

# RX Radio: An Exploratory Study

A research study  
conducted for RX Radio

by

The Institute for Child and  
Adolescent Health  
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## **Executive summary**

### **Introduction and context**

Within The Red Cross Children's Hospital in Cape Town, South Africa, operates a children's radio station, RX Radio. RX Radio, which is 'run by children, for children situated in the hospital. Broadcasting since May 2017, the aim of the radio is to provide child patients with the opportunity to connect with other children and adults, by sharing opinions asking questions, telling stories, sharing entertainment and creating networks within the hospital.

This report will present findings from an exploratory study of caregivers, child presenters, child listeners, healthcare workers and hospital administrator's perceptions of the function and impact of The Red Cross Children's Hospital, children's radio station, RX Radio.

### **The aim of this study**

The primary aim of the proposed research is to conduct an exploratory study of the RX Radio pilot phase, and assess how it is perceived and understood by child patients (child presenters and listeners), family members, health providers, and hospital administrators in its first year of functioning, in order to guide the Station's further development.

### **Method**

Interviews were conducted with healthcare workers and hospital administrators, child presenters, child listeners, and parents/guardians of child presenters. Interviews were conducted by trained data collectors from Stellenbosch University's Institute for Child and Adolescent Health Research. Audio recordings of interviews were transcribed and – if in isiXhosa or Afrikaans – translated into English by trained translators. The interview content was analysed by a researcher on the Institute's team.

### **Results**

The final sample was comprised of 7 healthcare workers/hospital administrators, 10 parents/guardians, 10 child presenters, and 12 child listeners. Three child listener interviews were excluded due to the interview being terminated prematurely, before any relevant content could be covered.

Thematic analysis of the interview content initially yielded 28 codes, which were then reduced to 4 themes. These themes were "impact of radio involvement on children", "perceived benefits of radio for children", "impact on parents", and "radio's relationship to wider hospital and community" (the latter of which included the sub-themes "perceptions of service providers", "limitations on the radio's reach", "impressions of the radio's listenership of its content"). These themes, and their associated extracts, are discussed in detail below.

### **Discussion**

One of the primary ideas conveyed by both children involved in the radio, as well as their guardians and staff, was that the child's work as a presenter included, and revealed and facilitated the development of capabilities in, children previously perceived as 'sickly'. This perception formed part of a general tendency for children, parents and staff to see the child's involvement in the radio as building their confidence. In general, the children and parent/guardians felt that this confidence came from the child's involvement in something



which brought them joy, and taught them skills. Children also enjoyed the sense of community which participation in the radio project afforded them, a perception which parents and healthcare workers also endorsed. Further, children often expressed that their radio involvement facilitated their learning of skills which translated into their life outside of the hospital. Both children and healthcare workers found value in the fact that the radio inverted the usual power dynamics of the hospital – children enjoyed being able to ‘switch roles’ with their health professional for a few minutes, and ask the adult questions, and the healthcare professionals learnt about their patients’ lifeworlds during these candid interview exchanges.

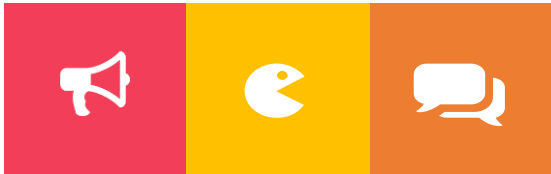
Interviewees noted a number of areas in which the radio – involvement in it or listening to it – made a positive contribution to children’s lives. For instance, the fact that the radio contained only child-centred content was of benefit to both children involved in the radio’s programming, but also to listeners. The radio was also portrayed, by interviewees, as an inclusive space, one in which the real world limitations imposed on children living with often severe illness in their day-to-day lives did not apply. Linked to the inclusivity of the space, were children’s perceptions of the equality with which they were treated during their involvement with the radio, that is, they felt that the radio space was a fair one.

The involvement of children attending the hospital in the radio station affected their parents, parents who had often dealt with a great deal of doubt and strain regarding their child’s wellbeing. Some parents sensed that their child’s involvement in the radio might lead somewhere, or at least ignite in the child some sort of aspiration. In general, this fed into the parents’ sense of pride in their children’s abilities.

Finally, data concerning the relationship of the radio to the hospital at large, included healthcare workers’ and parents’ ideas about the reach of the radio, and the limitations on its reach. Child listeners, parent/guardians, and healthcare workers all noted that the radio station programmes were quite inaccessible, even to those within the hospital. The fact that the radio does not have its own frequency at the time of interviewing, was felt to be the main barrier to access, as, at present, programs are played through the hospital television, which are not always available. However, some listeners and parents both expressed that the radio, when they did listen to it, was very entertaining.

## Recommendations

- As is the case in many projects with vulnerable groups of this kind, it is possible that the radio is reaching – for involvement – mostly those children who are most confident. This despite the fact that the radio’s management explicitly instruct recruitment of children who need developmental support and confidence building. This is a common difficulty faced by recruiters in these situations: of the group in need, those who are ‘least in need’ (although in need) often are more visible, and thus more likely to be recruited. RX Radio need to reiterate to clinicians that they make use of the station to assist children in need of developmental support and confidence building, and in so doing broaden recruitment to the most vulnerable of this group.
- The greatest barrier to the radio’s reach and success, as perceived by participants in the present study, is the lack of a designated radio license and frequency.
- Within the hospital itself, steps could be taken to make the radio more accessible to child listeners.



- Future research could be done to explore the role which radio involvement has in helping children to advocate for better services, as findings in the present report did not shed any light on this area, despite an international literature which points to the possibility of radio functioning in this manner.



## Introduction and background to children's Radio

The research on children's participatory media has grown over recent years, as researchers have begun to take seriously a need for participatory, inclusive strategies to reach children. Participatory media methodologies often include the use of art and visual representation as a means of understanding children's 'voices' (Mand 2012). Sometimes, these voices are captured in a more literal sense, through the use of radio as a medium for communication and narrative-making, social participation, and political and social engagement (Bosch 2007, Mchakulu 2007).

Researchers have further explored modes of collecting data that allow children of various ages and social contexts to participate and communicate in an equitable but also distinctive way. Media-focused projects can allow broad-based participation, encompassing an activity that most children enjoy (i.e., drawing), and can represent in visual terms a diversity of experiences and backgrounds (Mand 2012). Participatory media methods have also been used in various youth research and intervention settings, with an aim towards observing a change in outcomes, such as participatory arts-based methods used with rural students to engage issues of gender, gender-based violence, and HIV in South Africa (Stuart 2010). Other research has focused on the related effects of youth participatory research, looking at the use of participatory visual methodologies with marginalized children in global health research as a case of "research as intervention" (D'Amico et. al. 2016). The act of participation and validation can be especially beneficial for children who have not previously felt valued as individuals.

Radio is a less commonly researched mode of participatory media, but there is some literature on community radio and youth radio clubs as a mode of public engagement and a way to foster meaningful dialogue (Mchakulu 2007). There are also a number of local initiatives and a growing NGO presence in the realm of children's radio. The Children's Radio Foundation (CRF) is based in Cape Town, South Africa, and operates in 6 African countries (Liberia, Ivory Coast, DRC, Tanzania, Zambia, and South Africa), creating a platform for advocacy and community engagement, and also building skills for young journalists to conduct their own research and share stories from their environments. Abaqophi BakwaZisize Abakhanyayo, another similar project based in rural KwaZulu-Natal, South Africa, provides a forum for children to tell their own stories, ask questions they would like answered, and share their views and concerns. Creating public awareness and allowing children to highlight their own needs has re-centred the conversation on child rights and child needs in a particularly impoverished corner of South Africa. Bosch (2007) conducted observational research with Bush Radio, run by the Children's Radio Educational Workshop (CREW) (also in Cape Town) and found that the programme provided important ways for youth to discuss identity, experience leadership and mentorship, take ownership and responsibility, and explore creative and political expression. Such radio programmes, produced "by kids and for kids", have emerged in places like the Philippines (Okiddo), United Kingdom (Radio Lollipop), the United States (Seacrest Studios), Namibia (Children's Voices), and Sudan (Voices of Children).

Children's radio has become an important tool in motivating and mobilizing vulnerable children in a range of settings, including children's hospitals. Hospitals in the US, UK, and South Africa have used radio programmes as a mode of engaging young patients and allowing them



to be part of a collaborative and uplifting experience. However, most of these programmes have included children as participants without bridging these more critical elements of participatory media projects—allowing children to tackle difficult topics and to take ownership of the process from start to finish.

A growing body of research indicates that children in hospital tend to experience high levels of anxiety, in addition to loneliness resulting from separation from family and peers (Barnes et al, 1990; Bossert, 1994; Coyne, 2006; Wilson et al, 2007). It increasingly draws attention to communication practices between staff, children and their families. Children seldom receive information about what to expect while in hospital. They are often excluded from discussions about their condition, diagnostic procedures and treatment options, as well as possible pain, discomfort and likely outcomes. Even older children are frequently not included in consultation or decisions about their health (Alderson, 1990, 1993; Carter, 2002; Coyne, 2006; Moses & Urgoiti, 2008; Van Dulmen 1998). Studies also document children’s boredom, related to limited (and usually very controlled) access to activities while in hospital (Coyne, 2006; Bishop, 2008; Bossert, 1994).

The literature discussed here provides two key arguments important to an exploration of the impact of children’s radio in the context of a hospital: firstly, there is increasing recognition of the value in understanding children’s own perspectives in order to improve hospital environments and experiences for children (Alderson & Montgomery, 1996; Carter, 2002; Cohen & Emanuel, 1998; Lansdown, 1996). Secondly, it is argued that children’s well-being in hospital can be improved through access to simulating age-appropriate recreational and learning activities. These can reduce children’s stress (Coyne), “minimize the impact of difficulty and boredom”, assist children to “maintain a positive frame of mind and to feel comfortable within the hospital environment” and provide “information that supports children’s ... understanding of their situation and their capacity to participate in their own health-care management” (Bishop, 2008).

## **Context and reflexivity: RX Radio and the present study**

Within The Red Cross Children’s Hospital in Cape Town, South Africa, operates a children’s radio station, RX Radio. RX Radio was established under the auspices of the Red Cross Children’s Hospital Facility Board and is supported by the Children’s Hospital Trust. It became operational on November 1st, 2016, broadcasting for the first time in May 2017.

RX Radio is ‘run by children, for children situated in the hospital. The aim of the radio is to provide child patients with the opportunity to connect with other children and adults, by sharing opinions asking questions, telling stories, sharing entertainment and creating networks within the hospital. The radio strives to create a platform for communication between hospitalised children, their families, and the health services by providing patients with the skills and support to produce and broadcast radio programmes across the hospital.

Its stated aims include:

- improving children’s experiences of hospital and of their illness;
- increasing adult understanding of children’s experiences of chronic illness / hospital, and



- informing improved health worker and hospital practice.

Aside from this, the station also aims to promote dialogue between patients, family members and health-workers, to provide children with the technical and other skills necessary to record and broadcast audio programmes, to use stories to communicate children's experiences of being ill and in hospital to the hospital community, and to produce quality audio programmes by children and for children. RX Radio is also mandated with the piloting of radio programme formats, content & distribution mechanism(s) with children to guide the further development of the hospital radio station, and the development of a model for a Red Cross Children's Hospital radio station. Finally, the project aims to investigate the impact of a child participatory radio intervention on hospitalised children, their caregivers and on the health services.

RX Radio is on air daily, initially for 2 hours per day, and since February 2018, from 10 am to 10 pm during weekdays and 9am to 9pm on weekends. Live magazine-format shows anchored by children in the hospital are hosted every second and last Saturday of the month from 09:00 to 15:00. Shows include programmes pre-recorded and produced by patients about their experiences and interests, interviews with a diverse range of children and adults (including health workers, celebrities, newsmakers, influential organizations and institutions , among others), music, as well as interactive games, competitions, dedications and discussions in which children can participate on air from their hospital beds.

Currently, RX Radio broadcasts through the Hospital TV network, streams through RX Radio website and uses 100 MP3 for those children admitted to hospital that are not well and can only listen on demand. The MP3s are also used for audience research purposes by listener groups participants. However, the RX Radio does not have a frequency, and, as such, is not permanently on air in the sense in which other radio stations are. RX Radio has not been able to apply for an FM radio licence because ICASA has put a moratorium for community radio licence since 2015.

Amongst challenges noted by the RX Radio's management is access to the broadcasts. Almost half of all televisions at the Red Cross Hospital's wards and waiting rooms were not working for the first 5 months of the radio's delivery (May to October 2017). Since then new televisions have been purchased and others fixed, however the challenge of access continues. The role of adults (parents/caregivers and health workers) in controlling the TV sets at the wards is very prominent and therefore, other programmes such as soap operas, sports, news are often aired whilst parents are in attendance at their children's bedsides. Another challenge to accessing RX Radio's broadcasts within the hospital, is the average admission time of a child patient at RXH which is between 2 and 4 days.

Since December 2016, RX Radio has trained 56 Child/Young Reporters. More than 80% are patients with chronic conditions, 20% are siblings or friends. The main criteria for children to join RX Radio for training to become a Child/Young Reporter is that they are a patient with a chronic condition attended at the hospital or a sibling/friend aged between 4 and 17 years. In the early stages of implementation, most of our children were referred by health professionals and teachers at the hospital. However, more and more, parents and children attending Red Cross hear RX Radio while in hospital and approach the station directly. Basic training occurs over a period of 5 days and occurs during the school holidays throughout the



year. The intake of children is approximately 15 children per basic training. The station does not prioritize children that are assertive and confident for participation.

This report will present findings from an exploratory study of caregivers, child presenters, child listeners, healthcare workers, and radio management's perceptions of the function and impact of the radio during its first year in operation. The data were collected during interviews, and, as such, the report does not present observational accounts (which is a limitation when working with children, as interviews may not be able to yield the kinds of insights with children which they might with adults). Still, the small qualitative study on which we report here, offers some insights into the perceptions of the radio, amongst a sample of stakeholders.

## The aim of this study

The primary aim of the proposed research is to conduct an exploratory study of the RX Radio pilot phase, and assess how it is perceived and understood by child patients (child presenters and listeners), family members, health providers, and hospital administrators in its first year of functioning, in order to guide the Station's further development.

## Method

Interviews were conducted with healthcare workers and hospital administrators, child presenters, child listeners, and parents/guardians of child presenters. Interviews were conducted by trained data collectors from Stellenbosch University's Institute for Child and Adolescent Health Research. Audio recordings of interviews were transcribed and – if in isiXhosa or Afrikaans – translated into English by trained translators.

The final sample was comprised of 7 healthcare workers/hospital administrators, 10 parents/guardians, 10 child presenters, and 12 child listeners. Three child listener interviews were excluded due to the interview being terminated prematurely, before any relevant content could be covered.

The interview content was analysed by a researcher on the Institute's team. Thematic analysis (Braun & Clarke, 2006), can be employed to arrive at a textured understanding of qualitative data. The data was read, and re-read, and salient facets of interviewee's narratives were isolated and noted ('coded'). Coding of the data not only involves a close examination of the textual data, but also its categorisation into more coherent themes through which conclusions can be reached regarding the content of the interviewees' responses (Aronson, 1995). Once this initial phase was complete, the codes – which represent ideas which recur throughout the dataset – were organised into the broader categories into which they cohered ('themes'). Themes represent the broad ideas and understandings conveyed in the dataset as a whole. Two rounds of analysis were conducted. In the first round, transcripts were examined for emergent themes. The draft report of these findings was then presented to representatives from Red Cross. Based on their feedback, a second round of coding was conducted, where the





transcripts were examined for specific types of information in which the representatives were interested (purposive coding). Where information had been omitted in the first round of reporting, it was included in the second round.

## Results

Thematic analysis of the interview content initially yielded 28 codes, which were then reduced to 4 themes. These themes were “impact of radio involvement on children”, “perceived benefits of radio for children”, “impact on parents”, and “radio’s relationship to wider hospital and community” (the latter of which included the sub-themes “perceptions of service providers”, “limitations on the radio’s reach”, and “impressions of the radio’s listenership of its content”). These themes, and their associated extracts, are discussed in detail below.

## Discussion

### *Impact of radio involvement on children*

One of the primary ideas conveyed by both children involved in the radio, as well as their guardians and staff, was that the child’s work as a presenter included, and revealed and facilitated the development of capabilities in, children previously perceived as ‘sickly’.

Another mother explained that, as she tended to keep her child out of school-based activities due to his illness, the radio provided a much-needed space for socialization and development. *“Since he catches infections fast so I’m always keeping an eye on him so there they experience a lot of things. He got to know other children and [the radio] takes them when school closes and they make them do activities there and you could see that his happy his free,”* she explained. This was echoed by a parent of another boy with a chronic illness who is currently being trained to work at the radio, who noted that the social skills and exposure which radio participation afforded her child had translated into his functioning better at school. She explained, *“Starting with the radio station his interaction with kids has improved and his vocabulary has improved. That is the two most things that I noticed and his .....His interaction skills around and his teacher also noted because his teacher then takes constantly and you know whatever happening because he will tell me when [child] has his off day because I ask him to do that. He said on the overall [child’s] interaction with the other pupils in the class has improved and his vocabulary has improved.”*

As one guardian noted, *“I couldn’t believe [that this] child that struggles with his health could interview me, you see? So now I just stay and kept asking myself questions that I will be interviewed by [child] even at home.”*

Another parent noted, *“And its kids, you can’t—you actually think that, “wow! Kids can actually do that?” And yho! Its, shoo! It’s so amazing to think that they—it is actually kids. It’s the first radio station in Africa, with kids who are actually running the show.”*



One mother of a child with an intellectual disability explained that her son had “*become more responsible. He’s more... Although he’s very outspoken, he’s become even more. He’s matured more in a sense also and he’s mixing more with children that he would normally not see every day. In his environment, what he sees is children that are ill. Not all of them are like him here, if you get what I’m saying. So if I see him, I see that he is the only ‘special needs’ child, although there are ones with physical disabilities, but he is mentally challenged as well. So he’s about the only one that can’t read and write and that’s why he doesn’t have his own show as yet. It’s difficult on him, but I think he really enjoys doing this.*”

This perception formed part of a general tendency for children, parents and staff to see the child’s involvement in the radio as building their confidence. One child presenter saw her involvement as part of a broader process of growing in confidence; “*My mom also worked with me, and taught me how to be confident, and that’s how I got into the radio station. She put me on the radio station, so that I can be very more confident about myself, and I feel much more confident,*” while a parent noted that “*The training they get here [at the radio] and the fact that they go on air – it has boosted their self-esteem. [Child] has become very confident, very confident!*”

Similarly, another child presenter noted, “*I was a very quiet child when I wasn’t on RX Radio, didn’t used to talk much and just used to play, but now with RX Radio I express my feelings and more and I get to speak freely... I never used to talk that much, I’d only talk maybe when someone asked me a question and id answer. If someone asked if I was doing fine I would say yes, even if I wasn’t because I was really shy. With RX radio it helped me express myself even more.*”

Another, a child patient who was currently working as a presenter, explained that this new confidence was in part due to interacting more with other children due to her involvement in the radio, “*I am a shy character, so here like it made me stop being shy. Meeting with other children is nice, every second weekend we are looking forward that, “okay, like I am not going to stay home the whole day, I will come and see these children, so its nice to be on radio, and speak, and then be listened up by the other children, and you inspire them you see, and I learned a lot —ja.*”

In general, the children and parent/guardians felt that this confidence came from the child’s involvement in something which brought them joy, and taught them skills. One guardian explained, “*First they were very—ehm—they were nervous because they didn’t know what to expect... It’s overwhelming for them, and ehm, “will I be able to do it?” I think that’s when I say its shaky they wouldn’t—because they didn’t know what the outcome is gonna be, and it was—ja it would have been a scary experience for them, because they weren’t sure of, you know—“can I do this? Or can’t I do it? Can I do it?” But ehm, they overcame that because of the -the training sessions that they have been given them actually, oh it was amazing, because they [the station crew] worked with them. They showed them how to overcome the fear of being scared, and being nervous, and not being afraid to speak out and to say what they want to say. You*



*know, sometimes kids don't necessary say what they want to say, they get anxiety and it's not always a good thing, they need to express themselves. And those workshops, ehm the workshops that they [the radio crew] held make them [make the kids] come out of the shy, and maybe express, and overcome their fear of what they might experience."*

A child presented summed up this sense; *"It's like you've been hiding under a rock for so many years and RX Radio takes you out of the rock and brightens you up and makes you happy."*

Further, children often expressed that their radio involvement facilitated their learning of skills which translated into their life outside of the hospital. One child presenter explained that her involvement in the radio had taught her self-control and "professionalism" – a term which she used to distinguish the behaviours she had learnt whilst working at the radio from those less positive coping strategies she had developed in her life outside the hospital. *"If we act like professionals, but still have breaks and fun, we have to work – if we encourage ourselves to be more professional, if we do everything right and get everything in order like the people on radio then we can go on air"*, she explained, adding that *"I come from Manenberg, where they shoot all the time, and they steal, and everything happens in our road, and then they get angry and all the [bad] words come out... Then I know that—then I know that now I am not there, then I won't get angry, and then all the [bad] words won't come out, and now I am here at the station relaxing, and not bringing that words out."*

Echoing this perception of translatable skill development, a parent noted, *"This radio station is giving them exposure to meet lots of people, and also to interview people. It has given them yho! Ability to interact with not only kids, but with adults, children their own age with adults, with all types of people. So, it's phenomenal what the radio station is doing for these kids. It gives them the opportunity to view their opinions and how they—their feelings and how they are feeling, so it's awesome."*

Similarly, a hospital administrator noted, *"I think there's no question that there is a variety of pluses, I mean there's skilling kids, just giving them life skills, giving them confidence, there's definitely a healing aspect too... So, I'm not just talking about personal development as young people, but I'm also talking about their ability to actually come to terms with their experience they've had and I think that working with the radio gives them this, helps them with some of those tools. There are also lots of other good things about the radio, why a radio in general, but that personal level, the fact that it's actually good for kids, that's very important."*

Another child presenter noted that their experiences at the station inspired them to view their day-to-day life through the more structured lens of their 'job' as presenters. One child presenter explained, *"I keep saying 'you can do this, you can better yourself', I listen to the radio and I see 'okay she started her radio like that and he started it like that' and then I can see how I can use that."*

This positive attitude towards the skills cultivated during radio work appeared to be facilitated by the children's sense of ownership over the radio and its content. Children



presenters perceived their role in the radio to be pivotal and important, as one child explained, *“The adults are helping us write things that we need to learn on paper while presenting we looking at words written there. The young ones are doing what I am doing they are presenting all of them”*. Another child reiterated this sentiment, explaining, *“I enjoy the shows... I can do my own thing, but the good thing about RX Radio is [the managers] doesn’t tell you which music to pick or what features to do, literally you are in charge and you can say what music to pick, what features you want, what the topic is, what you want to talk about or who you want to interview”*.

The children felt a sense of belonging at the radio. In the case of one child presenter, this sense of belonging was in contrast to his experience of being a child with a serious medical condition. He explained, *“[being on the radio] means I’m a part of a family at RX Radio, where I love them and I appreciate what they’re doing. It’s like having a surgery and then coming out thinking I’m a weirdo now because I have a condition.”*

This sub-theme, of experiencing a shift on the normal dynamics of life as a patient, recurred throughout the data set. One child presenter described his experience of interviewing his doctor as “great”, and discussed the enjoyment he got out of being able to ‘switch roles’ with his health professional for a few minutes, and ask him questions. This reflects what has been termed, in theoretical accounts of community radio, the ‘power of the mic’. The exchange which follows shows how the usual power dynamics of the hospital were inverted, with the child patient gaining the opportunity to ask their healthcare provider questions, rather than being the passive recipient of medical questioning and intervention.

*Participant: [I interviewed] My doctor and ...*

*Interviewer: You interviewed them yourself?*

*Participant: Yes*

*Interviewer: Wow... so you had questions to interview your doctor?*

*Participant: Yes*

*Interviewer: Okay how was that day please tell me about your experience that time you were about to sit with your doctor?*

*Participant: It was great and there were no paper to look at*

*Participant: I spoke ... I was only speaking for myself what I am thinking and him .... He...*

*Participant: He speaks what he ....he knows about me*

*Interviewer: About you?*

*Participant: Yes*

*Interviewer: [what is it] that you wanted to hear the most from the doctor about you?*

*Participant: Uhm... it was to how he felt when he heard that I have what I have*

*Interviewer: What is the doctor saying about his experience?*



*Participant: He says he ....he became sad, right? And he wanted to help me with some stuff and other pills but there's nothing changing.*

*Interviewer: Um... how was it like when you were asking doctor these questions? It was from you on your brain all this, right?*

*Participant: Yes, it was great and some I was still thinking*

The child in question had also had the opportunity to interview their mother about her experience of their illness. The exchange which follows also illustrates the positive effect which this interaction had on the child. The child seemed to appreciate having the opportunity to ask candid questions to adults, which they might previously have not had the space to ask.

*Interviewer: Okay tell me now interviewing mother how was it like interviewing on radio, what did you want to know the most from your mother?*

*Participant: Was uhm.. was to .... How it was like how she felt when seeing me ... when seeing this thing on me*

*Interviewer: Okay, what is your mother saying about when you ask her?*

*Participant: She said she thought ... she said she also felt sad because I was the first child she had who's got this*

*Interviewer: Um... um... um... okay that moment you talking to your mother asking these questions and your mother answering telling you the way she felt, on you how did you feel?*

*Participant: (COUGHING) I don't know but it was great.*

Another participant, a mother of a child presenter who has a serious illness, said that she felt her child's involvement in the radio had facilitated her opening up about her illness, and that this might help other ill children to come to terms with their experience. She explained, *"It's amazing that a child at their age knows so much about their bodies, and their ailments and the treatment they get for it; that is just amazing. With the radio they feel so free to talk about it, I say you know years back when people are sick then they are too shy to tell people what is there problem; Like the old people say 'they hide it under the chairs' right or 'under the blanket'. But today it's so open and everybody can learn from that."*

Healthcare professionals also saw value in this function. As one explained, *"The role reversal where the children are now in charge and interviewing their caregivers – usually it's the other way around. And the confidence that they can show in doing those things. No, it's exciting to... And the anticipation of getting to know what questions are on their minds. What do they want to know from me. You know, they are often too scared to ask us things when it's the [doctor] speaking to the child, but if it's the other way around, it's surprising what kind of questions they can ask and they are a bit more brave and a bit more open about what information they want to know. They feel more empowered, I think, that's the word"*.

The importance of children being able to 'speak back' to the medical professionals and hospital environment, was encapsulated in one mother's statement that *"The radio programme for me it's awesome... it is awesome, it gives the children a voice."* The issue of



voicing has been explored in emancipatory research methods and participatory communication, as a way of understanding how minorities or disempowered individuals may come to speak for themselves and air their opinions in environments where the power dynamics do not favour them. As one healthcare provider explained, *“Children... I think that have a story to tell, are probably too shy to tell it, that a radio would give them the avenue to actually express themselves”*.

This has implications for how those with power in a given environment then come to interact with the newly empowered individuals. For instance, one service provider noted that having one of her patients interview her about the patient’s illness *“asking about her own condition, and her own mortality [made me] so much more aware as a health care professional, that ehm sometimes the children don’t quite get what they probably must, you know.”* Being interviewed by her ill child patient led her to ways of thinking about communicating health and illness and mortality to children which she had hitherto not considered.

Another healthcare provider explained that the experience of being interviewed by her patient led her to think about how she communicated with children about their illnesses. She explained, *“And then there’s a child interviewer and I’m thinking now ‘mhm what if this child asks me a question I don’t feel like I can answer (laughs)’, and then also when you speak to a child you have to speak on a level of a child. There’s certain words you can’t use, I’m so used to talking to grownups so ill use a big word and I’ll have to break it down for the child so they understand. It was interesting.”*

She continued, *“Well you know, to be able to talk about your condition—to be able to get it off your chest—to be able to interview your medical staff who have been looking after you all these years, and find out their opinions and views about the actual condition and things like that. I think its extremely empowering for them, and I think it’s a catharsis being able to speak about yourself. And that helps them to come to terms with what’s happening.”*

One service provider, however, touched on an important nuance in this positive finding. It is possible that the radio is only reaching – for involvement – those children who least need support. That is, children who are naturally confident are drafted, and although they do benefit from the experience, those children who are less confident to being with, are overlooked by the radio.

The service provider explained, *“You see it’s necessarily less obvious to spot those improvements because you are picking the kids out who are already quite, you know, confident. But do you see those kids grow? Yes. Am I seeing that from a sort of healing perspective? I’m not sure but it’s not because I think it doesn’t happen, it’s just that I think we haven’t quite got there yet and obviously I think that part of the strategy going forward is probably got to be and that is where this research is going to be part reflective, and the outcomes are going to help to shape where we are going, and I think we’re going to have to, once the thing is really flying, we’re going to have to sell that concept. In other words, the healing aspect. To go and actually*



*say: Now this child, the quiet one that looks a bit down, she needs to go and work at the radio. You know what I mean? And then actually use it as live radio therapy."*

However, for those children involved in the radio, participation was experienced as positive, in some cases even leading to aspirations for the future which centered on radio work. As one child presenter with a chronic condition explained, *"I actually see myself as a –not as famous but you know working in another radio station or maybe in this radio station, because if I put myself in [the station manager's] shoes, they have to deal with like almost twenty seven children, and all of those children are like, you know those fighters, monsters walking around going on, like little thrills and I am one of the thrills. So, ja, but I would also like to work with kids, like you say, but ehm I am not really, sure, but I would also like to work with Voice of the Cape, its also another radio station, its like an Islamic radio station."*

### ***Perceived benefits of radio for children***

Interviewees noted a number of areas in which the radio – involvement in it or listening to it – made a positive contribution to children's lives. For instance, the fact that the radio contained only child-centred content was of benefit to both children involved in the radio's programming, but also to listeners.

As one parent explained, this meant that children involved in the shows were able to engage in an activity which played to their natural interests, whilst developing their skills and confidence in other areas. *"And because [Child 1] likes to read books, she decided to have the books and read, this is the show where [Child 2] kitchen where she talks about cooking because she loves cooking, and some of them that has the show, I mean tackling outdoors is a show by [Child 3], because he likes the outdoors and the hiking and that sort of thing. So these shows are based on their joys and their loves, what they love doing".* Another added, *"Normally we have adults out there, being the jockey or the radio presenter, but the kids doing the cooking and all these things... Very amazing."*

One service provider also believed that the radio *"gives patients the ability to both reflect on the services and to advocate or improve services, so where they can reflect in their program that this thing was done very well by let's say the kidney doctors, I might go: Well, heavens, if they're doing that, then maybe we should do that for the cancer kids or whatever, so there's actually an advocacy role around. Not just advocacy, not just advocating for better services but almost insisting on building a platform to develop and foster better services."*

Involvement in the radio also fostered a sense of community amongst children at the hospital. One healthcare worker noted, *"There are children who don't know each other and come from different wards and then 'okay' so you make new friends with this person here, 'oh I've met you'. At the radio station you get to meet all the different children from the hospital and allows for the outside continuation of the relationship, so I think it brings that whole social interaction and togetherness in terms of bringing the children together. When they join they*





*get a topic and then they work on that topic together and they get help, so I think they do play a role in bringing kids together – just like friends as well.”*

A child presenter explained that her involvement in the radio exposed her to new people, and her sense of pride is clear, *“It’s very wonderful, you meet new people like we had a launch on the 16<sup>th</sup> October and the minister came and it was a lot of fun. We had like a Viva party here to celebrate our launch and people were coming to take photos with us and looking and thinking what are we doing? This is the first hospital that RX Radio is run by children for children.”*

The radio was also portrayed, by interviewees, as an inclusive space, one in which the real world limitations imposed on children living with often severe illness in their day-to-day lives did not apply. One healthcare worker explained, *“It’s not going to be a matter of ‘oh you’re too sick now you can’t come’, if you’re too sick were going to come up to you and interview you there, so that’s the nice thing about it, the flexibility”*. Similarly, a parent noted that, *“Red Cross Radio has helped our children a lot because what happened is that, these children since they are sick children, so it has opened an opportunity, you see? Because some of the children that are there are the children that stay at home and all of that so [child] is not the child that I take outside.”*

Linked to the inclusivity of the space, were children’s perceptions of the equality with which they were treated during their involvement with the radio, that is, they felt that the radio space was a fair one. *“We don’t have a leader, it’s not like ‘you the loud one you can have this role, and you the quiet one you can do it maybe once a year’. No, everybody has the same role. If you don’t want to go on radio we will help you be confident, we won’t force you to go on,”* explained one child presenter.

### ***Impact on parents***

The involvement of children attending the hospital in the radio station affected their parents, parents who had often dealt with a great deal of doubt and strain regarding their child’s wellbeing.

Some parents sensed that their child’s involvement in the radio might lead somewhere, or at least ignite in the child some sort of aspiration. As one mother said, *“[This child is] very passionate, but you need to convince him to do something, convince him it’s a benefit for him before he will really accept it... I went home and discussed this with him and I said you know this is a very great opportunity, right. It doesn’t come around every day and I also said to them; my younger sister, she’s a radio presenter for Radio Voice of The Cape, and I used her as an example. I said ‘look at her; she’s a radio presenter, look at how the people are crazy when they see her! They are fond of her, they love her’ and I said just look what then future can hold for you. I said you meet other people!”*





In general, this fed into the parents' sense of pride in their children's abilities, and increased confidence in their child's capability. One guardian said, *"For me as a parent to listen to that makes me feel so emotional to think that it's actually my child on air."*

This pride, parents were quick to note, should be shared with the radio's leadership, as parent/guardians perceived the former to be greatly influential in their children's successes. One parent concluded, *"I felt very proud of her, not only of her, of all of them – all the kids because they did a wonderful, wonderful job! But I take my hat off to the team of RX radio; who trained these kids."*

### **Radio's relationship to the wider hospital and community**

The last broad umbrella of ideas under which segments of the interviewee's discussions could be brought, concerned the relationship of the radio to the hospital at large. This theme was primarily composed of healthcare workers' and parents' ideas about the reach of the radio, the limitations on its reach, and the impressions of the radio's listenership of its content.

Regarding healthcare workers' perceptions of the radio, staff were most likely to value the educational role which the radio could play in educating patients and the wider community about illnesses, and to see value in participation in the radio project for children, explaining that they thought it made children more confident, and empowered them to express themselves (echoing the 'voicing' function discussed above). Concerning education, one healthcare provider explained,

*"I think the positive aspect in general would be the education aspect, so they have got their educational slots and they tie in with the Health Calendar, for example, to advocacy and awareness about various conditions, about TB, about HIV, about renal failure... They also give a platform to us within the hospital to speak about our services and to educate the lay-people, the public out there, about what services we provide and why we provide it, how we provide it, and how we can support them and how they can support us in making the service more efficient and more optimal. I think that is another positive. It's about the children but also highlighting the issues within the hospital and the broader community and then tie in with the Health Calendar, so I think that's great."*

Other healthcare workers noted similar functions to those outlined by parents, including that participation in the radio made children more confident, taught them skills, and empowered them. In the latter respect, one healthcare worker explained, *"I think empowerment is the most impactful thing that you can have on your emotions, when you feel strong and that you can do things, and that you are, you know able to be a presenter where you may never thought of that you could do like that."*

Finally, a hospital administrator summed up a perception which was quite common amongst healthcare providers, which was that the radio – and participation in the radio – held some therapeutic benefit for children. He explained, *"My sense is that we will a benefit, because it will be children telling children of their experiences, which must be a good thing".* He



added, *“I think its a real value add to the therapeutic journey . But again its not a—because of my means of world , its not a place that arrive at, as-- I am not a clinician, so I don't arrive at benefits, and if I think about it, I think there is benefit. So, ja—I think it would be a really good, its really by children for children, I think, so if there is a part of the message that I have taken aboard there is a benefit and I do believe that I come from the background of the market, so people who talk the same language generally get to have attention, and you can tell the , so the language and the medium is one thing, the message that the children will be able to share is the second thing, and I think this is the real value of the therapeutic of someone who have had that experience sharing that experience with another who is going perhaps going to invoke in that experience.”*

Regarding the second sub-theme, the limitations on the radio’s reach, caregivers and healthcare workers and administrators, for instance, noted that there were a number of factors which influenced children’s participation in the station, and could potentially limit the scope of work the radio can do. One healthcare worker explained, *“Everything depends on the parent’s consent and the children wanting to come to the station as well as the availability of the children; some of them have been discharged so they have school. [It also depends on] transportation, with those limitations I’d say I would like more programmes from the radio, where they inform other children of certain conditions, where more people are being interviewed. Yes I would like more interviews, but we have these limitations in between so we can’t have this and that.”*

The healthcare worker also explained that parental buy-in was essential for the success of the radio, as it depended, often, on their efforts to bring the child to the hospital for the latter’s shift. *“You need the buy in from the parents; the parents need to see this as something that’s beneficial for the children. So they need to get the buy in; this is for the children, this is for Red Cross and this is to improve life for the children. Also this is an educational tool for the parents as well,”* she explained.

Further to these factors, child listeners, parent/guardians, and healthcare workers all noted that the radio station broadcasts were quite inaccessible at this point, even to those within the hospital.

As one guardian noted, *“They’ve got a lot of challenges and there’s still many more to come, reason being they’re only on live stream so it’s not everyone that has the benefit of listening to the radio and um what I think the purpose um of the radio station should be is that um... that um they should have um like um intercoms or something in the into the wards, so that when the kids they need to listen to the radio stations in the wards and like and have a system where they can put in a request.”*

Another noted that, *“They need to actually it needs to be broadcasted more for people to know about it. Okay, they don’t have their own frequency we have to tune in, it would be awesome if they can get their own frequency so you could, you know when you turn on the radio, actually.”*



This interviewee's felt, limited the reach of the station, as few people outside of the hospital knew about it. As one parent said, *"So, at the moment its only on the streaming, and its only—only people are aware of it because it's by word of mouth, so it would be us as parents that are telling the other parents, or telling the community you know, there is a station called radio—Red Cross radio where it is actually the children—run by the children, like the slogan says, "by the children then for the children."*

Finally, parents, staff and administrators, and children, noted that the lack of a radio license was constraining the radio's effect. One mother noted, *"Maybe if they could get the license to be their own frequency that could be awesome. But I think they are on the process of trying their own license... So that more people would be able to actually you know—because I don't think—there are people—people are aware about them, but not enough people are aware about it".* A child presenter added, *"My goal is that we can get a license, then everyone can listen to us".*

Regarding the final sub-theme, listenership, some listeners and parents both expressed that the radio, when they did listen to it, was very entertaining. One child listener noted, *"On Red Cross radio they make me to laugh when they are talking-- it talks pleasantly,"* while a guardian observed, *"I like that it was funny, ehm that it's really for kids".* Another child patient emphasized that the radio programs were a welcome distraction and source of entertainment when they were tired. He explained, *"[I like the radio] because it's nice. Some days I say I'm tired. It was nice listening to the radio."*

Staff also perceived the children in their wards to be enjoying the radio. One healthcare worker explained, *"I think from my side in the wards, I just think it's a lovely outlet for the children in the wards. Distraction, something for them to be involved in that makes them forget about what they're going through. You know the pain, or their condition, just giving them something that excites them, something that's different".*

The station's content performed both entertainment, and educational functions. Regarding entertainment, a child presenter explained, *"What [other children in the hospital] think about RX Radio and it's really uplifting that we actually get to cheer some children who have been through a really tough time, sitting here in hospital, feeling very gloomy and very miserable, we can cheer them up a little bit with storytelling, quizzes, riddles, you know, music, like you know, just cheer them up a little."*

Regarding information, a healthcare worker explained, *"The radio station is also to educate, so say I'm coming in with condition x and I also came in with condition x, but I'm on the radio speaking about this condition x that I have and I want to explain and share about this condition with the parents and children that are listening; for those parents and child that are fearful, who have the same condition as me, can see how good I'm doing and can hear what it is what's going to happen and can relax a little."*

An important caveat in this finding pertains to the fact that child listeners sometimes found it saddening to listen to other children's illness diaries. As one child explained, *"[although*



*the radio is] great, because I could hear what other people were going through, [but I feel], kind of sad because they are also sick like a lot.”*

This point is further nuanced by a service provider, who questioned whether the diary programs were applicable to the listeners in the hospital. They stated, *“If you are listening to a music station, or even an interview, you can tune in and out, you know. You can listen to a bit and then you may do something else or be distracted, you may have a phone call or whatever, whereas if you are trying to follow someone’s personal story, you kind of need to hear the whole thing. And so, I do wonder about whether... although I like those personally... I wonder about what the audience in general thinks and the degree to which they identify with those [diary programs]. I mean simply because I think that quite a lot of people are not able to follow the whole thing.”*

The desire for radio content which served more of an entertainment and distraction function, was expressed by child listeners. They said that they wanted content other than *“just talking”* to be played. As one listener explained, she had not seen other children listening to the station during her stay, and felt that the station was *“nice, but I think they must also put in music.”* As another child noted, *“I’m actually more of a music guy, but just now and then when my sister is maybe listening and I’m just lying there, then I’ll maybe listen...”* This is an interesting finding, given that the content played by the station does include a substantial amount of music, including popular songs which are curated for the show by the child presenters. It is possible that listeners are used to radio stations which play almost only music, or streaming channels in which only music plays, and as such the inclusion of dialogue in the RX Radio seems like a lot.

Parents and service providers perceived the inspirational nature of the content, and the radio’s very structure, to be beneficial to children. Children who were ill were able to listen to other children who are living with illnesses, and find a mirror for their experience. One parent observed, *“I think that they like it, because the Red Cross radio is the first radio station run by the children. So, I think they like it because you get to hear the children who are sick just like they are. Then they realize that, “okay, there is hope for us, we can do the things that are being done by others’. Because they never thought that there may be some young children who are doing the radio and who are chatting about their sicknesses. So, we only thought that its only older people who are doing the radio things [programmes]. But now that there is Red Cross radio, so it becomes nice even to the children that, ‘Ja, we are also able to do things, even though we are sick’”. She added, “What I love about this is that there also some radio diaries for the other children. So they will like tell you more—you will like get to know more about the other children’s diagnoses. And what I love about it is that they tell their stories, they know their sicknesses like those who can talk for themselves.”*

Another parent also suggested that these diary programs—in which children share their experiences of a certain illness – could serve as an inspiration to other children with similar illnesses. *‘That –it’s a good thing for them, even though they might have some condition that—*



*they might think oh! You know? As kids you—as a kid you might think, ‘oh! Wow! I have got this condition, can I overcome it’,” she explained.*

Several caregivers also expressed the desire for the radio’s content to be more widely distributed, as they felt that this could provide a useful awareness-raising function around children’s illnesses. One mother explained, *“People might then observe their own kids and realize, but my child needs help! Because my child shows the same symptoms and behaviour as that- what the child is talking about on air. People can be equipped with the information the kids have given on RXRadio and then they will know what the next step to take- the way forward to have their children diagnosed and get a treatment.”*

## Concluding points

In sum, the findings of this exploratory study point to the role of the RX Radio in the lives of the children involved in it being a positive one. The limitations of the RX Radio project which did come to light have less to do with the radio itself, than with the limitations on listening engendered by the station’s not yet having its own radio frequency, and access to the station being limited even within the hospital. However, it holds that the greatest apparent benefit of the project is for those children involved as presenters, and their families, rather than child listeners (although the latter do gain some benefit from listening). The children’s parent/guardians and healthcare professionals perceive the children’s involvement in the radio as leading to the latter’s development as individuals. Specifically, adults felt that children became more confident as a result of their work with the radio, and gained a sense of ownership and mastery over the programming which was otherwise lacking in their day-to-day lives. Children involved in the radio felt that it made them more confident, and were proud of their involvement in the project. They spoke of learning skills which translated into other spheres of their lives. Children who were able to interview their healthcare providers as part of their work as presenters, enjoyed experiencing a shift on the normal dynamics of life as a patient, and felt empowered. Healthcare providers who were the subject of such interviews found themselves spurred to think differently and more broadly about how they communicated with children, and generally found the process enriching.

The consensus of those interviewees’ whose narrative data is presented here is that involvement in the RX Radio is enjoyed by, and of benefit to, the hospital’s children. It appears that some child listeners desire radio content which serves more of an entertainment and distraction function, rather than a therapeutic function. However, there were also child listeners who enjoyed the informational and educational content, particularly drawing attention to the value of diary shows, in which they could listen to other children’s stories of overcoming illness.

Adults, including service providers and administrators, and parents, saw the radio as serving more of a therapeutic function. Amongst children included in the station’s activities as reporters, this function did come across in so much as children reported becoming more



confident due to their work as reporters, and enjoyed interviewing their healthcare providers. However, it would be valuable if future work could further explore the therapeutic value of radio, particularly diary programs, for child listeners.

Both children and healthcare workers found value in the fact that the radio inverted the usual power dynamics of the hospital – children enjoyed being able to ‘switch roles’ with their health professional for a few minutes, and ask the adult questions, and the healthcare professionals learnt about their patients’ lifeworlds during these candid interview exchanges.

Future work which might be done to strengthen the project could involve widening avenues for listenership.

## Recommendations

- As is the case in many projects with vulnerable groups of this kind, it is possible that the radio is reaching – for involvement – mostly those children who are most confident. This despite the fact that the radio’s management explicitly instruct recruitment of children who need developmental support and confidence building. This is a common difficulty faced by recruiters in these situations: of the group in need, those who are ‘least in need’ (although in need) often are more visible, and thus more likely to be recruited. RX Radio need to reiterate to clinicians that they make use of the station to assist children in need of developmental support and confidence building, and in so doing broaden recruitment to the most vulnerable of this group.
- The greatest barrier to the radio’s reach and success, as perceived by participants in the present study, is the lack of a designated radio licence and frequency.
- Within the hospital itself, steps could be taken to make the radio more accessible to child listeners.
- Future research could be done to explore the role which radio involvement has in helping children to advocate for better services, as findings in the present report did not shed any light on this area, despite an international literature which points to the possibility of radio functioning in this manner.