

DON'T SMOKE, TAKE DRINK IN MODERATION, DO WALK A LOT AND DO NOT GORGE YOURSELF BEYOND YOUR SATIATION¹

HEALTH EDUCATION BY TELEVISION IN WEST GERMANY FROM THE 1960S TO THE 1980S

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Abstract: This article discusses health education through television in West Germany, with a focus on nutrition and physical activity. Public health initiatives on television contributed to the fitness boom of the late 1960s and 1970s that aimed to counterbalance post-war lifestyle changes within the West German population. The article uses individual TV programme formats and campaigns as examples to show that the 1970s marked the beginning of behaviour-oriented health education in West Germany. The ZDF health telemagazine *Gesundheitsmagazin Praxis* gave advice, for example on proper food and conveyed how the audience was increasingly requested to actively participate, in order to encourage health-conscious behaviour.

Keywords: health education, health communication, health telemagazine, West German television, fitness boom

1 Introduction

In the 1960s, more and more medical practitioners and physicians in West Germany warned against a new range of chronic diseases, such as cardiovascular diseases. Increased cholesterol and high blood pressure, brought on by an unhealthy diet and harmful behaviours like smoking, a lack of physical activity, and excess weight, were seen as important contributors. By looking at the topics of nutrition and physical activity² my paper gives some insight into how television addressed changes in the state-run health system in West Germany, as well as new problems and preventative policies.³

I will open with a brief description of the reasons that led to a sharp increase in obesity and cardiovascular diseases in West Germany. I then underline the potential that had been attributed to the medium of television with regard to health education. I propose two main points to consider. Firstly, my analysis deals with a period in which West German viewers could only choose between the two public service channels, *Arbeitsgemeinschaft der öffentlich-rechtlichen Rundfunkanstalten der Bundesrepublik Deutschland* (ARD [Consortium of Public Broadcasters in Germany]) and *Zweites Deutsches Fernsehen* (ZDF [Second German Television]), and the multiple regionally broadcast so-called

third channels.⁴ My second point is that the provision of advice and information with programmes focusing on advice was an important broadcasting objective. In 1965 for example, Karl Holzamer, then Director General of ZDF, emphasized television's public duty "to humanize the objectified world by providing concrete advice on how to cope with everyday life".⁵ As a result, the proportion of counselling-oriented programmes dealing with issues of daily life such as education, nutrition, health, school and transport, increased steadily in the 1970s. Thirdly, I show that the 1970s marked the beginning of behaviour-oriented health education in West Germany, using individual TV programme formats and campaigns as examples. I ask: what television formats did health education programmes adopt? And how was this perceived and evaluated by the viewers? The 1970s was the decade of the "trimmers", as the people who took part in the *Trimm Dich* programmes were called. These activities belong to one of the largest populace-oriented campaigns for promoting physical activity in Germany.⁶ What institutions were involved in these fitness campaigns? Television, as well as the press, had a great influence on the level of awareness of these campaigns and was an important partner or (co-)initiator in some cases, such as *Gesundheitsmagazin Praxis*. Lastly, I address the question of the long-term efficacy of this form of health communication on the basis of relevant sources by asking, did media forms of health communication or health education actually have an effect on the behaviour of the audience?

2 Prosperity Means Rich Food

If we look back on the post-war period in West Germany, the 1950s was a time when some of the population experienced the so-called economic miracle, which brought growing prosperity to some areas.⁷ Social security and full employment led to an uninhibited lust for consumption that, alongside the new craze for tourist travel, could also be seen as a 'orgy of gluttony'-wave. After the deprivations experienced during the war and the post-war years, many Germans happily ate their way through the 1950s and 1960s, their paunches being a visible sign of their overindulgence. The increasing standard of living accompanied by an excess availability of food in the new supermarkets led – in Germany just as well as in other industrial countries – to a change in food preferences and eating habits along the lines of 'the richer, the better'. Real butter, lots of meat, cups of real coffee drunk with nice cream cakes: rich food was in demand and a symbol of this newly won prosperity.⁸



Figure 1. See, for example, the cover of this cookbook from 1955, titled *Jeden Tag gut Essen* [Eat Well Every Day]. Hoffmann and Campe Publishing House, Hamburg⁹

Between 1950 and 1960, the average annual consumption of pork rose from 19 to 30 kg per year per capita. Alcohol consumption was also on a continuous rise; the average German drank about 100 litres of beer per year.¹⁰ As a healthier alternative, the *Westdeutsche Milchwirtschaft* [West German dairy industry] promoted daily milk consumption with the slogan “Milch macht müde Männer munter” [Milk makes tired men merry]. By the early 1960s, sugar intake per year had settled at on average 29 kg per capita.¹¹ Adverts for cigarettes in print magazines, in cinemas, and on TV were part of normal life and there were programmes where smoking in front of the camera was a matter of course. In the entertainment show *Was bin ich?*, the German version of the American *What's my line?*, presenter Robert Lembke smoked away just as happily as the presenters and guests in the talk shows *Zur Person* [Close Up and Personal] and *Zu Protokoll* [On the Record].¹² On *Internationaler Frühschoppen* [The International Morning Pint] it was expected that the five invited journalists who, every Sunday morning, discussed current affairs with their host Werner Höfer in a meet-the-press show, while drinking wine and smoking. It was only from the 1970s that cigarette smoking and its presentation in the media were addressed as a health risk. Following advertisement bans, the depiction of people smoking on TV was consciously restricted.¹³

Pleasure and delicious food were central themes of West German everyday life. As was what was on television. The first TV chef was Clemens Wilmenrod, an actor by profession, who cooked on NWDR (later the WDR channel) from 1953 to 1964 on his own programme called *Clemens Wilmenrod bittet zu Tisch* [Clemens Wilmenrod Asks You to Dinner].¹⁴ In his recipes, Wilmenrod touched on the audience's longing to see other countries while his dishes were often based on classic recipes jazzed up with “exotic” ingredients, such as his famous “Hawaii Toast”, a slice of toast with ham, canned pineapple, melted cheese and a cherry on top. Canned fruit and vegetables, sliced processed cheese and ketchup were regular ingredients and were seen as quick, practical and modern.

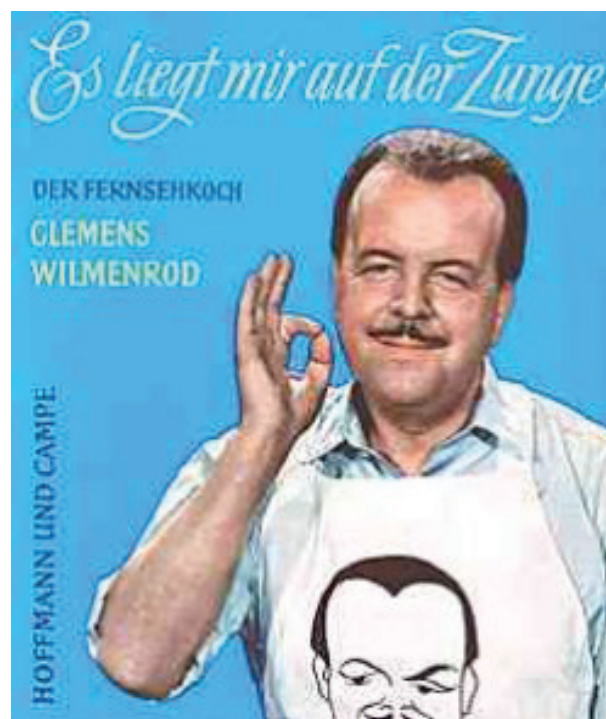


Figure 2. Television chef, Clemens Wilmenrod and his famous cookbook from 1954, titled *Es liegt mir auf der Zunge!* [It is on the tip of my tongue!], Hoffmann and Campe Publishing House, Hamburg¹⁵

However, not only were culinary preferences changing, but recreational activities also saw significant changes during that decade. Between 1950 and 1960, weekly working hours fell from 48 to 44.5, people had more paid time off and television became an important leisure time activity.¹⁶ Since the mid-1960s, West German viewers had, with ARD and ZDF, two full programmes of public broadcasting plus regional channels at their disposal. Whereas, in 1960,

only 24 per cent of the population had had access to a TV, by 1971, this had increased to 88 per cent.¹⁷ Average television consumption in 1970 was nearly two hours per day.¹⁸

3 Obesity as a Disease of Affluence

After the threat of infectious diseases had decreased at the end of the 1950s, chronic diseases such as cardiovascular diseases were increasingly diagnosed. One consequence of new prosperity and individual behaviour was the significant increase in average body weight for a growing majority. About one third of men and 40 per cent of women were overweight. In Germany, the alleged link between an unhealthy lifestyle and cardiovascular diseases was the focus of the health care system, influenced to a large extent by research in the United States. From the 1960s, the Framingham studies initially highlighted tobacco consumption, later a fatty diet, obesity and lack of exercise as possible risk factors for cardiovascular disease.¹⁹ Obesity and its effects become the new disease of affluence. The public health system, politicians and physicians were alarmed and were looking for solutions. Correlated with increased cholesterol and blood pressure in particular, behaviours such as smoking, lack of exercise and poor nutrition were linked to the development of these chronic disease.²⁰ Preventive efforts then shifted to individual behaviour. The 1970s marks the beginning of behaviour-oriented and propagating health education with recommended dos and don'ts and many campaigns.

The importance given to these topics within the health system of the Federal Republic of Germany is illustrated by an international conference held in November 1974, *Ernährung und Bewegung: Die Rolle der Gesundheitserziehung* [Nutrition and physical activity – The role of health education]. The conference, which the *Bundeszentrale für gesundheitliche Aufklärung* [Federal Centre for Health Education] had organized on behalf of the *Federal Minister of Youth, Family Affairs and Health* was held in collaboration with the *World Health Organization's Regional Office for Europe* and the *International Cardiology Federation*.²¹

<p>BUNDESZENTRALE FÜR GESUNDHEITLICHE AUFKLÄRUNG</p> <p>Ernährung und Bewegung</p> <p><i>die Rolle der Gesundheitserziehung</i></p>  <p>III. Internationales Seminar für Gesundheitserziehung</p> <p>Köln, 18.–22. November 1974</p> <p>Gesamtherausstellung: Internationales Journal für Gesundheitserziehung</p>	<p>VERANSTALTER: Bundeszentrale für gesundheitliche Aufklärung, Olivenheimstr. 200 5 Köln 91 Bundesrepublik Deutschland</p> <p>IM AUFTRAG: des Bundesministers für Jugend, Familie und Gesundheit 5300 Bonn-Bad Godesberg</p> <p>IN ZUSAMMENARBEIT MIT: dem Regionalbüro für Europa der Weltge- sundheitsorganisation 8 Scherfigweg Kopenhagen Dänemark</p> <p>MITWIRKUNG: Internationale kardiologische Föderation 34, rue de l'Arrière CH-1211 Genf 12</p> <p>SEMINARLEITUNG: Prof. Dr. med. Wolfgang Fritzsche Präsident Bundeszentrale für gesundheitliche Aufklärung, Köln</p> <p>BERATUNG: Dr. A. P. WOLDENBERG Regionalbeauftragter für Gesundheitserziehung und Sozialwissenschaften Regionalbüro für Europa der Weltgesundheitsorganisation, Kopenhagen</p> <p>VORBEREITUNG UND ORGANISATION: Dipl.-Psych. Rosmarie Eksen Dipl.-Volkswirt Günther Welsch Bundeszentrale für gesundheitliche Aufklärung, Köln</p> <p>SEMINARSPRACHEN: Deutsch, Englisch, Französisch, Russisch</p> <p>TAGUNGORT: Hotel Mondial, Bechergasse 10, 5 Köln 1</p> <p>SEMINARBERICHT: Redaktion: Aimée Le Métouss-KARLON (IUGE) Rosmarie Eksen (BZgA) Übersetzung: Karin JUNKER (BZgA)</p> <p>© 1976 — Bundeszentrale für gesundheitliche Aufklärung, Köln Bundesrepublik Deutschland</p>
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Figure 3. *Ernährung und Bewegung: Die Rolle der Gesundheitserziehung* [Nutrition and physical activity – The role of health education] Conference programme.

The conference aimed, according to the conference booklet, “to find out how health education can be used efficiently in changing such eating behaviour and habits in relation to physical activity that are deemed harmful especially in terms of cardiovascular diseases”.²² Over three days, medical practitioners and scientists from all over Europe discussed theoretical approaches to successful health education and data derived from national programmes and measures. One of those was the *Trimm Dich!* fitness campaign of *Deutscher Sportbund* [German Sports Confederation, DSB], which was very successful in Germany and will be discussed in more detail in section 5.2.

4 Television as a High Potential Medium

In the 1970s the public health system, the sphere of politics and health insurers in West Germany were all optimistic that, for the purposes of health education, large parts of the populace could be reached and informed about the interdependencies between lifestyle and health risks by television. At a conference held in 1978 by the German Medical Women's Association on Medicine and the Mass Media, Hedda Heuser, the then chairwoman of the German Medical Women's Association, emphasized the importance of media coverage by saying in her opening speech,

“Most early diagnosis and screening campaigns in recent years have only been so successful because the media had provided proper coverage. I therefore claim that the people's health awareness has never been as sustainably influenced as by television.”²³

Due to its potentially very wide reach, television was considered to have a high potential for setting topics for health education. ZDF journalist Hans Mohl recalls in 1994:

“In the past, when we only had two channels, it was possible to make health the talk of the nation with one programme. [...] We could practically reach even those circles that were not interested in health at all.”²⁴

Winfried Göpfert, head of the health telemagazine *ARD-Ratgeber: Gesundheit* [ARD Health Advisor], judged the effect of these telemagazines to not lie in the prompt change of behaviour, but to broaden the viewers' knowledge, which over time would strengthen their motivation to change their behaviour. The telemagazine was not about “introducing the audience uncritically to all kinds of technological developments, new devices, new methods etc.”, said Göpfert. “But instead, we wanted to strengthen the competency of each individual, their sense of their personal responsibility.”²⁵

This was contradictory, however, as the health problems of the population could also be aggravated by television. Due to the increasing consumption of television as a popular leisure activity, the daily movement of viewers decreased. At the same time, television had become a vehicle through which products that were damaging to health, such as alcohol, cigarettes and unhealthy food, could be advertised to the public. In addition, it offered only limited opportunities to address specific target groups directly and – with the exception of some more detailed formats such as documentaries – to provide extensive or detailed information.

5 Health Education in Magazine-type Formats: *Gesundheitsmagazin Praxis*

Health-related programmes were, right from the early days of television, part of the common TV repertoire,²⁶ but it was in the 1970s that there was an extension of non-fictional broadcasts focusing on health, disease and medicine. The programmers preferred the magazine as a format for series, and which offered great flexibility for health communication. Its ‘modular principle’ made it possible to present the various aspects of a topic in a variety of audiovisual elements. Short film contributions, moderation, animations and studio discussions enabled both monothematic and multi-topic

programmes about illness and health.²⁷ Long-running telemagazines popular with an adult audience included *Gesundheitsmagazin Praxis* [Practice Health Magazine] (ZDF 1964-2004), *ARD-Ratgeber: Gesundheit* [ARD Health Advisor] (ARD 1971-2004), *Die Sprechstunde* [Open Surgery] (BR 1973-2007) and *Gesundheit im Dritten* [Medicine on your regional channel] (WDR 1975-1985). In contrast to the monthly broadcast schedule of the other magazines mentioned, *Die Sprechstunde*, moderated by Dr. Antje-Kathrin Kühnemann, a medical doctor, was broadcast weekly.

At this point I would like to go into more detail about *Gesundheitsmagazin Praxis*, which played an important role in addressing health and disease as topics of public awareness. The ZDF magazine was launched in 1964 as a factual series, which according to the programme's creator and presenter, Hans Mohl, aimed to,

“...convey the most important information from the practice of medicine to the everyday practice of the audience as something that provides support in the fight against the unresolved health risks in our affluent world – lack of physical activity, obesity, drink, tobacco and drug abuse.”²⁸

The monthly health magazine programme was a fixture of West German television for over 40 years. Shown on Fridays at 9:30 p.m. in its first year, in 1965 the 45-minute show was moved to a new prime time slot – Monday evenings at 8:15 p.m. – where it remained for the next 18 years. Mohl, who was not a medical doctor, saw himself as an interlocutor between the world of medicine and the audience's everyday-life as expressed by the programme's credo, “More health through more information”.²⁹ The monthly programme at ZDF was supplemented by a large number of medical documentaries and discussions.

Particularly loved by the audience – in its first ten years, the programme's audience ratings averaged at 30 per cent (12 million viewers)³⁰ – where the tests and quizzes allowed the audience to test their fitness, their knowledge about health issues, their eye vision, etc. The episode with a fitness test called ‘Check your shape’, with a 45 per cent audience rating, proved to have been particularly popular.³¹ Frequent competitions in which viewers could participate were also a major contributor to the programme's popularity as shown, for instance, by the 19,000 viewers who entered the competition for the best health slogan in 1968. The high-profile jury, including the president of the Medical Association and the Federal Minister of Health, awarded the prize to the slogan, “Rauche nicht und trinke mäßig, laufe viel, sei nicht gefräßig” [Don't smoke, take drink in moderation, do walk a lot and do not gorge yourself beyond your satiation].³²

The introduction of the various health magazines, however, was not only due to the extension of television broadcasting schedules, but also to changes in government health policy. While the post-war decades up to the beginning of the 1970s were characterized by a steady expansion of health care and the promotion of medical progress, cost containment became the primary goal of West German health policy from 1975.³³ The global economic crisis that began in 1973 and 1974, with low economic growth rates and rising unemployment figures, led to a broad consensus in politics that the costs of health care would have to be significantly reduced. In order to achieve this, more emphasis was now placed on individual responsibility for one's own health. Individual behaviour, and the associated avoidance of illness, also became an important topic in health magazines. Whereas in the 1960s the focus was primarily on successes in medical technology and new methods of treatment, health-damaging behaviours as well as avoidance and prevention measures were now more strongly addressed.

6 Health Communication as If-Then Communication

The presence of abundant food and obesity also led, at this time, to the propagation of an ideal weight as a necessary prerequisite for long life expectancy. Individual behaviour was now seen as a risk factor for illness that lay within an individual's own responsibility. Due to the media coverage and press, radio and TV advertising, the West German population became widely convinced that slimness was merely a question of the correct diet and, most of all, of the strength of one's will. Obesity became a character flaw.³⁴ Happy gluttony was replaced by calorie counting, which became the new measure just as slimness became the new beauty ideal, omnipresent in the media.

The following examples illustrate the predominant behaviour-oriented character of health education in the 1970s and 1980s, which addressed its target groups with concrete imperatives: *Trimm Dich!* [Keep fit] or *Iss das Richtige* [Eat the right stuff]. The example of the advertising campaign *Du darfst* [You may] will also be used to show how the food industry reacted to the change in health awareness.

6.1 *Du darfst* [You may] Advertisement

At the end of the 1960s being overweight was no longer a sign of prosperity. Instead, it triggered the creation of so called “diet foods”, whose share in the entire food market amounted to around 20 per cent at the start of the 1970s. This was a booming market for the food industry with an estimated annual growth rate of 15 per cent.³⁵

Systematic market monitoring at the end of the 1960s showed that 48 per cent of those older than 15 years had a weight problem, with 30 per cent wanting to lose weight and 44 per cent wishing to be slim, the number of women was disproportionately high.³⁶ The realisation that the people’s eating habits were changing gave birth to the idea of the *Du darfst* to market a range of low-calorie products to resolve the conflict between a healthy, calorie-conscious diet and the pleasure of eating. With its various products, the brand is still successful on the German market today. The later wave of light products was the consequent continuation of this product development.

Instead of the otherwise common ‘don’ts’ and recommendations of moderation, *Union Deutsche Lebensmittelwerke*, a subsidiary of Unilever Deutschland GmbH, put their bets on the advertised promise that, if you used their products, tellingly labelled “Du darfst”, you did not need to change your everyday diet. The advertisement therefore embodied, firstly, a philosophy of life (i.e., slim is beautiful) and, secondly, an eating philosophy (*Du darfst* helps to control your weight and to stay in shape). This was made particularly clear in this TV commercial showing a modern, self-confident young woman who values her good figure and enjoys her image in the mirror with the jingle, “*Ich will so bleiben wie ich bin*”, [I want to stay the way I am].



Video 1. See for example TV commercial for *Die Leichte* [The Light]. Half-fat margarine instead of butter. Advertising of the brand “Du darfst” by Unilever, 1988³⁷

Du darfst was advertised as a dietary alternative. Countless commercials on television and page-sized advertisements in magazines suggested the supposed carefree enjoyment of the products without the risk of weight gain. The advertising message was underlined by pictures of slim, young active people.

6.2 *Trimm Dich!* – A Nation on the Jog

Another phenomenon of the 1970s and 1980s was the fitness boom. These the decades of the *Trimmers*, a word that, although it already existed in the German language, now acquired a completely new meaning. The *Trimm Dich!* activities belong to one of the largest populace-oriented campaigns in Germany for promoting physical activity.³⁸ The aim was to motivate and influence the public to adopt a more physically active life style. Developed by the German Sports Confederation (DSB), the campaigns were based on the 1967 Norwegian “TRIM” campaign and similar campaigns carried out in Sweden, Finland and the Netherlands in 1968. The Norwegian “Trim” became the German “Trimm Dich! Mit Sport!” [Keep fit with sports]. The very first campaign under the “Trimm Dich” slogan had an annual budget of 12 million Deutsche Marks of which only 5 percent was funded by the DSB. The remainder was funded by industrial sponsors (e.g. adidas, Puma, Flora-Soft, amongst others) and the media (television and radio broadcasters, newspapers and print magazines).³⁹ “Trimmy”, the mascot, and the campaigns, reached 94 per cent public awareness.

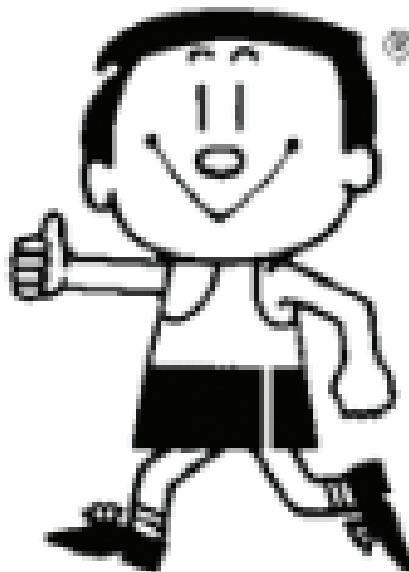


Figure 4. Trimmy, the mascot⁴⁰

The campaigns, which ran for over 16 years, had a variety of foci. The first campaign, *Trimm Dich! Mit Sport* [Keep fit with sports, 1970-74), aimed to encourage the wider public to get involved in sports activities. Through the mass media and high-visibility events, these *Trimm Dich!* Activities were intended to appeal to the whole population. There were 16 different free brochures with guidance and advice on what to do (i.e., keep fit tips), numerous TV commercials, ads in newspapers and magazines, and posters. In 1970, they produced ten short TV films, some of them featuring celebrities, which were broadcasted by ARD and ZDF. Besides small ads in about 300 newspapers and magazines, they also placed so called “*Trimm-Tips*”, short fitness suggestions and, in 1971, two million posters in 16 designs were displayed all over Germany. There were also ads on beer mats, matchboxes, bumper stickers, t-shirts and proper shirts used for the events. The 1972 Olympic Games in Munich also gave the “Trimm-Dich!” movement a big boost.

The second campaign focused on endurance. The slogan “Ein Schlauer trimmt die Ausdauer” [Take the smarter cure – endure] was used between 1975 and 1978 to promote slow, endurance running. According to Mörath, the increasingly popular jogging movement in the USA played an important role in finding ideas for the endurance campaign.⁴¹



Video 2. Commercial for the campaign “Ein Schlauer trimmt die Ausdauer” [Take the smarter cure – endure], 1975⁴²

In contrast to the first three campaigns⁴³, the fourth campaign placed a stronger focus on the issue of health and the contribution sport could make to a healthy lifestyle. The campaign was based on the assumption that sport was particularly effective for health if it was practised three to four times a week. The pulse rate was used as a guideline for the intensity of sporting activity; approx. 130 beats per minute were to be achieved and maintained during exercise.⁴⁴ *Trimming 130 – Bewegung ist die beste Medizin* [Keep fit 130 – exercise is the best of remedies] was launched on 10 January 1983, starting with a reception by the then Federal President Karl Carstens in Bonn, followed by a federal press conference.



Figure 5. *Trimming 130 – Bewegung ist die beste Medizin* [Keep fit 130 – exercise is the best of remedies] logo, 1983⁴⁵

10 million viewers watched the 45-minute opening broadcast of the campaign, which was embedded as a special show of *Gesundheitsmagazin Praxis*. Television was intensely used for promoting the campaign – *Gesundheitsmagazin Praxis* aired, at irregular intervals, tips and suggestions for *Trimming 130*, and introduced the “Fit in 30 days” workout programme. The return of 262,000 postcards in the *Trimming 130* prize competition was quite considerable.⁴⁶ A new TV series, *Sport und Gesundheit – Trimming 130* [Sports and Health – Keep Fit 130] with advice and guidance for recreational athletes was launched in collaboration with WDR’s “Leisure and Recreation” team. The German Sports Confederation also produced a number of additional TV adverts.

Rolf Rosenbock⁴⁷ evaluated the *Trimm Dich!* campaigns with a comprehensive approach, firstly aimed at informing and sensitising the entire population/target group, which was reached via the mass media, and secondly aimed at behavioural modifications. For the health policy evaluation, however, it was not whether mass media were used or not, but whether they also changed the living and behavioural conditions of the population that was important. *Trimm Dich!* can be compared with two other major population-based campaigns in West Germany: the seat belt campaign in the 1960s and the HIV/AIDS campaign from the mid-1980s onwards. Rosenbock, however, points to this as a limiting factor:

“All three campaigns show that great and lasting effects can only be achieved by coordinated and interlinked activities of a broad alliance of actors over several years.”⁴⁸

Media response to the campaign was high and the public’s keen reception of the *Trimm-Dich!* parks and trails that were built all over the country seemed to prove the campaign organisers right. In 1974, a survey conducted by EMNID, a polling company, showed that 37 per cent of the population were actively pursuing sports – from tennis to hiking and 19 per cent thereof – i.e. 9 million people – stated that they had started to participate in sports because of the campaign.⁴⁹

6.3 I.d.R.: Iss das Richtige [Eat the right stuff]

In 1977, the ZDF *Gesundheitsmagazin Praxis* [Practice Health Magazine] started a campaign called *I.d.R.: Iss das Richtige* [Eat the Right Stuff] with the aim to provide viewers with advice on proper diet and behaviour to motivate them to lose weight. For this purpose, they ran a six-month food challenge that followed ten people on their way towards a healthier bodyweight. The candidates, who had been selected for the “behavioural therapy programme” from all social classes, regularly reported on their experiences, successes and problems during the programme. There were recipes in every episode from the then very popular TV chef Max Inzinger. However, although the crew responsible had aimed for a slow but steady weight reduction in their candidates, some of them stopped following the experts’ advice and recommendations after some time and, instead, reduced their food intake excessively so that the audience witnessed massive weight reductions over 24 weeks. These obvious achievements spread the campaign’s popularity far beyond the original TV magazine. With 17 million viewers, *I.d.R.* became a national movement that was also featured in the printed press, who supplemented it with their own articles. The book on the programme, titled *Schlank für immer mit I.d.R.* [Forever Slim with Eat the Right Stuff], contained medical recommendations, eating tips and cooking recipes and became a bestseller.

7 Conclusion

How successful were these campaigns and activities in terms of a sustainable change in the people’s health-related behaviour? Without doubt, mass media and particularly television made a major contribution to achieving maximum

awareness of both content and campaigns. In her assessment of whether these primarily prevention-geared campaigns did indeed achieve a maximum change in the behaviour of those who got involved, Verena Möraht, in her large-scale study of the *Trimm-Dich!* campaigns, remains cautious,

“The results allow the conclusion that – beyond their immediate active exercise-triggering effect – the Trimm-Dich campaigns had a prolonged influence on the social climate in terms of an increased attention to, and openness for, sports activities and physical fitness.”⁵⁰

Nevertheless, the first campaign drew about 8.5 million people onto the *Trimm-Dich* trails and the number of people who joined sports clubs rose in West Germany from 10.1 million (1970) to 17 million (1980).

Hans Mohl's assessment of the long-term effect of discussing the issue of health risks and of activating the audience was, in retrospect, quite critical. In 1979, he concludes,

“Overweight and obesity are one of the most major risk factors when it comes to our health. The required changes in behaviour can only be brought about faster by providing constant informational support. Experience and studies show that changes in behaviour can too easily be stopped and that relapses occur too quickly if the change of behaviour is not constantly supported by providing renewed assistance through new, or by reminding of, advice. This would however require weekly broadcasts for nutritional counselling alone.”⁵¹

The audience, too, was sceptical of such education through the media. In a representative survey conducted in 1978-1979, the participants expressed clear criticism of the information on nutrition and eating as provided by the media: 40.9 per cent said that the media provided too little information on nutrition and eating, 63.3 per cent regarded the information as inconsistent, 26.5 per cent as biased and 38.4 per cent even stated that the information incomprehensible. A repeat of that survey in 1989-1990 showed that this trend had grown stronger in all aspects: 55.3 per cent criticised that there was too little information on nutrition and eating, 70 per cent said that it was inconsistent, 36.8 per cent that it was biased, and 45.6 per cent that it was incomprehensible.⁵²

The broad consensus in politics in the state-run health system in West Germany since 1975 was, that the costs of health care has to be significantly reduced. In order to achieve this, more emphasis was now placed on individual responsibility for one's own health. Individual behaviour, and the associated avoidance of illness, became an important topic in the media. Health-damaging behaviours as well as avoidance and prevention measures were now more strongly addressed. Although the tv magazines for example generated stable viewing figures and had for a long time been part of the West – and East – German television, their effect remained limited. The magazines usually attracted only those viewers who already had a general interest in the issue or had a specific need for information because they were ill. And also the *Trimm-Dich!* campaigns appealed above all to people who had also been active in sports before.

In summary, it can be said that for West Germany, that media influence on eating habits has to be seen as very ambivalent. Seen in retrospect, health communication in the media, in relation to nutrition and physical activity, could be regarded as something that is very heterogeneous that rather makes people insecure, and that has only little lasting effect on their behaviour.

Notes

1. The slogan “Rauche nicht und trinke mäßig, laufe viel, sei nicht gefräßig” was the winner of the competition *The Best Health Prescription*, which the producers of the *Gesundheitsmagazin Praxis* had held in 1968. ZDF Journal Kultur, *10 Jahre Gesundheitsmagazin Praxis, Erfolgsrezept: unterhaltsame Information* [10 years Gesundheitsmagazin Praxis], (Mainz: ZDF, 1974), 16.

2. There is a rich body of work on the history of cardiovascular disease in this era, such as Stefan Offermann, "Now even Television is Promoting Health?" On the Intertwined History of Television and Cardiovascular Disease Prevention in the German Democratic Republic, 1950s–1970s, *Gesnerus, the Swiss Journal of the History of Medicine and Sciences* 76, no. 2 (2019): 247–78 or Susanne Vollberg, "Because every recipient is also a potential patient' – TV Health Programmes in the FRG and the GDR, from the 1960s to the 1980s," *Gesnerus, the Swiss Journal of the History of Medicine and Sciences* 76, no. 2 (2019): 172–91.
3. This article is based on my presentation that I gave at the conference *Tele(visualising): TV, Public Health, its Enthusiasts and its Publics* organized by the ERC-funded project *BodyCapital* and the *Centre for History in Public Health, London School of Hygiene and Tropical Medicine* in March 2019.
4. Commercial TV channels did not exist in West Germany until the introduction of the dual broadcasting system in 1984.
5. Hans Mohl, "Hobbytips und Lebenshilfe. Ratgebersendungen in den Fernsehprogrammen," in *Fernsehsendungen und ihre Formen: Typologie, Geschichte und Kritik des Programms in der Bundesrepublik Deutschland* [Television programmes and their forms – Typology, history and critique of the programme in the Federal Republic of Germany], eds. Helmut Kreuzer and Karl Prümm (Stuttgart: Reclam, 1979), 365.
6. Verena Mörath, *Die Trimm-Aktionen des Deutschen Sportbundes zur Bewegungs- und Sportförderung in der BRD 1970 bis 1994* [The trimming actions of the German Sports Federation to promote physical activity and sport in the Federal Republic of Germany 1970 to 1994] [Berlin: Wissenschaftszentrum Berlin für Sozialforschung (WZB), 2005].
7. The contradictory perception of the 1950s as a decade of reconstruction and growing prosperity on the one hand and the existence of continuity on the other hand cannot be addressed here. For introduction to the topic see Axel Schildt, "Gesellschaftliche Entwicklung" [Social development], *Bundeszentrale für politische Bildung*, 23 December 2002, <https://www.bpb.de/izpb/10124/gesellschaftliche-entwicklung>
8. *Zeitreise durch die Ernährung. Essen im Wandel* [Time travel through nutrition. Food in change] [Berlin: Bundesministerium für Ernährung und Landwirtschaft (BMEL), 2018], 22–4, https://www.bmel.de/SharedDocs/Downloads/DE/Broschueren/ZeitreiseErnaehrung.pdf;jsessionid=D0E55D6936923C3D1EF9711A1515955C.internet2851?__blob=publicationFile&v=2; see also Volker Pudiel, "Ernährung – Gewicht – Diät" [Nutrition - Weight - Diet], in *Psychotherapie der Essstörungen: Krankheitsmodelle und Therapiepraxis - störungsspezifisch und schulenübergreifend* [Psychotherapy of eating disorders – Disease models and therapy practice - disorder-specific and interdisciplinary], ed. Günter Reich (Stuttgart: Georg Thieme Verlag, 2001), 11.
9. Jörg Bohn, "Kochbücher der 50er Jahre. Vom Nachkriegsmangel zum Wirtschaftswunder-Überfluss" [Cookbooks of the 50s. From post-war deprivation to an economic miracle abundance], first published in *Trödler* 2 (2006), <http://www.wirtschaftswundermuseum.de/kochbuecher-50er-1.html>
10. *Zeitreise durch die Ernährung* [Time travel through nutrition], 23.
11. *Steigender Zuckerkonsum. Zahlen, Positionen und Sicherungsmaßnahmen* [Increasing sugar consumption. Figures, positions and hedging measures] (Berlin: Deutscher Bundestag Wissenschaftliche Dienste, 2019), 5, <https://www.bundestag.de/resource/blob/480534/0ae314792d88005c74a72378e3a42aec/wd-9-053-16-pdf-data.pdf>
12. See Gerd Hallenberger, "Rauchen im Fernsehen" [Smoking on television], 14 July 2015, fsf blog, <https://blog.fsf.de/diskurs/rauchen-im-fernsehen/2015/07>
13. From 18 June 1974 onwards, cigarettes could no longer be advertised on radio and television in the Federal Republic of Germany.
14. Other early TV chefs included Ulrich Klever, non-fiction writer and journalist, who cooked from 1967 until 1973 in the ZDF early evening show *Die Drehscheibe* [The Hub] and his successor Max Inzinger (1973-1982). Gerd Hallenberger, "Clemens Wilmenrod. Zeichen von Esskultur," *montage AV. Zeitschrift für Theorie und Geschichte audiovisueller Kommunikation*, (2001): 123–9.
15. Bohn, "Kochbücher der 50er Jahre," <http://www.wirtschaftswundermuseum.de/kochbuecher-50er-1.html>
16. Axel Schildt, "Gesellschaftliche Entwicklung" [Social development], *Informationen zur politischen Bildung* 256, (2012): 3.
17. Marie Luise Kiefer, "Hörfunk- und Fernsehnutzung" [Radio and television use], in *Mediengeschichte der Bundesrepublik Deutschland* [Media History of the Federal Republic of Germany], ed. Jürgen Wilke (Wien, Köln, Weimar: Böhlau Verlag, 1999), 432–3.
18. *Ibid.*, 435.
19. See Friedrich Schorb, *Die Adipositas-Epidemie als politisches Problem. Gesellschaftliche Wahrnehmung und staatliche Intervention* [The obesity epidemic as a political problem. Social perception and state intervention] (Berlin: Springer, 2014), 253.
20. Claudia Hornberg, Michaela Liebig-Gonglach, Andrea Pauli, "Gesundheitsförderung – ein Konzept und seine Entwicklung in Deutschland" [Health Education - a Concept and its Development in Germany], in *Planung für gesundheitsfördernde Städte* [Planning for health-promoting cities], eds. Sabine Baumgart, Heike Köckler, Anne Ritzinger, and Andrea Rüdiger (Hannover: ARL, 2018), 43.

21. *Ernährung und Bewegung: Die Rolle der Gesundheitserziehung* [Nutrition and physical activity: The role of health education] (Köln: Bundeszentrale für gesundheitliche Aufklärung, 1976).
22. Ibid., 5.
23. Hedda Heuser, "Medizin und Massenmedien" [Medicine and Mass Media], in *Gesundheitserziehung im Fernsehen und Hörfunk. Beiträge zu einer internationalen Konferenz mit einer annotierten Auswahlbibliographie* [Health education on television and radio. Contributions to an international conference with an annotated selection bibliography], ed. Manfred Meyer (Berlin: De Gruyter Saur, 1982), 23.
24. Franz Münsterfering and Heidi Schüller, "Publikumsveranstaltung. Thema: Ab morgen soll ich gesünder leben. Fernsehen und Zeitschriften als Gesundheitspotential" [Public event. Topic: From tomorrow I should live healthier. Television and magazines as health potential], *Communications* 19, no. 2-3 (1994), 358.
25. Andrea J. Appel, "Patentrezepte per TV. Die Gesundheits- und Krankheitsvorstellungen in einschlägigen Informations- und Ratgebersendungen" [Patent remedies via TV. The health and illness presentations in relevant information and advice programmes], in *Gesundheitskommunikation* [Health communication], ed. Dietmar Jazbinsek (Wiesbaden: VS Verlag für Sozialwissenschaften, 2000), 104.
26. As early as 1953, the five-minute programme *Der Doktor hat Ihnen etwas zu sagen* [The doctor wants to tell you something] informed the few viewers of the new medium of health-related topics on Wednesday evening – after the news programme *Die Tagesschau* [Daytime news].
27. See Susanne Vollberg, "Because every recipient is also a potential patient' – TV Health Programmes in the FRG and the GDR, from the 1960s to the 1980s," *Gesnerus* 76, no. 2, (2019), 172–91.
28. "10 Jahre Gesundheitsmagazin Praxis," *ZDF Journal Kultur* (Mainz: ZDF, 1974), 15 (author's translation).
29. Mohl, "Hobbytips und Lebenshilfe," 371–2.
30. *Das Informationsangebot des ZDF: Unverwechselbar. Unverbraucht. Unverzichtbar* [The information offered by ZDF] (Mainz: ZDF, 1994), 64–5.
31. Ibid.
32. "10 Jahre Gesundheitsmagazin Praxis" [10 Years Practice Health Magazine], *ZDF Journal Kultur*, 1974, 16.
33. The concept of "Kostendämpfungspolitik" [cost containment policy] shaped the health care system far into the 1990s. See Katja Ahlstick, "Gesundheitspolitische Einstellungen, Gesundheitsverhalten und Wertewandel" [Health policy attitudes, health behaviour and changing values] (Wiesbaden: Deutscher Universitätsverlag 1999), 24.
34. See Volker Pudiel, "Ernährung – Gewicht – Diät" [Nutrition – Weight – Diet], in *Psychotherapie der Essstörungen: Krankheitsmodelle und Therapiepraxis - störungsspezifisch und schulenübergreifend* [Psychotherapy of eating disorders: Disease models and therapy practice - disorder-specific and cross-school], ed. Günter Reich (Stuttgart: Georg Thieme Verlag, 2001), 11.
35. Gesamtverband Werbeagenturen GWA, *Effizienz in der Werbung* [Advertising efficiency] (Siegmund Verlag, 1989), 37.
36. Ibid.
37. <https://www.youtube.com/watch?v=eK4cPBPckqg>
38. Möraht, *Die Trimm-Aktionen des Deutschen Sportbundes*.
39. Ibid., 30.
40. Ibid., 29.
41. Ibid., 36.
42. <https://www.youtube.com/watch?v=kWkjpPiXIJ0&list=PL3BFADFF0A3E438B8&index=3>
43. The third campaign "Spiel mit - da spielt sich was ab" [Be game - join the game] (1979-82) will not be discussed here in detail.
44. Möraht, *Die Trimm-Aktionen des Deutschen Sportbundes*, 46.
45. Ibid., 49.
46. Ibid., 65.
47. Then head of the research group "Public Health" at the Social Science Research Centre (WZB), Berlin.
48. Ralf Rosenbrock, "Primärprävention durch Kampagnen – Eine Einführung" [Primary prevention through campaigns - An introduction] in Verena Möraht, *Die Trimm-Aktionen des Deutschen Sportbundes* [The Trim Actions of the German Sports Federation], 8.
49. Ibid., 37–8.
50. Ibid., 2 (author's translation).
51. Hans Mohl, "Medizinische Themen in Fernsehen und Neuen Medien" [Medical topics in television and new media], in *Medizin-Publizistik. Prämissen – Praktiken – Probleme* [Medical journalism. Premises – Practices – Problems], ed. Heinz-Dietrich Fischer (Frankfurt a.M.: Peter Lang Verlag 1990) 149–55 (author's translation).
52. Volker Pudiel, "Medien und Ernährungsverhalten [Media and Eating Habits]," *Spectrum*, 2001, <https://www.spektrum.de/lexikon/ernaehrung/medien-und-ernaehrungsverhalten/5683>

Biography

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