

PILOT PROJECT RESEARCH REPORT 2015

FUTURE BEATS

Tomorrow
Matters, Today



CAN CAMPUS RADIO AND SOCIAL MEDIA MOBILISE STUDENTS TO REDISCOVER THEIR RISK?



higher education
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Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



implemented by:
giz Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ) GmbH



HESA
HIGHER EDUCATION
SOUTH AFRICA

Published by Higher Education and Training HIV/AIDS Programme (HEAIDS)
Postal address Higher Education South Africa, PO Box 27392, Sunnyside 0132
Telephone 012 484 1134
Website www.he aids.org.za

First published 2015
ISBN – 978-0-620-66153-9

Suggested citation:

HEAIDS, 2015. Can campus radio and social media mobilise students to rediscover their risk? HEAIDS Future Beats Pilot Project Research Report, 2015. Pretoria: Higher Education South Africa.



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ACKNOWLEDGEMENTS

Greer van Zyl of Healthwrite/Wits School of Public Health and Nicola Christofides, Wits School of Public Health, were commissioned to undertake the research and wrote the report. The authors would like to thank the following individuals and respondents for facilitating the research that is summarised in this document:

- Miriam Behrendt, Bonita du Plessis and Managa Pillay of HEAIDS for their ongoing support, assistance and guidance throughout the period.
- Higher Education South Africa (through HEAIDS) and GIZ for funding the study.
- Paul Bohloko, Sila Chatikobo, Bronwen Krämer and Dumisani Mbatha for conducting interviews and focus group discussions.
- The Future Beats radio station co-ordinators and staff who enabled the study, in particular Charonike Nel (PUK FM); Eva Kedibone Mahapa (TUT FM); Natasha Archary Majjet and Thato Mosikare (UJ FM); Francois van Heerden, Lebohlang Motaung and Tali Munzhedzi (UNISA Radio); Mphatheleni Kenneth Mudau (UNIVEN Radio); Lerato Makate and MacThomas Ntuli (VOW FM).
- The HIV co-ordinators and clinic heads for their support and providing statistics around clinic usage: Tarryn Nell, North-West University (Potchefstroom); Dixie Basini, Tshwane University of Technology (Soshanguve); Ntshediseng Tlooko and Rainny Magcai, University of Johannesburg; Vicki Malefo and Yolanda Mjindi, UNISA; Maggie Hlongwane, University of Venda; Yvonne Matimba, University of the Witwatersrand.
- The HICC Chairs for their support: Tarryn Nell, North-West University (Potchefstroom); Prof. Marie Muller, University of Johannesburg; Tebogo Makgabo, Tshwane University of Technology; Dr T Sidzumo-Mazibuko, UNISA; Prof. LB Khoza, University of Venda; Prof. Tawana Kupe, University of the Witwatersrand.
- Members of the 'Future Beats' Reference Group for guidance provided at the 2nd meeting (26 February 2014): Dr Berndt Appelt, GIZ; Deneshree Gengan, University of Johannesburg; Alexandra Kayle, HIVSA HI4Life; Feizel Mamdoo and Managa Pillay, HEAIDS; Hamish Neill, Tshago Khutsoane and Zandile Bekwa, Drama for Life; Lesley Nkosi, HIV/AIDS educator and researcher; Dewald van Niekerk, TUKS FM Station Manager; Tebogo Thotela, SA Union of Students.
- All study participants for their time and insights.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
DHET	Department of Higher Education and Training
DWA	Deutsche Welle Akademie
TVET	Technical Vocational Education and Training
HCT	HIV Counselling and Testing
HEAIDS	Higher Education and Training HIV/AIDS Programme
HICC	HIV/AIDS Institutional Coordinating Committee
HIV	Human Immunodeficiency Virus
HREC	Human Research Ethics Committee (Wits)
HSRC	Human Sciences Research Council
LGBTI	Lesbian, Gay, Bisexual, Transsexual and Intersexual
IOHA	Institutional Office on HIV/AIDS (University of Johannesburg)
MCP	Multiple Concurrent Partners
M&E	Monitoring and Evaluation
NDOH	National Department of Health
NSP	National Strategic Plan
NWU	North-West University
PLWHA	People Living with HIV/AIDS
PUK FM	Radio station of North-West University (Potchefstroom campus)
RAMS	Radio Audience Measurement Survey
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infection
TUT	Tshwane University of Technology
TUT FM	Radio station of Tshwane University of Technology (Soshanguve campus)
UJ	University of Johannesburg
UJ FM	Radio station for the University of Johannesburg
UNISA	University of South Africa
UNIVEN	University of Venda
UNIVEN Radio	Radio station of the University of Venda
VOW FM	Voice of Wits radio station
WITS	University of the Witwatersrand

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EXECUTIVE SUMMARY

The Higher Education and Training HIV/AIDS Programme (HEAIDS) is a national programme to develop and support the HIV/TB/STI and General Health and Wellness mitigation initiatives at South Africa's public Higher Education Institutions (HEIs) and Technical and Vocational Education and Training (TVET) Colleges. It is a programme of the Department of Higher Education and Training (DHET) that is undertaken by Higher Education South Africa (HESA), the representative body of the 25 South African public HEIs, in partnership with the South African College Principals Organisation (SACPO), the representative body of South Africa's 50 public TVET Colleges.

HEAIDS has introduced an innovative youth development project known as 'Future Beats', funded by the German International Cooperation (GIZ) and the DHET. This pilot was directed at campus radio stations and aimed to build the capacity and technical knowledge of campus radio staff around HIV/AIDS and associated topics in an effort to introduce programming content which dispels 'HIV fatigue' and attracts listeners. A social media component was included to encourage broader conversations around the social determinants of health, such as gender inequality, human rights and justice, alcohol and drug abuse, stigma and discrimination, among others. The Future Beats project was monitored and evaluated to track the process and explore the perceived effectiveness of the intervention.

This study, commissioned by HEAIDS, aimed to explore, at baseline and after the implementation of the pilot, the knowledge, attitudes and perceptions of students and campus radio staff on HIV prevention, treatment and related social issues; explore the perceptions of HIV messaging and different communication channels (radio and social media) among students, radio and HIV care staff; identify the extent of HIV campus radio programming and social media content; describe and analyse the radio and social media content; identify the extent of student utilisation of HIV clinic services; and assess the impact of the Deutsche Welle Akademie (DWA) capacity training on radio station staff around HIV programming.

Seven radio stations participated in the Future Beats project, with six agreeing to be part of the research component: PUK FM (North-West University, Potchefstroom), TUT FM (Tshwane University of Technology, Soshanguve), UJ FM (University of Johannesburg, Johannesburg), UNIVEN Radio (University of Venda, Thohoyandou), UNISA Radio (University of South Africa, Pretoria), and VOW FM (University of the Witwatersrand, Johannesburg).

The external evaluation team from the Wits School of Public Health conducted the baseline study in March 2014 following unconditional ethical approval from the Wits Human Research Ethics Committee, and the evaluation data collection was conducted between November 2014 and February 2015. Individual interviews were held with campus radio heads and HIV/AIDS heads/co-ordinators, and focus group discussions were held with the radio staff at the six participating campuses before and after the Future Beats pilot. Separate focus group discussions were held with student listeners identified by the radio stations on four campuses only (NWU, TUT, UNVEN and Wits).

At baseline, findings revealed that HIV content on campus radio stations was not high – content was often aired at night rather than during drive-time shows with high listenership. In particular, PUK FM and UNISA Radio did not report substantial HIV radio programming. Only UNISA Radio had any sexual health content on their social media pages. Students had high levels of knowledge about HIV transmission and prevention, but risky sexual behaviour, which included sex without condoms, transactional sex and intergenerational sex, was reported across campuses. Students described their behaviour as '*ignorance*', a deliberate disengagement around HIV. Many focus group participants expressed the fear of stigma, although HIV was no longer seen as a 'scary topic'. Students did not want 'sugar-coated' or 'preachy' HIV messages. Having an HIV positive person to disclose their status was seen as positive role modelling.

Student awareness of HIV activities on campus was generally not high. Integral to the discussion about messaging and format with student listeners and radio staff was the acknowledgement that there were different audiences on campus

and in communities. HIV unit staff at UJ and NWU articulated that a 'one size fits all' approach for all stations would not work in terms of messaging and formats.

All the radio stations attended two capacity building workshops hosted by DWA in March–April 2014, after which the trained radio heads or programme managers trained their own staff in-house during May. The training improved the knowledge of radio station staff around gender, sexuality, stigma and HIV, and provided them with technical skills such as radio drama production and sensitive interviewing. All staff valued the depth and quality of the training and they requested ongoing interactive workshops in the future to improve their programming. Future Beats was officially launched on 29 May 2014 at the Wits Arts Museum.

Future Beats programming went on-air on 1 August 2014. The uptake of training into programming occurred at different times, from as early as June to as late as September 2014. One station did not introduce Future Beats programming at all, and was excluded from radio content analysis. Stations were required to submit 15 minutes of content to the Future Beats Project Editor each week for uploading to an audio archive. The Project Editor monitored the quality of broadcasting material and gave regular feedback to radio stations. Student listeners and radio staff used social media widely, particularly Facebook and Twitter, which offered stations the opportunity to extend the reach of their programming. Social media monitoring of these platforms occurred from July to December 2014.

Radio stations introduced a variety of programming formats and diverse topics ranging from discordant relationships, the LGBTI community and HIV prevention, to stigma and gender power relations. Stations adopted new approaches: UJ FM produced radio dramas for the first time, PUK FM conducted a broadcast and social media campaign creating awareness around HIV testing, and UNIVEN Radio broadcast HIV and related content on different programmes throughout the day to reach its diverse student and community audiences.

On an individual and inter-personal level, all campus radio staff reported positive behaviour and attitude changes, including a greater awareness of stigma, risk perception and condom use. UNISA and UNIVEN Radio stations reported transformation in community members who could repeat HIV messages back to them and talked to others about what they had heard on-air. Several people, including HIV unit staff, disclosed their status on-air for the first time, while public figures living with HIV talked openly about their experiences. However, the majority of students interviewed had not heard any programming and were still more fearful of falling pregnant than acquiring HIV. They engaged in risky sexual behaviour, such as unprotected sex, particularly linked to drinking alcohol, and having multiple concurrent partnerships. Students reflected that campus radio stations should engage students more in their programming to ensure they remain relevant to their key audience. Stations should consider hosting on-air discussions with students to spark debate on taboo topics.

From low levels of social media engagement at baseline, all the stations increased their social media activity around HIV and related topics. However, overall public engagement with HIV content was low. Staff perceived that students felt vulnerable to share openly on social media platforms, preferring rather to inbox messages privately to presenters. While the majority of the radio programme content contained some message, only 55% had clear messages on HIV/AIDS and related topics. Radio stations and audiences posted vague messages which were not clearly stated or communicated in equal proportions.

The goal of establishing partnerships with HIV units was partially met. After the pilot, five of the radio stations had initiated contact with campus HIV clinics to verify information or to interview staff as experts. HIV clinic utilisation increased from the baseline, with testing spikes occurring with mass and smaller campaigns, coinciding with radio broadcasting. Radio and HIV staff at NWU and UNIVEN believe some of the increased testing was due to the radio programming, which included promotional announcements and interviews. Relationships between radio and HIV clinic staff should continue and be strengthened, possibly through sharing of programmatic activities.

As radio programming is transient, for students to hear and act on messaging, it needs to be clear, consistent, sustained and pervasive. Radio stations should adopt a more structured approach to messaging, which includes identifying behaviours that need to change, having a call to action, and pretesting messages with students. Messages should counter risky sexual behaviour, such as multiple sexual partners and inconsistent condom use, and position responsible lifestyle choices for these university students, the future of South Africa, as smart and cool.

Students reported losing self-control and engaging in risky sexual behaviour when under the influence of alcohol. A further recommendation is that university structures should consider aligning their social goals by banning alcohol advertising and industry sponsored competitions on campus radio stations, and banning or strictly regulating alcohol consumption on campuses.

Although there was limited social media engagement around HIV and related topics, efforts to increase this should continue and be strengthened by assigning radio staff to post comments and create a feedback loop between radio programming and audience participation.

The expansion of the data capturing tools at campus clinics to include aspects that prompt students to test will help to identify students' motivation for HCT. Realistically, the timeframe available to produce and broadcast new HIV/AIDS programming was very short to see a shift in health-seeking behaviour among student listeners.

However, the findings show that this model of participatory radio programming positively influenced student radio station staff who were pleased to be considered as change agents around HIV/AIDS and were eager to do more, such as community roadshows. As the conduit to listeners, radio staff are a very important link in the chain to influencing positive behavioural choices among student listeners.

While radio alone is unlikely to result in behaviour change, with its significant reach, radio has the potential to play a key role in sparking conversations in the public domain around HIV/AIDS and related issues. When coupled with other campaigns as seen from the increased HIV clinic utilisation, campus radio stations can play a key role in creating a positive environment for behaviour change among students. The Future Beats project should continue with current radio stations and be extended to other campuses and communities to encourage behavioural change around HIV/AIDS and associated topics through public participation.

CHAPTER 1: INTRODUCTION

1.1 Background

The Higher Education and Training HIV/AIDS Programme (HEAIDS) is a national programme to develop and support the HIV/TB/STI and General Health and Wellness mitigation initiatives at South Africa's public Higher Education Institutions (HEIs) and Technical and Vocational Education and Training (TVET) Colleges. It is a programme of the Department of Higher Education and Training that is undertaken by Higher Education South Africa (HESA), the representative body of the 25 South African public HEIs, in partnership with the South African College Principals Organisation (SACPO), the representative body of South Africa's 50 public TVET Colleges (1).

HIV counselling and testing (HCT) services are offered at all universities. In addition, HIV co-ordinators or clinic heads offer a range of activities to encourage students to test, often aligned with the Department of Health's calendar. Research has found that exposure to HCT has a direct effect on people getting tested for HIV and influences individuals to discuss getting tested with their sexual partner(s) (2). However, the approach of having irregular HIV activities linked to specific days has been critiqued in the literature as lacking consistency and intensity, and should rather be "radically scaled up to become commonplace in settings where those most likely to benefit from knowledge of their HIV status can be reached" (3).

1.2 Literature review

The estimated overall prevalence of HIV in South Africa increased from 10.6% in 2008 to 12.2% in 2012. The country has an estimated 6.4 million HIV-positive people (4). Over 400 000 new infections occurred in 2012, ranking the country first in the world in terms of HIV incidence (4). However, South Africa's large-scale AIDS response has resulted in notable gains. HIV prevalence in youth aged 15–24 years has dropped from 8.7% in 2008 to 7.1% in 2012 (4). The number of people on anti-retroviral therapy (ART) has increased to about two million people (31%) (4), the highest reported number of adults on ART globally. This not only helps to prevent AIDS-related death and illness, but also reduces HIV transmission and the spread of tuberculosis (5). In 2009, HEAIDS research found that 3.4% of students at South African HEIs were HIV-positive which is lower than found in the general South African population. Females were found to be more than three times as likely to be HIV-positive compared to males (1).

South Africa's most recent National HIV Prevalence, Incidence and Behaviour Survey, 2012 (4) was launched on 1 April 2014. Pertinent findings on youths aged 15–24 include the following:

- The HIV incidence rates among female youth aged 15–24 years was over four times higher than for males in the same age group (2.5% vs 0.6%). HIV prevalence among females aged 20–24 is 17.4%, compared to 5.1% among males. In the age group 25–29, HIV prevalence among females is 28.4% compared to males at 17.3%. In 2012, almost a quarter of total new HIV infections were in young females aged 15–24
- One third (33.6%) of all female adolescents aged 15–19 years reported having a partner over five years older, a trend which has increased since 2005, compared to only 4.1% of males in the same age group. Youth aged 15–24 years had more multiple partners than other age groups, and five times more males than females had multiple partners, rising from 23% in 2002 to 37.5% in 2012. Overall, HIV prevalence was higher in age-disparate relationships than when partners were within the same age group
- Overall condom use decreased significantly in 2012 compared to 2008, although condom use at last sex was highest among those aged 15–24
- Participants perceived HCT services as highly accessible, and 65% reported they had been tested in the past, with significantly higher percentages of females being tested. More females than males know their HIV status; 62% of HIV positive males and 45% of HIV positive females did not know their status
- Youth aged 15–24 years do not perceive themselves at risk, with 42.1% and 39.3% believing they would probably or definitely not acquire HIV respectively; only 2.5% believed they definitely would get infected. The majority of respondents aged 15 years and older believed they were at low risk of acquiring HIV, although about one in ten was already infected without knowing it

- There was a significant decrease in knowledge about HIV transmission and prevention between 2008 and 2012, with the lowest level of knowledge found in Limpopo province. Overall, nearly one-fifth of participants believed that AIDS can be cured, and 14.5% believed it was risky to share food with an HIV-positive person
- In terms of influential sources of information on HIV, 50.6% of youth aged 14–24 ranked television first, followed by radio programmes (30.8%). Other important sources of information included knowing or talking to a person with HIV/AIDS, talking to friends/family members, talking to health workers/nurses/doctors, and knowing AIDS statistics
- On stigma and attitudes towards people living with HIV/AIDS, the survey indicated that attitudes were mainly positive and had improved over the past three surveys.

HEAIDS aligns its work to government's National Strategic Plan on HIV, STIs and TB 2012–2016 (6) that highlights effective communication as a strategic enabler which is critical for the implementation of the plan. Among the objectives are:

- **Addressing social and structural barriers to HIV and TB prevention, care and treatment:** Here the primary objective is to *address societal norms and behaviours* through structural interventions to reduce vulnerability to and mitigate the impacts of HIV and TB
- **Preventing new HIV, STI and TB infections:** The objective is to ensure a *multi-pronged approach to HIV, STI and TB prevention* which includes all biomedical, behavioural, social and structural approaches to reduce new HIV, STI and TB infections
- **Sustaining health and wellness:** This objective strives to ensure *access to quality treatment, care and support services* for those with HIV, STIs and/or TB, and to develop programmes to focus on wellness, inclusive of both physical and mental health
- **Ensuring protection of human rights and increase access to justice:** The primary objective is to address issues of *stigma, discrimination, human rights violations and gender inequality*.

Behaviour change as an approach to meeting the HIV/AIDS challenge

A multi-pronged approach to preventing HIV/AIDS infections includes social and behaviour change communication (SBCC). This approach strengthens capacity of local institutions, develops communication tools to motivate social and behavioural change, engages the media in the process of social change and facilitates positive change by shifting social norms (7). Behaviour change is complex and challenging, particularly in environments which are not conducive or supportive of desired behaviour. Such behaviour change is unlikely to occur without an integrated programme which addresses the social determinants of health (such as gender inequality, human rights and social justice, social transformation, poverty, youth unemployment, alcohol and drug abuse, harmful norms and cultural practices, stigma and discrimination), provides accurate information on HIV/AIDS, and has health services for the target population.

While there are numerous theories underpinning social and behavioural change programmes, 'Future Beats' aligns to Bandura's Social Cognitive Theory of Mass Communication (8). This theory emphasises the need to intervene at individual/personal, social and environmental levels since personal determinants of behaviour and change are intertwined with social and environmental determinants. Bandura's social learning theory posits that the behaviour of individuals is influenced by their physical, social and institutional environments, where they experience observational learning or modelling, and reinforcement or rewards for doing the behaviour. Key constructs of this theory are:

- Self-efficacy – a person's confidence that they can perform a certain behaviour such as condom use
- Behavioural capability – the technical ability, knowledge and skill to do a certain behaviour, learning and modelling theory
- Personal goals – having dreams, aspirations and hope
- Outcome expectations – the individual's belief of what the outcome of the behaviour will be.

Attributing behavioural change to a particular intervention is challenging, with much of the evidence remaining uncertain. However, HIV communication programmes in South Africa have demonstrated positive, measurable effects in building

knowledge, developing appropriate attitudes and beliefs, and consequently contributing to changing behavioural patterns around HIV prevention, such as HIV counselling and testing, condom use and male circumcision (2). Studies also point to improvements in self-efficacy, social debate and increased knowledge following media-related interventions. A study on the role of the media and role models in encouraging abstinence and faithfulness over a five-year period among youths was conducted at nine randomly selected sites in Johannesburg, Cape Town, Durban, Port Elizabeth and Mthatha. Using a three-stage cluster sampling design of 1 620 participants, the study found that 68% of youths said the media had a positive influence on encouraging abstinence (9). The findings of the Third National HIV Communication Survey, released in 2013, found that communication programmes need to be pervasive and continuous – the more people are exposed to HIV communication programmes, the more likely they are to adopt and maintain positive behaviours (2).

Evidence shows that entertainment education – also known as edutainment – is an effective tool for behaviour change (10) as it delivers educational messages in an entertainment format. South African research has found that TV and radio programmes create an environment conducive for discussing HIV/AIDS and support for people living with HIV, such as reduction of stigma (11, 12). A systematic review of the effectiveness of mass communication programmes to change HIV/AIDS-related behaviours in developing countries showed a positive impact of mass media around knowledge of HIV transmission and reduction of high-risk sexual behaviour (13).

The role of radio and social media in HIV communication and prevention

Radio has an important role to play in presenting facts about HIV clearly to reduce the fear and stigma associated with HIV, and to provide practical advice on how to prevent infection and how to provide care and support to infected and affected people (14). Social media can market and supplement radio programming, and through its focus on social engagement trigger social debate and advocacy on HIV/AIDS.

In terms of youth consumption of information, a 2007 study by the Kaiser Family Foundation and the SABC found that most young South Africans believe that broadcast media have an important role to play in HIV prevention, with nearly a third of sexually active youth reporting that they were tested for HIV after what they learnt from a media programme. Eight in ten believe that there should be more HIV/AIDS messaging and programming on radio and TV which should be hopeful and culturally relevant (12). A study assessing the relevance and effectiveness of radio broadcasting on a South African university campus found that campus radio played an essential and critical role in creating a social space for HIV/AIDS communication. The majority of students (84%) reported that campus radio was their primary source of health information on HIV/AIDS. Campus radio also gave students information about the services offered on campus, including voluntary testing and counselling, and radio messages on HIV/AIDS prevention, such as using a condom or saying no to sex, had an empowering effect on female students (15).

Social media refers to the ways people can connect with each other in virtual online communities and networks through the internet, Facebook, Twitter, Instagram and blogs, among others. It can be defined as “a group of Internet-based applications . . . that allow the creation and exchange of user generated content”(16). Social media is transforming the way people – and traditional media – are communicating around the world. Controlled by users, social media have reduced information domination by media houses, empowering audiences to direct and share information, comments and ideas (17). Social media networks have moved away from being communities of interest, to being organised around people rather than interests (18). Social media engagement can enhance and augment audience participation beyond radio and should be employed to complement radio programming for broader public participation (19).

Facebook is South Africa’s biggest social network platform, with 11.8 million active users in November 2014 and an equal gender split where gender is identifiable. The majority of these users access the platform on their mobile phones. Twitter has grown in the past year from 5.5 million to 6.6 million (20). Despite a dearth of data on the impact of social media on behaviour change, HEAIDS research shows that over 70% of students report using the internet several times a week. A study to determine the media usage of traditional versus new media of 1 298 students aged 18–24 at a large South African residential university found that young adult consumers use new media more frequently than traditional media (21).

A combination of strategies, which include a mix of communication channels to suit different circumstances and needs; which are targeted at those most likely to use them; and which are pervasive and sustained, are recommended to promote HIV behaviour change (22).

1.3 The 'Future Beats' project

HEAIDS has designed an innovative radio broadcast and social media programme which was piloted at seven South African university radio stations. The programme aims to create awareness around HIV/AIDS and related topics in an entertaining way to overcome 'HIV fatigue' among students and community listeners. Future Beats seeks to build the capacity of campus radio station staff in different journalistic radio and social media formats and equip them with technical knowledge on HIV and related cross-cutting topics such as gender, human rights, alcohol and drug dependence.

The project sought to make a substantial and sustainable contribution to establishing a culture of reporting about HIV and related topics at campus radio stations, increase the knowledge of campus radio staff on HIV, and strengthen the quality of content on these issues. Future Beats aimed to tackle taboo issues, stimulate dialogue and create awareness about HIV-related topics among students on campus. It strived to contribute to stigma reduction around HIV/AIDS and reduce risky behaviour among students. The project also sought to integrate campus HIV units and clinics, and establish a campus radio network.

Known as *Future Beats: Youth Development and HIV Prevention through Campus Radio and Social Media*, the Future Beats pilot project was officially launched on 29 May 2014 at the Wits Arts Museum, with stakeholders including the Department of Higher Education and Training, GLZ, HEAIDS and higher education management, radio stations, partner organisations and HIV/AIDS activists.

During 2014, HEAIDS invited university campuses within a 200 km radius of Pretoria to participate in the project's pilot phase. The HESA-HEAIDS Strategy Group¹ recommended that UNIVEN Radio be included in the pilot study to represent a rural university radio station, although it was not within a 200 km radius of Pretoria.

The following campus radio stations agreed to participate in this pilot project:

- PUK FM 93.6 (North-West University (NWU), Potchefstroom)
- TUT FM 96.2 (Tshwane University of Technology (TUT) in Soshanguve)
- UJ FM 95.4 (University of Johannesburg (UJ) in Johannesburg)
- UNIVEN Radio 99.8 (University of Venda (UNIVEN) in Thohoyandou)
- UNISA Radio (University of South Africa (UNISA) in Pretoria)
- VOW FM 90.5 (University of the Witwatersrand (Wits) in Johannesburg)
- TUKS FM 107.2 (University of Pretoria); this radio station opted not to participate in the research project and was excluded from data gathering and analysis.

The intervention comprised training by Deutsche Welle Akademie (DWA) and the introduction of innovative HIV/AIDS and related topics on-air by campus radio stations. A substantive component of the project involved the capacity development training component of the Future Beats pilot project through a series of DWA workshops held from March–May 2014. DWA is an international media training institution working in the field of developing media capacity in developing countries. Following a train-the-trainer workshop, radio station/programme managers conducted in-house training with staff. Each station had the freedom to select their own content, formats and scheduling to best suit their audiences. They received ongoing technical support from the Project Editor and regular topic ideas through a content schedule. All stations were to

¹ The HESA-HEAIDS Strategy Group consists of representatives from the fields of higher education and HIV prevention. It has the responsibility for the stewardship of the HEAIDS Programme with a view to ensuring that the programme meets its obligations on an ongoing basis.

start broadcasting their HIV/AIDS and related content from 1 August 2014. Stations were required to send radio programming content to the Project Editor to be saved in an online audio archive accessible to all radio station/programme managers, the researchers and the HEAIDS Future Beats management team. This allowed for monitoring progress and gave stations the opportunity to download each other's content to air with permission if they wished, however this never transpired. Stations were also encouraged to use social media platforms to spark debates around HIV/AIDS and their radio content.

1.4 Oversight structures

Two full-time staff – a Project Manager and a Project Editor – managed and facilitated the Future Beats project in co-operation with campus radio stations, HIV clinics, researchers and funders. The research task team met monthly to discuss progress, while the Future Beats project benefited from a reference group comprising one representative for the radio stations, HIV and media representatives, GIZ staff, NGOs, HEAIDS staff and researchers who met five times during the pilot phase to offer guidance and provide input. The research, monitoring and evaluation activities of the project were assessed monthly from December 2013 to December 2014 by a task team comprising the Project Manager, Project Editor, the HEAIDS Senior Manager of Curriculum Development and Research, two researchers and a part-time administrator. Overall governance was provided by the HESA-HEAIDS Strategy Group which assessed the progress of the Future Beats project at biannual meetings.

CHAPTER 2: STUDY GOAL AND OBJECTIVES

The overall goal of this research project was to create a radio and social media programme at university radio stations in South Africa to promote youth development and HIV prevention. The research timeline of the project was February 2014–February 2015.

The specific research objectives of the project were:

1. To explore knowledge, attitudes and perceptions of students and campus radio staff on HIV prevention, treatment and related topics at baseline and after the implementation of the pilot project on campuses in 2014
2. To explore perceptions of HIV messaging and perceptions of different communication channels (radio and social media) among students, radio and HIV care staff at baseline and after the implementation of the pilot project
3. To identify the extent of HIV campus radio programming and campus-generated social media content, debate and call-ins at baseline and after the implementation of the pilot project
4. To identify the extent of utilisation of HIV clinic services by students at baseline and after the implementation of the pilot project
5. To assess the impact of capacity development on radio station programmers and journalists around the DWA training on HIV programming
6. To describe and analyse radio and social media content during and after the implementation of the pilot programme on university campuses in 2014.

CHAPTER 3: METHODOLOGY

3.1 Research approach

The theory of change that HEAIDS has adopted is that a campus radio programme, which effectively capacitates radio programme staff to present HIV/AIDS radio programmes in an entertaining and informative way, coupled with a social media component, will be instrumental in promoting HIV awareness and sensitisation to broader HIV-related issues. Greater knowledge, awareness and a reduction of stigma will in turn contribute to the adoption of HIV-protective behaviour, such as HIV counselling and testing, condom use and uptake of other HIV-related services. These are the pathways to behaviour change that underpin the project and thus the evaluation.

The aim of the project is to establish whether campus radio and social media can make a substantial and sustainable contribution to establishing a culture of reporting on HIV-related topics on selected campuses in Gauteng, North West and Limpopo provinces. The study aimed to evaluate if campus radio stations could play a role in HIV prevention in students through radio and social media training and innovative broadcasting on HIV/AIDS and related topics. The project aimed to increase awareness and the uptake of positive perceptions and healthy behaviours around HIV/AIDS and associated topics. While seven radio stations participated in the capacity development and programming components of the 'Future Beats' pilot, the University of Pretoria's radio station, TUKS FM, opted not to participate in the research component and is therefore excluded from this report.

3.1.1 Study Design

This study employed a mixed methods approach, using both qualitative and quantitative data, which allows for richer interpretation and insights, and a broader range of study questions (23).

The qualitative component comprised interviews with students, radio staff and HIV care providers on campuses at baseline and after the pilot intervention. For budgetary reasons, focus groups with students were held on four campuses to represent the demographic diversity of the project, while focus groups and in-depth interviews with campus radio staff occurred on six campuses and in-depth interviews with HIV care providers took place on-site or telephonically at six campuses.

The student focus groups took place on campuses selected for their diversity in terms of programming, geographic location, audience engagement opportunities, and community orientation. These were North-West University, Tshwane University of Technology, University of Venda and Wits.

At baseline, radio stations invited student listeners to participate in focus groups. After the Future Beats pilot, the researchers contacted these students to take part in student listener focus groups for the evaluation. About half of the original students could not be contacted or had left the university. Therefore, additional students were recruited for the follow-up focus groups.

The quantitative component assessed the extent of radio and social media activity on HIV/AIDS, as well as health-seeking activity for HIV services at baseline (January–March 2014) and after the intervention (April–December 2014).

Social media monitoring took place monthly from 1 June–1 December 2014 and reports were submitted to the Future Beats project team. The researchers did a purposive selection of broadcast content submitted by stations on the audio archive to reflect the diversity of formats and topics for each station. Qualitative content analysis of the radio and social media content was done.

Participant evaluations (both quantitative and qualitative) were undertaken of the training sessions by DWA.

3.1.2 Participating radio stations and listenership

Listenership figures are provided by the South African Audience Research Foundation's Radio Audience Measurement Survey (RAMS) for community radio stations. To identify trends in the data, average listenership over the pilot project period from February 2014–February 2015 has been included (24).

- **PUK FM 93.6 (North-West University, Potchefstroom):** PUK FM is based at a semi-rural university in Potchefstroom, North West province, with a predominantly white student demographic profile. The station has a broadcast radius of about 15 km. It targets students and scholars aged between 16 and 25, and plays mainly rock, Afrikaans and pop music. The station aims to educate, inform and entertain its listeners. Its listenership ranged from 1 000 to 4 000, with an average listenership for the year of 2 200.
- **TUT FM 96.2 (Tshwane University of Technology):** Based in the Soshanguve community west of Pretoria, TUT FM broadcasts across a 50 km radius. This multilingual station offers 40% of its airtime for talk radio in English, Tswana, Venda, Zulu, Pedi and Tsonga. The listenership for TUT FM ranged from 38 000 to 47 000. The average listenership was 42 500.
- **UJ FM 95.4 (University of Johannesburg)** promotes itself as a progressive, contemporary radio station with content by students, for students. Its primary audience is aged between 16–28 years within a 60 km radius of the university. The range of audience listenership was 5 000 to 11 000, with an average listenership of 9 700.
- **UNIVEN Radio 99.8 (University of Venda):** Established 17 years ago, this station is based in Thohoyandou, Limpopo province and covers a 50 km radius. The station broadcasts for 19 hours per day in English, Tshivenda, Sepedi and Xitsonga to both students and the broader community. The primary target is listeners aged between 12 and 35. In 2014 listenership ranged from 65 000 to 77 000. The average listenership was 71 000.
- **UNISA Radio (University of South Africa):** Founded in 2008, it uses audio-streaming to broadcast and is the only radio station to only use this broadcasting technique. It features educational shows/careers/jobs and has an active social media component (Facebook, Twitter) with listeners locally and abroad. Online radio listener statistics are not available from RAMS. UNISA Radio utilises in-house software programmes which reflect an average of 15 000 qualified sessions per month (i.e. a person who listens for a minute or more at a time).
- **VOW FM 90.5 (Voice of Wits University):** VOW FM is based at Wits, an urban higher education institution with a racially mixed student population. This campus radio station in the heart of Braamfontein (Johannesburg) had a small 5 km broadcasting footprint, reaching listeners in Parktown, Auckland Park, Westcliff, Newtown, Pageview, Fordsburg, Melville and the Johannesburg central business district. In February 2015, their frequency changed to 88.1 FM, giving them a broader footprint. Listenership ranged from 1 000 to 16 000 with an average listenership of 6 000 for the year.

3.2 Ethical considerations

The protocol was approved unconditionally by the Wits Human Research Ethics Committee (HREC) (Clearance Certificate No. M140109). The HEAIDS national office facilitated access to the HICC chairs and associated HIV clinic heads/co-ordinators at the six campuses. Participants in focus groups and in-depth interviews were given a detailed information sheet before each interview/focus group started. This document explained the study to the participants, invited them to take part, and provided clarity that the participation was voluntary, how information would be kept and the contact details of the researchers for further queries. They were informed that input was confidential and focus group participants were requested to maintain confidentiality, although they were told during the consent process that their confidentiality could not be guaranteed.

Students received a reimbursement of R50 to cover expenses incurred (e.g. transport) to attend focus group discussions. This was not an incentive to participate. Participants provided written informed consent by signing an informed consent form and an audio recording consent form to allow for transcriptions and/or telephonic interviews. Data was disaggregated and participants were assigned a code to protect their identity. Data that may be reported in official reports or academic publications will not include any information that identifies participants in this study. The anonymous data on current usage of HIV clinic services by students was provided by the HIV unit heads at the participating campuses.

Hard copies, transcripts of interviews/focus group discussions and observation notes are stored in a locked filing cabinet, while audio recordings are stored on a memory stick in a locked filing cabinet. Only study staff and authorised members of the HREC have access to these files.

3.3 Data collection methods and instruments

The qualitative data were collected through in-depth interviews and focus groups with different key audiences on all six campuses, in Johannesburg (UJ FM, VOW FM), Pretoria (UNISA Radio), Potchefstroom (PUK FM), Soshanguve (TUT FM) and Thohoyandou (UNIVEN Radio). Interviews were conducted in English.

Focus groups comprised a maximum of ten participants and were facilitated by trained moderators using a focus group guide which was pre-tested. The duration of most focus group discussions was one hour, and took place in a venue with auditory privacy arranged by the radio station. Most in-depth interviews took between 30 minutes to one hour and were mainly held in a participant's office. In-depth interviews were conducted by trained interviewers using an interview guide to ensure that key topics were covered. All interviews and focus group discussions were audio recorded, and a note-taker was present for each live interview. At follow up, the researchers allowed for spontaneous recall of content before playing preselected audio clips towards the end of each interview for participants who had not heard any programming.

To explore reception of the format and content of radio programmes, in the event of students not having heard any radio content, the Future Beats Project Editor selected five minutes of content for each student listener focus group which was played back during the course of the session.

Participants were not told about the content of the clips before they were played.

To identify current usage of HIV clinic services, in-depth interviews were held with HIV clinic heads and/or co-ordinators on each campus. Some of these interviews were conducted telephonically.

With respect to the quantitative data collection, a data coding sheet was developed to capture the extent of radio content and social media engagement. Data capturing sheets were used to gather demographic information and radio listenership among student focus groups. Data capturing sheets were used to collect data on HIV testing and counselling (HCT) rates from campus health and wellness centres. Community radio listening (RAMS) data was collected from the South African Audience Research Foundation (SAARF) to describe the reach of each campus station over the year.

To count the number of visits, counselling sessions and HIV tests per campus, a template for data-capturing was developed and sent to the HIV clinic heads via email. Table 1 illustrates the methodological approach and analysis for each specific objective.

Table 1: Specific project objectives and research methodologies

Specific Objective	Methodological approach	Analysis
1. To explore the <i>knowledge, attitudes and perceptions</i> of students and campus radio staff on HIV prevention, treatment and related topics on selected campuses at baseline and after the Future Beats pilot	<ul style="list-style-type: none"> • Key informant interviews with radio station heads • Focus groups with radio station staff (presenters, producers, technical staff) • Focus groups with student radio listeners, recruited by the radio station, comprising males and females from different faculties 	<ul style="list-style-type: none"> • Thematic content analysis of focus group discussions and in-depth interviews using MAX-QDA 2 • Code text segments • Inductive development of themes
2. To explore <i>current perceptions of HIV messaging</i> , and different communication channels (radio and social media) among students, radio and HIV care staff at baseline and after the Future Beats pilot	<ul style="list-style-type: none"> • Key informant interviews with radio station heads • Focus group discussions with radio station staff • Focus group discussions with student listeners • Key informant interviews with HIV care staff 	<ul style="list-style-type: none"> • Thematic content analysis of focus group discussions and in-depth interviews • Code text segments • Inductive and deductive development of codes and themes
3. To identify the <i>extent</i> of HIV and related content on campus radio and social media platforms (Facebook, Twitter), debate and call-ins at baseline and after the Future Beats pilot	<ul style="list-style-type: none"> • Key informant interviews with radio station heads • Purposive sampling and transcription of radio station content • RAMS data 	<ul style="list-style-type: none"> • Content analysis of focus group discussions with radio heads • Thematic content analysis • Quantitative content analysis using STATA9 • RAMS data to indicate the listenership on campus
4. To identify <i>current usage of HIV clinic services</i> by students	<ul style="list-style-type: none"> • Key informant interviews with HIV clinic heads/HIV campus co-ordinators • Data coding sheet for anonymous data capturing of HCT (numbers by month and gender) 	<ul style="list-style-type: none"> • Content analysis of in-depth interviews • Count visits, counselling and testing of students
5. To monitor and evaluate the capacity development on HIV programming provided by DWA to campus radio stations	<ul style="list-style-type: none"> • Completion of self-evaluation questionnaires by participants at each workshop (Planning and Networking meeting, Train-the-Trainer; in-house training) • Focus group discussions with radio staff • In-depth interviews with radio station heads/programme managers 	<ul style="list-style-type: none"> • Quantitative analysis using proportions of mean scores • Thematic content analysis of participants' comments • Thematic content analysis of focus group discussions and in-depth interviews
6. To monitor and evaluate radio and social media content during and after the implementation of the Future Beats pilot project	<ul style="list-style-type: none"> • Weekly monitoring of radio content selected by stations and submitted to Project Editor • Quality control of content by Project Editor • Feedback sessions with individual stations • Monthly manual searches of stations' social media sites for HIV/AIDS and related content 	<ul style="list-style-type: none"> • Audio analysis using Windows Media Player (to listen) and Audacity (to edit) • Unstructured feedback sessions with radio station heads/programme managers • Quantitative content analysis using STATA 9 • Qualitative content analysis using MAX-QDA2

3.4 Data management and analysis

For the quantitative portion, a data coding sheet was developed to capture key dimensions of data on social media and radio content. Codes for content analysis were developed inductively after listening to radio content and reading social media contributions, and were tabulated by radio station. There was inter-coder agreement between the researchers around the themes which developed during the coding process. Data were captured using an Excel spreadsheet and cleaned to correct errors. Descriptive statistics were calculated using STATA 9. Codes were developed on key topics, format of content, 'voice', messaging and behaviour change markers such as cues to action and self-efficacy.

Key topics for radio content were tabulated by HIV/AIDS content and HIV/AIDS-related content. HIV/AIDS content codes emerged for risk perception, HIV prevention (e.g. prevention of mother-to-child-transmission, post-exposure prophylaxis, condoms, abstinence), testing, transmission and treatment, and discordant couples. HIV/AIDS-related codes included relationships, gender, stigma, sexuality/LGBTI, STIs, alcohol, intergenerational and transactional sex, multiple concurrent partnerships, pregnancy and religion.

Additional codes for social media activity measured the links to radio programming, HIV campus activities, Future Beats, audience participation (Facebook 'likes', tweets and retweets). The frequency of HIV/AIDS and related content on social media platform (Facebook, Twitter, both) was also calculated. The frequency and proportions of the content from social media and radio programming were calculated.

Formats for radio content included vox pops (short, face-to-face interviews with randomly selected participants responding to an identical question), interviews, radio dramas, promotional announcements/jingles, talk shows and features (a mix of formats), as well as 'voice' measured frequency of who spoke on-air, including the voices of students, the host/presenter, experts, community and managers. This construct is an indicator of audience participation as well as good journalistic practice for balanced reporting.

Messages on radio and social media were coded for 'clear', 'vague' or 'no message' around HIV/AIDS and related topics, and whether they were accurate, contained some inaccuracies, inaccurate, and not applicable. The language was coded (Afrikaans, English, English and Afrikaans; English and Venda; Venda; English and Sotho; English and Zulu). Directness of language included whether content was direct, contained euphemisms, or was unclear. Indicators of behaviour change were also coded and included if the words 'behaviour change' were mentioned. Self-efficacy (the confidence and belief in being able to carry out an action) was coded. Cues to action were invitations to perform an action, whether for behavioural change or invitation for engagement, such as listening to a show or sending messages on Facebook or Twitter.

For the qualitative analysis, interviews and a sample of radio content were recorded and transcribed verbatim to apply rigor to the research process and provide rich understanding and insight into the participants' responses. Translations of non-English segments of radio content were done by people conversant in Afrikaans, Venda, Tsonga, Zulu and Xhosa. Interview transcripts and notes were analysed by standard approaches to qualitative data analysis (25, 26). The analytical themes were derived from the specific research objectives and the conceptual framework for the study. The MAX-QDA software programme was used to support qualitative analysis. The different findings from the qualitative and quantitative components of the study were triangulated to develop the conclusion and recommendations of the study.

CHAPTER 4: OVERVIEW OF BASELINE RESULTS

Interviews were conducted with radio station managers, staff, students and HIV clinic managers/co-ordinators in March and April 2014 prior to the launch of Future Beats programming (radio and social media). To encourage frank and open conversations, interviews with radio station staff on each campus did not include the radio station heads. Radio stations recruited student listeners by canvassing previous competition winners, randomly inviting callers or by personal invitation. Student listener focus groups took place at North-West University, Tshwane University of Technology, University of Venda and Wits University.

4.1 HIV/AIDS activities on campus

The universities in this project have designated HIV co-ordinators. All campuses had some HIV/AIDS-related activities, such as campaigns according to the Department of Health's calendar (e.g. Condom/STI Week) and all had established HIV counselling and testing services. Some activities were organised in partnership with external organisations. HIV co-ordinators hosted the HEAIDS First Things First campaign² with incentives such as USBs to encourage students to test. Students who participated in the focus groups were not familiar with the range of HIV/AIDS activities on campus. At Wits and TUT, students mentioned that drama was used as one of the HIV campus activities. Students in the focus group discussed condoms and complained about inconsistent condom supplies.

Most of the campus radio stations reported some programming related to HIV/AIDS. VOW FM broadcast a weekly drama with loveLife which has since ended, while TUT FM had weekly health slots with peer educators, clinic staff and HIV NGOs (Brothers for Life; loveLife). UJ FM had annual drives to promote testing. UNIVEN Radio had programming on sexual health which was usually broadcast after 8pm in the evening. UNISA and NWU did not report substantial HIV content on their radio stations.

There was some evidence of collaboration between the radio stations and HIV/AIDS co-ordinators. TUT and UJ reported an active partnership, mainly around interviewing health providers and promoting campaigns on campus. However, at some universities, this relationship was not established, except for *ad hoc* advertising or promotion at the request of the campus clinic.

4.2 Student radio listening and social media habits

All students who participated in focus groups were enthusiastic Twitter and/or Facebook users, while some mentioned WhatsApp, a mobile phone application, as their social communication channel of choice to get in contact with their campus radio station. They listened to a range of programmes on the campus radio stations and to a number of different stations. At NWU, students listened to PUK FM's 'Flashback Fridays' and the Breakfast Show, among others, tuning in to listen to the music, to interviews with lecturers and actuality features. UNIVEN students listened to UNIVEN Radio using their mobile phones. Wits students listened to VOW FM's early morning news and music on Fridays, often through live streaming, and they appreciated the interactivity of VOW FM's social media.

4.3 Sexual risk behaviour on South African higher institution campuses

While levels of knowledge about HIV transmission and prevention were high, sexual risk behaviour was a phenomenon that characterised all the campuses. 'Partying' described by participants often involved binge drinking of alcohol, and was perceived to increase the risk of unprotected sex and HIV transmission.

Transactional sex was mentioned by participants from several campuses. Young female students were reported to have sexual relationships with older, married men motivated by material gain in the form of money or gifts. Studies show that

² *First Things First* is a programme by HEAIDS that provides mobile HCT services to universities and colleges in South Africa.

age-disparate partnerships (the 'sugar daddy'/'Ben Ten'³ phenomenon) are often driven by poverty. The promise of financial and social benefits can encourage young women into age-disparate sexual relationships or transactional sex, which is sometimes encouraged by family members for family survival (4, 27).

Having sex with partners five or more years older exposes young people to greater HIV risk as they are having sex in the higher HIV prevalence age group and gender power relations may limit condom use and other safer sex practices (4). Multiple sexual partnerships were reported and in keeping with the 2012 national survey, females showed an increase in comparison with previous surveys. The trend was similar for males aged 15–24. Having multiple partners increases the chances of contracting and/or transmitting an STI, including HIV (4).

Condom use was discussed extensively. Participants perceived a challenge when at some point in a relationship, one partner may want to stop using a condom and they debated how this could be initiated and done safely. Some participants wondered if it should happen after the couple had gone for HIV testing, while others said that it was more likely to be a spontaneous decision made in the moment of having sexual intercourse. Many focus group respondents commented on condom availability and use to prevent HIV. As seen in a previous study (2), participants in this baseline survey had high knowledge of condoms as an HIV prevention measure, but were disparaging of government's free 'Choice' condoms. HIV communication programmes have been successful in promoting condom use in all kinds of sexual relationships, and the greater the exposure to such programmes, the higher the proportion of respondents using condoms (2). However, an HSRC survey found that consistent condom use at last sex for both males and females of all age groups was poor at 27% (4).

4.4 Risk perception for acquiring HIV

At NWU and TUT, students worried more about getting pregnant and the stigma that follows pregnancy than getting infected with HIV. Pregnancy while studying at university was considered to be stigmatised.

Perceived susceptibility to acquiring HIV was low. NWU students did not consider themselves to be at risk of HIV, describing themselves as mainly white Afrikaners which they perceived as a lower-risk group. Many students used the word 'ignorance' to describe why students continued to have unprotected sex and engage in sexual risk behaviour despite high levels of knowledge. Rather than its usual definition of "lacking knowledge or awareness; being uninformed" (28), this term was used to describe the deliberate rejection and disengagement around HIV discussions, often based on an attitude of invincibility. The word was used synonymously with 'negligence', denial of the risk of HIV. Students reasoned that ignoring known risks was linked to acceptance that HIV was an issue people could live with, and was no longer considered a very serious outcome. Students in the Wits focus group believed it was an attitude of 'turning a blind eye' for people who felt HIV was preventing them from doing what they wanted. Together with students from TUT, they felt that people chose how they viewed the world and chose to be 'ignorant', despite knowing the risks of HIV. Student focus group participants at UNIVEN believed that trusting one's partner could lead to unprotected sex despite knowing the risks.

The risk of sexual violence, particularly rape, linked to spiking of drinks with date rape drugs concerned students at NWU. Young people at several of the universities commented on the need for faithfulness in a relationship, confirming Johnson's study that 90% of people thought that having multiple sexual partners was unacceptable (2).

4.5 Exploring HIV knowledge, transmission, prevention and treatment

Students had extensive knowledge about HIV transmission and prevention. They viewed unprotected sexual intercourse as the most common mode of transmission. Some students knew that sexually transmitted infections (STIs) increased risk of HIV transmission. However, they were unclear about the risk of HIV transmission during oral sex. Students at Wits and NWU mentioned condoms and post-exposure prophylaxis after rape or unprotected sexual intercourse as methods of preventing HIV transmission. Students were aware of the window period and that a negative HIV test did not guarantee

³ 'Sugar daddy' is the colloquialism for an older man who offers support (typically financial and material) to a younger woman in return for sexual favours. 'Ben Ten' is the colloquialism for younger men who date older women.

that people are 'safe'. Students at NWU were less sure about treatment, but on other campuses, students were more familiar with what treatment entailed as well as living positively.

The baseline study gave young people the opportunity to talk freely and openly in mixed groups about HIV, AIDS, sex and sexuality – for some, it was a first-time experience. In talking about HIV/AIDS, as researcher John-Eudes Kunda states, "sexuality is made relevant in the way that language is used as a matter of the identity of a group or individuals. Language shapes our understanding of what we do and how we do it in relation to sex. Listening and talking about sex highlights conventions and taken-for-granted assumptions about the ways things have to be done". (29)

4.6 Exploring HIV attitudes and perceptions about HIV/AIDS

Several students in the focus groups mentioned the role of religion in the treatment and management of HIV. Some believed that HIV can be cured by faith although this was contested in focus groups. Participants expressed the view that religion played a role in providing support for people who are living with HIV.

Some students expressed stigmatising feelings towards people with HIV. They would not share bottles and the disease was regarded as a 'filthy, poor man's disease'. However, many students expressed feelings of accepting people living with HIV/AIDS (PLWHA) and that the disease had changed from being a 'scary topic to a normal thing'. The baseline study confirmed the findings of the HSRC report about improved attitudes and perceptions around PLWHA, and the ambivalence around disclosure of HIV status. Many focus group participants expressed fear about stigma with regard to disclosing their own status should they test HIV positive.

Students identified gender norms and roles which determined that women were responsible for protecting their reputations and therefore responsible for contraceptives to prevent pregnancy. Some female students felt they needed to control their sexuality and should always carry a condom. Others felt this was being too 'forward'. Gender norms around sexuality influenced men's view on whether they could control their sexual urges. Buying a woman a drink was viewed as being a tacit agreement to sex. Some participants felt that lesbian, gay and transgendered students were often ignored in HIV/AIDS campaigns or other activities.

4.7 Exploring perceptions of HIV messaging and format for campus radio

All participants, including students, felt that with different audiences on campus and in communities, a single message would not be received in the same way by different students. Segmenting messages for audiences within a setting was also suggested. Some participants wanted hard-hitting messages that did not 'sugar-coat' the issue, while others wanted to have someone living with HIV/AIDS disclose their status on-air as a positive role model. Several campuses suggested that staff, as role models themselves, could test on a voluntary basis and speak about the experience on-air to inspire more students to test. They agreed that 'preaching' and abstinence messages would not work with students. Some felt that highlighting HIV statistics would be a way of driving messages home. Comedy and radio dramas were raised as formats potentially appealing to students.

CHAPTER 5: FUTURE BEATS CAPACITY DEVELOPMENT AND PROGRAMME IMPLEMENTATION

5.1 Capacity building for campus radio staff

5.1.1 Planning and Networking Workshop

To evaluate the capacity building of radio station staff, the researchers analysed self-administered questionnaires quantitatively and qualitatively after each workshop. The first workshop was a two-day *Planning and Networking* meeting, held from 14–15 March 2014 in Pretoria with 14 participants from all the participating campus radio stations. The workshop dealt with introductions, challenges and obstacles facing the stations, HIV and media impact, social media, how to reach the set objectives, and planning for the project's duration. A key output of this meeting was the establishment of a network among the radio station staff to encourage sharing of ideas, challenges and to consider collaborating on materials. Overall, the participants all agreed the workshop was useful for Future Beats planning and for individual networking.

5.1.2 Train-the-Trainer Workshop

This was followed by an in-depth and practical five-day *Train-the-Trainer* workshop for seven radio station staff (mostly station or programme managers) in Johannesburg, from 31 March–4 April 2014, facilitated by DWA. This workshop featured invited speakers to discuss HIV in the South African media (Mia Malan, *Mail & Guardian*), HIV and the student community (Dr Ramneek Ahluwalia, HEAIDS), and the ethics of reporting on HIV/AIDS (Professor Franz Kruger, Wits). Other sessions dealt with elements of training, learning objectives, visualising information and designing training modules for producing campus radio HIV content. The workshop evaluation showed that all participants found the workshop useful for their Future Beats programming, and helped to broaden their approach to formats and content.

5.1.3 In-house training

Top-line research findings from the baseline study helped to inform the content of the *in-house training*, led by the trained station managers or delegated staff, and supported by DWA. The in-house training at each radio station was tailored specifically for stations and focused on the development and implementation of the programming.

In-house training was conducted from 14 April–13 May 2014 over two days on each campus by the campus radio trainer who had participated in the Train-the-Trainer Workshop. A DWA associate and the HEAIDS Project Editor attended these training sessions to provide additional support where needed. The evaluation of this final training component showed that, without exception, the trainers of each radio station had attained most of the goals they had identified for the workshops. Many participants commented on the interactive nature of the training, a distinctive feature of the DWA approach, where workshop participants were encouraged to reflect on their own perceptions. Several trainers utilised HIV/AIDS experts from their own and other campuses to ensure the accuracy of information conveyed. This served to strengthen inter-campus links and the Future Beats network.

5.1.4 Regular technical support and additional training

Not all campuses were at the same stage of readiness for developing innovative radio programming following the training, hence the Future Beats Project Manager and Editor had 16 post-training engagements with individual radio stations between June and October 2014 to monitor progress and provide technical support and training. The Project Editor and Project Manager met with each of the stations in July to discuss their state of readiness and plans for broadcasting from 1 August. The Project Editor conducted progress meetings with each station in October.

On 15–16 July, Future Beats hosted an additional HIV Sensitisation Workshop and Networking Meeting for all participating radio stations that were not part of the initial project design. The HIV Sensitisation Workshop aimed to strengthen the quality and accuracy of HIV programming and included dispelling myths and stereotypes; the epidemiology, transmission and prevention of HIV/AIDS; women and HIV; and positive living. The Networking Meeting gave stations an opportunity to

meet ahead of 'Broadcast Day' to discuss the online archive (see 5.2.2), the suggested content schedule which proposed ideas for programming along with trustworthy resources, the Future Beats social media and the campus radio network. Additional skills building workshops took place with UNISA Radio in August, UNIVEN Radio in September 2014 and TUT FM in October 2014 where the Project Editor gave journalism and social media training for radio staff.

5.1.5 Radio staff feedback on capacity development and support after broadcasting

Qualitative analysis of radio staff focus groups and in-depth interviews after Future Beats was launched, showed that staff appreciated the depth of training and quality of information on HIV/AIDS which made them realise *"you really don't know anything"*. One described the training as *"mind blowing"*, helping him to think beyond the stereotype of HIV happening in the bedroom. One staff member spoke about the training *"opening up my mind"*, a sentiment expressed by several stations. They spoke about being *"equipped with necessary information... now I'm more mobilised so I can actually let more people know about it"*.

For some staff, the training was more than an eye-opener, it would influence the way they treated people living with HIV. Radio station staff said their technical knowledge improved (e.g. different strains of HIV) as well as their use of positive messaging such as *"people living with HIV rather than the infected person"*. The training played a 'crucial role' in educating staff about gender, sexuality and HIV. They spoke about having greater sensitivity to broadcasting on issues such as discordant relationships, sexuality, how to relate to HIV/AIDS and HIV positive people, and what to do in situations such as pregnancy, rape or sexual harassment. UNISA Radio found the training rewarding as it enhanced the station's content offering to students beyond mainly academic issues. Radio staff at UJ FM and VOW FM reported that the new knowledge and heightened sensitivity influenced their treatment of other shows, particularly around LGBTI issues, and made them conscious about what they put on-air. The training helped staff to accept responses to HIV/AIDS as an individual's perspective.

On an individual level, staff spoke about learning how to live a healthy sexual life, how to live positively if one contracted HIV, and accepting HIV positive people. One staff member said that the training led to a deeper understanding that HIV/AIDS was not going away and to accept it as part of South African life to make it easier for the people with the disease: *"Why do we judge people for having HIV/AIDS but we are sorry for people who have cancer?"*

In terms of programming, several welcomed the opportunity to learn more about radio dramas. One station particularly valued the input of an HIV positive person at the *Train-the-Trainer* Workshop: *"[] had a huge impact on how I did things because everything that PUK FM did was based on the effect that [] had on me... him telling us his story without holding back... and the features we did were telling stories like [] told us."* VOW FM valued the training techniques which equipped programme managers with skills for future training sessions.

Radio and HIV/AIDS campus staff felt that more frequent, interactive training would enhance programming, particularly on factors which lead to HIV, such as unemployment. One person mentioned that the volume of information was *"overwhelming"* to take in on one day. A radio station head suggested that staff in addition to radio station heads should benefit from the training. Another deeply appreciated the availability of the Future Beats and DWA staff to respond to questions during production. Bringing in HIV/AIDS units from campuses to assist with training helped the presenters to come across as being informed, because *"as the presenter, you're that guy that everybody is going to agree with..."* One station also proposed a guideline content schedule, not to restrict creativity, but to assist with keeping content vibrant.

"I really appreciate the support you guys have given to all the stations that have participated in Future Beats programmes. On behalf of our station I think you know, the support from your side has been quite tremendous, because some of us, you know, when we are too busy, we tend to forget about these issues. The support has been quite wonderful." [UNIVEN Radio staff]

5.2 Implementation and information sharing of Future Beats at campus radio stations

5.2.1 Implementation of Future Beats at campus radio stations

The translation of training into programming occurred differently at each station. As seen from Figure 1 below, UNISA Radio broadcast Future Beats over the longest period (June–December 2014). UJ FM had the shortest broadcasting period. VOW FM was the last station to start broadcasting, from September–October 2014. For PUK FM, with the exception of one staff member, staff who were trained were not those ultimately involved in the project. Unexpectedly, this proved to be an enabling factor for the station, which was initially divided about the way forward. After assembling a new team, the station head was able to instil passion in her staff which “created a mind shift at the station itself”. The TUT FM project leader who was trained parted ways with the station management. VOW FM had staff who did not attend the DWA training workshop playing a large role in the programme development, which may have resulted in a loss of focus as this station was the last to start broadcasting: “We kept on changing stuff as we went along... we kept tweaking stuff in the middle of what we needed to do.” [VOW FM radio staff]

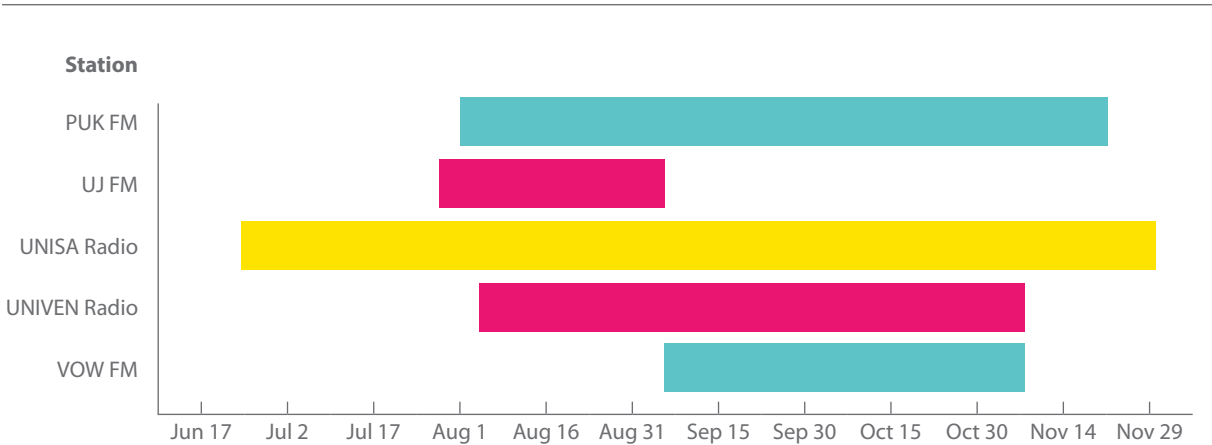


Figure 1: Broadcast uptake by radio station and date

At some stations, notably UJ FM and PUK FM, the station managers initially led content production, whereas VOW FM operated as a ‘collective’ with a wider range of people involved with the project providing opinions. The programme manager at UNIVEN gave his staff the freedom to do their own content selection and recording. At UNISA Radio, the station head called for volunteers to be part of the project. These volunteers “led from the front. They found it as interesting as I did and they felt they were doing something that meant something. They took it by the scruff of the neck and they ran with it”. [UNISA Radio staff]. TUT FM did not submit any content, and by all accounts never initiated any Future Beats programming because of staff turnover and strikes on campus.

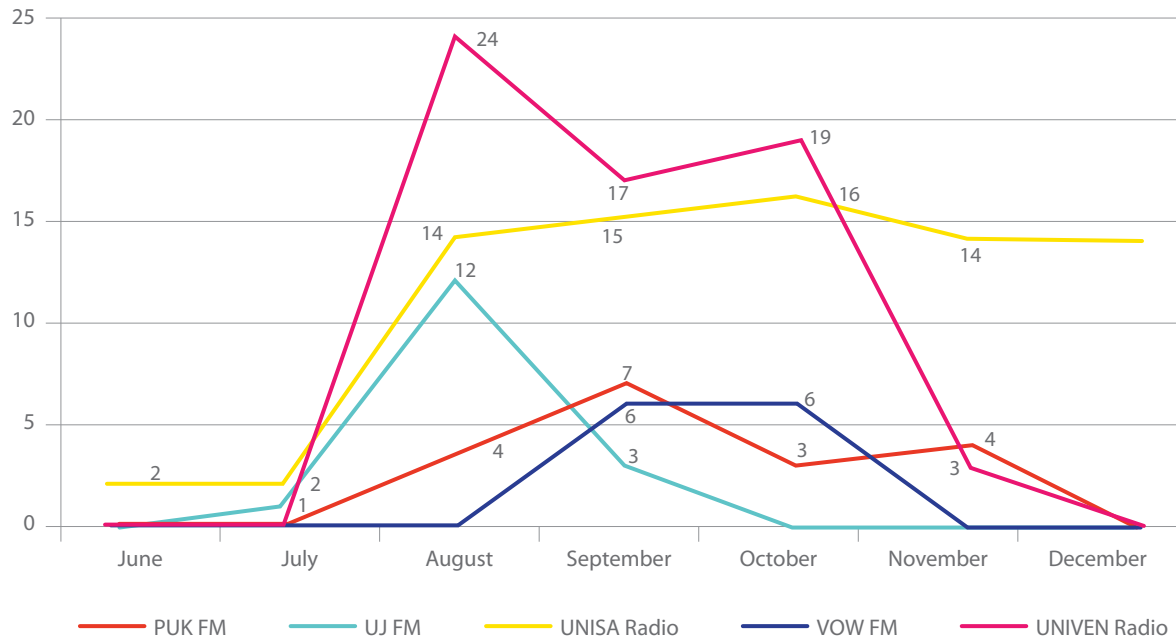


Figure 2: Number of broadcasts on HIV-related content over the period June–December 2014 by radio station

Figure 2 illustrates the increase of radio broadcasting of HIV content over the period, based on what was submitted to the Future Beats Project Editor. It demonstrates the dramatic uptake of UNIVEN Radio's broadcasts, and the sustained broadcasts of UNISA Radio. It further illustrates the impact of the intervention on HIV/AIDS programming. In terms of successes, one station felt campus radio stations broadcasting regularly about HIV/AIDS was long overdue: "From the inception of campus radio stations, these things should have been done". UNIVEN Radio had a good relationship with the campus HIV clinic co-ordinator who verified information and provided them with suggestions for topic and interviewees. The programme manager found it very exciting that his staff, who previously knew nothing about HIV, could now have deep discussions with community members to the extent that they "felt embarrassed because they were talking too much as if they know everything". They felt Future Beats had revived discussions around HIV/AIDS. To keep the brand active in years to come, they suggested road shows into rural communities to increase the number of people touched by the project.

Radio stations faced a variety of challenges in the Future Beats project. Finding the right staff at the start of the project was a challenge for some. UJ FM was instructed by university structures to remove a Tweet about women faking orgasms and they felt it was "disheartening" when the station knew the dialogues taking place among students and could not put out the "right message" or "tell it like it is". They also lost their lead actor for their radio drama who said the script was too explicit and made him self-conscious. When to broadcast was an issue for TUT FM, which felt talking about HIV/AIDS was more possible at night "when you can talk about anything". Several stations struggled with finding an HIV positive student to speak on-air, as well the availability of HIV unit staff to be interviewed. UNIVEN Radio reported a challenge in getting a number of NGOs together to share differing views.

UNISA Radio experienced technical difficulties with hard drives and sharing content with the Project Editor, while VOW FM continued to feel the constraints of its small broadcast footprint in terms of audience access and engagement with the station. While UJ FM, UNISA Radio and UNIVEN Radio wanted more guidance and support on content, VOW FM did not want guidance. Several stations wished there had been more marketing support from Future Beats management. PUK FM had revised their focus entirely, from initially planning to be part of campus events, to focus solely on on-air content:

"I listened to the content that Wits and UJ submitted, like the dramas and stuff, but that's the culture they have. We have no such culture in any way so we had no idea what we were going to do." [PUK FM Radio staff]. Exams put several radio stations off course, and UJ FM and TUT FM both raised the issue of budgets for volunteers, while UNIVEN Radio felt give-aways would have enhanced audience participation.

5.2.2 Future Beats information sharing

Radio stations submitted a selection of their broadcast audio content to the Project Editor, as well as unedited material for potential use by other radio stations. This was stored in audio format in a closed online archive for radio stations to view and download content, on condition that they informed the originating station. Stations agreed to acknowledge the author, campus radio station and original source when using content from the online archive. They could upload content in any language, along with a short description in English of the content and language for the online archive. Stations also considered signing agreements to regulate their relationship within the Future Beats network, although this did not materialise. Stations agreed to communicate via email and would explore the feasibility of a campus radio network after the pilot phase. Stations did not engage much with each other, either citing that they had sufficient material of their own without using other stations' work, or that the volume of work and planning required just to produce content made collaboration onerous. To boost the profile of the project and information sharing, HEAIDS created Future Beats Facebook and Twitter accounts.⁴

5.3 Monitoring of radio programming content

From Broadcast Day on 1 August 2014, radio stations were required to air 15 minutes of HIV-associated programming per week. They selected the content to share with the Project Editor, who monitored items for quality purposes and edited material when necessary. She provided ongoing feedback to individual stations after listening to content sent by radio stations for the audio archive. Formal feedback sessions took place in October 2014 with each station (except UNIVEN Radio where a teleconference was held). These addressed successes, progress and challenges; the use of the audio archives; the usefulness of the content schedule; and the need for further support. Issues such as irregular or no submissions, quality concerns and the introduction of new programming or formats were raised with individual stations.

5.4 Monitoring of HIV content and engagement on campus radio and social media

The measurement of social media effectiveness is relatively unsophisticated in South Africa, with the majority of companies measuring the number of followers, while only 48% conduct sentiment analysis of the text. On Facebook, 87% measure the number of fans, and 79% the number of posts and comments, while just over half (54%) interrogate the tone of these posts through sentiment analysis (20). At baseline, a snapshot survey of radio stations' HIV programming, associated content and audience participation on social media platforms showed that only UNISA Radio had featured any sexual health content on their social media pages.

The Future Beats Project Editor compiled suggested monthly content schedules from August to mid- December 2014. This provided radio stations with key themes for programming and social media activity for the month and included specific health and associated awareness days and links to resources. Themes covered diverse HIV-associated topics, such as alcohol, mental health, gender equality and gender-based violence, and culture and HIV in September (Heritage Month), which included medical male circumcision and polygamy.

From 1 July to 1 December 2014, regular monitoring on the stations' Facebook and Twitter sites occurred on 1–2 days at the beginning of every month for the preceding month. Radio stations' social media (Facebook and Twitter) were accessed via the stations' websites, which also provide links to online streaming if available. Social media were scanned for HIV and related topics by scrolling through content, since it is not possible to use word searches. Stations offered to use the hashtag '#FutureBeats2014', and two stations gave administrator rights to the researchers to facilitate monitoring of content on the stations' social media. Each station's activity for Facebook and Twitter posts respectively was recorded with the date,

4 www.Facebook.com/Futurebeats2014; [@Futurebeats2014](https://twitter.com/Futurebeats2014); [#Futurebeats2014](https://twitter.com/Futurebeats2014)

content, 'likes', retweets and 'favourites'. Composite tables were compiled to track presence of HIV-associated content, the presence/absence of Facebook and Twitter for the individual stations, and the cumulative totals of 'likes', tweets and followers. Monthly reports were compiled and shared with the Future Beats Project Manager and Editor.

Websites for a couple of the stations were temporarily inactive during the study period due to upgrades. All radio stations made use of Facebook, and only TUT FM did not utilise Twitter for the entire period, while UNIVEN Radio's Twitter activity started for the very first time in May 2014 as a result of the Future Beats project. Below is an overview of social media engagement to illustrate the monitoring activity. Social media activity is analysed and evaluated in more detail in Chapter 6.

PUK FM's website has a click-through on 'Contact Us' to Facebook and Twitter. The website was under construction for several months in 2014. When it was re-launched on 16 October, live streaming became an option, enabling listeners to tune in on mobile phones and tablets. There was no HIV-associated content for June and July. The station launched its Future Beats programming on 1 August with a HIV testing campaign. Other content included their awareness launch, alcohol abuse, HIV/AIDS advocates Barbara Kingsley and Bakang Setuke ('liked' by nine people). There were few audience comments throughout the period. The station stopped broadcasting on 23 November when students left for vacation, but took the initiative to pre-record Future Beats content which was aired in December.

TUT FM's website was under construction for several months. Although active on Facebook, the station's Twitter account was inactive for the duration of the pilot project. Individual shows have Facebook pages which attract triple digit 'likes'. Regarding content, a question posted on 1 August about relationships elicited two likes and three comments. However, there was no overt HIV-associated content for the first four months. In October and November, the station posted Facebook content on a HIV/AIDS breakthrough (four likes, five comments), marriage and the custom of paying 'lobola' for a bride (three comments and likes), female risky behaviour (two likes, one comment) and male sexuality (three likes).

UJ FM's website has live streaming and links to multiple social media platforms (Twitter, Facebook, YouTube). Their Facebook icon was delinked from the website and re-established on 10 August. Content posted on their Twitter account from July included a 'troubling concern' about SA's high HIV infection among youth (four retweets, one favourite), alerts for their radio drama, an exchange in October with listeners on Twitter on intergenerational sex (seven tweets) and on Facebook in November, a post about sexuality (one comment).

UNISA Radio's website has a click-through on 'Contact Us' which takes visitors to their Facebook and Twitter pages. UNISA Radio featured HIV-associated content from the start of the monitoring period including the "First Things First campaign" (six likes), an interview with HIVSA on the digital magazine for girls, *Choma*, polygamy, Levirate marriages (four comments and three likes) and sexual diversity (five likes; eight tweets).

UNIVEN Radio had the least social media presence at the start of the monitoring period. There were no links to their Facebook accounts from the website. They created a new Twitter account in May 2014. The station underwent additional social media training and followed the recommendation of Future Beats management by appointing a social media manager. Their HIV-associated content increased in October when they retweeted the Future Beats hashtag on alcohol and the student community. In November the station tweeted about emergency contraceptives, the LGBTI community, use of condoms and HIV testing. There was no audience response on HIV topics throughout the period. The last Facebook posts were on 18 November, likely due to students leaving for vacation.

VOW FM's website allows live streaming and displays multiple platforms (Facebook, Twitter, YouTube, email, RSS feed and Skype) for audience engagement. In July, the station posed several questions around relationships which attracted multiple comments, although there was no audience response to a question posted on Twitter about sexual myths and cheating. A Facebook question about being 'hit on' by an older man or woman attracted three comments, while a post in November on 'No Violence against Women and Children' had two comments and two likes. Despite the station's efforts to elicit audience responses, there was no participation on the value of virginity, youth culture, dating HIV positive people, prostitution and the LGBTI community.

CHAPTER 6: EVALUATION RESULTS

Four months after the start of broadcasting on HIV/AIDS and related issues, the researchers held follow-up interviews at PUK FM, TUT FM, UJ FM, UNISA Radio, UNIVEN Radio and VOW FM in November 2014 and February 2015. Interviewers conducted face-to-face interviews with the six radio station/programme managers and focus groups with their Future Beats project staff. They held face-to-face interviews with HIV clinic heads/co-ordinators at NWU, UJ, UNIVEN and Wits, and conducted telephonic interviews with the HIV clinic head at UNISA and the co-ordinator at TUT Soshanguve.

The researchers invited students who participated in the baseline interviews at NWU, TUT, UNIVEN and Wits to participate in follow-up listener focus groups. To compensate for those unable to participate, they invited additional students on campus on the day to join the focus group if they listened to the radio station, and for the 2015 focus groups, if they were not first year students who would not have heard the radio programming. Interviews followed a focus group guide which addressed general questions around HIV/AIDS knowledge, perceptions and attitudes, social media and HIV/AIDS clinic utilisation, followed by their thoughts about HIV/AIDS programming they had heard on the campus radio station. The interviewers then played pre-selected audio clips totalling five minutes to counter the possibility that students had not heard any radio programming and to allow students to reflect spontaneously on what they heard. The Project Editor purposively selected clips by that university's radio station and other stations to get input on a variety of formats. Topics were selected to reflect and challenge the social norms of the different student audiences on each campus (See Appendix B).

Table 2 summarises the socio-demographics characteristics of the students who participated at baseline and after the implementation of Future Beats programming. At baseline (March–April 2014) there were 30 participants; 18 (60%) were female and 12 (40%) were male students. The age range was between 18–31 years. The majority (53%) listened to their campus radio stations 2–3 times a week, while an equal proportion listened daily or less than once a week (16%). Most were first year (40%) and third year (30%) students.

After the implementation of Future Beats (November 2014 and February 2015), there were 27 participants, 14 (52%) were female and 13 (48%) were male students. Just under half (12) were repeat participants. The age range was 19–25 years. As at baseline, the majority (51%) listened 2–3 times a week, with 18% listening less than once weekly, and 14% listening daily. There were equal proportions of first, third and fourth year students (25%). Student radio listeners at NWU consistently listened to PUK FM more frequently than other radio stations.

Table 2: Socio-demographic profiles of student listener focus groups at baseline and after the implementation of programming

Before the Future Beats programming (Baseline)							
Institution	No. of participants	Ages	Gender (F n(%), M n(%))	Campus radio listenership n(%)	Year of study (n(%))	Under/post-graduate (UG/PG)	Faculty
NWU	7	19–23	3 (43%), 4 (57%)	Daily: 1 (14%) 4–6 times: 3 (43%) 2–3 times: 3 (43%)	1 st year: 2 (29%) 3 rd year: 3 (43%) 4 th year: 1 (14%) Masters: 1 (14%)	UG: 5 (71%) PG: 2 (29%)	Humanities: 3 (43%) Health Sciences: 1 (14%) CLM ¹ : 2 (29%) Other: 1 (14%)
Wits	10	18–31	6 (60%), 4 (40%)	Daily: 2 (20%) 4–6 times: 1 (10%) 2–3 times: 6 (60%) <once weekly: 1 (10%)	1 st year: 2 (20%) 2 nd year: 1 (10%) 3 rd year: 3 (30%) 4 th year: 3 (30%) Masters: 1 (10%)	UG: 8 (80%) PG: 2 (20%)	Humanities: 7 (70%) SBE ² : 2 (20%) CLM: 1 (10%)
UNIVEN	6	18–20	5 (83%), 1 (17%)	Daily: 2 (33.3%) 2–3 times: 3 (50%) <once weekly: 1 (16%)	1 st year: 6 (100%)	UG: 6 (100%)	Humanities: 2 (33.3%) Health Sciences: 2 (33.3%) CLM: 2 (33.3%)
TUT	7	19–27	4 (57%), 3 (43%)	2–3 times: 4 (57%) <once weekly: 3 (43%)	1 st year: 2 (29%) 3 rd year: 3 (43%) 4 th year: 2 (29%)	UG: 5 (71%) PG: 2 (29%)	Humanities: 4 (57%) Other – IT: 2 (28%) Non-response: 1 (14%)
After the implementation of Future Beats Programming							
Campus	No. of participants; repeat participants	Ages	Gender (F, M)	Campus radio listenership	Year of study	Under/post-graduate (UG/PG)	Faculty
NWU	5; 4 (80%)	20–24	3 (60%); 2 (40%)	Daily: 2 (40%) 4–6 times: 2 (40%) <once weekly: 1 (20%)	2 nd year: 1 (20%) 3 rd year: 1 (20%) 4 th year: 1 (20%) Masters: 2 (40%)	UG: 1 (20%) PG: 4 (80%)	Humanities: 2 (40%) Health Sciences: 1 (20%) CLM: 1 (20%) Other: 1 (20%)
Wits	8; 3 (38%)	19–24	4 (50%); 4 (50%)	2–3 times: 5 (62%) <once weekly: 2 (25%) Non-response: 1 (12.5%)	1 st year: 1 (12.5%) 2 nd year: 3 (37.5%) 3 rd year: 3 (37.5%) 4 th year: 1 (12.5%)	UG: 8 (100%)	Humanities: 7 (87%) SBE: 1 (12.5%)
UNIVEN	7; 3 (43%)	19–23	4 (57%); 3 (42%)	2–3 times: 6 (85%) <once weekly: 1 (14%)	1 st year: 6 (85%) 3 rd year: 1 (14%)	UG: 7 (100%)	Health Sciences: 2 (28%) CLM: 4 (57%) SBE: 1 (14%)
TUT	7; 2 (29%)	22–25	3 (43%); 4 (57%)	Daily: 2 (28%) 4–6 times: 1 (14%) 2–3 times: 3 (42%) <once weekly: 1 (14%)	3 rd year: 2 (28%) 4 th year: 5 (71%)	UG: 5 (71%) PG: 2 (28%)	Humanities: 6 (85%) Other – IT: 1 (14%)

1. CLM: Commerce, Law or Management Faculties

2. SBE: Science, Engineering, Built Environment Faculties

6.1 Evaluation of HIV knowledge, attitudes and perceptions on HIV/AIDS and related topics

6.1.1 HIV knowledge and awareness

As with the baseline, students participating in the focus group discussions had good knowledge and awareness of HIV, associating it with unprotected sex. They believed that poverty and lack of education contributed to the risk of HIV infection. They knew that HIV was a STI. In contrast to HIV fatigue, some students felt South Africa was becoming relaxed around the HIV epidemic, and that more could be done to raise awareness. As youth, they had grown up in the era of mass campaigns when it became 'cool' to be conscious about HIV, where HIV T-shirts were 'everywhere, in your face', making their absence now more noticeable. Others thought that although it became a boring topic, learning about HIV while using participatory and innovative methodologies such as games during education and awareness programmes would be an interesting approach to learn more about it.

Students did not mention condoms as much as at baseline, although NWU and UNIVEN students spoke about abundant, free supplies on campus. Students at UNIVEN reflected that carrying a condom was responsible behaviour and did not mean one was looking for sex. Radio staff mentioned the female condom and government's free 'Choice' condom which was seen to have advantages in terms of accessibility and effectiveness. This contrasted with the baseline findings where students were disparaging about 'Choice' condoms.

Students at NWU still reported not knowing where to go and what to do for emergency HIV counselling and testing. In contrast, radio staff exposed to Future Beats were definitely aware of support structures available to them on campus. Other students wanted to see initiatives that made getting tested 'cool'. Testing was seen as 'being conscious in society' with one student saying he pasted his HIV test up at residence.

Radio staff knowledge about HIV was extensive. The words 'HIV/AIDS' made them think of an incurable but manageable disease, unprotected sex and stigma. Since the Future Beats training, they reported being much more aware of safer sex, and the importance of getting tested to know one's status as well as that of one's partner. They were aware that STIs and drinking alcohol put people at risk of acquiring HIV. PUK FM radio staff mentioned the importance of using clean needles for tattoos. At TUT FM, staff stressed dual protection (condomise and circumcise). UNIVEN Radio and UJ FM radio staff raised the modes of transmission. VOW FM staff spoke about dealing with HIV/AIDS during pregnancy, and reported learning about the LGBTI community for the first time.

Risk perception varied across campuses: at UNIVEN, student listeners perceived themselves to be at risk because the youth were at higher risk of contracting HIV, while NWU students knew about HIV but did not think it would affect them. These views were similar to those that were reported at baseline. In contrast, after the Future Beats pilot, NWU radio staff were very confident about managing their own risk:

"Well, obviously it's about safe sex. Condom use and not sharing needles. If a person is bleeding you can help a person by putting on gloves so there is ways to protect yourself. You should just be informed and know how to, so say yes, I can protect myself." [Female 1, PUK FM radio staff]

"Just because someone has AIDS doesn't mean you can't help them, you know. You just have to be safe and not share needles but that's something you should never do anyway." [Female 2, PUK FM radio staff]

Greater awareness and positive shifts in knowledge among radio station staff were noted after the Future Beats pilot. Many of the radio station staff are registered students at the various universities which means that they are potential change agents on campus beyond their role at the radio stations. Among the student listeners, exposure to the HIV content on-air was limited and this meant that there were limited changes in awareness and knowledge that can be attributed to the Future Beats project. However, it should be noted that awareness and knowledge about HIV among students was high. Risk perception about HIV was low among most student listeners and this is an area that warrants more focus in future efforts.

6.1.2 Attitudes and perceptions on HIV and related topics

i) Acceptance

At both the baseline and after the Future Beats pilot, student listeners felt HIV was more widely accepted in communities than it used to be, and people gave each other advice about getting ARVs. Supportive relationships were considered key to people going for testing, and being surrounded by supportive people was seen as a start to helping to accept one's HIV positive status, followed by taking medication, living and eating healthily, and using protection for sex. At NWU, a student reflected on the message that *"Though we are not infected we are still affected"*, while TUT students felt having self-confidence would help others to accept a person.

Shifts were noted in the attitudes of radio staff after the Future Beats pilot. At PUK FM staff felt strongly that HIV positive people should get help in order to access medication, and be informed about how to adjust their lifestyles to live healthily. VOW FM staff felt it was unfair to label PLWHA. UNIVEN staff reported that they would treat PLWHA in a less judgemental way now to before they had the Future Beats training. These shifts in attitudes among radio station staff who had been involved in the Future Beats pilot suggest that the project contributed to increasing acceptance towards PLHWA and the LGBTI communities.

ii) Students don't always act on their knowledge

Participants in the student listener focus groups reported that although students were educated, for some the HIV message was not getting through and many take risks despite understanding how transmission occurs. As seen at the baseline, students referred to 'ignorance', meaning choosing to ignore the risks of HIV transmission. Young people knew about HIV and what they had to do to prevent it, but they *"become ignorant because of their reasoning capacity"*. Some said it was because they didn't think further than the moment, while NWU respondents reported that students on campus didn't seem to care anymore about the consequences of unprotected sex. Here, AIDS was believed to be *"the last thing on a student's mind"* with pregnancy and *"getting caught"* their uppermost concerns. These concerns were similar to those expressed prior to the Future Beats pilot. However, despite the openness and awareness of HIV's existence, student listeners reflected that people were still being sexually active without using protection, which for some was a puzzling contradiction:

"So there's more openness and more awareness that it does exist and not being ignored, but yet we see people being sexually active and not using protection at the same time so it's kind of a contrast that there is knowledge but there still is ignorance on the other side. . . I don't know if it's a mind thing or it's physical, psychologically we think it won't happen but we saying we don't want it instead of practising to abstain so are we lazy or. . . I don't know so that's happening with HIV now in 2015 among the youth." [Female student, Wits, follow-up interview]

It appears that young people's sense of invincibility and 'risk compensation'⁽⁴⁾ is counteracting the HIV knowledge that they have, and as mentioned above, is an area that should be explored in future programming and HIV prevention efforts.

iii) Fear

TUT students who participated in the focus group after the Future Beats pilot had the same ambivalence about HIV. It should be noted that there was no Future Beats programming that was aired at TUT as mentioned earlier. HIV was seen as *"a killer that nobody seems to fear"*, yet *"you fear it that time when you are alone, you are just thinking oh, I'm infected. But I don't feel like it is making any difference"*. This hidden fear of HIV reportedly was based on students not knowing their statuses: *"So you just carry on about your business and catch it"*. Despite having high knowledge about HIV transmission, students still reported feeling fearful to be tested. One NWU student who admitted knowing *"a lot about how AIDS is spread"* and who was not sexually active, felt fearful in case *"there was some weird way that I could get AIDS"*.

iv) Stigma

Despite having high knowledge, students at NWU who participated in the focus group after the Future Beats pilot still felt 'scared' of HIV positive people, wanting to create distance. Students at UNIVEN felt that fear to disclose one's positive

status was a learning opportunity lost for uninfected friends who might “fall into the same trap”. They also associated the words HIV/AIDS with being an outcast, and being treated as a “bad person”.

In contrast, after the Future Beats pilot, UNIVEN radio staff spoke of the need to talk about stigma openly, and a UJ FM staff member freely disclosed her status to work colleagues. Radio staff spoke of feeling ‘sad’ and ‘disappointed’ at how big a problem stigma still was, reflecting on interviewees’ comments made on radio programmes of their experiences about not wanting to speak to or touch a PLWHA. One radio staff member cited how she felt uncomfortable when government clinic staff separated TB patients from those coming for HIV testing and those coming to collect ARVs, and that this treatment exacerbated stigma: “Why are you side-lining them because you are exposing them to the public, like ‘hey, this bunch here is positive’”. The manner in which some radio staff expressed their feelings against stigma suggests that the project did contribute to reducing stigma among individuals.

v) Gender

At baseline, students reflected on gender issues around responsibility for protection with females believing women should be responsible, while some males saw women carrying condoms as ‘forward’ behaviour. After the Future Beats pilot project, male and female students at NWU and UNIVEN believed they should both take responsibility for carrying condoms, whereas at TUT, male students still felt women, particularly if they were married, did not have the right to negotiate the use of condoms: “It’s a man’s choice, what he says goes”. Male students at UNIVEN linked testing behaviour with gender norms. While males needed to “maintain their pride... he cannot just go there to the clinic to get tested”, it was acceptable for females because they “had to take care of themselves”. Male participation in the TUT focus group saw women as having more self-control and even being responsible for the HIV epidemic: “I think HIV/AIDS would be less if women just said ‘No.’ Then he’s got no power”.

6.1.3 Reflections on risky sexual behaviour

As seen at baseline, risky sexual behaviour was reported on all campuses, and all participants associated it with parties, alcohol and being drunk. Young people regarded themselves as being ‘contrary’ and doing things against parental advice such as having sex, drinking or taking drugs, which were seen as helping them to get ‘what they need.’ This exploratory phase was associated with having a lack of responsibilities and peer pressure. Female students found it hard to negotiate condom protection when they were drugged or drunk, while males reported drinking alcohol to overcome shyness or peer pressure to have sex, which led to “even do things you don’t want to do”. For male and female students, drinking was associated with making “stupid choices”:

“I think that, like the people who are mostly likely to regret, yes guys maybe regret but then girls we are more likely. I don’t know if it can be scientifically proven, but from my experiences alcohol has some effect higher in girls than on guys. Like when they get drunk they lose their minds, like you can even drop your panties and say [laughing] ‘everyone come in, tuck in’... [laughing]... guys, they are drunk but then they still have a little bit of their minds still... and then the next morning they’ll be like ‘Ey, that girl, eish, she just made me tuck in, like, last night Debonairs’, and then when you’ll be there, cause you lost it or you’ll be like not remembering anything, then the time you remember it you’ll be like ‘OMG’, because of alcohol and drugs that you’ve taken.” [Female student, UNIVEN, follow-up focus group]

Students and radio staff regarded sex without a condom as risky behaviour. In apparently contradictory paradigms, fear of getting HIV was associated with risky sexual behaviour when “it becomes a mist that you kind of block out”. There was widespread awareness that it was not possible to discern from appearance who had HIV with the rollout of ARVs. However, students reported not thinking a potential partner could have HIV and going ahead with sex without a condom because they did not want to live their lives in fear.

In contrast to the baseline where youth mentioned the importance of faithfulness in relationships, acceptance of multiple concurrent partners (MCPs) was discussed on several campuses. For students at Wits, this new acceptance was attributed to celebrity lifestyles, and was seen as a setback in terms of stopping HIV:

"This side chick thing wasn't this hectic three years ago now like the media. Women themselves are willing to expect that 'I'm a side chick, he has a girlfriend and I am a weekend special so to speak'. . . I know people at my age who are doing it fully, like this 19 year-old girl who's accepting of her boyfriend and her boyfriend's other girlfriend". [Male student, Wits, follow-up focus group]

This practice was echoed at NWU, where MCPs were seen to be increasing with people speaking openly and 'bragging' about it. Here, sex in public spaces was also seen as risky sexual behaviour.

Staff at UJ FM referred to intergenerational and transactional sex around the 'sugar daddy' phenomenon on campus after a presenter posed a question of whether sugar daddies should be banned. They reported an overwhelming response, mainly from females, in support of this practice where older, wealthy men were seen to support young female students.

Future campus radio programming should focus on the barriers to engaging in safer sex, including excessive consumption of alcohol, and cover topics on risky behaviours such as multiple sexual partners, age-disparate relationships and inconsistent condom use.

6.2 Perceptions of HIV messaging and formats for campus radio

From the baseline report, it is clear that campus radio stations did not do much HIV/AIDS and related programming before the Future Beats project. The project allowed stations to be creative and to offer innovative programming and formats. For the first time ever, PUK FM broadcast an interview featuring the sister of an HIV positive man who passed away during the "decade of denialism". This had a ripple effect not only among staff, but more broadly:

"I sent her the recording and she played [it] to a lot of other people in the media as well. . . and she called me and said 'Listen, thanks for doing this.' From the station side, one of the guys. . . posted on Facebook that 'if you ever want to hear a station in love with what they do, listen to PUK FM right now.'" [PUK FM radio staff]

At NWU, student listeners reported hearing this interview:

"That was actually really intense, that was an eye opener. I think from everything PUK FM has done, that was probably the thing that had the biggest impact." [Female student, NWU]

This piece made the students reflect on stigma because the man's death certificate did not state that he had died of AIDS.

"I think, I am not sure if it was the law, but they talked about a specific time in South Africa when someone died of AIDS they wouldn't write it on the death certificate and she was very angry that they did that because she felt it is not something you should be ashamed of." [Female student, NWU]

The programming evoked feelings of sympathy for the patient and the medical staff who were not able to access ARVs during this period in South Africa's history. The messaging worked because the students concluded that the item was about "being positive about being positive".

One male student reported hearing a news insert featuring PUK FM newsreaders with the nearby community in Ikageng around getting tested and the next steps to take:

". . . and there was also a choir singing a song about HIV, they did a whole news insert where the newsreaders covered the event, so they played that twice, the afternoon and evening show." [Male student, NWU]

Regarding messaging, student listeners recalled the PUK FM testing campaign and could spontaneously quote the message: "I've been tested, have you?" and also the importance of knowing one's status.

Responding to the pre-selected audio clips (see Appendix B), they found the informative programming of Track 1 the most appealing of the three clips they heard as it had different voices and opinions. The message that *“though we are not infected, we are still affected”* resonated with one of the participants.

These students did not like the UJ FM radio drama clip featuring the transgender man approached for sex [Track 2], finding it *“insensitive”* and a *“weird play on the radio”*, although a male participant thought this may have been the intention:

“I didn’t like the last one at all. It was so like bombarding me and screaming at me... If someone ever speaks to me in that way or make me do something I don’t want I will kick them.” [Female student, NWU]

“I think it does have the effect if it makes people think like that, so.” [Male student, NWU]

Another female participant found it *“made a joke of the whole thing”* and did not understand the message:

“The last one [Track 2] is kind of like where the one guys said when the other guy wanted to rape him and the girlfriend came in and she was like ‘no, you know, why would my boyfriend want to rape you, you are a guy or something,’ it kind of makes it seem okay in that thing that no one is going to believe the victim and I don’t really know what message that is sending. It kind of just make you think, um, I really don’t know what they are trying to say with that.” [Female student, NWU]

VOW FM used Dorothy (Dot) Black, a sex blogger whom they met at the Future Beats launch, extensively in their Future Beats programming to answer sex-related questions from the student community. Females in the focus group were offended and shocked about Dot Black’s approach to first time sex [Track 3]: *“Set a date, have a glass of wine and get it over with”*. A female participant said she would not have switched her radio off, but *“my blood would have started to boil in the car”*. Another female believed she would keep listening to see where the interview was going. Although she too found it offensive, because it made her realise that different people have different mindsets and values, which could *“actually be dangerous”* if she went on a date with someone who didn’t have the same values. This VOW FM item did make an impression on the students, and made them reflect on peer pressure. The females particularly felt that males were more exposed to peer pressure because their male friends would be scornful and call him a *“loser”*.

“You have to have sex to get it over with when, I don’t know if I may be wrong, but if one partner wants love from the other one, then they will just sleep with the other one just to get it over with, just to get the love.” [M1 male student, NWU]

“That’s actually quite something, ‘if you love me you will do it.’ I heard that in other situations.” [Female student, NWU]

“It’s emotional play.” (M2 male student, NWU)

Group: *“Ja”*. [Student focus group, NWU]

At TUT, most students reported not ever having heard anything on TUT FM around HIV/AIDS, although one reported listening to the regular health programme by peer educators on Tuesdays. While one student believed that it could be a good platform to learn more, others felt that few of their peers listened to the radio at all, and certainly not to hear information, rather music or entertainment. They believed they would be ‘intrigued’ to listen to HIV programming through radio dramas after being sensitised to the storytelling format by watching soap operas on TV, particularly students who lived in residence without access to television.

After listening to the first audio clip (UNIVEN Radio promo on women’s empowerment), which dealt with women taking responsibility for carrying condoms, one TUT male student reflected that it was *“an understatement to say we trust too much”*. While a female in the group heard messages around being vulnerable, males heard the messaging around fear of pregnancy rather than fear of being HIV positive. This was seen as a *“reflection of the reality of youth... There was a lack of*

action amongst us. We are too much ignorant. So it is something that should be dealt with. This programming was successful because the students felt it would spark debate around who should carry condoms.

From the UJ FM clip [Track 2] on the prayer by the transgender man, the students picked up messages around not being judgemental but rather to try to understand other people. For them, this clip revolved around being accepted for who one is and not be dictated to by societal norms. This led one student to reflect on the prayer and decision-making:

"The person's afraid that he only answers to nobody but the person who is above him, which is God. Meaning that, above everything else, we should look to a higher power and we shouldn't listen to what other people have to say about you... You should just basically be wise on the decisions that you make because I know that we make mistakes today." [Male student, TUT]

Both of these clips resonated with students who found them both informative. One student preferred the format of Track 1, which he saw as a dialogue between friends, over the monologue of Track 2, while another male student found the monologue empowering:

"Because you find yourself in that monologue... maybe you are down or something because of somebody said this during the day and then you get home. You switch on the radio. Somebody says that and then it builds your confidence as a person because you are thinking: 'You know what, that person won't dictate my life, I'm going to dictate my life.'" [Male student, TUT].

The student listeners enjoyed the VOW FM promo [Track 4] on discordant relationships, which *"sounded like a movie"*, and they liked the vox pop format which *"engaged"* people. The sound effects worked for one student, making her want to listen, but one male commented that the sound dominated and he could not hear the voices. Because it was short and likely to be played in between music, they would listen to it, unlike 30 minutes of talk on HIV which *"is kind of boring"*.

UJ FM had never done radio dramas before, which led staff to *"think of themselves as something else that they didn't even think they were capable of"*. They used promos on a daily basis to encourage students to stay tuned for the dramas, which were aired on Fridays. Their premise for their radio dramas was that students get bored with HIV/AIDS and did not want to be dictated to:

*F2: We really, really need to think out of the box, to honestly, get it out there, through our airwaves.
F1: These kids, the minute you say HIV/AIDS...
F2: They switch off.
F1: They switch off.
F2: They honestly switch off."* [UJ FM Radio staff]

The main messages revolved around sexuality and gender, encouraging people to look beyond stereotypes and promiscuity. UJ FM had no audience feedback on their programming.

UNISA Radio pre-recorded interviews and did a live broadcast of a campus event on sexuality. They also used vox pops with students and staff as material for inviting experts to respond to questions. While some people were reportedly still scared to talk about HIV, others were 'like sponges', wanting to share their stories. The station found it rewarding that students took it upon themselves to tell the stories:

"We were telling ordinary stories of ordinary students... it was really, really rewarding to see lots of students being able to, actually willing to participate in the programme as well, wanting to even lead the message for themselves to say 'there's a need for information and retelling the story differently as well'." [UNIVEN Radio staff]

Key messages included condom use, intergenerational sex and same sex relationships.

UNIVEN Radio broadcasts both to campus and the surrounding community, and found it challenging to pitch its content to appeal to the broadest cross-section of listeners without boring the students or being too academic for those listeners who “*put those mini radios in the mango trees as they are ploughing*”. Staff were encouraged to get ‘street views’ from the community on what they wanted to hear, which brought the station closer to its audience. UNIVEN Radio chose to air HIV content on most talk shows for 15 minutes per show per day to target its diverse student and community audience:

“I decided look, let’s put an HIV programme right there and let’s see how they will respond because they will be drinking that traditional beers on Saturday and Sundays and while this show, it talks about this, they may wake up and listen you understand. And it also made me go back and say look, what about the maids that are at home? Maids wouldn’t be listening to drives... because in the mornings they have to make sure they prepare the children and stuff... so during the day when they at their most relaxed time because everybody is out, put those HIV sections right there, and that impacted into me to find every touch of radio to make sure this goes out there, and I can tell you, it worked wonders for us.” [UNIVEN Radio staff]

UNIVEN students reported hearing ‘many things’ around HIV/AIDS on the radio before listening to the pre-selected clips. They could recall awareness campaigns on how to prevent acquiring HIV, and if they did have it, what to do, and how to support PLWHA:

“How to live with it, how to prevent it... every detail about HIV I have heard through the campus radio, even on social network, like Facebook.” [Male student, UNIVEN]

Another dominant topic they recalled was the testing campaign:

“Many people got tested and they got to know their status and those who were HIV positive even came forward and they became ambassadors for HIV on campus, and those who were negative continued to live a positive life, like abstaining, protecting and being careful with their life when it comes to getting infected...” [Female student, UNIVEN]

They could spontaneously recall key messages, such as ‘get tested regularly, condomise always’; the mantra ‘no condom, no sex, no condom, no sex’, and for women to trust themselves and know their strength. When probed by her peer to explain what she meant, this student said:

“They don’t get HIV because they just sleep around, they may have one partner but that partner is unfaithful... he’s controlling, what he says goes. If he says ‘today I don’t want to use a condom’, she has to agree. So women, trust yourself, know your strength and take the lead.” [Female student, UNIVEN]

They mentioned the radio programming promoting HIV awareness campaigns such as Zazi which encouraged women to be responsible for abstaining or their own protection, where they were able to call in to the radio station. Students mentioned hearing discussions about HIV/AIDS,

Students did not speak much about sexuality or the LGBTI community, but at UNIVEN, they felt featuring a gay, lesbian or homosexual in radio programming was helpful to understand their feelings and how they could relate to them.

In terms of format, UNIVEN students felt that radio dramas were an effective format for getting the message through to people who preferred to listen to the radio rather than read. They appreciated having young presenters on radio helped the station to speak to their student age group and made the information accessible to students and the broader community:

"As far as I'm concerned, the way they present the information is very, very, very much excellent, because they are using the best efforts that they have to inform students using the campus and everyone in the society about HIV, because... they make sure the campaigns are being run in the places where there are, where people can access them, to an extent that you'll find the campaign they are running [it] in the cafeteria, where they know everyone will go there, so I think the information is very much clear and accessible to every student and everyone in the society." [Male student, UNIVEN]

The UNIVEN Radio promo on women empowerment resonated with both males and females who found the tone and message of the clip "encouraging" to be told "you are beautiful and are important" and that the voice belonged to someone who was self-confident and had self-esteem. The messages UNIVEN students heard from the first audio clip included that everyone had the right to get condoms which did not mean "you are a player or something, it just means that you are responsible for your actions" [Female radio listener]. Rather than encouraging youth to have sex, condom distribution was about saving them. Males heard that condoms should be available for all ages and that "prevention is better than cure". For one female student, the clip's comment that "the female is the one who gets pregnant, the male doesn't get pregnant" stood out because she understood the burden of not using a condom puts her at a double risk of pregnancy and HIV, leading her to conclude that "I must have the final say as a woman because everything is gonna come back to me at the end of the day." [Female student, UNIVEN]. This programming was effective because the students picked up on the theme of female empowerment without being told so explicitly.

For some of the female student listeners, using a homosexual man to portray the transgender prayer [Track 2] was an effective strategy which helped them to relate on what they might be doing to others, especially PLWHA:

"So we always judge them, we always disapprove of their actions. So using a gay, lesbian, homosexual or whatever his, sexuality is, it's good because we get to understand how he feels and we can relate it to what we are doing to other people, and especially HIV people." [Female student, UNIVEN]

Another female felt that while some people might not accept gay people,

"... they do exist. And then we should look at them when considering all people in terms of HIV and try to come up with measures to prevent them from getting that disease." [Female student, UNIVEN]

VOW FM tried to engage their audience by doing vox pops or by joining student groups relaxing in public spaces and start conversations around HIV/AIDS and related topics, and then invite the students to tune in to the station to hear more. Radio staff reported that topics with the most audience engagement were around egg donation (*in vitro* fertilisation) and the interview on discordant relationships where the reported audience feedback was very positive. The station's key messages were around safe sex and being aware of the consequences of promiscuity, and moral support for those affected by or infected with HIV.

At Wits, only one of the students had heard the Future Beats promo, reporting that it was a nice tune; none of the Wits students reported hearing any of the Future Beats content. On hearing the audio clips, their immediate response was to the UJ FM audio clip [Track 2] of the transgender male. They described it as "super rude", "so dehumanising" and "a chain of **** madness", and "bored, that's how I felt, like changing the channel" [male student listener]. In terms of take-home messages, they found this clip focused too much on homophobia than the message behind it. They did not engage with the underlying message of stigma.

The Wits students did not react at all to VOW FM's audio clip [Track 3] on first sexual experience by sex blogger Dorothy Black, whom the station used extensively in its programming. Reflecting briefly on the PUK FM HIV/AIDS awareness launch [Track 1] which dealt with how to get students to listen to HIV/AIDS messaging and change their behaviour, the Wits students wanted to hear radio content which made testing cool, and which opened up a space for students to talk about their status with friends. Content needed to be fun and cool: "They need to find ways to make it cooler because people listen

to what they find is cool". They suggested that VOW FM could partner with campus health during Fresher's Week, "which is the coolest thing in any 'varsity'", to offer people free tickets to get in if they tested, or host a concert with HIV positive artists with a short segment on Future Beats and encouraging students to test. Radio dramas would also resonate with them.

They felt the station was out of touch with its audience, reporting more on external than campus issues. They did not relate to VOW FM since it did not target students on campus. They felt as youth with free internet connections on campus, they would rather be on YouTube than listen to VOW FM:

"People that I know anyway don't like their space invaded by anything so they choose their own media, they choose what gets marketed to them. You know people wear earphones in taxis now so you don't hear the radio that's been played you know you just playing your own music and you just like this is my own world." [Male student, Wits].

They would prefer to have actual students talking about HIV and related issues on radio during a 'favourite timeslot', perhaps a panel discussion on multiple concurrent partners. Getting more air time on campus activities to make it more relevant for them. Edutainment would also resonate with these students.

In summary, there were mixed reactions to the clips of the radio programming that was played to the student listeners. Most reacted negatively to the excerpt from UJ FM's radio drama. The Dorothy Black clip was contrary to the students' beliefs; however, all the students reported that they would keep listening. However, none of the students reported ever hearing the name Dorothy Black, even after hearing the radio clip. Students from NWU and UNIVEN could spontaneously recall some HIV-related content that they had heard on the campus radio stations. Clips from both these radio stations were received positively by students.

6.3 Extent and evaluation of radio content

6.3.1 Extent of radio content

At the baseline in March 2014, most of the campus radio stations reported some programming related to HIV/AIDS. This included a weekly drama on VOW FM partnering with loveLife which aired in the evenings, while TUT FM hosted weekly health slots on-air featuring peer educators, clinic staff and NGO partners such as Brothers for Life and loveLife. UJ FM used the World Cup in 2010 to hold a 'stigma knockout challenge' and participated in annual testing drives. However, in general the content was very limited or had been discontinued due to lack of funding. UNISA and NWU did not report substantial HIV content on their radio stations. UNIVEN had programming that addressed health and sex, usually broadcast after 8pm in the evening.

Radio stations were required to start broadcasting their HIV/AIDS and associated topics from 1 August, with most continuing until mid-November. Stations submitted 135 items to the Project Editor, which is not a complete list of all content produced and aired as stations did not submit all their content (See Figure 3). Some stations, notably UNIVEN, produced far more than the required 15 minutes of content per week, while others fell short of the minimum obligation. TUT FM did not submit any content and was excluded from analysis. With 63 unique items, UNIVEN Radio produced nearly four times as much content as other stations, in comparison with the 16 items each produced by UJ FM and VOW FM. This is likely to be related to capacity to execute the project; several radio station heads/programme managers acknowledged that they would have liked to have done more but were "overwhelmed", had not set project objectives, were constrained by staff turn-over and experienced technical difficulties. The extensive HIV-related content on some campus radio stations suggests that it is possible to instil a culture of HIV reporting.

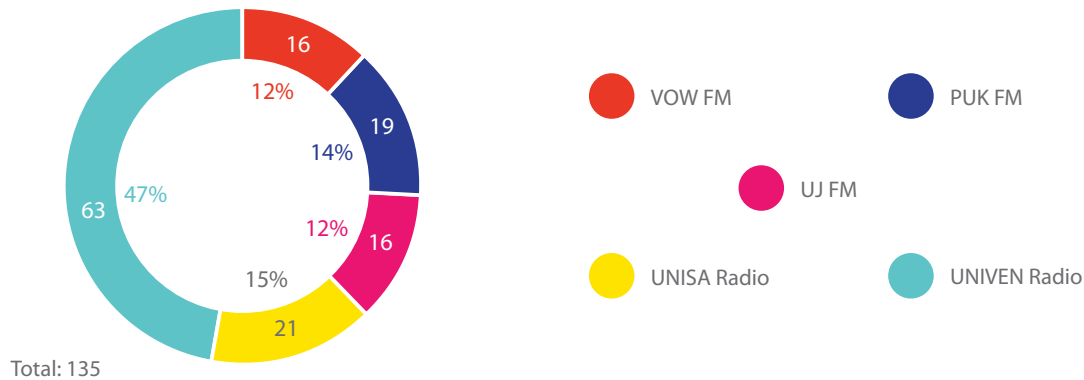


Figure 3: Number of items sent to Future Beats for archiving

6.3.2 Analysis of broadcast schedule

PUK FM started its HIV/AIDS broadcasts on 1 August 2014 with a mock HIV test featuring the HIV campus co-ordinator which aired at lunch time. The station submitted 19 items totalling two hours 53 minutes of content for Future Beats. The station used a variety of formats, including features, promotional clips, vox pops, poetry readings, live and telephonic interviews and a debate. Most of these were aired in the evenings. The final item broadcast was in mid-November.

UJ FM aired its first content, a promotional item ('promo') in July 2014 leading up to Broadcast Day. The station submitted 16 items – two promos and two radio dramas dealing with stigma and sexuality aired as serials – totalling 47½ minutes for Future Beats. The first serial, 'Looks can be deceiving', was produced in four segments aired weekly on Fridays in August at 08:45, 13:45 and 16:45. The final broadcast submitted was the second serial, 'Village bicycle', which aired on 5 September in the same timeslots.

UNISA Radio started its Future Beats broadcasting in June 2014 with a live recording of a sexual diversity dialogue. The station submitted six interviews and a full recording of the diversity dialogue with a total of two hours 42 minutes, and 14 Future Beats jingles for the audio archive. The interviews were aired in June, July, September, October and December, mostly in the mornings between 09:00 and 11:30. The last interview broadcast was on World AIDS Day, 1 December 2014, featuring the campus HIV co-ordinator.

UNIVEN Radio began broadcasting HIV and related material on 4 August until 6 November, mostly 3–6 times weekly and several days featured multiple items at different times. The station produced 63 items totalling 21 hours and 48 minutes. The formats included talk shows, interviews and promos, which were broadcast at various times throughout the day. Often the 06:00–09:00 slot featured HIV/AIDS or 'taboo' subjects such as sexuality and the LGBTI community, teen pregnancy and rape.

VOW FM aired its first Future Beats broadcast on 11 September and the final item was broadcast on 6 November 2014. The station submitted 16 items totalling one hour 35 minutes. Five of the items featured interviews or informative content with sex blogger, Dorothy Black, and seven items were promos. The content items were broadcast between 19:00–20:00 on the show, 'Loveshack' and featured sex myths, condom myths, discordant relationships, STDs and first sexual experience.

The commencement of broadcasting varied among stations, ranging from early uptake by UNISA Radio in June to late uptake by VOW FM in September. The last item broadcast was by UNISA Radio on World AIDS Day. UNIVEN Radio broadcast HIV/AIDS content more regularly than any of the other stations, averaging four times a week for four months. In contrast

to its baseline programming, the station also spread the broadcasts throughout the day, from the breakfast show to the late night show. In contrast, UNISA Radio favoured morning slots, while VOW FM maintained its evening-only approach.

The researchers purposively selected content from each station to represent a mix of formats and topics (See Appendix A). Content totalling four hours and 13 minutes was transcribed and translated for content analysis. This ranged from one hour 16 minutes of PUK FM's content to capture the diversity of formats, to 47½ minutes, the total of UJ FM's content as the radio dramas were not stand-alone items and needed to be understood as a whole. Figure 4 depicts the number of items purposively selected for analysis.

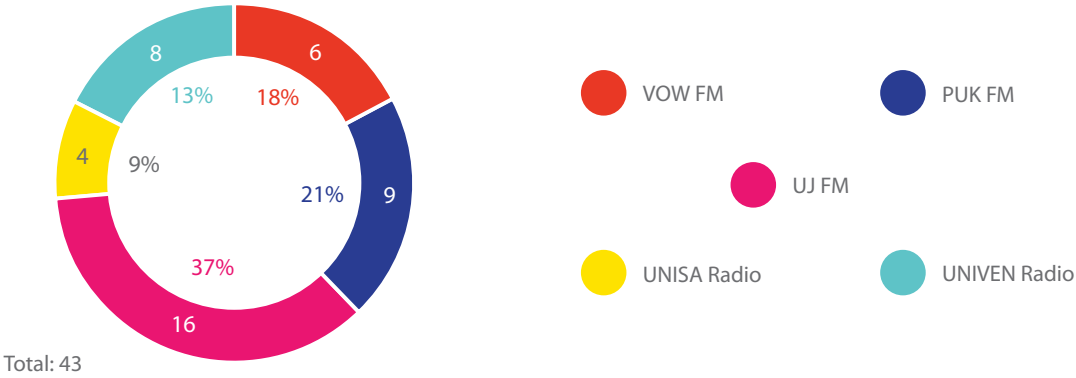


Figure 4: Number of broadcast items purposively selected for analysis

Figure 5 below illustrates the spread of broadcast times, indicating that the 06:00–09:00 and midday slots were most preferred:

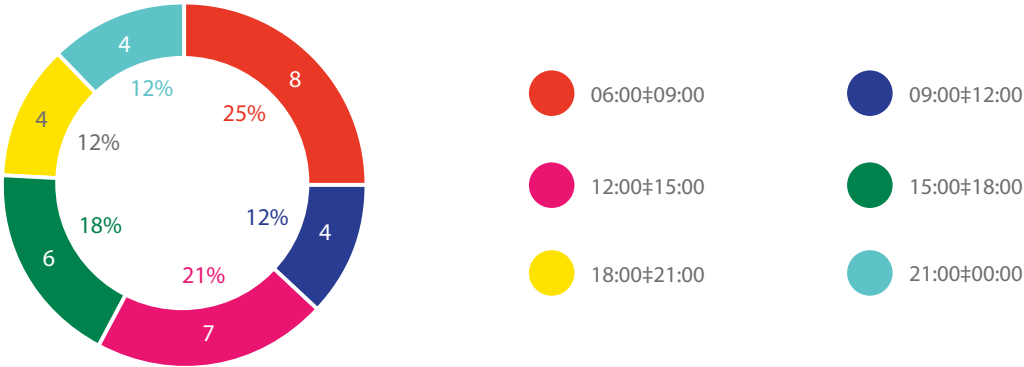


Figure 5: Frequency of radio broadcast times of purposively selected content

Collapsing the time variable into morning, afternoon and evening categories (See Figure 6) shows that the midday to early evening slot was favoured, followed by the morning slot. Only VOW FM (exclusively) and UNIVEN utilised this timeslot. While targeting the morning 'Drive Time' slot gives prime exposure to HIV/AIDS programming, and from the baseline study appears to be a popular slot for students to catch up on news and actuality shows, it might be asked whether the predominance of programming from midday until 18:00 is the most suitable time to capture students' attention.

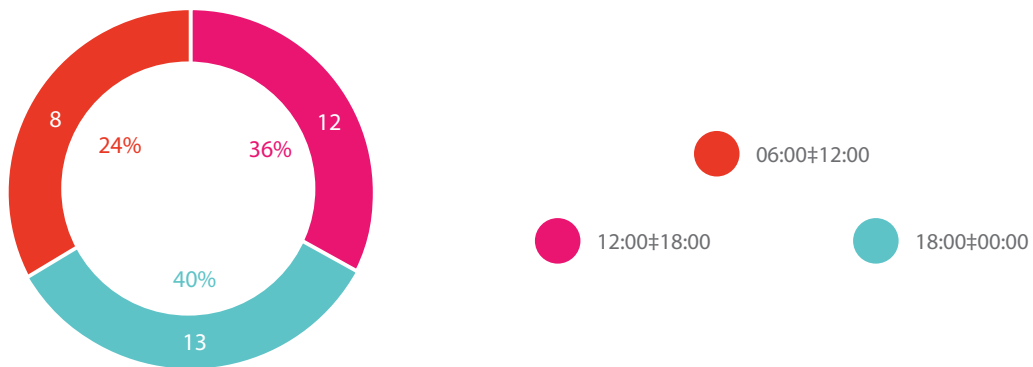


Figure 6: Frequency of morning, afternoon and evening broadcast times

6.3.3 Analysis of selected radio content

A total of 43 entries were analysed for format; voice; content matter; messaging and behaviour change; accuracy and directness of language; partnerships with HIV units; and audience engagement.

i) Formats

Radio stations had the autonomy to select their own formats for HIV and related content which would be entertaining for their specific audiences. All the stations engaged with different formats compared to their baseline programming. Table 3 shows the variety of formats used in the content selected for analysis. Interviews were either done live in the campus radio studio or telephonically. Promos (promotional clips or teasers) were used to introduce programming or as jingles in between programming. Talk shows usually featured a guest being interviewed, with invitations for audience participation. Features included a mix of audio such as music, a presenter speaking and poetry reading. The category 'other' was used for informational talks with no audience interaction or poetry on its own. PUK FM, which had not broadcast much on HIV at all before the pilot, produced the greatest diversity, using vox pops, interviews, promos, talk shows, features and poetry. UJ FM shifted its approach to radio dramas and promos. VOW FM reported weekly dramas at baseline; but switched to feature interviews, informational talks by sex blogger, Dorothy Black, and promos. UNISA Radio used interviews and promos and UNIVEN Radio used mainly interviews and talk shows.

Table 3: Format of selected content on campus radio

Radio station	Vox pops	Interview	Radio drama	Promos	Talk shows	Feature	Other	Total
PUK FM	2	1	0	2	0	3	1	9
UJ FM	0	0	14	2	0	0	0	16
UNISA Radio	0	3	0	1	0	0	0	4
VOW FM	0	3	0	3	0	0	2	8
UNIVEN Radio	0	4	0	0	2	0	0	6
Total	2	11	14	8	2	3	3	43

ii) The voices on Future Beats radio programming

Table 4 reflects the voices of selected content on campus radio. ‘Voice’ refers to those who are quoted, including station staff and interviewees, and in the Future Beats context refers to unscripted audio content. It is an indicator of power and agency and can confer status to an individual (30). There were 57 entries for student, expert, community, host and manager voice categories. Most content had more than one category of voice. Station managers were identified as such in the content selected, while community voices were those not clearly referenced as students. It was noted that less than 14% of selected campus radio content featured student voices. Only VOW FM and PUK FM featured student voices:

(Translated from Afrikaans)

“Presenter: ... so we walked around campus and grabbed a few people to hear if they do indeed keep condoms with them... but ja, join our HIV testing campaign. It’s a PUK FM project to raise awareness on campus, you know, about HIV, but ja, this is what people had to say:

Female 1: No, not at all

Female 2: Um, no, I don’t keep a condom in my bag

Male 1: No, I have, just to look cool, but I’m not sexually active so I don’t need it

Female 2: No, I don’t do it

Female 4: Yes, I keep it in my purse.” [PUK FM vox pop on carrying condoms, September 2014]

Table 4: The voices of selected content on campus radio

Radio station	Student voice	Expert voice	Host voice	Community voice	Manager voice
PUK FM	2	4	7	2	4
UJ FM	0	0	2	0	0
UNISA Radio	0	3	4	0	0
VOW FM	3	5	6	0	0
UNIVEN Radio	3	3	6	2	1
Total (N=57)	8	15	25	4	5
% of total	14	26	44	7	8

Host ‘voices’ were heard most frequently (44% of content), followed by experts ‘voices’ (26% of content). Only UJ FM, which produced radio dramas, did not have an expert’s ‘voice’. VOW FM featured expert ‘voices’ most often, followed by PUK FM. Student ‘voices’ mostly featured in short vox pops, whereas expert’s ‘voices’ were in longer interviews. Community ‘voices’ featured twice in PUK FM and UNIVEN Radio items, while managers ‘voices’ featured in four PUK FM pieces and one UNIVEN Radio item.

iii) HIV and related content

Campus radio stations broadcast a range of HIV/AIDS and related content (see Tables 5 and 6), tackling taboo issues such as stigma, discordant couples and sexuality, including LGBTI topics. Overall, the topic most featured was relationships, followed by stigma, risk perception and gender. Topics which featured the least were transactional and intergenerational sex. UNIVEN Radio had the greatest broadest diversity, covering all the HIV/AIDS and HIV-related topics which emerged during the analysis.

Table 5: HIV content on selected campus radio clips

Radio station	Risk perception	HIV prevention	HIV testing	HIV transmission	HIV treatment	Discordant couples
PUK FM	8	4	7	3	2	1
UJ FM	2	0	1	0	0	0
UNISA Radio	3	3	2	3	1	0
VOW FM	4	6	2	1	2	1
UNIVEN Radio	6	6	4	5	3	3
Total (N=43)	23	19	16	12	8	5
% of overall total	53	44	37	30	18	11

Table 6: HIV-related content on selected campus radio clips

Radio station	Relationships	Stigma	Gender	Sexuality	MCP	Alcohol	Pregnancy	STIs	Religion	Intergen. sex	Transact. sex
PUK FM	5	6	1	0	1	2	0	1	0	0	0
UJ FM	10	8	3	7	6	4	2	0	3	1	1
UNISA Radio	2	1	4	4	1	1	2	0	0	0	0
VOW FM	5	5	7	2	2	2	2	3	2	0	0
UNIVEN Radio	5	6	6	1	1	1	2	4	2	3	1
Total (N=43)	27	26	21	14	11	10	8	8	7	4	2
% of overall total	62	60	49	32	25	23	18	18	16	9	4

HIV/AIDS radio content included items on risk perception, HIV prevention, testing, transmission, treatment and discordant couples. More than half of the selected content featured risk perception (or perceived susceptibility) which refers to a person's subjective perception of the risk of contracting a health condition (31). Of all the stations, PUK FM had more items on risk perception and testing, while UNIVEN Radio had more content on HIV transmission and treatment, and discordant couples:

“Interviewer: *With Black culture allowing us to be in a polygamous relationship, if culture is being abused, you know those abused old things, anything that is being abused, you know, can turn to harm. If culture is being abused, can't it lead to us living life recklessly?*

Interviewee: *If it is abused, of course it will lead us to living life recklessly because, I have research to say, some people who can practice polygamy benefit one another, you see, but if there are those that can practice that and stick to those two ladies who you said you are marrying them, then it will be fine. But you will find that someone has two wives at home in a polygamy marriage, and after a while still dating people outside, so it is very much risky, Mr [], it's not good at all.”*
 [UNIVEN Radio interview for heritage month on polygamy and HIV, 19 September 2014]

PUK FM launched a multi-platform HIV testing campaign and nearly 80% of its selected content focused on testing. Overall, stations featured more content on HIV prevention than HIV transmission, testing and treatment. All stations, except the UJ FM radio dramas, dealt with HIV prevention in three or more items. Three stations dealt with the issue of discordant couples.

HIV-related content included categories for relationships, stigma, gender, sexuality (including LGBTI issues), STIs and risky behaviours such as multiple concurrent partners (MCP), alcohol, intergenerational and transactional sex. Pregnancy and religion were other subjects which arose. All stations dealt with stigma, gender, multiple, concurrent partners and alcohol. The topic which featured most frequently was relationships, with ten items on UJ FM and five each on PUK FM, VOW FM and UNIVEN Radio. Stigma was raised in 60% of content in support of those living with HIV/AIDS, destigmatising HIV testing and condom use, and being proud of one's sexuality. Gender issues, such as female condom use, women empowerment and medical male circumcision, were covered in nearly half of the selected content. All radio stations, except PUK FM, had items on sexuality and the LGBTI community, with most featured on UJ FM, which also featured the most content on MCP and alcohol. Pregnancy was mentioned twice by all stations, except PUK FM. UNIVEN Radio and VOW FM had the most items on STIs. Religion was mentioned in content by UJ FM (3), VOW FM (2) and UNIVEN Radio (2). UNIVEN Radio and UJ FM were the only stations to mention intergenerational sex in their programming, possibly in response to what was happening on campus:

"But it's bad here at UJ, hey? The sugar daddy syndrome, these girls are ruining their future. It is so bad. You should see the cars on a Friday evening or a Saturday that park there. You can tell that this is an old man who's got his family somewhere but he's here, hanging around with this little girl, old enough to be his daughter." [UJ Radio station staff]

iv) Messaging and behaviour change

Table 7 shows the results of content analysis for messaging and behaviour change. Messages need to be carefully constructed with the behaviour change communication objective in mind and should address desired changes and barriers to change. Comprehensive messages should contain the benefits the audience will have by taking the desired action, a support statement which convinces the audience they will experience the benefit, a call to action which tells the audience what to do and a lasting impression for the audience. It can also contain perceptions of people involved in the change, for example, women carrying condoms are empowered and take responsibility for their health. While 20 items (55%) contained elements of clear messages around HIV, 19 (44%) had no message, and four (9%) of these messages were vague. Examples of clear messages were around condom use for males and females; delaying sexual debut; circumcision benefits males and females; knowing one's status by undergoing HIV testing; detection is key to living positively; supporting PLWHA to avoid stigma; taking responsibility for one's health and being true to oneself. Most of PUK FM and UNISA Radio's messaging was clear, and all of UNIVEN Radio's selected content had clear messaging, for example:

"Interviewer: *Now, finally, do you encourage males to go get circumcised?*

Interviewee: *Yes, definitely, because we want to reduce the infection of HIV, although circumcision doesn't. Circumcising men doesn't completely stop HIV, it reduced by 50–60%, and after circumcision we encourage people, like, to continuously using a condom so I'll encourage all of the males to go for circumcision because it is very important and at least we can reduce the number of men contracting HIV, STIs and any other sexually transmitted infections. If you're not circumcised, you're easily vulnerable to contract HIV. And when you are circumcised, it's very easier to use a condom."* [UNIVEN Radio, interview on medical male circumcision, 25 September 2014]

PUK FM, UJ FM and UNISA Radio had selected items with vague messaging. Examples of vague messages included a PUK FM voicemail on kissing strangers in clubs and several of the UJ FM radio drama clips where the message was contained across several clips as part of a story, but not very clear in some individual items. VOW FM had equal proportions of clear and no messaging. Most of UJ FM's radio drama content did not have any messaging.

Table 7: Behaviour change indicators in selected radio clips

Radio station	Message	Vague message	No message	Cue to action	Self-efficacy	Behaviour change	Accuracy	Direct language	Euphemisms
PUK FM	7	1	1	5	3	5	7	5	4
UJ FM	0	2	14	2	1	0	0	3	13
UNISA Radio	3	1	0	3	2	2	3	3	1
VOW FM	4	0	4	1	3	1	4	8	0
UNIVEN Radio	6	0	0	4	3	2	6	2	4
Total (N=43)	20	4	19	15	12	10	20	21	22
% of overall total	46	9	44	35	27	23	46	48	51

Content was also analysed for 'cues to action', which are prompts to activate one's readiness to act, such as reminders, 'how to' information and radio station invitations for engagement (e.g. on Facebook or Twitter) (31). Over one-third of content did contain a cue to action, mostly invitations for engagement, but also around getting tested for HIV to know one's status. PUK FM and UNIVEN Radio had the most cues to action:

"It's still everywhere we look. We still hear it constantly, but now is the time to see. Now is the time to actually listen. Get tested for HIV today and tweet PUK FM your picture because we might not be the flood, but we have started the rain." [PUK FM promo, AIDS Awareness Campaign, 10 September 2014]

It is difficult to establish whether cues to action led to direct actions by the audience. The PUK FM testing campaign was the only case where a direct link could be made between the cue to action and testing, as corroborated by the HIV clinic head. From social media content analysis, there were no comments corresponding with radio content cues to action. All stations had items around self-efficacy which is a person's confidence in performing an action and overcoming barriers to that behaviour (31). Self-efficacy featured 12 items, ranging from testing for HIV, telling parents about an HIV test, and females carrying condoms. An example of self-efficacy was the VOW FM interview with a PLWHA:

"I mean I got tested coz she came with her aunt to my workplace and her aunt said: 'You both go and get tested, yada, yada, yada' and she's like 'no, I'm not getting tested'. Whatever, and I went alone..." [VOW FM interview, 2 October 2014]

Ten items mentioned behaviour change, with PUK FM talking about this in five clips, mainly in relation to taking responsibility for one's behaviour by taking precautions, and living positively with HIV. The example below demonstrates both self-efficacy and behaviour change:

Interviewee: *Well let's hope it's negative, but if it's positive, it's my own behaviour so I actually need to take responsibility for it then and then decide how I'm gonna change and how I'm gonna look after myself after that.*

Interviewer: *Do you feel that you are ready to test?*

Interviewee: *Yes, I am.*

Interviewer: *Then I'm just gonna ask that you sign this consent form, uhm, with this consent form just asks you to write down your name and surname and then to give a signature. Uhm, basically, you are giving me permission to perform the HIV test.*

Interviewee: *Okay, let's do this."* [PUK FM Mock HIV Test, 1 August 2014]

v) Accuracy and language

Of the items which qualified for analysis for accuracy (most of the creative radio drama and poetry pieces did not qualify for this analysis), the majority were factually accurate. In only one case was a conjecture made in a VOW FM interview which was not corrected. English was the predominant language of radio content analysed, although only UNISA Radio and VOW FM used only English. Most radio stations broadcast in languages appropriate to their audiences: UJ FM had content in English and isiZulu; PUK FM had content in English, English and Afrikaans, and only Afrikaans. UNIVEN Radio had the most multilingual items with content in English, English and Venda, English and Sepedi, English and Shangaan, and Venda.

Content was also assessed for the directness of the language and the use of euphemisms, which are context-specific and culturally based. In this analysis, euphemisms were used to 'soften' taboo topics which may cause offence, or to facilitate communication with student audiences. Among other things, euphemistic speech is a tool used to overcome language barriers (e.g. where words do not exist), or to engage with audiences by using colloquialisms (e.g. 'hook up' for 'sex'; 'protection' for 'condoms') to avoid being blunt, which may be construed as offensive by some audiences. More than half the content contained euphemisms or slang, the majority of which featured in UJ FM content. VOW FM had the most direct content with no euphemisms, which helps to avoid confusion around risk reduction behaviours. Euphemisms for PUK FM included sex 'not counting' if penetration didn't happen: *"It doesn't count as swimming if I only tested the water"*; carrying a condom at all times *"because you have a spare tyre with your new car, but you're not planning to have a flat tyre anyway"*. UJ FM used slang often, such as 'dissed', 'closet case', 'sleeping with everything that has a pulse', 'one night stand', 'coming out', 'looking hot' or being a 'hottie', and 'having the sexual maturity of a teaspoon'. It was the only station to use swear words, which were 'bleeped' out. UNISA Radio referred to HIV transmission due to 'negligence', meaning denial. UNIVEN Radio mentioned 'negligence' in four of the six items analysed, and referred to MCP as *"sneaking outside to have an extra lunch with someone else and that third one is not really minding that"*.

vi) Collaborative partnerships and audience engagement

In terms of partnerships and audience engagement, PUK FM (1), UNISA Radio (1) and UNIVEN Radio (2) linked to campus HIV activities. All the stations mentioned Future Beats in their content; VOW FM mentioned it most frequently (6 items), with the other stations mentioning it twice. Only two stations invited audience participation in their radio content, with only five invitations through Facebook, Twitter or a combination. These were from UNIVEN Radio (one Facebook, two Facebook and Twitter) and PUK FM (one Twitter, one Facebook).

6.3.4 Evaluation of selected radio content

Most radio stations demonstrated good uptake of topics on HIV and associated issues, and for some, broadcasting on these topics was a unique experience. The stations showed awareness of their audiences, and produced content which was context-specific and which they believed would resonate with their audiences. However, while most of the content contained messages around HIV/AIDS, these were somewhat haphazard. To be more effective, campus radio stations should consciously develop one or two carefully constructed key messages for their programming which address the target behaviour change.

PUK FM's 'Mock HIV test' interview with the HIV co-ordinator was an excellent example of key messaging and dealt with HIV prevention, testing, transmission and treatment; stigma and fear of testing; risky sexual behaviour; and alcohol use:

Interviewer: *And obviously you don't have to wait for an erection to put the condom on {Interjected: Yes} as with the male. The female condom, interestingly enough, can be inserted up to eight hours before having sex.*

Interviewee: *Isn't it like super uncomfortable then, walking around like that for eight hours?*

Interviewer: *Well, it actually takes the form and shape of your body. So they say it actually becomes a little more comfortable {Interjected: Well, that helps} but I mean, you can insert it just before you have sex. So it really depends on your situation."*

Interviewee: *I might just try that now 'cause it's Oppikoppi time now, and you know I'm gonna drink a lot, so the chances are that it's probably gonna happen. I've ended up in a strange tent more than I can count. {Shared giggles}*

Interviewer: *Research has shown that if you are under the influence of alcohol, condom usage does drop. You've mentioned that you would like to decrease your risk by using condoms, but if you are under the influence of alcohol, the chances that you are gonna use a condom are less. How do you think you can make sure that you do actually end up using a condom and keep yourself safe?*

Interviewee: *I think after this conversation I'm kinda scared 'cause I've realised now how many times I've put myself at risk. If I can just remember to actually keep it with me all the time, it will be fine.*

Interviewer: *That is a good idea – to make sure that you always have a condom with you so that you never gonna be in a situation where you think 'ahhh, I need one but I don't have one now.' Uhm, so you've told me that you are gonna decrease your risk by using a condom and you're gonna make sure that you always have one with you. You're aware of the fact that by being under the influence of alcohol could then contribute to you not using a condom, so you conscious of that and you need to be aware of that." [PUK FM 'Mock HIV Test', 1 August 2014]*

For PUK FM, broadcasting to mainly white, Afrikaans-speaking university students, Future Beats programming was initially a big challenge. However, the training exposed this station to new ways of broadcasting and to PLWHA, which set them on a path to produce bold and innovative programming. They coupled their testing drive with social media, requesting their listeners to post a photograph of themselves testing ('selfie') and then go for the test at the campus clinic. This cue to action did lead to action as the HIV clinic reported increased numbers of students testing because of the PUK FM campaign.

Stations explored new formats. UJ FM experimented with two radio drama series which they scripted and produced, focusing on stigma, transgender issues, relationships and self-affirmation. In their own words, these were 'provocative' and pushed the boundaries of radio broadcasting. However, while the stories in their entirety were compelling, the segmentation of the series made the content appear disjointed; each episode was not a stand-alone piece of broadcasting. Their handling of the transgender issues was bold, but coupled with the overuse of swear words 'bleeped' out, had the opposite effect and offended students who heard the radio clips. Students at NWU and Wits had the same reaction to the radio drama clip. With the exception of two promos on their radio dramas, UJ FM only produced the two radio dramas. Although they required much co-ordination, effort and commitment from radio staff, the station ran the risk of not appealing to listeners who may not have liked the format.

UNISA Radio reportedly had technical difficulties and did not send much content for archiving. They produced a number of jingles on Future Beats, while their substantive content focused on interviews with experts on female youth empowerment, sex education and HIV testing as part of the university's World AIDS Day campaign. In the three interviews analysed, presenters demonstrated some good journalistic skills, by asking open-ended questions and allowing the interviewees to complete their thoughts. However, the presenters mostly did not challenge the interviewees or ask deeper follow-up questions, which meant that the interviews tended to be superficial. Also, the hosts did not conclude segments with key messages which meant that if gender stereotypes were expressed during the interview, they were not challenged and the listener may be left believing that the views were acceptable and supported by the radio station.

Interviewee: *And that is what basically Choma is about – it is an interactive magazine for girls and young women.*

Presenter: *And you know what, [] I think that it's very important that we educate the girl child, you know, because now with, with, when you empower women, a girl, a young, uh, lady, you give them, like it changes so many thing, you know. If we can just give them that, uh, power to say, 'You know what, I'm not going to have sex if you're not gonna have sex if*

you don't have a condom with you, you know, I'm not ready, uh, I will engage in, uh, sexual activities when I'm good and ready and comfortable with myself. And it's very {Interjection: Exactly} important that as Choma, you are focusing, or you are channelling your energy to the girl child because I believe that if we can instil a sense of pride in our girls, {Interjection: Exactly} you know what, it will change a lot, really!" [UNISA Radio interview on *Choma* (girl empowerment magazine on mobile devices), 3 July 2014].

UNIVEN demonstrated excellent radio practice by asking listeners and the community which HIV/AIDS issues they would like to hear about. Another example of good practice was the summaries of interviews after breaks or at the end of the interview. In many cases, interviews were conducted in English and another local language (e.g. Venda or Shangaan). Summaries by the interviewer in the local language helped both to inform listeners unfamiliar with English about the substance of the interview and to reiterate the key messages:

Presenter: *{Venda} There you have it listeners. Twenty-six past one. Overall, what were we trying to look at today? We were looking at the good and bad that is there if you involve yourselves in a relationship with a person where you can't say what your status is, what you should know is this. We also looked at the issue of culture, family, you personally and what you need to look at in your life. We also looked at it in a Christian point of view, do we see this as proper or improper. This is a feature that comes to you every Wednesday at ten past one. We talk to you in that manner bringing you a lot of information concerning our health. I'm going to say goodbye to Tapelo with this good song by Freshly Ground. This will take us to the news.* [UNIVEN Radio interview on 'Moving in with an HIV positive partner', 28 August 2014].

VOW FM did not experiment much with formats, preferring to use the sex blogger, Dorothy Black, as a key source for their Future Beats programming. This included several explicit but informative interviews with her and monologues by her. The station also produced several vox pops which complemented themes of the more substantive interviews, such as on discordant couples and condom myths. This is a good strategy to 'tease' listeners and spark interest in the in-depth interview. However, they did not vary the scheduling of their Future Beats programming from their evening 'Loveshack' programme, which may be a missed opportunity to reach students who do not listen to this show. Their interviewing and journalistic style was very informal, with many host voice interjections. At times interviewing was insensitive, as seen in the interview with the PLWHA where the radio station presenter asked questions that were based on an assumption that an HIV positive status means that someone is sexually and romantically undesirable, and the questions were put to a person who is living with HIV/AIDS. In addition, the interviewer used closed-ended questions:

Presenter: *[, when one is HIV positive, does that mean I should just be hopeless in love?*

Interviewee: *When one is HIV positive, does that mean {Interjection: Yes} that you are hopeless in love {Interjection: Should I be hopeless in love?} That sounds like a song, a bad song!*

Presenter: *A bad song! Shouldn't I, no, no but it's a serious question. Should I just be hopeless in love? Should I just take what I can get because of my status?*

Interviewee: *Yeah, I mean, I really mean it, it sounds like a bad song but these are the songs that we don't want to be singing in our lives..."* [VOW FM interview on discordant relationships, 2 October 2014]

Unfortunately, the selected content shows that very few of the stations linked their radio programming to their social media engagement. This is a missed opportunity to engage with audiences and to spark debate on multiple platforms

simultaneously, and an area which can be significantly improved in the next phase. UNIVEN Radio engaged with audiences the most in the selected radio content. In one interview with peer educators, the host posted a question on Facebook on whether listeners would inform their parents they had tested for HIV and disclose their status. The interview progressed to allow some audience feedback, and the host responded to their comments:

“Interviewer: Okay well, the young people are also speaking on Facebook and I’m seeing a lot of comments, a couple saying, ‘I wouldn’t mind telling them, it’s not really a big deal, at the end of the day, they just have to know’ and ‘I don’t think it’s best to tell them at all, negative all the way.’ I would not tell my parents.’ There’s [] saying, ‘Yes, that would be a great initiative for yourself and for the people who you love, I just did that last month.’ Big ups to you brother, but he continued to say that, ‘But then, oh ja, when it comes to condoms, negative all the way.’ What happened to taking responsibility and giving yourself direction?” [UNIVEN Radio youth and HIV discussion, 15 August 2014]

UNIVEN Radio’s contribution of Future Beats programming over a four-month period is remarkable. They implemented innovative scheduling, appropriate and context-specific programming, and demonstrated commitment to the project and the communities they serve. Similarly, PUK FM, set in a white, mostly Afrikaans community, implemented a wide diversity of programming formats, determined to find and broadcast sensitive interviews with PLWHA, and its bold student-orientated testing campaign which led to increased testing uptake. UNISA Radio demonstrated rapid uptake and sustained broadcasting. All the radio stations created innovative and diverse programming, and adopted the Future Beats project with enthusiasm, despite resource challenges.

In summary, the quality of the radio programming was varied. There were some technical issues, such as poor quality audio due to the quality of the telephone lines during interviews, and having poor balance between the voices and the background music/noise. However, there was some creativity demonstrated in the range of formats that were used at several campuses which included interviews, vox pops and edutainment. Some interviews were better than others and overall, the analysis revealed that additional journalism training would benefit all presenters who interviewed people.

6.4 Extent and evaluation of social media engagement

Quantitative analysis shows that from a low base in March 2014 of no HIV or associated content on any platform on any radio station except UNISA Radio (see Table 9), by 1 December all stations had featured some HIV and associated content on their Facebook and Twitter sites. However, overall engagement on public platforms around HIV/AIDS and related topics was disappointing.

6.4.1 Extent of campus radio social media activity

Tables 8 and 9 indicate the social media activity of each station and platform over this period, and is a reflection of reach and potential. ‘Likes’ are the cumulative total of people who liked a Facebook post; ‘all tweets ever’ are all the posts on Twitter (a social media platform allowing messages of 140 characters or less) since the account was created; ‘Followers’ are people who receive the station’s updates. ‘Favourites’ are the number of users who ‘like’ a Twitter post. Of note is the massive increase in Facebook ‘likes’ once UJ FM re-established its site; the growth of TUT FM’s Facebook ‘likes’, and the exponential growth of UNIVEN Radio’s Twitter activity and following since activating a new account in May 2014 as a result of the Future Beats training workshops.

Table 8: Use of social media by campus radio stations at baseline (12 March 2014)

Campus	HIV & related content	Facebook	Facebook 'likes'	Twitter	All tweets ever	Twitter Followers
PUK FM	No	Yes	7 445	Yes	907	4 311
TUT FM	No	individual shows	1 116	Yes*	48	116
UJ FM	No	Yes	1 600	Yes	9951	7 056
UNISA Radio	Yes	Yes	4 935	Yes	13 547	4 378
UNIVEN Radio	No	Yes	139	Yes	2*	110
VOW FM	No	Yes	7 277	Yes	19 431	4 992

* Old Twitter account

Table 9: Use of social media by campus radio stations by the close of the pilot (1 December 2014)

Campus	HIV and related content	Facebook	Facebook 'likes'	% increase since baseline	Twitter	All tweets ever	% increase since baseline	Twitter followers and favourites	% increase since baseline
PUK FM	Yes	Yes	7 850	5	Yes	11 700	28	5 296; 126 favourites	18
TUT FM	Yes	Yes	2 255	102	No	-*	-	-	-
UJ FM	Yes	Yes	7 795	387	Yes	13 200	32	8 792; 69 favourites	24
UNISA Radio	Yes	Yes	6 320	28	Yes	16 200	19.5	6 211; 71 favourites	41
UNIVEN Radio	Yes	Yes	214	53	Yes	1 168	58.3	230; 3 favourites	109
VOW FM	Yes	Yes	10 175	39	Yes	25 200	29	6 732; 62 favourites	26

*TUT FM's Twitter account was inactive for the duration of the pilot

6.4.2 Extent of social media activity on HIV and associated topics

In total, there were 181 posts on HIV and/or associated topics on Facebook and Twitter. Table 10 shows the extent of social media activity, where UNISA Radio, an exclusively online radio station, had the most social media activity on HIV and associated topics, with 94 posts (51%). There were more posts on Twitter than Facebook. UNIVEN Radio used both platforms for the same topic most frequently. Table 11 shows that just over half the social media posts were linked to radio programming, with stations accounting for 51% of those posts. UNISA Radio had the most posts which referred to programming. In terms of partnerships, 31 (17%) mentioned Future Beats, and 20 (11%) were related to campus activities.

Table 10: Extent of social media activity by station

Station	Total number	%	Facebook	%	Twitter	%	FB and Twitter	%
PUK FM	8	4.4	3	5.2	4	3.6	1	7.6
TUT FM	12	6.6	12	21	0	0	0	0
UJ FM	27	14.9	2	3.5	25	22.5	0	0
UNISA Radio	94	51.9	32	56.1	61	54.9	1	7.6
UNIVEN Radio	12	6.6	1	1.7	3	2.7	8	61.5
VOW FM	28	15.4	7	12.2	18	16.2	3	23
Total	181	100	57	100	111	100	13	100
% of total		100		31.4		61.3		7.1

Table 11: Social media links to radio programming

Station	Links to radio programming	%	Links to campus HIV	%	Links to Future Beats	%
PUK FM	6	6.4	2	10	6	19.3
TUT FM	5	5.3	0	0	0	0
UJ FM	6	6.4	0	0	4	12.9
UNISA Radio	67	72	9	45	11	35.4
UNIVEN Radio	0	0	5	25	9	29
VOW FM	9	9.6	4	20	1	3.2
Total	93	100	20	100	31	100
% of total		51.3		11		17.1

As seen in Table 12 below, there was less audience participation by way of 'likes' on Facebook (36 posts) than Twitter, which had 62 tweets 'retweeted' (shared) by the station and audience. In terms of voice, the majority of posts were by the radio station only; 55 posts were by the audience only, and 23 posts were an exchange between the station and the audience. In 18 cases (10%) there was no voice, such as posts of other sources of HIV or associated topics.

Table 12: Social media audience participation

Station	Facebook likes	%	Retweets	%	Station voice	%	Audience voice	%	Audience and station voice	%
PUK FM	1	2.7	5	8	7	8.2	0	0	1	4.3
TUT FM	8	22.2	0	0	5	5.8	0	0	7	30.4
UJ FM	1	2.7	20	32	14	16.4	11	20	2	8.7
UNISA Radio	18	50	17	27	34	40	44	80	7	30.4
UNIVEN Radio	0	0	7	11	4	4.7	0	0	0	0
VOW FM	8	22.2	13	20	21	24.7	0	0	6	26
Total	36	100	62	100	85	100	55	100	23	100
% of overall total		19.8		34.2		46.9		30.3		12.7

Stations tried to elicit audience participation by posting questions such as “*When is the right time to talk to ur child about sex?*” [TUT FM, Facebook, 22 October 2014] which received no comments. VOW FM tried several tactics to encourage audience participation, such as:

“I would NEVER date an HIV+ person!!” she said... What’s your thoughts? Tune in for more on ‘Campus Life Crossroads’ at 19:40 #FutureBeats.” [VOW FM, Tweet, 2 October 2014].

This was retweeted once, with no comments. “*Does the amount of sex someone has with you symbolize how much they love you, if not what does it symbolize?*” The station retweeted this; but it raised no comments. [VOW FM, Twitter, 19 October]. In an effort to generate conversation around Dorothy Black’s ‘sexual myths’ interview, the station tweeted: “*What sexual myths have you heard? Do you believe any?*” [VOW FM, Twitter, 25 July 2014]. This did not have any comments. However, when VOW FM’s post combined music with HIV-related comments, the audience did engage on Facebook. Below is an example of this user-generated content:

***“#Redpill #Bluepill if you contracted a STD from you favorite international artist while they were in the country. Would you #bluepill: say nothing and silently sort yourself out. Or #redpill: blackmail the artist and threaten to go public about it?*”**

1. *I would never have unprotected sex again*
2. *Redpill!!! Lol Vuvuzela and VOW will be the 1st to know if my Mr favourite artist doesnt bump the cheese up.*
3. *Blue pill, I’ll just sort my self out.*
4. *No brainer... Red pill.”* [VOW FM, Facebook, 28 July 2014]

UNISA Radio, as an online medium, attracted the most comments from its audience. The following example from Facebook illustrates their typical audience-radio station exchange:

***“What questions or concerns do you have about the new contraceptive implants that were introduced this year by the Health Minister Aaron Motsoaledi?*”**

1. *I have the implant since June 2014 in my upper left arm. This is one of the best contraceptive methods I have ever used! No headaches, no tender breasts, no bloating, no pms and no menstruation. The only concern I would have is the method of taking the implant out, making an incision, leaving a scar, but thats the price I will pay for all the other advantages! [1 like]*
2. *UNISA radio: thanks for your input, listen live as we will be talking to one of the women that runs a reproductive health centre at 10:30 am. [1 like]*
3. *Hha! No menstruation 3yeary?? My question is how safe is it?*
4. *UNISA Radio: listen to Unisa Radio to find out. <https://radio.unisa.ac.za/live>*
5. *It is not right for a woman not to have her period for a duration of 3 years! I don’t recommend this new contraceptive implants. [1 like]*
6. *Incision leaving a scar ai this is insane plus no menstruation.”* [UNISA Radio, Facebook, 23 October 2014].

Other examples of UNISA Radio audience engagement on Twitter were around women empowerment, which had six comments, polygamy (four comments) and older women dating younger men (23 comments).

UNISA Radio and UNIVEN Radio both had guests who tweeted while being interviewed:

1. *"The important thing about sex education is to talk to teenagers before they start having sex – 'loveLife interviewee' (no comments or likes)*
 2. *Young people who feel they can talk openly with a trusted adult about sex are less likely to contract HIV – 'loveLife interviewee' (retweeted once by station)*
 3. *The average sexual début is around 16 – 'loveLife interviewee' (no retweets or likes)."* [UNISA Radio, Twitter, 10 October 2014].
1. *"When I met the 1st case of sexual diversity I was shocked and didn't believe [Dr X]*
 2. *When you faithful, you continue to condomise [Dr X]*
 3. *Get tested with your partner AND continue to abstain or condomise [Dr X]."* [UNIVEN Radio, Twitter and Facebook, 12 November 2014]

6.4.3 Social media content on HIV and associated topics

Since engaging in social media is largely about people rather than interests (18), it is not surprising that over half of the 181 posts (99) were about relationships (see Table 14). The overwhelming majority of posts were on HIV-related issues (145) rather than HIV (36). All stations covered gender, stigma, sexuality and the LGBTI community, and money/incentives. Intergenerational sex featured in 32 posts, 12 covered MCP and four dealt with transactional sex. Alcohol was mentioned in nine posts. Important to note is that HIV-related posts could cover multiple topics.

Table 13: HIV social media activity

Station	HIV content	Risk perception	HIV prevention	HIV transmission	HIV testing	HIV/STI treatment
PUK FM	5	2	1	0	2	0
TUT FM	3	1	1	0	0	1
UJ FM	6	7	2	1	0	0
UNISA Radio	15	6	9	3	4	0
UNIVEN Radio	4	2	4	2	1	0
VOW FM	3	4	3	1	0	1
Total	36	22	20	7	7	2
% of overall total	19.8	12.1	11	3.8	3.8	1.1

Table 14: HIV-related social media activity

Station	HIV-related content	Relationships	Gender	Stigma	Sexuality	Intergen. sex	MCPs	Money	Alcohol	Transact. sex
PUK FM	3	1	1	1	1	0	0	2	1	0
TUT FM	9	10	5	2	2	0	1	5	1	1
UJ FM	21	16	8	4	2	7	0	1	0	0
UNISA Radio	79	50	50	27	17	24	7	11	2	2
UNIVEN Radio	8	5	1	3	3	0	1	2	4	0
VOW FM	25	17	8	6	9	1	3	4	1	1
Total	145	99	73	43	34	32	12	25	9	4
% of overall total	80	54.6	40.3	23.7	18.7	17.6	6.6	13.8	4.9	2.2

Table 13 focuses on HIV content, where the majority of content was about risk perception (22 posts), which included issues around HIV prevention, pregnancy, testing for HIV and risky behaviour. There were 20 posts on HIV prevention, seven posts each on HIV transmission and testing, and two posts on HIV treatment. Table 15 shows that while 80% of content contained some message, only 55% had clear messages, and about 20% of social media content had no message. Individual questions posted by stations on Facebook or Twitter without a cue to action were coded as 'no message'. Audience responses to such questions were coded if their content contained a message. Examples of clear messages included:

"It is imperative to conduct survey to identify the challenges in the LGBTI community"; "We also need to raise awareness around the LGBTI communities in our own communities." [UNISA Radio, Tweet, 25 June];

"SA has been cited as having the highest infection rate among the youth according to a UN survey conducted. This is very troubling." [UJ FM, Tweet, 18 July 2014];

"Tweet your #IGotTestedforHIV picture @PUK FM936 and join their student advocacy campaign. Check out the link: [https://soundcloud.com/future-beats-2014/nwu-puk-hiv-aids-awareness-advocacy-launch ...](https://soundcloud.com/future-beats-2014/nwu-puk-hiv-aids-awareness-advocacy-launch...)" [PUK FM, Tweet, 18 September 2014],

Table 15 Messaging, cues to action, self-efficacy and directness of social media content

Station	Clear message	Vague message	No message	Cue to action	Self-efficacy	Direct language	Indirect language
PUK FM	4	0	4	4	1	7	1
TUT FM	2	7	3	3	0	9	3
UJ FM	18	5	4	7	5	21	6
UNISA Radio	64	18	12	19	10	67	27
UNIVEN Radio	3	5	4	4	1	12	0
VOW FM	9	12	7	7	1	16	12
Total	100	47	34	44	18	132	49
% of overall total	55.2	25.9	18.7	24.3	9.9	72.9	27

Not using social media for clear messaging was a missed opportunity. Character limitations on Twitter should not deter stations from posting short, effective messages. Just under a quarter of posts had a cue to action, most of which were station invitations to tune in or respond on social media. Other cues to action included HIV prevention (11 posts), sexuality and LGBTI (10), stigma (9), HIV testing (5), pregnancy (5), transactional sex (2) and multiple concurrent partnerships (1). There were no cues to action on intergenerational sex. There was a strong association between station voice and cue to action. Stations should use their 'voice' and position to post more calls for action around HIV prevention.

Only 10% of posts demonstrated self-efficacy, which is an individual's confidence that they can do a specific action (e.g. talk about HIV, go for an HIV test). Over a quarter of the content contained euphemistic language or was indirect. Only 12 posts contained some inaccuracies, such as:

1. *"Why is the notion of proper masculinity identified with heterosexuality. Same sex families are at the cutting edge of producing new families"* [UNISA Radio listener tweet],
2. *"90 people get swine flu and everyone wants to wear a mask. Millions of people have AIDS and HIV yet no one wants to wear a condom."* [UJ FM tweet];
3. *"Women enter into polygamist marriage in attempts to control infidelity."* [UNISA Radio listener tweet]
4. *"Tonight, I am talking about this latest trend of our young girls who thinks are doing the right thing. Usually on Friday evening, we find most women packed their bags claiming to visit their partners, friends, relatives. Well, visiting is not a problem, the problem is our young people visit their partners more than they visit church or even libraries ..."* [TUT FM station tweet]

English was the dominant language (174 posts), with a couple of English/Sotho and English/Zulu posts. There was one English/Afrikaans post. Tables 16 and 17 below show the platforms used for HIV and HIV-related content according to topic. Of interest is that while there are more tweets than Facebook posts for nearly all the topics; for money, HIV testing and HIV treatment there are more Facebook posts than tweets. Albeit few, most topics had both Facebook and Twitter posts, with the exception of intergenerational sex, multiple concurrent partners, transactional sex and HIV/STI treatment.

Table 16: HIV content of social media engagement by platform

	Risk perception	HIV prevention	HIV transmission	HIV testing	HIV/STI treatment
Facebook	5	6	1	4	2
Twitter	14	10	4	2	0
Both	3	4	2	1	0
Total	22	20	7	7	0
% of overall total	12.1	11	3.8	3.8	1.1

Table 17: HIV-related content of social media engagement by platform

	Relationships	Gender	Stigma	Sexuality	Intergen. sex	MCPs	Money	Alcohol	Transactional sex
Facebook	32	21	7	6	0	3	12	1	2
Twitter	63	49	31	23	32	9	11	6	2
Both	4	3	5	5	0	0	2	2	0
Total	99	73	43	34	32	12	25	9	4
% of overall total	54.6	40.33	23.7	18.7	17.6	6.6	13.8	4.9	2.2

6.4.4 Qualitative input on social media engagement

Qualitative input from radio staff about social media engagement varied. Some did not think social media was successful because students could not respond anonymously on a platform where “*everyone can see what they are saying... they don't want to be vulnerable in that way*”. Interpersonal and social media engagement by means of WhatsApp or inbox messages to the presenters was very successful at both TUT FM and UNIVEN Radio, where a presenter reported reaching up to 70 comments at times. Both stations felt that social media inbox messaging was a key way to inform individuals.

“I can say for sure that the community has related well to the station since the launch of Future Beats... going back to social media what we saw, the number of friend requests you would get, the inboxes you would get during your show, on that specific day, during that specific time, where you will be talking about Future Beats...” [UNIVEN Radio staff]

Audience comments on-air or via social media also assisted in producing user-generated content which resonated with listeners. PUKFM used social media mainly to market radio programming, and that listeners would not click on information posted which supplemented what was on-air. UJ FM reported significant activity on Twitter, but after being censored for posting a Tweet about faking orgasms, felt cautious about what they tweeted in future. This conversation reportedly sparked much discussion around sugar daddies and faking orgasms to keep the relationship, which was ‘*what we're seeing here, at varsity. Unfortunately, that is what's happening.*’ UNISA Radio had good audience engagement on their social media platforms, particularly when linked with campus activations. The station uses dedicated staff to post social media content.

Students at TUT and UNIVEN reported not using Twitter, but felt that Facebook was a good platform to disseminate information on condition that the Facebook page was well marketed so they knew a page existed and could get information on their

newsfeeds. TUT students were distrustful of Facebook information which they thought could mislead them because it was not 'controlled'. They confirmed that students only used social media to interact with people, and had not found anything on social networks on HIV/AIDS or that would give them information to make them change behaviour. At UNIVEN, students reported hearing about the Zazi campaign and seeing it on Facebook and Twitter. NWU students reported hearing the PUK FM campaign 'I've been tested, have you?' where students who tested could go to the station and record a message: 'I am ..., and I got tested for HIV, do the same.' They were also requested to post a 'selfie' (a self-photograph, usually taken with a smart phone) on social media.

6.4.5 Evaluation of social media content

Stations used their social media sites to drive traffic to their broadcasts. While just over half the social media posts were linked to radio programmes, the reverse was not true: there were few invitations on radio for audiences to engage on social media. Stations did make an effort to engage their audiences with HIV and related content on social media, but the response was very poor. The quality of UNISA Radio's tweets were factual. In contrast, VOW FM's posts were occasionally sensational to evoke audience responses, which was largely unsuccessful. The quality of TUT FM's social media content was similar – often sensational and mostly informal and colloquial. Unlike VOW FM, this style did elicit comments from audiences. UJ FM used social media to drive traffic to its radio dramas, and thereafter posted tweets, mostly in the format of questions, around age gaps in dating and single parenthood, which elicited comments. PUK FM did not engage much on social media at all, except to promote upcoming Future Beats programming. There were no comments on PUK FM's posts.

Despite the ongoing support and training on social media, stations did not adopt social media platforms with the same enthusiasm as the Future Beats radio programming. While audience responses were poor, stations should be encouraged to continue posting factual social media content around HIV/AIDS and related topics which appears to generate more responses than the sensationalist approach adopted by some stations.

All stations are to be commended for increasing their social media activity around Future Beats. At baseline, only UNISA Radio had evidence of any HIV/AIDS or related content on its sites, and this was minimal. By the end of the pilot, every station had HIV/AIDS and related content. UNIVEN Radio opened a new Twitter account as a result of the project.

6.5 Extent of radio station engagement with HIV clinics and utilisation of HIV clinic services by students (baseline and post-intervention)

6.5.1 HIV clinic engagement with campus radio stations

Campus radio stations did not introduce Future Beats programming in a vacuum. All six campuses had several mass campaigns after the baseline period, mostly around encouraging students to test and these were facilitated through the institutions' HIV units and campus clinics. In addition, HIV co-ordinators embarked on innovative efforts to persuade students to test for HIV. At North-West University (NWU), the HIV unit launched a new peer education volunteer programme to promote advocacy around HIV/AIDS awareness, and the HIV head participated in the Future Beats launch campaign on testing. At TUT, the HIV co-ordinator used innovative games developed by peer educators to interact directly with students to convey HIV messages in an engaging way. UJ launched Zazi, a multi-sectoral advocacy campaign on women empowerment, while UNISA hosted a display at the main campus library for Red Ribbon month in November. UNIVEN began the Child Chronic Medicine Dispensing and Distribution programme with the Department of Health to provide treatment to students already on ARVs to encourage adherence, while Wits had an initiative on cancer and HIV as part of a female condom campaign in September.

At baseline, UJ and TUT Soshanguve reported an active partnership between the radio stations and the campus health and wellness clinics, but elsewhere joint activities were more *ad hoc* and requested by the clinic for promoting an event. After the pilot, radio stations initiated contact with HIV clinics for programming and verification of information. All the HIV clinic heads and co-ordinators were unequivocal in their belief that Future Beats had provided a valuable platform for collaboration with campus radio stations and discussion on HIV issues. They all agreed that they would use campus

radio in the future to promote their services. One remarked that *“it was good that campus radio stations were taking up the response to HIV and making it their responsibility”*.

At NWU, a new relationship has developed between the HIV clinic head and PUK FM, which was a positive experience for both. The station invited the HIV clinic head to launch the project with a mock, on-air HIV test. This led to students testing, many of them for the first time. The HIV Unit invited the radio station to attend the peer educator volunteer programme, leading to an interview with the advocates and the clinic head.

“One of them then came to our advocate launch and in conversation she was just like telling me how absolutely passionate [station manager] is about this project and what [she] has been driving from her side and how she’s always mentioning HIV and this programme and their meetings. And that was something that I picked up and I thought ‘wow’, I mean that’s amazing to have someone who is so passionate and who is really driving it from their side... When I’ve got an upcoming campaign, I will not even think twice to now go to PUK FM, because I also know how they think about the whole HIV issue. And I know that I’ll get their support, so that’s made a big difference.” [HIV clinic head, NWU]

At TUT, radio was seen as a powerful tool, *“you can reach the ones even you can’t see”*, to explore underlying issues with students in residence, which is not possible during campaigns. UJ’s Cover Up campaign was a new collaboration with UJ FM, and the HIV unit supported the station’s programming by providing them with i-Pads to enhance the production of their radio dramas. UNIVEN, through UNIVEN Radio, launched a new programme, Youth Toward Change, to get to zero HIV infection, which was regarded as marketing the HIV clinic services *“very, very well”*.

Few HIV clinic heads reported listening to campus radio. An innovative suggestion from the Wits HIV clinic head was to get a reminder or beep when the station was broadcasting on HIV and related issues to encourage clinic staff to listen. Some Campus clinic co-ordinators reported that relationships with the radio stations could improve, particularly the timing of interview requests and scheduling of programming and HIV/AIDS campus activities. Several committed to sharing their annual work plans with radio stations to formalise a schedule for more consistent, co-ordinated HIV/AIDS programming and messaging. This would be particularly beneficial for large campaigns to attract the maximum number of students.

6.5.2 Extent of utilisation of HCT services at campus HIV clinics (baseline and pilot Future Beats period)

Figures for HIV clinic attendance, counselling and testing were provided by the clinics who routinely report them to HEAIDS. Table 18 illustrates the extent of HCT service utilisation for each campus. From HCT figures for 2014, 16 921 students visited campus HIV clinics. In the baseline period (January–March 2014), 6 295 students visited campus HIV clinics, while in the second period (April–December 2014) when Future Beats was introduced, 10 626 sought HCT services. Excluding Wits (which did not supply counselling and testing figures), 3 454 students sought counselling at baseline, and 3 445 were tested. In the follow-up period, 9 560 came for counselling and 8 816 were tested. The table shows that both mass campaigns and smaller initiatives were successful in driving students to test for HIV, particularly at NWU, UJ, UNIVEN and Wits.

In terms of trends, the data show that overall, testing figures dropped during exam time and at the end of the academic year in November/December. Since most clinics did not routinely ask students to provide reasons for why they were testing, it is not possible to positively associate the decision to test to Future Beats programming. Only NWU introduced this after the baseline interview. At baseline, big spikes in counselling and testing occurred at TUT, UJ and Wits during Condom Week in February, and at NWU during the First Things First campaign in March.

In the second period, spikes in testing were observed during campaigns which coincided with the broadcasting period. NWU experienced a spike in testing in August, which coincided with the Future Beats launch, a testing campaign initiated by the station. The spike continued in September with the couples’ initiative and continued Future Beats radio programming. Since TUT FM did not initiate Future Beats programming, this institution can be regarded as the control. TUT did not experience any sharp spikes in testing during this period despite the First Things First campaign in August. UJ experienced a massive spike coinciding with the Zazi campaign launch, HCT month and the start of UJ FM’s Future Beats broadcasting in August.

UNISA had a spike in August, coinciding with Future Beats programming and the HCT campaign, which continued through September and October when no campaigns were underway. UNIVEN experienced a huge spike at the beginning of its Future Beats broadcasting in August, which coincided with the Zazi launch. The spike dipped slightly in September with the male medical circumcision campaign and rose again in October with their World AIDS Day event. UNIVEN Radio's HIV broadcasting was pervasive in this period, with 24 broadcasts in August, 17 in September and 19 in October. Wits had spikes in July and August (HCT Month), which did not coincide with VOW FM's broadcasts; however the trend continued with the female condom campaign in September when VOW FM started broadcasting.

At UJ, the HIV co-ordinator believes that those who are more at risk of HIV visit the clinic rather than the testing festivals *"because we have more HIV positive results at the clinic..."* The testing figures confirm that mostly females come for HCT. This bias was most marked at UNIVEN where 76% of HCT clinic users were females compared to 24% who were male. At all institutions except UNIVEN, all students who came for HCT services were counselled and tested. At UNIVEN, 86% of females and 82% of males who were counselled were tested.

Motivation for testing is varied. After the baseline, NWU introduced a question for students utilising the HIV testing service about where students heard about it, with check boxes for campaigns, posters, website, PUK FM, friend, regular, other. Here, students were motivated to test to support the PUK FM campaign:

"I was very excited, naively maybe, about our testing campaign at that stage and we really got a good response, we had about twenty-five people testing, which was station staff and I know I spoke to [HIV head] as well after the first week, she called me and she said she can't believe that people are coming in testing for PUK FM." [PUK FM Radio staff]

"Well, we definitely had students come in and test because of the PUK FM campaign, and I know that many of those students tested for the first time. And that in itself is good, to just have given them an experience that they wouldn't have had if it wasn't for the campaign." [NWU HIV clinic head]

At UNISA, both staff and students are self-referrals. At UNIVEN, radio staff reported seeing an increase in testing uptake in the second semester, which coincided with radio programming:

"But I think ever since this whole topic, HIV topic came into being, second semester lot of people were volunteering to go and test, and I think that it is something that is really good because it has a huge impact. I was one of the people who tested and you know like in the line, first semester I was only person sitting there and busy filling in my forms but second semester there was a long queue to go and test." [UNIVEN Radio female staff member]

UNIVEN Radio staff also reported the HIV clinic co-ordinator saying there was a greater turnout in testing compared to previously. At Wits, there is greater uptake for HIV testing among day students (who are in the majority on campus) than residence students. Although Wits does not capture data on why students test, according to the HIV clinic head they report testing because they missed an opportunity during a campaign, they had unprotected sex or because *'All my friends had tested the previous week and I felt that I should because I've been encouraged by friends'*. At TUT Soshanguve increasing numbers of students requested the new injectable contraceptive, although the HIV co-ordinator was concerned about rising numbers of STIs and no decline in the number of termination of pregnancy requests:

"But overall, there is a spinoff in term of that the message is going out there that people can know there is a clinic that they can utilise in terms of primary healthcare and so on." [HIV co-ordinator, TUT]

There was overall acknowledgement among campus clinic staff that the Future Beats project had created opportunities for partnering with campus radio stations. There was evidence of greater collaboration between radio stations and clinics on some campuses, but not all, and at NWU there was a perception that the radio station did drive students to test. Future research will reveal whether the project made a lasting difference for campus clinic staff.

Table 18: HCT statistics – HEAIDS Future Beats January–December 2014

Campus clinic activities	Month	Males (M)	Females (F)	Total	Counseling (M)	Counseling (F)	Tested (M)	Tested (F)
NWU¹								
	Jan 2014	3	12	15	3	12	3	12
	Feb 2014	17	44	61	17	44	17	44
First Things First campaign	Mar 2014	250	382	632	250	382	250	382
	Apr 2014	19	23	42	19	23	19	23
	May 2014	13	25	38	13	25	13	25
	Jun 2014	10	20	30	10	20	10	20
	Jul 2014	14	20	34	14	20	14	20
Future Beats (FB) project	Aug 2014	28	43	71	28	43	28	43
Couples ⁴ ; communication	Sep 2014	25	41	66	25	41	25	41
	Oct 2014	15	29	44	15	29	15	29
	Nov 2014	10	14	24	10	14	10	14
	Dec 2014	5	3	8	5	3	5	3
	Total (% of total)	409 (38.4%)	656 (61.5%)	1 065	409 (38.4%)	656 (61.5%)	409 (38.4%)	656 (61.5%)
TUT Soshanguve								
	Jan 2014	1	5	6	1	5	1	5
	Feb 2014	31	66	97	31	66	31	66
	Mar 2014	31	36	67	31	36	31	36
	Apr 2014	23	24	47	23	24	23	24
	May 2014	43	17	60	43	17	43	17
	Jun 2014	13	8	21	13	8	13	8
	Jul 2014	6	8	14	6	8	6	8
First Things First	Aug 2014	4	29	33	4	29	4	29
	Sep 2014	6	16	22	6	16	6	16
	Oct 2014	16	32	48	16	32	16	32
	Nov & Dec 2014	2	7	9	2	7	2	7
	Total (% of total)	176 (41.5%)	248 (58.4%)	424	176 (41.5%)	248 (58.4%)	176 (41.5%)	248 (58.4%)
UJ²								
	Jan 2014	57	97	154	57	97	57	97
Condom Week	Feb 2014 (mass and routine testing)	577	1 271	1 848	577	1 271	577	1 271
	Mar 2014	138	220	358	138	219	138	219
	Apr 2014	143	264	407	143	264	143	264
Candlelight Memorial Day	May 2014 (mass and routine testing)	420	841	1261	420	841	420	841
	Jun 2014	94	156	250	94	156	94	156
	Jul 2014	128	261	389	128	261	128	261
Zazi launch/HCT Month	Aug 2014 (mass and routine testing)	626	1 210	1 836	626	1 210	626	1 210
UJ AIDS Day; Cover-up campaign	Sep 2014	129	210	339	129	210	129	210
	Oct 2014	120	246	366	120	246	120	246
	Nov 2014	79	141	220	79	141	79	141
	Dec 2014	8	6	14	8	6	8	6
	Total (% of total)	2 519 (33.8%)	4 923 (66.1%)	7 442	2 519 (33.8%)	4 922 (66.1%)	2 519 (33.8%)	4 922 (66.1%)

Campus clinic activities	Month	Males (M)	Females (F)	Total	Counseling (M)	Counseling (F)	Tested (M)	Tested (F)
UNISA³								
	Jan 2014	25	15	40				
	Feb 2014 ²	24	24	48				
	Mar 2014	17	29	46				
	Apr 2014	5	21	26				
Candlelight Memorial	May 2014	16	23	39				
	Jun 2014	19	20	39				
	Jul 2014	11	22	33				
	Aug 2014	35	31	66				
	Sep 2014	27	33	60				
	Oct 2014	29	23	52				
Red Ribbon Month	Nov 2014	19	25	44				
World AIDS Day events	Dec 2014	9	4	13				
	Total (% of total)	236 (46.6%)	270 (53.3%)	506				
UNIVEN								
	Jan 2014	7	115	123	5	6	1	6
STI/Condom Week	Feb 2014	163	263	426	7	31	5	28
First Things First campaign	Mar 2014	567	1 517	2 084	12	22	12	22
	Apr 2014	33	184	217	33	184	26	184
	May 2014	52	311	363	52	311	52	211
	Jun 2014	105	222	327	105	222	78	185
	Jul 2014	33	150	183	33	150	33	85
Zazi campaign	Aug 2014	356	993	1 349	356	993	256	983
MMC campaign	Sep 2014	83	365	448	83	365	71	220
World AIDS Day event	Oct 2014	200	503	703	200	503	200	503
	Nov 2014	25	60	85	25	60	18	46
	Total (% of total)	1 624 (25.7%)	4 683 (74.2%)	6 307	911 (14.4%)	2 847 (45.1%)	752 (11.9%)	2 473 (39.2%)
WITS⁴								
	Jan 2014			51				
Condom/STI Week	Feb 2014			127				
First Things First	Mar 2014			112				
	Apr 2014			79				
	May 2014			98				
	Jun 2014			60				
	Jul 2014			116				
HCT campaign	Aug 2014			162				
Female condom campaign	Sep 2014			119				
	Oct 2014			107				
	Nov 2014			63				
	Dec 2014			82				
	Total (% of total)			1 176				

Notes:

1. Couples Evening and an initiative with Communication students.
2. Campus Health does daily HCT testing. The Institutional Office for HIV/AIDS conducts mass testing once a quarter.
3. Figures are for the Florida and Muckleneuk campuses. Disaggregation for students was not provided.
4. Figures include campaigns and walk-ins (students) on all Wits campuses. Gender was not disaggregated.

6.6 Perceptions around behaviour change and whether Future Beats made a difference

On an individual and interpersonal level, all campus radio staff were positively influenced in terms of their behaviour and actions after being involved with Future Beats. They reported learning a lot more about HIV/AIDS and related topics than what they previously knew. They had their 'eyes opened', they had 'grown' and had 'opened up' to speak confidently about HIV/AIDS and related issues, not only on-air, but also to friends and family. For some, the project took them out of their comfort zones; they met people and heard stories they'd never been exposed to before. Some reported learning about gender, discordant relationships and the LGBTI community for the first time. Radio stations reported transformation in themselves and their staff, seeing 'massive change' with several hardly believing they were the same people as before their involvement in the project. All the station managers reported being very proud of their staff and the Future Beats outputs.

The new knowledge about HIV/AIDS and related issues also transformed their approach to programming, liberating them to speak confidently about issues they never would have tackled before, such as stigma, gender, sex and sexuality. They felt braver to introduce changes in their stations, and were passionate about being change agents. UJ FM did radio dramas for the first time, while one of the biggest changes for PUK FM was its new actuality focus. Future Beats inspired the station to be 'more than just radio'.

Staff learnt about healthy sexual behaviour, that HIV is not 'life ending', the importance of getting tested and knowing one's status to get tested. They spoke about knowing how to stay HIV negative through to dealing with HIV/AIDS during pregnancy, HIV treatment and positive living. Some reported feeling unafraid now to ask questions in counselling sessions. Others realised that their choices would determine the outcome of their behaviour. One mentioned a new sense of dignity and *"not settling for less. Regardless of the situation, we are all human beings."* Their new knowledge helped them to understand stigma and be empathetic towards people affected by and infected with HIV:

"One interview that stood out for me was when a very young man, I was shocked by his response when I asked, what comes to mind when you hear HIV/AIDS, what he said to me was hate, like what do you hate, he says I can't stand people with the virus, then I asked him but what do you mean, he is like no, I can't associate myself that. He fled, he left the interview, so it's really sad, it's really sad that I may be equipped, but the next person isn't. We need this education, we need it." [UNISA radio staff]

One staff member referred to the programming in terms of nation-building: *"You know, trying to build a new South Africa, if you can achieve the HIV-free generation, why not?"* Their new knowledge gave them a heightened sense of respect from the community. It made them feel trusted with people's lives, which came with greater responsibility to speak accurately about HIV/AIDS and related issues as they realised the power they had behind the microphone. They spoke about feeling mobilised with the information to let more people know about HIV/AIDS.

At community level, radio staff saw transformation in community members through their innovative, informative approach to taboo topics. UNIVEN Radio had three LGBTI students who opened up about their sexuality on-air, as well as HIV positive campus clinic staff who had not previously disclosed their status. Community members who were HIV positive also shared their views on-air. UNISA Radio reported that its students received the programming very well, knowing they could air their views on the station anonymously. In face-to-face engagements with students on campus, the station reported that *'there were times when people were just lit up in their faces with 'like okay, I didn't know''*. Acknowledging the power of radio to transform and reach many people, they realised that conversations and messages made a difference in people's lives:

"Simple things, seeing somebody repeat a certain thing and coaching what you said on your show. Then you see you know what the message is really getting across like that. I think it makes you feel like you achieving something, making a difference." [UNISA Radio staff]

"I mean you would meet them sometimes, people would just say 'I do listen to your show, but I don't want to comment cause maybe I wanna remain anonymous, but now that I see you, I would really like to thank you because whatever you are doing has, you know, actually helped and impacted my life and I'm now talking about it with other people. I didn't know that there was this and this and that, but since you've talked about it and you know I was listening to your guest say this and this and that, and I'm now talking to other people about it.'" [UNIVEN Radio staff]

On a technical level, UNISA Radio reported taking a completely different approach once they learnt about sensitive interviewing, allowing people to tell their own stories. This heightened sensitivity also impacted on other shows. Looking at different possibilities and sources 'at all costs' was a key change in one staff member. They learnt skills which they thought they could transfer to other media institutions "because we are doing it a bit better and they could actually learn from us." Staff reported that without Future Beats, they probably would not have learnt how to do radio dramas. PUK FM changed its programming from putting out 'information that hangs in the air' to telling stories of students on campus, and consequently was the only campus medium to be invited to interview the Vice-Chancellor about a contentious campus issue. Some managers reported learning new management and organisational skills, while others learnt to step back and trust their staff.

In terms of the future, some staff believed that HIV and related programming should be a responsibility rather than an obligation to submit content:

"I told my staff as well that I made a conscious decision to stop underestimating the intelligence and the emotional depth of my listener because it's our job as student media to educate and make sure that there are intelligent beings going from this campus into the world. It's our job to actually grow independent and intelligent individuals within a society. It's not my job to tell them what happened at the Kardashian house, it's my job to tell them what's waiting for them and how they can make a difference." [PUK FM Radio staff]

Both radio staff and HIV unit heads felt there was room for improvement and they wanted to do even more. UJ FM and UNISA Radio wanted to continue with HIV programming even if the Future Beats project ended. UJ FM wanted to have people with HIV share their stories on-air and UNISA Radio had received accolades from university structures, and was approached by other departments who wanted to participate: "It was received very well. It's one of the things that we brag about with the rest of the university. It's a wow..." PUK FM hopes that conversations around HIV/AIDS would become more acceptable to the student community on the NWU Potchefstroom campus after what they had achieved with their HIV reporting. UNIVEN Radio wanted to explore opportunities for radio road shows in deep rural communities. VOW FM spoke about participating more frequently in campus HIV activities to have more opportunities of interacting live with students about HIV and related issues. They even saw this as an opportunity to market the station around positive and responsible behaviour.

One staff member reflected on whether radio programming had made a difference:

"I don't want to sit down and say 'Look, I've made the difference. I don't want to take the credit at this moment, I want to see, I just want to see change happening and I will believe I made the difference when I'm dead and people back there are saying look, this guy did this and this and this, that's when I will say I made a difference, but when I'm alive I'm sure they not going to say that, so I can't say I made the difference, I will just say I will keep trying to make the difference.'" [UNIVEN Radio staff]

6.7 Study strengths and limitations

Strengths

- The selection of six socio-geographically diverse campus radio stations contributed to rich and voluminous data.
- The qualitative nature of the study allowed for in-depth exploration of the perceptions and experiences of radio stations and students on the selected campuses.
- Male and female students from different faculties and different years of study participated in the focus groups and spoke freely and openly. This could be attributed to having both male and female multi-lingual interviewers of different age groups. The extent of free discussion also reflects the agency that students have at these universities.
- The top-line findings and baseline report shared with all the radio stations enabled participants to engage with the research for in-house training sessions, and utilise the findings to inform their choices around programming formats and content.
- There is a dearth of data on student listenership patterns and the impact of social media on behaviour change. This study may contribute to the literature in this area.
- The researchers experienced very good collaboration with the Future Beats HEAIDS staff throughout the project, which facilitated communication with institutions, gathering of data and insights into the research.

Limitations

- It was not possible to measure the full extent of HIV debate through SMSs and call-ins generated by radio programming, given that radio station staff did not have the capacity to undertake this additional administrative task of capturing these data.
- The researchers did not attend the DWA training, and therefore could not draw conclusions on whether radio stations had conveyed the HIV/AIDS information and content accurately or not.
- Social media content was only captured on one day at the end of every month. Retaining all social media content becomes unwieldy, and content was occasionally removed from stations' Facebook and Twitter sites for undisclosed reasons which prevented back-searches for clarification.
- Monitoring and evaluating the radio station content was constrained by the fact that stations irregularly sent content for archiving to the Project Editor, and did not submit all the content they broadcast. While it was envisaged that the radio stations would self-select about an hour of radio programming for analysis and playback to student focus groups, this did not transpire. The researchers therefore could only consider and purposively select and download content submitted for archiving for analysis.
- Stations started broadcasting their HIV/AIDS programming on 1 August 2014, leaving very little time for sustained and pervasive broadcasts before students wrote exams and left their campuses in November. Very few of the students in the listener focus groups reported hearing any Future Beats content on their campus radio stations. To overcome this limitation, the researchers played five minutes of programming tailored for each student focus group to elicit spontaneous responses from students around the content and format.
- Student unrest at Tshwane University of Technology during 2014 and in February 2015 hindered both the programming and HIV/AIDS clinic activities on the Soshanguve campus, and the management and research of the Future Beats project at TUT FM. The station did not submit any programming content, and was therefore excluded from radio content analysis. The station served as a control group for evaluation after the pilot.
- The timeframe available to produce and broadcast new HIV/AIDS programming was very short to see a shift in health-seeking behaviour among student listeners.

CHAPTER 7: CONCLUSIONS

The Future Beats pilot project provided a unique opportunity for selected South African campus radio stations to build capacity, create a culture of innovative reporting, and stimulate dialogue on radio and social media on HIV/AIDS and associated topics. It demonstrates multi-sectoral partnerships on international, national and local levels, embracing numerous disciplines and actors. This evaluation shows that the Future Beats model made a difference to individual knowledge, raising awareness of HIV/AIDS and related topics among radio station staff. The campus radio stations produced innovative programming and sparked discussions around HIV/AIDS, both on radio and social media. On an individual level, among some radio staff, reportedly it was linked to changed behaviour such as HIV testing, and established new relationships between radio stations and HIV clinic staff.

Radio station staff appreciated the depth and quality of the training and information they had received, and requested ongoing, interactive training on even more HIV-associated topics such as HIV and unemployment. The training workshops equipped radio staff with new knowledge around gender, sexuality, stigma and HIV. This translated to increased self-efficacy of staff in engaging with PLWHA and reporting on associated topics with greater sensitivity. Their new knowledge transformed their approaches to programming, giving them the boldness to experiment with different formats for the first time. Programming was further strengthened through quality control and ongoing technical support provided by HEAIDS. Issues around HIV/AIDS were contextualised within student communities and radio staff were able to tailor the content to increase the relevance to the students and other listeners. By canvassing views directly from the community, UNIVEN Radio produced programming that responded to its community information and development needs.

In terms of the project's specific aims, the project did create awareness around HIV/AIDS and related topics. The variety of programming formats demonstrates significant effort and the quick uptake of radio stations to present HIV/AIDS in an entertaining way to overcome 'HIV fatigue'. It gave radio staff a sense of responsibility and for some, urgency to report accurately on HIV. While students still report that straightforward programming on HIV was 'boring', they also felt that the spotlight had shifted off HIV/AIDS and South Africa was not doing enough to educate communities.

The extent of programming, coupled with comments from radio station heads about their desire to 'go further', indicate that Future Beats made a strong contribution to establishing a culture of reporting on HIV-related topics which is likely to be sustained. The variety of topics addressing stigma, gender power relations, the LGBTI community, HIV prevention and discordant couples, demonstrated increased self-efficacy among radio station staff to tackle taboo issues, stimulate dialogue and create awareness among their audiences. The 'voices' of the radio station staff featured most frequently, followed by expert voices. However, student voices were not heard often, which needs to be remedied for content to resonate more with them. Just over half of the content contained a clear message, and a third contained a cue/call to action.

All campus radio staff reported positive behaviour and attitude changes after their involvement with Future Beats. A greater awareness of stigma among both radio station staff and students who heard radio programming shows the project may contribute to reduced stigma towards PLWHA and the LGBTI community. The project shifted the behaviour and attitudes of radio staff around risk perception and condom use, particularly government's free 'Choice' condom and female condoms. They had the opportunity to engage with these issues over a sustained period of time.

However, the majority of student listeners had not heard any content on HIV, and therefore had not been exposed to key messaging. They were still more fearful of falling pregnant, or getting caught having sex by parents or authorities, than acquiring HIV. This study supports evidence from other studies that students are still engaging in risky sexual behaviour, notably failure to use condoms and multiple concurrent partners. Students grappled with the dichotomy of knowing how to prevent getting HIV, but not following through with protective behaviour, especially when they have been drinking.

The findings reinforce the Future Beats vision to link social media and radio programming on HIV/AIDS. The project increased social media activity around HIV/AIDS on all stations, with Twitter featuring the most posts. Stations linked their social media posts to radio programming just over half the time, and used audience posts to inform their programming. Activity around HIV content was much lower than on HIV-related topics such as relationships, gender and stigma, which can be attributed to audiences not wanting to engage on the topic on public platforms, although some stations reported considerable activity on Future Beats programming through private inbox messaging on Facebook. Risk perception was the HIV topic which received the most posts.

The goal of establishing partnerships and networks was partially met. The training, follow-up meetings, and the opportunity to share content through the audio archives established a casual network between radio stations, although a formal campus radio network was not set up. The goal of linking campus HIV units with radio stations to support HIV programming was partially met and strengthened on some campuses. At baseline, only two campus HIV clinics reported active partnerships with radio stations, usually initiated by the clinic. After the pilot, five of the stations had initiated contact to verify information and to interview HIV clinic staff. HIV clinic heads are unequivocal in their belief that Future Beats had created a valuable platform for engagement with radio stations and HIV discussions.

An important finding was the increase in utilisation of HCT at campus HIV clinics from baseline until after the pilot. Testing spikes occurred with both mass campaigns and smaller campaign initiatives, confirming the importance of creating appealing opportunities for students to test in addition to offering routine services at the clinic. For the most part, these spikes also coincided with the broadcasting period. It was not possible to positively associate the increase in testing behaviour with the broadcasting, but at both UNIVEN and NWU, qualitative input from HIV and radio staff pointed to the Future Beats programming activities.

It is to be expected that a project of this nature would face challenges. Radio staff reported these to be censorship by university structures, technical difficulties, finding the right staff to drive the project and failing to set objectives. Several radio stations cited remuneration expectations from their volunteer staff and having other competing priorities as barriers.

Despite these challenges, radio station staff were unanimous that they 'wanted to do more.' They welcomed the opportunity to be agents of change. Some felt that the Future Beats brand could be sustained over time by doing road shows into communities and events on campus. Project successes included new knowledge, confidence, and technical skills of radio staff who felt a greater sense of responsibility to speak accurately about HIV/AIDS. As the conduit to listeners, radio staff are a very important link in the chain to influencing positive behavioural choices among student listeners. While radio alone is unlikely to result in behaviour change, with its significant reach, it however plays a key role in sparking conversations in the public domain around HIV/AIDS and related issues. When coupled with other campaigns, as seen from the increased HIV clinic utilisation, campus radio stations can play a key role in creating a positive environment for behaviour change among students.

CHAPTER 8: RECOMMENDATIONS

One of the benefits of using campus radio for this project is that they do not have the same commercial imperatives as commercial radio stations. However, if campus radio stations are not perceived to be relevant for their student audiences, they will lose listeners to commercial stations. All stations should consider featuring students in their programming more often to set themselves apart from the commercial stations and attract listeners searching for programming they cannot get at the commercial stations. While stations did produce context-specific content for their audiences, stations should consider producing informative content which is entertaining and relevant to students' lives on campus, as suggested by several student listener groups. Edutainment should also be considered as a format for future programming.

Attitudes and behaviour of radio station staff around stigma and risk perception shifted on an individual and interpersonal level following their sustained exposure to training and consequent programming. They expressed a desire for more frequent, interactive training which they felt would enhance programming, a request which HEAIDS should consider together with ongoing journalistic training to improve interviewing skills. Students should be afforded a similar opportunity to learn more about HIV/AIDS, using radio as a platform. Radio stations should consider hosting semi-structured discussions (peer education) with students to spark debate on stigma and other taboo topics. This could help to give youth the self-efficacy to test for HIV, know and divulge their status to sexual partners and adopt risk protective behaviour.

Students report losing self-control and having unprotected sex when drinking alcohol. Studies have shown an association between exposure to alcohol advertising or promotional activity and subsequent alcohol consumption in young people (32). Although likely to be very unpopular among students, university structures should act in accordance with their own and the country's HIV-reduction goals and demonstrate coherence between HIV reduction objectives and other university structures. This includes banning alcohol advertising and competitions sponsored by the alcohol industry on campus radio and banning or strictly controlling consumption on South African campuses. This is in line with current public health opinion and is seen as an effective intervention by the World Health Organization (33).

Radio broadcasts are transient in nature. A key limitation for this study was that not many student listeners had heard any Future Beats programming. Radio programming on HIV/AIDS and related topics needs to be targeted at specific audiences and messaging needs to be consistent, sustained and pervasive. They should consider broadcasting their Future Beats programming at peak hours, such as breakfast and drive-time shows to reach more listeners. Fears of losing advertising revenue are likely to be unfounded, as evidence around tobacco advertising has shown. When the media assert their editorial independence over advertisers in the interests of their audiences, advertisers either comply or are quickly replaced. In addition, radio stations should consider creating a Future Beats page under their programming section on their websites, linked to their Facebook and Twitter sites. This will allow students to download and listen to in the event they missed listening to a live broadcast.

The Future Beats project offers opportunities to revive civil society engagement and deeper conversations around HIV/AIDS and associated issues. Radio station staff are keen to be change agents, disseminating accurate HIV/AIDS information to their audiences. Stations should be encouraged and supported to market their programming through the Future Beats platforms, and extend the Future Beats brand through roadshows with communities or events on campus. Stations should continue to ensure that their HIV/AIDS programming is interactive and participatory – through on-air invitations and social media platforms – to spark these conversations within the public domain.

Although audience engagement on social media platforms around HIV issues was disappointing, it started off a very low base and should be sustained. Stations should aim to link their Future Beats programming with social media much more than is currently the case. UNISA Radio's approach to have dedicated staff posting social media comments while Future Beats content is being broadcast is a strategy which other stations may wish to adopt if they have not already done so. Having dedicated social media staff could also assist with monitoring audience participation, including call-ins, to provide

useful feedback on the loop between their radio programming, audience participation and back. Much more needs to be known and shared on how best to use social media to achieve public health outcomes, and this project could contribute to *“action research focused on ‘learning by doing’ and sharing lessons among peers across the globe [which] is vital”* (17).

Radio stations need to adopt a more structured approach to their messaging. This includes identifying the behaviour that needs to change, reflecting on barriers to that behaviour, choosing the appropriate times and days to best reach their target audiences. They should craft messages which are appealing, clear, accurate, culturally appropriate and contain a call to action. Stations should be cautious about producing content for its shock value. While listeners may reflect on why they are shocked, it may also incline listeners to switch channels altogether. Messaging should be pretested with students and adapted as necessary before broadcasting. It is recommended that effective messaging be included in future radio station training.

An issue that emerged from this study is that, despite having high knowledge of HIV transmission, students on campuses still engage in risky sexual behaviour. Radio programming should focus on the barriers to engaging in safer sex, including excessive consumption of alcohol. Topics should cover risky behaviours such as multiple sexual partners, age-disparate relationships and inconsistent condom use, particularly in light of ART availability and ‘risk compensation’ (4). Messaging should specifically target young women who experience a loss of self-control when drinking, and are in the age group of 15–24 where the rate of new infections is four times higher than in males (4).

The study found widespread and deliberate disengagement around HIV/AIDS, which student participants described as ‘ignorance’ and ‘negligence’. Ignoring the known risks of acquiring HIV and choosing not to protect oneself and one’s partner was associated with peer pressure and youthful invincibility. Students are well aware that they are the future of South Africa. For the privileged youth who attend university, messages which encourage responsible lifestyle choices as ‘smart’ and ‘cool’ may resonate. These messages could be coupled with positive peer pressure and self-accountability.

The timeframe available to produce and broadcast new HIV/AIDS programming was very short to see a shift in health-seeking behaviour among student listeners. While it will always be difficult and expensive to attribute behaviour change to a radio programme, a simple tool at HIV clinics may help to link testing behaviour with communication channels and campus radio broadcasts. As a result of the baseline, NWU introduced a question for students utilising the HIV testing service about where students had heard about it. Other campus HIV units selected for the next phase of the project should consider this approach.

Relationships between the radio stations and HIV clinic staff should continue and be strengthened. Both HIV clinic staff and radio station programme managers should share annual programmes and schedules to scout for opportunities for mutual engagement and support. Future Beats and HEAIDS staff may be able to encourage this by including it in regular monitoring activities with radio stations and HIV staff. The accuracy of broadcast content analysis rests with radio stations who are responsible for sending content. The researchers could only analyse content that had been sent to the Project Editor for archiving. Greater commitment and consistency from radio stations in sending content will assist in more complete reporting in future.

Research in South Africa has shown that youth regard radio as an important source of information on HIV (4, 12). Radio has an important role to play in presenting facts about HIV clearly to reduce the fear and stigma associated with HIV (14). From the analysis and evaluation of this innovative model, campus radio stations and social media are appropriate participatory platforms to target South Africa’s educated youth for programming on HIV and associated topics. We recommend that the Future Beats project be sustained and extended to other campuses and communities to enable social and behavioural change through public participation. Campus radio stations should broadcast clear, consistent and frequent programming on HIV/AIDS to support national, provincial, local and higher education objectives to reduce HIV infection in youth.

APPENDIX A: Table of Radio Programming Content for Analysis

Station	Title of clip	Length of clip	Broadcast date	Broadcast time
PUK (1h16)	Mock on-air HIV test (1)	02:33	1 August 2014	Aired live at 12:30
	Mock on-air HIV test (2)	05:57	1 August 2014	Aired live at 12:30
	Mock on-air HIV test (3)	06:35	1 August 2014	Aired live at 12:30
	Mock on-air HIV test (4)	05:51	1 August 2014	Aired live at 12:30
	Promo AIDS Awareness Advocacy campaign	02:37	10 September 2014	
	Promo AIDS Advocacy campaign (explain)	01:01	10 September 2014	Presenter intro to feature
	Voxpop Dra jy'n kondoom by jou? (Afr)	01:16	5 September 2014	17:00
	Voxpop Have you ever kissed a stranger?	01:36	8 September 2014	17:00
	Kunsdae: HIV and Poetry – Bakang	08:52	21 October 2014	21:00
	Interview: Barbara Kingsley (1)	09:59	27 October 2014	11:00
	Interview: Barbara Kingsley (2)	09:31	27 October 2014	(Aired as one full-length clip)
	Ek is	00:37	26 August 2014	
	Feature: The Story of Tjaart Booyens (1)	08:55	12 November 2014	17:14
	Feature: The Story of Tjaart Booyens (2)	08:19	12 November 2014	(Aired as one full-length clip)
UJ (50 mins)	Looks can be Deceiving (1.1)	04:12	1 August 2014	08:45
	Looks can be Deceiving (1.2)	03:01	1 August 2014	13:45
	Looks can be Deceiving (1.3)	02:54	1 August 2014	16:45
	Looks can be Deceiving (2.1)	02:14	8 August 2014	08:45
	Looks can be Deceiving (2.2)	06:08	8 August 2014	13:45
	Looks can be Deceiving (3.1)	05:11	15 August 2014	08:45
	Looks can be Deceiving (3.2)	02:42	15 August 2014	13:45
	Looks can be Deceiving (3.3)	03:54	15 August 2014	16:45
	Looks can be Deceiving (4.1)	02:45	22 August 2014	08:45
	Looks can be Deceiving (4.2)	04:04	22 August 2014	13:45
	Looks can be Deceiving (4.3)	02:30	22 August 2014	16:45
	Village Bicycle (1.1)	02:14	Submitted 30 September 2014	Aired in Friday slot: 08:45
	Village Bicycle (1.2)	04:42	Submitted 30 September 2014	Aired in Friday slot: 13:45
	Village Bicycle (1.3)	01:37	Submitted 30 September 2014	Aired in Friday slot: 16:45
	Radio Drama promo	00:45	July 2014	Weeks preceding B-Day*
	Radio Drama promo tail	01:15	1 August 2014	In between B-Day* slots

Station	Title of clip	Length of clip	Broadcast date	Broadcast time
UNISA (54 mins)	Interview Nomxolis Malope: loveLife (1.1)	10:11	10 October 2014	09:05
	Interview Nomxolis Malope: loveLife (1.2)	06:23	10 October 2014	09:05
	Interview Thulani Future Beats (1.1)	10:44	3 July 2014	11:00–11:30
	Interview Thulani Ftuure Beats (1.2)	04:43	3 July 2014	11:00–11:30
	Interview Vicky Malefo (1.1)	10:05	Live on World AIDS Day 2014	Not specified
	Interview Vicky Malefo (1.2)	10:45	Live on World AIDS Day 2014	Not specified
	Edited segment of Sexual Diversity Dialogue**	01:00	25 June 2014	09:00–11:00
VOW (50 mins)	Interview Dot Black First Sexual Experience (1.1)	08:58	9 October 2014	19:00–20:00
	Interview Dot Black First Sexual Experience (1.2)	04:50	9 October 2014	19:00–20:00
	Interview Dot Black: Condom Myths	08:55	11 September 2014	19:45
	Interview Les Nkosi	13:21	2 October 2014	19:00–20:00
	Dot Black item: STDs	05:36	17–23 October 2014	
	Dot Black item: Sex Myths	06:51	15–19 Sept 2014	
	Campus Life Crossroads promo: Condom Myths	00:30	Played on rotation	On the hour
	Campus Life Crossroads promo: Couple Testing	00:30	Played on rotation	On the hour
	Campus Life Crossroads: Discordant Relationships	00:30	Played on rotation	On the hour
UNIVEN (1h03)	Youth and HIV Community Drive (English)	10:03	15 August 2014	15:00–18:00
	Polygamy and HIV (English)	08:38	19 September 2014	21:00–00:00
	Moving in with an HIV+ Partner (English and Venda) (1.1)	05:32	28 August 2014	12:00–15:00
	Moving in with an HIV+ Partner (English and Venda) (1.2)	08:21	28 August 2014	12:00–15:00
	Medical Male Circumcision (English and Venda)	11:26	25 September 2014	21:00–00:00
	Teen Pregnancy (1.1) (English)	09:38	29 August 2014	06:00–09:00
	Teen Pregnancy (1.2) (English)	06:58	29 August 2014	06:00–09:00
	Promo: Women Empowerment***	02:57	15 August 2014	06:00–09:00

*Broadcast Day, 1 August 2014

**Broadcast live from UNISA Dialogue on Campus (Original length: 1hr, 53 mins. Cut/edited by Project Editor)

***Promo edit extracted from Morning Drive Show by Project Editor

APPENDIX B: Student Focus Groups Audio Playback

North-West University (Potchefstroom) and Wits University

Track 1: PUK FM HIV/AIDS awareness advocacy launch

Voice-over music throughout. African music plays in background, making the piece empathetic.

Voice of radio station head: It's everywhere we look. We hear it constantly. But when do we see? When do we actually listen?

Music gets more prominent. Fades when dialect resumes.

Voice of unknown African woman: How long? How long I don't care. No matter how much we talk about it, it is still shocking she said.

News reporter: On Monday, 15 September, the NWU Potchefstroom campus launched their awareness for HIV/AIDS advocacy programme. Programme co-ordinator, Tarryn Nel, realises that there are challenges ahead for this campaign.

Voice of HIV co-ordinator: The challenges that the HIV/AIDS awareness advocates face is literally that students aren't interested in hearing about HIV/AIDS. Uhm, so the biggest challenge for them is actually figuring out how to get other students involved and figuring out how to make them listen and change their behaviour.

News reporter: Awareness advocate, Leila Matepoko, has a vision for this campaign and it is rather simple.

Voice of female HIV/AIDS activist: I want to bring out a message that we may not be infected, but we surely are affected.

News reporter: According to Nel, perception and realisation is key.

Voice of HIV co-ordinator: When students start to perceive themselves to be at risk, then they're actually going to be, going to start listening and, you know, sit up and take note. So I think the first thing is, uhm, you know we need to get students to realise that they are at risk and their behaviours, whether it be alcohol use, whether it be low condom use, is actually putting them at risk.

Track 2: UJ FM radio drama 'Looks can be deceiving', Part 1 (Pilot 1)

Noise of crowd.

Transgender man: Ahhhh! Who the hell does she think she is so ****. Five years I've known her and she's ****more **** than a mosquitoes blood. Yet, she has the audacity to judge me for dressing the way I do! Hai suka man! She just can go take a hike!

Whistling.

Assaulter: YOOHOO... Why don't you come here and I'll show you a good time!

Transgender man: Are you talking to me?

Assaulter: Hai yebo, Come here, my sweetie!

Transgender man: Hai **** wena! Who do you think you're talking to? Try show me some respect if you're trying to catch my attention. I'm not one of those broads from Hillbrow, you know.

Assaulter: **** Aii, wena man! You look like you're waiting to be taken from behind but you have a damn attitude when I try to get with you! What's wrong with you? And that skirt barely covers your bod baby man! Why you playing hard to get man?

Transgender man: Because I would rather have a cold shower {Interjection: Oh oh oh} than have you touch me! You're delusional if you think you're gonna have a chance with me {Snapping sound}. Ahh you just pulled my weave out you bastard! What the hell!

Assaulter: Ahhh now you've seriously pissed me off you ****. Come here, you need to learn a lesson, wena.

Transgender man: Ahh let me go you jerk! Someone help me! Someone help me! He's trying to rape me! HELP!

Assaulter: How man, shut up you ****.

Lerato: Sibob, hey wena Sibob! What is going on? What are you doing? And who the hell is that?

Assaulter: Uhm... eish... no one, no one baby man! I mean this thing just came onto me. I was just teaching him, I mean it, a lesson.

Lerato: {*Foreign language*} Like you would be interested in the college joke, Thato Masepo. Ooh yughh, that is funny! You're such a desperate loser for thinking my man would want you!

Transgender man: Babe, please! Your man isn't my type! A closet case is not someone I'd ever consider and just so you know, he came onto me because my 'perk' butt caught his attention.

Assaulter: Ahhh man shut up, wena... you're talking nonsense! Ahhh man, baby man, he came onto me and I was just telling him what I think of his disgusting dress. I mean which man dresses like a female ****.

Lerato: Ohhh hush shame! You are sick for thinking my man would want you. You have nothing he wants anyways! He's into women! {*Foreign language*} He likes a woman with booty! What would he want with your body confused **** anyway.

Transgender man: Touch me again and I'll kick you in the **** your girlfriend seem to think you have! You better be prepared to face some attempted rape charges, you jerk! Now let me go!

Assaulter: Ha ha ha! Attempted rape! Aiii wena! Let's see you try to prove that Sibokeng Ditsebe tried to rape you! I barely touched you girl! I mean who is gonna believe you that the campus joke that Sibokeng Ditsebe tried to rape a **** like you. Ha, wena, ha ha ha ha.

Footsteps.

Track 3: VOW FM interview with Dot Black – First sexual experience

Interviewer: We're speaking to Dorothy Black, a supporter of sex, positive thinking and all-round self-acceptance. Dot dedicated herself to the job of sex journalism and blogging for Kinika. So today we're focusing on first sexual experience. Is there, like, psychological disease or something that you can form from building it up so much that you end up not able to have it because some people say, they just can't even, once they start, they won't stop in between and they never get to have their first sexual experience.

Dorothy Black: So people put it off for cultural or for religious reasons or moral reasons, and then other people just, you know, they can't find the right person or the right time and then it does, it kinda draws up to a point where they start feeling like they can't, like you say, it becomes like a block [yes] almost, until eventually I want to almost just want to say, get your friend and drink a glass of wine and just have sex, just to get it over with, you know?

Interviewer: So is there a way maybe to assist people who want to do it, but they just thinking too much about it? Some people end up getting raped because a partner got frustrated by waiting and trying to ease this person into it and then they force themselves into it and it turns out to be something bad than something good?

Dorothy Black: If you decide anyway through is, you wanna stop, no matter what the reason is, whether you're uncomfortable or you don't know what's going on, then it stops, you know, and any transgression after that is rape, and that's not because someone, you know, wasn't sure or just couldn't get it over with. So I think we need to be very clear about that.

Interviewer: Because I think, personally, I've also had an experience but we broke up. You know, I dated a girl that was a virgin, and, and we tried, we tried having sex but every time I, I was starting to penetrate, she would always go "no, no", every time and every time she's like "I'm sure". So there were some parts of me that were like "let me just do it and get it over and done with", but then I thought eish, I'm gonna to be that guy that she's gonna walk away and say "he forced it on me" and things like that.

Dorothy Black: If someone says no, it's just a no.

Track 3 continued: Promo

Female: Um, it was when I was 16, it was with a friend. It was really awkward and it, it was painful.

Voice over: This is how 30 seconds led to a crossroads. Campus Life Crossroads. Brought to you by Future Beats.

Tshwane University of Technology and University of Venda

Track 1: UNIVEN Radio Women Empowerment (Promo and interview)

Female voice over: *Music plays in the background.* You are beautiful. You are smart. You are funny. You are kind. You are unique. You are worthy of love and affection. You are never too much and you are always enough and your responsibility is to find that woman and set that woman free. This is who you are – cherished, loved and adored – above all else by the creator of all things for the glory of all things. I am awesome! Please don't you forget it!

Interviewer: Now is the minute you say HIV then everyone was just going to disappear and you know, I spoke to a few students and I was like come on now, you have to get tested, you just had a baby, you didn't get tested during that period and you have to go to the clinic, you have to get tested and then you know your status and everything, so she used to dodge all of that. And then she's like, "What's the use, if he has HIV or not because rumours are that the guy who got her pregnant was HIV positive, what difference does it make, coz this guy is still gonna pay the bill?" Guys, what would you say to her?

Male interviewee: To know the importance of knowing her own status.

Female interviewee: And I also think it's important because she has the baby now, she has to know her status.

Interviewer: They are positive, they are negative. No, no, no, it's about you are positive, you are negative, it's all about your status. This lady, she had unprotected sex, she got pregnant, so I asked her if she got tested after, you know, falling pregnant. Who knows if she's telling me the truth or not. She said, "Yes, plus we got tested before, we knew each other, we trusted each other."

Female interviewee: As ladies, if I'm pregnant, I have to test, know my status and even afterwards, if I'm still active in sexual activities, I still need to test, know for my child's sake. HIV is a manageable disease.

Male interviewee: You know, when it comes to us as boys, right, so we always go around and you know what, those girls, they are pregnant but what's your responsibility?

Interviewer: We're weighing between a condom, which you don't buy, which you get for free and a baby. We're weighing the two and people aren't getting it. So, speaking of condoms, so I asked some students of the university and some community members: between a guy and girl, whose responsibility is it to carry around a condom? One of the guys I had said, "Ahh it's a girl's responsibility because girls have purses with them."

Male interviewee: You know, if you really care about your life, you'll protect yourself.

Interviewer: Don't you find it awkward, mara, for a girl to be carrying a condom?

Female interviewee: Yeah, it's awkward but *{Shared laughter}*.

Interviewer: She confirms!

Female interviewee: But as we are ladies, we need to carry those condoms all the time, it's our responsibility.

Interviewer: Some people out there, there's a guy who said that if you're still scared to buy condoms or carry them, then you're still very young, you're too young for sex. A lady who carries around a condom in her bag or wallet is not a person who sleeps around, but a really responsible woman. AIDS doesn't kill men only and two males don't get pregnant.

Male interviewee: Let's put on our tekkies and we res by res and distribute condoms.

Interviewer: Isn't distributing condoms encouraging the young people to have sex?

Male interviewee: Let's forget about the word 'encouraging', let's talk about saving. We know they are doing it, why do we have to avoid it?

Track 2: UJ FM Radio Drama – transgender testimony and prayer

Woman 1: You boys feeling adventurous?

Man 1: Sorry honey, you're not my type. She's all yours bud.

Woman 1: Okay then. Car park or bathroom, personally, I don't mind, I'm down for whatever. *{Echoes}*

Transgender man: Oh Heavenly Father, there are no words to express how filthy I feel every time I break Your heart. The guilt and the shame are overwhelming. Lord God, I need Your touch right now. I'm so tired of being born again and doing these things that I hate doing. I'm so sorry! Father, I ask for Your forgiveness right now. I'm shocked that my life has come to a point where my faults and shortcomings are judged by complete strangers. Who I am, who've You've made me to be, has no place in this world. I beg of You please to save me from this cruel and unaccepting world. Father, I love you and I'm so regrettably sorry for my selfish actions. *{Music plays in background}* People are so quick to judge you, to belittle you, crushing your confidence by typecasting you simply because you're different. So what if I don't conform to societal laws? I choose to be different. What gives you the right to project your disapproval onto me anyway? I don't live my life to please anyone else but me. I answer to no one but my creative end. So your opinion doesn't mean anything to me, but before you build a character profile up on me, honey, let me just say, never judge a book by its cover.

Track 3: UNISA Radio Sexual Diversity Dialogue (segment edited from two-hour recording)

Piano intro plays during Male Presenter 1.

Male Presenter 1: Future Beats is a youth development and HIV prevention programme through campus radio and social media. The aim of the project is to establish a radio and social media programme at university radio stations in South Africa. The aim is to create greater awareness concerning HIV and AIDS and issues related to HIV and AIDS in South Africa. Join the conversation.

Male Presenter 2: Each one of us, who we are, doesn't matter from where we come from, what background we have, what type of, uh, race, or ethnic group or gender we are, we all have a sexual identity.

Female Presenter 1: Man, woman, straight, gay.

Male Presenter 3: Who am I? I am a man.

Female Presenter 2: One LGBTI are experiencing discrimination.

Female Presenter 3: So I felt that my life will be in danger.

Female Presenter 1: Why things are the way that they are.

Female Presenter 4: Uhm, I think everybody knows that we have a responsibility.

Piano continues.

Male Presenter 1: Join the conversation.

Track 4: VOW FM vox pop on discordant relationships

Male 1: Haven't been with like multiple partners, so I wouldn't really think that *{Chuckles}* I would be HIV positive.

Female Presenter 1: This is how thirty seconds led to a crossroads.

Male 2: Never. I wouldn't but, uhm, I would understand if I have a girlfriend who is, uh, now HIV positive or if I am HIV positive, the logical thing to do is to disclose this to the other partner.

Male Presenter 1: This is how thirty seconds led to a crossroads.

Male 3: If I'm completely honest with myself, I probably wouldn't be in a relationship with HIV girls.

Male Presenter 1: Campus Life Crossroads brought to you by Future Beats.

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