

Participatory Children's Radio in the Context of a South African Hospital: An Exploratory Study of Stakeholder Perceptions and Experiences

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Abstract

An emerging body of participatory media work aims to access children's subjective experiences. One such medium, children's radio, has increasingly become a significant means of motivating and mobilising vulnerable children in many environments, including hospitals, by creating a space in which they can express their lived experiences. The present study describes stakeholders' perceptions and experiences of a children's hospital-based radio, drawing on interviews with child patients, family members, health providers, and hospital administrators. Seven healthcare workers or hospital administrators, 10 parents or guardians, 10 child presenters, and 12 child listeners were interviewed, and their interviews analysed using thematic analysis. The children's caregivers and healthcare professionals felt that the children's involvement in the radio resulted in significant intrapersonal development. Some benefits of their involvement were pride and increases in confidence. A particularly valuable finding in the present work pertains to the questions of "speaking back" and "voicing": the radio platform allowed children to voice their feelings and opinions in settings in which they are disadvantaged in terms of the power differential between healthcare providers and those who receive medical care. The children found value in the usual power differentials characterising hospitals, being reversed, as ownership of the radio platform inverted their position as the passive recipients of medical questions and treatment and allowed them the power to voice their questions and concerns.

Keywords: youth-participatory research, media, intervention, child outcomes, hospital environment

Introduction and Background to Children's Radio

The use of participatory media strategies has expanded over recent years in work with children. Researchers and interventionists have begun to recognise the need for the "subjects" of intervention to actively participate in programmes which are supposed to benefit them. Children have historically been among those excluded from such participation (D'Amico et al. 2016; Mand 2012; Stuart 2010), and so are increasingly the focus of participatory work. Media-focused interventions are conducive to participation by young people because they often encompass some sort of activity that most children enjoy (for example, drawing) (Mand 2012).

An emerging body of youth-focused participatory media work fundamentally aims to access children's "voices" (life worlds, or subjective experiences). Through participation in radio, these "voices" are captured quite literally. Children's radio has in the past played an important role in promoting communication, developing stories, participating in social activities, and engaging in social and political endeavours (Bosch 2007; Mchakulu 2007; Meintjes 2014).

Children's radio has the potential to motivate and empower vulnerable children in a range of environments, of which hospitals are one. Hospitals, including hospitals in the US, the UK, and South Africa, have used radio programmes to engage young patients in a positive, collective practice to support them during their time in hospital (Government of Western Australia Child and Adolescent Health Service n.d.; Radio Lollipop n.d.; Texas Children's Hospital n.d.). Children's hospital radio programmes in South Africa include RX Radio at the Red Cross Children's Hospital, and Radio Lollipop at the Nelson Mandela Children's Hospital.

Children in hospital are likely to experience increased anxiety and loneliness from being apart from family and peers (Barnes, Bandak, and Beardslee 1990; Bossert 1994; Coyne 2006a; 2006b; Wilson et al. 2010). Children are rarely given the information required to manage their expectations and experiences in hospital and tend not to be involved or consulted during conversations about their illness, diagnostic processes and treatment possibilities, or informed about their prognosis and the likelihood of experiencing pain and distress (Alderson 1993; Alderson and Montgomery 1996; Alderson, Sutcliff, and Curtis 2006; Coyne 2006a; 2006b; Moses and Urgoiti 2008; Van Dulmen 1998). The monotony and associated boredom children experience contribute to their discomfort and distress in hospital. This is related to the fact that there are limited (and usually extremely controlled) activities for children to occupy themselves with while in hospital (Coyne 2006a; 2006b; Bishop 2008; Bossert 1994).

The main arguments in the study of the effects of children's radio for hospitalised children are: First, there is a growing awareness of understanding and including children's perspectives and experiences in the bid to make hospital environments more positive for children (Alderson and Montgomery 1996; Cohen and Emanuel 1998). Second, there is a recognition that age-appropriate and stimulating leisure and learning activities can enhance child well-being and reduce stress (Coyne 2006a; 2006b). These kinds of activity can simultaneously distract children from their circumstances. Such activities could also enable children to remain positive in the face of difficulties and feel more at home and less alienated in the hospital environment (Bishop 2008). Children could become more conscientised and empowered in relation to the management of their own health.

However, in South Africa – and in low- and middle-income contexts in general – there is a scarcity of evidence and literature concerning the use of participatory media strategies, including in relation to vulnerable groups. This study aims to resolve this research problem by exploring stakeholder perceptions and experiences of the radio, and its role in the life of hospitalised children.

Theoretical Framework

Theoretical frameworks developed in social work and allied health fields can facilitate a deeper understanding of vulnerable groups' engagement with interventions. In the

case of programmes aimed at young people, the Circle of Courage model can be used for a scaffolding analysis. The model provides a conceptual framework for thinking about youth upliftment and developing resilience and can be applied to activities which aim to restructure institutional cultures that negatively affect the youth that exist within them (Beukes and Van der Westhuizen 2018; Reyneke 2020).

The model is founded on the idea that four principles – mastery, belonging, generosity and independence – underlie youth emotional well-being. In this regard, programming aimed at empowering young people, particularly vulnerable young people, should seek to increase youths’ experiences of these dimensions of experience. The principle of “mastery” focuses on fulfilling children’s desire to learn while simultaneously giving children confidence in their abilities (Beukes and Van der Westhuizen 2018). The principle of “belonging” focuses on creating communities that provide nurturance for vulnerable youths (Beukes and Van der Westhuizen 2018). The principle of “generosity” focuses on helping youths to develop a sense of self-worth by allowing them to bring positivity to the lives of others (Beukes and Van der Westhuizen 2018). The final principle, “independence”, focuses on teaching discipline by giving youths opportunities to problem-solve and take responsibility (Beukes and Van der Westhuizen 2018). Given that the aims of the participatory radio project which is the subject of the present analysis dovetail with those outlined in the Circle of Courage model (discussed in more depth below), this model will be applied during our interpretation of the results.

Context of the Present Study

In the Red Cross War Memorial Children’s Hospital, a large children’s hospital in Cape Town, South Africa, there is a children’s radio station, RX Radio. RX Radio was established on 1 November 2016 under the auspices of the hospital’s facility board and is supported by a non-profit organisation. It started broadcasting for the first time on 20 May 2017. The aim of the radio station is to offer child patients and patients’ siblings the chance to make meaningful contact with other children and adults. At present, RX Radio broadcasts through the hospital’s TV network, streams through the RX Radio website and uses MP3 for the proportion of children who can only listen to radio on demand because of serious illness. RX Radio is not permanently on air as it does not have its own frequency and does not have an FM radio licence.

Aim

The research question dealt with by this study is: Does the intervention (participation in and engagement with a children’s radio programme) have an impact on the intrapersonal development and psychological well-being of child patients (child presenters and listeners), from the perspective of the child patients themselves, family members, health providers, and hospital administrators in its first year of operation? Specifically, this research assessed whether children’s hospital radio programmes could serve as an

effective intervention for hospitalised children through enhancing their sense of personal empowerment, promoting intrapersonal development and psychological well-being, and building resilience.

Method

Design

This was an exploratory, qualitative study, which used in-depth interviews with a variety of stakeholders to understand the impact and perceptions of the intervention on children, their caregivers, and other hospital personnel. Qualitative research gathers data from direct fieldwork observations, in-depth, open-ended interviews, and written documents (Patton 2002). The purpose of qualitative research designs is to use data from real-world settings to inductively generate complex and rich narratives describing the phenomenon of interest. Inductive analysis across cases allows the research to identify patterns and themes (Patton 2002). Data of this nature are well suited to thematic analysis, as outlined by Braun and Clarke's (2006) theoretical work (details below).

Participants and Procedure

Convenience and purposive sampling were used to obtain participants for the present study. These methods were considered appropriate sampling methods for two reasons. First, convenience sampling was appropriate for child listeners as the rate of turnover among hospitalised children and (their caregivers) is extremely high. Children were discharged, or moved between hospitals during the data collection period, and so it was decided – in order to minimise inconvenience to these participants and maximise the opportunities to recruit – to sample listeners from individuals present in the ward on the days of data collection. In this regard, child listeners were approached at random by the data collectors, from a selection of children exposed to the radio within one day before the interviews.

The children were selected by the radio staff who had access to the wards. Eligible children were any children who had been given an MP3 player on that day and were willing to be interviewed (the specific MP3 differed by week depending on the radio's latest broadcast). Purposive sampling was deemed appropriate for the radio presenters, their caregivers, and the radio staff as there were not a great enough number of child presenters (and caregivers) nor radio staff, for it to make sense to do random sampling. Instead, a list of child presenters and their parents was obtained from the radio's management team. They were then contacted, informed of the nature of the research, and – if they were willing to participate – an interview was arranged. Thus, all eligible child presenters and their caregivers were approached to participate. Similarly, all radio staff were purposively sampled and approached for the interviews. Given the high rates of turnover between shifts, and the busy schedules, hospital staff were convenience sampled from individuals present in the wards on the days of data collection.

The final sample included 7 healthcare workers or hospital administrators, 10 parents or guardians, 10 child presenters (between the ages of 7 and 14), and 12 child listeners (between the ages of 6 and 11). Of these, 3 child listener interviews were not included in the analysis because the interview was not completed and therefore no applicable content was accessed.

Data Collection

A semi-structured interview guide (available in isiXhosa, Afrikaans and English) was used during the interviews. The interviews were conducted by trained data collectors. We transcribed all audio recordings of the interviews. If the interviews were in isiXhosa or Afrikaans, they were then translated into English by trained translators, and a sample were quality-checked using back translation.

Analysis

The data were analysed using thematic analysis methods developed by Braun and Clarke (2006). The data were read twice, and aspects of interviewees' accounts relevant to the research question were identified and "coded". The process of analysis was completed in two rounds which involved two different processes. First, transcripts were scrutinised for emergent themes, and these themes were presented to the broader research team. Considering the feedback of the broader research team, the researchers reread the transcripts to search for information of interest to the wider team using the methodology of purposive coding. Any information not included in the first analytic process was integrated in the second process.

The benefits of purposive coding in the present research exercise bear brief expanding upon. In the present work, two of the co-investigators have been working directly and indirectly on the project on which the research was conducted. The independent research team conducted the interviews and data analysis. However, given the co-investigators' superior knowledge of the field of radio intervention and child-centred participatory media, their theoretically informed sense of areas of relevance in the data usefully led the second round of coding. This did not alter the content of the data, but, rather, provided a set of lenses through which the research team could further engage with the data set in all its complexity. This engagement with the data was based on persistent observation and a reflexive awareness of the potential effects of the co-investigators' subjective beliefs and assumptions on the data.

In line with Houghton et al. (2013) and Lincoln and Guba (1985), we ensured prolonged engagement with the participants and data, persistent observation of the phenomenon of interest, and reflexivity, which are essential to the scope and depth of the study, and for enhancing the trustworthiness and credibility of the research data. Reflexivity refers to the researcher's awareness of the way in which his or her own history, experience and values can affect the study and analysis of the phenomenon and is critical to minimise bias (Lincoln and Guba 1985). In practice, we ensured that reflexivity was encouraged

during peer debriefing, and that during analysis, interpretation was discussed among the authors and the broader group of data collectors to enhance credibility.

Ethics

The project team knew the delicate balance between the right of the child to be protected and right of the child to participate. The project manager ensured that appropriate referral systems and access to essential support services were available for all children participating in the programme.

Given that the children were central to the initiative, due and proper consent processes applied as a crucial prerequisite for the children's participation. In addition to consultation with caregivers, the process and outcomes of the project were also explained to prospective child participants in terms that enabled and enhanced their own understanding. This allowed them to make their own informed decision about participation. Formal consent and assent forms were signed by caregivers and the children who chose to participate.

There were few risks anticipated to participating in interviews surrounding the project and participation. Yet, these children, many of whom were experiencing chronic disease and managing a particularly difficult burden at a young age, were considerably more vulnerable than healthy children of the same age. However, owing to the positive nature of the pilot programme – increasing hospitalised children's socialisation, fostering peer interaction and collaboration, and encouraging a creative endeavour – we believed that many of these risks were minimised or diminished. In allowing children to share their experiences with a pilot programme designed to alleviate stress, isolation, and anxiety, and at the same developing their critical thinking and communication skills, these interviews posed few risks to the children's health and well-being. Likewise, we believe that other interviewees faced few risks or discomforts by being interviewed about this project.

Sensitive questions were kept to a minimum and the participants were informed that they did not have to answer any questions if they felt uncomfortable. The interviewers involved in the study received training and supervision for interviewing vulnerable participants from the research team, who had significant experience of working with children and vulnerable individuals. Furthermore, the participants were debriefed and/or referred for appropriate professional help using existing hospital networks if the research process resulted in emotional distress of any kind.

The participants also might have felt fatigued during the interview process, due to illness or other stress. Throughout the interview, the researchers reminded the participants of the voluntary nature of the research and checked that they were happy to continue with the study. In addition, the participants were offered a break during the interview if they displayed signs of fatigue.

Following the interview, the participants also had the opportunity to discuss their experiences and to ask any further questions. All the participants were given contact details for the study investigators so they could get in touch with the team in the event of a problem.

Ethical approval for this study was sought and obtained from the Stellenbosch University Ethics Committee, approval number SU-HSD-003964.

Findings

A thematic analysis of the interview content at first produced 28 codes, which were condensed into three meta-themes. These meta-themes were “impact of radio involvement on children”, “impact on parents”, and “radio’s relationship with the wider hospital and community”. These meta-themes were then divided into 10 themes (see Table 1).

Table 1: Table of themes and meta-themes

Meta-theme	Theme
Impact of radio involvement on children	Capability despite illness
	Learning skills, building confidence
	Inverting the power dynamics of the hospital through ownership and agency
	Child-centred content
	Community and inclusivity in radio
Impact on parents	Hope for the future
	Parental pride
Radio’s relationship with the wider hospital and community	Perceptions of service providers
	Limitations on the radio’s reach
	Impressions of the radio’s listenership of its content

Impact of Radio Involvement on Children

Capability despite illness: The caregivers of the children, their staff, and children themselves felt that because of children’s role as presenters, the original perception of the child as incapable and “sickly” was subverted, and a new identity based on capability emerged. This relates to the “mastery” principle of the Circle of Courage model in that taking on the presenter role and its responsibilities re-establishes self-confidence and a sense of purpose in hospitalised children.

For a child who frequently missed out on school-based activities because of illness, the radio also provided the opportunity for social interaction and growth. This aligns with the “belonging” principle of the Circle of Courage model in that participation in the

radio programme gave children isolated by hospitalisation a renewed sense of community. This sense of belonging is explained by a child's mother:

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 he's happy he's free. (Participant 4, Caregiver)

This was also experienced by a parent of another boy with a chronic illness who is presently being trained to work at the radio:

Starting with the radio station his interaction with kids has improved and his vocabulary has improved . . . because his teacher then talks constantly . . . He said on the overall [child's] interaction with the other pupils in the class has improved and his vocabulary has improved. (Participant 2, Caregiver)

Learning skills, building confidence: This was mirrored by a general tendency to see participation in the radio as promoting children's confidence. One child presenter felt that her participation in the radio resulted in increased confidence which was generalised to other areas:

[My mom] put me on the radio station, so that I can be very more confident about myself, and I feel much more confident. (Participant 302, Child presenter)

And her 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! (Participant 3, Caregiver)

A child presenter said that her experiences at the station motivated her to see her life from a different perspective: through her "job" as a radio presenter:

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. (Participant 201, Child presenter)

The above quotes further align with the "mastery" principle as children showed increased confidence in their abilities after they were given responsibilities associated with participation in the radio programme.

Inverting the power dynamics of the hospital through ownership and agency: Children expressed a sense of ownership over the radio and belonging. In the case of one child presenter, this sense of affinity and kinship was distinct from his identity as a child with a grave illness:

[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. (Participant 201, Child presenter)

This subtheme, of feeling that the normal routine in hospital and the child's identity as a patient had been disrupted, recurred throughout the interviews. One child presenter expressed how "great" it was to "switch roles" with his doctor when he had the opportunity to ask the doctor questions, instead of the other way around:

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

Interviewer: You interviewed them yourself?

Participant: Yes. I spoke . . . I was only speaking for myself what I am thinking and him . . . He speaks what he . . . he knows about me.

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

Participant: Um . . . how he felt when he heard that I have what I have. 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?

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

[Dialogue cropped for length. Meaning unchanged] (Participant 401, Child presenter)

Healthcare professionals also saw value in children engaging in frankly questioning adults, which they may not have done before. A healthcare provider pointed out that being interviewed by her patient had taught her to consciously consider how she expressed herself when talking to children about their conditions:

And then there's a child interviewer and I'm thinking now 'mmm 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 are certain words you can't use; I'm so used to talking to grownups, so I'll use a big word and I'll have to break it down for the child, so they understand. It was interesting. (Participant 30, Service provider)

The above quotes show that the benefits of this programme further relate to the principles of both "belonging" and "independence". The quotes reflect the "belonging" principle in that children reported a sense of community or "family". The "independence" principle is reflected in the return of lost identity through taking on the responsibilities associated with presenting on the show. Furthermore, the mutually beneficial interaction between hospitalised children and healthcare providers feeds into the principle of "generosity" as children can give back to those who take care of them.

Benefit of child-centred content: The radio's child-centred content was advantageous to both the children participating in the radio station and the listeners. One parent related that this kind of content meant that children were engaged in activities which were interesting to them, while also enhancing their capacities and confidence more broadly:

And because [Child 1] likes to read books, she decided to have the books and read, this is the show [called Child 2's Kitchen] where she talks about cooking because she loves cooking . . . So, these shows are based on their joys and their loves, what they love doing. (Participant 7, Caregiver)

The above quote reflects how a radio programme benefit relates to the "independence" principle as children are given the responsibility to develop the content themselves. As being hospitalised has an impact on children's ability to be independent, the radio programme allows them to re-establish some of that lost independence.

Community and inclusivity in radio: The participation of children in radio activities also represented an inclusive, communal space in which children living with serious illnesses could function without being limited by the real constraints their illnesses often involved:

It's not going to be a matter of 'oh you're too sick now you can't come', if you're too sick we're going to come up to you and interview you there, so that's the nice thing about it, the flexibility. (Participant 32, Service provider)

The above quote reflects both the "mastery" and "belonging" principles. The "mastery" principle is reflected in that the programme has as given children responsibility that may return autonomy and confidence lost to constraints of illness. The "belonging" principle is reflected because the programme has created a space in which hospitalised children can interact with other children they can relate to.

Impact on Parents

Children's participation in the radio station had an impact on parents who were frequently burdened by uncertainty and stress related to their child's health.

Hope for the future: Some parents felt that this kind of participation might motivate aspirations for the future:

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 the future can hold for you.' I said, 'you meet other people!' (Participant 3, Caregiver)

Parental pride: Parents felt proud of their children's capabilities, as was evident in all the interviews with the parents, and the parents spoke of having greater confidence in their child's capacities:

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. (Participant 3, Caregiver)

Radio's Relationship with the Wider Hospital and Community

This theme largely included the thoughts of healthcare workers and parents about the potential influence of the radio, the restrictions on its potential influence, and the radio's listenership.

Perceptions of service providers: The staff emphasised the educational function of the radio for the parents and the community regarding illnesses. They also stressed that the children's participation resulted in increased confidence and feeling empowered to voice their feelings and opinions. In terms of education, one healthcare provider said:

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 laypeople, 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. (Participant 34, Service provider)

Limitations on the radio's reach: The caregivers, healthcare workers and administrators pointed out that there were limitations on the potential work the radio could achieve, because numerous issues had an impact on the children's participation. One healthcare worker stated:

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. (Participant 32, Service provider)

Further to these factors, some participants pointed out that the new radio station broadcasts were difficult to access at this point, and this inaccessibility even affected potential listeners in the hospital. The interviewees felt that because the radio only broadcasted through the television network in the hospital, streamed through the internet via their website and app, did not have its own radio frequency, and also because outside

the hospital, knowledge of the radio was limited, the radio station did not have far-reaching influence. The parents, staff, administrators and children emphasised that not having a radio licence limited the radio's reach and influence:

My goal is that we can get a licence, then everyone can listen to us. (Participant 101, Child presenter)

Impressions of the radio's listenership of its content: The parents and other listeners described the radio programming as highly entertaining when they listened to it:

On RX Radio they make me to laugh when they are talking – it talks pleasantly. (Participant 1201, Child listener)

The caregivers also felt that the hospitalised children enjoyed the radio:

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. (Participant 8, Caregiver)

The content of the programming had both educational and entertainment functions:

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. (Participant 32, Service provider)

A significant point to note is that despite the positive functions of the radio station, some child listeners found it distressing to hear other children's experiences of illness. One service provider questioned whether the programmes in which children discussed and reflected on their own illnesses, diary programmes, were appropriate for children attending the hospital:

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 programmes]. I mean simply because I think that quite a lot of people are not able to follow the whole thing. (Participant 33, Service provider)

The child listeners felt they would also enjoy content, other than "just talking", which entertained and distracted them:

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. (Participant 1701, Child listener)

Several caregivers felt that the radio station could help to raise awareness about children's illnesses, and that in this regard, the content should be more accessible:

People might then observe their own kids and realise, 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 RX Radio and then they will know what the next step to take the way forward to have their children diagnosed and get a treatment. (Participant 3, Caregiver)

Discussion

The children's caregivers and healthcare professionals felt that the children's participation in the radio resulted in their development as individuals. The children expressed feeling more confident and often noted their pride in participating in the radio's programming. The service providers agreed that participation in the RX Radio was both beneficial to, and enjoyed by, the children. It did, however, emerge that the children would also like to listen to content which entertains and distracts them, and not only to therapeutic content. Yet, it remains important that future studies examine the potential for radio to play a therapeutic role, especially diary programmes, for child listeners.

There is a paucity of literature on child engagement programmes in the hospital environment so the extent of opportunities for engagement for ill children, children with disabilities, and other child minorities is hard to determine (Vitulano 2003). The literature that does report on these programmes emphasises the observed benefits (Pol et al. 2017). Limitations on child participation in such programmes have a host of psychosocial sequelae, including low self-esteem (Vitulano 2003). It is meaningful, then, that one of the most prominent sentiments expressed by all groups of participants were the idea that involvement in the radio improved the children's confidence. Much of this concerns the children's sense of control and mastery over the station's content, and their sense of competence in their work there. It is well documented that experiences of illness can lead people to feel helpless and excluded. The radio's emphasis on child-led participation and content creation may counteract this sense of helplessness, build confidence and competence, and ultimately improve children's well-being.

A particularly valuable finding in the present work pertains to the questions of "speaking back" and "voicing" (Gelber 2002; Stanford 2009). The issue of creating a space in which vulnerable groups' voices can be heard has been a topic of interest in research methods and forms of communication which emphasise emancipation and participation. Work on voicing explores the way in which those who are disadvantaged by power differentials, such as minorities and other disempowered groups, may come to express their emotions and opinions. In the field of participatory radio, this effect is often referred to in terms of "the power of the microphone" or "the magic of the microphone" – that is, the transformation service providers may observe when children

have access to a microphone to interview and talk with adults (Meintjes 2011; 2014). In radio, voicing is understood in terms of the manner in which the microphone, or opportunity to be heard on radio, helps the children to level the power dynamics often seen in communication interactions between adults and children (Meintjes 2011; 2014).

In the data explored here, the radio represents an approach to working with children in which issues of power, voice and representation are dealt with (Christensen 2004; Mand 2012; McTaggart 1997). In the present work it is apparent that the children found value in the usual power differential between healthcare providers and their patients being reversed. The children enjoyed and benefited from becoming active participants in their care by taking the opportunity to ask their healthcare providers frank questions, and so relinquishing the more typically passive role of the patient.

In the present work, in which the participatory medium is an intervention on its own, the children's voices are driving the content of media. Further, the opportunity to participate in media production through the expression of their ideas and views, and though reflection on their own experiences through the medium of radio, is creating a small but significant sphere of engagement for the children and their caregivers at the hospital.

The findings of this article include several areas which can be conceptualised within the Circle of Courage model. In line with the principle of "mastery", our study has established that children's radio programmes have the potential to help children develop new skills and practice responsibility. This has shown to have a positive effect on personal autonomy and confidence. In line with the principle of "belonging", the programme has shown the potential to create a community or "family" (as referred to by one of the child participants) for the participants. This is particularly important as hospitalised children have the potential to become isolated. Although the principle of "generosity" is not overtly present in the results of the study, the radio programme does allow children to provide other hospitalised children with light relief and entertainment. In this way, hospitalised children can give back to their peers by providing an escape from the everyday experience of being in hospital. Finally, in line with the principle of "independence", the RX Radio programme has shown the potential to provide hospitalised children with opportunities to regain independence and autonomy through allowing them to plan and execute radio programme content.

Conclusion

Overall, this study shows that participation in RX Radio was perceived and experienced to be beneficial to children. The disadvantages associated with RX Radio which emerged had little to do with radio content but were mostly because of it not having its own radio frequency and inaccessibility even in the hospital. Both children and healthcare workers expressed the importance of children "switching roles" with health professionals and asking questions, so inverting existing power dynamics in the

hospital. Conversely, healthcare professionals described learning about their patients' illness experiences and vocabulary during the typically honest and authentic interviews. An important direction for future work on the radio project is to strengthen accessibility, increase listenership, and so, enhance the radio's potential reach and influence.

Key Messages

- Participatory media interventions strive to include vulnerable groups and give them a space to voice their perspectives.
- Participatory radio has been used among children in hospital settings as a way in which hospitalised children, who experience unique vulnerabilities, can express themselves and their lived experiences.
- We found that parents and caregivers, healthcare workers, and children involved in a participatory radio station at a children's hospital in South Africa found it valuable and beneficial that participation in the radio reversed typical power differentials existent in the hospital.
- These stakeholders felt that the children's involvement in the radio increased their confidence and empowered them and supported the development of resilience. The radio served an important educational function in the hospital, although there were limitations on its reach.
- A focal area for future work would be increasing the radio's accessibility and so, potential listenership, and exploring – in more depth – the meaning of the radio in the lives of the child participants.

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