write a lot of your own lines?

Joey: Uh, well, kinda yeah. Like, remember last week when Alex was in the accident? Well the line in the script was, "If we don't get this woman to a hospital, she's going to die". But I made it, "If this woman doesn't get to a hospital, she's not gonna live".

Phoebe: Ohh, ok, I see what you did there. Aren't you afraid though, that the writers are gonna be kinda mad when they read this?

Joey: Huh? Never really thought about the writers. The scripts just kinda come to my house. But you know what? This makes me look good, which makes the show look good, which makes the writers look good, so how could they be mad about that?

Scene VI

At a writer's desk. The writer is working on a script for *The Days of Our Lives*.

Writer: Makes up most of his lines. Son-of-a-. Yeah, well, write this, jerkweed.

Scene VII

Joey's apartment. The next script is delivered.

Joey: I fall down an elevator shaft? What the hell does this mean, I fall down an elevator shaft?

Delivery Man: Uhh, I don't know, I just bring the scripts.

Joey: They can't kill me! I'm Francesca's long lost son.

Delivery Man: Right. Could you sign this?

Joey: No. No way, I'm not signing that.

Delivery Man: I don't think that's gonna affect the plot of the show.

Joey: How can they do this to me?

Delivery Man: Er, uh, I'm just gonna go. Sorry.

Scene VIII

Monica and Rachel's apartment. Monica, Richard, Ross, and Rachel are returning.

Monica: Well, it wasn't that many guys. I mean, if you consider how many guys there

actually are, it's a very small percentage.

Rachel: Hey, it's not that big a deal. I was just curious.

Ross: G'night.

Richard: Night, Richard. Good luck Man.

Monica: Alright, before I tell you, uh, why don't you tell me how many women you've been with?

Richard: Two.

Monica: Two? TWO? How is that possible? I mean, have you seen you?

Richard: Well, I mean what can I say? I was married to Barbara for 30 years. She was my high school sweetheart. Now you. That's two.

Monica: Two it is. Ok, time for bed, I'm gonna go brush my teeth. [goes in the bathroom]

Richard: Whoa, whoa, no wait a minute now. C'mon it's your turn. Oh c'mon. Ya know, I don't need the actual number, just a ballpark.

Monica: Ok, it is definitely less than a ballpark.

[Rachel's bedroom]

Rachel: Wow, I am so glad I'm not Monica right now.

Ross: Tell me about it. So what's your magic number?

Rachel: Uhhhooo.

Ross: C'mon, you know everyone I've been with. All, both of them.

Rachel: Well, there's you.

Ross: Better not be doin' these in order.

Rachel: Ok, uh, Billy Dreskin, Pete Carney, Barry, and uh, oh, Paolo.

Ross: Oh yes, the weenie from Torrini.

Rachel: Oh honey, are you jealous of Paolo? Oh, c'mon, I'm so much happier with you than I ever was with him.

Ross: Really?

Rachel: Oh please. That Paolo thing was barely a relationship. All it really was, was just, ya know, meaningless animal sex. Ok, ya know, that sounded soooo much better in my head.

Scene XI

Chandler and Eddie's apartment.

Chandler: Eddie, I didn't sleep with your ex-girlfriend.

Eddie: That's very interesting, ya know, 'cause that's exactly what someone who slept with her would say.

Chandler: This is nuts. This is crazy. She came over for like two minutes, dropped off a fish tank, and left, end of story.

Eddie: Where's Buddy?

Chandler: Buddy?

Eddie: My fish, Buddy.

Chandler: There was no fish when she dropped it off.

Eddie: Oh, this is, this is unbelievable. I mean, first you sleep with my ex-girlfriend then you insult my intelligence by lying about it, and then you kill my fish, my Buddy?

Chandler: Hey, I didn't kill your fish. Look Eddie...[puts his hand on Eddie's shoulder] would you look at what I'm doin' here? That can't be smart. So we're just gonna take this guy right off ya and put him here in Mr. Pocket. Tangelo? [picks up the fruit and tosses it to Eddie, it hits Eddie in the chest and falls]

Scene XII

Monica and Rachel's apartment. Monica and Richard are in Monica's bedroom.

Richard: That's it? That's the giant number you were afraid to tell me?

Monica: Well yeah.

Richard: Well, that's not bad at all. I mean, you had me thinking it was like a fleet.

Monica: You really OK with it?

Richard: Oh honey, I'm fine.

Monica: Oh, ya. OK about that two.

Richard: What? Alright, what about my two?

Monica: Well, it just seems like a really small number.

Richard: Right, and...

Monica: And, well, don't you have a lot of wild oats to sew? Or is that what you're doing with me? Oh my God, am I an oat?

Richard: Honey, you are not an oat. I mean I don't know. I guess I'm just not an oat guy. I've only slept with women I've been in love with.

Monica: But you've only slept with two people.

Richard: Right.

Monica: Wow. Oh wow. You know I love you too, right?

Richard: Now I do. [they kiss and fall in to the bed]

Scene XIII

Ross and Rachel are in Rachel's bedroom.

Rachel: Ross, Ross, please listen to me. Ross, you are so much better for me than Paolo ever was. I mean you care about me, you're loving, you make me laugh.

Ross: Oh, hey, if I make you laugh, here's an idea. Why don't you invite Paolo over and have a little romp in the sack and I'll just stand in the corner and tell knock-knock jokes.

Rachel: God, Ross, look, what you and I have is special, all Paolo and I ever had was...

Ross: Animal sex, animal sex? So what're you saying? I mean, you're saying that like,

there's nothing between us animal at all. I mean there's not even like, uhm, a little animal, not even, not even like, like chipmunk sex?

Rachel: Ok, Ross, try to hear me. Ok, I, hey, I'm not gonna lie to you. Ok, it was good with Paolo.

Ross: Knock-knock.

Rachel: But what you and I have is so much better. Ok, we have tenderness, we have intimacy, we connect. Ya know, I swear, this is the best I have ever had.

Ross: Until now. [jumps on Rachel in the bed]

Scene XIV

Later in the bathroom, Monica is looking in a drawer, Rachel enters.

Rachel: Oh, Hi.

Monica: Hi. Richard just told me he loves me.

Rachel: Oh my God, honey that's great.

Monica: I know. I just can't find...

Rachel: Oh they're in the top drawer. Hurry.

Monica: You need one too?

Rachel: Ooooh yeah.

[They pull out the box of condoms but there is only one left]

Monica: There's only one.

Richard: Monica.

Monica: Hi. Uh, we'll be right there, we're just trying to decide something. [shuts the bathroom door]

Ross: [comes out of the bedroom] Rachel. [growls, then sees Richard standing there] Hey.

Richard: Hey. They're just trying to decide something.

Ross: Good, good, good. So, is uh, was your moustache, did, used to be different?

Richard: No.

Ross: Oh. How do you uh, ya know, keep it so neat?

Richard: I have a little comb.

Ross: Oh. And what do you call that?

Richard: A moustache comb.

Rachel: OK, I will do your laundry for one month.

Monica: No.

Rachel: Ok, ok, ok, I will, I will, I, hey, I will clean the apartment for two months.

Monica: Alright, I tell you what, I'll give this to you now if you can tell me where we keep the dustpan.

Rachel: Agghhh.

Ross: So were you in Nam?

Rachel: Rock-paper-scissors?

Monica: Yeah.

Rachel and Monica: One, two, three. [Rachel picks rock, Monica picks scissors]

Rachel: Yeesss.

Monica: Fine, go have sex.

Richard: No. You have got it completely wrong. John Savage was deerhunter. No legs Jon Voit was coming home, couldn't feel his legs.

Ross: No, no way. You've got it totally the other way around my friend. Jon Voit was...

Rachel: Honey.

Ross: What, what oh....[Ross and Rachel go into her bedroom]

Richard: Shall we?

Monica: It's not gonna happen. They're doing it tonight, we can do it tomorrow.

Richard: Uh, in the future, if I could see the schedule beforehand...

Scene XV

Monica and Rachel's apartment. All but Joey are present.

Chandler: So, when I woke up this morning, he'd stolen all the insoles out of my shoes.

Monica: Why?

Chandler: Because he thinks I slept with his ex-girlfriend and killed his fish.

Phoebe: Why would you kill his fish?

Chandler: Because sometimes, Phoebe after you sleep with someone, you have to kill the fish.

Rachel: Chandler, honey, I'm sorry. OK, can we watch Joey's show now please? [they turn on the television set]

Ross: Yeah.

Monica: Wait, he's not here yet.

Rachel: So, he's on the show; he knows what happens.

Ross: Yeah.

Monica: All right.

Chandler: Oh, I'm fine about my problem now, by the way.

Rachel: Oh good.

Dr. Remore: Amber, I want you to know that I'll always be there for you, as a friend and as your brother.

Amber: Oh Drake.

Dr. Horton: Hard day huh? First the medical award, this.

Dr. Remore: Some guys are just lucky I guess.

Intercom: Dr. Remore, report to first floor emergency, stat.

Dr. Remore: Well then, uh, I uhh, guess that's me. Anyone else need to go on the elevator?

Dr. Horton, Dr. Wong?

Dr. Horton: No, no, they only said you.

Dr. Remore: Oh, ok. Alright.

Amber: I love you Drake.

Dr. Remore: Yeah, whatever. Oh no.

Amber: Drake, look out.

Dr. Remore: Ahhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh.

Monica: Did they just kill off Joey?

Ross: No. [sound of Dr. Remore's body hitting the bottom of the shaft] Now, maybe.