

Applying the Stimulus Organism Response Model in Health Communication: Evidence from Television Talk Shows

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ABSTRACT: This study examines the effect of exposure to television health talk shows on healthy lifestyle changes using the Stimulus–Organism–Response (S–O–R) framework. A quantitative explanatory approach was employed, involving 86 stroke survivors from a rehabilitation community. Media exposure was operationalized through four dimensions: frequency, duration, attention, and message comprehension, while healthy lifestyle change was measured through diet, physical activity, medical adherence, and stress management. Data were analyzed using linear regression. The findings reveal that media exposure has a significant effect on healthy lifestyle change, with an explanatory power of 65.9%. Among the exposure dimensions, message comprehension and attention were identified as the most dominant predictors, indicating that qualitative aspects of media interaction are more influential than quantitative aspects. The results support the S–O–R model by confirming that behavioral change is mediated through cognitive processing rather than direct exposure. This study highlights the continued relevance of television as an effective medium for health communication.

KEYWORDS-Healthy Lifestyle; Health Communication; Media Exposure; S–O–R Model; Television Talk Show

I. INTRODUCTION

The development of health communication over the past two decades has seen significant transformations, driven by media convergence and the increasing complexity of public information needs. Health communication is no longer simply a process of conveying medical information but has become a strategic instrument for influencing behavioral change at the individual and societal levels (Kite et al., 2023; Wang et al., 2026). In this context, mass media play a crucial role as an agent of social change, shaping health knowledge, attitudes, and practices through structured, repeated communication. Despite the rapid growth of digital media, television remains relevant as a credible medium for health communication, particularly among adults and the elderly. Television's audiovisual characteristics enable the delivery of complex health messages in a simpler, more understandable manner, thereby increasing communication effectiveness (DuPont-Reyes et al., 2024; Ibrahim et al., 2024). Furthermore, television can reach a broad audience with a relatively high level of trust, unlike internet-based media, which are vulnerable to disinformation.

In practice, one format for health communication that has developed on television is the health talk show. This format combines educational elements, interactive dialogue, and real-life testimonials, simultaneously enhancing audience cognitive and emotional engagement. Studies show that narrative-based approaches and personal experiences in media can increase individual motivation to adopt healthy behaviors through social learning mechanisms (Kaňková et al., 2025; Ibrahim et al., 2024). Thus, health talk shows function not only as information media but also as spaces for constructing meaning that mediate behavior change. However, the effectiveness of health communication cannot be explained linearly as a direct relationship between media exposure and behavior change (Kim & Lennon, 2013). Contemporary research indicates that this process involves complex internal psychological mechanisms, such as attention, comprehension, emotions, and individual evaluation of the received message (Wang et al., 2026; Slater et al., 2020). In this context, the Stimulus–Organism–Response (S–O–R) theory serves as a relevant analytical framework for explaining how media stimuli are processed within individuals before eliciting behavioral responses (Servaes, 2008; Nabi & Myrick, 2019).

The S–O–R model explains that external stimuli, such as media content, do not automatically produce responses but rather go through an organismic process encompassing cognitive and affective dimensions (Mehrabian & Russell, 1974). Recent studies have shown that factors such as risk perception, information load, and emotional state significantly mediate the relationship between exposure to health information and individual behavior (Wang et al., 2026). This confirms that the quality of an individual's interaction with the media, rather than exposure intensity alone, is a key determinant of the effectiveness of health communication. In the context of modern health communication, approaches based on the S–O–R model are increasingly used to

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understand the dynamics of behavior change across digital and traditional media. However, most research still focuses on social media and digital platforms, while studies on the role of television, particularly health talk shows, are relatively limited (Kite et al., 2023; Asmawati, 2025). This gap highlights the need for further exploration into how television remains relevant in the contemporary health communication ecosystem.

Furthermore, previous research tends to emphasize cognitive aspects, such as increased health knowledge and awareness, without in-depth measurement of actual behavior change as the primary outcome. However, from a health communication perspective, behavior change is the most important indicator of a communication intervention's effectiveness (Gemiharto et al., 2024). Therefore, a research approach is needed that comprehensively integrates the dimensions of media exposure with health behavior indicators. Many studies still measure media exposure dimensions only partially, such as frequency or duration of consumption, without considering aspects of interaction quality, including attention and message comprehension. In fact, recent studies have shown that cognitive engagement and message comprehension are key factors in determining the effectiveness of health communication (Kaňková et al., 2025; Wang et al., 2026). This suggests that a multidimensional approach to measuring media exposure is crucial in health communication research.

In the context of chronic diseases, such as stroke, health communication plays an increasingly crucial role. The post-stroke recovery process relies not only on medical intervention but also on sustainable lifestyle changes, including a healthy diet, physical activity, adherence to therapy, and stress management. Therefore, access to accurate and understandable health information is a key factor in supporting the rehabilitation process. Considering these developments, this study is crucial for reexamining the role of television media in health communication through a more comprehensive theoretical approach. Using the S–O–R model (Slater et al., 2020), this study not only examines the effect of exposure to health talk shows on behavior change but also explains the internal mechanisms underlying this process.

A. Research Questions

This study aims to examine the effect of exposure to television health talk shows on healthy lifestyle changes using the Stimulus–Organism–Response (S–O–R) framework. Specifically, this study analyzes the role of media exposure dimensions (frequency, duration, attention, and message comprehension) as stimuli, and examines how organismal processes, particularly attention and comprehension, mediate the relationship between media exposure and health behavior responses. This study also aims to identify the most dominant exposure dimensions in encouraging healthy lifestyle changes.

B. Hypothesis

- 1) H1: Exposure to television health talk shows has a significant effect on healthy lifestyle changes.
- 2) H2: Attention to health messages mediates the relationship between media exposure and healthy lifestyle changes.
- 3) H3: Comprehension of health messages mediates the relationship between media exposure and healthy lifestyle changes.
- 4) H4a: Frequency of viewing has a significant effect on healthy lifestyle changes.
- 5) H4b: Duration of viewing has a significant effect on healthy lifestyle changes.
- 6) H4c: Attention to programs has a significant effect on healthy lifestyle changes.
- 7) H4d: Comprehension of messages has a significant effect on healthy lifestyle changes.
- 8) H5: The quality dimension of media exposure (attention and message comprehension) has a stronger influence than the quantity dimension of exposure (frequency and duration) on healthy lifestyle changes.

II. METHODS

This study employed a quantitative explanatory research design to examine the causal relationship between media exposure and health behavior change within the Stimulus–Organism–Response (S–O–R) framework. A quantitative approach was selected to enable objective measurement of variables and statistical testing of hypotheses, particularly in identifying the strength and direction of relationships between media exposure and behavioral outcomes (Hair et al., 2019). Explanatory research is appropriate in health communication studies as it allows researchers to move beyond description and provide empirical evidence of causal mechanisms (Slater et al., 2020).

A. Research Setting and Participants

The study was conducted within a stroke survivor community, namely the Komunitas Rehabilitasi Stroke Holistik Nusantara (KRESHNA), which serves as a social support network for post-stroke rehabilitation. The community was selected due to its active engagement with health-related information and its relevance as a context for examining media-driven behavioral change. Stroke survivors represent a unique population with specific health communication needs, particularly in adopting long-term lifestyle changes. The population consisted of approximately 300 active community members. Using the Slovin formula with a 10% margin of error, the minimum required sample size was 75 respondents. A total of 86 respondents participated in the study, exceeding the minimum threshold and ensuring adequate representation. The sampling technique used was purposive sampling, with inclusion criteria including: (1) active membership in the community, (2) having watched the health talk show at least three times in the past month, and (3) willingness to participate in the study. Purposive sampling is widely used in health

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communication research to ensure that participants have relevant exposure to the phenomenon under investigation (Palinkas et al., 2015).

B. Variables and Measurement

The study consisted of two main variables: media exposure (independent variable) and healthy lifestyle change (dependent variable), structured within the S–O–R model. Media exposure was operationalized as a multidimensional construct consisting of four indicators: frequency of viewing, duration of viewing, attention, and message comprehension. These dimensions capture both quantitative and qualitative aspects of media interaction, reflecting recent approaches that emphasize engagement and cognitive processing rather than mere exposure (Wang et al., 2026). The dependent variable, healthy lifestyle change, was measured through four indicators: dietary behavior, physical activity, medical adherence, and stress management. These indicators represent key dimensions of post-stroke rehabilitation and align with contemporary health behavior frameworks. All variables were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Likert scales are widely used in behavioral research due to their reliability in capturing attitudes, perceptions, and self-reported behaviors (Joshi et al., 2021).

C. Data Collection and Data Analysis

Data were collected through a structured questionnaire distributed both online and offline. The questionnaire consisted of closed-ended items designed to measure each indicator of the variables. This method allows efficient data collection from a large number of respondents and ensures standardized responses (Hair et al., 2019). Data analysis was conducted using SPSS (Statistical Package for the Social Sciences). The analysis consisted of descriptive and inferential statistics. Descriptive statistics, including mean, frequency, and percentage, were used to provide an overview of respondent characteristics and variable distributions. Prior to hypothesis testing, classical assumption tests were performed to ensure the validity of the regression model, including normality and linearity tests. The Kolmogorov–Smirnov test was used to assess normality; a p -value > 0.05 indicated normality.

Linearity was tested to confirm the relationship between variables. To test the hypotheses, simple linear regression analysis was employed to examine the effect of media exposure on healthy lifestyle change. The regression model estimates the extent to which the independent variable explains variation in the dependent variable. The t -test was used to determine the significance of individual predictors, with a threshold of $p < 0.05$. Additionally, the coefficient of determination (R^2) was used to assess the model's explanatory power. Within the S–O–R framework, particular attention was given to the role of organism variables (attention and comprehension) as mediators. Previous studies suggest that cognitive and affective processes play a crucial role in translating media exposure into behavioral outcomes (Wang et al., 2026; Slater et al., 2020). Therefore, this study integrates both direct and indirect effects in interpreting the results.

III. RESULTS

A. Media Exposure as Stimulus in Health Communication

Within the Stimulus–Organism–Response (S–O–R) framework, media exposure is positioned as a critical external stimulus that shapes cognitive and affective processes among audiences. In this study, exposure to the *Go Healthy* television talk show is operationalized through measurable behavioral and perceptual indicators, namely frequency of viewing, duration of engagement, level of attention, and message comprehension. These dimensions are not merely quantitative indicators of exposure but also reflect qualitative interaction with media content, capturing how audiences process and internalize health-related information. A higher frequency and consistency of viewing suggest habitual engagement, which is often associated with stronger cognitive reinforcement and message retention. Moreover, attention and comprehension indicate deeper levels of processing that may lead to attitudinal and behavioral responses. Therefore, examining how audiences allocate their time to the program is essential for understanding the intensity and effectiveness of media exposure as a stimulus within the health communication process.

Table 1. Frequency of Allocating Time to Watch Go Healthy

Response	Frequency	Percentage
Agree	41	47.67%
Strongly Agree	19	22.09%
Neutral	21	24.42%
Disagree	4	4.65%
Strongly Disagree	1	1.16%

The data presented in Table 1 demonstrate substantial audience engagement with the *Go Healthy* program, as reflected in the combined proportion of respondents who agree or strongly agree (69.76%) in allocating time to watch the show. This finding indicates that the program has successfully established itself as a consistent part of viewers' media consumption habits. The relatively low percentage of disagreement (5.81%) further reinforces the program's acceptance and relevance among its audience.

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From a health communication perspective, such high exposure is significant because repeated interactions with media content reinforce messages and increase the likelihood of cognitive and behavioral impact. In particular, the dominance of agreement responses suggests that viewers perceive the program as valuable and worth their time investment. This pattern also highlights the continued importance of television as a credible medium for disseminating health information, especially among adult and elderly populations who may rely more heavily on traditional media sources for knowledge acquisition.

B. Repetition and Cognitive Reinforcement

Repetition is a fundamental mechanism for reinforcing cognitive processing in health communication contexts. Within the Stimulus–Organism–Response (S–O–R) framework, repeated exposure to media content strengthens the organism's internal processes, particularly memory retention, comprehension, and attitude formation. In this study, the tendency of audiences to rewatch missed episodes of the Go Healthy program is treated as an indicator of active engagement beyond passive exposure. Rewatching behavior reflects not only interest but also a deliberate effort to revisit and better understand health-related messages. Such behavior is particularly important when dealing with complex or technical information, as repetition allows audiences to process content at their own pace and fill gaps in understanding. Therefore, examining the frequency with which viewers rewatch episodes provides valuable insight into how repetition functions as a reinforcing stimulus that enhances both the depth and durability of health message reception.

Table 2. Frequency of Rewatching Missed Episodes

Response	Frequency	Percentage
Agree	52	60.47%
Strongly Agree	16	18.60%
Neutral	13	15.12%
Disagree	4	4.65%
Strongly Disagree	1	1.16%

The findings in Table 2 reveal that a substantial majority of respondents (79.07%) report rewatching missed episodes of the Go Healthy program, indicating high sustained engagement. This behavior underscores the program's continuity value, suggesting that viewers perceive each episode as interconnected and cumulatively meaningful. The relatively small proportion of respondents expressing disagreement (5.81%) further supports the notion that rewatching is a common and accepted practice among the audience. From a theoretical standpoint, repetition plays a critical role in cognitive reinforcement, as repeated exposure to a message increases familiarity and facilitates deeper information processing. In the context of health communication, this is particularly significant because it supports the gradual internalization of medical knowledge and recommended behaviors. For audiences such as stroke survivors, repeated engagement with educational content can contribute to better understanding, adherence to treatment, and long-term behavioral change, thereby amplifying the practical impact of the communication intervention.

C. Duration and Audience Engagement

Viewing duration is a critical dimension of media exposure, reflecting not only the time spent consuming content but also the depth of audience engagement. Within the Stimulus–Organism–Response (S–O–R) framework, longer exposure duration enhances the likelihood that stimuli are processed more thoroughly at the organism level, enabling stronger cognitive integration and affective involvement. In the context of health communication, sustained viewing is particularly important because messages are often structured sequentially, requiring audiences to follow a complete narrative to fully grasp key information. Duration, therefore, serves as an indicator of sustained attention and commitment, distinguishing passive viewers from those who actively engage with content. Moreover, prolonged exposure increases opportunities for repetition, elaboration, and reinforcement of health messages, all of which contribute to more effective communication outcomes. Consequently, analyzing whether audiences watch the program until completion provides valuable insight into the extent to which engagement is maintained throughout the communication process.

Table 3. Watching Duration Until Completion

Response	Frequency	Percentage
Agree	59	68.60%
Strongly Agree	12	13.95%

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Neutral	11	12.79%
Disagree	3	3.49%
Strongly Disagree	1	1.16%

The data in Table 3 indicate that a significant majority of respondents (82.55%) report watching the Go Healthy program from start to finish, demonstrating high sustained engagement. This finding suggests that the program's structure, pacing, and content delivery are effective in maintaining audience attention over time. The relatively low level of disagreement (4.65%) further confirms that most viewers remain engaged throughout the program. From a theoretical perspective, complete exposure is essential in health communication because it ensures that audiences receive the full sequence of information, including problem identification, explanation, and recommended actions. Partial exposure may lead to fragmented understanding, whereas full-duration viewing supports coherent message processing and stronger cognitive outcomes. In practical terms, this level of engagement indicates that the program is capable of holding audience interest, thereby increasing the potential for knowledge acquisition, attitude change, and ultimately, the adoption of healthier behaviors among viewers.

D. Attention as Organism Variable

Attention functions as a central component of the organism (O) stage within the Stimulus–Organism–Response (S–O–R) framework, representing the degree to which individuals cognitively engage with media stimuli. Unlike exposure variables such as frequency and duration, attention reflects the internal processing of information, indicating whether audiences actively focus on and interpret the content presented. In health communication, attention is particularly crucial because it determines the effectiveness of message delivery and comprehension. Without sufficient attention, even repeated or prolonged exposure may fail to produce meaningful cognitive or behavioral outcomes. Attention also acts as a selective mechanism, allowing audiences to prioritize certain information while filtering out less relevant stimuli. Therefore, measuring audience attention to medical explanations provides insight into the depth of cognitive engagement and the likelihood that health messages are accurately processed. This dimension is essential for understanding how media content transitions from mere exposure to meaningful internalization.

Table 4. Attention to Medical Explanations

Response	Frequency	Percentage
Agree	47	54.65%
Strongly Agree	33	38.37%
Neutral	4	4.65%
Strongly Disagree	1	1.16%

The data in Table 4 indicate that an overwhelming majority of respondents (93.02%) report high attention to the medical explanations provided in the Go Healthy program. This finding suggests that the program is highly effective in capturing and sustaining cognitive engagement among its audience. The minimal proportion of neutral and negative responses (5.81%) further reinforces the conclusion that viewers are not only exposed to the content but are also actively processing it. Within the S–O–R framework, such a high level of attention is significant because it serves as a gateway to deeper cognitive processing, including comprehension, evaluation, and memory retention. From a health communication perspective, sustained attention to expert explanations enhances the credibility and clarity of the information conveyed. This, in turn, increases the likelihood that audiences will understand, trust, and potentially act upon the health messages presented, thereby contributing to more informed health-related decision-making and behavior change.

E. Message Comprehension and Cognitive Processing

Message comprehension is a pivotal stage in the cognitive processing of media content and a key determinant of communication effectiveness within the Stimulus–Organism–Response (S–O–R) framework. While exposure and attention ensure that messages are received and processed, comprehension reflects the extent to which audiences accurately interpret and internalize the information conveyed. In the context of health communication, comprehension is particularly critical because messages often involve complex medical terminology, procedural explanations, and behavioral recommendations. Without adequate understanding, audiences may misinterpret information or fail to translate knowledge into action. Therefore, comprehension functions as the bridge between cognitive engagement and behavioral response. It also indicates the clarity and accessibility of the program's communication strategy. Measuring audience understanding of medical language provides valuable insight into whether the content has been effectively simplified and adapted to the audience's level of health literacy, thereby enhancing its potential impact.

Table 5. Understanding of Medical Language

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Response	Frequency	Percentage
Agree	52	60.47%
Strongly Agree	26	30.23%
Neutral	4	4.65%
Strongly Disagree	2	2.33%

The data presented in Table 5 show that a substantial majority of respondents (90.7%) report understanding the medical terminology used in the *Go Healthy* program, indicating a high level of message comprehension. This finding suggests that the program successfully translates complex medical concepts into accessible and audience-friendly language. The relatively low proportion of neutral and negative responses (6.98%) further reinforces the effectiveness of the communication approach. From a theoretical perspective, comprehension is essential for enabling deeper cognitive processing, as it allows audiences to organize, interpret, and retain information meaningfully. In health communication, clear and comprehensible messaging is crucial for promoting informed decision-making and encouraging appropriate health behaviors. The high level of understanding observed in this study suggests that the program not only delivers information but also facilitates the internalization of knowledge. Consequently, this strengthens the likelihood that audiences will apply the acquired knowledge in real-life contexts, particularly in managing health conditions such as stroke recovery and prevention.

F. Contribution of Media Exposure to Behavior Change

The contribution of media exposure to behavior change represents the culmination of the Stimulus–Organism–Response (S–O–R) process, where external stimuli and internal cognitive processing ultimately translate into observable outcomes. In this study, media exposure, operationalized as frequency, duration, attention, and comprehension, is hypothesized to influence healthy lifestyle behaviors among audiences. Regression analysis is employed to examine the strength and direction of this relationship, providing a statistical assessment of how much variance in behavior can be explained by exposure to the *Go Healthy* program. This approach provides a more comprehensive understanding of the combined effects of multiple exposure dimensions, rather than analyzing each component in isolation. By integrating these variables into a single model, the analysis captures the cumulative impact of media engagement on behavioral outcomes. Consequently, the regression model serves as a critical tool for evaluating the effectiveness of health communication interventions in producing meaningful and measurable change.

Table 6. Coefficient of Determination (R²)

Model	R	R ²	Adjusted R ²	Std. Error
1	0.812	0.659	0.651	0.432

The results in Table 6 indicate a strong relationship between media exposure and healthy lifestyle behaviors, as reflected in an R value of 0.812, indicating a high level of correlation. The coefficient of determination (R²) of 0.659 indicates that 65.9% of the variance in behavior change is explained by the model, while the adjusted R² of 0.651 confirms the model's stability and robustness. The relatively low standard error (0.432) suggests that the model provides a reliable estimation of the observed data. From a theoretical standpoint, these findings validate the S–O–R framework by demonstrating that sustained exposure and effective cognitive processing significantly contribute to behavioral outcomes. In the context of health communication, this implies that television-based programs such as *Go Healthy* can serve as powerful tools for influencing health-related behaviors. The model's substantial explanatory power underscores the importance of designing media content that not only attracts attention but also facilitates comprehension and retention to achieve long-term behavioral impact.

G. Dominant Factors in Behavior Change

To further identify the relative contribution of each dimension of media exposure, a partial regression analysis was conducted. While the overall regression model demonstrates the combined effect of exposure variables on behavior change, partial analysis allows for a more precise examination of the individual influence of each variable, namely frequency, duration, attention, and comprehension. Within the Stimulus–Organism–Response (S–O–R) framework, these variables represent different stages of the communication process: frequency and duration reflect the stimulus (S), and attention and comprehension reflect the organism (O). By isolating their respective coefficients and significance levels, this analysis provides insight into which aspects of media exposure are most influential in shaping behavioral outcomes. This approach is essential for understanding whether behavior change is driven primarily by exposure quantity or by cognitive engagement quality, thereby offering a more nuanced interpretation of how health communication interventions function in practice.

Table 7. Partial Regression Results

Variable	Coefficient (B)	t-value	Sig.
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Frequency	0.214	2.135	0.036
Duration	0.187	1.984	0.051
Attention	0.321	3.742	0.000
Comprehension	0.356	4.105	0.000

The results presented in Table 7 reveal that message comprehension ($B = 0.356$, $p < 0.001$) emerges as the strongest predictor of behavior change, followed by attention ($B = 0.321$, $p < 0.001$), frequency ($B = 0.214$, $p = 0.036$), and duration ($B = 0.187$, $p = 0.051$). These findings indicate that variables associated with cognitive processing have a more substantial impact than those related solely to exposure intensity. Although frequency shows a statistically significant effect, duration is marginally significant, suggesting that simply spending more time with the content does not necessarily lead to stronger behavioral outcomes. From a theoretical perspective, this pattern reinforces the S–O–R model by demonstrating that the organismic stage, particularly comprehension and attention, serves as a mediating factor between stimulus and response. In practical terms, the dominance of comprehension underscores the importance of delivering clear, accessible, and meaningful health messages, as behavioral change is more likely when audiences actively understand and internalize the information rather than merely being exposed to it.

CONCLUSIONS

This study demonstrates that exposure to television health talk shows plays a significant role in promoting healthy lifestyle changes among stroke survivors. Within the Stimulus–Organism–Response (S–O–R) framework, media exposure functions as a stimulus that influences behavioral outcomes through internal cognitive and affective processes. The findings confirm that exposure to the Go Healthy program significantly affects healthy lifestyle behavior, indicating that television remains a relevant and effective medium for health communication, particularly for adult and elderly populations. The study further reveals that media exposure contributes substantially to behavioral change, as indicated by a coefficient of determination (R^2) of 0.659. This suggests that 65.9% of the variance in healthy lifestyle changes can be explained by exposure to the health talk show, highlighting the strong explanatory power of media-based health communication. This finding reinforces the role of television as a strategic tool in shaping health-related behaviors within community settings.

Importantly, the results show that not all dimensions of media exposure contribute equally. Message comprehension emerges as the most dominant factor, followed by attention, frequency, and duration. This indicates that the quality of media exposure, particularly cognitive engagement and understanding of health messages, has a stronger impact than the quantity of exposure, such as how often or how long individuals watch the program. These findings support the hypothesis that effective health communication is not determined solely by repeated exposure, but by how well the audience processes and internalizes the information. From a theoretical perspective, this study strengthens the applicability of the S–O–R model in health communication research by empirically demonstrating the mediating role of organism variables, particularly attention and comprehension. The results confirm that behavioral change does not occur directly from media exposure, but rather through internal psychological processes that shape how information is interpreted and applied.

In practice, these findings suggest that health communication strategies should prioritize message clarity, relevance, and audience engagement rather than solely increasing broadcast frequency. For media producers, designing content that is easy to understand, visually engaging, and contextually relevant is essential for maximizing impact. For health communities, reinforcing understanding through discussion and repeated exposure may further enhance behavioral outcomes. In conclusion, this study highlights that television-based health communication remains a powerful agent of behavioral change and that cognitive processing is the key mechanism linking media exposure to health outcomes. Future research may explore additional mediating variables, such as emotional engagement and social interaction, to deepen the understanding of health communication dynamics.

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