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Changing the Behaviour of the British Population

A Case Study of the 'Better Health' Campaign by the NHS

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Abstract

In this thesis, we examine the British National Health Service's campaign called 'Better Health' in order to see how the NHS aims to change the British people's behaviour in terms of quitting smoking and losing weight. Our motivation to do so is that smoking and overweight are considered two of the biggest health issues in the United Kingdom resulting in thousands of deaths each year. This leads us to our problem statement:

How does the NHS aim to change the British people's behaviour to quit smoking and lose weight respectively in order to become healthier?

The empirical data that we examine to answer this problem statement are four videos by the NHS which are all a part of the 'Better Health' campaign. We examine one video concerning both smoking and overweight, two videos about overweight, and one video regarding smoking. These videos are examined to show any differences and/or similarities in how the NHS aims to change the British people's behaviour to overcome overweight or quit smoking.

As we are examining videos, we will apply the method of Multimodal Critical Discourse Analysis to conduct our analyses on both the textual and discursive dimension for each of the videos. Moreover, we make use of the Theory of Reasoned Action to investigate the beliefs, attitudes, normative beliefs, and subjective norms that are present in the videos. In addition, a discussion will be made to compare the findings of the different parts of our analyses but also to hold our empirical data up against two models, namely B.J. Fogg's Behavior Model (FBM) and the Health Belief Model (HBM). These will allow us to examine if the NHS takes the different elements of the models into account in order to change the British people's behaviour.

Based on our analyses, we found that in the video concerning smoking and overweight the NHS was appealing to the individual's motivation and intention by taking a positive approach towards the desired behaviours, namely to lose weight and quit smoking. In the videos concerning overweight, the NHS aims to change the British people's behaviour by creating positive attitudes towards the intentional behaviours through the use of many examples of how to lose weight. In the video regarding smoking, the NHS focuses on normative beliefs

and takes a negative approach by emphasising how parental smoking can increase the likelihood of children smoking. In our discussion, it became evident how the NHS included each of the elements from the FBM and HBM in order to persuade the viewers to change behaviour.

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1. Introduction

According to the British government, two of the biggest health issues in the United Kingdom are smoking and overweight (Gov.UK 2020). Despite that the number of smokers in the UK is historically at its lowest with 14.7% of the British people reporting that they smoke on a regular basis, more than 78,000 people still die every year in the UK from smoking and more people live with smoking-related illnesses (Stewart 2021; NHS 2018). Moreover, the number of obese people has increased over the last decade and continues to do so while resulting in a mortality rate of more than 30,000 people each year (Statista 2020; Pringle 2021).

When talking about conditions such as being a smoker or being overweight, these conditions can be seen as a result of behaviours. Behaviours can be defined as *"(...) observable acts (...)"* which means that it is what we do as individuals that can be observed (Fishbein & Ajzen 1975, 335). Thus, when one performs the behaviour of smoking regularly, this becomes a condition. Moreover, when one stays inactive and/or eats unhealthy, this can result in a condition of being overweight. If one wants to change one of these conditions, one needs to change behaviour.

With the purpose of supporting the British people with these behavioural changes, namely quitting smoking and losing weight, the National Health Service, the NHS, in the UK launched, in 2021, a campaign called 'Better Health' aiming to encourage the British people to get healthier by getting active, eating healthier, losing weight, and/or quitting smoking (Gov.UK 2021). With the NHS being the national healthcare provider, it is relevant to look into their campaign to see how they aim to change the public's behaviours.

1.1 Problem Statement

On the basis of our introduction, we find it relevant to examine how the NHS aims to change the British people's behaviours by analysing the videos from the NHS's 'Better Health' campaign which leads us to the following problem statement:

How does the NHS aim to change the British people's behaviour to quit smoking and lose weight respectively in order to become healthier?

In connection to this, we, more specifically, wish to examine how the NHS aims to change the British people's behaviour into a desired behaviour of eating healthier, being more active, losing weight, and quitting smoking. This will be done as we examine one video concerning both smoking and losing weight, two videos concerning overweight, and one video concerning smoking. Based on our analyses of these, we will compare how the NHS aims to change the British people's behaviours in similar and/or different ways.

Focus Area

In terms of the focus area of our thesis, we will be focusing on analysing how to change behaviour in order to improve physical health. In connection to this, it is essential to state that our geographical area will be limited to the UK. The reason for this is that our empirical data, which is four YouTube videos concerning health, is chosen from the British National Health Service's 'Better Health' YouTube channel. This means that the data that we are analysing is targeted specifically at the British people. This also means that throughout this thesis, we will be leaning on the social understandings connected to this particular geographical area.

Line of Procedure

We will now go through the structure of our thesis in order to prepare the reader for what they can expect to meet from now on. We will first describe the structure, and based on this we will visualise it in terms of an illustration.

The first chapter that this section will be followed by is a chapter regarding our scholarly approach. This chapter contains an elaboration of social constructionism as a philosophy of science, a section regarding what our philosophical stance means for our thesis, then we will elaborate on our approach in this thesis in terms of inductive/deductive approaches which will also include our ontology and epistemology. The second chapter in our thesis will consist of our literature review in which we will go through the field of health communication and behaviour by examining relevant theories, models, and other studies within the field of health communication and behaviour. Based on this section, we will choose the relevant theories for our thesis which we will elaborate on in the following chapter. In this chapter, we will first present the theories, then we will comment on their limitations, and finally, we will comment on how we can make use of the theories in our thesis. Following our theoretical framework, we will have our methodology chapter. In this chapter, we will present our choice of empirical

data as well as considerations as to why we have chosen this data. In the next section, we will present our chosen method, namely Multimodal Critical Discourse Analysis, MCDA, along with the limitations hereof as well as our reasons for choosing this method. Furthermore, we will also include a section regarding rhetorics, more specifically forms of appeal. The next chapter will consist of our analysis. Our analysis will be divided into three parts. We will include a detailed structure of our analysis in section 5.4 as well as our model of analysis in section 5.5. Following our analyses, we will make a discussion where we will compare the findings of the three parts of our analysis as well as hold the Health Belief Model and B.J. Fogg's Behavior Model, which are presented in section 4.2 and 4.3, up against our empirical data. Finally, we will conclude on the findings of our thesis. Our line of procedure can be illustrated as follows:

Line of Procedure

Problem Statement

How does the NHS aim to change the British people's behaviour to quit smoking and lose weight respectively in order to become healthier?

Scholarly Approach

Social Constructionism

Method of Reasoning	Ontology	Epistemology

Literature Review

Health Communication	Behaviour
Theory of Reasoned Action The Health Belief Model	B.J. Fogg's Behavior Model Social Marketing

Theoretical Framework

Theory of Reasoned Action	B.J. Fogg's Behavior Model	The Health Belief Model

Methodology

Empirical Data	MCDA	Rhetorical Appeals	Structure of Analysis	Model of Analysis

Analysis

Analysis of Both Themes	Analysis of Overweight	Analysis of Smoking

Discussion

Accumulated Findings in the Analyses	Discussion of Models

Conclusion

2. Scholarly Approach

In the following, we will elaborate on our scholarly approach. As we are taking a social constructionist approach as researchers, we will elaborate on this philosophy of science. Moreover, we will comment on how this approach has an impact on our thesis. Lastly, we will elaborate on our method of reasoning, our ontological stance as well as our epistemological stance.

2.1 Social Constructionism

In order to elaborate on social constructionism as a philosophy of science, we find it relevant to explain the term, social construct, as we argue that this is essential for understanding the foundations of social constructionism (Gergen 2001, 86). A social construct can be defined as *"(...) an account of knowledge in which all assertions about what is the case are traced to negotiated agreements among people."* (Gergen 2001, 86). This means that knowledge is not one definitive truth but rather a combination of several people's opinions and knowledge which generates one shared understanding while also allowing individual opinions. To exemplify, when understanding the term health as we are operating within this thesis, there will not be one definitive truth in terms of what health is. There will be some aspects of health where there will be a shared understanding in society which is created as we as individuals have our individual opinions that we share and communicate with others. However, there can also be contexts where one individual believes that being slim is healthy whereas another person believes that being overweight can be healthy. This means that this is the approach that we will be taking in this thesis. In general, when referring to our philosophy of science, we will be relying on Kenneth Gergen as he is known to have contributed in a major way to the theory development of social constructionism and therefore the understanding of it that we have today (The Taos Institute 2022). When mentioning social constructionism, it is essential to emphasise that this philosophy of science is closely related to another philosophy of science, namely social constructivism. Both approaches are associated with how knowledge and opinions are created through social constructs. According to social constructivism, the focus is placed on one individual's beliefs and understandings. This is in contrast to the assumptions of social constructionism where the focus is placed on the social consensus. However, the two philosophies of science tend to be used interchangeably as they are very closely related and have similar beliefs and understandings of the world.

Significance of Social Constructionism

In this thesis, we are working with physical health. As we take a social constructionist approach in this thesis, this also includes our perspectives on health. Therefore, we argue that the understanding of health is created in society as we discuss it as a society as well as individuals. Consequently, this means that the understanding of health is a mutual understanding in society while we also acknowledge that each individual has their own beliefs and understandings based on their past experiences and contexts. For instance, we as a society have agreed that when a person is smoking or is obese, it is unhealthy. However, we also acknowledge that some individuals might have a different opinion about this. In section 3.1, we will elaborate on the definition of health that we take as our point of departure. In addition to being a social constructionist, it is natural to see the similarities between this and MCDA as these two approaches complement each other very well as the MCDA acknowledges that ideologies are created by communication among different individuals to obtain a shared opinion (Machin & Mayr 2012, 4). We will elaborate on MCDA as a method, and our considerations regarding it, in section 5.2.

Method of Reasoning

In this thesis, we are both taking a deductive and inductive approach (Holm 2011, 25-27). Taking a deductive approach means that one initially leans on a theory to obtain knowledge (Holm 2011, 26). In contrast to this, a deductive approach is when one obtains knowledge based on observations and empirical data rather than using theories as one's point of departure (Holm 2011, 25).

We argue that we take a deductive approach as we have found our theories first, and then we applied them to our chosen data which we found afterwards. Our empirical data will be presented in section 5.1. As we are taking a deductive approach it will allow us to test out the theory and find its strong and weak spots. In addition, we also argue that we also take an inductive approach. This is based on the fact that we have found our empirical data and decided to make use of a specific method to analyse this data to conduct a Multimodal Critical Discourse Analysis. This method is chosen specifically for our empirical data as is relevant to use when analysing videos and pictures.

Ontology

Ontology is concerned with an individual's understanding of reality, and how this reality is constructed (Nygaard 2012, 27). Every scientific paradigm is associated with an ontology. As we are social constructionists, it is essential to elaborate on the ontology for this scientific paradigm which is relativistic. This means that one's reality and understandings are perceived solely by how one's social, linguistic, and cultural perspective is (Nygaard 2012, 36). More specifically, this means that one will not be able to state one definitive truth but truth will rather be subjective to each individual with different understandings, contexts, and beliefs. Based on this, it is essential to mention that our understanding, context, and beliefs will have an influence on how we analyse and conclude throughout this thesis. More specially, as the scope of this thesis is analysing data that is concerned with health in different ways, our understanding and experiences with this topic will have an influence on our perceptions of the data. As we are two women, who both exercise regularly, do not smoke, and do not have excess weight, we argue that these factors can have an impact on our understanding of the reality concerning health.

Epistemology

Closely related to ontology is epistemology. Epistemology is concerned with discovering what knowledge means to an individual, and how this individual obtains knowledge (Nygaard 2012, 27). In the same way as ontology, every scientific paradigm is associated with one epistemology. This epistemology is affected by the ontology that one operates with. As our ontology is relativistic, our understanding of the world will be subjective which means that the knowledge that we obtain will not be objective, and the interpretations and pre-understandings will have an influence on how we see the world (Nygaard 2012, 27). Consequently, this means that in this thesis we will not be able to make objective conclusions as we do not believe in one definitive truth. Moreover, our pre-understandings of the world will have an impact on the conclusions that we make.

3. Literature Review

Due to the scope of our thesis, we will now elaborate on the field of health communication as well as behaviour and behavioural change which will form the basis of our thesis.

3.1 Health Communication

In the following section, we will elaborate on health communication as a term. This will be followed by an insight into the Theory of Reasoned Action as well as other studies applying this theory. Moreover, it will include the Health Belief Model and other studies applying this model.

To understand what health communication is concerning, it is essential to take a closer look at the term 'health' and the meaning hereof. In society today, health can be associated with a lot of different things depending on each individual's opinion. However, according to the World Health Organization (WHO), it is defined as a *"state of complete physical, mental, and social wellbeing."* (Wright, Spark & O'hair 2013, 4-5). This means that health depends on these three components in order to avoid compromising one's wellbeing for instance by contracting diseases. In addition to this, WHO emphasises that health, as well as diseases, are dynamic which means that one can be healthy, and free of any diseases, at some point as well as the opposite during a different period of time.

When talking about health communication, this has many different branches as well. The term health communication was first introduced in the 1970s, but it has been studied for several decades, and it has been used for campaigns to improve health in several ways earlier as well (Wright, Spark & O'hair, 5). The expansion of the research area led to the creation of the *Health Communication* journal in 1989 and the *Journal of Communication* in 1996 which allowed the area to continuously grow by increasing the audience of the research about health communication (Wright, Spark & O'hair, 5). Later, several universities started to provide educational opportunities in the field as well. This, combined with the political interest in improving health, means that the area is greater than ever before. As mentioned, there are many different areas of health communication. However, what is common in most cases is that there is a receiver, a sender, a message, and a channel from which the message is presented as in other communication situations (Wright, Spark & O'hair, 4-5). In addition to this, the context

of the communication also has an impact on the choice of communication strategy. In the case of our thesis, for instance, the channel will be considered mass communication as it is intended to be addressed to several receivers through YouTube. Several health communication researchers are interested in seeing how mass communication can impact our understanding of health and diseases. Over the years, an increase in the significance of technology in regard to health has also gained ground.

3.1.1 The Theory of Reasoned Action

The theory of Reasoned Action came about in the 1970s by Martin Fishbein and Icek Ajzen (1975). It has become one of the most influential approaches when it comes to predicting and understanding behaviour. It has been used widely across behaviours and populations and has demonstrated a coherence between beliefs, attitudes and intention (Hagger 2019, 2). It has its roots in cognitive and attitude theories. According to Fishbein and Ajzen individuals are assumed to be essentially rational and make use of information to form judgements and evaluations and thus make decisions (Fishbein & Ajzen 1975, 14). One of the main focuses in the theory of Reasoned Action is the variable, *intention.* Moreover, the *intention* to perform a behaviour. *Intention* is predicted by two variables: *attitudes* and *subjective norms* (Fishbein & Ajzen 1975, 16). *Attitudes* are evaluations of performing a behaviour and the evaluation can be positive or negative, and they are a function of the *beliefs* individuals possess, for instance, that eating unhealthy will lead to an increase in body weight and if gaining weight is seen as a good thing or a bad thing. *Subjective norms* are beliefs about how other individuals want one to act. The theory has, as previously mentioned, been widely used, as it is flexible and rather simple.

Other Studies Applying Theory of Reasoned Action

Natalia Frishman (2008) investigated consumer acceptance of food irradiation by making use of the theory of Reasoned Action. She analysed the opinions of 225 participants from the Minneapolis area. The analysis revealed that when people understand the problem of food irradiation it influences their attitudes towards the issue. The results showed *"(...) that if a person believes that eating irradiated food is safe, he or she has a positive attitude toward the issue."* (Frishman 2008, 41). It also showed that *subjective norms* did not have much of an influence on the participants, however, it showed that societal norms are important as the participants found the public health officials' opinions important (Frishman 2008, 41).

In addition, Fowler and Shepherd (1991) made use of the Reasoned Action theory in an attempt to predict the consumption of chips. The study examined the *beliefs*, *attitudes*, and *subjective norms* in regard to the intake of chips. They investigated the habits of 288 participants. The study revealed that s*ubjective norms* and an individual's *attitude* were important predictors of the consumption of chips (Fowler & Shepherd 1991, 37-39).

A third study that implemented the theory of Reasoned Action was Patricia Hennig and Ann Knowles's (1990) investigation of women over 40 years' precautions against cervical cancer. They surveyed 140 women using a questionnaire. The study showed that the *attitudes* of the women and the components concerning norms predicted the *intention* to get a Pap test that investigates the cervix. Furthermore, it showed that the *belief* variable correlated with *intention* (Hennig & Knowles 1990, 1612-1629)

The information concerning the theory of Reasoned Action and the studies presented in the chapter show a diverse use of the theory, and that it is beneficial to use when it comes to examining health behaviour. For that reason, we have applied the theory to this thesis. Therefore, the theory of Reasoned Action will be presented more thoroughly in section 4.1, concerning the Theoretical Framework. We will now continue our literature review with an examination of the Health Belief Model.

3.1.2 The Health Belief Model

The Health Belief Model (HBM), which can be found below this section, was originally developed in the 1950s with the purpose of examining why people did not do a tuberculosis screening when it was provided for them (Skinner, Tiro & Champion 2015, 68). This means that the model is focused specifically on understanding health behaviour and how to prevent and detect diseases. It shows the connection that people will tend to engage in healthy behaviour or do a suggested action if they believe that the behaviour will result in reducing a threat that would otherwise be likely to take place but would also have serious consequences. The model has six concepts to make use of when seeking to prevent diseases or conditions (Skinner, Tiro & Champion 2015, 78). The first two concepts are *perceived susceptibility* and *perceived severity* which are the individual's understanding of the likelihood to get the concerned disease or condition and the individual's understanding of the seriousness of the disease or condition. In addition to these, there are two concepts which are called *perceived*

benefits and *perceived barriers.* These are the individual's understandings of the benefits of doing the intended behaviour and the obstacles that there might be in terms of doing the behaviour. Furthermore, there is a concept called *cue to action* which can be an internal or an external factor that is intended to trigger the behaviour to take place. The final concept is *self-efficacy* which is concerned with the individual's confidence that they can do the intended behaviour. These key concepts of the HBM can be seen in Figure 1 below. As it appears from the exposition of the model, the HBM is relevant to look into as it is concerned with changing an individual's behaviour regarding health which is what we wish to examine through our analysis of the videos provided by the NHS. In order to explore the potential of the model for our thesis, we will now be looking into how other researchers have applied the model. There are many examples of ways to apply the model, and it has been frequently used by scholars. In the following, we will elaborate on a few examples.

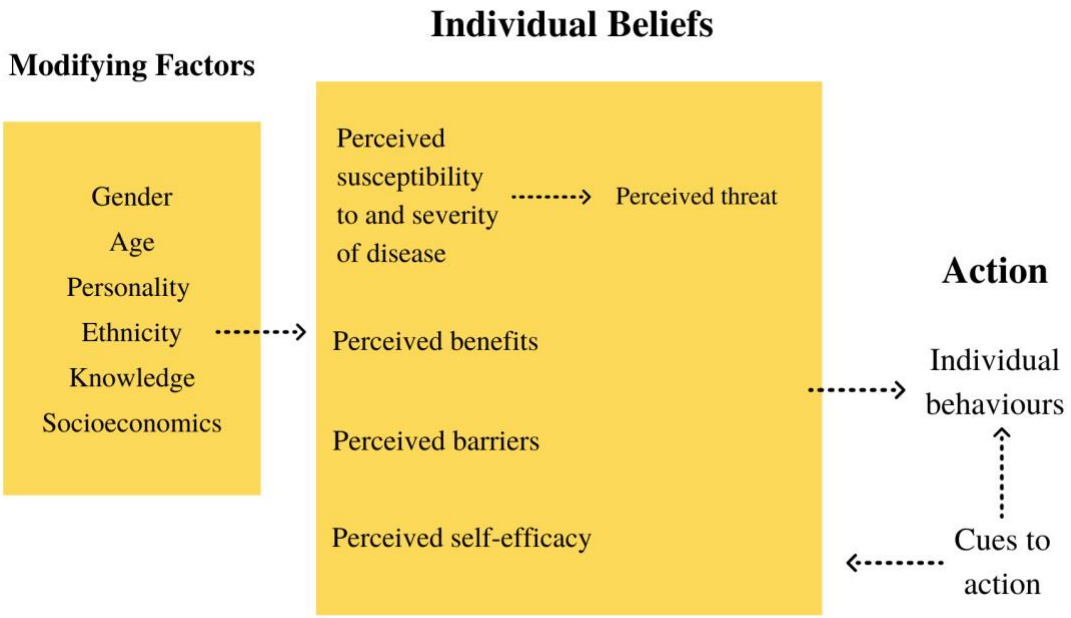


Figure 1. Based on Skinner, Tiro and Champion (2015, 77).

Other Studies Applying HBM

The first study that we will include is an example where the HBM has been applied to prevent Covid-19 (Tsai et. al 2021). The model was used to map out each of the concepts that can be seen from Figure 1 above. This was done by interviewing nursing students with the purpose of reducing any barriers in order to minimise the infection of Covid-19. This is one example of

how the model can be beneficial in terms of tracking the factors that have an impact on health behaviour.

Another example is a study which examined the effects of implementing physical activity among a group of obese students. This was done while using the HBM to determine the factors that have had an impact on their weight gain such as demographics as well as the individual's beliefs. The study showed that using the HBM over a period of six months improved the participant's BMI as well as their weight loss. Thus, the HBM helped show that health education and health promotion were the two most beneficial strategies for improving the participants' physical health (Rezapor, Mostafavi & Khalkhalo 2016).

The final study that we will include is a study that applied the HBM to examine the effects of the constructs in terms of physical health among teenage girls (Shirzadi, Doshmangir & Jafarabadi 2015). The study examined multiple different factors such as cervical screening, condom use, and applications of seat belts, and each of their effects on teenagers' physical health. The model helped reveal that *perceived benefits* were the most important construct predictor in terms of health behaviour when it comes to the aforementioned factors followed by perceived barriers which were also a strong predictor in general. To conclude, the study also showed that the information about the benefits of the health behaviour was the most important factor in terms of teenage health behaviours which means that it can decrease the barriers for doing the health behaviours.

Based on what we have discovered about the HBM, we have chosen to apply this in our thesis. We will elaborate on the specifics concerning the Health Belief Model later on in section 4.3.

3.2 Behaviour

In the following sections, we will elaborate on behaviour as a term, B.J. Foggs understandings of computers as a technological tool as well as his Behavior Model and other studies applying it. Finally, social marketing as a term as well as how other scholars have applied it in their studies.

As we are focusing on behaviour and behavioural change in our thesis, we find it essential to elaborate on behaviourism as a scientific approach. Behaviourism, also referred to as

behaviourist psychology, was first introduced in 1912 by a psychology PhD named John B. Watson (1924, 10). This means that the origin of behaviourism is relatively old compared to some of our models as well as the theory that we will be elaborating on later in chapter 4 concerning our theoretical framework. For that reason, we find it crucial to start by elaborating on behaviourism in the first part of our literature review. According to Watson, behaviourism is concerned with examining human psychology in the sense of solely focusing on what we can observe concerning a human. More specially, this means focusing on how humans behave, and what they say rather than focusing on the consciousness of humans (Watson 1924, 10-11). As we have indicated, behaviourism stems from psychology. Psychology is, according to Watson, focused on the function of each individual part of an organism whereas behaviourists are concerned with how the whole organism functions as one (Watson 1924, 10-11).

In connection to behaviour, behaviourists are focused on two elements, namely stimuli and response which are codependent as one results in the occurrence of the other. The first mentioned is concerned with how a psychological condition can result in certain behaviour. A stimulus can be either internal or external (Watson 1924, 11-13). If a stimulus is internal, it means that it is caused by a reaction, or motion within and/or as a part of a human's body. In contrast, if a stimulus is external, it is caused by the environment around the human. In order to provide an example, one can imagine a situation of a person who is running. An example of an internal stimuli could be that if the person is running fast, it would experience trouble breathing. This would be an example of an internal stimulus as the stimulus is taking place inside the person's body. Using the same example, a situation of an external stimulus could be if the runner stumbles because the ground is slippery after it has been raining, after which the person immediately touches its ankle. In this case, the stimulus is external as it is the environment around the person, namely the wet ground, that triggered a behaviour of him touching his ankle. The second element to take into account in order to understand behaviourism is response. A response is concerned with how a person behaves, or what it does when it is exposed to internal and/or external stimuli (Watson 1924, 25-26). A response can be an adjustment that will improve or change the impact of the stimulus but it does not necessarily have to be. As with stimulus, responses can also be internal or external. An internal response is a response that takes place within the body whereas an external response is what can be observed through other people's senses (Watson 1924, 25-26). To provide an example of an internal response, we will draw on the example of a person running fast. In that case, the stimulus was that the person was experiencing trouble breathing. An internal response to this

could be that the person's heart will start to pump faster whereas an external response would be if the person was slowing down the pace in order to accommodate the stimulus and make it easier to run.

3.2.1 B.J. Fogg

Computer as a Persuasive Technology Tool

According to behaviour scientist B.J. Fogg, a computer is a technology which is designed to change behaviour and/or attitudes (Fogg 2003, 32). This is done by making the intended behaviour easier to do. It is relevant to look into this as Fogg suggests that his theory can be applied to social media as well which is relevant for us as we are analysing data from the social media YouTube. In order to understand behaviour, and how to change attitudes, B.J. Fogg has identified seven persuasive technology tools, namely these:

- Reduction
- Tunneling
- Tailoring
- Suggestion
- Self-monitoring
- Surveillance
- Conditioning

In the following, we will elaborate on the meaning of each of these, and how they each impact behaviour and attitude.

Reduction means to reduce the complexity of a task (Fogg 2003, 33). This can for instance be to reduce the steps that it requires to complete the task. When the desired behaviour is easier to perform, this will increase the motivation for doing the behaviour. For instance, if the intended behaviour is to get a person to go running, it might not be optimal to introduce this person to a very complex running program with different technical terms and intervals if it is the first time that the person is running. In this case, it will be beneficial to make simpler instructions such as 'run for 10 minutes' as this is more simple to understand which will increase the likeliness of the person doing it. The tunneling strategy is concerned with when computers guide the user to complete an action step by step that is predetermined by the

designer of the tool (Fogg 2003, 34-36). This approach is when a person is agreeing to something but without knowing every detail of the process. This means that the activities and/or information are provided along the way. When making use of this strategy, the user will normally have a desire to change their behaviour. This allows for persuasion along the way in the process. The tailoring approach is concerned with when information is customised to the individuals instead of being generic (Fogg 2003, 37-40). According to B.J. Fogg, psychology research shows that customised information has a greater impact on behavioural change than generic information does. The customisation can be done based on factors such as age, gender, financial status, interests, etc. Furthermore, suggestion is concerned with providing a suggested behaviour at the most optimal time (Fogg 2003, 41-43). The suggested behaviour is not always explicit. It can be information or an object that will influence the recipient to do the intended behaviour. As mentioned, timing is essential in order to persuade a recipient. Research shows that good timing is when people are in a good mood as they will then be more open to persuasion. Moreover, when people become uncertain about their current views and beliefs, they are more open to new behaviours and attitudes.

Self-monitoring is when a technology allows the user to monitor its attitudes or behaviour in order to achieve a bigger goal (Fogg 2003, 44-45). This will make it easier for the user to know if they are making progress which will increase the chance of them continuing to do the intended behaviour. An example of a self-monitoring device could be a sports watch as it allows one to get current data about several different factors such as heart rate, calories, and steps. Surveillance is concerned with when one person has a technological tool that will allow them to monitor another person's behaviour (Fogg 2003, 46-48). When making use of surveillance, the change of obtaining the intended behaviour with the person being monitored increases. An important point in terms of using monitors is that the person being monitored needs to be aware of this in order to change behaviour. This method can be used as a way to expose how one can improve, but it can also be a way to encourage people. Moreover, conditioning is concerned with when one seeks to encourage the user to change/keep doing a certain behaviour by rewarding them for doing so (Fogg 2003, 49). This strategy can also be used by making use of punishment instead of rewards where one punishes a person for doing a certain behaviour in order to encourage another behaviour. An example of a reward could be to buy someone a gift if they win a running competition. In contrast, an example of a punishment could be that a person does not get to eat ice cream with the family before going for a run.

B.J. Fogg's Behavior Model

Based on B.J. Foggs's research, he has developed a behaviour model that is being used to show the coherence between *motivation*, *ability*, and *prompts* which, according to Fogg, are the three main elements that have an influence on an individual's behaviour (Fogg 2009). As it appears from the model, the likeness of obtaining a certain behaviour is influenced by the level of *ability* and *motivation*. *Ability* is concerned with an individual's capability to perform the target behaviour, which is the intended behaviour, whereas *motivation* is concerned with one's desire to perform the intended behaviour. The likelihood of obtaining the intended behaviour will increase when there is high motivation and high ability and decrease with low motivation and low ability. In addition to this, there must be a trigger, also called *prompt*, for the intended behaviour to take place. This means that there has to be an internal or external reminder for the person to do the intended behaviour. The coherence between the three elements can be seen in Figure 2 below which is based on B.J. Fogg's model:

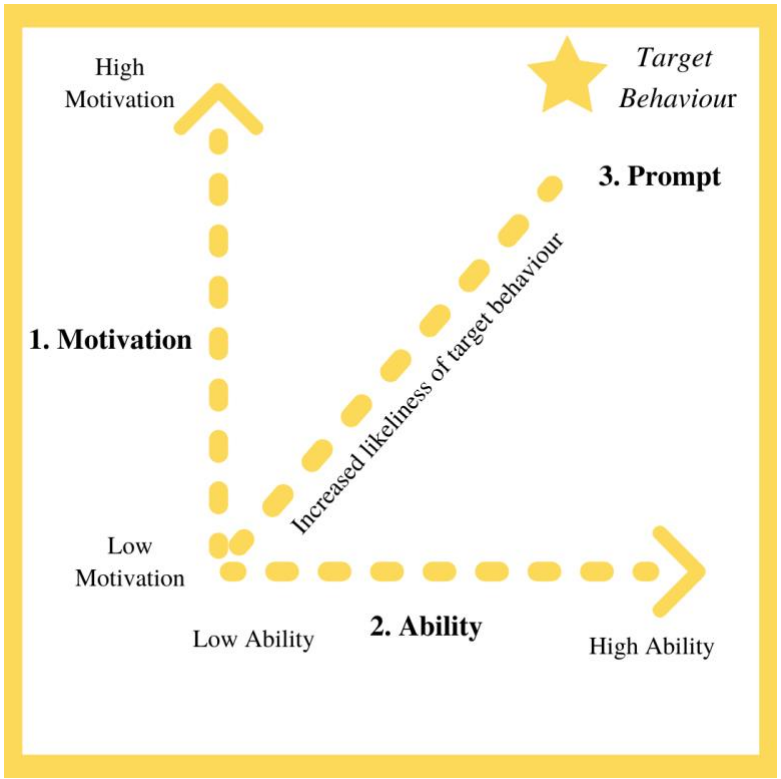


Figure 2. Based on B.J. Fogg's Behavior Model (Fogg 2009, 5).

As we have now introduced the model, we will now be looking into how the model has been applied in previous research in order to understand the potential possibilities that it provides for us. The model has been applied in many different theses, projects, and research in general,

but we will include a few in order to show the potential of the model. Moreover, we will solely include research which focuses on health as this is the scope of our thesis.

Other Studies Applying B.J. Fogg's Behavior Model

The first study that we will look into is a study by Xiang Ding which was conducted as a part of his PhD in computer science at the psychology department at the University of Massachusetts Lowell in 2016 (Ding 2016). In his thesis, he examined several aspects of smartphones, but what is most relevant to elucidate in terms of our thesis is the testing of a health intervention system called Walkmore which was developed based on behaviour theory such as B.J. Fogg's. We find this study particularly relevant as it focuses on both social media and physical health which is also the scope of our thesis. The purpose of the Walkmore was to get the students in the experiment to become more active. For that reason, they set up a context-aware trigger, as Fogg suggests, to remind students to become more active. The study showed that the context-aware reminders showed a greater effect than random reminders, and it resulted in students being more aware of any walking possibility around them.

The second study that we will be looking into is a study by several researchers including B.J. Fogg (Patrick et. al 2014). In the study, they examined a weight control intervention for about 400 obese or overweight students by using social media to get social support from friends to post about their health behaviour on Facebook. Moreover, they should monitor their weight weekly and email a health coach if they had any issues or questions. After a period of two years, it was concluded that one can use behaviour theory combined with social and mobile technologies to promote healthier behaviours in terms of overweight among young adults.

Looking into previous research applying B.J. Fogg's model has sparked our interest in seeing how we can apply it in our thesis. As it appears from the two studies, there is ground for applying B.J. Fogg's behaviour model in research concerning social media and health which is why we find it relevant to apply in our thesis.

3.2.3 Social Marketing

Social marketing is said to *"(...) involve the planning and implementation of programs designed to bring about social change using concepts from commercial marketing."* (Ewing 2001, 1). Kotler and Zaltman (1971) are some of the first to define social marketing. They

define it as *"(...) the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research."* (Kotler & Zaltman 1971, 5). Therefore, it uses the ideas and concepts from commercial marketing to challenge social problems. Furthermore, since the *social marketing* term was constructed, the attention from scholars and practitioners has only increased (Kotler & Zaltman 1971, 5). It first came across in the early 1970s, and it has since had a positive impact on social issues in the areas of public health, environment, and injury prevention. The efforts of social marketing are primarily focused on influencing behaviour to have a positive impact on society (Lee & Kotler 2011, 1-7).

A social marketer's aim is to influence desired behaviours of a target audience segment. Lee and Kotler (2011) state that the mission is to get the target segment to either accept a new behaviour, reject an undesirable behaviour, modify a behaviour, or abandon a behaviour (Lee & Kotler 2011, 9). An example of a new behaviour to accept can be to start running if one has never ran before, an example of a behaviour to reject can be to start smoking, a behaviour to modify can be to eat healthier or to exercise more and lastly, a behaviour to abandon can be smoking or not texting while driving (Lee & Kotler 2016, 9). It mainly focuses on *"(...) rewarding good behaviours rather than punishing bad ones."* (Lee & Kotler 2011, 9). However, often there cannot be promised an instant or immediate payback for changing the behaviour as many health benefits for instance are measured over time. Where the intended beneficiary of commercial marketing is the corporate stakeholders, the society is for social marketing (Lee & Kotler 2011, 11). Thus, social marketing wishes to contribute to societal gain, whereas commercial marketing's primary focus is on providing profitable sales. However, the two also share some similarities such as having a focus on the customer as well as segmenting the audience for the highest possibility of success and both benefit from making use of the *marketing mix,* which consists of the four P's: Product, Price, Place and Promotion (Lee & Kotler 2011, 10;15-16). In conclusion, social marketing makes use of marketing principles and techniques to change and promote behaviours that will be beneficial for society as well as the individual.

As stated earlier in the chapter, the term social marketing has been around since the 1970s. It started with the pioneering article by Philip Kotler and Gerald Zatlman (1971). They showed that the commercial marketing principles could be used to sell ideas and behaviours and used the term *social marketing* for the first time. Alan Andreasen (2002) stated that it is becoming a

more and more central issue in society to ask for behavioural change in order to create more sustainable living. However, he also focuses on the challenges that social marketing has when it comes to creating change: *"(...) Namely, it competes with lethargy and habit."* (Andreasen 2002, 5). Thus, it should centre on suggestions that target people's identities. Grier and Bryant (2005) investigated social marketing in public health. They believe that for social marketing to be a success, commercial marketing strategies may be applied, these can include the Social Exchange theory and the Marketing Mix.

Scholars have also investigated how to make effective communication in social marketing campaigns. Andreasen (1995) states that it is necessary to understand the target audience's needs and perceptions. Thus, the social marketing message should be designed for the specific target audience. Furthermore, it is important to understand people's opinions on issues. This can be done by using techniques such as surveys, interviews, and information exchanges to determine the public's motivation and view on issues (Covello 2003). In addition, George Howard (1991) argues that messages based on storytelling and narratives are more effective as people are able to relate to them.

Now that our Literature Review has been accounted for, we will proceed to our Theoretical Framework which consists of our chosen theory and models.

4. Theoretical Framework

This chapter of our thesis will consist of our chosen theory and models. Theory of Reasoned Action, B.J. Fogg's Behaviour Model and the Health Belief model will all be accounted for in this chapter as well as how they are used in this thesis and what their limitations are. Lastly, we will discuss how our chosen theory and models compliment each other.

4.1 Theory of Reasoned Action

This part of the Theoretical Framework will account for the Theory of Reasoned Action by Martin Fishbein and Icek Ajzen (1975). Firstly, the theory and its motivational factors will be accounted for. Secondly, limitations to the theory will be discussed, and lastly, we will provide information on how this theory will be used in our thesis.

The theory of Reasoned Action concentrates on individual motivational factors when it comes to the possibility of displaying a specific behaviour. Fishbein and Ajzen state that the best predictor of a behaviour is *intention*. *Intention* is settled by *attitudes* toward a behaviour or act and social normative perceptions regarding the specific behaviour (Montano & Kasprzyk 2015, 95).

The theory of Reasoned Action was developed to better interpret the relationship between *attitudes, intentions,* and *behaviours*. Previously, many theorists investigated attitudes towards an object when trying to predict a behaviour, an example of this can be an attitude towards cancer when deciding to get a cervical screening. However, Fishbein and Ajzen measured that attitudes towards a behaviour, eg. attitude towards screening for cervical cancer, is better at predicting behaviour (getting a cervical screening) than the attitude towards an object, eg. cancer (Fishbein and Ajzen 1975). The elements that the theory consists of will now briefly be introduced and later in this section they will be thoroughly explained as well as examples of them will be provided.

Firstly, they define *attitude "(…) as a person's location on a dimension of affect or evaluation"* (Fishbein & Ajzen 1975, 53). Therefore, *attitude* can be explained as the extent of affect for or against an object or behaviour. Affect is important when it comes to *attitude* as it refers to an individual's feelings towards an object, issue, person etc. (Fishbein & Ajzen 1975, 12). *Belief*

is defined *"(…) as his location on a probability dimension that links an object and an attribute"* (Fishbein & Ajzen 1975, 53). Thus, *beliefs* are fundamental for an individual's conceptual structure. *Beliefs* are formed from direct observations and may be changed from new observations as well. *Beliefs* ultimately determine an individual's *attitudes*, *intentions*, and *behaviours* (Fishbein & Ajzen 1975, 14). *Intention* is defined *"(…) as a dimension of probability, but the link here involves the person and some action with respect to the object."* (Fishbein & Ajzen 1975, 53). Consequently, *behavioural intention* refers to an individual's intent to change behaviour. It is indicated by the individual's *subjective belief* that the person in question will perform the desired behaviour. Lastly, *behaviour* is defined as *"(…) a person's observable response when studied on its own right."* (Fishbein & Ajzen 1975, 53). Thus, it refers to an individual's behaviour that can be studied and observed.

Fishbein and Ajzen suggest that *"(…) the performance or nonperformance of a specific behavior with respect to some object usually cannot be predicted from knowledge of a person's attitude toward that object"* (Fishbein & Ajzen 1975, 16), meaning that if for example a person has a negative *attitude* towards cigarettes, this it not enough to get them to stop smoking. Instead, they state that individuals observe specific *behaviour* and based on the individuals' *intention* to perform the presented behaviour, the individuals will decide to perform said behaviour. Thus, the *intentions* are a function of an individual's *beliefs* about the *behaviour* and these *beliefs* can also influence the individual's *attitude* toward a *behaviour*, moreover, performing a desired behaviour (Fishbein & Ajzen 1975, 16). To further explain, we can use the example mentioned above of a person with a negative attitude towards cigarettes. For that person to change behaviour, he or she will have to have beliefs that smoking is unhealthy which can lead to a negative attitude towards smoking. This can then create the *intention* to stop smoking. Furthermore, another important aspect of *beliefs* is the *normative beliefs*. This is because *normative beliefs*, i.e., societal beliefs of whether or not an individual should or should not perform a behaviour, can lead to normative pressure. These pressures are termed as *subjective norms* (Fishbein & Ajzen 1975, 16). An individual's *subjective norms* are a big factor when it comes to determining whether or not to perform a behaviour. An example of normative pressure is smoking. Society has deemed smoking as a health risk as it has been proven to lead to cancer and is generally unhealthy for a person's wellbeing (WHO 2021). This can lead to *subjective norms* as one might believe that another person does not believe one should engage or not engage in a behaviour, for instance the person can believe that their children do not think they should smoke.

These key components of the Theory of Reasoned Action lead to the presentation of the theory:

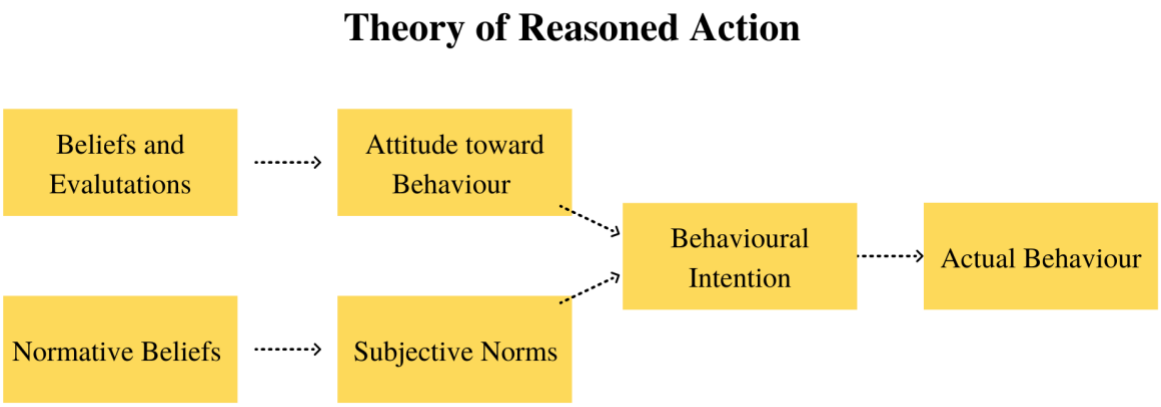


Figure 3. Based on Fig. 1.2 by Fishbein and Ajzen (1975, 16)

According to Fishbein and Ajzen, *"Beliefs about an object provide the basis for the formation of attitude toward the object (...)"* (Fishbein & Ajzen 1975, 131). Furthermore, *beliefs* are an individual's subjective judgements of aspects of the world. For instance, an individual may believe that a given behaviour will lead to certain consequences (Fishbein & Ajzen 1975, 131). An example of this can be that an individual believes that smoking will lead to lung cancer. Beliefs are formed through a link between two aspects of an individual's sphere. One is about direct observation, and therefore, an individual might identify that a given behaviour has an attribute linked to it. For instance, an individual might smell that another individual has smoked a cigarette (Fishbein & Ajzen 1975, 132). This direct observation results in the development of *descriptive beliefs.* The other aspect of belief is the *inferential beliefs*. This aspect concerns itself with how an interaction with another individual can lead to the development of new beliefs about unobservable attributes, such as friendliness, honesty etc. (Fishbein & Ajzen 1975, 132). An example of *inferential beliefs* can be if someone is running a marathon and a spectator, after the run, congratulates the marathon runner on a great run. Then the runner can believe the spectator to be friendly and nice. Thus, to summarise, *beliefs* are formed when an individual connects an object or behaviour to an attribute.

The term *attitude* is referred to as an individual's position on an evaluative or affective dimension when it comes to an object, action, or behaviour (Fishbein & Ajzen 1975, 216). An

example can be if a person believes running is great for the body and is fun, then that person has evaluated running to be positive and created a positive *attitude* towards running. Thus, an *attitude* is an indication of an individual's feelings towards an object or behaviour. In addition, when an individual is forming *beliefs* about an object or behaviour, the individual also automatically obtains an *attitude* toward said object or behaviour. This is because, as it was established in the section above, *beliefs* are developed when attributes are connected to an object or behaviour. Therefore, is an individual's *attitude* a result of the evaluation of attributes (Fishbein & Ajzen 1975, 216). As individuals, we generally value objects or behaviours that we deem as good things, and we generate negative feelings towards objects that we associate with bad things. Thus, an individual's *attitude* is a reflection of said person's *belief* about the attributes connected to objects or behaviours (Fishbein & Ajzen 1975, 217; 222; 287).

As stated previously, *intention* is defined as a person's probability when it comes to performing an action or behaviour. It has previously been assumed that the more positive an individual's attitude is towards an object or behaviour, the more he will intend to perform positive behaviours. However, Fishbein and Ajzen do not believe that there is a necessary relation between an attitude and a given intention (Fishbein & Ajzen 1975, 288). Intention to perform a behaviour is a function of two determinants: attitudinal and normative. Attitudinal refers to an individual's *attitude* toward performing a specific behaviour and the normative component refers to the individual's perception regarding a behaviour that is influenced by others, and these elements influence the *subjective norms* an individual might have (Fishbein & Ajzen 1975, 332). *Subjective norm* is a person's perception of significant others' *beliefs* on whether they should perform or not perform the behaviour. Therefore, *normative beliefs* are regarding the social norms that are considered normal or shared. An example of this can be that society has deemed smoking as unhealthy as it can lead to lung cancer (WHO 2021). The *subjective norms* are more about what the individual believes other people's beliefs are concerning a behaviour, for instance 'I think my wife hates that I am smoking'.

As previously mentioned, the *behaviour* component is defined as *"(...) observable acts that are studied in their own right."* (Fishbein & Ajzen 1975, 335). Therefore, behaviour is determined by an individual's intention to perform a behaviour as shown in Figure 3 above. Fishbein and Ajzen distinguish between three types of behavioural criteria that have been utilised when investigating the attitude-behaviour relationship: *single-act criterion*, *repeated-observation criterion,* and the *multiple-act criterion* (Fishbein & Ajzen 1975, 352). The *single-act criterion*

indicated whether or not an individual performed said behaviour. It involves direct observational response to a targeted act (Fishbein & Ajzen 1975, 352). An example of how to measure this can be by putting two plates out. One with chocolate and one with apples, and then observe how many people choose the healthier snack. The *repeated-observation criterion* can be examined by observing the same specific behaviour but directed towards different targets, situations, or at different times (Fishbein & Ajzen 1975, 353). By using the previous example, one could observe if people chose apples or chocolate in the same amount in the morning as in the evening. The *multiple-act criterion* represents a measure of attitude toward an object. It observes different behaviours performed in different situations (Fishbein & Ajzen 1975, 353;357). However, as we only investigate the ways in which the NHS seeks to change the British population's behaviour, we do not concern ourselves with whether or not they actually perform the desired behaviour. Therefore, this thesis will not investigate the behavioural component of the Theory of Reasoned Action.

4.1.1 Limitations to Theory of Reasoned Action

One of the main criticisms of, and thus limitations to, the Theory of Reasoned action is that it has been said to not be falsifiable (Trafimow 2009, 501). This means that Fishbein and Ajzen's theory has been subject to the argumentation of how the theory can be deemed as false. The distinction between *attitude* and *subjective norm* has been questioned. As previously stated, *attitudes* are determined by *beliefs* and *subjective norms* are determined by *normative beliefs*, but they have been subject to the discussion of being different names for the same construct (Trafimow 2009, 506). An example can be the behaviour 'smoking a cigarette'. *Behavioural belief* can be 'my doctor will be angry with me if I smoke this cigarette' and the *normative belief* can be 'my doctor thinks that I should not smoke this cigarette'. These two examples can be deemed as a way of stating the same thing but in two different ways, and therefore the distinction between *behavioural beliefs* and *normative beliefs* can be questioned. Falsification comes into the equation as the examples provided by Fishbein and Ajzen seem to be more distinct from each other than, for example, the examples provided above. However, researchers have disagreed about such examples, if they favour the distinction or not, and therefore also rendering the theory unfalsifiable (Trafimow 2009, 507). Another point of critique towards the Theory of Reasoned Action is that it does not necessarily take other variables into account that can directly or indirectly influence a behaviour such as emotions, compulsions, and irrational

human behaviour (Fishbein 2008, 834). On the contrary, the theory suggests that the most important variables to consider are *attitude*, *intentions*, *subjective norms*, *behavioural beliefs*, and *normative beliefs*. As shown in this section, it can be difficult to distinguish between some of the variables in the theory, however, we have accommodated this by providing examples of each element as well as providing extensive descriptions, so that we are able to differentiate between them. In addition to this, we will comment on the benefits of the theory for our thesis in the next section as we describe how we can apply it.

4.1.2 Application of Theory of Reasoned Action

This section will explain how the theory will be used as well as how we can benefit from the Theory of Reasoned Action. One of the advantages of the theory is that it takes subjective opinions of the world into account. It helps explain why different variables of the theory are related to a given behaviour. Thus, it assists us to examine how the NHS is trying to change the beliefs and attitudes of the British population as well as examine what *beliefs*, *intentions*, *subjective norms*, *normative beliefs*, and *attitudes* that are present in the empirical data in order to understand and create a change in the British people's behaviour, and therefore, answer our problem statement presented in section 1.2. In section 5.4 concerning the Structure of Analysis, we will elaborate on how the theory and its components are incorporated into our analysis.

Now that the Theory of Reasoned Action has been accounted for, and the limitations and application of the theory have been presented, the following section of our Theoretical Framework will consist of B.J. Fogg's Behaviour Model.

4.2 B.J. Fogg's Behavior Model

In this section, we will elaborate on the elements of B.J. Fogg's Behavior Model which will be followed by our considerations regarding limitations of the model as well as our considerations about how we will apply the model.

As we accounted for in section 3.2.1 regarding the Literature Review, B.J. Fogg argues there are three elements that have to be present in order for a behaviour to take place, namely

motivation, *ability*, and *a prompt* (Fogg 2009). These elements all have further different elements which should also be taken into account. We will now go more into depth about the different elements and provide examples to understand the model (FBM) that Fogg has developed based on these elements. This is done in order to understand the model, and the theory behind it, more thoroughly. Based on FBM, we have created the following model which we also introduced in section 3.2.1:

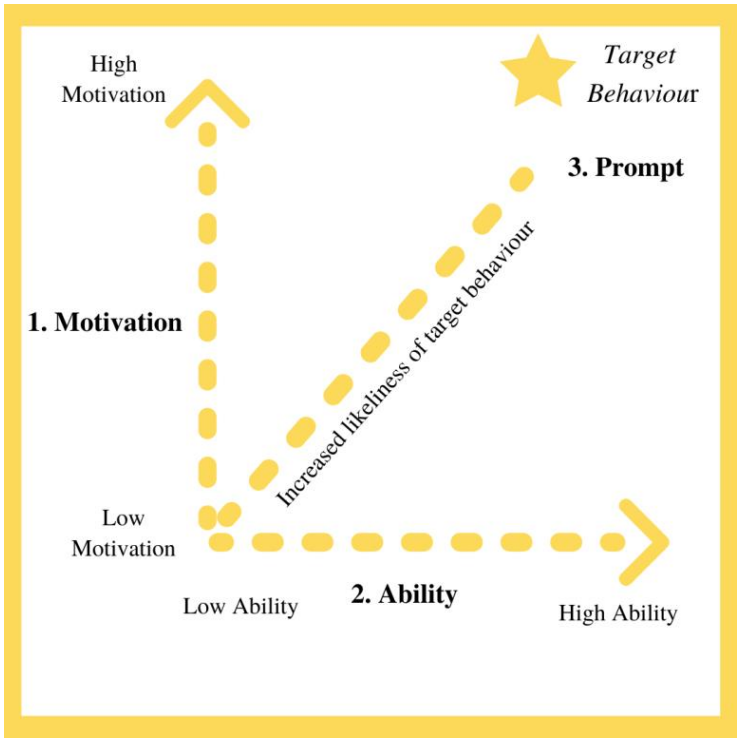


Figure 2. Based on B.J. Fogg's Behavior Model (Fogg 2009, 5).

Motivation

The first element that has an impact on a person's behaviour is *motivation*. According to B.J. Fogg, there are three types of motivation, namely sensation, anticipation, and belonging (Behavior Model 2022a). These elements have two opposites. Firstly, sensation is concerned with when a person is feeling either pleasure or pain about a concerned behaviour or action. Thus, when aiming to change a certain behaviour or perform an action, it is important to take into account if the target audience might feel pleasure or pain about the behaviour (Fogg 2009). For instance, one person might feel good when eating healthy as it makes the person feel good afterwards. In this case, pleasure is a motivator. However, pain can also be a motivator. If a person feels pain when they take the stairs due to bad shape, this can be a *motivation* for getting in better shape.

Secondly, anticipation is concerned with feeling hopeful or fearful about a certain behaviour or action which should also be taken into consideration (Fogg 2009). If a person believes that running will be good and that it will provide them a better life, this can be a *motivation*. However, a person who is afraid to get sick due to a poor lifestyle can also be a *motivation* to start a healthier lifestyle. Finally, belonging is concerned with feeling socially accepted or socially rejected. In connection to this, it is important to take into consideration if the intended behaviour will result in social acceptance or social rejection as the last mentioned can stand in the way of doing the intended behaviour whereas the first mentioned, on the other hand, can be a motivator for doing the intended behaviour (Fogg 2009).

Ability

When encouraging a person to take action or behave in a certain way, another important and crucial element is *ability* (Fogg 2009). If a person is not able to perform the desired action, the action will not take place. If one wishes to enhance a person's *ability*, there are several ways to do so. One option is to train a person to do the action. Even though this can be a very efficient way to increase ability, it can be very time consuming and resource-demanding depending on the concerned behaviour. In addition to this, it may not be possible to interact directly with the target audience, and according to Fogg, aiming to teach or train the target audience will most likely not be successful as it requires a lot of effort from the audience (Fogg 2009). Moreover, the audience might not have the motivation to learn which will also challenge the outcome. For all of these reasons, B.J. Fogg does not recommend using this option unless it is inevitable (Behavior Model 2022b). Another option for increasing *ability* is to provide resources or a tool to increase the easiness of performing the intended action (Fogg 2009). An example could be the intended behaviour of running for 30 minutes each day. In connection to this, a resource could be provided with new running shoes or a friend to run with which will make the experience more comfortable and easier to do. The final option is to adjust the desired behaviour so that it is easier to do (Fogg 2009). In connection to the running example, a way to make the goal more accessible could be to start by running 10 minutes per day which will then over time increase ability and the chances of reaching the goal of 30 minutes running per day. All three options are influenced by what B.J. Fogg refers to as the ability chain which we will now elaborate on (Fogg 2009).

In the ability chain, there are six elements, namely time, money, physical effort, mental effort, non-routine, and social deviance (Fogg 2009). These are all elements that should be examined to know potential obstacles that are in the way of performing the intended behaviour. Time is important because if the intended behaviour will require more time than the target audience has available, or wishes to spend on the behaviour, it will not happen. For instance, if the intended behaviour is to run a marathon which requires a lot of time, and the person has a lot of other things to do that have a higher priority, then the behaviour will be difficult to do. Another important factor is money. If one wants to start running but does not have the money to buy running gear, this can be an obstacle that impacts the ability and the likeliness of the person performing the intended behaviour. Another thing that has an impact on the intended behaviour is physical effort. If the intended behaviour is very physically or mentally demanding, it requires a lot from the target audience which will decrease the likeliness of them doing the behaviour. This could for instance be for a person to be active for 30 minutes everyday with high intensity if the person is not used to being active. In this case, it would be very physically demanding. Another behaviour could be to learn about something new or take a course in which case the behaviour can be considered more mentally challenging. Another thing that has an impact is routine as people often find routines easier to do whereas trying something new will be more demanding. This means that the habit of brushing one's teeth is considered to be easier to do than for instance flossing one's teeth if one is not used to doing so despite that these two things are similar in terms of how demanding they are. Finally, social deviance is concerned with doing something that is challenging the social rules in society which can also be a challenge that will decrease the chance of obtaining the intended behaviour. For instance, if a person is only surrounded by people who eat unhealthily and do not stay active, it can be more challenging to eat healthy and become active as this would be considered social deviance. In connection to the ability chain, it is important to mention that the different factors can be different based on each individual and based on the context of this individual as everyone’s lives are different. In general, it appears that the most optimal thing to focus on is to make the behaviour simpler, rather than seeking to increase motivation.

Prompt

The final element in FBM is what he originally called a trigger. (Fogg 2009). In 2017, he changed the name of this element to a *prompt* (Behavior Model 2022c). This element is crucial as the intended behaviour will not happen if a *prompt* is not provided (Fogg 2009). A *prompt* is something that encourages you to perform an intended behaviour at the current moment. It

can for instance be seen in terms of a request, a trigger, an offer, or a call to action (Fogg 2009). This means that it is something that the target audience sees that pushes them to perform the intended behaviour. *Prompts* can be external in terms of an alarm going off to remind you to get moving for instance. However, it can also be a trigger that when you do one thing, you are reminded to do another. This could for instance be that when you go for a run, you are reminded to buy new running shoes. B.J. Fogg argues that there are three types of *prompts*; a facilitator, a spark, and a signal, which should be chosen based on the target audience's context. A facilitator is used when the target audience has high motivation and low ability. This means that it is something that will guide the person so that they will be able to perform the behaviour. This could for instance be when a person is very motivated to lose weight but the person is not sure how to do so. In this case, a facilitator could be a training program or a meal plan. In contrast to this, a spark is used when the target audience has high ability but has low motivation. This means that the purpose of the spark is to motivate the audience to do the behaviour which can be done by reminding the audience of one of the previously mentioned motivational factors, namely sensation, anticipation, and belonging. Finally, the signal is used when the target audience has high motivation as well as high ability (Fogg 2009). A signal is something to remind the person to do the behaviour as the person has both the motivation and ability to do so. An example of a spark could simply be an alarm to remind a person to bring workout clothes to work so that the person can work out on the way home for instance. Common for each of the three *prompts* is that in order for them to function properly, it will require that the person notice the *prompt*, then associate the prompt with the intended behaviour, and finally, it should present itself when the person is motivated but also has the ability to perform the intended behaviour (Fogg 2009).

4.2.1 Limitations of the Behavior Model

In the next section, we will elaborate on the possibilities that the model provides for us along with how we will be applying it in our thesis. However, we will firstly elaborate on some of the shortcomings of the model. The first thing we would like to emphasise is that the model is relatively new as it was first introduced around 2009. Taking this into account, there has not been as much time to develop the model in terms of shortcomings that might appear after applying a theory over a longer period of time. However, Fogg has changed different elements along the way, which we mentioned earlier, based on some experience and feedback along the

way to make the model suitable for the present time. Another observation that we have made is that the model is very versatile. This is based on the fact that it is developed so that it can be applied in any situation concerning behaviour and behaviour change. This can be a shortcoming in terms of our thesis as it is not developed exclusively for changing behaviours regarding health which is what this thesis seeks to investigate. However, the benefit is that it allows for application in many different scenarios which we are also working with as it is both concerning smoking, weight loss, staying active, and eating healthy which can all have different motivations, abilities, and prompts. After elaborating on some of the shortcomings of the model, we will now elaborate on how we find the model beneficial for our thesis.

4.2.2 Application of the Behavior Model

We have chosen to make use of FBM as it allows us to examine the elements that have an influence on behaviour as well as behavioural change. More specifically, it allows us to examine the *motivations*, *abilities*, and *prompts* that can be relevant when wishing to create a certain behaviour in terms of staying active, eating healthier, or quitting smoking. It allows an overview of the different components which is beneficial as we are working with different topics concerning health. In section 5.4 regarding the Structure of Analysis, we will elaborate more specifically on how the model will be incorporated into our analysis along with which of the elements will be most prominent in our analysis.

Now that we have accounted for B.J. Fogg's Behaviour Model, we will proceed with our presentation of the Health Belief Model.

4.3 The Health Belief Model

In the following section, we will go into depth with the Health Belief Model. More specifically, we will elaborate on the different components that the model consists of and provide examples for these. In addition to this, we will elaborate on the model's limitations and comment on how we will apply it in this thesis.

The Health Belief Model is, and has been, a widely used conceptual framework to explain change in health-related behaviours. As mentioned previously, it was developed in the 1950s

by social psychologists to explain causes of why individuals did not use the accessible options that had the intention of hindering, as well as discovering, diseases (Skinner, Tiro and Champion 2015, 75). Thus, the framework can be used to predict and understand health behaviour. It is constructed of five key components: *perceived susceptibility*, *perceived severity*, *perceived benefits* and *perceived barriers* to engaging in a behaviour, and *cues to action* which we will elaborate on in the following (Skinner, Tiro and Champion 2015, 76).

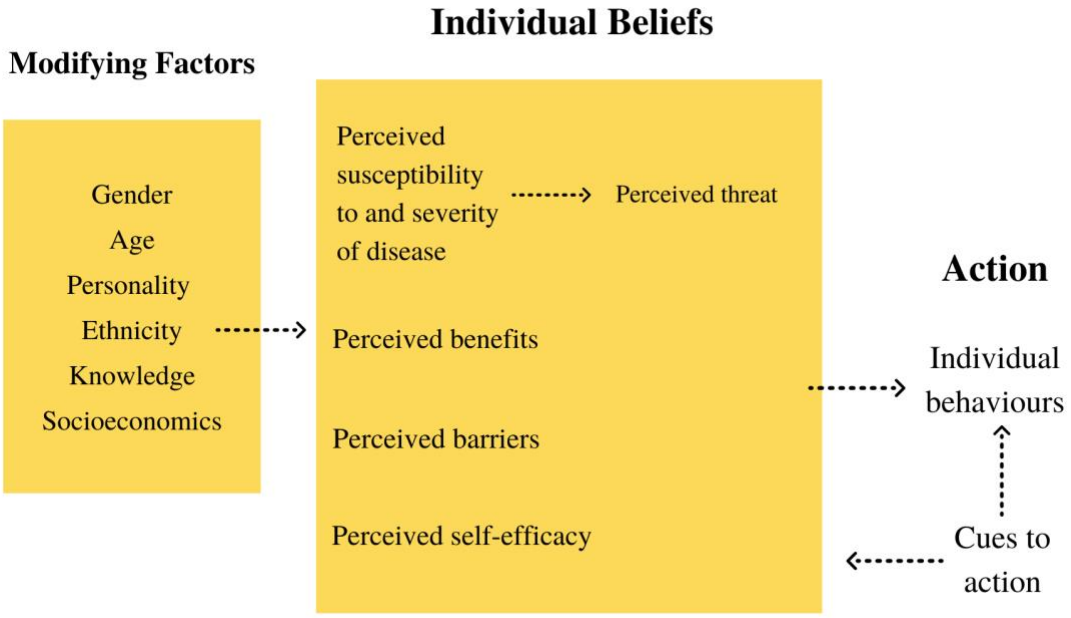


Figure 1. Based on Skinner, Tiro and Champion (2015, 77).

According to the model, individuals are likely to engage in health behaviour if they believe that:

1. They are susceptible to getting the concerned disease.
2. If they get the disease, it will have serious consequences.
3. The course of action that is provided will decrease the severity and/or susceptibility of the disease.
4. It will be beneficial to take action.
5. Benefits will outweigh any barriers and will not prevent action.

(Skinner, Tiro and Champion 2015, 77).

Perceived susceptibility is defined as the likelihood and possibility of getting an illness or condition. An example can be tobacco users' chances of developing smoking-related conditions, such as lung cancer, lower reproduction abilities, etc. *Perceived severity* is the belief about the seriousness of contracting an illness. By using the same example as above with smoking, this component regards tobacco users' belief about, for instance, lung cancer and the consequences this illness has. The *perceived benefits* are defined as the beliefs in the positive features and advantages that can come from a change in behaviour to avoid a disease or consequences of an illness. To continue the previous example, this component regards itself with tobacco users' belief that if they stop smoking it will reduce various health risks. *Perceived barriers* are the belief in the obstacles or negative aspects there can be by changing behaviour. An example can be a tobacco user's opinion of some of the costs that can come from the advised change in behaviour. *Cues to action* are the internal or external factors that can trigger a change in behaviour, for instance, feeling a symptom that increased the perceived threat or getting a recommendation from a doctor on making changes in one's life (Skinner, Tiro and Champion 2015, 77). Therefore, *cues to action* are the strategies that can be used to persuade, for instance, the tobacco user to stop smoking. *Self-efficacy* is, for instance, the tobacco user's confidence in their ability to stop smoking. Both the element of *self-efficacy* and *cue to action* was not a part of the original model, but it was added later on as the research about health behaviour was explored further. For that reason, we have chosen to include these as well in order to make use of the most updated version of the model (LaMorte 2019). In addition to the individual beliefs and action, one can also examine modifying factors as these can have an impact on the aforementioned. Modifying factors can for instance be gender, age, personality, etc. However, as we do not have information about these factors, we will not include this in our analyses.

4.3.1 Limitations to the Health Belief Model

In this section of the theoretical framework, we will now elaborate on some of the shortcomings of the Health Belief Model. Although the model allows us to explain how a change in health behaviour occurs, it has some shortcomings which will be presented here. One of these is for instance that it does not take into account either the environmental factors nor the financial factors. These factors could be relevant to look into as they can have an impact on the intended behaviour. In addition, it also does not take into account the social surroundings. Moreover, the importance of social acceptance can also have a huge impact on a person's behaviour, and

this is another element that the model does not include. Furthermore, it does not take into account an individual's attitudes or beliefs that could dictate how the person in question thinks of and accepts the behavioural change. Thus, the Health Belief Model is more descriptive and abstract, and it does not suggest an approach or strategy when it comes to changing health behaviour. However, we still find the model beneficial to use in this thesis. This will be presented in the next section as we elaborate on how we can make use of the model.

4.3.2 Application of the Health Belief Model

We will be applying the Health Belief Model in our thesis as it allows us to gain a more narrow perspective as this model is developed specifically for analysing data concerning health and behavioural change which is in contrast to our chosen theory as well as FBM. The Health Belief Model will then allow us to examine how the NHS aims to change physical health, and it will allow us to understand the factors that have an influence in terms of changing behaviour regarding health.

4.4 Combination of Theory and Models

To summarise the different considerations regarding our theory and models, we will now elaborate on how each element of our theoretical framework contributes to our thesis in itself as well as combined. The Theory of Reasoned Action will contribute to our thesis as it will allow us to get a deeper understanding of *beliefs* and *attitudes* as well as the *normative beliefs*. More specifically, it will allow us to take a more individualistic approach as it takes into account that each individual has different beliefs and opinions as well as investigating the normative pressures created by society. We will then be able to examine how the NHS seeks to change the *beliefs* and *attitudes* of the British population. In addition to this, the FMB will allow us to get a general perspective on how behaviours are created and behavioural change is possible by examining *motivators*, *abilities*, and *prompts*. Finally, the Health Belief Model allows us to gain a specific view of how to obtain behavioural change within health. This means that we will be able to examine how the NHS aims to change physical health. Based on the capabilities and limitations of each of the models and the theory, we argue that these complement each other in a way that will allow us to answer our problem statement presented in section 1.2. Thus, we argue that our theoretical framework will be optimal for us to examine

how the NHS seeks to change the British population's behaviour to become more active, eat healthier, lose weight, and quit smoking and to investigate if they make use of different strategies for the different focus areas.

Now that our Theoretical Framework has been accounted for, we will now proceed to present our Methodology chapter.

5. Methodology

In this chapter, we will elaborate on our empirical data, the Multimodal Critical Discourse Analysis, Forms of Appeal, the Structure of our Analysis, and our Model of Analysis.

5.1 Empirical data

In this section, we will elaborate on the content of our chosen empirical data (Appendix 1, 2, 3, 4). Our empirical data consist of four YouTube videos in total from a campaign called 'Better Health' which is created by the NHS. The videos all consist of topics concerning physical health, namely to lose weight, stay active, eat healthier, and quit smoking.

The NHS and the 'Better Health' Campaign

As mentioned, our empirical data consist of videos from YouTube all provided by the NHS. The NHS is a government-funded public service that provides healthcare and medical care for the population in Britain (Full Fact 2017). Our empirical data is a part of a campaign called 'Better Health' that was released by the NHS on behalf of Public Health England (Gov.UK 2021). The campaign was released in the summer of 2021, and the purpose of the campaign was to encourage the British population to both eat healthier food, get more active, quit smoking, and/or lose any excess weight (Gov.UK 2021). Thus, this means that the target audience for the campaign is people who have an unhealthy lifestyle and therefore need to lose weight or quit smoking.

As mentioned, the four videos concern different themes regarding physical health. We argue that there are two overall themes in the videos. The first theme is overweight and the second theme is smoking. The first video in our empirical data includes both themes, and then we have two videos where the focus is placed on overweight which includes staying active and eating healthier in order to lose weight. Finally, we have one video which focuses on quitting smoking. In a few of the videos, mental health is also mentioned a few times. However, as our focus is to examine physical health we will not comment on these examples in our analysis. In the following, the videos will be presented in the mentioned order as this will also be the order in which we will analyse them in our analysis. We will elaborate on how we will analyse our empirical data in section 5.4.

Both Themes

The first video is a 2.5-minute video containing different clips of British people who talk about their experience with getting healthier (Appendix 1). Some of the participants talk about getting healthier by losing weight. Others talk about their experience with exercising. Finally, some of them talk about quitting smoking including the reasons why and the benefits of quitting. Consequently, this means that this video contains both of the themes within physical health that we will be addressing in our thesis, namely smoking and overweight.

Overweight

The next two videos we have chosen to include are both very short videos of 20 and 30 seconds respectively (Appendix 2; Appendix 3). The first video is showing different people who are getting up early in the morning. They are focusing on how these people are eating healthy and being active but also that they are happy (Appendix 2). The second video focuses on people that should lose weight as they emphasise that many people have gained weight during COVID (Appendix 3). Moreover, they focus on the fact that these same people should start exercising and eating healthier meals by providing examples of how to do so. This means that the themes in these two videos are to eat healthy, lose weight, and stay active whereas the overall theme is overweight.

Smoking

In addition to the videos above, we will be analysing one video of approximately 2 minutes concerning smoking. This video is focused on one specific reason to quit smoking as it includes experts as well as an ex-smoker to show that parents who are smoking have an impact on their children's relationship with smoking (Appendix 4).

5.1.1 Considerations Regarding the Choice of Empirical Data

When initially selecting our empirical data, we first choose the main video of the campaign 'Better Health' as our point of departure. In addition to this, we have chosen to include all other videos on the YouTube channel provided by the profile of 'Better Health' as this was a requirement for choosing our data. However, we have chosen not to include two videos on the page concerning smoking as these were related to an individual smoking campaign. As we have mentioned, these videos all contain topics regarding physical health which was also a

requirement for choosing the videos. The reason for finding these themes relevant to include is that they are part of the main video, and also that they are the topics being mentioned on the connecting website that is created as a part of the campaign. For that reason, we must assume that these topics are important for the NHS. Our reason for choosing different videos with different topics is that we seek to conduct a more comprehensive analysis of the campaign. Furthermore, this approach allows us to compare how the NHS targets different topics similarly and/or differently. The reason for choosing empirical data from YouTube is that this is one of the most used social media platforms in the UK (Statista 2022). For that reason, we argue that the videos will have a great potential of reaching a great number of people. Moreover, the NHS is a well-known organisation in the UK which also contributes to the chance of impacting a great number of people. Furthermore, the purpose of the videos is to change behaviour. As our focus is placed on examining how the NHS seeks to change the public's behaviour, we argue that our chosen data will be suitable for examining this.

5.1.2 Data Collection

In this thesis, we will make use of qualitative data. Qualitative data includes written, audio or visual communication, whereas quantitative data consists of measurable and countable data. Qualitative data can be transcripts, e-mails, web pages, video recordings, photos, books and so on and they are explorative which means that they investigate or explore subjects (Gibbs 2012, 3; Harboe 2013, 52). This thesis makes use of empirical data from the NHS in the form of videos as also presented above. Our empirical data in the form of videos have been made into transcripts which are presented in our appendixes. By using qualitative data, we seek to enhance our empirical data by analysing it with our chosen theories presented in chapter 4, and by using Multimodal Critical Discourse analysis, which will be presented in chapter 5.2 as our choice of method.

This thesis takes a social constructionism's point of view as also presented in chapter 2.1 which states that social constructions are created by a shared understanding of the world. For our analysis of the qualitative data, this means that we will try to reflect the NHS' view and understanding of the social world. However, even though our main goal is to stay objective and show the NHS' opinions and beliefs, it is inevitable that our own preconceptions arising from

our chosen empirical data will be reflected. Consequently, we nor the NHS cannot say how the world is, only how people may see it.

5.2 Multimodal Critical Discourse Analysis

This section will account for the method, Multimodal Critical Discourse Analysis. More specifically, we will comment on each of the elements of the method which will be followed by a section regarding application of the method as well as a section concerning the limitations of the method.

For this thesis, the method that is used will be drawn from David Machin and Andrea Mayr's book: "*How to Do Critical Discourse Analysis: A Multimodal Introduction*" (2012). The book presents methods for analysing visual communication by looking into language, images, and other kinds of communication such as sounds. This is referred to as a multimodal analysis (Machin & Mayr 2012, 1). The MCDA originates from the theory and method of Critical Discourse Analysis. Thus, it is crucial to understand the elements of this theory and method. Critical linguistics strived to show how language and grammar can be utilised as ideological instruments (Machin & Mayr 2012, 2). The CDA has been associated with different authors, Fairclough being one of them. Common to all of them is that they see *"(…) the view of language as a means of social construction: language both shapes and is shaped by society."* (Machin & Mayr 2012, 4). As we mentioned in section 2.1, this corresponds to our understanding of the world as social constructionists since we also believe that the world is shaped by how we as individuals communicate about it. In terms of language, CDA also seeks to investigate and reveal the underlying ideologies of texts. In addition to this, it looks for absences in texts as it deems that things are never communicated directly (Machin & Mayr 2012, 2). This means that interpretation and examinations of texts should be made in order to understand a text completely. Furthermore, CDA assumes that power relations are transmitted and negotiated in discourse (Machin & Mayr 2012, 4). Consequently, CDA looks at what is both communicated explicitly and implicitly in a text to identify the underlying ideologies.

Contents of MCDA

As mentioned in the section above, the Multimodal Critical Discourse Analysis originated from the Critical Discourse Analysis. In the late 1980s and 1990s, it was believed that meaning was not only communicated through language but also from visual features such as sounds, colours,

and images (Machin & Mayr 2012, 6). Traditionally, visual communication was analysed in regard to the meaning-making process. However, scholars believed that visual analysis needed a more thorough method for analysing. Thus, they investigated the elements of CDA and incorporated concepts and tools to how the features and elements of images could be described but also how the features collaborated with each other (Machin & Mayr 2012, 7-8).

Lexical Elements:

This first section concerns itself with the lexical elements and what choices authors have made in terms of individual words and vocabulary (Machin & Mayr 2012, 30). The lexical choices the NHS makes allows them to shape a social world through their language and semiotic elements. Thus, the NHS can emphasise what they wish to communicate and convey to the viewers. The lexical elements include *word connotations, overlexicalization, suppression or lexical absence, structural oppositions*, and *lexical choices and genre of communication.*

The first section of the lexical choices is *word connotations*. This part concerns itself with what kinds of words the NHS use and why (Machin & Mayr 2012, 32). *Overlexicalization* concentrates on the excessive repetition of words and terms that share the same meaning, contributing to the image of a sender that is over-persuading (Machin & Mayr 2012, 37). *Suppression or lexical absence* concerns itself with certain terms the viewer might expect to find but are absent from the text (Machin & Mayr 2012, 38). *Structural oppositions* are the meanings of words in relation to each other (Machin & Mayr 2012, 39). By using opposing concepts such as healthy-unhealthy, it can create contrasts and associations that can influence the audience of the text and their interpretation of the text. Consequently, it can be used to enhance the message and persuade the audience. Lastly, *lexical choices* and *genre of communication* concern themselves with the lexical choices used to indicate levels of authority (Machin & Mayr 2012, 42). These lexical choices pursue to influence the reader through power and knowledge (Machin & Mayr 2012, 42).

Visual Elements:

The empirical data in this study does not only concern itself with text and word choices but also through non-linguistic features such as sound and pictures to name a few (Machin & Mayr 2012, 49). Thus, the visual elements are important to analyse in multimodal materials. In this part, the visual semiotic features; *iconography, attributes, settings*, and *salience* are accounted for.

The first part of the visual semiotic choices is *iconography*. This part is concerned with how images can denote and connote meaning (Machin & Mayr 2012, 49). Images can be said to document and show events, people, places, and things, thus what they denote. Images can also connote by depicting people, places, things, and events to induce ideas across to the viewer (Machin & Mayr 2012, 49-50). An example can be a picture or a video of a woman smiling while running. The woman is denoted as running while it connotes that running is fun and it makes a person happy. *Attributes "(...) are concerned with the ideas and values communicated by objects and how they are represented."* (Machin & Mayr 2012, 51). To exemplify, if a person is shown while depicting fast food in the background, this can create an attribute that the person eats unhealthy. Thus, the meaning of the visual features should be considered and examined. Furthermore, *settings* are also important to investigate as they are used to communicate ideas and discourses, thus, creating connotations for the viewer (Machin & Mayr 2012, 52). An example of setting can be the conducting of an interview. If the interview is held in a studio, the setting can make it seem more professional while if it is conducted in a living room whilst sitting on a couch it can seem more relaxed and personal. Lastly, *salience "(...) is where certain features in compositions are made to stand out, to draw our attention to foreground certain meanings."* (Machin & Mayr 2012, 54). *Salience* can be achieved by using *potent cultural symbols*, *size*, *colour*, *tone*, *focus*, *foregrounding*, or *overlapping*. Each principle may be more or less important, and they can work together in different ways as well as create a hierarchy of salience (Machin & Mayr 2012, 54-56). An example of *salience* can be if a non-smoking sign is shown in a picture and the colours are very dominating, this creates *salience* as it attracts the receivers attention.

5.2.1 Limitations to Multimodal Critical Discourse Analysis

As we have now elaborated on the possibilities that MCDA provides, it is natural to take a critical stance and look into some of the shortcomings of the method as well. This will allow us to be aware of these in order to accommodate them in the process of our thesis. One of the benefits of the method is that it provides a framework with predetermined elements which makes it easier for the ones applying the method to choose what to examine. However, one can also argue that this can be insufficient as it does not naturally invite for the innovation to choose additional elements than the ones provided. Despite this, we have chosen to include other

elements such as the forms of appeal as we argue that these contribute to a more comprehensive analysis. Another thing that the method can be critiqued for is reliability. The reason for this is that the method is made for analysing qualitative data which will naturally create a more subjective outcome. This, combined with our stance as researchers, will make it impossible to create objective conclusions without interpretations, and it will be challenging to obtain similarly, or identical, results for other researchers under the same conditions. A way to accommodate this is to choose the elements for the analysis prior to conducting the analysis, which is what we have done in our thesis. In addition to this, we have examined and described the different elements prior to conducting our analysis in order to ensure that we understand the meanings of the elements properly. By doing so, it allows for transparency which will make it easier for other researchers, using the method, to make similar conclusions as the ones we have made. This increases reliability which is what we wish to obtain.

5.2.2 Application of Multimodal Critical Discourse Analysis

In this thesis, we make use of both text, imagery, and audio. Therefore, we have chosen to utilise Multimodal Critical Discourse Analysis as our choice of method. This method was chosen in order to provide the most thorough understanding of our empirical data presented in section 5.1. This approach will allow us to understand each dimension individually but also how they complement each other with the purpose of persuading the audience. Another important element in the Multimodal Critical Discourse Analysis method is the 'Critical' component. We wish to dig deeper and investigate the ideological motivations of the NHS, and this element becomes important to research as it focuses on *"(...) exposing strategies that appear normal or neutral on the surface but which may in fact be ideological and seek to shape the representation of events and persons for particular ends."* (Machin & Mayr 2012, 5). In the thesis, we seek to investigate how the NHS tries to change the behaviour of the British people when it comes to their physical health. Thus, the method helps us to incorporate both the critical element and the multimodality of video and text to conduct a thorough analysis of our empirical data.

5.3 Rhetorical Appeals

For the NHS to be able to change the behaviour of the British population, they will need to be able to persuade them to do so. Thus, we find it essential to support our analysis with the forms of appeal by Aristotle as these are concerned with three different appeals which appeal to different elements that all contribute to persuade an audience which is what the NHS wishes to do. In the following, we will elaborate on the three appeals, namely *ethos*, *logos*, and *pathos* (Varpio 2018, 207).

Ethos is mainly focused on the sender and their credibility and trustworthiness. For an audience to be persuaded, the sender must portray authority. Much of a sender's ethos lies in their credibility and their ability to get the audience to trust them (Varpio 2018, 207). An example of *ethos* can be the NHS as the sender of the videos as it is the public healthcare system in the United Kingdom, and therefore, it can be deemed as credible as it is an authority.

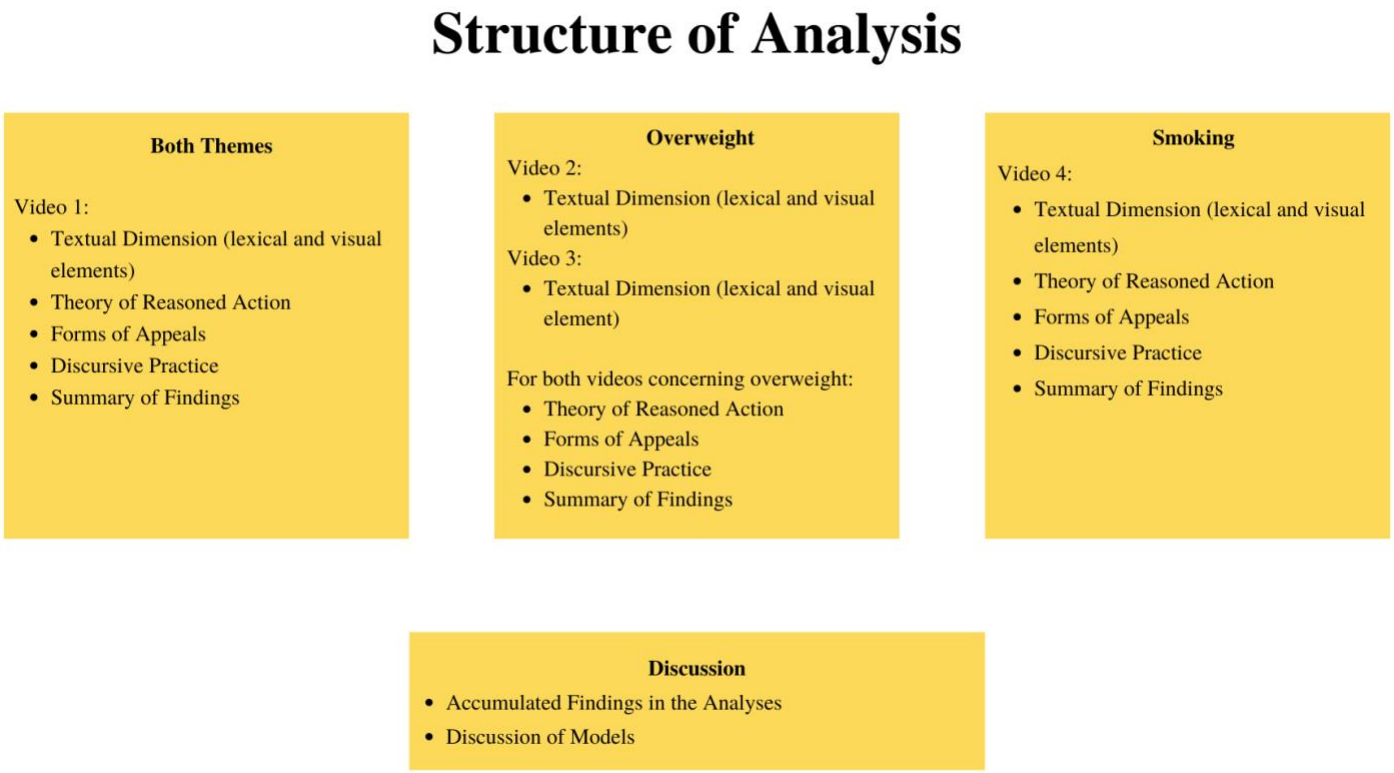
Logos focus on the argument the sender is presenting. It appeals to reason, rationality, and to the logical sense of the audience. The messages in our empirical data should be well supported by facts and the audience should be able to understand the senders' logical arguments (Varpio 2018, 208). An example of *logos* can be seen if a Doctor says you have a 75% higher chance of getting a heart attack if you are overweight.

Pathos concerns itself with the audience and appeals to their emotions. The sender should aim to bring about emotional reactions from their audience as a way to persuade them. These emotions can be happiness, rage, sadness, fear, pity and so on. *Pathos* is used as a way to persuade the audience by appealing to their emotional state of mind (Varpio 2018, 209). An example of *pathos* can be if a Doctor says you should lose weight because you will be so much more happy with the excess weight of.

5.4 Structure of Analysis

In terms of the structure of our analysis, we will now explain in detail what the reader can expect to see in our analysis and in which order the different elements will appear. Finally, we will provide a visual overview to make it easier for the reader to understand the structure completely. This overview will be followed by our considerations regarding the structure.

Our complete analysis will consist of three overall parts which are divided by the themes in our thesis. The first part consists of the analysis of Video 1 (Appendix 1) which contains all the themes in the campaign. The second part consists of an analysis of the two videos concerning overweight, namely Video 2 (Appendix 2) and Video 3 (Appendix 3). The final part is an analysis of the video concerning smoking, namely Video 4 (Appendix 4). Each analysis will be divided into a textual dimension and a discursive dimension. In the textual dimensions within each of the three analyses, the videos will be divided into smaller sequences which we will analyse individually. This means that each of the analyses of the textual dimensions of the videos will be separated into different parts lasting from approximately 10 seconds up until 1 minute. However, this is with the exception of the videos that are less than 30 seconds as these can naturally act as one sequence as this is relatively short. Each sequence consists of a lexical and a visual analysis. Within these two parts, we will be analysing the elements that the method, MCDA, provides. However, we will only discuss the ones that are prevalent in the concerned sequences throughout the analysis. In addition to the elements that MCDA provides, we will conclude each of the three parts of the analysis with an analysis of the forms of appeal as well as a discussion of the attitudes and beliefs that are prominent by drawing on the Theory of Reasoned Action. Finally, we will analyse the discursive dimension for each of the three parts where we will determine the discourses based on this analysis part. Each part of the three analyses will be followed by a summary of the findings where we conclude on our findings of the concerned part. These conclusions will be used at the end of our analysis where we will discuss and compare the findings of each of the three analyses in order to answer our problem statement. This means that our analysis structure can be visualised as the following:



Considerations Regarding Structure

We have made a lot of considerations concerning the structure of our analysis. We have chosen the structure that we described above as we argue that separating the different themes into an analysis of each one will allow us to examine how the NHS aims to change the British people's behaviour for each of the themes. This will allow us to see any similarities and/or differences in their communication when targeting different behaviours. In addition to this, we have chosen to divide each analysis into different sequences as we argue that this will allow us to conduct a more comprehensive analysis because it allows us to examine each sequence in detail which provides a deeper understanding of our data. Some of the choices that we have made are based on reader friendliness which is for instance seen as we have chosen to make a separate section for the analysis of forms of appeal as well as the analysis of the elements from the Theory of Reasoned Action. We could also have chosen to draw on these along the way. However, we argue that it could easily be confusing for the reader, and as we find it essential that the reader understand our considerations and findings properly, we have chosen to separate them. In addition, we have chosen to separate the videos based on what happens in them. This means

that when we have chosen the timeframe for a sequence, it is based on the fact that the content in this timeframe is the same or we see the same person in this sequence. When a new person appears, it will be a new sequence. In some of the videos, a lot of different people are presented within a short amount of time which is why these will be divided by topic which means that we move to a new sequence when there is a change in topic or mood. Separating our analysis into sequences is done to ensure that we will get a more comprehensive understanding of our data as it allows us to go into debt with each sequence. Moreover, we argue that this method is more reader friendly as it will allow the reader to focus on smaller parts but also to get a complete understanding at the end of each part of our analysis as we sum up our findings.

5.5 Model of Analysis

This part of our thesis will account for the model of analysis. Thus, we will provide an insight into what elements the reader can expect in the analysis.

As mentioned, when conducting our analysis, we start off by examining the textual dimension which consists of an analysis of the lexical and visual choices presented in chapter 5.2 regarding MCDA. More specifically within the lexical elements, we will examine the *word connotations*, *overlexicalization*, *suppression* or *lexical absence*, *structural oppositions* and *genre of communication*. Within the visual element, we will investigate *iconography*, *attributes*, *settings*, and *salience*. These elements of the MCDA are all accounted for in chapter 5.2. We will examine each sequence with the purpose of identifying if the different lexical and visual elements are present. This means that for the lexical element we will include the different text parts from our transcripts in our appendixes as we discuss them in terms of the elements. In the same way, we will examine the different sequences in terms of what is shown in the videos to determine if they make use of any of the visual elements. In addition to this, we will include screenshots of the videos to visualise some of the examples. Next, we will be looking into if and how the components of the Theory of Reasoned Action from section 4.1 are present in the different videos. We will examine the *beliefs*, *attitudes*, *normative beliefs*, *subjective norms* and *intentions* that are presented in the videos. Then the forms of appeal, presented in section 5.3, will be investigated to see if the NHS makes use of *logos*, *pathos*, and/or *ethos* in order to persuade the viewers. Lastly, we will examine the discourses present in the videos which will be determined by looking at repetitive themes, words, and expressions from our analysis of the textual dimension.

After our analysis, the reader can expect a discussion in which we will make a comparison of the findings in our analyses. This will be followed by the second part of our discussion in which we will examine our empirical data in terms of B.J. Fogg's Behaviour Model and the Health Belief Model which were presented in our Theoretical Framework in section 4.2 and 4.3 respectively. In regard to this, we will discuss how the different elements of the models appear in the videos.

Now that our Methodology has been accounted for, we will proceed to conduct our analyses of our Empirical Data presented in section 5.1.

6. Analysis

Throughout this chapter, we will conduct our analysis. Our analysis will consist of three parts. This means that one can expect one part where we analyse the video that contains smoking and overweight, one part that only focuses on the videos concerning overweight, and the final part will be an analysis of the video concerning smoking.

6.1 Video with both Themes

In this part of the analysis, we will be analysing video 1 concerning themes (Appendix 1). Therefore, this is the appendix that we are referring to every time a quote is mentioned as well as the screenshots included in this part of the analysis.

6.1.1 Textual Dimension

Sequence 1 (00.00-00.11):

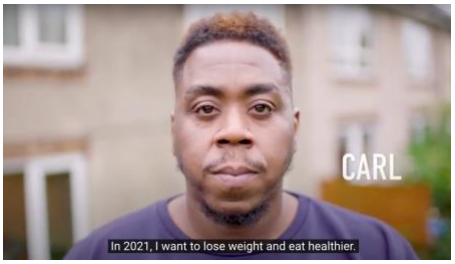
Lexical Elements

In the first sequence which lasts from 00.00 to 00.11, five people are introduced. These individuals are Carl, Vidya, Steve, Dan, and Frankie. We are shown a medium close up of each of the individuals as they state their health goals for the year 2021. In regard to the lexical choices, the *word connotations* are present in the following sentences where Carl states that for 2021 he wants *"(...) to lose weight and eat healthier."*, Vidya states that she wants *"(...) to start running and lose weight."*, Steve says that *"(...) this year I want to shed a few pounds."* and Dan is going *"(...) to quit smoking."*. In these examples, we can see that they make use of words such as 'lose weight', 'eat healthier', 'running', and 'shred a few pounds' which are all concerned with physical health. In addition to *word connotation*, it is evident that the individual participants state their *behavioural intention*. By making use of the sentences 'wanting to' and 'going to', it shows a future behavioural change, thus showing an intention from each of the participants of performing a specific behaviour when it comes to losing weight and quitting smoking. However, it cannot be considered an actual behavioural change, as it can be seen as an uncertainty whether the individuals will perform the actual behaviours. In terms of *overlexicalization*, the individuals have chosen to make use of the same phrases, namely 'wanting to' and 'going to' which are each used two times. In addition, all of the sentences are

in the same tense as they all are a reflection of the future. This also contributes to overlexicalization, and enhances the message of wanting to perform a behavioural change. Regarding *suppression* and *lexical absence*, the viewer might expect to get a background story of the individuals in the beginning or to hear more about the topics and health facts concerning the topics as the sender of the video is the NHS. On the contrary, we must assume that the ones seeing the video will either see it on NHS' YouTube channel or on another social media channel where the sender will be noticeably visible. If that is the case, most of the British population will most likely be aware of who the NHS is as it is the British National Health Service, and they will therefore expect that the video will concern health in some way. In relation to *suppression* of expected words, it might be expected from the NHS to include more facts and statistics in a video concerning health as they are a British authority and the publicly funded healthcare system in the United Kingdom.

As it appears from the sentences in this sequence, the language use can be described as colloquialism which is the use of informal words or expressions that are mostly used in speech (Cambridge n.d.a). This is seen as they make use of a colloquial expression such as '*shed a few pounds'* which is more everyday language in comparison to for instance making use of the phrase 'weight reduction' which is more formal language. In addition to this, '*shed a few pounds'* is very figurative and holds a more powerful connotation which creates a stronger message as the word 'shed' brings about associations to a sheep shedding its fur, and it makes the message easier to understand for the viewer that the person wants to create a big physical change with its body. Using colloquial language shows that the target audience can be anyone in Britain as anyone will understand this everyday type of language.

Visual Elements



#1

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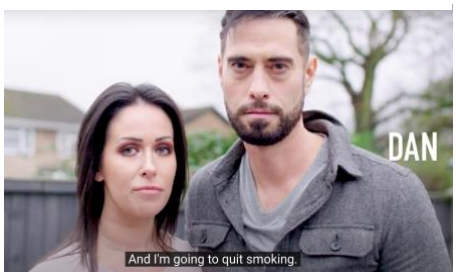


#4

In terms of visual elements, we will first be looking into *iconography*. As it appears from the screenshots of the video Carl, Vidya, Steve, and Dan are the ones denoted in focus whereas there are no other objects in this sequence. In addition to this, the background is blurred which also can be seen from the screenshots above. This creates a greater focus on the people, and it shows that they are the ones the audience should pay attention to. In addition, the background is light which contributes to a hopeful and positive feeling. This feeling is further supported by the background music as it appears to be upbeat and light. Moreover, the individuals appear to have a serious look on their faces as they are not smiling in the sequence. They each have a voiceover over the sequence in which they sound very decided and certain which results in their voices grabbing the attention of the viewer. This also contributes to the serious tone of the sequence which indicates that the viewer can expect a serious topic. The only *attributes* in the sequence are the people in it as there are no other objects to focus on. As previously mentioned, they are the ones in focus, and therefore, they are the ones the viewer should listen to. In terms of *attributes*, it could be expected that the people would be presented in a negative way as they are smoking, being inactive, being overweight, and they are indirectly saying that they are unhealthy now as they have a goal of becoming healthy. However, in this sequence, they are *attributed* as relatively powerful and determined as we hear their own voices where they talk about going forward and not what they might be unsatisfied about. Moreover, they focus on the healthy behaviours that they want instead of the unhealthy ones that they have already. In terms of *settings*, it is prevalent that they are outside in the fresh air which contributes to a

natural setting that does not seem staged. It makes it more true to life as it is not filmed in a studio for instance. Thus, we argue that it makes it more persuasive for the viewer as it is easier for them to relate to what they see in the video. This makes it easier for the viewer to identify with the individuals in the video, and the viewer gets the impression that the people in the video are regular people. In regard to *salience,* we see that the people are the ones in focus. This is seen as they are each filmed in medium close up and the background is blurred which places focus on the individuals in the frame indicating that this is what the viewers should focus on.

Sequence 2 (00.12-00:30):

Lexical Elements

In this sequence, we see Carl, Steve, and Vidya denoted, stating how their year of 2020 has been tough due to COVID and the lockdown that followed. This is particularly relevant in terms of *word connotation* as they make use of more negative words in this sequence. This is for instance seen as they state that 2020 was a 'real crazy year'. In this example, the word 'crazy' which, according to Cambridge Dictionary can be translated into 'stupid or not reasonable', is used in a negative manner indicating that it has not been a good year for the British people which we must assume is due to the consequences of COVID (Cambridge Dictionary n.d.b). A supportive example of this negativity is this: "*(...) my grandson was born in April, in a midst of a lockdown, so we couldn't enjoy that moment*". Despite that Steve mentions it as being a positive thing to become a grandfather, he mentions how the lockdown kept him from enjoying the moment. This once again contributes to a negative connotation of 2020 and life during a lockdown. In addition to this, Vidya states that "*Not knowing what is going to happen, whether our restaurant will be open again. That actually puts a lot of stress in my life. If I'm stressed out, I will definitely put on weight.*". As she states that it is stressful not knowing what will happen to her restaurant, it gives a connotation of uncertainty, and that this uncertainty is stressing her out. She then connects this stress with gaining weight. This creates the connotation that when one is 'stressed', it is easy to fall into bad habits and 'put on weight'. The element *overlexicalization* is also being used in the video. Despite the fact that it might not be apparent in this sequence exclusively, we can see that focus on weight is seen both in the first sequence and this sequence which indicates that they want the viewer to pay attention to this.

In terms of *lexical suppression,* we argue that there are a few examples in this sequence. The reason for this is that they mention a 'lockdown' as well as talking about uncertainty about the

restaurant and describing the year as ‘crazy’. These things all concern COVID, but they do not mention it explicitly so it requires that the audience knows what they are talking about. However, we do argue that the audience is aware of what they are referring to as it has been a big part of everyone's lives during that time. Excluding further explanation can also be a deliberate choice as the main focus of the video, as well as the campaign in general, is to place focus on staying active, losing weight, eating healthy as well as quitting smoking and not COVID. Regarding *structural oppositions*, we argue that if we once again compare the first sequence with the second sequence, we see a big contrast. The first sequence was very optimistic and positive focusing on a brighter future, whereas the second sequence has a more negative view of things by looking back on the things that have not been very good. The *structural oppositions* are also seen in the use of the phrase ‘put on weight’ that is used in this sequence as the first sequence made use of the ‘losing weight’ which creates a contrast between the two sequences.

In terms of *lexical choices*, the use of colloquial language is also seen in this sequence. For instance, the phrase ‘real crazy year’ is an example of everyday language as they could have said ‘a difficult time’ for instance which would have been more formal. A supportive example is seen when they use the phrase ‘put on weight’ which is also more colloquial compared to for instance ‘experience a weight gain’. Once again, the language is targeted at the public and using language that everyone can understand and relate to results in more people understanding the message.

Visual Elements

#1

#2

By examining the visual elements, we can see that the *iconography* is a bit different in this sequence as there are also used different objects in the sequence compared to sequence 2 above. For instance, we see some decorations such as a wedding photo behind Carl which shows he has a family and is family-oriented as well as a stove with a frying pan when talking to Vidya which means that the *attributes* are used to show the viewer about what kinds of people the participants are. For Vidya, her cooking *attributes* that she is passionate about food as she also talks about having a restaurant. Therefore, in this sequence, they appear more personal as the viewer gets to know more about the participants by the objects in the sequence. This is supported by the *setting* as this moves from being outside to inside. It appears that each of the persons is now inside their own homes in their everyday *settings*. This contributes to a more personal feeling as being in a home seems more life-like which again creates the understanding that the people in the video are regular people, and not actors, whom the viewers can identify themselves with.

Sequence 3 (00:31-00:46):

Lexical Elements

In this sequence, the participants are both talking about weight gain and smoking. The *word connotation* is once again focused on gaining weight. This is seen as 'put on weight' is mentioned two times which also is a use of *overlexicalization* as using the phrase two times places more emphasis on this. This once again indicates that this is important and that this is what the sender, the NHS, wants the viewer to focus on. In connection to weight gain, Carl also mentions that sometimes he tends to eat more 'fast food', and that this has an impact on his weight gain. Thus, this creates the connotation that fast food and weight gain are related which indicates that the viewers should avoid this if they are struggling with weight gain. Besides weight gain, there is also a focus on smoking in this sequence. Dan mentions: *"I was turning to smoking as a relief. But really, I was probably just hiding.*". Thus, this creates the connotation that smoking is something negative that one uses to escape. In general, the focus in this sequence is also focused on the past and the present which contributes to a more negative perspective on health compared to for instance the first sequence where they mentioned the future which was in a more positive and uplifting way. Regarding *lexical choices*, they have chosen to include negative words such as "*I was probably just hiding.*" which is Dan that uses the word 'hiding' which we argue has a negative association to it as well as it indicates that one does not want to be seen and that there is something in his life that he does not want to face. This indicates that smoking in some cases is used to escape.

Visual Elements

#1

#2

#3

In terms of visual elements, this sequence denotes Carl in what appears to be his kitchen which can be seen from the first screenshot above. In the kitchen, we see that he finds some potatoes, and on the table we see some green kale. In terms of *iconography*, this connotes a new beginning with a healthy lifestyle and healthy food. This is in contrast to the lexical choices where Carl talks about eating fast food during the lockdown. Using this contrast between what Carl is talking about and what the viewer sees illustrates the contrast between his lifestyle in the past and his desire to change his lifestyle in the future which he has started to do now. However, we also see him draw out some cookies from the cabin in the kitchen while he looks at them for a bit. This indicates that he might be struggling with unhealthy food as it can be challenging to stick to a new lifestyle with healthy habits. In addition to seeing Carl, we also see Frankie and Dan who are talking about the past, and how they were struggling, while we see them sitting down. The colours in the background are very bright which creates a more positive *setting* with hope for the future. However, they look very serious which also indicates that what they are talking about is serious as their previous lifestyle has affected them a lot. When Dan is talking about smoking, an image of a cigarette being put out is shown as it appears from the second screenshot above. In terms of *attributes*, the image of the cigarette being put out could symbolise that Dan is putting out the last cigarette as he wishes to start a healthier life without smoking. Regarding *salience*, the cigarette takes up the full focus of the frame

which indicates that this is important and that this is what the viewer should focus on. In addition to this, the frame turns a bit darker when showing the cigarettes, which indicates that this is a more negative object and that it is more serious. In the final part of this sequence, we see Steve where he is talking about the fact that he has gained weight. In terms of the *settings*, he is sitting in what appears to be his living room which can be seen from the final screenshot above. The background colours are very bright in this clip as well which creates a positive feeling. However, Steve looks very serious which also indicates that he is unhappy about his weight gain. This creates the connotation that gaining weight is serious and that it is not a good thing.

Sequence 4 (00:49-01:10):

Lexical Elements

In this fourth sequence, Carl and Dan are the main focus. They present their motivations for wanting to lose weight and quit smoking. Carl reveals that his main motivations are health risks and his family, and Dan mentions the expenses that come with smoking as the prices of cigarettes are only going up. When investigating *word connotations*, Carl states that "*I would say that my main motivation for wanting to lose weight is certain health risks. I really want to be there for my family*.", he mentions 'certain health risks', but he does not go into depth with what these risks could be. He only mentions them in relation to his family as they are his motivation for losing weight. The adverb 'really' is used to emphasise what is important, namely that he wants to be healthy for his family. Carl uses 'would' instead of 'will' which is in the past tense form which can indicate that he has wanted to lose weight for a longer period of time. He changes to present tense form as he says that he wants to be there for his family. For Dan, his motivation is stated to be the money he can save if he quits smoking: "*Smoking does hit financially. At the moment, I spend an amount of money each month on cigarettes. So what we are going to do is to continue to put that money aside, but we are going to put it into positive use. That's it now, in 2021, I'm going to quit smoking*.". The word 'hit' puts an image into the head of the viewer as something that is forceful and striking, thus it helps to emphasise that smoking is expensive and has an impact on one's economy. In terms of *lexical absence*, when talking about health risks and knowing the sender of the video is the NHS, it could be expected that these health risks related to being overweight would be stated out and mentioned to the viewer. On the contrary, a reason for the risks to not be stated out can be that the NHS has a belief that the individuals who are overweight and who are one of the target groups of this video are already informed of the consequences and the health risks of being overweight.

Therefore, to avoid using medical terms and expressions, these words are left out in order to focus on the motivational aspect which is one of the central focus points in this sequence. In the case of *structural opposition*, in the second sentence by Dan, he says that he spends money each month on cigarettes, but that he is going to put that into positive use. This shows that he has a belief that money spent on cigarettes is negative, thus money spent on cigarettes brings out negative associations and money spent on family brings out positive associations. When investigating the *lexical choices*, it becomes obvious that both Carl and Dan are aware of some of the negative aspects that can come from being overweight and smoking cigarettes, namely health risk and spending a lot of money on cigarettes. Therefore, the lexical choices used in this sequence show Carl and Dan as being informed and aware.

Visual Elements

#1

#2

In terms of visual semiotic choices, more specifically *iconography*, in sequence 4, in the first scene, we can denote Carl sitting at a dining table in the kitchen with his family, which consists of him, his wife, and their two children as also shown in the screenshot above. It is also possible to see that they are playing a game, thus it connotes them having fun and smiling. Furthermore, it is possible to denote that the kitchen does not seem to be tidied up, and their clothes are casual everyday clothing. Then it clips to Dan and a medium close up of his face. It then clips to a viewing of him and Frankie and goes into a clip of money being put into a savings-can and then onto Frankie and Dan and their two children playing at home, as also shown in the screenshot above, and then back into a medium close up of Dan and then Dan and Frankie. All scenes with Dan, Frankie, and their children are depicted in light settings. This can have a symbolic value, as it can be an indication of hope for the future. Both scenes with Dan and his family and Carl and his family can be seen as an indicator of why being healthy and quitting smoking are important. It reflects family values and that family is one of the most important things and that family can be one of the biggest motivators for changing a behaviour for the better. Therefore, the families can be seen as *attributes*, as they are used to communicate that

family is important and something to have in mind when performing unhealthy behaviours and even more important when it comes to the intention to perform a new behaviour. In the first scene with Carl, the messy kitchen can also be seen as an attribute as it can mean that the family cares more about spending time together and having fun, than having a perfectly clean kitchen all the time. In the case of *settings*, the two families are seen playing with their children in a kitchen at the dining table where families usually come together, and on the floor on a carpet. This once again creates a personal perception of the participants in the video. In terms of *salience*, the focus is placed on the participants and their families as the families are symbols of their motivation to become healthier.

Sequence 5 (01:11-01:39):

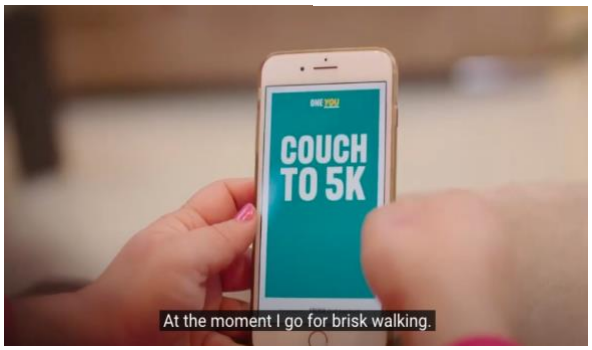
Lexical Elements

The fifth sequence denotes Vidya telling the viewer what she has done to change behaviour and Carl informing the viewer of how he has tried to change his eating habits. When investigating *word connotations*, Vidya says "*So I have never done a 5K*.". Here 5K is a slang term for 5 kilometres. By 'doing a 5K' what is meant is running 5 kilometres (Urban Dictionary 2008). '5K' is typically runners' slang as runners will know what doing a 5K will mean. By using slang, Vidya wants to show that she belongs to the same social group as runners. Carl makes use of the words 'indulge' and 'those types of food'. The word 'indulge' means "*to allow yourself or another person to have something enjoyable, especially more than is good for you.*" (Cambridge Dictionary n.d.c). By using this word, Carl says that he has had a previous eating habit of eating food that might be too good for him and that might be unhealthy. Thus, he says that he is trying to find alternative foods to the unhealthy kind he would usually indulge in. In terms of *lexical suppression*, by using abbreviations such as '5K', it is expected that the viewer knows what a 5K is, and therefore, the NHS assumes that the audience is familiar with the term as they do not explain what 5K means. In addition, 'those types of foods' are also not further explained. Therefore, it is up to the viewer to picture what this kind of food can be. Furthermore, it implies that the food is unhealthy without stating it. The same can be said with 'alternative foods', the difference here is that 'alternative foods' is to be seen as healthy food that can substitute the unhealthy food. In the case of *structural oppositions*, 'those types of foods' and 'alternative foods' can be seen as examples of 'unhealthy food' and 'healthy food', and therefore, a hierarchy is created, making 'those types of food' sound negative and 'alternative foods' sound positive. The lexical choices in this sequence are made to make the individuals participating, Carl and Vidya, seem more educated and as having knowledge about

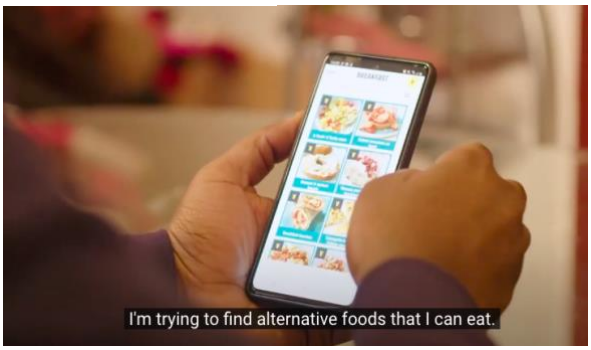
health. Vidya is made to look like she is a part of the runners' society by using abbreviations runners will know. Carl is presented as someone who is aware of the difference between healthy and unhealthy food, and therefore, the viewer is more likely to trust Carl and Vidya when they are talking.

Visual Elements

#1



#2



#3

The first scene denotes Vidya sitting in a kitchen, talking to the camera as shown in the first screenshot above. In the background there are flowers and fruit on the table, this connotes a healthy and blossoming lifestyle. It then shifts to a voiceover of her voice while a phone is the key focus of the camera where she moves around in the 'Couch to 5K' app which can be seen from the second screenshot, then it moves to a frame of Vidya sitting relaxed on her couch. The next scene shows Carl focusing on a phone, then it shifts to a clip of the phone, where it is possible to see Carl's finger moving around in the 'Easy Meals' app as pictured in the third screenshot. Lastly, it shifts to Carl again where it is possible to see both him and his phone as he is sitting at what appears to be a dining room table in a kitchen and as he talks about a dish he likes, it clips to an image of the dish and then back to Carl. Some of the *attributes* present in this sequence are the fruit, flowers, phones, and a couch. The fruit creates a connotation of her being healthy. The flowers, which are roses in pink and a lighter colour represent freshness,

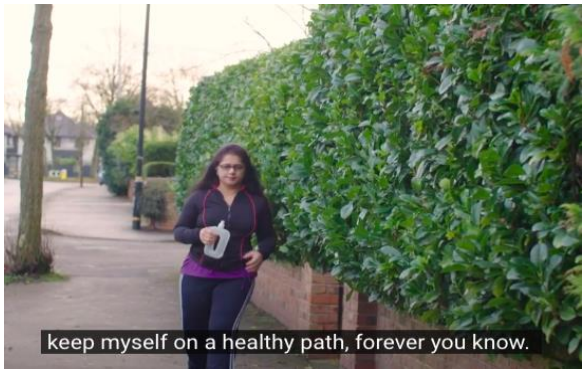
life,, and happiness, which can be analysed to mean that Vidya's life has been better since she has changed behaviour, started to exercise more and that the app 'Couch to 5K' has helped her to change behaviour. Both Carl and Vidya make use of smartphones as they show the NHS' apps. The phone represents the technological society, and it is used to show how easy it can be to change an unwanted behaviour just by using their apps. Lastly, the couch on which Vidya is relaxing is a reflection of the app 'Couch to 5K' as Vidya is sitting on a couch talking about how the app has helped her to track her progress more. The *settings* are kitchens and a living room. The first kitchen is tidied up and clean, which can be an indication of a clean mind and that exercise can help clear out the head. At Carl's, the kitchen is the setting as he is talking about food and eating habits, this is, therefore, the adequate setting for the conversation. Lastly, the setting is the living room as Vidya talks about the 'Couch to 5K' app. This is a symbolisation of the app as she is sitting on a couch as also stated previously. The most *salient* aspect of this sequence is the NHS' two apps. They are used to show how easy a behavioural change can be, and that they offer lots of guiding tools to make the change easier. Thus, they wish to persuade the audience to download their apps as it also will make their lives easier and not just the individuals in the video.

Sequence 6 (01:40-01:59):

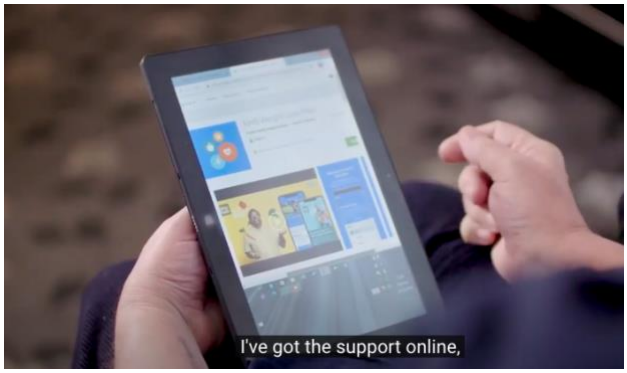
Lexical Elements

When investigating the lexical elements in the sixth sequence, the first one to examine is the *word connotations*. It starts with the verb 'can': "*We can make positive changes, we can be whatever we want to be in 2021 moving forward*". This verb is used to show possibilities and what they are able to do. The word 'path' is being said because it means the direction which something is taking, hence, Vidya is seeing her change in behaviour as a lifestyle choice and not just something to do at the moment. Steve has the same view as he says that it "*(...) is the start of a journey (...)*". Therefore, Steve sees the behavioural change as an experience and as something that is ongoing and that can change him as a person. In terms of *overlexicalization*, it is possible to see that both Dan, Vidya, and Steve talk about changes and about moving forward. They all have the same view of the future, namely that it is positive and something to look forward to. This can result in an over-persuasion for the viewer, as they, overall, are conveying the same message. In regard to *lexical choices*, many words are associated with the future. These words include 'changes', 'moving forward', 'path', 'journey' and 'driver'. Furthermore, these words all bring out positive connotations and they are used to show the individuals as being in control and positive minded.

Visual Elements



#1



#2

In terms of *iconography*, it starts with a medium close up of Frankie and Dan sitting in front of the camera. It then cuts to Vidya reaching out for her water bottle followed by her going out for a walk. Then it cuts to a close up of Vidya in front of the camera, then cuts to her out for a walk as can be seen from the screenshot above. This connotes the meaning that Vidya is on a new path of healthy behaviour. Lastly, it denotes Steve sitting in front of the camera, then on a couch with his tablet on the NHS website as seen from screenshot two and then back to a close up of Steve in front of the camera. This connotes the image of Steve actively changing his current unhealthy behaviour to the wanted healthy behaviour. When investigating *attributes*, it is possible to see that Vidya's water bottle can represent health and as a symbol of her behavioural change. In addition, her going outside for a walk is also to persuade the viewer that she actually has changed her behaviour and started exercising more. Steve makes use of a tablet to show the NHS website. This is used to persuade the viewer that their website can help when trying to change one's behaviour and that there is support to receive via the website. The *setting* of the sequences moves from inside to outside for Vidya as it shows her actually changing her behaviour so the viewer can see that she actually did what she said her goal was. Therefore, the *salience* of this sequence is seeing the individuals changing their behaviour and how they came to do it.

Sequence 7 (02:00-02:32)

Lexical Elements

The first element to investigate in sequence seven is *word connotations*. The viewer is presented with a new individual named Tony. He makes use of the personal pronoun 'I'

throughout the whole sequence. This shows that it is his own story and his own experience he is talking about. He talks about losing weight and if he had not done this, he does not think he would be here now. Therefore, the weight loss is connoted as the best thing that could ever happen to him, because he says it saved his life. Furthermore, this contributes to a positive connotation of weight loss. In terms of *overlexicalization*, Tony often mentions losing weight in different terms, 'losing weight', 'lost three stone', 'if I hadn't done what I'd done', 'being fitter and healthier'. This is done to underline that Tony losing weight was what saved his life and that if he had not, COVID would have cost him his life. Thus, losing weight gave him a second chance in life and others should learn from his experience. Furthermore, in this sequence, there is a *lexical absence* when investigating it. An example is the statement: "*(...) I don't think I'd be here now*.". It can be argued that he means he would be dead as he later talks about contracting COVID and being hospitalised for days. However, it is not explicitly stated, and therefore, leaving it up to the viewer to make this interpretation. This statement is mentioned again as he says: "*(...) I wouldn't have made it through.*", again implying that if he had not lost weight he would have died, instead of spelling it out explicitly for the viewer. A reason for this absence can be that the word 'dead' is a very serious word. Thus, the tone of the sequence would have shifted from being meant to motivate the viewer to not get in the same position as Tony to scare the viewer into losing weight. Therefore, the *lexical choices* made have been thought out in order to keep the same tone throughout the full video, namely to provide motivation to the viewer and the British population to change their behaviour and make healthier life choices.

Visual Elements

#1

#2

In terms of *iconography,* this sequence begins in the same way as the first sequence, namely with a denotation of Tony with a serious expression on his face as his voiceover introduces him as shown in the first screenshot above. It cuts to a close up of his phone as he shows pictures from before and after his weight loss, showing the viewer the weight loss he has gone through, then back to him sitting on the couch looking at the phone. After this it goes back to a close up of his phone as he shows pictures of him wearing an oxygen mask from when he was hospitalised with COVID, this connotes the seriousness of COVID and how dangerous it can be. After this, it switches to Tony sitting in front of the camera, then on the couch with his computer showing the NHS website, then back to him talking in front of the camera, then to him cuddling his dog and back to Tony sitting in front of the camera. This impression of Tony connotes the meaning that he is still alive because of the changes he made using the support from the NHS. Thus, this encourages the viewers in similar situations to do as Tony.

When investigating the *attributes* in the sequence, the before and after photos of Tony's weight loss are used to show how much of a change he has gone through with the help of the 'Better Health' website and its tools. In addition, they are used to show how unhealthy he was. From the 'before' photo it is possible to see that he has a very neutral and serious expression on his face and from the picture after his weight loss, the viewer can clearly see a smile on his face, indicating that he is much happier after his weight loss and that his life has become a lot better since losing the weight. The photos from his time in the hospital wearing an oxygen mask are used to show the seriousness of COVID and of his situation. They are used to insinuate that if this is what he went through after losing a lot of weight and living healthier, it would have been much worse if he had not lost the weight, and to show the consequences the excess weight could have had for him. Furthermore, the showing of the NHS website as Tony states: "*There's loads of tools and apps on the website to keep you on track with losing weight.*" is done so to persuade the viewer of how it can be an assist to a behavioural change, and therefore, the viewer should use it if they also want to, for instance, lose weight. By Tony sitting on the couch and petting his dog, it shows a very natural and everyday *setting*. However, this shifts when Tony is seen sitting in front of the camera, as it makes it seem more like an interview. Because these particular scenes can feel more like an interview as Tony is sitting in front of the camera, it gives a more human touch as it is Tony who is the focus of the scene and it puts a face to the story so it seems more sincere to the viewer. It is clear that the main focus is on Tony, however, the NHS is also seen as salient in this sequence as they are marketed as the tool the British population should use if they want to lose weight. The sequence ends with a picture of the

'Better Health' logo along with the words: "*LET'S DO THIS!*" and "*Search 'Better Health' for tools and support to help make healthy changes.*", with the NHS logo at the top right corner. As it can be seen from the screenshot above, the background in the picture is yellow which can be seen as salient as this takes a lot of focus because it is an intense colour. This makes the viewer look at it and remember it.

In terms of *genre of communication*, it can be difficult to determine as there are different perspectives in the video. On one side, the video appears like a promotion as they are talking about products the NHS has launched in connection with the 'Better Health' Campaign as Vidya shows the app 'Couch to 5K', Carl talks about the 'Easy Meals' app, and Steve refers to the Better Health website. Therefore, it can be seen as promotion and a showing of products rather than a conversation between the participants and the viewer. However, we do acknowledge that it is not a matter of selling a product but rather about providing free support to increase health. Furthermore, there is primarily an informal tone throughout the video as we also found in our analysis of the previous sequences. The setup in general is an interview as you see the participants sitting and talking in front of the camera. Based on this, we argue that the *genre of communication* can be categorised as informal interview.

6.1.2 Theory of Reasoned Action:

From the very first sequence of the video, the participants all express their *behavioural intention* in regard to changing a specific behaviour. Some want to lose weight, eat healthier, or quit smoking cigarettes, but common for all is that they have intentions of changing their current behaviours which is also the purpose of the video, namely to persuade the British people to change behaviour into a healthier one. Furthermore, it is possible to see how they all have negative connotations of the year 2020, which was shown in sequence 2, and therefore COVID, as it was part of nearly everyone's everyday lives. This shows that their *beliefs* about the year and the pandemic were negative. This resulted in negative *beliefs* about their current behaviours, i.e. smoking, eating more fast food, and stress eating. Their *attitudes* towards the behaviours the NHS wants them to perform, namely eating healthier, getting more active, and quitting smoking, can be analysed as being positive as they comment on some of the positive tools the NHS offers. An example can be seen with Vidya as she states "*Having something where I can track my progress is quite useful.*". This shows how she evaluates the app

positively. Thus, it results in a positive attitude towards the behaviour of running more. It is also possible to see *subjective norms* in this video as for instance, Carl says: "*I would say that my main motivation for wanting to lose weight is certain health risks. I really want to be there for my family.*". Although it is not explicitly stated, we assume that there are *normative beliefs* present as he mentions 'certain health risks' because it is known that there is a societal belief that being overweight can cause health problems. These then lead to *subjective norms* because he involves his family. Therefore, he implicitly states that he believes that his family also possesses beliefs regarding being overweight as something negative. This is further supported when Dan talks about cigarettes being costly: "*Smoking does hit financially. At the moment, I spend an amount of money each month on cigarettes. So what we are going to do is to continue to put that money aside, but we are going to put it into positive use.*". Here Dan comments on the pricing of smoking and by using 'we' he indicates that he also believes his family shares that opinion, and therefore, stating his *subjective norms*. This is also an example of his *beliefs* concerning smoking as he sees it as an expensive habit, and thus, evaluates it negatively which results in a negative *attitude* towards smoking. Therefore, these negative *attitudes* and *beliefs* about their current behaviour can result in positive *beliefs* and *attitudes* towards the new behaviour as it can function as a catalyst for the intention the participants have.

6.1.3 Forms of Appeal

In terms of rhetorical forms of appeal, we argue that the use of lexical and visual elements in the first part of our analysis primarily appeals to *pathos*. This is seen as the individuals in the video are presented in a very serious and determined way. Vidya for instance looks sad when talking about the uncertainty concerning her restaurant. This appeals to *pathos* as we see that she is very affected by this as a lot of uncertainty can be associated with her situation both personally and financially. For that reason, we argue that it appeals to the feelings of the viewer. This is further supported by the fact that many other people might be in the same situation due to COVID which means that they can relate to her situation which will be more emotional for the viewer itself. We also see the use of *pathos* as Carl is talking about his motivation for getting healthier, namely to be there for his children. This is a very emotional topic as it indicates that if he does not change his lifestyle and lose weight, he might not be there for his children which is a serious scenario that other parents can relate to and would not want to happen for them. Moreover, we also see Tony who had lost a lot of weight by using support

from the NHS. He mentions that if he had not done this, he 'would not have made it through' and that he got 'a second chance'. This once again appeals to the feelings of the viewer as this could indicate that he might not be alive if he had not changed his lifestyle which is a very serious consequence that the viewers will most likely not want to experience themselves. However, despite the fact that the video has a seriousness to it, it is also very optimistic for the future which is supported by the encouraging and emotional use of music as well as bright colours. To conclude, this seriousness, combined with the comments where they share personal things that they have struggled with in 2020, all appeals to the feelings of the viewer, namely pathos. This is particularly emotional as the British people watching the video might have experienced similar things in their own lives due to COVID and this creates a feeling of empathy and coherence. Besides the use of *pathos,* we also see examples of *logos* in the video. This is used as Carl mentions that he wishes to reduce health risks to be there for his family. As mentioned, this appeals to *pathos*, but we argue that it also appeals to *logos* as it is a logical argument that if one does not take care of one's health, one will most likely not live a long life and be able to be there for one's children. Moreover, we see the use of *logos* when Dan says 'smoking does hit financially'. This is once again an example of *logos* as it is a logical argument that cigarettes cost money, and that smoking will then have an impact on one's finances. We also argue that the video can be associated with *ethos* as the sender is the NHS. We argue that the viewer will expect a topic concerning health to be presented by the NHS. Due to their status of being the National Health Service, we argue that they seem credible to the viewer regarding this topic which also contributes to persuading the viewer. Based on the above, we argue that the use of *pathos*, *logos*, and *ethos* contributes to the persuasion of encouraging the British people to start taking care of their physical health.

6.1.4 Discursive Practice

Based on the analysis of the first video, we argue that four discourses are present in connection to the video on both subjects, namely a discourse called *'Motivation for Improving Physical Health'*, a discourse called '*Overweight is Unhealthy*', one called *'Support by the NHS'*, and finally a discourse called *'Smoking is Perceived Negatively'.* The first discourse, *'Motivation for Improving Physical Health'*, is named this because we argue that one of the main focus points in this video is the individuals' motivation and intention to change their behaviour. This is depicted in their statements as analysed above, where they say they want to lose weight, get

more active, and quit smoking, but they also mention their motivations to change behaviour, namely family, health risks, and overall getting healthier. We also argue that there is a discourse regarding *'Overweight is Unhealthy'* as one of the main topics in the video is concerned with this. This is seen as several of the participants state that they have gained weight and that they want to lose weight. Thus, instigating that they perceive the weight gain in a negative manner. Moreover, we argue that there is a discourse called *'Support by the NHS'* which refers to when they mention the services provided by the NHS. This is seen several times as they mention that it is possible to get support online, use their app, or go to the Better Health website to get support. The final discourse is called '*Smoking is Perceived Negatively'* as this is also a focus in the video when Dan is talking about how he wishes to quit smoking, and how it has affected him and his family financially.

6.1.5 Summary of Findings

Based on this part of our analysis, we can conclude that the NHS aims to change the British people's behaviour, both in terms of overweight and smoking, by focusing on each individual's motivation for becoming healthier. This is done to appeal to a broader audience to persuade more people and to show different motivations to become healthier. In the video, they create a contrast between the past consisting of unhealthy behaviours and the future where they encourage healthier behaviours. Based on our analysis of Theory of Reasoned Action, we found that the NHS mainly focused on the individuals' *behavioural intentions* to perform different healthy behavioural changes. Moreover, the individuals' *subjective norms* also became apparent as some of the participants in the video included their families, indicating that they had shared *beliefs* and that this was a contributing factor to their *intention* of changing their behaviour. In addition, it became evident how the individuals had negative *beliefs* and *attitudes* about their current behaviours, but they also had positive *beliefs* about the support that the NHS could provide which resulted in a positive *attitude* towards the new behaviour. These components lead the individuals to a *behavioural intention* of changing their current behaviour and becoming healthier. Moreover, we can conclude that in the video, the NHS made use of each of the three forms of appeal. However, they primarily appeal to the feelings of the viewer. As they appeal to the viewer's feelings, it makes it easier for the viewer to relate to the participants in the video which assists in persuading the viewer to change behaviour and take care of their physical health as the people in the video. Finally, we can conclude that based on

our analysis of this video, there are four different discourses present in the video, namely *'Motivation for Improving Physical Health'*, '*Overweight is Unhealthy*', *'Support by the NHS'*, and *'Smoking is Perceived Negatively'.*

In chapter 7, we will draw on these findings as we compare them with the findings of the two other parts of our analysis regarding overweight and smoking. Finally, we will also relate it to the two models, HBM and FBM.

6.2 Videos Concerning Overweight

In this part of the analysis, we will examine video 2 and 3 concerning overweight (Appendix 2). This means that we will be analysing the data from Appendix 2 which will be the appendix that we refer to when mentioning a quote and including screenshots in this part of the analysis.

6.2.1 Video 2

6.2.1.1 Textual Dimension

Lexical Elements

When looking into *word connotations* in the first video in regard to weight loss and obesity, the first sentence being said is "*If you want to lose weight (...)*". The NHS uses the phrase 'if you want to' to include the viewer and to make the behaviour of eating healthier, losing weight, and getting active the viewers' own choice, not forcing it on them. The NHS wants the viewer to know that they can help and that they want to support the British people who want to change behaviour for the better. Furthermore, the adjective 'free' is used to motivate and to show that their support and tools are for everyone in British society and that it does not need to be difficult to do a behavioural change. In addition, it indicates that the change can be started at any time. Then the voiceover says: "*Search Better Health.*", almost making it an order that if they want to get healthier, then the viewer needs to search 'Better Health'. Lastly, the voiceover says: "*Let's do this.*" to activate the viewer and get their change in behaviour started. Furthermore, by using 'let's do this', it makes the health change sound more fun as it is used as an initiation of behaviour. In terms of *lexical absence,* the NHS does not at any point spell out how to lose weight, eat better, or get more active. Thus, they leave it up to the viewer to be in charge, but they offer support on how to get started. This shows that the ultimate responsibility for the

change in behaviour is with the viewer but by saying ‘let’s do this’ they also show that they are right there with them with the support they will need. The *lexical choices* in the video are made to show a positive and upbeat tone. Moreover, the words and phrases are active and chosen to involve the viewer, and thus the British population, to motivate them to make better choices when it comes to their health. An example to support this is the statement “*If you want to lose weight, eat better, or get active, we have lots of free help and support to get you started.*”. A supportive example can also be seen here: “*Let’s shop smarter.*”. These examples engage the viewer and are meant to activate them.

Visual Elements

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In this video, we see a lot of different persons and objects in a short amount of time. In terms of *iconography*, the first things that are denoted in this video are people getting up from their beds in the morning and a man outside who is about to ride on his bicycle as seen from the first screenshot above. Then we are shown people making different kinds of food, connoting the different ways to eat healthily, this is exemplified by the second screenshot. It then denotes a woman being outside walking her dog, a different woman brisk walking with weights in her hands as also shown in the third screenshot above, a man using a jumping rope, and then a woman who is out for a run which all connotes the different ways one can be active. Next, it

switches to several people who are cooking healthy food and exercising. These different scenes once again connote the different ways one can be healthy. The last scene denotes a man boxing into the camera who looks happy which connotes the meaning that being active will make one happy.

In terms of *attributes*, we see this as alarm clocks are going off as well as alarm sounds going off and hearing birds chirping. These *attributes* are used to symbolise the start of the day and the start of a change in behaviour. As the scene shifts to the different kinds of food, the song "One Way or Another" by Blondie (BlondieMusicOfficial 2014) is playing in the background. This song is used to set a tone for the video as it is an upbeat song. The lyrics go "*One way, or another, I'm gonna find ya, I'm gonna get ya, get ya, get ya, get ya. One way, or another, I'm gonna meet ya, gonna meet ya, I'll meet ya.*" (BlondieMusicOfficial 2014). Therefore, the song is chosen to show the different kinds of ways to get active, eat better, and exercise more, and thus, they can do it 'one way, or another'. For instance, one can go for a brisk walk, a walk with the dog, use jumping ropes, go for a run, or exercise outside to name some of the examples in the video. The same counts for the food shown in the video. One can eat more fruit or vegetables or make a smoothie in the morning, or eat oatmeal. Furthermore, in terms of *settings* in this video, there are both bedrooms, the outside, parks, and kitchens. These are used by the NHS to show that the British population can exercise and get more active in many different places, again referring to the song used in the background. Generally, the tone of the video is positive and upbeat just as the song used. It pictures individuals smiling, having fun, and dancing while engaging in the wanted behaviour that the NHS wants to advertise, namely eating healthier and getting more active. This gives the viewer the same feeling and makes the video fun to see and light to absorb. Regarding *salience*, this is seen in different places in the video. It is used as they show most of the people in the video in medium close up and the food in the video in close up. This places a lot of focus on people and the food which influences the viewer to pay attention to this. It is also seen at the end as a picture that is half pink and half green appears with the words: "*Search Better Health.*" on it. The use of intensive colours like pink and green attracts the viewers' attention indicating that it is important what is being said and stated on the screen.

6.2.2 Video 3

6.2.2.1 Textual Dimension

Lexical Elements

The second video concerning overweight begins with a voiceover saying: "*Let's face it - after the year we've had, many of us are carrying a few extra lockdown pounds*.". When investigating the words used by the NHS, they use the personal pronouns 'we' and 'us'. This unifies the NHS and the British population as the pronouns are chosen to show that the NHS is one of them and that they are in the same place. Furthermore, they use 'comfort food' and 'treating' and these words connote that food has been used as support and to make one feel better for many of the viewers. Moreover, this can also be said concerning the statement 'lockdown pounds' as many people suffered during the lockdown as they could not do that much else other than being at home and so they might have eaten more, and eaten more unhealthy because there was not much else to do. However, "*Now is the time to turn things around.*" as they state. They use 'now' to insinuate the beginning of the behavioural change and as a catalyst for change. The behavioural changes that they express seem to be minor changes as they are improvements of behaviours the British population already have as they state: "*Let's shop smarter. Eat better. And move more.*". This means that as people already shop, eat, and move, the NHS wants them to do it better. Therefore, it might not be viewed as a big change for the viewer as it is a build-up of behaviour they already do. Thus, the *lexical choices* are made to make it seem simple for the viewer and to make it look easier for them to engage in the wanted behaviour. Therefore, the NHS provides the viewer with knowledge of how to change behaviour. In terms of *overlexicalization*, the NHS makes use of many examples for instance "*Let's shop smarter. Eat better. And move more.*" and "*Let's peel, chop, blend, and whisk up some good stuff.*". Therefore, the NHS provides a lot of examples of how to 'turn things around' to inspire the viewer with new ways to eat healthier.

Visual Elements

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When investigating *iconography* in this video, it starts from the inside of a refrigerator filled with coca-cola and pizza as shown in the first screenshot above. These *attributes* are used in connection with the first statement as symbols: "*Let's face it - after the year we've had, many of us are carrying a few extra lockdown pounds.*". The unhealthy choices that are present in the scene are symbols of the 'lockdown pounds', and they are used to show why some people have put on extra weight. Another scene, where chips are the focus, is also used as an *attribute* to show some of the 'comfort foods' and 'treatings' that the British population have allowed themselves during the COVID lockdown. In the next scene, a man is denoted trying to get up from a chair, and it is visible to the viewer that he is struggling as shown from the second screenshot. This scene is meant to connote the strain that the extra weight can have on people's bodies and show how the extra weight has affected the population. As the voiceover says: "*Now is the time to turn things around.*", the scene shifts to a man using jumping ropes as the camera

moves in the direction the rope is going. Here there is also a switch in music as the background music goes from being instrumental to more uplifting notes symbolising the change. It then switches to a scene with someone putting a red pepper into a shopping cart, which can be seen from the third screenshot, as the voiceover says "*Let's shop better.*", it then moves to a scene of a woman cutting the red pepper up as it says "*Eat better*.". Then the scene shifts to people outdoors doing exercises while the voiceover says "*And move more.*", this is exemplified by the fourth screenshot. These scenes show how the *attributes* and *settings* can function as symbols for the statements made. The first example is when the voiceover says 'it's time to turn things around'. Then the camera, therefore, moves around with the jumping rope symbolising turning things around. The next example concerning the shopping cart connotes how to shop better by choosing healthier options for your cart. Lastly, the example with a woman cutting up the red pepper connotes how to eat better as she is in the middle of cooking whilst having fun and dancing. Furthermore, the statements regarding peeling, chopping, blending, and whisking are also demonstrated. These ways of cooking make the examples more visual and make it look more appealing for the viewer to make healthy food. In the last scene of the video, we are presented with the same woman from the first scene who had unhealthy options in her refrigerator. In the first scene, she was seen with what appeared to be no makeup and her hair up in a ponytail whilst wearing a sweatshirt. She also is a symbol for turning things around as she now, in the last scene, appears to be looking better and happier. In the first scene, she had a neutral facial expression whereas in this last scene she is seen smiling, this change can also be seen by looking at the first screenshot versus the last screenshot.. Here it can be seen that she is wearing a dress and having her hair down. She shows her friend what she has cooked and it appears to be a salad. As pointed out above, she appears to be much happier in this scene, and it is also reflected in her appearance as she has on a dress with many colours and flowers on it, symbolising freshness and mental surplus. The words: "*For free help and support to lose weight, search "Better Health".*" are stated by the voiceover as the 'Better Health' logo appears during the scene. This also indicates that if the viewer wants to change their behaviour for the better and change from the person in the first scene to the person in the last scene, then they should use the NHS and their tools and offerings.

Regarding *genre of communication*, we argue that the two videos concerning overweight can be said to be motivational and informational, and therefore, in the informative genre, because they persuade people to move more and get going in different ways in regard to changing their eating and exercising behaviour. Moreover, they desire to inspire the viewer by providing

different examples of how to change behaviour and by making it look fun while engaging in the desired behaviour.

6.2.3 Theory of Reasoned Action

As these two videos do not contain any individuals stating their own opinions about a behaviour they want to perform, this analysis of the theory of Reasoned Action will focus on what aspects of the elements the NHS are seeking to cater to and influence. It is possible to see how the NHS is referring to the *beliefs* that some of the viewers might have, namely that the current behaviour i.e., not being active enough or eating unhealthy, is something they need to tend to and change for the better. This is evident by the examples of people performing the intended behaviours in the video such as making healthy food and exercising in different ways. In addition, it can also be seen by providing examples of how the current behaviour was during lockdown where many sought to 'comfort foods' and 'treatings'. Thus, the NHS is trying to influence the viewers' *attitudes* about both their current behaviour and the new behaviour they want the viewers to engage in. They wish to create a negative *attitude* towards the current behaviour during the lockdown and a positive attitude *towards* the new behaviour of getting more active and eating healthier in order to create *behavioural intention* for the viewer. Moreover, the videos focus on placing the responsibility individually. Therefore, *subjective norms* are not present in the videos. However, we argue that because the sender of the campaign videos is the NHS, *normative beliefs* are present as it shows the NHS *beliefs* that some of the British population should change their behaviour for the better and be healthier. This is done to influence the viewers' subjective norms and beliefs in order to create *behavioural intention*. Thus, making it easier for the viewer to decide in performing the wanted behaviour.

6.2.4 Forms of Appeal

In terms of forms of appeal in the two videos concerning obesity, we see that the NHS makes use of each of the three forms of appeal once again. The form of appeal, *ethos*, is once again seen due to the sender of the videos which we see as the NHS logo appears at the top right corner of the screen in the videos, which also can be seen from the screenshots above. As the sender is the NHS, we must assume that the British people have credibility towards them and that they will expect that a video by them would concern health. In the two videos, they make

use of *pathos* several times. This is seen throughout the videos by the use of music as this is very powerful, uplifting, and happy which contributes to a feeling of motivation to get healthier. This feeling is also supported by the people in the video as they all appear very happy when they are exercising and eating healthier. Moreover, the lexical elements are very motivational and encouraging in terms of getting the viewer to behave like the people in the video so that they can feel the same way. Thus, we argue that they appeal to the feelings of the viewer. In connection to the use of *pathos*, they also make use of *logos*. This is seen as after they have encouraged the viewer to start their healthier habits, and thus change behaviour, they encourage them to go get support on the website by 'Better Health'. They make use of *logos* in this case as it appears rational that they should go to get support as support will most likely be needed if the viewer has not changed behaviour on their own yet. Thus, providing a logical argument as this appeals to *logos*. Using the forms of appeal in this video assists in persuading the viewer to go to the website to get support but also to start focusing on their physical health now.

6.2.5 Discursive Practice

The previous section leads us to identify what prevailing discourses are present in these videos by the NHS. Based on the preceding analysis, we can conclude that the prevailing discourse is '*Motivation to Overcome Overweight'.* This discourse is conveyed by subdiscourses which we have named '*Getting Active'* and '*Eating Healthier'*. In addition, it is conveyed by the NHS providing multiple examples of how to get active and eat better, and thus trying to motivate the viewers into changing their behaviour for the better. The subdiscourses are conveyed in the actions of the videos as the viewer is shown people who are getting active by riding bicycles, exercising, running, and going for walks with their dogs. The viewer is also shown how to eat better by choosing better foods and not go for the 'comfort foods' that they might have allowed themselves during the lockdown such as sugary drinks, pizza, and chips. Therefore, these subdiscourses lead to the main discourse which was presented as '*Motivation to Overcome Overweight'* as they function as support and provide motivation to the British population which can be seen as the point of the two videos.

6.2.6 Summary of Findings

Based on our analysis of the two videos regarding overweight, we can conclude that the NHS aims to motivate the British people to overcome overweight, get active, and eat healthier. This is done by providing several examples of how to change behaviour and by creating a positive image of the new behaviour. This is supported by the Theory of Reasoned Action because we can conclude that the NHS aims to change the British people whose current behaviour is seen as unhealthy such as gaining weight, being inactive, and eating unhealthy. Therefore, we can conclude that the NHS intends to change these peoples' *beliefs* and *attitudes* about their current behaviour but also about the new healthier behaviours. Regarding *behavioural intention*, we can conclude that the NHS seeks to create a negative *attitude* towards the current behaviours by creating a new positive attitude towards the new intended behaviour of being active and eating healthier. We also found that *subjective norms* cannot be identified in these videos as the responsibility is placed on the individuals exclusively. However, we found that the *normative beliefs* can be seen as it is evident that the NHS believes that the British people should improve their behaviour and become healthier which is done to influence the viewers' *subjective norms* and *beliefs,* and thus result in *behavioural intention.* Concerning forms of appeal, we can conclude that they make use of each of the three forms of appeal in this video. This use contributes to persuading the viewers to visit the website provided by 'Better Health' in order to get support to improve their physical health. Based on the aforementioned, we identified three different discourses in the two videos, namely: *'Motivation to Overcome Overweight', 'Getting Active',* and *'Eating Healthier',* whereas the first mentioned is seen as the overall discourse.

The findings of this analysis will also be used in our discussion in chapter 7, where we will compare the findings with the other analyses and also include HBM and FBM to discuss relevant elements of these.

6.3 Analysis of Smoking:

This part of the analysis will consist of an analysis of video 4 concerning smoking (Appendix 3). This means that in this section, we will refer to Appendix 3 whenever we make use of a quote or a screenshot in this part of the analysis.

6.3.1 Textual Dimension

Sequence 1 (00:02-00:37):

Lexical Elements

The first sequence is used as an introduction to the theme of the video, namely parental smoking. Here we see an NHS General Practitioner named Nighat Arif that mentions that *"Around this time a lot of my patients contact me asking me how they can quit smoking."* which is around the new year. She also mentions some of the reasons that her patients have for quitting smoking such as 'to save money', 'health' or 'family' which is relevant in terms of *lexical choices* as they have chosen to focus on the motivational factors that there are for quitting smoking. In terms of *word connotations*, we can see that this sequence focuses on informing the viewers as she introduces herself, introduces the topic, and encourages the viewer to watch as she mentions some of the possible reasons to quit smoking. She also makes use of very uplifting words as she mentions that *"The new year can give us all that extra boost to start a fresh and make a quit attempt.".* As she states that the new year can give 'extra boost' to 'start a fresh' indicating a behavioural change, this is very encouraging. We also argue that they make use of *overlexicalization* in this sequence as Dr Arif mentions the word smoking or smoke five times in just around 30 seconds. This is a clear indication that this is what the focus will be on in this video.

Visual Elements

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#2

#3

In terms of *iconography,* we mostly see Dr Arif talking to the camera as shown in the first screenshot. However, we also see a cigarette, as it appears from the second screenshot, when she is talking about quitting smoking. The image shows a cigarette that is being ripped into two parts, as seen from screenshot two, which *attributes* to the understanding of what she is saying, and it encourages viewers who smoke to stop smoking. Moreover, they show different videos of families spending time together, as for instance seen in the third screenshot above, which encourages the viewer to stop smoking to be able to be there for their families. The *settings* are very bright when showing the families as the sun is shining which symbolises that life is bright and positive when one does not smoke. However, in terms of *salience,* the colours are very dark and the cigarette is close up which indicates that this is something that the viewer should focus on but also that smoking is serious and that it is a negative thing. When we see Dr Arif, the *settings* are very bright and she seems very professional as it appears that she is in a clinic. This is supported by the *attributes* such as the medical posters, heart rate monitor, and the examination couch that Dr Arif is surrounded by which all contribute to a professional expression. Thus, creating credibility as a doctor will be associated with knowledge concerning health.

Sequence 2 (00:38-01:14):

Lexical Elements

In this sequence, Dr Nick Hopkinson is being interviewed about what the research shows in terms of parental smoking and its effect on children. In terms of *word connotations,* it is particularly relevant to emphasise the connotation between a parent's role in terms of children that will end up smoking. Dr Hopkinson mentions that parents have a great impact on *"(...)children's ideas about whether smoking is something normal and of course how available cigarettes are.*". This creates the connotation that parents have an impact on whether or not their children will smoke. This is supported by what the research showed, namely that "*(...) if a child's main caregiver was themselves a smoker the child was two and a half times more likely to have tried smoking and four times more likely to be a regular smoker.*". This understanding is supported by the *lexical choices* as they mention 'children' several times which is also an example of *overlexicalization.* This emphasises that teens are still children and that they need a role model. In terms of *lexical choices,* we also see that he states two times that the evidence is 'really clear' which also enhances the understanding that choosing to smoke does not only have an impact on the adult but also on the children. The use of 'parent' and

‘child’ is also an example of *structural opposition* as one can argue that these two are opposites as an adult should take responsibility and a child is innocent and should be protected. This contributes to persuading the viewer to quit smoking as they are responsible for their children’s health.

Visual Elements

#1

In terms of *iconography*, we solely see Dr Hopkinson from the same angle in this sequence as seen above in the screenshot. This means that the focus stays on him as an expert and the viewer only focuses on what he says. This creates a more professional understanding of him, and it indicates that what he says is essential. This is supported by what he is wearing as he is dressed in a more formal way as he is wearing a blazer and a shirt which *attributes* a more professional impression of him. Moreover, the *settings* are not in focus. The background is a bit blurred, and it is the same throughout the entire sequence which again indicates that this is not the focus, but that Dr Hopkinsons is. Thus, this makes him the focus in terms of *salience*.

Sequence 3 (01:15-01:57):

Lexical Elements

In this sequence, Dr Bettina Hohnen, who is a child psychologist, is being interviewed. She explains that *“Parents are modelling behaviour to their children all the time.”* meaning that children learn from what their parents do. In this sequence, the *word connotation* is focused on behaviour from a psychological perspective as Dr Hohnen is a psychologist. This is also seen as Dr Hohnen mentions that when children are behaving the same as their parents *“It’s one of the oldest theories in psychology called social learning theory.”*. By including a theory from the psychological field, it also creates a more credible and persuasive message which contributes to persuading the viewer into believing that smoking is a negative thing as it will affect their children's behaviours. We also see the use of *overlexicalization* in this sequence as

she explains the message that children will mirror their parents' behaviour in several different ways. This is seen in the previously mentioned example where she states that "*Parents are modelling behaviour to their children all the time.*" meaning that children's behaviour will be affected by their parent's behaviour. This is supported when she says: "*(...) the old saying action speaks louder than words is really true*.". This once again indicates that the children will mirror how they see their parents behave. Furthermore, we see this as she states: "*Actually our children are watching what we do much more than they are listening to what we say.*" which once again stresses the importance of the adults' behaviour. In addition to this, she also exemplifies it as she says: "*So if we say to them, don't smoke cigarettes and we are smoking ourselves our behaviour is gonna have a much greater impact.*". As this is also an example of explaining the same message, we argue that they make use of *overlexicalization* in this sequence. The use of *overlexicalization* emphasises the importance of the message, and it ensures that the viewer understands the message completely and that it will impact them. In terms of *structural opposition,* we once again see the contrast between child and parent. This symbolises innocence and responsibility which creates a powerful message, namely that the parents have the responsibility for their children and their behaviour in terms of smoking. Thus, the *lexical choices* create a power relation between children and adults.

Visual Elements

#1

In terms of *iconography,* we see Dr Hohnen being interviewed as seen from the screenshot above. They make use of the same setup as with Dr Hopkinsons which means that the focus is placed on what she says as there is nothing else in the frame except her. Thus, she is the one the viewer needs to pay attention to. In terms of *attributes*, there is a contrast between this and sequence two with Dr Hopkinsons who appeared very professional and had a more quantitative approach by including statistics to present the message, whereas Dr Hohnen appears to focus more on the qualitative data and takes a more human-centred approach as she focuses on

understandings and beliefs of children which corresponds well with her background as a child psychologist. This is supported by how she is presented in more informal clothes and in terms of *settings* there are string lights in the background which creates a more cosy and calm *setting*. However, as she is referring to theories and due to her title as a child psychologist, she appears credible.

Sequence 4 (01:58-02:38):

Lexical Elements

In terms of *word connotations*, this sequence is more focused on storytelling as it is a former smoker, Georgina, who is talking about her reasons for quitting smoking. She provides two reasons for this: *"(...) a) If I don't have the answer for them as to why I am smoking and what it is, then why am I doing it."*. This example shows that she could not explain to her nephews why she was smoking. The second reason was: *"(...) b) I didn't want them to follow my example. I was setting a really bad example there and one of the things that's most important to me as an auntie is to set the best possible for my nephews going forward."*. Based on this, it is evident that it is the same message that is being communicated, namely that what adults do affects children's behaviour. However, this example is more personal as she is sharing her personal story. This could be a motivation for other people as they might be in similar situations where they have children in the family that will be impacted by their behaviour as smokers. For that reason, we argue that this encourages the viewer to stop smoking. Moreover, she makes use of colloquial language. This is seen as she calls herself 'auntie' which is a more informal way and loving way of the word aunt. Thus, this creates a more personal image of her.

Visual Elements

#1

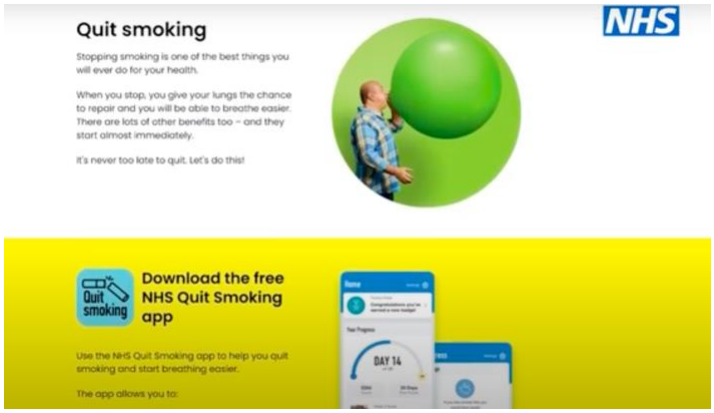
In terms of *iconography*, all we see in this sequence is Georgina as she is explaining her story as seen in the screenshot above. The denotative meaning is a woman talking about quitting smoking. The connotative meaning is that she is a symbol that when one has younger family members one should not be smoking as this impacts the child's chances of smoking. The *setting* appears to be in her own home as there are some decorations in the background as well as a TV. This supports what we found in the lexical elements, namely that it is more personal than the rest of the video. In terms of *salience*, the focus is placed on Georgina as she is captured in a medium close up. This indicates that the viewers should pay attention to her and the story that she is telling. The storytelling is supported by emotional music which creates a more sentimental feeling in the video which helps the viewer connect with Georgina. Creating this emotional feeling about quitting smoking to set a greater example for one's family contributes to persuading the viewer into performing the same behaviour.

Sequence 5 (02:39-02:53):

Lexical Elements

This sequence is an outro to the video where Dr Arif emphasises the purpose of the video as she says: *"If you want to quit smoking for your family or for your health you are not alone."* In terms of *word connotation*, this encourages the viewer to get started as it reminds the viewer of some of the motivations for quitting smoking. In addition to this, she also emphasises the support that the viewer can get from the NHS as they provide a call to action for the viewer to search for 'smoke free' to get help. Based on this, we argue that the words 'quit smoking' 'family', 'health', and 'support' contribute to the connotation that there are several reasons to quit smoking but also support to help do so. In terms of *genre of communication*, we argue that this video is more of an informational interview as they have chosen to include a lot of facts about parental smoking behaviour which is why we argue that it is informative. In addition to this, it is set up as an interview as the participants look into the camera while elaborating on their area of expertise.

Visual Elements



#1

In terms of *iconography*, we see Dr Arif as well as the website in this sequence. This allows the viewer to get an understanding of what they can expect from the website which encourages them to go to the website. In terms of *attributes*, an image of a person blowing up a balloon is shown on the website, as it appears from the screenshot. This creates a very strong image of having strong lungs and breathing easier which could be a motivation to quit smoking as well. In terms of *salience*, we argue that this picture of the lungs is meant to stand out as it is very big and it is green as well which catches the eye. For that reason, the viewer will notice this when watching the video. In addition to this, we also see a call to action for the app as this is blue and therefore catches the eye. We argue that this encourages the viewer to download the app and eventually quit smoking.

6.3.2 Theory of Reasoned Action

From the video concerning smoking, it is evident how the majority of the video attempts to influence the *normative beliefs* of the British population. This can be seen by the NHS using Doctor Nighat Arif, who is a general practitioner, as well as Doctor Nick Hopkinson and child psychologist Bettina Hohnen. Thus, the *normative beliefs* are shown by experts talking about why smoking is unhealthy and if you are a parent as the behaviour can be passed on to the children. In the video, we are also introduced to a woman, who talks about her *subjective beliefs* as she talks about a time when her nephew asked about her cigarettes. She cannot explain it to him which indicates that she believes her nephew will have a negative perception of smoking. This example can also be used to describe her own beliefs as she does not know how to explain it to her nephew as well as she states that she was setting a bad example which indicates that she thinks cigarettes are unhealthy. This shows a negative *attitude* towards smoking which

leads to the *behavioural intention* of wanting to quit smoking. It can also be analysed how the NHS refers to the *subjective norms* and *beliefs* that the viewer might have. In terms of *subjective norms*, the experts in the video spend a lot of time talking about family, and how they can be a motivation when it comes to quitting smoking, and therefore, instigating that people might consider their families when it comes to changing behaviour. Therefore, we argue that an individual can have a *subjective belief* that the family has a negative perception about the behaviour of smoking, which can lead to the *intention* to stop smoking. In regard to *beliefs*, it can be seen how the NHS refers to this component as they list reasons for why one might want to stop smoking for instance health reasons and the pricing, and thus referring to the *beliefs* some viewers might have of smoking. This can then lead to a negative *attitude* towards smoking which can lead to an *intention* to perform a *behavioural change*.

6.3.3 Forms of Appeal

In this video concerning smoking, there are examples of each of the three forms of appeal which appear from the lexical elements as well as the visual elements. The use of *pathos* appears several times. The topic in itself appeals to *pathos* as they are talking about how children are being affected by their parent's behaviour which is a very sentimental topic. This is also supported as they include videos of parents and children to enhance the feeling of responsibility that a parent has towards a child. Moreover, the use of *pathos* is particularly seen as we see Georgina who is talking about how she ended up quitting smoking because she wanted to be a great example for her nephews. In this sequence, the use of *pathos* was enhanced as she was sharing a personal story, the music was emotional, and she was sitting in her own home which all made it more authentic, personal, and easier for the viewer to relate to.

They also make use of *ethos* in the video. As mentioned earlier, the fact that the video is provided by the NHS appeals to *ethos* as it is the National Health Service and therefore is a well-reputed organisation and expected to be communicating about health. However, in this video, they also make use of *ethos* in the video. This is seen as they have chosen to include different doctors who are all experts in terms of what they are talking about. As they have included different doctors who talk about different elements along with a former smoker who shares her experience with quitting smoking and her reason why. This all creates a more comprehensive and credible perspective on why the viewer should quit smoking.

We also see examples of *logos* in connection to the other forms of appeal. The use of *logos* is for instance seen as they include research that shows that if the caregiver of a child is

smoking, the child will be four times more likely to smoke on a regular basis, and it is two and a half times more likely that the child has tried smoking by the age of 11 to 15 years old. Using argumentation in terms of statistics appeals to *logos*. This means that we also see the use of *logos* as they are interviewing the child psychologist Dr Hohnen as she is referring to a theory within psychology stating that children will do as their parents do. The use of the forms of appeal contributes to persuading the viewers that they should stop smoking as they both appeal to their feelings and logic by using *ethos* in terms of experts.

6.3.4 Discursive Practice

Based on our analysis of the video concerning smoking, we have identified one prevailing discourse that dominates the entire video. We have chosen to call this discourse '*The Negative Impact of Parental Smoking Behaviour'.* We argue that this discourse is present in the video as each of the participants in the video talks about the fact that when parents smoke, it will increase the risk that their children will start smoking as well, and thus indicating that parental smoking is a negative behaviour. This is seen as the child psychologist emphasises that children do as their parents do, more than they do what their parents say. Moreover, the discourse is seen as Dr Hopkinson talks about a study that shows how teens are four times more likely to be regular smokers if their main caregiver is a smoker. Finally, this is supported by an ex-smoker telling a story of how she quit smoking as she wanted to set a great example for her nephews.

6.3.5 Summary of Findings

Based on our analysis of the video concerning smoking, we can conclude that the NHS aims to persuade the British people, who are smoking, to quit smoking due to its effect on their children as they provide different arguments from experts that all support that children are more likely to start smoking if their parents are smokers. From the analysis of the Theory of Reasoned Action, we can see that the NHS mostly appeals to the *normative beliefs* that the viewers might have. This is done by providing experts that talk about the increased chances of children smoking if their parents smoke. In addition, the NHS also seeks to influence the viewers' *beliefs* by mentioning that it is costly and unhealthy. Moreover, we also found the use of each of the forms of appeal. For that reason, we can conclude that they use these elements to persuade the viewer to stop smoking by appealing to their logic, feelings, and by using *ethos*. Based on our

analysis of the video, we found one dominating discourse called '*The Negative Impact of Parental Smoking Behaviour'.*

Now that we have conducted our analyses, we will compare the findings of the analyses in our discussion in the following chapter. Hereafter, we will make use of HBM and FBM as we apply their elements to our empirical data.

7. Discussion

In this chapter, we will compare and discuss the accumulated findings from the analyses of the videos in our thesis. Furthermore, we will discuss how elements of the models, presented in section 4.2 and 4.3, are evident in our empirical data.

7.1 Accumulated Findings in the Analysis

Based on our analyses above, we found that in each part of it, it became evident how the approaches to the campaign videos are different. In the video concerning both themes, the analysis showed that the NHS is aiming to change the British people's behaviour into a healthier one by focusing on different individual's motivations for getting healthier. This was done as the NHS focused on both smoking and overweight and emphasised how they can offer support to the public which resulted in the following discourses: *'Motivation for Improving Physical Health'*, '*Overweight is unhealthy*', *'Support by the NHS'*, and *'Smoking is perceived negatively'*. This way of targeting behavioural change is in contrast to what we found in our analysis of the two videos concerning overweight as the focus in these videos was more on presenting a lot of different people and providing inspiration on how to become healthier instead of focusing on a few people's motivation. This was done by providing several examples to motivate the British people to overcome overweight, eat healthier, and get active to create a positive image of these behaviours. In connection to this, we identified the following discourses: *'Motivation to Overcome Overweight', 'Getting Active', and 'Eating Healthier'.* Thus, it is evident from the discourses in the first part and the second part of the analysis that there are some similarities as the overall discourse in the first analysis is concerned with motivating people to get healthier which is also the case for the discourse concerning 'motivation to overcome overweight' which we found in the second analysis. For that reason, we argue that motivation for healthier behaviour is present in the analysis of the video concerning both themes and our analysis concerning overweight. However, we also argue that the approaches are different in the two parts as the first analysis is more focused on the negative consequences of being unhealthy whereas the second part is focused on the benefits of being healthy. For that reason, we argue that the approach is more positive in the videos concerning overweight as the NHS is trying to create a positive attitude towards changing the behaviour. This is in contrast to the video concerning both themes where the NHS appeals more to the

negative beliefs and attitudes of the participants' current behaviour in order to create an intention to perform the new behaviour of eating healthier and quitting smoking.

Our analysis of the video regarding smoking showed that the focus was to persuade smokers to quit smoking by focusing on the negative consequences it can have on children that are a part of the smokers' lives. Consequently, the NHS takes a negative approach toward the behaviour of smoking. Therefore, the motivation to change the behaviour of smoking lies in the responsibility that adults have towards children. This led us to the discovery of the discourse '*The Negative Impact of Parental Smoking Behaviour'.* From our analysis, it became evident that the NHS made use of experts to show the normative beliefs in society in order to influence the public's intentions and behaviours. When comparing this video to the first video concerning both themes, we can see that they are similar as they both contain a discourse concerning smoking being perceived negatively. However, we argue that the two approaches towards smoking are different as the first video is focused on different elements of smoking such as the financial aspect of it as well as using smoking as an escape whereas the video that exclusively contains smoking is focused on parental smoking behaviour. Furthermore, we argue that the NHS takes a more negative approach in this video compared to both the video with all topics and the videos concerning overweight. This is seen as they solely present the negative consequences of smoking instead of focusing on the potential benefits of not smoking as seen in the video concerning both themes. This, therefore, functions as a scare for the viewer as we argue that there is a shared understanding in society that smoking is an unhealthy behaviour and not something one wishes one's children start with. Moreover, the use of scare technique is also seen shortly in the first analysis of the video with both themes as they include a story about Tony, who states that if he had not lost weight, he believes COVID would have killed him. As we must assume that this is something the viewer is not interested in, we argue that it is used to scare the viewer into performing the wanted behaviour of eating healthier and losing weight. Thus, the use of scare technique is present in the video concerning both themes and in the video concerning smoking. However, we do argue that the analysis of the video concerning smoking is in contrast to the analyses of the other videos where they overall make use of a more uplifting and positive approach towards the intentional behaviour in order to change the behaviour of the British people.

To sum up, we argue that the video concerning both themes attempts to change the behaviour of the British population by primarily motivating individuals through the use of personal

examples. In the videos concerning weight loss, the NHS seeks to motivate the public by providing numerous examples of different ways to perform the behaviour. Lastly, in the third video concerning smoking, the NHS seeks to motivate the public by using facts provided by experts to scare the viewer into changing their behaviour.

7.2 Discussion of Models

From the video concerning all themes, the *perceived severity* in the Health Belief Model is evident in the first video as they talk about weight loss as a motivation to avoid health risks. Moreover, they emphasise that if one has an unhealthy lifestyle one cannot be there for one's family in the long term and therefore appeal to the family and the important role of being a parent. Finally, they emphasise that spending a lot of money on smoking can also be a serious consequence as it can be very expensive. Regarding the elements in the model by B.J. Fogg, we see in the video about both themes that all three elements, namely *motivation*, *ability*, and *prompts*, are present. We for instance see that the NHS seeks to *motivate* the viewers to make different behavioural changes. This is seen as they seek to focus on the pleasures of choosing a healthy behaviour. In addition to this, they seek to create hope for the future by including people who talk positively about the future to come. Moreover, they also seek to create motivation by focusing on the pain of spending money on cigarettes by including a person who is talking about this and the impact this has on his family. In the same example, they also appeal to the pleasure that can come from saving money when quitting smoking as this allows for spending the money on something else. Taking the Health Belief Model into account, these motivational factors can also be seen as *perceived benefits* of doing the intended behaviours such as being there for one's family, saving money, and feeling better. Regarding *ability*, this is also addressed in the video as the NHS claims that the viewers can find free support to change behaviour. For that reason, *ability* is increased as it is free, and it can also support viewers who might be struggling to get started. Moreover, it can create a feeling of social belonging as the video indicates that several other people are using the NHS' services. Referring to the Health Belief Model, what we have discovered about ability can also be seen as an attempt to accommodate to the *perceived barriers* that the viewers might have by referring to the free support. Thus, accommodating the difficulties, a viewer might expect, increases the likeliness of an intended behaviour. Finally, the support by the NHS is also a *prompt* as well as a *cue to action* to start the behavioural change as they include the apps in the video that they provide

along with a link to their website at the end while also encouraging the viewers to visit this website.

In the data from the second part of our analysis, the *perceived severity* from the Health Belief Model is seen as they show a man who is trying to get up from a chair while he is struggling. Thus, this reminds the viewers that if they don't stay active, lose weight, and eat healthily they might experience challenges similar to this. Regarding the B.J. Fogg model, the NHS also includes all of the elements in this video. *Ability* is once again seen as the NHS focuses on the free support that they provide which makes it easier for the viewers to perform the intended behaviours. This is also an example of how the NHS seeks to accommodate to the *perceived barriers* by answering the questions the viewer might have in advance regarding the degree of difficulty in regard to where to get support and how to eat healthier. In addition to this, the *ability* is seen as they show videos of many different people being active in several different ways as well as different ways of making healthy foods. This creates the impression that anyone can be active, eat healthily, and lose weight if they want to as it does not require a lot. Besides addressing *ability*, we also see that the NHS appeals to the viewer's *motivation*. This is seen as they focus a lot on the pleasure that is connected with doing the intended behaviour as the people in the video all appear very happy and energetic. This also functions as a *perceived benefit* as it shows that pleasure and the feeling of being happy are associated with a healthy lifestyle which motivates the viewers to change into healthier behaviours. Moreover, the *motivation* and *perceived benefit* are supported by the fact that they create a feeling of hope as showing a lot of different people performing the intended behaviours indicates that there is hope for the viewers to do the same. In terms of *motivation*, we also argue that the feeling of social acceptance is present as they make use of 'Let's' which creates a feeling of coherence as several people are being encouraged to make a behavioural change. Finally, we also see the *prompt* in this video as the NHS once again makes use of a call to action as they encourage the viewers to visit their website. The *prompt* is also seen as they encourage the viewer to act now by using 'Let's' several times throughout both of the videos which triggers the viewers to start now.

In the data from our final part of the analysis, we argue that the *perceived severity* from the Health Belief Model is that children will be more likely to smoke if their parents smoke. Thus, this contributes to the seriousness of their behaviour as children starting to smoke is a big consequence for a parent. For that reason, we argue that this encourages the viewer to quit

smoking. Furthermore, we see the *motivational* element of the model as the NHS primarily focuses on fear in this video. This is seen throughout the video as the different experts talk about the negative consequences of smoking as this affects children's likeliness of smoking. The experts provide an image of how smoking can influence one's children to start smoking which serves as a *motivator* to stop smoking unless they want their children to start also which we assume is not something that is wanted by parents. In the case of the Health Belief Model, this example functions as a *perceived benefit* because if a parent does not smoke then there is a smaller chance that their children will begin. Therefore, it can be assumed that there is a better chance of getting someone to stop smoking if they know their children have a higher chance of starting because of them. Furthermore, because smoking is universally seen as unhealthy and something negative, it can also create a fear of social rejection as the experts portray adults, who smoke in front of their children, as irresponsible and as bad role models. In terms of *ability*, the NHS again refers to its free support, and they also make use of a woman sharing her story and her reason for quitting smoking to show that other people can quit smoking as well. We argue that this also can be seen as an attempt to seek to minimise the *perceived barriers* that the viewers might have in terms of doing the intended behaviour as many smokers might have the belief that it is hard and difficult to stop. Thus, as they provide free support and show someone who has quit smoking, we argue that this minimises the barriers. Finally, the element of *prompt*, which can also be considered a *cue to action*, is seen when the NHS encourages the viewers to visit their website for support on how to quit smoking.

Based on the above, it appears that the NHS includes all of the elements of B.J. Fogg's Behavior Model as well as takes into account all of the relevant elements from the Health Belief Model. By doing so, it increases the likelihood that the viewers will perform the intended behaviours and therefore make healthier choices.

Now that our analyses have been conducted, we have discussed the differences in our empirical data, and we have held our empirical data up against the HBM and FBM in order to be able to answer our problem statement presented in section 1.2, we will now proceed to conclude on our findings and answer our problem statement.

8. Conclusion

In this chapter, we will tie the findings of the thesis together to answer our problem statement. In connection to our conclusion, it is important to emphasise that our findings will reflect our stance as social constructionists. This means that our findings will be affected by our understanding and pre-understandings of the world and more specifically our understanding of physical health. This leads us to conclude on our problem statement which was introduced in section 1.2:

How does the NHS aim to change the British people's behaviour to quit smoking and lose weight respectively in order to become healthier?

Based on the first part of our analysis of the video regarding overweight and smoking, we can conclude that the focus of how to change the British people's behaviour was on the individuals' motivation and intention to become healthier. The NHS focuses on specific but different people and their intentions to become healthier. For that reason, we argue that the NHS appeals to a broader segment in this video which is also evident as they have chosen to include more than one topic in this video. Moreover, they seek to motivate the viewers to change behaviour by showing the contrast between previous unhealthy behaviour, which the participants showed negative *beliefs* and *attitudes* towards, and the intentional behaviour which the participants showed positive *beliefs* and *attitudes* towards. Moreover, we can conclude that the NHS appeals to each of the forms of appeal. However, they primarily make use of *pathos* as they show the participants' struggles which had resulted in the unhealthy behaviours as well as their desires for changing that behaviour. This appeals to the viewers feeling as these struggles and desires are made relatable which encourages the viewers' to change behaviour. Furthermore, we can conclude that we discovered four discourses in the video, namely *'Motivation for Improving Physical Health'*, '*Overweight is Unhealthy*', *'Support by the NHS'*, and *'Smoking is Perceived Negatively'.*

In our analysis of the two videos concerning overweight, we found that the NHS seeks to motivate the British population to get active, eat healthier, and lose weight by creating a positive attitude towards these behaviours. The NHS aimed to change behaviour by changing peoples' *beliefs* and *attitudes* about their current unhealthy behaviour. This they did by providing multiple examples of the *intentional behaviour*. Furthermore, the *normative beliefs*

were shown as the examples were provided by the NHS, revealing their beliefs about the unhealthy behaviour to be negative. Furthermore, in this part of the analysis, we also found that they made use of each of the three forms of appeal as they appealed to the viewers feeling through lexical and visual elements that were very positive and happy which we argue contributes to persuading the viewers to do the intentional behaviour. Finally, we can conclude that there was one prevailing discourse called *'Motivation to Overcome Overweight'* that was supplemented by two subdiscourses called *'Getting Active', and 'Eating Healthier'.*

Based on the analysis of the video regarding smoking, we can conclude that the NHS aimed to influence the British people to quit smoking by focusing on the *normative beliefs* and the effect smoking can have on one's children's likelihood to start. In addition to this, they use experts to support their *beliefs* and to influence the viewer to change behaviour. This is also seen by the NHS' use of forms of appeal as they primarily appeal to *logos* and use *ethos* when including experts and facts. Thus, they seek to persuade the viewer by appealing to the viewer's logic. Finally, we found one prevailing discourse that was dominating the video, namely a discourse called '*The Negative Impact of Parental Smoking Behaviour'.*

On the basis of our discussion of the Health Belief Model and B.J. Fogg's Behavior model, we can also conclude that the NHS included each of the elements in the model in all of their videos to persuade the viewer into engaging in the *intentional behaviours*. Despite this, the approaches in the videos are very different. When we compared the findings of each of our analyses, it became evident that in the video with both themes, the NHS took a more negative approach in the beginning regarding both smoking and being overweight by focusing mostly on the unhealthy behaviours while shifting to a more positive approach with healthier behaviours in the end. This was in contrast to the videos concerning overweight that focused primarily on a positive approach towards losing weight by focusing on a positive future and how to change unhealthy behaviours. Finally, in the video concerning smoking, the NHS exclusively took a negative approach by only presenting the negative consequences of smoking while not focusing on the benefits of quitting smoking which was in contrast to the other videos.

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