universität wien

MASTERARBEIT / MASTER'S THESIS

Titel der Masterarbeit / Title of the Master's Thesis

How do we talk to children about coronavirus?
A content analysis of video Public service announcements on the World Wide Web from the Covid19 health campaign

verfasst von / submitted by

Monika Tatarska, B.A.

angestrebter akademischer Grad / in partial fulfilment of the requirements for the degree of

Master of Arts (MA)

Wien, 2021 / Vienna 2021

Studienkennzahl lt. Studienblatt / degree programme code as it appears on the student record sheet:	UA 066 841
Studienrichtung lt. Studienblatt / degree programme as it appears on the student record sheet:	Masterstudium Publizistik- und Kommunikationswissenschaft
Betreut von / Supervisor:	Univ.-Prof. Dr. Sophie Lecheler

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1. Introduction

On the 11th of March 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) a pandemic. The initial source of COVID-19 was then unknown and remains unknown up to the present day. However, the first cases of the novel Coronavirus in humans were linked to a seafood market in the city of Wuhan, the capital of the Hubei province in China (WHO, 2020). Nine days after the WHO's announcement, on the 20th of March 2020, the outbreak hit Europe. Italy had the second largest number of confirmed cases after China. Not too long after that, many European countries surpassed China in their active cases and death rates (Saglietto, D'Ascenzo, Zoccai, & De Ferrari, 2020). At the time of writing the pandemic continues to determine our daily lives in many ways.

Due to the globalization of the modern world, COVID-19 has spread over the world extremely fast. The concentration of the virus within different countries varied, depending on different factors like geographic location, political system, health system, rapidity and adequacy of reaction or the absence of any special measures. Another problem faced in Europe were new rules concerning the free movement of people on the continent. During the first lockdown borders that have been open for years had to close, and many flights were cancelled. Depending on the countries' reactions, different spheres of public life were restricted. Many places of public interest closed within days - companies, theatres, restaurants, museums, universities, schools, kindergarten and even playgrounds. Places, where many people were gathered had to stop functioning or take new social distancing measurements (ORF.at, 2020b).

The three biggest German speaking countries of the D-A-CH area took similar measurements during that period. A situation of full lockdown had been called for a period

that lasted a month and a half, including all spheres of public life (ORF.at, 2020b). The media in those countries started introducing new behavioural practices to educate people about the current situation and to ensure the adequate reaction among the population.

Ever since, a variety of information about the virus, effects and symptomatology run on television, radio, and the internet. Many flyers with precautionary advice introduce the "new" behavioural customs in the public sphere and educate on the importance of social distancing, the responsibility of wearing a face mask and its proper usage as well as what to do in case of suspected infection.

Among those affected by that radical change in the everyday life was, and still is, a very sensitive layer of society – namely children. Though the symptoms of COVID-19 in children are usually less severe than in adults, they could also be carriers, which endangers their families and promotes the spread of the virus (She, Liu, & Liu, 2020). That is why as a precautionary measurement, all schools and kindergartens were closed during the lockdown period. Even though some schools provide online tuition, most parents had to partially or fully home-school their children until the end of the school year (ORF.at, 2020a).

This situation and the associated restrictions raised many questions among the children. To facilitate the happening and to introduce the new behavioural practices many governmental, and also non-governmental organisations created public service announcements (PSAs), that were specially designed for children's needs. On a child-friendly level they tried to provide an explanation of the current situation but also educate about the necessity of the new behavioural regulations in public.

One of the most common ways, and also the fastest way, for children to get in touch with public service information today is through the media. Media shapes perceptions in many different ways, both positive and negative. However, it is still an essential instrument for communicating important things in adapted and suitable for different needs and ages way.

In this thesis at hand I am performing a qualitative content analysis of public service announcements for children in the German speaking area (Germany, Austria and Switzerland), that were launched at the beginning of the COVID-19 health campaign, while schools were still closed. The aim of the research is to examine the adherence of the PSAs to the already existing health communication theories, to analyse their messages and to examine if they are actually tailored to the children's needs.

2. Literature review and research gaps

2.1 The Public Service Announcement

The use of mass media to promote social good has an extensive history. The potential of mass media to carry general messages of value to the society has long been a source of both hope and frustration. A significant part of many public communication campaigns, including health communication, that convey general information to the society are public service announcements (PSAs). In British English they are mostly known as Public Information Films (PIFs). Public service announcements (PSAs) according to their definition from Alcalay & Taplin (1989) are non-commercial and often non-governmental "advertisements of varying lengths" (Radio or TV messages) that "promote programs, services, events, or issues of community interest" (Alcalay & Taplin, 1989). As a nonconventional advertisement the PSA tries try to "modify public attitudes and behaviour by raising awareness about specific issues" like obesity, blood donation, suicide, etc. and it "communicates information by using traditional and new media tools" (Ajzen, 2005; Klimes-Dougan & Lee, 2010).

Nonetheless, before it reached its contemporary video design, the PSA went through a long process with different designs, placements and techniques – “rams' horns, town criers, church bells, and even word of mouth” (O'Barr, 2012). The origin of the public service advertising lays in the beginning of the 20th century. It was presented as a tool to “mobilize the public to take action for the good of the community” in the times of the First and the Second World War (O'Barr, 2012). Its animation movie form was first launched in the WWII in Britain (Drumm, 2014). The idea was brought to the USA the same year. One of the first PSA announcements there, that mark the history of video public service advertising was part of the “Smokey Bear” Campaign. It promoted forest protection and wildfires prevention in America. The Campaign continues to exist up to the present day and is still one of the most famous in the American history (Rice, 2001).

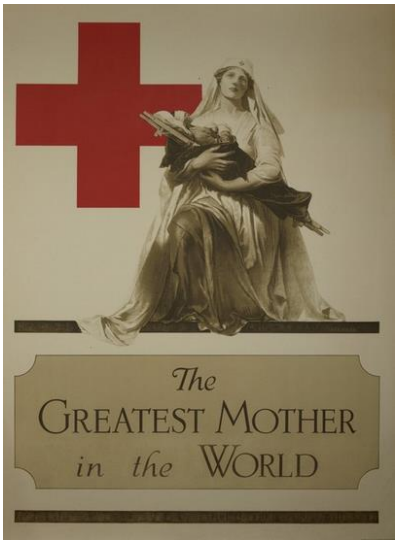

Fig. 1 *The Red Cross campaign "Greatest Mother in the World." (Source: orgs.utulsa.edu)*

Nonetheless, very important in this regard will be to distinguish PSA from propaganda. The propaganda film in comparison to the PSA is often commissioned and/or funded by the government. It attempts to shape and manipulate perceptions, mostly in times of war and conflict (Drumm, 2014; O'Barr, 2012; Vaughn, 1989). An example is the Red Cross campaign in the USA during the First World War. The nurse in the war was called the “The Greatest Mother in the World” and appealed for more supplies and volunteers (mostly women) to give aid to the injured (Fig. 1).

Ever since its creation, the public service announcement has been essential part of almost every health, prevention or awareness campaign. Public service advertising is often described as “one of the most important instruments influencing on public opinion”. Even

nowadays, they still play an essential role in the communication of public information. Their development is constantly advancing, and their design and approach methods are improving.

PSAs are an important tool in many campaigns – they promote acceptance for people with special conditions and minorities. They are part of many environment protection campaigns, including saving water and recycling. Still, their widest application is connected to the communication of health information.

2.2 PSA as an essential tool in health communication

The use of public service announcements for public health purposes lies in the very beginning of its creation. There always has been a strong belief in "the ability of media to communicate information, transform public opinion and potentially change individual health behaviour" (Paisley, 2001). In particular, even public health practitioners have a long history of using mass media to communicate health information to the general population. One of the very first researchers, who recognized the media as a powerful public health tool was W. Allen Daley in 1927 (Daley & Viney, 1927). And even though Wallack (1989) argued their overemphasized role and inappropriate implementation as a solution to serious public health issues, studies show that respondents indicate a largely favourable response to them (O'Keefe & Reid, 1989; Wallack, 1989).

In 1979 a survey conducted by Louis Harris and his team for the National High Blood Pressure Education Program as part of the U.S. Department of Health and Human Services found out, that next to the physicians and hospitals, television public service announcements are seen as the most crucial source of health information (NCI, 1983). The respondents of another survey (1989) claimed to have "learned something new" or have been reminded of "something they have forgotten" by the PSA. They viewed it as "effective, likable, and worth

mentioning to others" (O'Keefe & Reid, 1989). Therefore, the advantages of the PSAs are unquestionable.

The first attempts of creating a health related short films were made in the beginning of the 20th century. Over 100 public health films about the Malaria Epidemic were made in the UK. In course of time, they were also produced and coproduced from American agencies. The films were a group of motion pictures, representing "preventive measures, clinical techniques, and sociocultural biases", characterizing one of the "greatest continuing challenges in public health". Their length varied between 1 and 8 minutes (Fedunkiw, 2003).

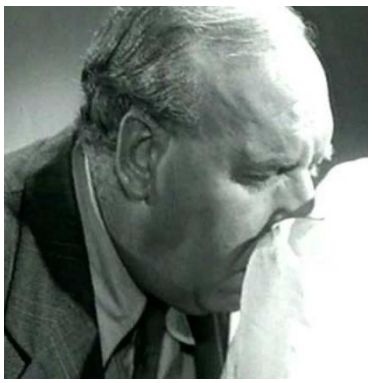

Fig. 2 *"Coughs and Sneezes" by Richard Massingham, 1948 (Source: British National Archives)*

One of the earliest video PSA in the form we know today was created ca. 30 years later (1945). It was part of a campaign of the ministry of information and the ministry of health in Great Britain. The movie "Coughs and Sneezes" (Fig. 2) by Richard Massingham (1945) and the following "Modern Guide to Health" (1947) and "Jet-Propelled Germs" (1948), also called "Don't spread germs" (Fig. 3) marked the "golden age of the public health in Britain". The films were relatively short, varying between one and eight minutes. Their amusing way of presenting information made them enjoyable and easily memorable (BritishNationalArchives, 1945). The "Modern Guide to health" PSA was also one of the first animated PSA. The animation format expands significantly the audience. Therefore, not only adults, but also children are were expected to pay attention.

In the course of time public service announcements have been used in various public campaigns – prevention, awareness, behavioural change, warning, encouragement to act. They are being created all around the world. Today they are not limited to television or radio, but also appear on many different online platforms.

Fig. 3 *Don't Spread Germs, 1948 (Source: British National Archives)*

A great number of contemporary PSAs worldwide are connected directly or indirectly to an important current health issue. Moreover, they have turned into an essential part of almost every public campaign in the context of health-risk behaviours – for example: tobacco use, blood and organ donation, alcohol consumption, disease factors, sex-related messages and illnesses, cancer screening and prevention. Researchers conclude that with their contribution mass media campaigns are able to produce positive changes or prevent negative changes in the heath-related behaviours across large populations (Wakefield, Loken, & Hornik, 2010).

PSAs played an important role in the worldwide "One in eight women" mammogram campaign, as a cancer prevention all around the world. They help disseminate awareness and information, as well as to show support to women, who are currently undergoing treatment (Troiano, Nante, & Cozzolino, 2017).

A survey about televised anti-tobacco public service announcements, conducted in 2012 proved that televised PSAs are a successful instrument to influence behaviour. For instance, they are a key component of public health campaigns against smoking. With fictional magnetic resonance imagining Wang et. al (2013) investigated the cerebral and behavioural effects the video ads cause. The results showed brain regions "engaged in the processing of persuasive communication", which led to immediate change in the intention of the

participants to stop smoking and even predicted smoking severity in the nontreatment-seeking smokers (Wang et al., 2013).

Some surveys examined the adherence of the PSA of certain health campaigns to health communication models like health belief model (HBM) and social cognitive theory (SCT). Georgiadis (2013) performed a content analysis of print and television public service announcements from the "Let's move campaign" against childhood obesity. She analysed to what extent the PSA structure followed HBM and SCT and researched the types of messages presented to motivate behaviour change and reduce obesity. Even though, as stated by the author, the survey results cannot be generalised because of the small portion of campaign communications, some weaknesses like the communication with target audience were discovered (Georgiadis, 2013).

Similar to Georgiadis, Masaviru (2015) explored the C-Word PSAs from the contraception campaign in Kenya in 2010. He analysed 7 PSAs to determine if the campaign motivated attitude change and adhered to the HBM and the STC. The analysis proved that many messages missed out on certain concepts like persuasion, awareness and instruction, however, it made good use of the concept of social environment under STC. All PSAs used family, friends or colleagues to reinforce or make the desired decision and behaviour (Masaviru).

2.2.1 PSA during epidemics and pandemics

During epidemics and pandemics information floods from various sources. Also, many different media share opinions and even medical experts are not always united. Many other information sources like tabloids spread wrong or unproven facts. All of them have a big impact on society. For instance, during the HIV/AIDS pandemic often the information given

to the population was influenced by cultural stereotypes. In some situations, it collided with many taboos about sexuality and brought confusion and fear. Due to that fact, people who tested positive were treated differently by the society. Even children, who were positive weren't allowed to attend classes (Johnson, Flora, & Rimal, 1997). Johnson et. al (2010) described the mass market television public service announcements as "one the of the primary and most visible HIV/AIDS education efforts". They played a significant role during the pandemic and were integral part of the HIV/AIDS campaign in many countries. Those messages ordered and framed reality but also gave "views of the culture". They not only educated audiences about health issues but also shaped the way viewers articulate fundamental questions "about a disease, themselves, and their relationship with each other" (Johnson et al., 1997).

Other studies reported that the English-language PSAs they examined, also during the HIV/AIDS campaign, were designed to make the public aware of HIV/AIDS but failed in their attempts to provide "appropriate messages to motivate and reinforce behavioural change". The main reason is that they failed to meet the needs of the high risk target groups and injection drug users; and even to promote HIV-Testing (DeJong, 2001).

During the influenza pandemic PSAs were also an essential part of the campaign in many countries. They educated not only about the H1N1 pandemic but also about the need for vaccination. Even the American FDA saw them as an important channel to disseminate information, as long as they are tailored to the education level and literacy, and pretested "particularly regarding messages on uncertainty and relative risks" (Quinn, Kumar, Freimuth, Kidwell, & Musa, 2009). An essential role was dedicated to the PSAs during the Avian Influenza epidemic as well (Kuo, Huang, & Liu, 2011).

During the Ebola epidemics PSAs were a very useful and economical way of communicating health information in West Africa. Many people there were not as literate and public service

announcements in their native language allowed them to understand and explained how they should behave in different situations (Kuriansky, 2016). Other studies, however, proved that even though PSAs were "an important vehicle for conveying Ebola prevention education to college students" in Nigeria, they have not succeeded in "dispelling some strongly held beliefs" about the virus disease. A considerable percentage of the participants didn't follow the advice and misconceived the causes and the transmission of Ebola in spite of the high awareness (Ajilore, Atakiti, & Onyenankeya, 2017).

2.2.2 PSA and the COVID-19 pandemic

Since the end of 2019 the world has faced another pandemic – COVID-19. The disease caused by the novel coronavirus was named SARS-CoV-2 in the beginning of 2020. It is closely related to another virus from 2003 (SARS-CoV-1) and both cause acute respiratory illness. According to the World Health Organisation (the WHO) a COVID-19 infection causes "mild illness" to the majority of the population, however, "it can make some people very ill" and be "fatal" for others. People with pre-existing medical conditions and older people "are at risk for severe disease" (WHO, 2020). Even though, there has been an evolution in the scientific knowledge about the pandemic and also experience with SARS-CoV-1, there are still a lot of matters, that require further research. The WHO is constantly updating the data and launching a lot of information and advice about the virus, the new measurements and the new recommended behaviour. A lot of advice for the general public on infection protection, appropriate hygiene and travel precautions have been aired, streamed or published, among them the main recommendations

Fig. 4 *How to protect yourself from COVID-19 (Source: who.int)*

are social distancing, regularly washing hands with cleansers and avoiding touching the eyes, nose or mouth with hands (Nsanzabaganwa et al.; WHO, 2020). The WHO had also launched many videos and audios, as well as posters and flyers (Fig. 4).

The WHO and many other channels have tried to disseminate information and to help people to cope with the current situation through videos in form of PSAs. Many PSAs were aired on television, played on the radio or streamed on the internet all around the world. A very famous video PSA of that period (Fig. 5) launched by the WHO is "Mr Bean's Essential COVID-19 checklist" (WHO, 2020).

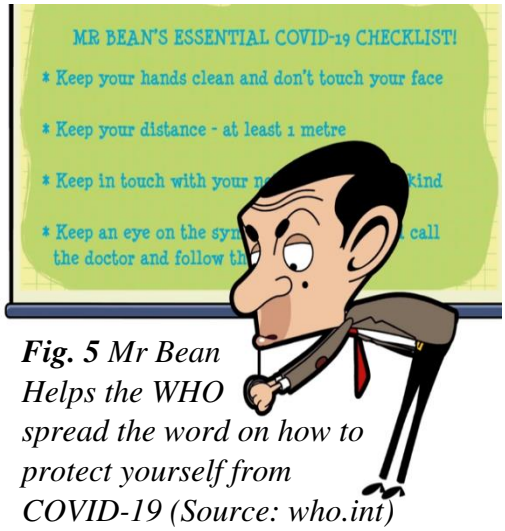

Fig. 5 *Mr Bean Helps the WHO spread the word on how to protect yourself from COVID-19 (Source: who.int)*

Since the videos created by the WHO were in English, organisations and institutions of different countries started to create PSAs in their native language, that were accessible for the local population. Still, to meet the needs of society, the PSAs not only have to be understandable but also imply the culture or life situation of their audience (Johnson et al., 1997).

The German speaking countries of the D-A-CH area took similar restriction measurements during the COVID-19 pandemic. A situation of a lockdown was called in all three of them in March 2020, including all spheres of public life (ORF.at, 2020b). Since the need for adequate information and advice was constantly growing, many PSAs in German were created. They were funded through different organisations (hospitals, cities, schools) and aimed at different layers of the population. The majority of the videos created regarded a very important group of the population – the children.

Informing children and helping them adapt to the new situation is essential for their development but also for the future of our society. The new regime and the new forms of

education could carry big consequences. A study conducted recently discussed the eventual children's mental health needs, especially in the area of trauma, to become a national public health issue and a challenge to schools to address those needs (Phelps & Sperry, 2020). In their attempts to explain the happening to the children, many institutions created PSAs they tailor to children's needs, providing them child-level explanations and instructions but also hope.

Using video PSAs in the communication of public information, however, raises a lot of questions. If audio-visual media are the most appropriate way to approach children, or what are their attitudes towards other media, and if there is enough research on public service announcements as an adequate way to approach children?

2.3 Children and the audio-visual media

Human experience is in a constant process of expansion and enrichment. Only a part of our knowledge is gained through actual direct experience. Much of it we acquire through different symbolic media. One of the most pervasive of the present day is audio-visual media (including video, cinema, videotapes, movies). They are also an important source of information not only for adults but also for children (Georgette L Troseth & DeLoache, 1998).

The first generally accessible audio-visual media was television. It was developed in the 1920s and 1930s and at the beginning it was modelled in its structure after the radio program – news, quiz shows, comedies, variety shows, music, etc. An important time of innovation and growth came in the 1950s (Alexander, Benjamin, Hoerrner, & Roe, 1998). It marked the "golden age of television" and for a first time then a children's hour was introduced. During

the children's hour all programs were designed to "appeal both adults and children". They included "news, sports, and puppet and musical shows" (Paik, 2001; Whetmore, 1981).

Audio-visual media developed significantly over time. Today they are present in many aspects of our life on a daily basis through television, cinema, internet, video platforms, DVDs, Netflix, etc. Even children are familiar with the them since a very young age. Yet, this is not a new trend, Hollenbeck & Slaby found out that even in 1979 children at the age of six to twelve months were exposed to television between one and two hours every day, including pictures, sounds only and sounds plus pictures (Hollenbeck & Slaby, 1979). A study conducted in 2009 using a reversed speech and shot order of *Teletubbies*, while measuring heart rate, measured the age at which children were able to distinguish between normal and distorted videos. This proved the youngest age for children to demonstrate the "earliest beginnings of comprehension of video as it is [.] produced" is around 18 months (Pempek et al., 2010). Today audio-visual media continue to be a part both directly and indirectly in children's first years of life. The increase of viewing habits begins during the preschool years and up to early adolescence (Larson & Kubey, 1985; Georgene L Troseth, Saylor, & Archer, 2006).

The media had also quickly recognized children as a potential important audience group. Over the years they started producing more content specialized for the youngest in the population and nowadays even television channels only for children's audiences exist. Every age group has been considered - from babies (Baby TV) to school children and teenagers (Disney, Nickelodeon). That's why audio-visual media are seen as an important part of children's life. They provide them many moments of "piqued interest and enjoyment [.] as they do for teenagers and adults" (Scharrer, 2001).

After the introduction of television, another level of transition took place. Computer-based technologies were introduced into homes. They in a contrast to television require a "high

level of interaction and active-involvement" (Paik, 2001). In certain situations, however, they can require less amount of reciprocal action, for example in their function as presenters of video content. Still, users still enjoy the privilege of choosing the content that is being presented to them.

Children, who are currently in school were born into the digital age. They grow up with technology like computers and the internet. The media facilitate their cognitive and emotional behaviour and also have a great potential to change, manipulate and educate them. Depending on the amount and the content, children might be influenced in "their personal development", "gender role awareness", "orientation toward family and the social groups around them", "their eating behaviour", "their sense of identity", etc. (Singer & Singer, 2001). Media are capable of "drawing children into its programming" and "affecting their lives long after its screen has been permanently redirected to adult fare" (Bickham, Wright, & Huston, 2001).

In their role as public influencers the media are also "associated with prosocial outcomes". They also play an important role in children's education. Using video technologies or the internet today is "inescapable" in many different situations, including education. As Mielke stated in 1972 the different communication approaches "have always been relevant to educational technology" (Mielke, 1972). They can indeed be very beneficial for children's development. For instance, a research conducted in 2000 about the children's show *Sesame Street* proved that the show contributed through "educational programming to children's scholastic achievements as exemplified by gains in knowledge of letters and numbers", gave "positive forms of behaviour" and facilitated "generosity, tolerance, cooperation, and other modes of behaving that promote constructive social interaction" (Cook, 1975; Scharrer, 2001).

However, media use also carries many negative consequences for children. Those issues are still a subject of a constant research. Still, the benefits and its significance to facilitate educational processes is unquestionable. According to Berk (2009) video arouses senses in certain ways that other media are not able to (Berk, 2009). Moreover, there is content, that is significantly harder to comprehend through "text-centered approaches", while for example instructor-made videos of three to 10 minutes tend to ease learning and help with understanding "procedures, structures, or mechanisms in previously problematic content" (Guohua Pan et al., 2012).

Due to its ability to incorporate different multimedia resources like text, images, speech, sound and music, video technology is a vital instrument to enhance learning processes. It is also a powerful teaching tool because it engages both hemispheres of the brain. The left side processes "the dialogue, plot, rhythm, and lyrics", while the right side processes "the visual images, relationships, sound effects, melodies, and harmonic relationships"(Berk, 2009). The dual coding of information through visual and auditory messages, improves the learning process and also serves as an effective way to maintain attention (Berk, 2009; Clifton & Mann, 2011; Guohua Pan et al., 2012; Jones & Cuthrell, 2011).

The use of video in education is favoured by the teachers but also by many learners because it gives them the privilege to pause, stop, skip and/or rewind sections. It fosters a "sense of learning autonomy and choice within the learning environment". This makes the video an effective way to motivate learners and provide them a learning satisfaction (Guohua Pan et al., 2012). Educational research reports that students with unlimited video access performed significantly better than those without it (Clifton & Mann, 2011; Hove & Corcoran, 2008).

Jones & Cuthrell (2011) conducted a research about the educational potentials and pitfalls of the famous video platform *YouTube*. Their findings proved that despite the possible challenges the platform could be beneficial for students of all ages and their teachers (Jones

& Cuthrell, 2011). Video technology has a great potential in education and learning environment from preschool to university if used adequately. Clifton & Mann (2010) confirmed YouTube's importance in schooling. They found that the use of YouTube videos increased student engagement, critical awareness and facilitated deep learning. Video technology could be a way to scaffold the learning process by making complicated topics understandable (Clifton & Mann, 2011). Berk (2009) challenges all instructors and teachers to incorporate video in the classroom which would add a new dimension to teaching and change the view of teaching and students forever (Berk, 2009).

The use of video technology and more specifically interactive media in health communication with children is not a new trend. Many video games have been created for children struggling with different health conditions. In the *Packy and Marlon* game for diabetic children, players win points depending on how well they understand diabetic conditions and regulate the diet, insulin, and blood sugar levels of two wacky diabetic pachyderms. Asthmatic children help an asthmatic dinosaur to stay strong and healthy while on a risky mission in an environment riddled with allergens in *Bronchiasaurus.* Children with cystic fibrosis are also learning how to deal with their lung problem by using medications and physical therapy to keep the lungs of a virtual puppy clear. In another game explaining the damages of smoking, children in the role of surgeons have to clear phlegm from the bronchial tubes, remove tar deposits and precancerous cells from the throat and lungs, remove plaque and a deadly blood clot in the arteries, and enter the brain to conquer nicotine addiction (Bandura, 2004).

Video technology has a nurturing value of instruction (Guohua Pan et al., 2012). Bonk (2011) used short videos to present behavioural concepts, motivation and cognitive theory. He proved that accompanying instruction with visual and auditory messages helps students to "personalize learning and make ideas come to life" (Bonk, 2011). An example of

multimodal assignment with many strengths is the public service announcement. PSAs are essential part of many campaigns and play a significant role in communicating public information. They are often a subject of much research. Some scholars examine their effectiveness, while others concentrate more on their methods, structure and essential components in order to appear attractive or adequate for the certain problem or the target groups. There are PSA designed to address only certain groups of the society and/or special audience (young people, elderly people, children), following the traditional but also some unique patterns and presentation techniques.

2.4 PSA for children and in pandemic times

There are public service announcements created especially for children but there are also many PSAs addressing a broader audience including children. Even in this case the main topics of public information are still predominantly connected with health issues like promoting balanced nutrition and preventing bad habits or educating about an environmentally friendly lifestyle. For instance, a study conducted in 2005 suggested that PSAs containing nutritional messages may have positive influence on children's food choices. Their effectiveness showed immediate results. Among the participants the majority of the children chose an apple to animal cracker after watching a video, containing a gain-framed nutrition message or a loss-framed message (Bannon & Schwartz, 2006).

Even though, not intended only for children, many anti-smoking and anti-drug PSAs have been aired and streamed on television and the internet. Those messages, if viewed at least once, indeed reduced smoking intentions, however, the positive effects did not remain over time on all children. The anti-smoking PSAs proved to be effective on children, who had at least one or more friends who smoked (at-risk children). After seeing a PSA even once, their

intention to smoke decreased significantly and the positive effects remained stable and even mirrored in the smoking intentions of children with no friends who smoked (Nixon, Mansfield, & Thoms, 2008).

Many studies on the effects, response and effectiveness of PSAs have been done. However, some focus on the messages sent through a single PSA and their adherence to communication and persuasion theories. Nonetheless, surprisingly very little research has focused on the PSAs, created for children as a focal target. One of them is the study about motivating behavioural change. The PSAs created during the "Let's move" campaign were implemented to prevent the growing "epidemic" of child obesity and research focused on the messages, distributed through the PSAs. They targeted parents and kids of "different ethnic and socio-economic backgrounds for appeal across a broader audience" and used techniques from the communication science. Their aim was not only to tell "the target group how to perform the requested action, but also to influence their attitudes towards child obesity" and motivate a behavioural change (Georgiadis, 2013).

Not only the "obesity epidemic", as denoted by Georgiadis (2013), but also many other epidemics or pandemics require special attention to the communication with sensitive groups like children. An example of a video PSA during an epidemic, targeting children is the one-minute spot during the Avian influenza, also called bird flu, in 2006. The PSA, featuring Jackie Chan (Fig. 6), was produced by UN Children's Fund (UNICEF), the Food and Agriculture Organization (FAO) and the World Health Organization (WHO), with funding from the Government of Japan. In the spot Chan is playing with bird origami together with six children and explains them to stay away from dead and sick birds, especially chickens (WHO/FAO/UNICEF, 2006).

Fig. 6 *Jackie Chan in the bird flu public service announcement (Source: who.int)*

In great need of convenient information for children is the current COVID-19 pandemic. In the media it is often described as "being at war with an invisible enemy, in which all of us are in combat". In some ways the current situation is quite similar to the 2009 swine flu pandemic. Then adults were stressed or struggling, and many people tend to be "fearful" from the virus (Phelps & Sperry, 2020; Steele, 2015). Often this threat information was transmitted to children, which then resulted in fear and trauma. Phelps and Sperry (2020) discussed the possible negative impact of the school closures on the mental health of students now as well. For many of them schools are the only source of trauma-informed care and support. Based on experience from previous pandemics and calamities they considered the COVID-19 period may result in "cumulative trauma for many children […], increasing the chances of developing mood and anxiety disorders and elevated hyperarousal symptoms (Phelps & Sperry, 2020).

Creating PSAs or serving the information in appropriate way for children to understand it is pivotal measurement, especially when they are also actively involved in the happening. Using this example many PSAs were created during the COVID-19 pandemic. A great number of PSAs focusing on the children's audience, were launched in the German speaking area. Some of them, for example the PSA of *Stadt Wien* was linked and shared by organisations and institutions from all DACH countries.

3. Health Communication Theories/Theoretical background

Communications and public health theories are often an important tool used to develop an effective and adequate approach and drive behaviour change in the public health sphere. Different theories are used to explain how certain behavioural patterns are adopted in the attempts to influence people in health-related issues. The most widely applied psychological theories of health behaviour are social cognitive theory, health believe model (HBM), theory of reasoned action, theory of planned behaviour and protection motivation theory (PMT). These theories differ in their specified range of application. Still, many of their main sociocognitive determinants overlap in the different areas. The following paper will focus on the social cognitive theory and the HBM as they have been used in previous research of the messages transmitted through different public service announcements. There are a few surveys recommending the PMT in the research of pandemics (Williams, Rasmussen, Kleczkowski, Maharaj, & Cairns, 2015) and even for the current pandemic (Adunlin et al., 2020), however, due to the fact that the theory focuses on the examination of fear-arousing appeals and the current study explores content created for children, who have a perception of fear totally different to that of adults', the PMT could not be considered as an appropriate framework for further investigation.

3.1 The social cognitive theory

The social cognitive theory was developed by Bandura as an expansion of his original social learning theory in 1986. It provides an "agentic conceptual framework within which to analyse the determinants and psychological mechanisms through which symbolic communication promotes personal and social changes" (Bandura, 2003). The social cognitive theory specifies a core set of determinants, the mechanism through which they

work, and the optimal ways of translating this knowledge into effective health practices. In health communication research, it is mainly used for health promotion and disease prevention. The core determinants include *knowledge* of benefits of some health practices, perceived *self-efficacy* and perceived facilitators and *social and structural impediments*, *outcome expectations* and *goals* people set for themselves (Bandura, 2004).

Knowledge of health risks and benefits of some health practices creates a precondition for change. If people lack knowledge and awareness of how their lifestyle affects their health, "they have little reason to put themselves through the travail of changing [.] the habits they enjoy" (Bandura, 2004). Being informed is essential in the way of adapting to new practices but also in the teaching and educating about a new behaviour.

However, often additional self-influences are needed for most people to adopt new habits and maintain them. Beliefs in personal efficacy play a pivotal role in the structure of the social cognitive theory. Perceived self-efficacy is the belief in "one's capabilities to organize and execute the courses of action required to produce given levels of attainments. It controls the "motivation, thought process, affective states and actions". It might change the environmental conditions, depending on what the person is trying to manage (Bandura, 1998). The existence of self-efficacy gives a person the belief that he is able to implement the proposed behavioural change and it shapes the outcomes he expects his efforts to produce. "The stronger the perceived self-efficacy, the higher the goals people set for themselves and the firmer their commitment to them". People of high efficacy expect to achieve favourable outcomes, while people of low efficacy often expect only poor outcomes (Bandura, 2004).

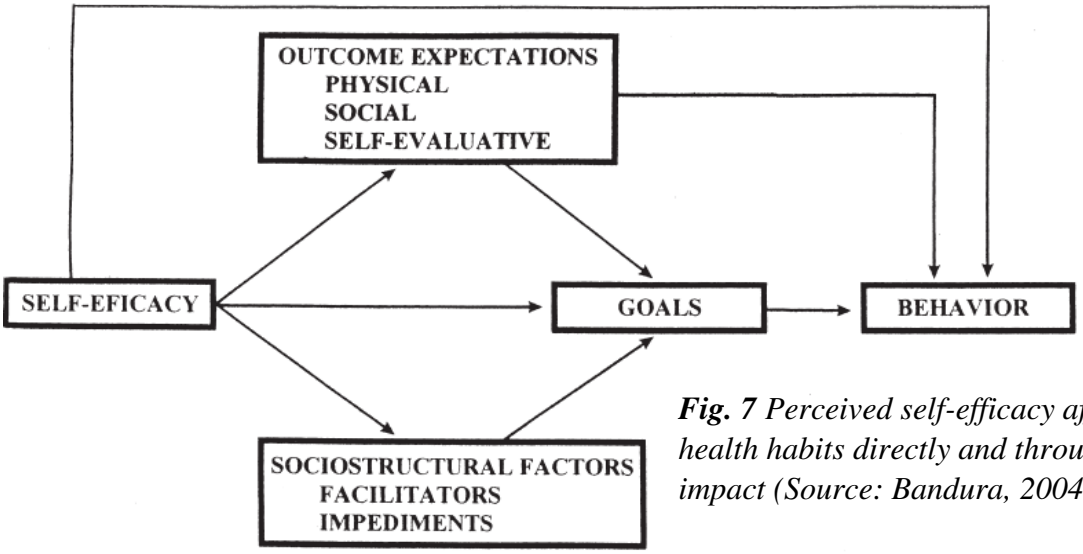

Fig. 7 *Perceived self-efficacy affects health habits directly and through its impact (Source: Bandura, 2004)*

An influence on the self-efficacy exercise the outcomes people expect their actions to produce as well as the goals they set for themselves. The personal physical outcomes "include pleasurable and aversive effects of the behaviour and the accompanying material losses and benefits", while on the other hand by "the social approval and disapproval the behaviour produces the interpersonal relationships". Another set of outcomes concerns the self-evaluation and the behavioural capability. It depends on how people adopt personal standards and regulate their behaviour. The personal goals, that are rooted in the person's value system, provide further self-incentives and guides for health (Bandura, 2004).

Still, the somatic and emotional states of a person play an important role in judging their capabilities. The personal change often faces many obstacles – tiredness, depression, anxiousness, and having better things to do. People judge their self-efficacy in the face of the impediments they have to surmount, depending on the cause. If there are no impediments to surmount, the behaviour could be very easy to perform, and everyone would be efficacious. Unfortunately, this set up is impossible most of the time. That is why the regulation of behaviour is never "a solely personal matter". Many impediments are rooted

in the way health services are structured socially and economically. Self-efficacy beliefs also determine how obstacles are viewed. People of low efficacy tend to be easily convinced of the futility of their efforts and quickly give up. While people of high efficacy view impediments "as surmountable by improvement of self-management skills and perseverant effort" and "stay the course in the face of difficulties" (Bandura, 1998, 2004).

Many studies based on the social cognitive theory proved the importance of self-efficacy in changing and adapting health behaviour. In the analyses of community-based health campaigns, Rimal (2000) found that perceived self-efficacy governs "whether individuals translate perceived risk into a search for health information and whether they translate acquired health knowledge into healthful behavioural practices" (Bandura, 2004; Rimal, 2000). Meyerowitz and Chaiken (1987) found that health communications *foster adoption of healthful practices* "to the extent that they raise beliefs in personal efficacy" (Bandura, 2004; Meyerowitz & Chaiken, 1987). Maibach et al found that people's pre-existing self-efficacy beliefs can exercise control over their health habits and the self-efficacy beliefs instilled by a community health campaign contribute to adoption of healthy eating habits and regular exercise (Bandura, 2004; Maibach, Flora, & Nass, 1991).

In the examination of the messages submitted through public service announcements next to fostering the *self-efficacy* in the individual despite all obstacles, an important role play *the messages of expected outcomes and goals* and the messages of *behavioural capability*, as well as demonstration of right practices, stimulating the *observational learning.* According to Bandura (2004) an essential part of the childhood health promotion models is to inform the children of the health risks and benefits but also *to enlist and create a social support* for desired personal changes. In his theory he underlines the importance of schools in their role to promote the health of the nation and as the "only place where children can be easily reached". "Schools are inadequately equipped with the resources, training, and incentives to

undertake health promotion" (Bandura, 2004). However, during the COVID-19 pandemic schools in many countries remained closed for a couple of months, whereas children's education was delegated to their families and the media.

3.2 Health belief model

The health belief model (HBM) was originally developed in the 1950s to explain the failure of people to participate in health prevention and disease detection programs. The theory assumes that people will take a health-related action if a negative health condition could be avoided. For instance, people will take action to prevent, screen for, or control illness conditions.

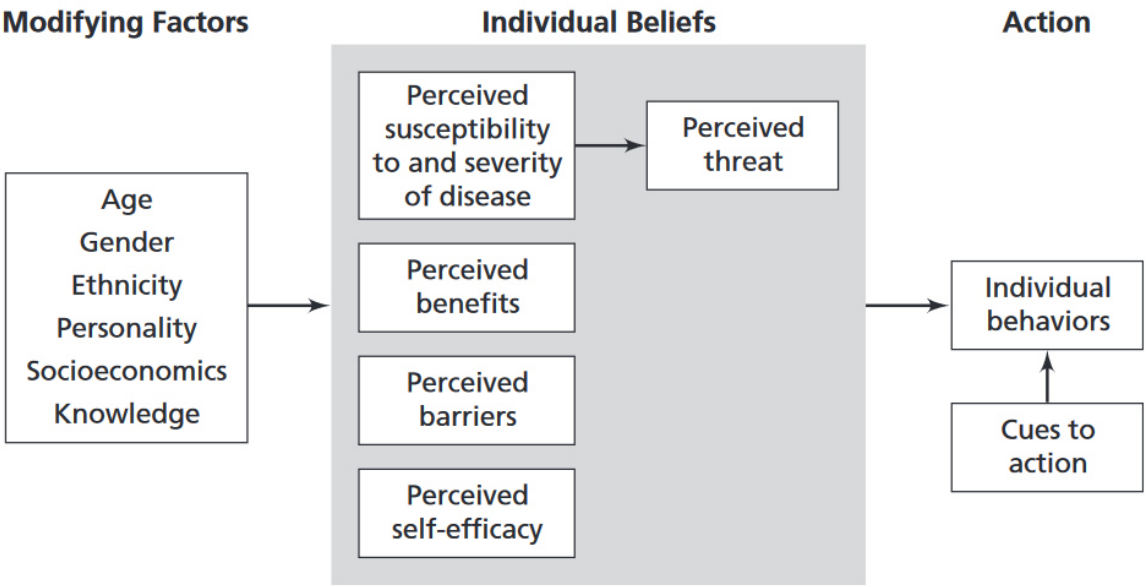

Fig. 8 *Health Belief Model Components and Linkage (Source: Champion & Skinner, 2008)*

The HBM focuses on two aspects health representation and health behaviour. Threat perception is construed as two key beliefs: perceived susceptibility and perceived severity (Abraham & Sheeran, 2005; Masaviru). *Perceived susceptibility* "refers to beliefs about the likelihood of getting a disease or condition". A person must believe that there is a possibility

of “experiencing a risk or getting a condition or disease”. *Perceived severity* assigns to the belief how serious a condition and its clinical and possible consequences are (Champion & Skinner, 2008).

Even if a person perceives his susceptibility to a certain serious health condition (perceived threat), this perception does not always lead to behavioural change. Behavioural evaluation consists of two sets of beliefs, too: those concerning the *benefits* of a recommended health behaviour, and those concerning the *barriers* to enacting the behaviour. Person’s beliefs regarding the *perceived benefits* of various actions to reduce the disease threat should also be influenced. The necessary actions, that need to be taken (how, where and when) need to be clearly defined and as well as the expected positive effects. The potential negative effects of a particular health action, the so called *perceived barriers*, could also act as impediments for certain behaviours. They need to be identified and reduced through reassurance, the correction of misinformation, incentives and assistance (Abraham & Sheeran, 2005; Champion & Skinner, 2008).

In addition to those determinants the health belief model proposed that *cues to action* or strategies to activate “readiness” could activate health behaviour when appropriate beliefs are held. Those include bodily events, environmental events, and media publicity but also providing how-to information and promoting awareness (Abraham & Sheeran, 2005; Champion & Skinner, 2008).

In 1988 three researchers (Rosenstock, Strecher, Becker) suggested to add *self-efficacy* to the health belief model as a separate construct. For behaviour change to succeed, people must feel threatened by their current behavioural patterns and believe that a specific change will result in a valued outcome. Still, they also must feel themselves competent (self-efficacious) in order to take action and overcome barriers (Champion & Skinner, 2008).

However, other researchers argue that self-efficacy is not captured as well in the HBM as it is in the social cognitive theory (Umeh, 2004).

3.3 Protection Motivation theory

A similar to the HBM framework for understanding and predicting health behaviour offers the protection motivation theory (PMT). It was initially formulated in 1975 by Ronald Rogers. It was twice revised and extended by the author in 1983 and 1984. PMT is a preventative health behaviour theory and has been used to study intentions and behaviour in different, but not limited to, health-related and fields (Rogers, 1975, 1983).

The protection motivation theory was originally proposed to provide clarity to the understanding of *fear appeals* and shares the HBM's cognitive processes mediating attitudinal and behavioural change. Also similar to the HBM, it initiates two cognitive processes – threat appraisal and coping appraisal. The PMT assumes that protection motivation is maximized when "the threat to health is severe" and "the individual feels vulnerable", "the adaptive response is believed to be a means for averting the threat" and "the person is confident in his or her abilities to complete successfully the adaptive response". For higher motivation and thus a successful behaviour change the costs associated with the maladaptive behaviour, as well as the costs associated with the adaptive response should be small (Prentice-Dunn & Rogers, 1986; Rogers, 1975).

It is readily apparent that HBM and PMT are similar and they share several components. However, the PMT continued to develop differently and independently of the HBM. One of the reasons is that the HBM was originated to predict health behaviour, PMT was developed to explain the effects of fear-arousing communications on attitude change.

Cismaru & Lavack (2007) used the PMT to examine the role of social marketing programs in preventing and controlling obesity. They discussed how the analysed 50 anti-obesity campaigns agreed with the protection motivation theory (Cismaru & Lavack, 2007). Cismaru and Lavack, alongside other researchers used the PMT also in a qualitative study. Examined were health communication campaigns aimed at preventing alcohol consumption among women who are pregnant or attempting to become pregnant. The research concluded that the PMT is an appropriate framework to use for developing alcohol prevention campaigns targeting pregnant women (Cismaru, Deshpande, Thurmeier, Lavack, & Agrey, 2010).

Another study, conducted in the United Kingdom in 2015 examined whether the PMT will be useful for understanding social distancing behaviour, focusing on the tendency to reduce social contacts in response to a *simulated* infectious disease epidemic. The research proved that the PMT is an advantageous way to understand the intention to engage in social distancing behaviour, however no conclusion could be made about the actual behaviour during the simulated epidemic (Williams et al., 2015). A very recent study about the current pandemic also elucidated the importance of PMT as a theoretical framework to encourage the practice of social distancing in rural areas. The researchers concluded that PMT is a useful framework to tease out some key motivating dimensions in order to stop or slow down the spread of COVID-19 infections and as well to understand social distancing behaviour during the current pandemic (Adunlin et al., 2020).

Unlike the health belief model, the protection motivation theory focuses at its core on the fear appeal. It is the driver to achieve motivation to change certain behaviour or adapt new habits. Even though it has been recommended for research in pandemics (Adunlin et al., 2020; Williams et al., 2015) the following paper focuses exclusively on the communication with children. Psychology research proves that children and pre-teens have a unique and very different perception of fear compared to adults. According to Maurer (1965) children

do not fear the things they are taught to fear like traffic, germs and kidnappers. Even "punishment, war and atom bombs" are not things they name even though would confirm if asked. Many participants in her study reported to be afraid of wild animals like snakes or of the dark. Only children burdened with excessive responsibility or hardship, as well as children older than 12 were able to give a "mature" answer (Derevensky, 1974; Maurer, 1965).

Therefore, a motivation to attitude and behaviour change, as well as adapting new habits in children could not be motivated by fear-arousing messages, on the contrary it might have the same effect as a regular parental warning and not arouse any fear in the children. That is why it is not necessary for a PSA to follow the protection motivation theory in order to reach and have a positive influence on children.

3.4 Public Communication Campaigns and Health Messages

Over the past three decades different media have presented an array of health communication campaigns to combat smoking, heart disease, cancer, drug and alcohol abuse, etc. They have achieved a mixed record of effectiveness in influencing health and prosocial behaviour. Researchers have concluded that the success of any persuasion and education campaigns depends significantly on the development of their production, preparation and dissemination phases. Even though there is a great number of persuasion research about the communication of attitude change and new behavioural practices, many PSAs are designed without considering this scientific advice. That is often the reason why they gain only limited success (C. K. Atkin, 2001a; İnci, Sancar, & Bostancı, 2017; Rice & Atkin, 2012).

Charles Atkin (2001) conducted a study in which he reviewed major health campaign PSAs and analysed their value in yielding behaviour change and approaches for increasing future

effectiveness. Based on his study and the review of conventional practices used in various campaigns, he offers a guide for the design of effective strategies in the health domain (C. Atkin, 2001; C. K. Atkin, 2001b). Some of the strategies he proposes can be used in the examination of the messages disseminated through the public service announcements, focusing on their communication approach, as well as the practices to motivate behaviour change.

3.4.1 Target audience

According to Atkin & Freimuth (2001) effective campaigns "seldom aim at a broad cross-section of the public". They focus on specialised segments. There are two major advantages of the segmentation: higher message efficacy can be achieved if the audiences are ordered according to importance and (the segment in biggest need) and receptivity (the segment most likely to be influenced); and the effectiveness expanded if the "the message content, form and style are tailored to the predispositions and abilities of the distinct subgroups".

The media health campaigns distinguish two basic types of *targeting audiences*. First, messages may be aimed directly at the focal segment, whose behaviour needs to be influenced or changed, or second, an indirect two-step flow might be utilized, targeting influencers, who are in a favourable position to exert an impact on the focal segment (C. Atkin, 2001).

The nature of the health problem determines the basic parameters of the focal audience. To maximize the communication effect many designers pick off the easier targets. A fundamental factor is the readiness of a certain group to perform the practice. The strongest impact is usually achieved with messages aiming favourably predisposed people or people seeing themselves as "at risk". Of great importance is the determining of personal relevance,

too. The target audiences should also be able to perceive that the messages in certain PSA or campaign personally apply to them. However, there are a lot of "hard-core users", who are harder to influence directly (for instance teenagers). Often, they are already performing risky behaviour and are highly resistant due to other factors. This attitude could possibly change with maturing at some later point in time (C. Atkin, 2001; C. K. Atkin, 2001b).

In some situations, the secondary audiences are much more receptive to the messages of a certain PSA and "their actions are more likely to shape the practices of the focal segments than the [.] messages directly targeted to those individuals". Often those parties provide "positive and negative reinforcement", "exercise control", "shape opportunities", "facilitate behaviour with reminders at opportune moments". "Furthermore, influencers can customize their messages to the unique needs and values of the individual" (C. Atkin, 2001).

3.4.2 Messenger

Another important factor speaking for the influence of a message is the messenger. "The messenger is the model who delivers information, demonstrates behaviour, or provides testimonial" (C. Atkin, 2001). He is to be separated from the creator or the sponsor of the message. He is the figure supposed to attract attention, personalise abstract concepts by "modelling actions and consequences" and to bolster "belief formation". The messenger is helpful in "facilitating retention due to memorability". Of great importance for him is to be credible and attractive to the desired audience (C. Atkin, 2001; C. K. Atkin, 2001a; Sechrest, 1994).

There are different categories of messengers presented in health messages – *a celebrity, an expert, a public official, a professional performer,* a *unique character* (animated or costumed). To select the right messenger, it is important to examine "which component of

the influence model needs a boost". For instance, celebrities "draw attention to a dull topic", "expert enhance response efficacy", "ordinary people heighten self-efficacy" (C. Atkin, 2001; C. K. Atkin, 2001a; Sechrest, 1994).

A few studies about effective spokespersons in public service announcements have also been created over the years. Even though some experts in the role messengers seem to be effective in the enhancement of attitudes, when it comes to young individuals this tendency changes. According to the majority of the social influence literature, individuals identify more closely with people, who are similar to themselves and respond more favourably to messages coming from someone like them (Hyman & Singer, 1968; Paek & Gunther, 2007; Paek, Hove, Ju Jeong, & Kim, 2011). Another study, conducted in 2007 examined the differences between national celebrities, local celebrities and victims in their credibility as spokespersons in PSAs, using the example of a national disaster, in this case Hurricane Katrina. The results showed that the hurricane victims were seen as the most credible and believable spokesperson, followed by local celebrities. The national celebrities on the other hand were as more likely to reduce the effectiveness of the PSAs.

Not to be underestimated is the role of the animated messengers. Many studies prove that they are capable of capturing users' attention and entertaining them but also engaging them in active tasks (Callcott & Lee, 1994; Hongpaisanwiwat & Lewis, 2003). They have been predominantly used in communications with children, however, many PSAs for adults also appear in animated form. In his research Mayimuna (2011) reported a significant difference in the recall of animated and human character in PSAs. His results indicated that people recalled better animated characters, even though none of the PSAs were explicitly designed for children (Mayimuna, 2011). One of the most famous and influential PSAs in Belgium also appears in animatic form. It was produced by UNICEF in 2005 and used *The Smurfs* to illustrate the horror of the war (Hatfield, Hinck, & Birkholt, 2007).

3.4.3 Strategic Approach

In seeking to influence behaviour, many campaigners present message content that "links the desired behaviour to valued attributes or consequences that serve as *positive incentives*" or present fear or other negative appeals to focus attention on bad consequences or harmful outcomes (*negative incentives*) (C. K. Atkin, 2001b). Often this depends on the fact that if a certain PSA is promoting positive behaviour or preventing problematic behaviour.

The incentive appeals generally "build on the existing values of the target audience". Generally, however, negatively valued unhealthy outcomes like death, illness or injury tend to be featured more frequently than positive appeals. As examined earlier in the current survey, children do not respond to fear appeals in a conventional way. Using fear appeals in communications with children might result in a fruitless attempt to evoke the desired behaviour. Still, there are other potential negative motivational appeals that could show results. For instance, drug campaigns "present negative appeals about looking uncool, alienating friends, incurring peer disapproval, losing trust of parents, or deviating from social norms". Negative appeals might have deeper psychological roots like social rejection or regret at a later point (C. Atkin, 2001).

Even though the negative appeals tend to be more frequently used in persuasion, Atkin (2001) recommends focussing more on a higher proportion of positive incentives in order to achieve a better effect. According to him:

> "For each of the negative consequences of performing the proscribed practice, there is usually a mirror-image positive outcome that can be promised for performing the healthy alternative"

Messages should focus more on educating about beneficial development and promoting the right behaviour than on the danger of unfavourable outcomes or harmful consequences. This

strengthens trust in parents and support the individual in being a good role model, having a positive self-image, acting intelligently and feeling secure (C. Atkin, 2001).

3.4.4 Types of messages

According to Atkin (2001b) a PSA should contain three types of messages to motivate attitude change and “move the target audience towards the desired response: *awareness, instruction and persuasion*. The emphasis on the three types of messages varies depending on the audience and their predispositions.

The majority of the health campaigns present messages that attempt to increase *awareness* and raise consciousness about the health topic. They inform people on "what to do", while specifying "who should do it". Often, they cue the audience about "when and where it should be done". Awareness messages "create recognition of the topic or practice for a large portion of the public" and impart "simple forms of new information about the health topic". They aim to "trigger activation among favourably predisposed audiences" and "foster compliance with interpersonal influences or environmental forces in the focal segments". Sometimes those messages encourage "further information seeking about the topic" and to sensitize "individuals to subsequently encountered messages" (C. K. Atkin, 2001b).

A necessity for many health campaigns is the "how to do it" information. It produces knowledge gain and skills acquisition. *Instruction messages* provide "encouragement and training to enhance personal efficacy" and also bolster peer resistance. Those messages educate the audience with a detailed blueprint and support the acquiring of literacy skills. However, despite their importance, they are not widely used in contemporary health campaigns. Often this is due to the limited capacity for transmitting detailed information in superficial media (particularly broadcast spots) (C. Atkin, 2001).

The central type of content in campaigns features *persuasive messages*. They emphasize the reasons "why the audience should adopt the advocated action or avoid the proscribed behaviour". Persuasive messages try to create or change attitudes through "knowledge gain and belief formation". If the audience is prone to change, the message "the easier persuasive task of reinforcing existing predispositions" like "strengthening a positive attitude, promoting post behaviour consolidation, and motivating behavioural maintenance over time". The approaches used in persuasive campaign messages are often followed by "corresponding positive or negative Incentive appeals (C. K. Atkin, 2001b).

3.4.5 Mechanical and Stylistic Factors

In structuring and highlighting the substantive material many mechanical and stylistic aspects come to use. Their main purpose is to help attract attention and facilitate comprehension and retention.

Atkin offers guidelines for the construction of key elements, such as the *theme line*, a "concise representation of the main idea with a headline, slogan or provocative question", *continuity devices*, which provide "common thread across message executions" and *physical dimensions* like the size of the print message and the length of the broadcast message. Of great importance are also the *verbal copy* (understandable vocabulary, sentence length, copy density), as well as the *audio and visual factors* (use of music or pictures) (C. Atkin, 2001). An important role here also plays the animation. According to Bickham et. al (2001) the use “bright colours, graphics, movement, and animation” is essential to maintain attention (Bickham et al., 2001)

Sometimes to augment the other key messages qualities like understandability, credibility and relevance, many message designers employ stylistic features to convey ideas in an

engaging way - using *artistic devices* like *parody, suspense, sensuality, wordplay*. "Clever stylistic devices are a hallmark of health messages, especially the use of a *play on words, ironic twist, or catchy slogan* to attract interest and provoke thought" (C. Atkin, 2001). “In addition to formal features promising enjoyment (e.g. lively music, cheerful voices) the content itself may enhance vigilance through semantically entertaining features such as humour” (Miron, Bryant, & Zillmann, 2001). To approach low-involvement audiences often of great help are the *vivid presentation styles* and *vibrant visuals*. Even though a variety of entertainment-oriented stylistic approaches for increasing the attractiveness of the message exist, the content should be conveyed in a realistic and personalized manner by depicting situations and models that enable the audience to connect the material to their own experiences (C. Atkin, 2001).

3.5 Communication with children

Explaining illnesses or pandemics to society might be very challenging. Sometimes researchers and health practitioners fail to explain them in an appropriate way for many adults to understand. This task becomes even more arduous when the group in need of information are children. Creating a message that is capable of reaching and educating children must also follow some additional patterns and be communicated to children in their own language. In order to meet the children’s needs and increase the effectiveness it has to be presented in an understandable and non-scary way.

3.5.1 Vocabulary

Many researches discuss the great importance of using the right *vocabulary* in the communication with children about sensitive topics (Bannard, 1987; Whaley, 1999; Whitt, Dykstra, & Taylor, 1979). Whitt et al. (1979), relying the Piagetian theory, argue that the words used in a certain message have to be well chosen and discussed in advance in order to escape ambiguity. According to their research some children might have not reached the age to understand that words could have multiple meanings or to distinguish between words that sound similar but differ in their meaning (homonyms). Words like "dying", "blood drawing" or "burning sugar" might be understood too literally by infants and cause additional stress and pressure (Whaley, 1999). A study conducted by Beales et. al (1983) reports of a case of a 5-year old girl, who was told that her knee was "inflamed". The child believed that her knee was "in flames" under the skin and was fearful that her whole leg will eventually burn (Beales, Holt, Keen, & Mellor, 1983; Whaley, 1999).

3.5.2 Figurative language

Another way to explain illness to children is through *figurative language*. Many researchers suggest *metaphors* and *analogies* to explain complex matters (Eiser, 1984; Potter & Roberts, 1984; Whitt et al., 1979). Whitt et al. (1979) suggested the use of the nature of telephone to explain epilepsy and the car and its fuel (gas) for diabetes. For cancer he used the metaphor that the body is a large city with different kinds of people (people representing the cells) and all of them have important jobs. However, there are people, who break the law, like enemies and soldiers, who represent the cancer cells (Whitt et al., 1979). Elsberry and Sorensen (1986) offer advice on the use of figurative language in the communication with children and suggest that the appropriate analogy significantly enhances the explanation. They

routinely use analogies to explain “parts of the physical exam, normal findings, and psychological processes”. The eye pupil is often described as a small window through which they can “see the blood vessels without having to look or feel through skin and tissue”. The tympanic membrane is often compared to a “round ice rink flooded with light” (Elsberry & Sorensen, 1986).

The effectiveness of figurative language in the explanation of illnesses to children, however, also depends on children’s age and development. According to Whaley (1999) younger children generate and prefer attribute-oriented metaphors, while in the years of later childhood “youngsters shift or develop capacity to produce and maintain a preference for relational or function-oriented analogies and metaphors”. Still, the figurative language generally appears to be “linguistic tool inherently designed for explanation” and the significant role it plays in explaining complicated matters on child-friendly level is unquestionable (Whaley, 1999).

4. Research Questions

As a conclusion to the literature review on the development of public service announcements, their role in times of pandemics and especially their importance when socially relevant information needs to be communicated to children, many relevant topics are still unexplored and further research in this area is needed. On the example of the 2020 pandemic, the following study is designed to contribute to the current literature by examining the public service announcements created for children and launched at the beginning of the pandemic in the German speaking area. The current paper aims to focus on the messages transmitted through the PSAs. Based on that, the following research questions have been derived:

RQ1: To what extent do the messages of the COVID-19 campaign follow health communication theories like social cognitive theory and health belief model? (SCT, HBM)

RQ2: To what extent the messages presented to motivate behaviour change and disseminate information follow Atkin's PSA design?

RQ3: How are the messages in the campaign tailored to the children's needs and level of understanding?

Since the pandemic is still an ongoing phenomenon many questions regarding impact of those PSAs on the children, their effectiveness, as well as children's attitudes still cannot be answered. Due to the complicated access to children while schools and kindergartens are closed, the social distancing policies in the countries, as well as the safety of all participants, those issues will be a subject of future exploration. My research will mark only one of the very first encounters of this topic and can only speculate about the influence, both positive and negative as well as the effectiveness of the COVID-19 campaign on children in the German speaking area.

5. Methodology

> "The most basic way of characterizing qualitative studies is that those aims are generally to answers to questions about the 'what', 'how' or 'why' of a phenomenon" (Green & Thorogood, 2018)

The qualitative data research "can be intricate and, at times, conceptual and abstract". It is in the beginning of any research process. The COVID-19 pandemic, as well the public service communication with children during it, mark a completely new research field. That is why it requires an explorative research with a qualitative method. The qualitative research

allows an in-depth approach to unknown phenomena and marks the first encounters of a topic. The aim, however, is not to provide a representative sample, but a few examples, that are examined extensively until a saturation level has been reached. The gathered material might provide a basis for further qualitative or even quantitative research (Flick, 2010).

5.1 Content Analysis

One basic method of systematic qualitative data research is the evaluative analysis. “It is used in many projects in empirical research and well-represented in methods literature. It involves “assessing, classifying, and evaluating content” (Kuckartz, 2014). The content analysis allows the researcher to analyse and evaluate messages and to make conclusions. It is a method for "making reliable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action" (Krippendorff, 2018). In its initial form the evaluative content analysis was developed to evaluate different texts. In the following work, it will be analogically used to evaluate videos, that have been transcribed. However, some additional categories will be added capture the visual elements of the data. The process is performed in seven phases, containing the same main steps as other types of content analysis: working with the text, building categories, coding, analysing and presenting results (Kuckartz, 2014).

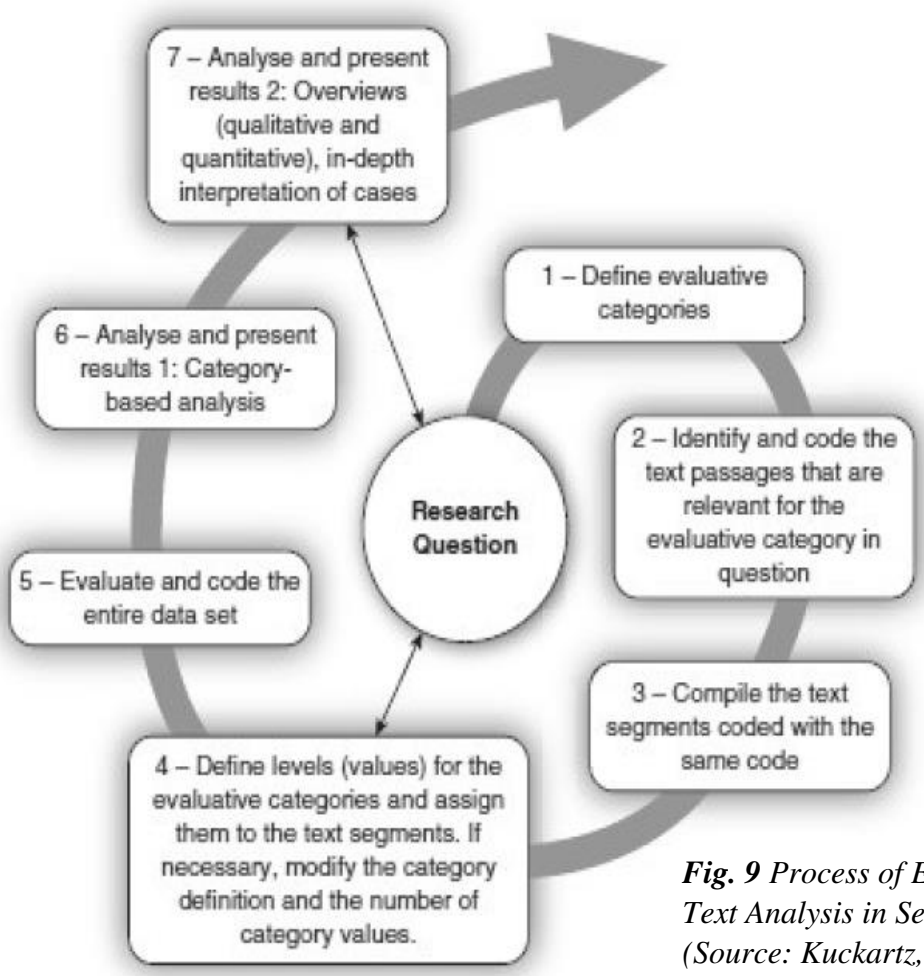

Fig. 9 *Process of Evaluative Qualitative Text Analysis in Seven Phases (Source: Kuckartz, 2014)*

The first phase of analysis involves determining the categories for the evaluation. The term 'category' stems from the Greek word κατηγορία, which originally meant class, charge, or even accusation, and can be found in many different scientific disciplines like philosophy, social sciences, biology, linguistics, and mathematics. It is essential that there is a strong connection between the categories and the research question. Sometimes a category already played an important role when the data was collected, or the research question was formulated. In those surveys, the researcher cannot claim that he/she discovered the category for the first time when they analysed the data. Those categories are often based on the existing theories about the subject or existing hypothesis. In this case we speak of deductive or a-priori category construction (Kuckartz, 2012, 2014).

In the second phase every text passage that contains information pertaining to the given category must be coded. As a rule, the categories must be assigned according to the overall assessment of the text. It is possible that one text passage can refer to different main and subtopics. “Thus, one passage can be assigned to multiple categories. As a result, some of the coded passages might overlap and intertwine with each other”. The “demand for precise definition of the categories should not be misunderstood to imply that a text passage can be assigned only to one category” (Kuckartz, 2014).

Third, a category based analysis has to be performed. All of the coded text passages that belong to a certain category (all of the thematically relevant passages) have to be compiled into list or a table. This serves as a starting point for the analytical work in the following phases (Kuckartz, 2014).

In the fourth phase the category distinctions (values or levels) need to be defined. In order to determine the category’s characteristics a sufficient number of text passages has to be revised. At the very least, the researcher should be able to differentiate between three characteristics: highly characteristic (high level), relatively uncharacteristic (low level) and unable to classify. The last characteristic is necessary because the data often does not contain sufficient information about every thematic aspect of the text. At this stage it is important to decide if you evaluate the text as a whole or the individual passages separately. “In the end, the goal of evaluative qualitative text analysis is usually to evaluate the [.] entire text” (Kuckartz, 2014).

In the fifth phase the final category-based assessment has to be performed and the evaluative coding of the entire data set. This phase does not merely involve the mechanical coding. At this point coders should look especially for relevant examples and passages to include in the final report (Kuckartz, 2014).

In the sixth phase the category analysis has to be performed and the first result presented. Often this begins with a simple descriptive presentation of the categories created and the theories they reference, as well as documenting the process used to build the categories. Finally, the last analysis has to be complete and the results to be presented. Often this includes the presentation of individual categories, summary tables or in-depth interpretations of cases (Kuckartz, 2014).

5.2 Categories

To ensure the results of his content analysis, the researcher develops a coding sheet with categories, that are created enable answering the research questions. By coding content on the basis of the categories, different characteristics of the messages can be analysed and interpreted (Krippendorff, 2018). In the following survey the categories are derived from the theory (deductive), however, it is possible for additional categories to be discovered in the working process.

Deductive categories are categories that existed before the data was examined and coded. “The largest difficulty in constructing categories deductively lies in precisely formulating category definitions so that they do not overlap”. They must be “exhaustive und disjunctive”. This is necessary in order to achieve an appropriate standard when implementing them. When using deductive categories often researchers discover that they are not precise enough or that “too much data is being classified as ‘miscellaneous’ or ‘other’”. In this case a further modification of the deductive categories or defining new ones, as well as changes to the category scheme, are still possible. Some scientists start with deductive categories but develop further indictive categories and sub-categories using the empirical data (Kuckartz, 2014).

The following survey implies three research questions. In order to examine PSAs for children during the current pandemic, four different coding sheets with categories were developed. Each one of them addressed a research question.

The first research question tackles the issue of health communication theories and if they played a role in the construction of the PSAs. The adherence of the PSAs to the social cognitive theory and to the health belief model was examined in two coding sheets. Coding Sheet 1 focused on the SCT, while Coding Sheet 2 on the HBM. The types of messages according to Atkin's framework for a construction of a PSA were examined in a third coding sheet. Finally, in the last coding sheet addresses the third research question, particularly the way a certain PSA is tailored to the children's needs. The coding sheets include the determinants, that were discussed in the theory chapter of the study.

Coding Sheet 1: Social cognitive theory (SCT)	
Observational learning	Segments were coded that show and demonstrate the right behaviour and the new customs (if messenger modelled behaviour)
Messages of expected outcomes and goals	Segments were coded that show the expected results of a following the behavioural pattern; What would happen if children behave the way the PSA prescribes?
Social support (family, friends, colleagues)	Segments were coded that show how social support has been provided - the way the society (family, friends, colleagues) supports the messenger (them being shown as following the rules as well)
Reinforcement of expected behaviour	Segments were coded that show the benefits of doing a certain action and its positive sides

Messages of behavioural capability	Segments were coded that show the messenger capable, performing and accepting the expected behaviour

Tab. 1 *Coding Sheet SCT*

Coding Sheet 2: Health belief model (HBM)	
Perceived susceptibility	Segments were coded that show the chances of experiencing a risk or getting the condition or disease, personalizing the risk, and defining the risk groups
Perceived severity	Segments were coded that show the consequences of the condition and risks and the seriousness of the situation
Perceived benefits	Segments were coded that show the efficacy of an action that could be taken (how, where) and positive effects expected from it
Perceived barriers	Segments were coded that show the cost that will take to perform the action (often tangible and psychological costs) but also finding incentives and assistance
Cues to action	Segments were coded that provide how-to information, reminders, and awareness
Self-efficacy	Segments were coded that describe the confidence in the ability to take action, demonstrate the desired behaviour, use goal setting, give verbal reinforcement, and provide guidance and boost confidence

Tab. 2 *Coding Sheet HBM*

Coding Sheet 3: Public Communication Campaigns and Health Messages	
Target audience approach	Segments were coded that how the approach to audience has been made; who is the PSA targeting and how are the target groups pronounced
Messenger	Segments were coded that show what kind of character the messenger(s) is and what makes him/her/them credible and attractive
Strategic approach	Segments were coded that where the PSA is using a certain strategy to promote information (positive or negative appeals, fear, values)
Types of messages	Segments were coded that that show what kind of messages the PSA promotes (focus on awareness, instruction, or persuasion)
Mechanical and stylistic factors	Segments were coded that show how are the messages designed – using humour, bright colours and graphics, and audio-visual effects)

Tab. 3 *Coding Sheet Public Communication Campaigns and Health Messages*

Coding Sheet 4: Children's language (communication tailored for children)	
Vocabulary	Segments were coded that show the specific vocabulary used for children avoiding homonyms and ambiguity.
Figurative Language	Segments were coded that show how the language is adapted to the children's level of understanding using metaphors and analogy to explain complex information.

Tab. 4 *Coding Sheet Children's language*

Even though some of the categories in the coding sheets might appear similar and overlap in some ways, having four coding sheets was necessary for this study. Each coding sheet addressed a different research question and was modelled after the strategies drawn from the theory and research. This enabled the researcher to focus on each research question individually before summarizing the results of the whole study. Every PSA was analysed with the same coding sheets a couple of times – every time the focus was on a different category.

5.3 Sampling

The strategy for selection of the sampling was based on the theory, the research gaps in the literature and, above all, the growing impact of the pandemic in every sphere of our lives especially its impact on children. For the purposes of this study, a purposive sampling method was chosen, meaning that the data did not aim to mirror the reality but to be an approximation to it (Przyborski & Wohlrab-Sahr, 2013). The PSAs, selected for the study were launched in the German speaking area at the beginning of the pandemic, when the schools, that are usually the main source of information for children, were still closed. They were found on different internet platforms (like YouTube) but also in the media library of the issuing institution. Some of them were shown on the television from different broadcasters. For the purposes of the current study only video PSAs have been considered. As discussed in the theory section, they are closer to children and easier to understand because of their combination of visual and auditory elements in the message.

Since it is a qualitative study, the results might not be applicable to all PSAs created for the same purposes. Still, the selection of the PSAs aimed to be as close as possible to a representative sample. PSAs launched from the three biggest countries in the German

speaking area, Austria, Switzerland and Germany, were examined. All the selected videos were in the German language, meant to address the whole DACH area.

Important decision-making criteria next to the language were the issuing institution and the explanation of the "coronavirus" in the video. The issuing institutions were either governmental organisations or leading media in the DACH countries. PSAs, launched from private or business individuals, as well as commercial enterprises were not considered. Videos, that were created as a follow-up PSA to a previous one, were also not preferred in the research as they could not function as an independent coronavirus PSA.

5.4 Sample

A total of seven videos were selected for the sample – one Austrian, two Swiss and four German PSAs, created between March and May in 2020. The following data were also recorded: video title, URL and issuing institution.

All of the PSAs were abbreviated as Vid., followed by a number from one to seven and at the end a letter of the country, the PSA was produced in (A, S and G, respectively for Austria, Switzerland and Germany), for example Vid.1A.

The Austrian PSA (Vid.1A) was one of the first COVID-19 PSA for kids in Europe. It has been shared from different sources in the whole German speaking area. The video was created by the Stadt Wien (City of Vienna) and it has as of the beginning of January 2021 over 1,5 million views on the YouTube platform alone[1] (Fig.10).

[1] https://www.youtube.com/watch?v=_kU4oCmRFTw, as of 01.01.2021

Two PSAs produced in Switzerland were selected for the study. First one (Vid.2S) was launched from Schweizer Radio und Fernsehen (Swiss Radio and Television), also SRF in the end of March 2020 (Fig.11). The second one (Vid.3S) was aired at the beginning of May, shortly before the schools were about to reopen. It was produced from the Swiss Federal Office of Public Health (Bundesamt für Gesundheit) (Fig.12).

Fig. 10 *Vid.1A: Das Coronavirus Kindern einfach erklärt (Source: www.wien.gv.at)*

Fig. 11 *Vid.2S: Corona - für Kinder erklärt (Source: www.srf.ch)*

Fig. 12 *Vid.3S: Coronavirus und Schule (Source: www.bag.admin.ch)*

Fig. 13 *Vid.4G: Alltagsmasken für Kinder erklärt (Source: bundesgesundheitsministerium.de)*

Four PSAs from different German institutions represented the rest of the sample. One of them was launched from a governmental organisation and three from media broadcasters from different parts of the country. Vid.4G was produced from the German Federal Ministry of Health (Bundesministerium für Gesundheit) and next to the explanation of the virus and the pandemic, also addressed the importance and the right way of wearing a mask on a child-friendly level (Fig.13).

Fig. 14 *Vid.5G: Für Kinder erklärt: Das Coronavirus - warum es so gefährlich ist (Source: www.br.de)*

The other three PSAs (Vid.5G, Vid.6G, Vid.7G) came from four different states – Bavaria (Bayrischer Rundfunk - BR), North Rhine-Westphalia (Westdeutscher Rundfunk Köln - WDR) and Berlin-Brandenburg (Rundfunk Berlin-Brandenburg – rbb) – Fig. 14,15,16. All of them are members of the Association of Public Service Broadcasting Corporations of Germany (ARD).

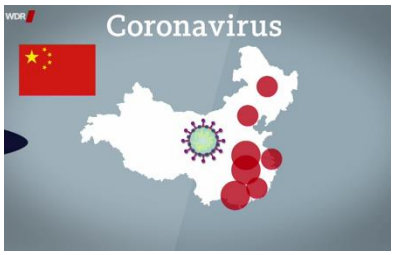

Fig. 15 *Vid.6G: Corona - Für Kinder erklärt (Source: www1.wdr.de)*

Fig. 16 *Vid.7G: Knietzsche und das Coronavirus (Source: www.rbb-online.de)*

All the videos were categorized by their producer as "content for children" and were animated like cartoon films and computer animation. Five of them contained the word "children" in their title (Vid.1A, Vid.2S, Vid.4G, Vid.5G, Vid.6G), one contained the word "school" (Vid.3S) and the last Video (Vid7G) features a famous for the Rundfunk Berlin-Brandenburg audience cartoon character - Knietzsche.

The PSAs were transcribed and divided into shorter text sections. Each section represented ca. 20 seconds of the video. This assisted and simplified the coding process, allowing a step-by-step (section for section) coding with all the categories from a sheet.

5.5 Coding Limitation

All the PSAs were coded with the same coding sheets from the researcher. The coding was repeated one time for more precise assignment of categories. The classifications and assessments to be made in evaluative qualitative text analysis demand generally more of the coders than, for example, in thematic analysis. That is why when performing an evaluative content analysis working with at least two independent coders is recommended. Still, according to Kuckartz (2014) there are situations in which the analysts must work alone, "such as when writing a thesis or dissertation" (Kuckartz, 2014).

5.6 Ethical Considerations

No ethical vetting was needed as the content used is considered publicly available material. Consent is also not considered for data as they were gathered from publicly available sources without any intervention or interaction with participants.

6. Results

All seven videos showed contrasting results during the examination. PSAs differ in their structure, the messages they send and in the way they approach children. Some showed higher adherence to health communication theories, while others were closer to the Atkin's PSA structure. Some videos tried to focus on adapting the communication to the children's level of understanding with a lot of metaphors and analogies while others, despite the categorization of the video as a children's program in their media library, and even the title, chose a very mature approach to the audience.

6.1 Adherence to the Social Cognitive Theory

The majority of the PSAs for children for COVID-19 applied the social cognitive theory. Some of them (Vid.1A, Vid.2S, Vid.4G and Vid.7G) had higher adherence to it than others, but all videos implemented elements of the theory in the way their messages have been constructed and communicated. Vid.5G and Vid.6G were the only two PSAs that showed none or less adherence to the theory and implied or partially implied only one or two of its categories. Altogether, it could be concluded that the majority of the PSAs in the sample follow the social cognitive theory in the way they approach their audience.

6.1.1 Observational Learning

Most PSAs focused on showing and demonstrating the right behaviour rather than simply verbalising what should be done. Still, observational learning was applied to a certain extent in all seven PSAs. And in Vid.1A, Vid.2S, Vid.3S, Vid.4G in a very direct way. In some of them the right actions were displayed in different life situations, while others modelled the expected behaviour in a very abstract way, for example Vid.5G and Vid.6G.

Vid.1A, Vid.2S ,Vid.4G and Vid.7G showed to be highly characteristic of the category. They all used a messenger to demonstrate the new behavioural patterns, explaining everything in the first person.

In Vid.1A the messenger, a young schoolboy, demonstrated his new habits and how his life has changed during the pandemic in all of his daily activities and hobbies. He performed the right actions in different life situations, speaking for himself but also showing his understanding and agreement. He was put on display as staying at home, “so that Corona couldn’t jump on him”, calling his friends and relatives on the phone instead of meeting

them, keeping a distance among many people. The messenger of Vid.1A was also presented as being proactive: “Now I am washing my hands more often with soap and hot water - quite thoroughly” (Pos. 7).

In a very similar manner to Vid.1A, the same approach of observational learning was shown in Vid.2S. The Swiss messenger demonstrated the same consciousness and proactive behaviour like the Austrian boy: “In order not to catch Corona, I wash my hands more often now, for example after cleaning my nose and before eating” (Pos. 4). He claimed to be very careful and responsible so that “Corona doesn’t come to him” and instead of handshaking he recommended “waving to say ‘hi’ and keeping a safe distance” (Pos. 10).

The German PSA (Vid.4G) implied observational learning through a little girl in the role of the messenger. Opposite to Vid.1A and Vid.2S where the observational learning was applied depending on different life circumstances, Vid.4G focused mainly on face masks and their importance in the pandemic. The observational learning passages were significantly more detailed than they were in the other two videos, however, always in relation to the face mask:

> Before I put on my mask, I always wash my hands. When I put on my mask, I am being always very careful that it has fitted tightly to my face and my mouth and nose are covered (Vid.4G, Pos. 6).

Vid.3S shared the same hygiene advice and recommendations like Vid.1A, Vid.2S and Vid.4G., however, the messenger, in the role of a teacher, did not perform the new behaviour she was teaching. All of the recommended actions like washing hands and keeping distance were executed by models on a presentation screen behind her. Even though she was not actively participating she spoke in a “we form” for some of the advice, addressing everyone in school and herself: ”When we meet someone, we say ‘hi’ or we wave but we don’t handshake” (Vid.3S, Pos. 5). Still, there was some advice where she switched to ‘you’,

addressing only students for that action: “Do not share your lunch with other children […] You are not allowed to go too close to your teachers” (Vid.3S, Pos. 5-6). Nevertheless, Vid.3S still classified as highly characteristic of the category. Though the messenger was not actively participating, observational learning played an essential part of the PSA and was coded in many sections.

Vid.5G and Vid.6G classified as relatively uncharacteristic into the category. Very few sections in each video were coded for observational learning. The PSAs focused on providing facts and information about the pandemic rather than showing what should be done and how the behaviour should be changed. Vid.5G focused on explaining how fast the virus is spreading among people. The only section of the PSA, where a behaviour (keeping distance) has actually been modelled, the messenger was shown to be sad and dissatisfied (Fig.17). Vid.6G aimed attention on what should be done when you have or think you have the virus. Almost no behaviour has been modelled in the PSA. The only section coded for observational learning was at the end of the PSA. On display were put two hands and a soap with a voiceover: “and we should wash our hands regularly and thoroughly for as long as it takes to sing ‘Happy Birthday’ two times” (Pos. 9).

Fig. 17 *Vid.5G, Pos. 6-7*

6.1.2 Messages of expected outcomes and goals

The majority of the PSAs had messages of expected outcomes and set goals to be achieved if children are adapting the new behaviour. Vid.1A, Vid.2S, Vid.4G and Vid.7G categorized highly characteristic of the category. All of them offered high and optimistic outcomes.

Vid.1A began with “I want to stay healthy” and provided direct outcomes for many of the recommended measurements. The messenger washed his hands because in this way also “Corona is been washed away” and kept distance when among people because “Corona cannot jump very far” (Pos. 9). The PSA ended with the goal of life getting back to normal.

Vid.2S was constructed on the same principle – Corona cannot spread “if all people stay at home”. According to the PSA, if the messenger follows the new rules, Corona will disappear. Then, he can achieve his goal to see his friends and relatives and go on weekend trips again (Pos. 9,14).

One of the outcomes expected in Vid.4G and Vid.7G is the end of the pandemic. Vid.7G also implied “the beginning of a better future” (Pos. 8) for the whole world and Vid.4G promised soon everyone to be able “to hug their favourite people” and showed a happy messenger with her friends (Pos. 10).

Some of the PSAs were not explicit with their messages of outcomes and did not clearly bring them out. For example, Vid.6G and Vid.5G set short term goals. The main thing expected as a result of following the rules in the PSAs was that less people would catch the virus. That is why they classified as relatively uncharacteristic into the category. Vid.3G was unable to classify since it set no goals and did not imply any expected outcomes for adapting the new behaviour.

6.1.3 Social Support

Social support plays a significant role in everyone’s attitude. Its role is even more important when it comes to children. They are constantly learning, developing, and changing. That is why the social support they receive in each of their actions might be crucial. Only three of the seven PSAs attached value to social support.

Vid.2S and Vid.4G were the only PSAs that showed to be highly characteristic of the category. Even at the beginning the little boy was quoting his mother about how people should behave during the pandemic: “Right now, my mummy says often that I have to wash my hands. This is annoying but mummy says: This must be done now because of Corona”. The messenger described his parents as being more often at home and even the contact with his grandparents is maintained per video calls (Vid.2S, Pos. 3). In Vid.4G the parents are shown wearing masks just like the little girl and described as the ones responsible to wash the used mask. The messengers also recalled her mother’s advice on buying masks: “My mommy says that we should not buy the special medical masks, so that there are enough of them for physicians and nurses” (Vid.4G, Pos. 8).

Vid.1A classified as relatively uncharacteristic into the category. In the PSA the parents were described as being at home more often and postponing the family excursion as part of the new rules. Still, they have not been shown actively supporting the messenger, explaining the situation, or giving him advice (Pos. 6).

Vid.3S, Vid.5G, Vid.6G and Vid.7G implied no elements of social support or figures supporting the messenger. They were unable to classify.

6.1.4 Reinforcement of expected behaviour

Only three PSAs reinforced the expected behaviour, showing the benefits of following the pandemic rules and finding the positive sides of that. Vid.1A, Vid.2S and Vid.7G showed to be highly characteristic of the category. They applied the concept of reinforcing the benefits of staying at home, using the time to do other things, and not going to school every day.

In Vid.1A the messenger explained to have more time to “play with his toys and learn new things” (Pos. 7). The little boy in Vid.2S also focused on some benefits: “But for now, in the

first place I enjoy the lots of time with my toys and things for handicrafts and learn from home. It is a little bit cool not to go to school every day" (Pos. 9-10). Vid.7G implied the concept of reinforcing the benefits of the pandemic regime in almost all aspects. Even the mask was described as "showing respect", "protecting" and "looking cool if you make it yourself" (Pos. 5). According to the little boy:

> The real artistry lies in transforming your time into good ideas – writing, talking on the phone, groceries shopping for the neighbours, who are at risk… or handicraft work (Vid.7G, Pos. 6).

In the Vid.7G the messenger also implied the importance of "being thankful for the things we have" (Pos. 8). That is why they classified as highly characteristic of the category.

Vid.3S, Vid.4G, Vid.5G and Vid.6G did not reinforce the desired behaviour. They featured the need of the pandemic measurements and the required action, however, provided no benefits or positive sides of that.

6.1.5 Messages of behavioural capabilities

Messages of behavioural capabilities were given by all of the PSAs but one. All messengers were shown as accepting and capable of doing the required actions and to follow the new rules. The messenger of Vid.1A, Vid.2S, Vid.4G and Vid.7G spoke in first person for the things they are doing now and how they are changing their behaviour: "When I go out, I am very careful that Corona does not come to me" (Vid.2S, Pos.10). Often the viewers have also been included: "We are all being careful so that we do not infect ourselves and Corona disappears very soon" (Vid.1A). Vid.3S involved the audience in all of the actions, speaking in a "We"-form: "But we can protect ourselves. It is important that we wash our hands"

(Vid.3S, Pos. 4) and Vid.7G directly addressed everyone as being capable of performing the right behaviour and consider the pandemic in their actions:

> No matter how old you are. Now it is the respect, solidarity, and trust that matter. The best minds are currently working with full speed, so that we can soon live normally again and stay healthy (Vid.7G, Pos. 7)

Similar was the approach in Vid.6G: “Anyone can do something to stop the virus from further processing” (Pos. 8).

The only PSA that did not imply any messages of behavioural capabilities was Vid.5G and it was unable to classify. The rest of the PSAs showed to be highly characteristic of it.

6.2 Adherence to Health Belief Model

The seven PSAs applied the health belief model in designing their messages. Some videos applied all concepts of the health belief model like Vid.1A, Vid.2S and Vid.3S. The other videos also applied the majority of the concepts of the theory. It can be concluded that the PSAs for children of the COVID-19 health campaign followed the HBM in the way their messages have been constructed and communicated.

6.2.1 Perceived Susceptibility

All of the videos followed the concept of perceived susceptibility. Some PSAs like Vid.1A and Vid.2S clearly personalized the risk, focusing on the fact that children might also experience sickness due to COVID-19 and even gave examples of some, who already had it. In Vid.1A the messenger described the children, who caught the virus as “experiencing cold and coughs” (Pos. 5). One of them is his friend:

> My girlfriend Lisa was sick because of Corona. She has to stay at home now. This is called quarantine. I talked to her on the phone. She says she is coping quite well and soon she will be healthy again (Vid.1A, Pos. 9).

In a similar way is the information presented in Vid.2S. According to the messenger: "We, children get most of the time coughs, sniffy nose and fever" (Pos. 7). His friend Emma also experienced sickness as a result of the virus. Both videos focus on the fact that elderly people experience more severe symptoms and could get seriously ill (Pos. 13).

The rest of the videos do not clearly define a certain risk group of the population. They underlined the possibility of everyone to get the virus and eventually get ill. Vid.6G gave extra attention to the fact that the virus might become dangerous in particular for "elderly or weakened by another illness people" (Pos. 3), however it did not exclude the possibility of the rest to catch it. Vid.5G focused on the speed the virus spreads among all people not keeping the required actions.

In Vid.7G, for example, the messenger stated: "Coronaviruses make people ill and want to infect as many people as they can all around the world – regardless of them being young, old, poor or rich" (Vid.7G, Pos. 3). All seven PSAs classified as highly characteristic of the category.

6.2.2 Perceived Severity

Five of the seven PSAs – Vid.1A, Vid.2S, Vid.4G, Vid.5G and Vid.6G verbally underlined the seriousness of the situation and specified the consequences and eventual risks and conditions. They all classified as highly characteristic of the category.

Vid.6G provided detailed information on what should be done if someone is suspected to be infected with coronavirus as well as the reasons behind the closure of schools and kindergartens and cancelling all activities involving many people in Germany (Pos. 7-8). Similarly, Vid.5G pointed out the fact that physicians could not help everyone if many people get infected at the same time (Pos. 5). Vid.4G explained the danger of buying surgical masks as starting point for series of reactions, leading to not enough masks for doctors and eventually not having enough carers for the ones, who need them. All three PSAs implied the seriousness of the pandemic and the need for authorities to get involved, as well as its impact on our daily habits and our role.

Vid.1A and Vid.2S drew extra attention to the effects of the virus for some people:

> Elderly people or people, who suffer other illnesses, could become very ill from the coronavirus. Because then they cannot breathe properly. This is very dangerous. For this reason, I don't even meet my grandparents (Vid.2S, Pos. 7).

Both videos focused on the dangerous effects the virus might have for people at risk but also on the fact that everyone is carrying a responsibility and eventually the consequences.

Vid.3S and Vid.7G did not apply the perceived severity. Vid.3S stressed on the importance of knowing and keeping the new rules, while Vid.7G kept a predominantly positive and optimistic narration mode and did not mention the risks and consequences. Both PSAs were not possible to classify into this category.

6.2.3 Perceived benefits

Six PSAs implied the concept of perceived benefits and featured specific actions to be taken, as well as how, when, and where, and the direct positive effects expected from them. In

Vid.1A the messenger reported to “wash his hands thoroughly with soap and warm water” and in this way he “washed Corona away” (Pos. 7-8). He also kept distance, so that corona could not jump on him (Pos. 9). The little boy of Vid.2S appealed for all people to stay at home, which would lead to the positive effect of virus being unable to spread (Pos. 5). According to Vid.3S when everyone sneezed in the crook of their arms, the virus would be stopped (Pos. 5). Vid.6G and Vid.7G proposed the same actions with the same positive expectations. Vid.5G was the only PSA, that was unable to classify.

6.2.4 Perceived barriers

The majority of the videos implied the concept of perceived barriers. All messengers were presented as unable to meet family and friends, practice their hobbies, experiencing the closure of many facilities and playgrounds and changing their routines.

In Vid.1A the messenger and his family had to give up their weekend trip (Pos. 6) and in Vid.2S the little boy pointed as barriers not being able to see his friends or grandparents, go swimming or to the library (Pos. 5,7). In Vid.3S the students were not allowed to go too close to their teachers or friends or to share their meals (Pos. 5-6). Vid.5G focused on the closure of all public places like sport facilities, playgrounds, movie theatres, schools, and kindergartens (Pos. 3,6). All of those PSAs offered alternatives to make the barriers bearable and explained the reasons behind those barriers, giving children the opportunity to weigh the benefits with the barriers. Vid.7G used a different approach. It presented the barriers as a positive thing from the beginning - being “cool” when you wear a mask, having time to play when you are not at school, being smart when you follow the rules (Pos. 5-6). They all classified as highly characteristic of the category.

Vid.6G featured many different examples of barriers. It included many of the ones mentioned in the other PSAs but also presenting the barriers of having the virus, being quarantined in a high-risk zone, and not being allowed to travel (Pos. 6-8). However, Vid.6G offered no alternatives or positive sides. In this way, the PSA provided no opportunity for a cost-benefit comparison and classified as relatively uncharacteristic into the category.

Vid.4G kept an informative tone and focused on the proper usage of a face mask. The PSA did not clearly present the mask as a barrier, neither did it give positive aspects for the person wearing the mask. It was impossible to classify into that category.

6.2.5 Cues to action

All seven PSAs provided "cues to action" to their audience. Since the pandemic measurements apply to everyone and are almost the same all around the world, the advice and recommendations given were similar in all PSAs – washing hands, keeping safe distance, spending more time at home, avoiding meeting family and friends, avoiding travelling, sneezing in the crook of the arm, wearing a mask and spending less time big groups of people. All seven videos provided how-to information and promoted awareness. That is why all classified as highly characteristic of the category.

6.2.6 Self-Efficacy

The majority of the PSAs showed to be highly characteristic of the concept of self-efficacy. Only one PSA, Vid.5G, included no direct reinforcement or modelled behaviour and classified as relatively uncharacteristic of the category.

Vid.1A, Vid.2S and Vid.4G focused on demonstrating the desired behaviour and in this way giving confidence in the audience's ability to take action. The messenger in Vid.1A was shown as "spending more time at home because he wants to stay healthy" (Pos. 5), keeping distance (Pos. 9), calling instead of visiting (Pos. 6). On the same principle, the messenger in Vid.2S also modelled the desired behaviour, implying that everyone is capable of doing this. In Vid.4G the little girl was shown wearing a mask and keeping distance, as well as explaining step by step how a face mask should be worn, why and when.

Vid.3S, Vid.6G and Vid.7G also included cues of action to motivate attitude change. They accompanied modelling the right behaviour also with verbal reinforcement. Vid.3S ended with a line to prop up the audience: "Together we are strong, and we can make it" (Pos. 9) and Vid.7G claimed that "age does not matter" because "important are cohesion and trust" (Pos. 7). Vid.6G tried to address everyone in the responsibility during the pandemic, stating: "anyone can do something to stop the spread of the virus" (Pos. 8).

6.3 Adherence to Atkin's PSA design

All seven videos followed Atkin's design (2001) in the construction and the communication of their messages. The majority of them still applied all of the concepts he developed. Some PSAs like Vid.5G and Vid.6G did not feature a messenger or clearly applied a strategic approach or included stylistic and mechanical factors, however, the way their messages were presented and the techniques they used were in adherence with the Atkin's PSA design.

6.3.1 Target Audience

All seven PSAs aimed to focus on children as their target group. The messages were constructed in an understandable for children way and a personal relevance was given in most of the PSAs. All of them included events and factors relevant to children and significantly impacting them like the closure of schools, kindergartens, playgrounds, and parks. Activities like playing with toys and crafting, that are usually performed by children, were suggested as things to do at home. The way of explanation and the language was also adapted to the target audience. Vid.1A, Vid.3S and Vid.4G began with an informal greeting, directly addressing the audience. All seven PSAs used an animated design and told a little story, similar to an educational cartoon.

The majority of the videos (all but Vid5G and Vid.6G) also included animated messengers, also affected in their daily life by the pandemic. Vid.1A and Vid.2S also presented others than just the messenger children, characters who even got sick and were quarantined. Vid.6G also paid a lot of attention to the adult's audience. The advice given in the PSA, for example to call a doctor to check if a person is infected with COVID-19, are usually not responsibilities for the children (Vid.6G, Pos. 5).

Even though some PSAs approached the children's audience in a more direct way than others, all seven of them addressed the children in their messages and classified as highly characteristic of the category. It was clear that they are created for children and were classified as PSAs for children from their creators.

6.3.2 Messenger

The messenger played an essential role in the majority of the PSAs. Only two PSAs - Vid.5G and Vid.7G had no messenger and therefore failed to classify into this category.

In Vid.1A, Vid.2S and Vid.4G the messenger was a unique animated character. Animation is always preferred to attract the attention of younger audiences; however, he was presented as a peer of the target audience. The messenger was a little boy or a girl, who also experienced the pandemic in a similar way as the other children in the German speaking area. In Vid.1A the little boy described his life as:

> I want to stay healthy. That is why I am staying more at home and so Corona couldn't jump on me. I am calling my relatives on the phone. Unfortunately, I shouldn't plan anything with my friends from schools and kindergarten. Mummy and Daddy are often at home as well, so that they stay healthy (Vid.1A, Pos. 4-5)

The messenger referred to his friends in "school and kindergarten" and tried to reflect the daily life of all children during the lockdown. He described his parents being more often than usual at home. The little boy also modelled recommended behaviour like washing hands, keeping a distance a distance among people.

In Vid.2S the Swiss boy approached his audience in a very similar way. He began his story introducing his parents and citing his mother advice about the pandemic. His outside hobbies and his social life in general were also described as limited because of COVID-19. He modelled new practices and even introduced new safety recommendations that he and his friends were already following:

"Coronavirus sits often on hands. So that it doesn't go inside at all, me and my friends have adopted the practice to sneeze in the crook of our arms. And I am keeping at least six steps distance to other people. This annoys Coronavirus because it cannot jump very far" (Vid.2S, Pos. 11)

Fig. 18 *The messengers (left to right) of Vid.1A, Vid.2S, Vid.4G and Vid.7G*

The messenger of Vid.2S was also shown as expressing his positive attitude about not having to go to school every day and having more time to play with his toys and handicrafts (Pos. 9-10), which made him more attractive and appealing to the children.

The little girl in Vid.4G was also shown as influenced and unhappy with what the pandemic safety rules require. She, her friends, and parents were shown wearing a face mask and she explained in detail the correct use of a face mask and the importance of not buying the medical face masks (Pos. 8).

The messenger of Vid.7G was a peer but also a famous figure from a children's show that runs on the TV channel of rbb (Rundfunk Berlin Brandenburg). In this way he was on the one hand a peer but on the other also someone they have seen before, something like an animated celebrity in the children's world. His approach was also different from the other PSAs. In the PSA he was presented as a lecturer, speaking to a microphone, showing pictures, and providing facts. His attitude was positive throughout the whole PSA and he was shown being passionate about following the new recommended behaviour. He was the only messenger who promoted tolerance and patience for what is happening, as well as

gratitude for what children have now: “We are staying inside and outside the nature will have some rest of us. Are we more grateful for what we have? Do we remember the good ideas we had before?” (Pos. 8).

The messenger played an essential role in Vid.3S as well. The PSA showed an adult lady in the role of the messenger. She wasn’t introduced as a teacher or school principal; however, the whole setup was similar to a school environment and even the video began with the ringing of a school bell. The messenger was shown giving instructions and explaining in front of a white board like a teacher would. She appeared friendly and she spoke in “you” for some of the recommendations she introduced, distinguishing between rules for children at school and

Fig. 20 *The messenger of Vid.3S*

Fig. 19 *The messenger of Vid.4G*

rules everyone has to follow: “We all cough and sneeze in the crook of our arms” (Pos. 5) and “you are not allowed to come to close to your teachers” (Pos. 6).

Vid.5G featured a little girl, who appeared more often in the PSA than the other characters. Still, she did not function as a messenger like in the other PSAs because she was not shown as communicating any information, demonstrating behaviour, or speaking to the audience.

Even though the different messengers had different approaches to the target audience, they all personalised the messages, appealed credible and attracted attention. Those PSAs (all except Vid.5G and Vid.6G) applied the concept of a messenger and classified as highly characteristic of the category.

6.3.3 Strategic approach

Three of the videos used certain strategic approach to influence the audience. Some remained relatively neutral, still none concentrated on the negative incentives. Many videos mentioned the possibility of some people, especially elderly and people with other illness to become very ill from the COVID-19, however, the attention was always drawn upon the positive sides and the promotion of good behaviour. Possibly, the fact that those PSAs included messages meant for children's audience, determined them to highlight the importance of following rules and protecting people, rather than disseminating fear and presenting bad outcomes.

Vid.1A, Vid.2S and Vid.7G particularly chose positive messages. The positive incentives were presented many times during the PSAs – showing the children wanting to stay healthy, being happy and understanding of the situation, as well as motivated to follow rules. The Coronavirus was presented as "teensy weensy virus", that can't be seen without a magnifying glass (Vid.1A, Pos. 3). They offered the audience also the positive sides of the pandemic measurements: "I have a lot of time to play with my toys or learn something" and ended with an optimistic view toward the near future: "This would be a kick-off for a better future. We are a super team. Together we can make it! One for all and all for one!" (Vid.7G, Pos. 9). All three PSAs classified as highly characteristic of the category.

Vid.4G kept a very neutral strategic approach almost during the whole PSA. Still, the ending was positive and optimistic: “we should all take care of ourselves and be careful not to catch the virus. Then Corona will soon disappear again, and we can all hug our beloved ones” (Pos. 10). The same approach was applied to Vid.3S. The majority of the messages were informational, but at the end there was a short motivational line: “Now, a lot is different at school, but we are strong, and we can make it” (Pos. 6). The messages of Vid.5G and Vid.6G were not emotionally charged as well. Still, the endings of both PSAs implied a little positive message as a result of the expected behaviour: “in this way we can do it all together, so that less people get the virus”(Vid.6G, Pos. 9). Despite their ending, all four PSAs did not clearly apply any incentives and used mainly neutral messages. That is why they classified as relatively uncharacteristic of the category.

6.3.4 Types of messages

According to Atkin (2001), a PSA should contain three types of messages to motivate behaviour change – awareness, instruction, and persuasion. All seven PSAs contained clear messages of awareness and raised consciousness about the health topic and classified as highly characteristic of the category.

The seven PSAs informed about COVID-19 and explained its role for our lives. Some of them like Vid.1A, Vid.2S and Vid.6G explained the meaning of the word “quarantine”, as well as the reasons for it. In Vid.2S the little boy explained what COVID-19 is and why people refer to it as a coronavirus:

> Corona is a virus and makes people all over the world ill. It is so little, that we can’t even see it. Corona is Latin and means crown because under a magnifying glass it

> looks like it is wearing a crown. In order not to get Corona, I often wash my hands (Vid.2S, Pos. 3-4).

All videos consisted of instructional messages as well. They explained what should be done and also how and when. For example, Vid.4G gave detailed instructions about the right use of a face mask:

> The face mask should reach under the chin. After wearing the mask, I take it off very carefully. When I take it off, I am always paying a lot of attention not to touch the outside of the mask because it could be that there are little viruses on the mask (Pos. 7)

Persuasive messages were present in all PSAs, too. Every video provided information on why certain rules are important and why the behaviour of everyone should be changed and adapted to the new situation. For example, Vid.5G explained the importance of not catching the virus: "If a lot of people become ill at once, the doctors can't help all straight away. That is why it is important that as little as possible people get infected" (Pos. 6).

6.3.5 Mechanical and Stylistic Factors

The concept of mechanical and stylistic factors shows the way the PSAs try to attract attention and facilitate comprehension. Important in the communication of children are colours and animation, humour, sound effects and music and presentation style. The different PSAs focused on different mechanical and stylistic factors to attract and retain attention. Some videos combined more aspects in their attempts to engage children. All seven PSAs applied different stylistic and mechanical factors to attract children's attention and the majority classified as highly characteristic of the category.

Vid.1A used computer animation style. All of the characters were able to express two states of emotions. They were shown either being happy or sad because they were ill. The video focused on bright colours for the characters and pastel for the background. The COVID-19 virus itself was presented as a red round creature and that was given a few human features like a face, arms, and legs. It looked rather unhappy than scary and harmful (Fig.21). It appeared a couple of times during the video in different sizes. The background music was happy and optimistic and did not change the whole video. The PSA used a child voice to dub the video and it sounded informative and positive. Sound effects were used for the transitions, for switching between different scenes, as well as to underline when a new character or a subject popped out in the picture. Vid.1A included a lot of mechanical and stylistic factors and classified as highly characteristic of the category.

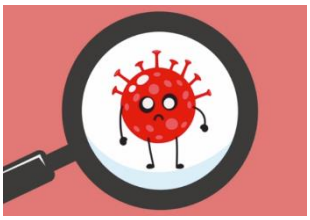

Fig. 21 *Coronavirus in Vid.1A*

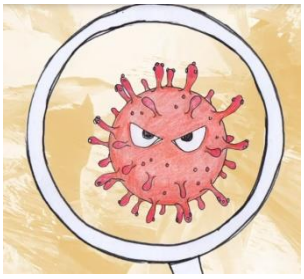

Fig. 22 *Coronavirus in Vid.2S*

Vid.2S used classical cartoon animation. Many of the sceneries seemed like they had been painted by children and the messenger was shown expressing emotions and speaking and looking happy and understanding of the situation. He spoke with a childlike voice and with a Swiss accent. The Coronavirus was a round red creature and was given evil eyes, probably with the intention to represent the villain of the video (Fig. 22). The colours were mainly bright. The background music was very happy and optimistic at the beginning of the video. However, when the messenger started to present and explain the consequences of the virus, the restrictions, and the way the virus is being transmitted, the music switched a darker tone. After a few scenes the music became happy and optimistic again. A lot of sound effects were included to underline the transactions and the virus was given a scary whisper. The whole presentation

style was vivid and entertaining, and the PSA classified as highly characteristic of the category.

Vid.3S was also animated like a cartoon for children. The messenger was dressed normally in blue and green, however all other characters, supposedly students, were dressed in white and had white hair, although their skin colour varied (Fig. 23). All of them were smiling and seemed happy. The messenger, an adult person, presumably a teacher, had a positive attitude and appearance but also commanded respect. She was dubbed with a friendly and informative voice. The Coronavirus was placed in a warning street sign and given big eyes (Fig. 24). It did not appear scary or dangerous. It was compared to a ball that children play with (01:05). The PSA used less colours than Vid.1A and Vid.2S. It focused mainly on green, orange, red and white. Still, the music was happy and vivid, and a lot of sound effects were featured – the school bell, the children entering the school, the sounds of washing hands and sneezing. The video included a lot of mechanical and stylistic factors to attract and retain children's attention and therefore classified as highly characteristic of this category.

Fig. 23 *The students in Vid.3S*

Fig. 24 *Coronavirus in Vid.3S*

Fig. 25 *Coronavirus in Vid.4G*

Vid.4G used computer animation. Some of the actions of the characters were animated, however most of the time they were presented as a stand picture. The little girl in the role of the messenger was dubbed with a childlike voiceover. The colours were different shades of red, blue, and yellow. The Coronavirus was red with white dots (Fig. 25) and not given any human features like in Vid.1A, Vid.2S, Vid.3S and Vid.7G. Still, the happy music, lots of sound

effects and vivid presentation contributed to attracting attention and keeping the audience entertained. The PSA classified as highly characteristic of the category.

Vid.5G, similarly to Vid.4G used computer animation. The faces of the characters were animated and changed, depending on the situation. When they were ill, their faces were shown red and sad. When some of the restrictions were mentioned, for example, "it is important that as little as possible people meet", the faces were shown as being unhappy again. For the rest of the time all characters seemed happy and smiling. The Coronavirus was red with circles and lines and was not given any human features like in some other PSAs (Fig. 26). The presentation of the video was vivid, with many different bright colours. The music in the background was calm and peaceful and there were no other sound effects. The voiceover was a friendly and informative child voice.

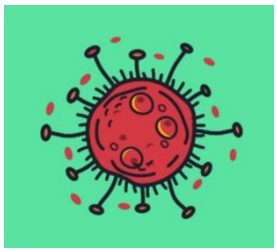

Fig. 26 *Coronavirus in Vid.5G*

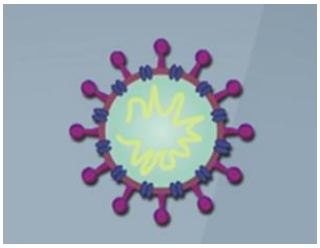

Fig. 27 *Coronavirus in Vid.6G*

Vid.6G used computer animation as well. The PSA had no messenger and the other characters were presented with no faces. Therefore, also no emotions were shown. The Coronavirus was purple and green and was not given any human features (Fig. 27). The music in the background was peaceful and did not express any particular vibe. There were no other sound effects and none of the characters spoke. The voiceover was an adult's voice and remained neutral the whole time. The colours of the characters differed, however, the background remained light grey the entire time. This PSA classified as relatively uncharacteristic of the category.

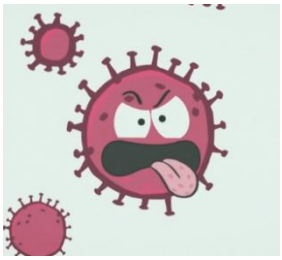

Fig. 28 *Coronavirus in Vid.7G*

Vid.7G used classical cartoon animation like Vid.2S. The colours were very bright and even though all the characters were wearing face masks most of the time, they were all shown to be happy and accepting. The messenger was little boy, dubbed with a childlike voice, sounding very optimistic. Due to the sound effects and the happy music the whole PSA had a very positive vibe. When the messenger described the mask as "cool" and "showing respect", the music changed for a few seconds into disco music. Coronavirus was the only villain and the only unhappy face in the video. It was given big eyes, an angry look, and had a tongie sticking out. The sounds it made evoked a scary whisper. Vid.7G was the only PSA that included humour and featured a lot of jokes. It was not only informative but also entertaining for the children: "Enemy attackers make our lives more difficult and it is very important that we all know how to kick their bottoms" (Pos. 3). Vid.7G classified as highly characteristic of the category.

6.4 Children's language

Not all videos used exclusively an adapted children's language. Particularly Vid.5G and Vid.6G used a serious communication tone for most of the videos, while Vid.1A, Vid.2S and Vid.7G used mainly expressions and word choices that children will understand. Vid.3S and Vid.4G included some elements to make the video interesting for children, however, they often switched to a serious tone to explain the magnitude of the situation.

6.4.1 Vocabulary

Special vocabulary adapted to children's level of understanding was used in some of the PSAs. Vid.1A, Vid.2S, Vid.4G and Vid.7G classified as highly characteristic of the category.

Vid.1A and Vid.2S used a child-adapted vocabulary during the video. In Vid.1A the Coronavirus was called a "teeny-weeny virus" (Pos. 3), Vid.7G as a "lousy long jumper" (Pos. 4) and the messenger in Vid.2S ended with "bye, bye Corona" after washing his hands (Pos. 12)

Vid.4G and Vid.7G used very different wording for the same advice. While according to Vid.4G everyone should wash their hands immediately when they are at home because they might have *Corona on their hands* (Pos. 5), Vid.7G used a more entertaining approach: "That is why it is important to be well equipped for the fight. Soap is the *banger*" (Pos. 4).

Vid.3G, Vid.5G and Vid.6G did not include any vocabulary that is usually associated with communications with children. They classified as relatively uncharacteristic of the category.

6.4.2 Figurative language

The concept of figurative language was applied by the majority of the PSAs. All but Vid.5G classified as highly characteristic of the theory. Still, it is a question of broader discussion as to whether some of the expressions could be misunderstood by the children and the figurative explanation did more damage more than it helped.

In the PSAs, figurative language was used mostly in the description of the Corona and the way people infect. For example, in Vid.1A Corona described the virus as "sitting on hands", "not being able to jump very far" (Pos. 8-9) and according to Vid.2S it looked like "it is

wearing a crown". In Vid.4G, it was given special powers like being able to find the doctors very fast and make them ill if there are no masks for their protection (Pos. 9).

Vid.6G offered the children an entertaining way to measure the time they have to spend washing their hands: "And we should wash our hands regularly and thoroughly as long as it takes to sing 'Happy Birthday' twice" (Pos. 10).

Vid.7G included a lot of metaphors and analogies as well. According to it "the distance supresses the virus for sure" (Pos. 5) and "we need an extra portion of patience and a master plan for everyone" (Pos. 6). The PSA described the trick Coronavirus use as "to be mini, small and invisible", people would need a special microscope (Pos. 3).

However, some of the expressions used in the PSAs might be understood in a wrong way from the children and contribute to the insecurities of the pandemic. For example, in Vid.1A the Coronavirus was described as follows: "When an infected person sneezes or shakes hands, Corona can jump on a healthy person. It *climbs up* through the mouth, the nose, or the eyes inside the body (Pos. 4). Similarly, Vid.7G described Coronavirus as something, that "*loves to creep* in mouths and noses and also on hands" (Pos. 4), in the Vid.2S "the Coronavirus passes through all openings of the face" (Pos.6). These lines, if understood too literally by the infants, could induce additional fear and anxiety in everyday life.

7. Conclusion

The present paper analysed seven PSAs for children from the beginning of the COVID-19 health campaign in the German speaking area, focusing on audio-visual PSAs from the three biggest countries – Austria, Germany, and Switzerland.

In a qualitative content analysis, I compared the videos with each other to examine their level of adherence to communication theories like the social cognitive theory (SCT) and the health belief model (HBM) and to investigate to which extent the PSAs of this campaign follow the PSA design from Atkin (2001). In the final step I examined the language and the vocabulary used in the messages and their level of adaptation to the children's communication stage.

Since the schools were closed during that period the PSAs served as the only public information about the pandemic, its impact, the ways to stop its spreading, and how to protect themselves, which were designed for the children's level of understanding. The role they played during that period should not be underestimated. Still, it is a matter of further research to examine if they were able to succeed in their attempts to educate and motivate children during the pandemic.

The research showed that the PSAs of this campaign rely on communication theories to motivate behavioural change in children and to educate them about the pandemic. Almost all of the concepts of the social cognitive theory were represented by the majority of the videos (with the exception of Vid.5G). They fostered self-efficacy, showing how to overcome the obstacles created by the lockdown and social distancing, and created social support for the desired changes (Bandura, 2004).

The health belief model was followed in all seven PSAs as well. Vid.1A and Vid.2S even applied all of the concepts of the theory, while the rest of the videos skipped only one or two. The PSAs showed the benefits of following the rules and adapting the behaviour to the new norm - staying healthy, protecting the older people around you and allowing all those infected and in need to get medical assistance. They also provided clarity about the pandemic and the virus, and ways to cope with some perceived barriers. The PSAs attempted to boost the self-efficacy in the children, giving them the belief that all people are as equally powerful

in the fight against the spread of Coronavirus and everyone can help by keeping the rules and changing their habits.

All of the seven videos aimed primarily at the children's audience, although without excluding other audiences. They all included messages of awareness, instruction, and persuasion as recommended by Atkin's PSA design. The PSAs adapted their visual appearance, focusing on animation, used sound effects and positive music, and articulated their language in a child-friendly manner to get closer into the children's world. The majority of the PSAs used messengers, mostly a unique animated character, and in Vid.7G, an animated celebrity, who were peers to the children.

Several videos for example Vid.2S and Vid.7G even included some children's humour and expressions that usually only infants use and involved a lot of figurative language to explain the infection process if children do not follow the advice, with a lot of metaphors used to describe the Coronavirus (Eiser, 1984; Whaley, 1994, 1999; Whitt et al., 1979).

The present work marked one of the very first encounters of this topic. As a conclusion to this stage of the research, it could be confirmed that the PSAs for children during the COVID-19 campaign followed health communication theories and took into consideration Atkin's PSAs design for a successful campaign. All of the videos used a child-friendly and understandable language, with the majority speaking with a child-like voice and demonstrating the right behaviour.

The PSAs all featured very similar or identical advice, rules, and warnings, even though some included small regional differences and additional information, while the messengers and the designs varied. Vid.1A, originally created for an Austrian children's audience and issued by the city of Vienna, was featured on programs and recommended by many websites in Germany and Switzerland. This could suggest that the PSAs from the COVID-19 health campaign would have a greater influence functioning together rather than individually. Each

one of them included the same advice, however some offered additional information and explanations.

At this research stage, the effectiveness of the PSAs could only be speculated on. Vid.1 and Vid.2S applied all concepts of all the theories. Still, there is no evidence yet that the strict following of the communication theories or the PSA design leads to a greater effectiveness when it comes to communication with children because children perceive the world from a different angle and understand it in their own way.

A further investigation is needed with a bigger sample of PSAs, including also the PSAs created at a later point, when society has more experience with the pandemic, and is better informed and prepared. Also, as soon as the pandemic situation allows it, or after it has been overcome, individual talks and group discussions with children about the pandemic through their eyes and the way watching PSAs during that period helped them, needs to be a matter of research, only then can conclusive remarks about the PSAs and their role be made.

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Attachments:

Abstract

The COVID-19 pandemic impacts people all over the world and changes the social life's perspective. At the beginning of the pandemic, many public institutions closed or functioned only partially. Among the impacted countries were also the three biggest countries of the DACH area – Austria, Switzerland and Germany. Those who could switched to a home office working regime, while all schools, kindergartens, and playgrounds remained closed. To inform the most sensitive layer of the population - children, many governmental and non-governmental organisations launched public service announcements (PSAs).

Since the dissemination of information for children through PSAs is rather unexplored and COVID-19 is a new phenomenon, this qualitative study attempts to examine the adherence of seven PSAs for children, created at the beginning of the pandemic, to communication theories like the social cognitive theory and the health belief model. The extent to which the videos follow the PSA design developed by Atkin (2001) and if they included elements, characteristic of communication with children like metaphors and figurative language were also examined as part of the research.

The results show that six of the PSAs follow the social cognitive theory and all seven follow the health belief model and in all or almost all of their concepts. Each video adheres to Atkin's PSA design, and six of them apply metaphors or figurative language in their explanation of the infection's process or in their description of the Coronavirus.

The present work marks only one of the first encounters of the topic. It deals with qualitative research and does not provide a representative sample to reach saturation. An additional research with more PSAs, created at a later point in the pandemic, where there is more

knowledge and understanding of the virus, is needed. Furthermore, the effectiveness of the campaign and its reception by children should also be a subject of future investigation as soon as the safety restrictions allow it.

Abstrakt (Deutsche Version)

Die COVID-19-Pandemie hat Auswirkungen auf Menschen auf der ganzen Welt und verändert das Verständnis des sozialen Lebens. Am Anfang der Pandemie mussten viele öffentliche Einrichtungen schließen oder haben nur bedingt funktioniert. Unter den betroffenen Ländern waren auch die drei größten Länder des DACH-Raumes – Österreich, Deutschland und die Schweiz. Die meisten Menschen sind auf Homeoffice umgestiegen und alle Schulen, Kitas und Spielplätze mussten schließen. Um die sensibelste Schicht der Bevölkerung, nämlich die Kinder, zu informieren, haben viele Regierungs- und Nichtregierungsorganisationen Mitteilungen des öffentlichen Dienstes (Public Service Announcements, PSAs) eingeführt.

Die Verbreitung von Informationen für Kinder, durch Mitteilungen des öffentlichen Dienstes, sind im Zusammenhang mit COVID-19 noch unerforscht. Diese qualitative Studie versucht daher zu prüfen, inwieweit ein Sample von sieben Mitteilungen für Kinder, die am Angang der Pandemie erstellt wurden, Kommunikationstheorien wie der sozialkognitiven Lerntheorie und dem Health-Belief-Modell folgen. Im Rahmen der Forschung wurde auch untersucht inwieweit die Videos das von Atkin (2001) entwickelten PSA-Design einhalten und ob sie Elemente enthalten, die charakteristisch für die Kommunikation mit Kindern sind, wie Metaphern und Bildsprache.

Die Ergebnisse zeigen, dass sechs Video-Mitteilungen der sozialkognitiven Lerntheorie und alle sieben dem Health-Belief-Modell in allen oder fast allen Konzepten folgen. Jedes Video folgt auch dem PSA-Design von Atkin und sechs davon verwenden Metaphern oder Bildsprache, um den Infektionsprozess zu erklären oder das Coronavirus zu beschreiben.

Die folgende Arbeit stellt nur eine der ersten Forschungen in diesem Themenbereich dar. Sie befasst sich mit qualitativer Forschung und bietet daher keine repräsentative Stichprobe, um Sättigung zu erreichen. Zusätzliche Forschung mit mehr Videos, die auch zu einem späteren Zeitpunkt erstellt wurden, wenn mehr über das Virus bekannt ist, ist erforderlich. Gegenstand künftiger Untersuchungen sind darüber hinaus auch die Wirksamkeit der Kampagne und ihr Effekt auf Kinder, sobald die Sicherheitsbeschränkungen dies zulassen.

Transcriptions

Vid.1A

Stadt Wien: Coronavirus erklärt, online seit 15. März

https://www.wien.gv.at/video/2706/Das-Coronavirus-Kindern-einfach-erklaert

 (00:00:00-00:00:13) (Entspannte Musik im Hintergrund) Das bin ich. Das ist Corona. Corona kann man nicht sehen. Es ist so klein, man braucht ein Vergrößerungsglas. So sieht Corona aus. Es ist ein klitzekleiner Virus.

(00:00:13-00:00:25) Es macht die Menschen krank. Wenn ein erkrankter Mensch niest oder die Hand gibt, kann Corona auf eine gesunde Person überspringen. Er klettert dann bei Mund, Nase oder Augen in den Körper.

(00:00:25- 00:00:42) Im Körper kann Corona sich vermehren. Kinder bekommen dann Fieber und Husten. Ältere Menschen wie Omas und Opas können schwer erkranken. Ich will gesund bleiben. Deshalb bleibe ich jetzt öfter daheim damit Corona nicht auch auf mich springen kann.

(00:00:42-00:00:59) Mit meinen Verwandten telefoniere ich. Mit meinen Freunden in Kindergarten und Schule soll ich leider derzeit nichts unternehmen. Mama und Papa sind auch mehr zuhause, damit sie gesund bleiben. Unseren Familienausflug am Wochenende verschieben wir auf später.

(00:00:59-00:01:14) Dafür habe ich viel Zeit, mit meinen Spielsachen zu spielen oder etwas zu lernen. Wenn ich nicht zuhause bin, achte ich darauf, dass Corona nicht auch in meinen Körper kommt. Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasser - ganz gründlich.

(00:01:14-00:01:30) Dann wird Corona weggewaschen. Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht greife. Wenn ich jemanden treffe, sage ich freundlich "Hallo!", aber gebe nicht die Hand. Corona sitzt nämlich gerne auf den Händen.

(00:01:30-00:01:51) Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen Abstand zu halten. Corona kann nicht weit springen. Lisa, meine Freundin, hat Corona schon krank gemacht. Sie muss jetzt zuhause bleiben, das nennt man Quarantäne. Ich habe mit ihr telefoniert. Sie sagt, es geht ganz gut und sie ist bald wieder gesund.

(00:01:51-00:02:02) Wir passen alle auf, damit wir uns nicht anstecken und Corona bald wieder verschwindet. Und dann können wir wieder alles so machen, wie vorher. JUHU!!!

Vid.2S

1 **SRF Kids (Schweizer Radio und Fernsehen) Coronavirus für Kinder erklärt | SRF Kids – Kindervideos Online seit 26. März**

2 https://www.srf.ch/sendungen/myschool/corona-fuer-kinder-erklaert

3 (00:00:00-00:00:21) (fröhliche Musik) Das bin ich. Ich lebe mit Papa und Mama in der Schweiz. Zurzeit sagt Mama oft, dass ich mir die Hände waschen soll. Das nervt, aber Mama sagt: "Das muss jetzt sein, wegen Corona." Corona ist ein Virus und macht Menschen auf der ganzen Welt krank. Es ist so klein, dass wir es gar nicht sehen können.

4 

(00:00:21-00:00:39) Corona ist lateinisch und heißt Krone, weil es unter einem Vergrößerungsglas aussieht, als hätte es eine Krone. Damit ich kein Corona bekomme, wasche ich mir öfters die Hände. Z.B. nach dem Naseputzen oder vor jedem Essen. Außerdem gehe ich zurzeit kaum aus dem Haus.

5 (00:00:39-00:00:58) Und auch Papa und Mama sind mehr als sonst daheim. (traurige Musik) Meine Freunde kann ich gerade leider nicht treffen. In die Bibliothek kann ich nicht gehen und ins Hallenbad auch nicht. Manchmal ist das ganz schön langweilig. Alle Leute sollen zu Hause bleiben, damit das Virus nicht von Mensch zu Mensch springen kann.

6 (00:00:58-00:01:17) Das geht nämlich ganz leicht. Das Coronavirus kann auf einen gesunden Menschen überspringen, wenn ein Kranker einen Gesunden anniest oder ihm die Hand gibt. Dann wandert es durch alle Öffnungen des Gesichts, also durch den Mund, die Nase oder die Augen in den Körper, vermehrt sich und macht krank.

7 (00:01:17-00:36:20) Wir Kinder kriegen dann meistens Husten, Schnupfen und Fieber. Ältere Menschen und Menschen, die andere Krankheiten haben, kann das Coronavirus schwer krank machen. Sie können dann nicht mehr richtig atmen. Das ist sehr gefährlich. Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stattdessen rufe ich sie lieber an.

8 (00:01:36-00:01:55) Das geht ja sogar per Video, dann kann ich sie trotzdem sehen. "Hallo, Oma! Hallo, Opa!" (wieder glückliche, optimistische Musik) Wenn alle Menschen einige Zeit zu Hause bleiben, kann das Coronavirus nicht von Mensch zu Mensch springen und sich nicht weiterverbreiten. Ich hoffe, das passiert bald.

(00:01:55-00:02:08) Dann kann ich meine Freunde und Verwandten wiedersehen und an den Wochenenden wieder mit meiner Familie Ausflüge unternehmen. Aber jetzt genieße ich erst einmal die viele Zeit mit meinen Spiel- und Bastelsachen und lerne von zu Hause aus.

(00:02:08-00:02:24) Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schule gehen zu müssen. Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit Corona nicht zu mir kommt. Kommt mir ein Freund entgegen, winke ich ihm zu und gebe nicht die Hand.

(00:02:24-00:02:43) Denn das Coronavirus sitzt oft auf den Händen. Damit es da gar nicht erst hinkommt, haben meine Freunde und ich uns angewöhnt, statt in die Hand, nur noch in die Ellenbeuge zu niesen. Und ich halte mindestens sechs Schritte Abstand zu anderen Menschen. Das ärgert das Coronavirus, es kann nämlich nicht sehr weit gehen.

(00:02:43-00:03:03) Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die Hände mit Seife und warmem Wasser und spüle damit alle Viren und Bakterien in den Ausguss. Tschüss, Corona! Das Coronavirus kann übrigens auch auf Türklinken, Spielsachen und anderen Gegenständen bis zu drei Tage überleben. Auch deshalb ist Händewaschen so wichtig.

(00:03:03-00:03:22) Meine Freundin Emma ist leider vom Coronavirus krank geworden. Ich habe sie angerufen und ihr gute Besserung gewünscht. Ich freue mich, dass es ihr schon wieder besser geht. Sie und ihre Eltern müssen aber noch zu Hause bleiben, damit sie ganz sicher niemanden anstecken. Das nennt man Quarantäne.

(00:03:22-00:03:51) Ich vermisse Emma, finde es aber auch in Ordnung, dass wir uns nicht sehen, weil ich will, dass das Coronavirus wieder verschwindet. Deshalb befolge ich auch die ganzen Ratschläge. Ich freue mich schon so auf die Zeit, wenn alles wieder normal ist, ich meine Freunde sehen kann und wir wieder Ausflüge mit der Familie machen können.

Vid.3S

1 **Bundesamt für Gesundheit:** Coronavirus und Schulen (online seit 8. Mai) https://www.bag.admin.ch/bag/de/home/das-bag/aktuell/news/news-08-05-2020.html

2 

(die Schulglocke klingelt)

3 (00:00:00-00:00:21) Hallo zusammen. Toll, dass ihr wieder in die Schule kommt. Aber ihr wisst, wir haben immer noch ein Problem mit dem Coronavirus. Wir müssen vorsichtig sein. Corona ist ein Virus, dass krank machen kann. Wenn dich ein kranker Mensch anhustet oder dir die Hand gibt, kann er das Virus weitergeben.

4 (00:00:21-00:00:36) Aber wir können uns schützen. Es ist ganz wichtig, dass wir die Hände gut waschen. Wenn wir von draußen reinkommen, nach dem WC, vor dem Essen und nach dem Nasenputzen waschen wir mit Seife die Hände.

5 (0:00:36-00:00:50) Wir husten oder niesen in die Armbeuge. So wird das Virus gestoppt. (Niesgeräusch). Teilt euer Znüni nicht mit anderen Kindern. Wenn wir jemanden treffen, sagen wir „hallo“ oder winken uns zu, aber die Hand geben wir uns nicht.

6 (00:00:50-00:01:11) Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen. Wir müssen Abstand halten. Ganz wichtig hört auf das, was eure Lehrerinnen und Lehrer zum Coronavirus sagen. Es ist im Moment vieles anders an der Schule, aber zusammen sind wir stark und schaffen das.

Vid.4G

Bundesministerium für Gesundheit: Alltagsmasken für Kinder erklärt, Online seit 30. April

https://www.facebook.com/bmg.bund/videos/690790111655696

(00:00:00-00:00:15) Hallo. Das bin ich und das hier ist Corona. Corona ist so ein kleines Virus, dass man es nicht ohne Lupe sehen kann. Von Corona kann man krank werden. Deswegen soll man sich gut von Corona schützen.

(00:00:15-00:00:28) Oft merkt man gar nicht, wenn man Corona hat und steckt man andere an ohne es zu wollen. Deshalb trage ich jetzt eine Bedeckung für meinen Mund und meine Nase, wenn ich mit Mama und Papa einkaufen gehen oder mit dem Bus zur Schule fahre.

(00:00:28-00:00:42) Trotzdem halte ich Abstand von den Menschen draußen, weil eine Maske nur wenige Tröpfchen abhängt aber nicht alle. Und wenn ich nach Hause gehe, wasche ich mir sofort die Hände, weil es kann sein, dass ich Corona auf meiner Hand habe.

(00:00:42-00:01:00) Es ist wichtig wie man seine Maske trägt, weil wenn man sie nicht richtig aufhat, dann schützt man andere nicht vor Corona. Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. Wenn ich die Maske anziehe, passe ich immer gut auf, dass die Maske fest an meinem Gesicht sitzt und meinen Mund und meine Nase bedeckt.

(00:01:00-00:01:15) Die Maske soll auch unter das Kinn reichen. Nach dem Benutzen der Maske, ziehe ich sie vorsichtig aus. Beim Ausziehen passe ich immer gut darauf auf, dass sich die Außenseite nicht berühre, weil es sein kann, dass sich kleine Viren auf der Maske befinden.

(00:01:15-00:01:31) Die Maske gebe ich meinen Eltern sofort zum Waschen. Danach wasche ich mir gründlich die Hände mit Seife und trocknen sie gut ab. Meine Mama sagt, dass wir diese speziellen medizinischen Masken nicht kaufen sollten. Damit es ausreichend Masken für die Ärzte und Pfleger gibt.

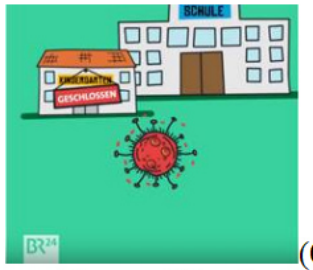
(00:01:31-00:01:46,340) Sonst können sie sich nicht vor den Corona nicht schützen. Dann kann Corona sie sehr schnell finden und sie krank machen. Wenn sie krank werden, dann kann keiner auf die kranken und schwachen aufpassen. Dann kann auch keiner auf Oma und Opa im Pflegeheim aufpassen.

(00:01:46-00:02:06) Wir müssen uns alle gut schützen und darauf achten, dass wir uns nicht anstecken. Damit Corona bald wieder verschwindet und wir unsere Lieblingsmenschen umarmen können

Vid.5G

BR 24: Bayrischer Rundfunk: Für Kinder erklärt: Das Coronavirus - warum es so gefährlich ist, Online seit 21. März

https://www.br.de/nachrichten/deutschland-welt/kindern-erklaert-warum-muessen-wir-jetzt-alle-daheim-bleiben,Rthnh6o



(00:00:00-00:00:14) Das Corona-Virus sorgt dafür, dass plötzlich alles verboten ist: Der Kindergarten und die Schule sind geschlossen. Man darf nicht mehr auf Sport- und Spielplätze. Schwimmbäder und Kinos sind zu. Auch mit Freunden soll man sich nicht treffen.

(00:00:14-00:00:32) Warum? Das Problem beim Corona-Virus: Es geht sehr schnell, dass viele Menschen krank werden: Das sieht ungefähr so aus: Einer ist krank. Und steckt zwei Gesunde an. Und jeder von diesen beiden steckt jetzt auch wieder zwei Gesunde an.

(00:00:32-00:00:49) Und jeder von diesen vier steckt jetzt auch wieder zwei Gesunde an. Und jeder von diesen acht steckt jetzt auch wieder zwei Gesunde an. Und jeder von diesen 16 usw. usw. Wenn auf einmal so viele krank werden, können die Ärzte nicht allen sofort helfen.

(00:00:49-00:01:04) Deshalb ist es so wichtig, dass sich so wenige Menschen wie möglich neu anstecken. Dabei hilft es, wenn sie sich so wenig wie möglich treffen. Und deshalb sind die Schulen und Kitas geschlossen worden.

(00:01:04-00:01:07) Und darum arbeiten jetzt auch so viele Erwachsene von zu Hause: damit die Ärzte denen helfen können, die krank sind, damit die schnell wieder gesund werden.

Vid.6G

WDR – Westdeutscher Rundfunk: Corona- Für Kinder erklärt, online seit 15. März

https://www1.wdr.de/mediathek/av/video-corona---fuer-kinder-erklaert-104.html

(00:00:00-00:00:15) Das Coronavirus. (Pause) Entdeckt wurde es China, nachdem dort auf einmal viele Menschen krank wurden. Durch Reisende ist es dann zu uns gekommen. Gefährlich werden kann das Virus vor allem für ältere Menschen und Menschen, die geschwächt sind, weil sie schon eine andere Krankheit haben.

(00:00:15-00:00:32) Wer sich mit dem Virus angesteckt hat kann Husten bekommen, auch Fieber ist ein Anzeichen dafür. Manche haben das Virus und bleiben gesund. Trotzdem können sie andere anstecken. Das geschieht vor allem wenn man hustet oder niest und andere Tröpfchen davon abbekommen. Das kann direkt passieren, aber auch beim Händeschütteln oder Umarmen.

(00:00:36-00:00:56) Wer denkt, dass er sich angesteckt hat, soll einen Arzt anrufen. Der findet durch Fragen dann heraus, ob ein Test auf Corona gemacht werden muss. Schließlich kann es auch nur eine Erkältung sein. Der Arzt meldet einer Behörde, wenn ein Mensch das Virus hat. Dann wird geguckt mit wem dieser Mensch zusammen war.

(00:00:57-00:01:09) Derjenige, der das Virus hat, muss zuhause bleiben. Die anderen zur Vorsicht auch. 14 Tage dauert das mindestens, auch wenn die Menschen sich nicht krank fühlen. Denn so lange können sie noch krank werden und auch andere anstecken.

(00:01:10-00:01:28) Die Behörden wollen, dass sich das Virus nicht mehr so schnell verbreitet. Deswegen haben sie Schulen und Kitas geschlossen. Auch, wenn dort keiner das Virus hatte, denn das verbreitet sich besonders da, wo viele Menschen zusammen sind. Gibt es an einem Ort besonders viele kranke, kann es sein, dass dieser abgesperrt wird. Zumindest für eine bestimmte Zeit.

(00:01:29-00:01:56) Um die Verbreitung zu stoppen, sind in Deutschland derzeit große Veranstaltungen mit vielen Menschen verboten. In manchen Städten sind Restaurants und zum Beispiel Kinos geschlossen. Außerdem darf im Moment auch nicht jeder dorthin reisen, wo er will.

(00:01:57-00:01:09) Und wir sollten regelmäßig und gründlich Hände waschen, solange wie es dauert zweimal „Happy Birthday“ zu singen. So können wir die Viren nämlich abwaschen. Und so können wir es gemeinsam schaffen, dass weniger Leute das Virus bekommen.

Vid.7G

1 **Rbb – Rundfunk Berlin-Brandenburg: Knietzsche und das Coronavirus, Online seit 6. April**

2 

https://www.rbb-online.de/schulstunde/corona_spezial/

3 (00:00:00-00:00:42) Achtung! Hört mal alle her! … Feindliche Angreifer machen uns das Leben schwer und das ist super wichtig, dass wir alle Bescheid wissen, wie wir ihn ein Tritt in den Hintern verpassen. (Pause) Coronaviren machen krank und wollen überall auf der Welt möglichst viele Menschen anstecken - egal ob jung, alt, arm oder reich. Der Trick ist, dass sie mini, klein und unsichtbar sind. Man bräuchte ein Spezialisten-Mikroskop, um sie zu erkennen (Das Corona-Bild macht Geräusche und Gesichter, um Zuschauer zu erschrecken).

4 (00:00:42-00:01:01) Das Coronavirus liebt es in Münder und Nasen zu kriechen oder auf Händen. Deshalb ist es so wichtig, dass wir im Kampf gut ausgerüstet sind. Seife ist der Knaller. Sie macht das Virus kaputt. Deshalb ist Händewaschen so wahnsinnig wichtig. Corona ist ein mieser Weitspringer.

5 (00:01.02-00:01:21) Deshalb ist Abstandhalten so schlau. Mit zwei Metern trägst die das Virus garantiert aus. (Virus platzt auf den Boden, bildlich gezeigt und auch Geräusche). Mund und Nasenschutz zeigt Respekt (Partymusik, Maskenträger wie Stars gezeigt), Kann schützen und sieht cool aus, wenn man ihn selber macht. Wir wollen diese Viren loswerden und das schaffen wir auch.

6 (00:01:22-00:01:49) Dafür brauchen wir eine extra Portion Geduld und ein Masterplan für uns alle. (spannende Musik) ZU Hause bleiben hilft am besten. Kein Kontakt – keine Chance für Viren. Die Kunst ist es, Zeit in gute Ideen zu verwandeln – Schreiben, Telefonieren, Einkaufen für Nachbarn, die gefährdeter sind… oder Basteln. (wieder entspannte Musik)

7 (00:01:50-00:02:05) Egal wie alt du bist. Jetzt geht es um Rücksicht, Zusammenhalt und Vertrauen. Viele kluge Köpfe arbeiten grade mit Vollgas daran, wie wir bald alle normal leben können und gesund bleiben.

8 (00:02:06-00:02:23) Leben wir danach in einer besseren Welt? Wir bleiben zuhause und draußen erholt sich die Umwelt von uns. Sind wir dankbarer für das, was wir haben? Erinnern wir uns an die guten Ideen, die wir hatten? Passen wir in Zukunft weiterhin besser aufeinander auf?

9 (00:02:24-00:02:44) Das wäre ein Startschuss für eine schönere Zukunft. Wir sind ein Superteam! Zusammen schaffen wir das. Einer für alle. Alle für einen. (Applaus)

Coding Sheet 1 (Social Cognitive Theory)

MAXQDA demo version

Reinforcement of Expected Behaviour

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Reinforcement of expe...	7	7	Stattdessen rufe ich sie lieber an
	Vid.2S	Reinforcement of expe...	14	14	finde es aber auch in Ordnung, dass wir uns nicht sehen
	Vid.2S	Reinforcement of expe...	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
	Vid.2S	Reinforcement of expe...	8	8	Das geht ja sogar per Video, dann kann ich sie trotzdem sehen.
	Vid.7G	Reinforcement of expe...	5	5	Kann schützen und sieht cool aus, wenn man ihn selber macht
	Vid.2S	Reinforcement of expe...	9	9	Aber jetzt genieße ich erst einmal die viele Zeit mit meinen Sp
	Vid.1A	Reinforcement of expe...	7	7	Dafür habe ich viel Zeit, mit meinen Spielsachen zu spielen ode
	Vid.7G	Reinforcement of expe...	6	6	Die Kunst ist es, Zeit in gute Ideen zu verwandeln – Schreiben,
	Vid.7G	Reinforcement of expe...	8	8	Sind wir dankbarer für das, was wir haben? Erinnern wir uns an

Social Support

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.4G	Social support	8	8	Meine Mama sagt,
	Vid.2S	Social support	5	5	Und auch Papa und Mama sind mehr als sonst daheim
	Vid.2S	Social support	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern.
	Vid.2S	Social support	8	8	Das geht ja sogar per Video, dann kann ich sie trotzdem sehen.
	Vid.4G	Social support	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen.
	Vid.7G	Social support	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
	Vid.1A	Social support	6	6	Mama und Papa sind auch mehr zuhause, damit sie gesund bleiben.
	Vid.1A	Social support	6	6	Unseren Familienausflug am Wochenende verschieben wir auf späte
	Vid.2S	Social support	3	3	Zurzeit sagt Mama oft, dass ich mir die Hände waschen soll. Das
	Vid.3S	Social support	6	6	zusammen sind wir stark und schaffen das.
	Vid.1A	Social support	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
	Vid.5G	Social support	7	7	Und darum arbeiten jetzt auch so viele Erwachsene von zu Hause:
	Vid.7G	Social support	9	9	Das wäre ein Startschuss für eine schönere Zukunft. Wir sind ei
	Vid.7G	Social support	7	7	Egal wie alt du bist. Jetzt geht es um Rücksicht, Zusammenhalt

Observational learning

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Observational learning ...	4	4	Außerdem gehe ich zurzeit kaum aus dem Haus.
	Vid.2S	Observational learning ...	14	14	Deshalb befolge ich auch die ganzen Ratschläge.
	Vid.2S	Observational learning ...	5	5	Und auch Papa und Mama sind mehr als sonst daheim
	Vid.4G	Observational learning ...	5	5	wasche ich mir sofort die Hände
	Vid.7G	Observational learning ...	6	6	ZU Hause bleiben hilft am besten.
	Vid.7G	Observational learning ...	4	4	Deshalb ist Händewaschen so wahnsinnig wichtig.
	Vid.4G	Observational learning ...	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen
	Vid.4G	Observational learning ...	5	5	Trotzdem halte ich Abstand von den Menschen draußen,
	Vid.2S	Observational learning ...	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stat
	Vid.7G	Observational learning ...	8	8	Wir bleiben zuhause und draußen erholt sich die Umwelt von uns.
	Vid.2S	Observational learning ...	4	4	Damit ich kein Corona bekomme, wasche ich mir öfters die Hände.
	Vid.3S	Observational learning ...	5	5	Wir husten oder niesen in die Armbeuge
	Vid.1A	Observational learning ...	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
	Vid.5G	Observational learning ...	3	3	Auch mit Freunden soll man sich nicht treffen.
	Vid.4G	Observational learning ...	8	8	Danach wasche ich mir gründlich die Hände mit Seife und trockne
	Vid.4G	Observational learning ...	10	10	Wir müssen uns alle gut schützen und darauf achten, dass wir un
	Vid.4G	Observational learning ...	8	8	Meine Mama sagt, dass wir diese speziellen medizinischen Masken
	Vid.7G	Observational learning ...	5	5	Deshalb ist Abstandhalten so schlau. Mit zwei Metern trägst die
	Vid.2S	Observational learning ...	12	12	Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die
	Vid.1A	Observational learning ...	7	7	Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasse
	Vid.1A	Observational learning ...	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
	Vid.1A	Observational learning ...	5	5	Deshalb bleibe ich jetzt öfter daheim damit Corona nicht auch a
	Vid.2S	Observational learning ...	10	10	Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit
	Vid.1A	Observational learning ...	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
	Vid.2S	Observational learning ...	11	11	haben meine Freunde und ich uns angewöhnt, statt in die Hand, n
	Vid.1A	Observational learning ...	4	4	Wenn ein erkrankter Mensch niest oder die Hand gibt, kann Coron
	Vid.6G	Observational learning ...	8	8	Wir sollten auf Händeschütteln verzichten, und genügend Abstand
	Vid.1A	Observational learning ...	8	8	Wenn ich jemanden treffe, sage ich freundlich "Hallo!", aber ge
	Vid.7G	Observational learning ...	5	5	Mund und Nasenschutz zeigt Respekt (Partymusik, Maskenträger wi
	Vid.6G	Observational learning ...	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
	Vid.4G	Observational learning ...	4	4	Deshalb trage ich jetzt eine Bedeckung für meinen Mund und mein
	Vid.3S	Observational learning ...	6	6	Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen. Wir m
	Vid.3S	Observational learning ...	3	3	Wenn dich ein kranker Mensch anhustet oder dir die Hand gibt, k
	Vid.5G	Observational learning ...	4	4	Einer ist krank. Und steckt zwei Gesunde an. Und jeder von dies
	Vid.4G	Observational learning ...	6	6	Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. W
	Vid.4G	Observational learning ...	7	7	Die Maske soll auch unter das Kinn reichen. Nach dem Benutzen d
	Vid.3S	Observational learning ...	5	5	Teilt euer Znüni nicht mit anderen Kindern. Wenn wir jemanden t
	Vid.5G	Observational learning ...	5	5	Und jeder von diesen vier steckt jetzt auch wieder zwei Gesunde
	Vid.1A	Observational learning ...	6	6	Mit meinen Verwandten telefoniere ich. Mit meinen Freunden in K
	Vid.3S	Observational learning ...	4	4	Es ist ganz wichtig, dass wir die Hände gut waschen. Wenn wir v

Messages of expected outcome

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Messages of expected ...	12	12	Tschüss, Corona!
	Vid.1A	Messages of expected ...	5	5	Ich will gesund bleiben.
	Vid.1A	Messages of expected ...	8	8	Dann wird Corona weggewaschen
	Vid.2S	Messages of expected ...	14	14	weil ich will, dass das Coronavirus wieder verschwindet.
	Vid.1A	Messages of expected ...	9	9	Corona kann nicht weit springen.
	Vid.7G	Messages of expected ...	6	6	Kein Kontakt – keine Chance für Viren
	Vid.2S	Messages of expected ...	11	11	Das ärgert das Coronavirus, es kann nämlich nicht sehr weit geh
	Vid.7G	Messages of expected ...	5	5	Mit zwei Metern trägst die das Virus garantiert aus
	Vid.3S	Messages of expected ...	5	5	So wird das Virus gestoppt.
	Vid.2S	Messages of expected ...	5	5	Alle Leute sollen zu Hause bleiben, damit das Virus nicht von M
	Vid.7G	Messages of expected ...	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
	Vid.7G	Messages of expected ...	8	8	Wir bleiben zuhause und draußen erholt sich die Umwelt von uns.
	Vid.2S	Messages of expected ...	9	9	Dann kann ich meine Freunde und Verwandten wiedersehen und an d
	Vid.2S	Messages of expected ...	14	14	Ich freue mich schon so auf die Zeit, wenn alles wieder normal
	Vid.4G	Messages of expected ...	10	10	Damit Corona bald wieder verschwindet und wir unsere Lieblingsm
	Vid.5G	Messages of expected ...	6	6	dass sich so wenige Menschen wie möglich neu anstecken
	Vid.2S	Messages of expected ...	8	8	Wenn alle Menschen einige Zeit zu Hause bleiben, kann das Coron
	Vid.6G	Messages of expected ...	9	9	So können wir die Viren nämlich abwaschen. Und so können wir es
	Vid.5G	Messages of expected ...	7	7	damit die Ärzte denen helfen können, die krank sind, damit die
	Vid.1A	Messages of expected ...	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b

Messages of Behavioural Capability

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Messages of behaviour...	4	4	wasche ich mir öfters die Hände
	Vid.7G	Messages of behaviour...	7	7	Egal wie alt du bist.
	Vid.2S	Messages of behaviour...	11	11	ich halte mindestens sechs Schritte Abstand
	Vid.2S	Messages of behaviour...	4	4	Außerdem gehe ich zurzeit kaum aus dem Haus.
	Vid.2S	Messages of behaviour...	14	14	Deshalb befolge ich auch die ganzen Ratschläge
	Vid.2S	Messages of behaviour...	14	14	Ich vermisse Emma, finde es aber auch in Ordnung, dass wir uns
	Vid.7G	Messages of behaviour...	9	9	Wir sind ein Superteam! Zusammen schaffen wir das.
	Vid.4G	Messages of behaviour...	5	5	Trotzdem halte ich Abstand von den Menschen draußen
	Vid.2S	Messages of behaviour...	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stat
	Vid.2S	Messages of behaviour...	11	11	haben meine Freunde und ich uns angewöhnt, statt in die Hand, n
	Vid.1A	Messages of behaviour...	8	8	sage ich freundlich "Hallo!", aber gebe nicht die Hand
	Vid.6G	Messages of behaviour...	8	8	Damit sich das Virus nicht weiterverbreitet, kann jeder etwas t
	Vid.4G	Messages of behaviour...	5	5	Und wenn ich nach Hause gehe, wasche ich mir sofort die Hände
	Vid.7G	Messages of behaviour...	4	4	Deshalb ist es so wichtig, dass wir im Kampf gut ausgerüstet si
	Vid.1A	Messages of behaviour...	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
	Vid.2S	Messages of behaviour...	12	12	wasche ich mir sehr gründlich die Hände mit Seife und warmem Wa
	Vid.3S	Messages of behaviour...	5	5	Wir husten oder niesen in die Armbeuge
	Vid.1A	Messages of behaviour...	7	7	Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasse
	Vid.1A	Messages of behaviour...	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
	Vid.2S	Messages of behaviour...	10	10	Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit
	Vid.1A	Messages of behaviour...	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
	Vid.6G	Messages of behaviour...	9	9	So können wir die Viren nämlich abwaschen. Und so können wir es
	Vid.4G	Messages of behaviour...	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen. Danach was
	Vid.4G	Messages of behaviour...	4	4	Deshalb trage ich jetzt eine Bedeckung für meinen Mund und mein
	Vid.3S	Messages of behaviour...	6	6	Es ist im Moment vieles anders an der Schule, aber zusammen sin
	Vid.3S	Messages of behaviour...	5	5	Wenn wir jemanden treffen, sagen wir „hallo" oder winken uns zu
	Vid.4G	Messages of behaviour...	6	6	Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. W
	Vid.4G	Messages of behaviour...	7	7	Die Maske soll auch unter das Kinn reichen. Nach dem Benutzen d
	Vid.3S	Messages of behaviour...	4	4	Aber wir können uns schützen. Es ist ganz wichtig, dass wir die

Coding Sheet 2 Health Belief Model

MAXQDA demo version

Perceived Susceptibility

Dokumentname	Code	Anfang	Ende	Vorschau
Vid.2S	Perceived susceptibility	10	10	damit Corona nicht zu mir kommt
Vid.2S	Perceived susceptibility	11	11	Denn das Coronavirus sitzt oft auf den Händen
Vid.2S	Perceived susceptibility	13	13	Meine Freundin Emma ist leider vom Coronavirus krank geworden.
Vid.2S	Perceived susceptibility	4	4	Damit ich kein Corona bekomme, wasche ich mir öfters die Hände
Vid.2S	Perceived susceptibility	3	3	Corona ist ein Virus und macht Menschen auf der ganzen Welt kra
Vid.7G	Perceived susceptibility	3	3	Feindliche Angreifer machen uns das Leben schwer
Vid.6G	Perceived susceptibility	3	3	nachdem dort auf einmal viele Menschen krank wurden.
Vid.2S	Perceived susceptibility	5	5	Alle Leute sollen zu Hause bleiben, damit das Virus nicht von M
Vid.1A	Perceived susceptibility	10	10	Wir passen alle auf, damit wir uns nicht anstecken
Vid.6G	Perceived susceptibility	5	5	Wer denkt, dass er sich angesteckt hat, soll einen Arzt anrufen
Vid.2S	Perceived susceptibility	12	12	Das Coronavirus kann übrigens auch auf Türklinken, Spielsachen
Vid.1A	Perceived susceptibility	7	7	achte ich darauf, dass Corona nicht auch in meinen Körper kommt
Vid.7G	Perceived susceptibility	4	4	Das Coronavirus liebt es in Münder und Nasen zu kriechen oder a
Vid.4G	Perceived susceptibility	3	3	Von Corona kann man krank werden. Deswegen soll man sich gut vo
Vid.6G	Perceived susceptibility	5	5	Der Arzt meldet einer Behörde, wenn ein Mensch das Virus hat. D
Vid.1A	Perceived susceptibility	5	5	Kinder bekommen dann Fieber und Husten. Ältere Menschen wie Oma
Vid.7G	Perceived susceptibility	3	3	Coronaviren machen krank und wollen überall auf der Welt möglic
Vid.6G	Perceived susceptibility	3	3	Gefährlich werden kann das Virus vor allem für ältere Menschen
Vid.2S	Perceived susceptibility	7	7	Wir Kinder kriegen dann meistens Husten, Schnupfen und Fieber.
Vid.4G	Perceived susceptibility	8	9	Damit es ausreichend Masken für die Ärzte und Pfleger gibt. (0
Vid.4G	Perceived susceptibility	9	9	Wenn sie krank werden, dann kann keiner auf die kranken und sch
Vid.5G	Perceived susceptibility	7	7	damit die Ärzte denen helfen können, die krank sind, damit die
Vid.2S	Perceived susceptibility	6	6	Das Coronavirus kann auf einen gesunden Menschen überspringen,
Vid.1A	Perceived susceptibility	4	4	Es macht die Menschen krank. Wenn ein erkrankter Mensch niest o
Vid.6G	Perceived susceptibility	6	6	Derjenige, der das Virus hat, muss zuhause bleiben. Die anderen
Vid.1A	Perceived susceptibility	9	9	Lisa, meine Freundin, hat Corona schon krank gemacht. Sie muss
Vid.6G	Perceived susceptibility	4	4	Wer sich mit dem Virus angesteckt hat kann Husten bekommen, auc
Vid.5G	Perceived susceptibility	4	4	Das Problem beim Corona-Virus: Es geht sehr schnell, dass viele
Vid.5G	Perceived susceptibility	5	5	Und jeder von diesen vier steckt jetzt auch wieder zwei Gesunde
Vid.3S	Perceived susceptibility	3	3	Aber ihr wisst, wir haben immer noch ein Problem mit dem Corona

Perceived Severity

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Perceived severity	13	13	Meine Freundin Emma ist leider vom Coronavirus krank geworden
	Vid.2S	Perceived severity	7	7	Wir Kinder kriegen dann meistens Husten, Schnupfen und Fieber.
	Vid.6G	Perceived severity	5	5	Schließlich kann es auch nur eine Erkältung sein.
	Vid.2S	Perceived severity	13	13	Sie und ihre Eltern müssen aber noch zu Hause bleiben, damit si
	Vid.1A	Perceived severity	9	9	Sie sagt, es geht ganz gut und sie ist bald wieder gesund.
	Vid.1A	Perceived severity	9	9	hat Corona schon krank gemacht. Sie muss jetzt zuhause bleiben,
	Vid.4G	Perceived severity	4	4	Oft merkt man gar nicht, wenn man Corona hat und steckt man and
	Vid.5G	Perceived severity	5	5	Wenn auf einmal so viele krank werden, können die Ärzte nicht a
	Vid.6G	Perceived severity	6	6	14 Tage dauert das mindestens, auch wenn die Menschen sich nich
	Vid.1A	Perceived severity	5	5	Im Körper kann Corona sich vermehren. Kinder bekommen dann Fieb
	Vid.6G	Perceived severity	4	4	Wer sich mit dem Virus angesteckt hat kann Husten bekommen, auc

Perceived Benefits

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Perceived benefits	4	4	Damit ich kein Corona bekomme, wasche ich mir öfters die Hände
	Vid.7G	Perceived benefits	6	6	Kein Kontakt – keine Chance für Viren
	Vid.7G	Perceived benefits	8	8	Sind wir dankbarer für das, was wir haben?
	Vid.2S	Perceived benefits	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
	Vid.7G	Perceived benefits	4	4	Seife ist der Knaller. Sie macht das Virus kaputt.
	Vid.2S	Perceived benefits	5	5	Alle Leute sollen zu Hause bleiben, damit das Virus nicht von M
	Vid.7G	Perceived benefits	8	8	Wir bleiben zuhause und draußen erholt sich die Umwelt von uns
	Vid.2S	Perceived benefits	9	9	Aber jetzt genieße ich erst einmal die viele Zeit mit meinen Sp
	Vid.2S	Perceived benefits	14	14	Deshalb befolge ich auch die ganzen Ratschläge. Ich freue mich
	Vid.2S	Perceived benefits	11	11	Und ich halte mindestens sechs Schritte Abstand zu anderen Mens
	Vid.2S	Perceived benefits	8	8	Wenn alle Menschen einige Zeit zu Hause bleiben, kann das Coron
	Vid.1A	Perceived benefits	9	9	versuche ich, ein bisschen Abstand zu halten. Corona kann nicht
	Vid.1A	Perceived benefits	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
	Vid.2S	Perceived benefits	12	12	Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die
	Vid.7G	Perceived benefits	8	8	Erinnern wir uns an die guten Ideen, die wir hatten? Passen wir
	Vid.1A	Perceived benefits	5	5	Ich will gesund bleiben. Deshalb bleibe ich jetzt öfter daheim
	Vid.3S	Perceived benefits	5	5	Wir husten oder niesen in die Armbeuge. So wird das Virus gesto
	Vid.4G	Perceived benefits	6	6	Es ist wichtig wie man seine Maske trägt, weil wenn man sie nic
	Vid.7G	Perceived benefits	4	5	Corona ist ein mieser Weitspringer. (00:01.02-00:01:21) Deshal
	Vid.6G	Perceived benefits	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
	Vid.1A	Perceived benefits	7	8	Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasse
	Vid.3S	Perceived benefits	4	4	Aber wir können uns schützen. Es ist ganz wichtig, dass wir die
	Vid.7G	Perceived benefits	5	5	Mund und Nasenschutz zeigt Respekt (Partymusik, Maskenträger wi
	Vid.4G	Perceived benefits	5	5	Trotzdem halte ich Abstand von den Menschen draußen, weil eine

Perceived Barriers

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Perceived barriers	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern
	Vid.1A	Perceived barriers	5	5	Deshalb bleibe ich jetzt öfter daheim
	Vid.6G	Perceived barriers	7	7	Deswegen haben sie Schulen und Kitas geschlossen
	Vid.6G	Perceived barriers	6	6	Derjenige, der das Virus hat, muss zuhause bleiben.
	Vid.6G	Perceived barriers	8	8	Außerdem darf im Moment auch nicht jeder dorthin reisen, wo er
	Vid.1A	Perceived barriers	9	9	Sie muss jetzt zuhause bleiben, das nennt man Quarantäne.
	Vid.6G	Perceived barriers	8	8	In manchen Städten sind Restaurants und zum Beispiel Kinos gesc
	Vid.2S	Perceived barriers	3	3	Zurzeit sagt Mama oft, dass ich mir die Hände waschen soll. Das
	Vid.1A	Perceived barriers	6	6	Unseren Familienausflug am Wochenende verschieben wir auf späte
	Vid.2S	Perceived barriers	14	14	Ich vermisse Emma, finde es aber auch in Ordnung, dass wir uns
	Vid.2S	Perceived barriers	5	5	Meine Freunde kann ich gerade leider nicht treffen. In die Bibl
	Vid.5G	Perceived barriers	6	6	Und deshalb sind die Schulen und Kitas geschlossen worden.
	Vid.1A	Perceived barriers	6	6	Mit meinen Freunden in Kindergarten und Schule soll ich leider
	Vid.6G	Perceived barriers	8	8	Um die Verbreitung zu stoppen, sind in Deutschland derzeit groß
	Vid.5G	Perceived barriers	7	7	Und darum arbeiten jetzt auch so viele Erwachsene von zu Hause:
	Vid.3S	Perceived barriers	6	6	Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen.
	Vid.6G	Perceived barriers	7	7	Gibt es an einem Ort besonders viele kranke, kann es sein, dass
	Vid.7G	Perceived barriers	6	6	ZU Hause bleiben hilft am besten. Kein Kontakt – keine Chance f
	Vid.3S	Perceived barriers	5	5	Teilt euer Znüni nicht mit anderen Kindern. Wenn wir jemanden t
	Vid.5G	Perceived barriers	3	3	Das Corona-Virus sorgt dafür, dass plötzlich alles verboten ist

Cues to action

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Cues to action	3	3	dass ich mir die Hände waschen soll
	Vid.2S	Cues to action	7	7	Stattdessen rufe ich sie lieber an.
	Vid.2S	Cues to action	11	11	Und ich halte mindestens sechs Schritte Abstand zu anderen Mens
	Vid.1A	Cues to action	6	6	Mit meinen Verwandten telefoniere ich
	Vid.2S	Cues to action	10	10	Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit
	Vid.2S	Cues to action	4	4	Z.B. nach dem Naseputzen oder vor jedem Essen. Außerdem gehe ic
	Vid.2S	Cues to action	12	12	Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die
	Vid.1A	Cues to action	8	8	sage ich freundlich "Hallo!", aber gebe nicht die Hand.
	Vid.1A	Cues to action	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
	Vid.3S	Cues to action	5	5	Wir husten oder niesen in die Armbeuge.
	Vid.2S	Cues to action	11	11	Damit es da gar nicht erst hinkommt, haben meine Freunde und ic
	Vid.4G	Cues to action	4	4	wenn ich mit Mama und Papa einkaufen gehen oder mit dem Bus zur
	Vid.3S	Cues to action	5	5	Teilt euer Znüni nicht mit anderen Kindern.
	Vid.1A	Cues to action	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
	Vid.6G	Cues to action	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
	Vid.3S	Cues to action	6	6	Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen.
	Vid.6G	Cues to action	8	8	Wir sollten auf Händeschütteln verzichten, und genügend Abstand
	Vid.4G	Cues to action	5	5	Und wenn ich nach Hause gehe, wasche ich mir sofort die Hände,
	Vid.4G	Cues to action	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen. Danach was
	Vid.3S	Cues to action	6	6	Ganz wichtig hört auf das, was eure Lehrerinnen und Lehrer zum
	Vid.3S	Cues to action	5	5	Wenn wir jemanden treffen, sagen wir „hallo" oder winken uns zu
	Vid.4G	Cues to action	6	6	Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. W
	Vid.3S	Cues to action	4	4	Wenn wir von draußen reinkommen, nach dem WC, vor dem Essen und
	Vid.4G	Cues to action	7	7	Die Maske soll auch unter das Kinn reichen. Nach dem Benutzen d

Self-efficacy

	Dokumentname	Code	Anfang	Ende	Vorschau
○	Vid.2S	Self-efficacy	4	4	Damit ich kein Corona bekomme, wasche ich mir öfters die Hände
○	Vid.1A	Self-efficacy	6	6	Mit meinen Verwandten telefoniere ich.
○	Vid.4G	Self-efficacy	5	5	Trotzdem halte ich Abstand von den Menschen draußen
○	Vid.2S	Self-efficacy	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stat
○	Vid.7G	Self-efficacy	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
○	Vid.6G	Self-efficacy	8	8	Damit sich das Virus nicht weiterverbreitet, kann jeder etwas t
○	Vid.4G	Self-efficacy	5	5	Und wenn ich nach Hause gehe, wasche ich mir sofort die Hände
○	Vid.7G	Self-efficacy	7	7	Egal wie alt du bist. Jetzt geht es um Rücksicht, Zusammenhalt
○	Vid.1A	Self-efficacy	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
○	Vid.1A	Self-efficacy	7	7	ch wasche mir jetzt öfter die Hände mit Seife und warmem Wasser
○	Vid.2S	Self-efficacy	10	10	Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit
○	Vid.2S	Self-efficacy	12	12	Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die
○	Vid.6G	Self-efficacy	9	9	So können wir die Viren nämlich abwaschen. Und so können wir es
○	Vid.2S	Self-efficacy	14	14	Deshalb befolge ich auch die ganzen Ratschläge. Ich freue mich
○	Vid.2S	Self-efficacy	11	11	Damit es da gar nicht erst hinkommt, haben meine Freunde und ic
○	Vid.1A	Self-efficacy	5	5	Ich will gesund bleiben. Deshalb bleibe ich jetzt öfter daheim
○	Vid.4G	Self-efficacy	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen. Danach was
○	Vid.7G	Self-efficacy	9	9	Das wäre ein Startschuss für eine schönere Zukunft. Wir sind ei
○	Vid.4G	Self-efficacy	4	4	Deshalb trage ich jetzt eine Bedeckung für meinen Mund und mein
○	Vid.4G	Self-efficacy	7	7	eim Ausziehen passe ich immer gut darauf auf, dass sich die Auß
○	Vid.1A	Self-efficacy	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
○	Vid.4G	Self-efficacy	10	10	Wir müssen uns alle gut schützen und darauf achten, dass wir un
○	Vid.3S	Self-efficacy	6	6	Es ist im Moment vieles anders an der Schule, aber zusammen sin
○	Vid.3S	Self-efficacy	6	6	Es ist im Moment vieles anders an der Schule, aber zusammen sin
○	Vid.4G	Self-efficacy	6	6	Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. W
○	Vid.1A	Self-efficacy	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei

Coding Sheet 3 Atkin's design

MAXQDA demo version

Target Audience Approach

	Dokumentname	Code	Anfang	Ende	Vorschau
○	Vid.2S	Target Audience Appro...	7	7	Wir Kinder
○	Vid.2S	Target Audience Appro...	7	7	meine Großeltern.
○	Vid.2S	Target Audience Appro...	8	8	Hallo, Oma! Hallo, Opa!"
○	Vid.2S	Target Audience Appro...	3	3	Das nervt, aber Mama sagt:
○	Vid.2S	Target Audience Appro...	9	9	mit meinen Spiel- und Bastelsachen
○	Vid.3S	Target Audience Appro...	6	6	an der Schule,
○	Vid.3S	Target Audience Appro...	3	3	Hallo zusammen.
○	Vid.7G	Target Audience Appro...	3	3	Achtung! Hört mal alle her! ...
○	Vid.2S	Target Audience Appro...	5	5	Und auch Papa und Mama sind mehr als sonst daheim.
○	Vid.2S	Target Audience Appro...	5	5	Meine Freunde kann ich gerade leider nicht treffen
○	Vid.2S	Target Audience Appro...	3	3	Ich lebe mit Papa und Mama in der Schweiz. Zurzeit sagt Mama of
○	Vid.1A	Target Audience Appro...	6	6	Mama und Papa sind auch mehr zuhause
○	Vid.2S	Target Audience Appro...	14	14	Freunde sehen kann und wir wieder Ausflüge mit der Familie mach
○	Vid.4G	Target Audience Appro...	3	3	Hallo. Das bin ich und das hier ist Corona.
○	Vid.6G	Target Audience Appro...	7	7	Deswegen haben sie Schulen und Kitas geschlossen.
○	Vid.2S	Target Audience Appro...	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
○	Vid.3S	Target Audience Appro...	2	2	die Schulglocke klingelt)
○	Vid.5G	Target Audience Appro...	7	7	so viele Erwachsene von zu Hause:
○	Vid.3S	Target Audience Appro...	4	4	Aber wir können uns schützen.
○	Vid.1A	Target Audience Appro...	9	9	Lisa, meine Freundin, hat Corona schon krank gemacht.
○	Vid.6G	Target Audience Appro...	8	8	Damit sich das Virus nicht weiterverbreitet, kann jeder etwas t
○	Vid.7G	Target Audience Appro...	7	7	Egal wie alt du bist. Jetzt geht es um Rücksicht, Zusammenhalt
○	Vid.3S	Target Audience Appro...	3	3	Toll, dass ihr wieder in die Schule kommt
○	Vid.5G	Target Audience Appro...	3	3	Der Kindergarten und die Schule sind geschlossen.
○	Vid.1A	Target Audience Appro...	6	6	Mit meinen Freunden in Kindergarten und Schule soll ich leider
○	Vid.3S	Target Audience Appro...	6	6	Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen
○	Vid.1A	Target Audience Appro...	5	5	Kinder bekommen dann Fieber und Husten. Ältere Menschen wie Oma
○	Vid.7G	Target Audience Appro...	3	3	Coronaviren machen krank und wollen überall auf der Welt möglic
○	Vid.7G	Target Audience Appro...	6	6	Die Kunst ist es, Zeit in gute Ideen zu verwandeln – Schreiben,

Messenger

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Messenger	7	7	Wir Kinder
	Vid.2S	Messenger	7	7	meine Großeltern.
	Vid.2S	Messenger	3	3	Zurzeit sagt Mama oft
	Vid.2S	Messenger	3	3	Das nervt, aber Mama sagt:
	Vid.2S	Messenger	5	5	Und auch Papa und Mama sind mehr als sonst daheim
	Vid.1A	Messenger	3	3	Das bin ich. Das ist Corona.
	Vid.2S	Messenger	3	3	Das bin ich. Ich lebe mit Papa und Mama in der Schweiz
	Vid.2S	Messenger	13	13	Meine Freundin Emma ist leider vom Coronavirus krank geworden.
	Vid.4G	Messenger	3	3	Hallo. Das bin ich und das hier ist Corona.
	Vid.2S	Messenger	14	14	meine Freunde sehen kann und wir wieder Ausflüge mit der Famili
	Vid.2S	Messenger	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
	Vid.2S	Messenger	9	9	Aber jetzt genieße ich erst einmal die viele Zeit mit meinen Sp
	Vid.4G	Messenger	8	8	Meine Mama sagt, dass wir diese speziellen medizinischen Masken
	Vid.1A	Messenger	7	7	Dafür habe ich viel Zeit, mit meinen Spielsachen zu spielen ode
	Vid.1A	Messenger	7	7	Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasse
	Vid.1A	Messenger	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
	Vid.3S	Messenger	3	3	Hallo zusammen. Toll, dass ihr wieder in die Schule kommt.
	Vid.1A	Messenger	5	5	Ich will gesund bleiben. Deshalb bleibe ich jetzt öfter daheim
	Vid.3S	Messenger	3	3	Aber ihr wisst, wir haben immer noch ein Problem mit dem Corona
	Vid.1A	Messenger	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
	Vid.1A	Messenger	6	6	Mit meinen Verwandten telefoniere ich. Mit meinen Freunden in K

Strategic Approach

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.2S	Strategic approach	5	5	Manchmal ist das ganz schön langweilig
	Vid.1A	Strategic approach	4	4	Es macht die Menschen krank.
	Vid.2S	Strategic approach	13	13	Ich freue mich, dass es ihr schon wieder besser geht.
	Vid.7G	Strategic approach	3	3	egal ob jung, alt, arm oder reich.
	Vid.1A	Strategic approach	3	3	Es ist ein klitzekleiner Virus.
	Vid.4G	Strategic approach	3	3	Von Corona kann man krank werden.
	Vid.2S	Strategic approach	3	3	Das nervt, aber Mama sagt: "Das muss jetzt sein, wegen Corona.
	Vid.6G	Strategic approach	4	4	Manche haben das Virus und bleiben gesund
	Vid.7G	Strategic approach	7	7	normal leben können und gesund bleiben.
	Vid.2S	Strategic approach	14	14	Ich freue mich schon so auf die Zeit, wenn alles wieder normal
	Vid.7G	Strategic approach	5	5	(Partymusik, Maskenträger wie Stars gezeigt),
	Vid.2S	Strategic approach	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
	Vid.3S	Strategic approach	4	4	Aber wir können uns schützen.
	Vid.1A	Strategic approach	9	9	Lisa, meine Freundin, hat Corona schon krank gemacht.
	Vid.7G	Strategic approach	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
	Vid.1A	Strategic approach	9	9	Sie sagt, es geht ganz gut und sie ist bald wieder gesund.
	Vid.4G	Strategic approach	9	9	Dann kann Corona sie sehr schnell finden und sie krank machen.
	Vid.5G	Strategic approach	7	7	damit die schnell wieder gesund werden.
	Vid.2S	Strategic approach	9	9	Aber jetzt genieße ich erst einmal die viele Zeit mit meinen Sp
	Vid.5G	Strategic approach	6	6	so wenige Menschen wie möglich neu anstecken.
	Vid.2S	Strategic approach	14	14	Ich vermisse Emma, finde es aber auch in Ordnung, dass wir uns
	Vid.7G	Strategic approach	7	7	Egal wie alt du bist. Jetzt geht es um Rücksicht, Zusammenhalt
	Vid.3S	Strategic approach	3	3	Corona ist ein Virus, dass krank machen kann.
	Vid.3S	Strategic approach	6	6	aber zusammen sind wir stark und schaffen das.
	Vid.4G	Strategic approach	10	10	Damit Corona bald wieder verschwindet und wir unsere Lieblingsm
	Vid.1A	Strategic approach	7	7	Dafür habe ich viel Zeit, mit meinen Spielsachen zu spielen ode
	Vid.2S	Strategic approach	7	7	Ältere Menschen und Menschen, die andere Krankheiten haben, kan
	Vid.1A	Strategic approach	6	6	Mit meinen Freunden in Kindergarten und Schule soll ich leider
	Vid.1A	Strategic approach	5	5	Kinder bekommen dann Fieber und Husten. Ältere Menschen wie Oma
	Vid.6G	Strategic approach	3	3	Gefährlich werden kann das Virus vor allem für ältere Menschen
	Vid.5G	Strategic approach	4	4	Das Problem beim Corona-Virus: Es geht sehr schnell, dass viele
	Vid.7G	Strategic approach	9	9	Das wäre ein Startschuss für eine schönere Zukunft. Wir sind ei
	Vid.4G	Strategic approach	9	9	Wenn sie krank werden, dann kann keiner auf die kranken und sch
	Vid.3S	Strategic approach	3	3	wir haben immer noch ein Problem mit dem Coronavirus. Wir müsse
	Vid.1A	Strategic approach	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
	Vid.5G	Strategic approach	3	3	Das Corona-Virus sorgt dafür, dass plötzlich alles verboten ist

Types of Messages

	Dokumentname	Code	Anfang	Ende	Vorschau
○	Vid.2S	Types of messages\Aw...	3	3	Das muss jetzt sein, wegen Corona."
○	Vid.2S	Types of messages\Aw...	11	11	Denn das Coronavirus sitzt oft auf den Händen
○	Vid.2S	Types of messages\Aw...	5	5	Und auch Papa und Mama sind mehr als sonst daheim
○	Vid.7G	Types of messages\Aw...	5	5	Mund und Nasenschutz zeigt Respekt
○	Vid.2S	Types of messages\Aw...	10	10	Und wenn ich doch mal rausgehe, bin ich sehr vorsichtig, damit
○	Vid.2S	Types of messages\Aw...	5	5	Alle Leute sollen zu Hause bleiben, damit das Virus nicht von M
○	Vid.1A	Types of messages\Aw...	3	3	So sieht Corona aus. Es ist ein klitzekleiner Virus.
○	Vid.7G	Types of messages\Aw...	5	5	ann schützen und sieht cool aus, wenn man ihn selber macht.
○	Vid.2S	Types of messages\Aw...	4	4	Corona ist lateinisch und heißt Krone, weil es unter einem Verg
○	Vid.2S	Types of messages\Aw...	3	3	Corona ist ein Virus und macht Menschen auf der ganzen Welt kra
○	Vid.7G	Types of messages\Aw...	6	6	ZU Hause bleiben hilft am besten. Kein Kontakt – keine Chance f
○	Vid.2S	Types of messages\Aw...	13	13	Sie und ihre Eltern müssen aber noch zu Hause bleiben, damit si
○	Vid.7G	Types of messages\Aw...	4	4	Das Coronavirus liebt es in Münder und Nasen zu kriechen oder a
○	Vid.4G	Types of messages\Aw...	4	4	Oft merkt man gar nicht, wenn man Corona hat und steckt man and
○	Vid.1A	Types of messages\Aw...	10	10	Wir passen alle auf, damit wir uns nicht anstecken und Corona b
○	Vid.1A	Types of messages\Aw...	7	7	Wenn ich nicht zuhause bin, achte ich darauf, dass Corona nicht
○	Vid.7G	Types of messages\Aw...	7	7	Viele kluge Köpfe arbeiten grade mit Vollgas daran, wie wir bal
○	Vid.3S	Types of messages\Aw...	5	5	Wir husten oder niesen in die Armbeuge. So wird das Virus gesto
○	Vid.4G	Types of messages\Aw...	6	6	Es ist wichtig wie man seine Maske trägt, weil wenn man sie nic
○	Vid.7G	Types of messages\Aw...	3	3	Coronaviren machen krank und wollen überall auf der Welt möglic
○	Vid.1A	Types of messages\Aw...	5	5	Im Körper kann Corona sich vermehren. Kinder bekommen dann Fieb
○	Vid.2S	Types of messages\Aw...	11	11	Damit es da gar nicht erst hinkommt, haben meine Freunde und ic
○	Vid.4G	Types of messages\Aw...	3	3	Corona ist so ein kleines Virus, dass man es nicht ohne Lupe se
○	Vid.2S	Types of messages\Aw...	6	6	Das geht nämlich ganz leicht. Das Coronavirus kann auf einen ge
○	Vid.2S	Types of messages\Aw...	7	7	Wir Kinder kriegen dann meistens Husten, Schnupfen und Fieber.
○	Vid.2S	Types of messages\Aw...	12	12	Wenn ich wieder im Haus bin, wasche ich mir sehr gründlich die
○	Vid.1A	Types of messages\Aw...	4	4	Es macht die Menschen krank. Wenn ein erkrankter Mensch niest o
○	Vid.6G	Types of messages\Aw...	6	6	Derjenige, der das Virus hat, muss zuhause bleiben. Die anderen
○	Vid.4G	Types of messages\Aw...	5	5	Trotzdem halte ich Abstand von den Menschen draußen, weil eine
○	Vid.6G	Types of messages\Aw...	3	3	Entdeckt wurde es China, nachdem dort auf einmal viele Menschen
○	Vid.3S	Types of messages\Aw...	3	3	Corona ist ein Virus, dass krank machen kann. Wenn dich ein kra
○	Vid.5G	Types of messages\Aw...	5	5	Und jeder von diesen vier steckt jetzt auch wieder zwei Gesunde
○	Vid.6G	Types of messages\Aw...	5	5	Wer denkt, dass er sich angesteckt hat, soll einen Arzt anrufen
○	Vid.6G	Types of messages\Aw...	4	4	Wer sich mit dem Virus angesteckt hat kann Husten bekommen, auc
○	Vid.3S	Types of messages\Aw...	4	4	Es ist ganz wichtig, dass wir die Hände gut waschen. Wenn wir v
○	Vid.6G	Types of messages\Aw...	7	7	Die Behörden wollen, dass sich das Virus nicht mehr so schnell
○	Vid.5G	Types of messages\Aw...	4	4	Das Problem beim Corona-Virus: Es geht sehr schnell, dass viele
○	Vid.6G	Types of messages\Aw...	8	8	Um die Verbreitung zu stoppen, sind in Deutschland derzeit groß

	Dokumentname	Code	Anfang	Ende	Vorschau
○	Vid.7G	Types of messages\Ins...	6	6	ZU Hause bleiben
○	Vid.7G	Types of messages\Ins...	8	8	Wir bleiben zuhause
○	Vid.6G	Types of messages\Ins...	5	5	soll einen Arzt anrufen.
○	Vid.2S	Types of messages\Ins...	11	11	statt in die Hand, nur noch in die Ellenbeuge zu niesen
○	Vid.4G	Types of messages\Ins...	5	5	wasche ich mir sofort die Hände,
○	Vid.2S	Types of messages\Ins...	11	11	halte mindestens sechs Schritte Abstand zu anderen Menschen.
○	Vid.2S	Types of messages\Ins...	12	12	wasche ich mir sehr gründlich die Hände mit Seife und warmem Wa
○	Vid.2S	Types of messages\Ins...	10	10	Kommt mir ein Freund entgegen, winke ich ihm zu und gebe nicht
○	Vid.4G	Types of messages\Ins...	5	5	halte ich Abstand von den Menschen draußen
○	Vid.3S	Types of messages\Ins...	6	6	Wir müssen Abstand halten
○	Vid.6G	Types of messages\Ins...	6	6	Derjenige, der das Virus hat, muss zuhause bleiben.
○	Vid.2S	Types of messages\Ins...	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stat
○	Vid.6G	Types of messages\Ins...	8	8	Außerdem darf im Moment auch nicht jeder dorthin reisen, wo er
○	Vid.1A	Types of messages\Ins...	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
○	Vid.2S	Types of messages\Ins...	4	4	wasche ich mir öfters die Hände. Z.B. nach dem Naseputzen oder
○	Vid.3S	Types of messages\Ins...	5	5	Teilt euer Znüni nicht mit anderen Kindern
○	Vid.1A	Types of messages\Ins...	8	8	Wenn ich jemanden treffe, sage ich freundlich "Hallo!", aber ge
○	Vid.1A	Types of messages\Ins...	7	7	Ich wasche mir jetzt öfter die Hände mit Seife und warmem Wasse
○	Vid.6G	Types of messages\Ins...	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
○	Vid.3S	Types of messages\Ins...	6	6	Ihr dürft den Lehrerinnen und Lehrer nicht zu nah kommen.
○	Vid.6G	Types of messages\Ins...	8	8	ir sollten auf Händeschütteln verzichten, und genügend Abstand
○	Vid.3S	Types of messages\Ins...	5	5	Wir husten oder niesen in die Armbeuge. So wird das Virus gesto
○	Vid.4G	Types of messages\Ins...	8	8	Die Maske gebe ich meinen Eltern sofort zum Waschen. Danach was
○	Vid.4G	Types of messages\Ins...	4	4	Deshalb trage ich jetzt eine Bedeckung für meinen Mund und mein
○	Vid.3S	Types of messages\Ins...	6	6	Ganz wichtig hört auf das, was eure Lehrerinnen und Lehrer zum
○	Vid.3S	Types of messages\Ins...	5	5	Wenn wir jemanden treffen, sagen wir „hallo“ oder winken uns zu
○	Vid.4G	Types of messages\Ins...	6	6	Bevor ich die Maske aufsetze, wasche ich mir immer die Hände. W
○	Vid.4G	Types of messages\Ins...	7	7	Die Maske soll auch unter das Kinn reichen. Nach dem Benutzen d
○	Vid.1A	Types of messages\Ins...	6	6	Mit meinen Verwandten telefoniere ich. Mit meinen Freunden in K
○	Vid.3S	Types of messages\Ins...	4	4	Es ist ganz wichtig, dass wir die Hände gut waschen. Wenn wir v

	Dokumentname	Code	Anfang	Ende	Vorschau
○	Vid.1A	Types of messages\Per...	8	8	Dann wird Corona weggewaschen.
○	Vid.3S	Types of messages\Per...	5	5	So wird das Virus gestoppt.
○	Vid.2S	Types of messages\Per...	7	7	Aus diesem Grund treffe ich nicht einmal meine Großeltern. Stat
○	Vid.7G	Types of messages\Per...	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
○	Vid.6G	Types of messages\Per...	8	8	Damit sich das Virus nicht weiterverbreitet, kann jeder etwas t
○	Vid.7G	Types of messages\Per...	4	4	Deshalb ist Händewaschen so wahnsinnig wichtig. Corona ist ein
○	Vid.4G	Types of messages\Per...	3	3	Von Corona kann man krank werden. Deswegen soll man sich gut vo
○	Vid.7G	Types of messages\Per...	5	5	Deshalb ist Abstandhalten so schlau. Mit zwei Metern trägst die
○	Vid.2S	Types of messages\Per...	4	4	Damit ich kein Corona bekomme, wasche ich mir öfters die Hände.
○	Vid.2S	Types of messages\Per...	12	12	Das Coronavirus kann übrigens auch auf Türklinken, Spielsachen
○	Vid.2S	Types of messages\Per...	8	8	Wenn alle Menschen einige Zeit zu Hause bleiben, kann das Coron
○	Vid.6G	Types of messages\Per...	8	8	Um die Verbreitung zu stoppen, sind in Deutschland derzeit groß
○	Vid.2S	Types of messages\Per...	14	14	Ich vermisse Emma, finde es aber auch in Ordnung, dass wir uns
○	Vid.6G	Types of messages\Per...	9	9	So können wir die Viren nämlich abwaschen. Und so können wir es
○	Vid.6G	Types of messages\Per...	7	7	Die Behörden wollen, dass sich das Virus nicht mehr so schnell
○	Vid.7G	Types of messages\Per...	4	4	Deshalb ist es so wichtig, dass wir im Kampf gut ausgerüstet si
○	Vid.1A	Types of messages\Per...	5	5	Ich will gesund bleiben. Deshalb bleibe ich jetzt öfter daheim
○	Vid.1A	Types of messages\Per...	9	9	Wenn ich zwischen vielen Leuten bin, versuche ich, ein bisschen
○	Vid.5G	Types of messages\Per...	5	5	Wenn auf einmal so viele krank werden, können die Ärzte nicht a
○	Vid.5G	Types of messages\Per...	6	6	Deshalb ist es so wichtig, dass sich so wenige Menschen wie mög
○	Vid.4G	Types of messages\Per...	8	8	Meine Mama sagt, dass wir diese speziellen medizinischen Masken
○	Vid.4G	Types of messages\Per...	10	10	Wir müssen uns alle gut schützen und darauf achten, dass wir un
○	Vid.5G	Types of messages\Per...	6	6	Dabei hilft es, wenn sie sich so wenig wie möglich treffen. Und
○	Vid.1A	Types of messages\Per...	8	8	Und ich schaue auch, dass ich mir nicht zu oft ins Gesicht grei
○	Vid.5G	Types of messages\Per...	7	7	Und darum arbeiten jetzt auch so viele Erwachsene von zu Hause:
○	Vid.4G	Types of messages\Per...	9	9	Sonst können sie sich nicht vor den Corona nicht schützen. Dann

Mechanical and Stylistic Factors

	Dokumentname	Code	Anfang	Ende	Vorschau
	Vid.7G	Mechanical and Stylistic...	3	3	Pause)
	Vid.6G	Mechanical and Stylistic...	3	3	(Pause)
	Vid.2S	Mechanical and Stylistic...	3	3	(fröhliche Musik
	Vid.2S	Mechanical and Stylistic...	5	5	(traurige Musik)
	Vid.2S	Mechanical and Stylistic...	12	12	Tschüss, Corona!
	Vid.7G	Mechanical and Stylistic...	6	6	(spannende Musik)
	Vid.2S	Mechanical and Stylistic...	8	8	wieder glückliche, optimistische Musik
	Vid.7G	Mechanical and Stylistic...	6	6	(wieder entspannte Musik)
	Vid.3S	Mechanical and Stylistic...	5	5	(Niesgeräusch)
	Vid.2S	Mechanical and Stylistic...	8	8	kann das Coronavirus nicht von Mensch zu Mensch springen
	Vid.2S	Mechanical and Stylistic...	5	5	damit das Virus nicht von Mensch zu Mensch springen kann.
	Vid.1A	Mechanical and Stylistic...	3	3	Es ist ein klitzekleiner Virus.
	Vid.1A	Mechanical and Stylistic...	3	3	(Entspannte Musik im Hintergrund
	Vid.6G	Mechanical and Stylistic...	9	9	So können wir die Viren nämlich abwaschen
	Vid.1A	Mechanical and Stylistic...	5	5	Corona nicht auch auf mich springen kann.
	Vid.1A	Mechanical and Stylistic...	8	8	Corona sitzt nämlich gerne auf den Händen.
	Vid.3S	Mechanical and Stylistic...	2	2	die Schulglocke klingelt)
	Vid.2S	Mechanical and Stylistic...	10	10	Ein bisschen cool ist es ja schon, nicht jeden Tag in die Schul
	Vid.7G	Mechanical and Stylistic...	7	7	ele kluge Köpfe arbeiten grade mit Vollgas daran
	Vid.7G	Mechanical and Stylistic...	3	3	Der Trick ist, dass sie mini, klein und unsichtbar sind.
	Vid.1A	Mechanical and Stylistic...	4	4	Er klettert dann bei Mund, Nase oder Augen in den Körper.
	Vid.7G	Mechanical and Stylistic...	5	5	(Virus platzt auf den Boden, bildlich gezeigt und auch Geräusch
	Vid.7G	Mechanical and Stylistic...	4	4	Das Coronavirus liebt es in Münder und Nasen zu kriechen oder a
	Vid.7G	Mechanical and Stylistic...	3	3	(Das Corona-Bild macht Geräusche und Gesichter, um Zuschauer zu
	Vid.7G	Mechanical and Stylistic...	6	6	Dafür brauchen wir eine extra Portion Geduld und ein Masterplan
	Vid.2S	Mechanical and Stylistic...	6	6	Dann wandert es durch alle Öffnungen des Gesichts, also durch d
	Vid.6G	Mechanical and Stylistic...	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
	Vid.7G	Mechanical and Stylistic...	4	4	Deshalb ist es so wichtig, dass wir im Kampf gut ausgerüstet si
	Vid.7G	Mechanical and Stylistic...	9	9	Das wäre ein Startschuss für eine schönere Zukunft. Wir sind ei
	Vid.7G	Mechanical and Stylistic...	3	3	eindliche Angreifer machen uns das Leben schwer und das ist sup

Coding Sheet 4

MAXQDA demo version

Vocabulary

Dokumentname	Code	Anfang	Ende	Vorschau
Vid.2S	Vocabulary	12	12	Tschüss, Corona!
Vid.7G	Vocabulary	4	4	Seife ist der Knaller
Vid.7G	Vocabulary	3	3	dass sie mini, klein und unsichtbar sind.
Vid.7G	Vocabulary	3	3	Feindliche Angreifer machen uns das Leben schwer
Vid.7G	Vocabulary	7	7	Viele kluge Köpfe arbeiten grade mit Vollgas daran,
Vid.1A	Vocabulary	3	3	So sieht Corona aus. Es ist ein klitzekleiner Virus.
Vid.4G	Vocabulary	3	3	Corona ist so ein kleines Virus, dass man es nicht ohne Lupe se
Vid.7G	Vocabulary	9	9	Wir sind ein Superteam! Zusammen schaffen wir das. Einer für al

Figurative Language

Dokumentname	Code	Anfang	Ende	Vorschau
Vid.2S	Figurative Language	10	10	damit Corona nicht zu mir kommt.
Vid.2S	Figurative Language	11	11	Denn das Coronavirus sitzt oft auf den Händen.
Vid.7G	Figurative Language	4	4	Corona ist ein mieser Weitspringer.
Vid.1A	Figurative Language	9	9	Corona kann nicht weit springen.
Vid.2S	Figurative Language	11	11	Das ärgert das Coronavirus, es kann nämlich nicht sehr weit geh
Vid.1A	Figurative Language	8	8	Corona sitzt nämlich gerne auf den Händen.
Vid.7G	Figurative Language	3	3	wie wir ihn ein Tritt in den Hintern verpassen.
Vid.7G	Figurative Language	4	4	Seife ist der Knaller. Sie macht das Virus kaputt.
Vid.7G	Figurative Language	5	5	Mit zwei Metern trägst die das Virus garantiert aus.
Vid.4G	Figurative Language	5	5	weil es kann sein, dass ich Corona auf meiner Hand habe.
Vid.7G	Figurative Language	5	5	Wir wollen diese Viren loswerden und das schaffen wir auch.
Vid.1A	Figurative Language	4	4	Er klettert dann bei Mund, Nase oder Augen in den Körper.
Vid.4G	Figurative Language	9	9	Dann kann Corona sie sehr schnell finden und sie krank machen.
Vid.2S	Figurative Language	4	4	Corona ist lateinisch und heißt Krone, weil es unter einem Verg
Vid.7G	Figurative Language	4	4	Das Coronavirus liebt es in Münder und Nasen zu kriechen oder a
Vid.7G	Figurative Language	6	6	Dafür brauchen wir eine extra Portion Geduld und ein Masterplan
Vid.2S	Figurative Language	6	6	Dann wandert es durch alle Öffnungen des Gesichts, also durch d
Vid.2S	Figurative Language	6	6	as geht nämlich ganz leicht. Das Coronavirus kann auf einen ges
Vid.6G	Figurative Language	9	9	Und wir sollten regelmäßig und gründlich Hände waschen, solange
Vid.7G	Figurative Language	5	5	Mund und Nasenschutz zeigt Respekt (Partymusik, Maskenträger wi
Vid.3S	Figurative Language	3	3	Wenn dich ein kranker Mensch anhustet oder dir die Hand gibt, k