Talk radio as the soundtrack of our lives: Participatory HIV/AIDS communication, public self-expression and Positive Talk

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Abstract

Despite the many HIV/AIDS communication initiatives, combined with support and infrastructural support in South Africa, risky behaviour associated with the spread of the epidemic is increasing amongst many groups. This calls for a re-evaluation of endeavours aimed at curbing the spread of the epidemic. This article is only concerned with the communicational aspects of the epidemic, but does not negate the interaction of these with other measures taken to address the epidemic. As is the case with most health communication initiatives, HIV/AIDS communication initiatives have evolved to favour the participatory approach above one-directional transmission of information to the public. The participatory approach rests on the assumption that an HIV/AIDS communication initiative stands the best chance of resulting in behaviour change if members of the target community participate in the communication initiative. The assumption is that as many people as possible should be involved in the maximum number of phases of the communicative initiative (such as initial research, planning, implementation and evaluation of the project). Some research has recently started to explore new forms of community participation, including inviting community participation through, for example, internet-based platforms such as social media, and mobile phone platforms such as WhatsApp and BBM. However, the reality broadcast genre – more specifically, talk radio – has been neglected, as only a few research investigations focused on talk radio and most of these are not exclusively about HIV/AIDS communication but focus on other health topics. From a participatory communication perspective, two sets of critique against the existing HIV/AIDS communication projects hold water: firstly, they do not make the maximum use of participatory communication principles and, secondly, they are externally initiated projects and emanate from outside the target community. To address both of these concerns, this article explores a wider range of participatory principles and the potential workings of these in an internally initiated communication initiative aimed at addressing the epidemic. More specifically, this article investigates ways in which radio listeners experience the reality broadcast genre – the talk radio show, Positive Talk – as participatory communication. Positive Talk is not an externally initiated project, as it is not part of a pre-planned, goal-oriented project that is owned and controlled outside the target community. In contrast, it has been initiated by Criselda Kananda, an individual not linked to any of the existing initiatives outside the community. She started the show to earn a living. She became a well-known person, is fairly knowledgeable in the field and was granted this opportunity as she is HIV-positive. In order to investigate how radio listeners use the show to engage in HIV/AIDS communication, 20 in-depth interviews were held with avid listeners of the show. The respondents indicated that they appreciate ordinary people phoning in. When expressing their opinions about the show, they found Kananda’s life story credible, believed her public and private life to be congruent, valued Kananda’s personality and respectful manner and could identify with the views expressed. In the article, it is argued that these ideas are largely in line with the principles of participatory communication tied to democracy, the participatory turn, the ordinary, validation of identity and respectful dialogue. Although the findings of this qualitative study cannot be generalised to the whole listening population of the show, they indicate that it is worth investigating the value of communication initiatives that emerge spontaneously from communities (instead of those strategically engineered from outside the general population) as a future direction of HIV/AIDS communication in the country.

Keywords: participatory communication, development communication, public self-expression, HIV/AIDS communication, celebrity, talk radio

Résumé

En dépit des nombreuses initiatives de communication sur le VIH/SIDA, associées à un soutien et à des infrastructures de soutien en Afrique du Sud, les comportements à risques liés à la propagation de cette épidémie augmentent au sein de nombreux groupes. Il est donc nécessaire de réévaluer les actions visant à enrayer cette propagation. Cet article ne traite que des aspects communicationnels de l’épidémie, mais ne nie pas l’interaction de ces derniers avec d’autres mesures prises pour y faire face. Comme le plupart des
initiatives of communication concerning the health, the initiatives of communication on HIV/AIDS have evolved in a way to favor the participatory approach, rather than the unidirectional transmission of information to the public. The participatory approach relies on the hypothesis that an initiative of communication on HIV/AIDS has more chances of exercising a change of behavior than if the members of the community participate in this initiative. The idea is to implement a different kind of possible in the large number of phases of the initiative of communication (as well as the research initial, the planning, the execution and the evaluation of the project). Certain researches have recently started to explore new forms of participation in the community, comprising the invitation of the community to participate at points, by example, the platforms of the Internet media, and the platforms of mobile telephones such as WhatsApp and BBM. Cependant, the genre of emission-reality, and more specifically the debate radiophonic, has been neglected, while some studies have focused on the debate radiophonic and the majority of them do not concern the communication at the subject of HIV/AIDS. The point of view of the communication participative, two ensembles of critique against the external projects of communication on HIV/AIDS are pertinent: first, they do not make the maximum use of participatory communication principles and, secondly, these are projects that are born externally. This need is echoed by Obregon and Tufte (2013:54–57), who argue that HIV/AIDS-oriented externally initiated projects hold water: firstly, they do not make the maximum use of participatory communication principles and, secondly, they are externally initiated projects and emanate from outside the target community.

Recently, Govender, Dyll-Myklebust, Delate and Sundar (2013) indicated that externally initiated HIV/AIDS projects will be experienced as more participatory if the message is formulated by those traditionally regarded as the ‘audience’ of the message. This need is echoed by Obregon and Tufte (2013:54–57), who argue that HIV/AIDS-oriented externally initiated projects should explore drastic new directions that allow traditional audiences to participate by expressing their own views. Furthering this direction indicated by Obregon and Tufte, recent research on talk

1. Introduction

Despite the many HIV/AIDS communication initiatives, combined with widespread support over the last 30 years, risky behavior associated with the transmission of the virus is increasing amongst many groups in South Africa (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, et al. 2014). This calls for a re-evaluation of purposes aimed at curbing the spread of the epidemic. Even though this paper is only concerned with the communicational aspects of the epidemic, it does not negate the interaction of these with other measures taken to address the epidemic (Burger 2015). As is the case with most health communication initiatives, HIV/AIDS communication initiatives have evolved to favor the participatory approach above one-directional transmission of information to the public. The participatory approach rests on the assumption that an HIV/AIDS communication initiative stands the best chance of resulting in behavior change if members of the target community participate in the communication initiative (Tomaselli 2011:8–17; Tufte 2006:691).

The assumption of the participatory approach is that the maximum number of people should be involved and that they should be involved in the maximum number of phases (such as initial research, planning, implementation and evaluation of the project) of the communicative initiative (Tufte 2006:691). Currently, techniques of the participatory approach are incorporated in the workings of HIV/AIDS communication as mechanisms to involve the target audience in the message production process, as it is found that this is more likely to persuade them to adopt new behavior (Tomaselli 2011:8–17). However, two sets of critique against the existing HIV/AIDS communication projects hold water: firstly, they do not make the maximum use of participatory communication principles and, secondly, they are externally initiated projects and emanate from outside the target community.

Mots-clés: communication participative, communication pour le développement, auto-expression publique, communication sur le VIH/ SIDA, célébrité, débat radiophonique
radio points to a strong link between identity formation processes and talking about the self through radio (see, for instance, Bosch 2014; Chiumbu & Ligaga 2013; Hungbo 2011a, 2011b).

In addressing the problems associated with externally initiated HIV/AIDS communication, this article firstly explains the principles of participatory communication from a perspective of the scholarly field of development communication, indicating that full use of these principles cannot be made by externally initiated communication projects. Hence, the article explores an internally initiated communication initiative to facilitate the maximum use of the following participatory communication principles:

1. Democracy and power-sharing between all involved in the process of development.
2. Dialogue, respect for all involved in the development process and listening.
3. Position of developmental problems within a popular cultural level in the context of the everyday lives of people in line with the participatory turn.
4. Self-expression and identity validation.

In so doing, the article follows the trajectory suggested by recent research towards re-defining ‘participation’ by investigating the workings of an internally initiated HIV/AIDS communication initiative.

More specifically, this article investigates ways in which radio listeners experience the reality broadcast genre – the talk radio show, Positive Talk – as participatory communication. Positive Talk is not an externally initiated project, because it is not part of a pre-planned, goal-oriented project that is owned and controlled outside the target community. In contrast, it has been initiated by Criselda Kananda, an individual not linked to any of the existing initiatives outside the community. She started the show to earn a living. She was granted this opportunity as she is a well-known person, is fairly knowledgeable in the field and she is HIV-positive. This article relies on 20 in-depth interviews with students in the ‘educational precinct’ of Johannesburg to explore if and how radio listeners experience a radio talk show about the epidemic as participatory communication, in order for them to contribute to conceptual debates about new directions for HIV/AIDS communication to supplement existing communication projects, campaigns, structures, support and the like which are aimed at addressing the epidemic.

This article is structured to first discuss the principles of participatory communication in the reality genre, especially talk shows, and then to provide a background of the show before presenting the findings of the interviews.

### 2. Participatory HIV/AIDS communication

The participatory approach to developmental communication is upheld worldwide as the ideal communication approach to address developmental issues, such as health matters (Dyll-Myklebust in Mefalopulos 2005:158–159; Servaes & Malikhao 2005:93; Tomaselli 2011:12–17; Waisbord 2001:3–15). Aside from mass community participation, the participatory approach rests on four principles.

Firstly, based on democratic ideals, the participatory approach is founded on inclusivity, which implies seeking large-scale community participation in all developmental efforts (Carlsson 2005:211–212). The idea is that all the different groupings within a community should be given the opportunity to participate in the whole range of processes of the developmental effort, including information gathering, planning, message creation, implementation and summative research (Eriksen 2005:36–37; Habito-Cadiz 2006:427–428; Mefalopulos 2005:158–159; Waisbord 2005:79). By implication, externally initiated HIV/AIDS communication initiatives only minimally rely on this principle of participation. The main reason is that there is no real power-sharing between external change agents and the community, as the community is simply invited to participate in projects with pre-determined goals – those of information transfer and behaviour change (Tufte 2013:32). The power within the developing community that is sought to be harnessed is restricted to the pre-determined goal of the project (Jacobson 2012; Tufte 2013:32). Granted, many of the existing project-based HIV/AIDS communication initiatives in the country maximise community participation, but they do not conform to the principle of a total power transfer, because the nature of the communication project implies an unequal power relationship between the HIV/AIDS communicators and the developing community. For this reason, this article proposes that the task of HIV/AIDS communicators could rather be to identify and strengthen internally initiated communicative practices already existing in the country, rather than artificially induce yet again another project ‘from the outside’.

The second principle of the participatory approach is to enter into a dialogue with the developing community. This should be done in a respectful way, valuing all the different echelons in the community (Carpentier 2011:50–54). In fact, a good development facilitator should learn to listen to the needs of a community. Moemeka (1991:23) calls this the ‘felt’ or ‘true’ needs of a community; that is, the needs that members of a development community identify and not the needs that are assumed by someone outside the developing community. This principle is often mistaken in externally facilitated project-based development work as simply ensuring a good public sphere mechanism within the community where the developmental initiative is planned (Jacobson 2012). However, it should be remembered that all developing communities are not small, relatively homogenous groups of people where democratic principles devoid of hegemonic power relations are at play. In contrast, complex power dynamics and differing opinions about the course of a developmental project may prevail and these – and other locality-specific dynamics marking the everyday realities of heterogeneous communities – are to be negotiated and should form an integral part of the developmental processes (Downing 2014:337–339). Nevertheless, the participatory principle assumes that the maximum number of people should be involved and that those people should, by proxy, speak on behalf of those who do not have the opportunity to voice themselves at that time. This is important so that external project-based developmental initiatives can gain an idea of all the
topics discussed. However, it is best if as many people as possible participate in the process; firstly enhancing that all the opinions are elicited, and secondly that as many people as possible feel part of the project. However, in internally initiated development, the concepts of dialogue, respect and listening have different meanings (Eriksen 2005:36–37; Mefalopulos 2005:158–159). Firstly, these terms refer to internal processes (internal dialogue, respect and listening) and secondly they refer to an equal power relationship with those outside the developing community (if and where external people are involved) (cf. Servaes & Malikho 2005:92–93).

A related idea – the third principle of the participatory approach to Health and Development Communication – is to situate developmental problems within a popular cultural level in the context of the everyday lives of people in line with the participatory turn (Andrejevic 2015; Couldry 2015; Jenkins 2013). This does not only mean ‘to consider’, ‘take into account’, to ‘draw on’ or to ‘situate’ information regarding the epidemic in the everyday lives of ordinary people. If this is done and embedded in an entertaining format, as is often the case in the present media-saturated environment, this principle is only minimally adhered to. Instead, this principle means that ordinary people should be given the opportunity to voice their stories, views and interpretations in public, as this seems to serve as validation (Cornwell 2008:268–280; Mefalopulos 2005:10). They need to be heard and be able to influence discussions on the matter. They not only want to convey information, but they also want to obtain public validation of their humanness, their existence and their private identity in public (Barker 2012:176–179; Bordenave 2006:421; Castells 2001:62–63; Huesca 2006:75; Tufte 2013:32). They want to tell their life stories in public. This ‘participatory turn’ has been described in many fields, including: Political Communication’s subactivism and ‘the political’ (Castells 2001:62–63; Mouffe 2005); the democratisation of the media landscape in Media Studies (Carpentier 2011; Couldry 2015); the quest to express the self-online in Internet Studies (Gauntlett 2008:2–7, 2011:7); Celebrity Studies’ exploration of why the public seems to have an insatiable interest in the private lives of celebrities (Jenkins 2006:140–176); Gaming Studies’ investigations on co-learning in clan-based online computer games (Andrejevic 2015; Jenkins 2013) and Journalism’s reorientation due to citizen journalists. The public seem to have an insatiable need to publicly engage with their identities; that is, ‘real’ identities of ordinary people and not of fictional characters. Indeed, the participatory turn calls for ordinary people – real people – to engage publicly with their identities and matters of common concern, such as the impact of the epidemic on their everyday lives. This strong social tendency is often simulated by externally initiated communication about the epidemic to satisfy ‘participation’ implied by the current participatory turn by strategically inviting ‘recipient’ audiences of HIV/AIDS communication to participate in the message formulation processes of a campaign, for instance when children are invited to participate in a poster competition after being given a lecture on how the virus is transmitted.

In line with the participatory turn tied to emphasising the everyday lives of people, the fourth principle of the participatory approach entails getting ordinary people to ‘speak out’ about how they personally experience the development problem (White 2006:482). In other words, the fourth principle entails self-expression to foreground the texture of individual experience. When ‘speaking out’ – especially if an audience listens to such voices – the very identity of the ‘speaker’ is validated (White 2006:482). This is tied to a therapeutic ethos of feeling that ‘I am worth listening to’, as it constitutes empowerment. The assumption is that through self-expressions, community members should guide themselves through this process, emphasising not only the material change needed, but also how people feel about and experience this change. The bottom line is that the community should harness the collective ‘power within’, as this validates the community’s search by themselves for developmental problems and solutions (Nikkhah, Redzuan & Abu-Samah 2012:41). This should be done by ‘speaking out’ or expressing highly personal experiences of developmental issues (White 2006:482). In internal developmental initiatives, this principle manifests by artificially and strategically creating opportunities for the community to express their views. However, in internal development initiatives, to participate means to publicly gain the opportunity to express one’s identity and to gain validation thereof (Narayanasamy 2009:5–6; Riano 2006:448; Sreberny-Mohammadi & Mohammadi 2006:473).

3. Participation, the reality genre, radio talk shows and celebrities

Worldwide, the most reality broadcast genre is reality; South Africa is no exception. The radio and television reality genre was first marked by talk shows and nowadays reality television seems to be dominated by talk shows and competition shows (for example, the better known shows such as Big Brother and Survivor).

The popularity of the reality genre is ascribed to the public viewing reality shows as real within the parameters of the show and, most importantly, valuing the ordinary person’s personal experiences (Andrejevic 2004:2–7; Hill 2005:59–72; Shattuc 1997:42). Furthermore, it is generally accepted that the public participate as volunteers in these reality-based media formats due to the reality genre’s therapeutic ethos. In other words, public participants seek the validation that they are ‘worth listening to’, in addition to wanting the opportunity to have their say (Shattuc 1997:42). The same therapeutic ethos answers the question: Why do listeners tune in to radio talk shows? It seems that radio listeners enjoy and participate in validating those who phone in to tell their life stories and share their personal ideas with the public. Many people find consolation in such familiar stories. That is the bedrock of popular formulaic media programming. Life stories that fall into the strong hero category – initially reserved for men as they overcome obstacles to reach their goal (cf. Cawelti 1976:17 for an explanation of a heroic Herculean-like narrative that overcomes all adversity) – are rather popular nowadays. In other words, the familiarity of the ordinary seems to be appreciated by listeners, as they feel that it validates their own experiences (Shattuc 1997:42). On the one hand, these ‘comfortable’ stories affirm the ordinary, the everyday life and the familiar, in contrast to the intellectual information sanctioned by media owners, journalists and other experts (Shattuc 1997:42);
on the other hand, they signify an aspiration to be heroic. Never-
theless, the self-expressions of ordinary people and the sharing of
very personal information are validated in talk. In fact, many lis-
teners report that they can identify with the stories being told on
talk radio and they have thought: ‘It could have been my sister or
my neighbour who called in’ (Andrejevic 2004:2–7; Hill 2005:59–
72). This often entails engaging with taboo topics, and within the
ambit of HIV/AIDS communication these may include having
multiple concurrent sexual partners, one of whom is often a
much older married man. However, Govender (2013:14) and
Govender et al. (2013:65–88) expressed concern for the support
offered to people who have shared their development problem
through the media. In this vein, Durden (2013:115–126) men-
tions that *Intersections* emphasises voluntary participation on
different levels, shared decision-making and the well-being of par-
cipants in the production of the television series.

Another aspect, tied to ordinary people phoning in to talk shows, is
that callers seem to be viewed as ‘dethroning’ the knowledgeable
expert. Ordinary people are put into the same position as the
media elite (media owners, media workers and experts in the
field of the topic) as they are afforded the opportunity to influence
and formulate mass media messages (Andrejevic 2004:8–12, 81).
Furthermore, this conflation of the producer of media messages
and the conventional consumer (referred to as the ‘prosumer’)
signifies transfer of power to the public (Dockney, Tomaselli &
Hart 2010:76–78). This shift away from scripted to non-scripted
media programming also seems to satisfy people’s ‘reality hunger’
(Andrejevic 2004:5–7; Crew 2006:61, 68, 70; Hill 2005:59–61).

Much broadcast programming in the reality genre is hosted by
celebrities – often self-made celebrities – as these hosts became
well-known, have significant fan bases, bring trends into
fashion, attract frequent media attention and some become very
influential (Cooper 2007:11). The credibility of celebrities
involved in social causes does not rely so much on their physical
appearance and style, but more on the congruence of their private
lives and their public messages (Braunstein-Minkove, Zhang &
Trail 2011:96). One of the reasons why celebrities are appreciated
is that they are not experienced as stale, factual and pre-meditated
‘expert knowledge’, but they talk from a position of honest and
real ‘lived experience’ (Littler 2008:242; Poniewozik 2005;
Richley & Ponte 2008:719). This means that their views are
anchored in reality and are thus credible and relatively close to the
experiences of ordinary people (Littler 2008:242; Poniewozik
2005). Realness, or reality, is a quality that contrasts with the
pre-scripted fictional dramas which dominate the mass media’s
efforts to investigate social issues (Andrejevic 2004:5–7; Crew
2006:61, 68, 70; Hill 2005:59–61).

The credibility of celebrities is further enhanced if their fans
identify with them on the basis of similarity; for example,
similar life stories, backgrounds and attractive physical appear-
ance. The greater the similarity between the celebrity and the
fan, the greater the chances are that the public will identify with
the celebrity and identification enhances the possibility of role
modelling. Furthermore, if there is congruence between the
actor’s characteristics and his/her real life (for instance a celebrity
who is HIV-positive plays an HIV character), it is more likely that
audiences would perceive the actor as a credible source of infor-
mation – that in itself enhances the possibility of role modelling.
In this vein, Bandura (2001:10–18) argues that individuals with
agency often emulate characteristics of role models when con-
structing their identity. Furthermore, it is precisely this inter-
action with role models that facilitates social learning (Bandura
2001:4; Fishbein & Capella 2006:S2–S4).

4. Criselda Kananda and Positive Talk

Criselda Kananda is HIV-positive and, after contracting the virus
from her ex-husband, she started a talk radio show, *Positive Talk*,
where she invites members of the public to share their personal
life stories on matters pertaining to the AIDS epidemic. She
announced her HIV status on her show and became an influential
celebrity. She received the *City Press/Rapport* award for being 1 of
the 10 most influential women in South Africa (TVSA n.d.).

Her life story is essentially that: she was raised under difficult cir-
cumstances by her grandmother; her husband left her; she raised
their daughter on her own; she qualified as a nurse; she started
with *Positive Talk*, and later on formed her own company to
further a greater understanding of the epidemic. Most impor-
tantly, her message not only provides information about the
spread of the virus and living with the virus, but facilitates plat-
forms where ordinary people can talk about all matters tied to
the epidemic by sharing their personal life stories. In contrast to
a public sphere saturated with educational messages about HIV/
AIDS, she urges her listeners to phone in and share with the
nation their real-life experiences around HIV/AIDS. By publicly
disclosing her HIV-positive status on *Positive Talk*, Kananda
hoped to encourage listeners to be open about all matters pertain-
ing to the virus by inviting them to share their personal views and
experiences with the listening public (Metro FM n.d.). Further-
more, she announced publicly that she intends to pass on to
others what she had learned from living with the virus, since
she is a living testament that one can live healthily with AIDS.
Her approach most certainly has a wide reach within the pro-
gramme, as she is rated 9.4 out of 10 by TVSA (TVSA n.d.). Her
radio talk show is broadcasted during prime time on Metro
FM (Metro FM n.d.). In fact, Kananda started with *Positive
Talk* on Kaya FM in 2003 on Mondays from 19h30 to 21h00,
but as this commercial station is restricted to the Johannesburg
metropolis and has only 1 million listeners, the show migrated
to the nationwide public broadcaster’s Metro FM, where she
now hosts and co-produces the show. The show is broadcast
during prime time (19h30 to 21h00) on Wednesdays and Thurs-
days. Metro FM is the country’s biggest urban radio station, which
broadcasts to all urban areas in the country. It has more than 6
million listeners and, during weeknights when *Positive Talk* is
broadcast, more than 2.5 million listeners are tuned in. Nation-
wide, Metro FM has 6.4 million listeners and *Positive Talk* is
broadcast during the prime evening slot. Depending on
the topic of the show and whether a studio guest is invited, between
5 and 10 long phone calls are taken during a show. When
polling is the focus, more calls are taken during an evening show.
In a typical show, Kananda introduces a topic and encourages the public to phone in or send text messages. This public participation is often paired with a studio guest who is an expert in a particular field. As indicated earlier, she does not restrict the show to matters that relate to the virus, but discusses the virus in relation to other aspects that are important in the lives of her listeners (Metro FM n.d.). Some of the topics are social taboo, some sensitive and some less so; she discusses subjects such as politics, careers, mental illness, babies, fortune telling, breast cancer, vaginal care and a range of motivational topics. What is noteworthy about the show is that highly personal information – often emotional, trivial, popular and fairly sensational – is shared.

5. Method

In order to elicit responses from listeners, this research article used a qualitative framework; more specifically, in-depth interviews (cf. Flick 2007:viii, x; cf. Merriam 2009:19). In-depth interviews were used, as they invite detailed and in-depth discussions (King & Horrocks 2010:1). One-on-one interviews were conducted by the researcher using a semi-structured interview schedule. From the population of Positive Talk listeners, a purposive sample (cf. Rubin & Babbie 2010:148–149) of 20 participants was drawn from students in the ‘educational precinct’ of Johannesburg, situated amongst the University of the Witwatersrand, the University of Johannesburg and various other smaller tertiary institutions. The researcher recruited respondents outside the main gates of these institutions on 10 different days in the first quarter of 2015, with the qualifier that they needed to be avid female listeners of the talk show. Initially, it was planned that only respondents who had listened to at least 10 broadcasts of Positive Talk would be recruited, but in reality it worked out that all had tuned in to the show far more frequently than 10 times. Care was taken to ensure diversity across the sample in terms of institution, study field, study year level and age, as respondents were enrolled at four different tertiary institutions for a wide range of qualifications, which included nursing, engineering, education, media studies, public relations and bookkeeping. The ages of respondents ranged from 19 to 24. According to Positive Talk’s section of Metro FM, this age group is one of the groups that are specifically targeted in the show.

As the interviews deal with potentially sensitive topics such as sex and sexuality, most respondents requested anonymity and their comments were identified as ‘Respondent 1’, ‘Respondent 2’ and so on. Other than acquiring informed consent for the interview, respondents gave their permission for the interviews to be audio-recorded. Therefore, it was not a problem to obtain ethical clearance for this research project.

The interviews were transcribed and the transcriptions were thematically analysed following Braun and Clarke’s (2006:87) suggested phases of analysis: familiarising oneself with the data, generating initial codes based on the key constructs explained in the literature study, searching for and reviewing themes, and defining and naming themes. The thematic analysis was done manually and the themes were identified inductively as this method produced richer data than deducing themes theoretically (Braun & Clarke 2006:86–89). Recurring themes that emerged from the data set are familiarity, life stories, respect, taboo issues, ‘lived experiences’ of celebrities, role modelling, everyday life, ordinary people, therapeutic ethos of talk radio and agency. The nature of the research paradigm of this study suggests that the findings are not generalisable, but are exploratory and context-bound.

6. Interpretation and discussion of listeners’ experiences of Positive Talk

Positive Talk is a talk radio show that emerged spontaneously from within society and is not externally initiated by a development or health facilitating agency. This article presents a preliminary exploration of the workings of this potential new direction for HIV/AIDS communication in the country.

A strong theme that emerged from the interviews dealt with listeners’ experiences of familiarity with the host’s life story. Her life story was described as familiar by many respondents, and for this reason they believe it is real and credible:

Criselda’s story is up there, it is a story that we know much [about]. Many South African women knows this story, it happens all the time. (Respondent 9)

You know, my aunt is happily married, but sometimes men go to the city and to find a job. They don’t have money to go home always. Then they meet someone and don’t use condoms. Men simply don’t like rubber, not even when they cheat. (Respondent 4)

She is a good; her husband was the one that is not. Back home I also heard this story; my family’s husband did the same thing. (Respondent 18)

Many respondents indicated familiarity with Kananda’s story: ‘it could have been me’ was often said by the participants. This familiarity with the reality genre is one reason why audiences enjoy reality media programming. What makes Kananda’s story compelling is that respondents experience her life story as being real; many of them indicated that they had heard this story before. In fact, a few respondents noted that nobody would lie about their HIV-positive status and their imminent death:

For sure, she is not lying, who would lie about being [HIV] positive? I never thought about this before. You shock me. It is true; she talks in churches all over the country. (Respondent 3)

Kananda’s story is thus not only familiar, but it is perceived to be real. This enhances the credibility of her story. In the reality genre, it is argued that perceiving a story to be true enhances the possibility of audiences identifying with the life story, as they imagine that ‘it could have been my story’, ‘it could have been my sister’s story’ or ‘it could have been the story of my neighbour’ (Andrejevic 2004:3–6). This is what Andrejevic (2004:2–7) calls the ‘appeal of the real’ in reality television and talk radio. It is not fictional or an imagined story; it really happened, it is real. In the ambit of celebrity studies, it is furthermore argued that if there is congruence between the private and public life of a
celebrity (Kananda is HIV-positive in real life and in her celebrity public life she facilitates discussions about living with the virus), then her show is all the more credible (Braunstein-Minkove et al. 2011:96).

Another aspect that respondents emphasised was that Kananda’s life story is not only believable, compelling, true and final, but many respondents indicated that they enjoy the show precisely because of Kananda’s personality; most importantly that she is not judgemental when dealing with sensitive issues. In fact, she is known to be respectful of caller’s views, even when talking about personal issues and taboo topics:

Oh, Criselda is good, she is beautiful in body and style and personality. Well, she is kind to people when they phone in, even if they talk about personal things. When they tell her of sex, she listens and do not say ‘you are too young’ or ‘you have too many men’. (Respondent 13)

The callers love her, because she tries to understand where they are coming from. She tries to see their viewpoint; she is not superior but she creates a safe space for them to talk [in]. (Respondent 8)

Listeners’ positive experiences are further enhanced by the way in which Kananda tackles socially taboo issues. It seems that due to her HIV-positive status, she is given a position of authority to transgress social taboo borders:

One time someone phoned in and Criselda said ‘I know what you’re talking about’ – she actually understands. … But she really knows as she is infected herself. She has been there. (Respondent 7)

What I like about her is that she listens to the callers. She is so patient with them – even when they talk about what my mother won’t discuss with me. (Respondent 18)

What is clear from these comments by listeners is that they perceive her to be respectful of the show’s participants – a characteristic valued highly in participatory communication. In fact, it is not only her compassionate personality that is appreciated, but also her humour and open-mindedness:

She laughs to avoid being too serious, she is open-minded and objective. She is never offensive in the way she handles sensitive topics – and there are a lot of those on her show. (Respondent 11)

In other words, by showing a range of human emotions (such as compassion, open-mindedness, a lighter side and straight-talking), Kananda invites real-life conversations. She facilitates the sharing of highly personal experiences during the show. Seemingly trivial information is often presented in emotional ways as members of the public phone in to share their views with the listeners. The discussions facilitated by Kananda deal with topics on how people grapple with everyday aspects – such as gender power struggles in their homes – how they make sense of having to move between different ideas, traditions and worlds and how they play multiple roles in society. These discussions also deal with how the politics of identity and recognition are at play in matters of HIV and AIDS and how they make sense of capitalism in a poverty-stricken country. By eliciting this kind of information, Kananda manages to facilitate public discussions that normalise socially sensitive and taboo topics. Of further importance to this article, these discussions are facilitated by Kananda, who can be regarded as an ‘expert of life’ (cf. Richeley & Ponte 2008:719). In her case, this typical celebrity attribute is extended, because she has a nursing background and is HIV-positive. Since her personal life and her public messages are congruent, they are all the more credible; in fact, her messages are more credible than if she were only a celebrity, only an expert on the topic or only HIV-positive.

It is pointed out in the participatory communication literature that internally initiated development and health communication initiatives are ideally positioned to facilitate dialogue and respect between the communicating parties. Furthermore, internally initiated HIV/AIDS communication is all the more positioned to situate developmental problems within a popular cultural level in the context of the everyday lives of people in line with the participatory turn.

Extending the idea of enlarging the range of topics discussed in public – even social taboo topics – many listeners claim that they learn much from the show:

The show covers many topics, [those] that one can easily talk about and then others; those that you speak about only behind closed doors, and only with your best friends who you know for a long time. The thing is, we are now getting used to hearing about those things our parents never discussed with us, in fact, those that we are actually only discussed with close friends. (Respondent 9)

The show is educational in nature; it tries to educate by letting people discuss topics. She is not like a teacher, not in that way, but we learn a lot though callers’ stories. If ever you are in that situation, if you are ever infected, you will know what to do and what your options are. (Respondent 15)

In this sense, social learning is not only associated with listeners gaining information about the virus and ways in which one can go about improving one’s life on a practical level, but they also seem to gain inspiration and life lessons. They seem to appreciate Kananda rising above her situation in a heroic manner:

She has leadership skills, she is dignified and she lives healthily with the virus. She has been doing a lot for others who are infected. (Respondent 20)

Well, yes, I feel like I am part of the show, because I can relate to many things. Not HIV, but the others. She makes me [a] feel part [of it], and I am not even infected. She rises above the disease. (Respondent 7)

Pairing social learning with a credible host, with whom many listeners can identify, it is not surprising that avid Kananda listeners may see her as a role model:
Listeners look up to her; she is not only beautiful, she has a strong character. She is not afraid to talk about things that some people might find embarrassing, for example ‘taking care of your vagina’. For some people discussing such topics with their partners or family members is not easy. By listening to the show the listeners get something from it, without being exposed. Usually people get role models that they can look up to, because of the good that they do, just like Criselda is doing. (Respondent 2)

Listeners seem to enjoy the fact that Kananda invites wide public participation and they perceive this as generous and kind, and appreciate her providing power to the public who phone in to express their views. This is perceived as giving them the power to take control of their lives:

We not only learn from the show, but it makes us confident when we know that she wants us to phone her. (Respondent 12)

They don’t tell us how to live our lives. We know how not to get AIDS. She wants to listen to us, and the other listeners want to hear us. (Respondent 8)

This perceived power transfer, or democratisation of the mass media seems to be appreciated by listeners.

Another important characteristic of participatory communication is the validation of the person; callers gain affirmation of their life stories and their public self-expressions. Many respondents indicated that listeners require information in addition to self-affirmation as reasons why they think people phone in to Positive Talk:

People participate because they are or [are] becoming conscious of social issues. They recognise the deficiencies in society and engage in conversation to alleviate the situation. In addition, and most importantly, they participate because they relate their personal lives with the topic discussed. They can therefore give and get advice from both presenters and listeners … People do participate freely and openly … They talk mostly about social issues, for example HIV/AIDS and its effects. They phone in to share stories and ultimately to be listened to. There is no greater pleasure than having something important to say and be given a chance to say it on live radio. This is one of the best gifts of the show and the listeners are both free and privileged. (Respondent 2)

This viewpoint confirms the therapeutic ethos of radio talk shows:

She listens so gently to the callers. It is as if I can see her nod that it is fine for them to tell their heartbreakingly sad stories. (Respondent 10)

The show is not about her, yes, she is there, but she engages with the callers: she invites them to speak. She allows them to be expressive. (Respondent 16)

As is the case with most radio talk shows, the stories shared by the public on Positive Talk may serve a therapeutic value, as those calling in receive affirmation that someone is listening to their life stories and opinions and they feel that ‘I am worth listening to’ or that ‘someone wants to listen to me’. This echoes the sentiments of validation of the self in the participatory approach (cf. Riaño 2006:447 – 450; Shattuc 1997:42; Srerbern-Mohammadi & Mohammadi 2006:466 – 468). Furthermore, in line with participatory communication, these interactions are associated with the acknowledgement of self-worth, self-image and self-pride of individuals and their communities – characteristics linked to the validation of individual or group identity (Habito-Cadiz 2006:427 – 428). Another aspect to consider is that the individual narratives which the public shares with other listeners may bind them to the listening community. From a participatory communication perspective, it is argued that this sense of belonging, or solidarity, may encourage members of the listening community to further participate in the show by calling in and asking questions or sharing their views and life stories (Riaño 2006:447; White 2006:482). In addition, one of the key principles of participatory communication is situating a health issue within the everyday life context and providing validation thereof.

In summary, the key themes that emerged from the interviews were that of familiarity with the host and callers’ life stories, congruence between the host’s life story and the radio show, the respectful manner in which the host frames and handles taboo issues – even though she is not officially schooled in matters pertaining to the virus, she has ‘lived experience’ – the possibility of role modelling, the validation of ordinary people’s everyday life experiences, the therapeutic ethos of talk radio and agency.

7. Conclusion: participatory HIV/AIDS communication initiated ‘from within’

Although great advances have been made in HIV/AIDS communication to incorporate many participatory communication principles in externally initiated communication projects about the epidemic, the recent Human Sciences Research Council and other reports suggest that new avenues for communication about the epidemic should be investigated.

Instead of continuing on the path of refining the use of participatory principles in externally initiated communication projects, this article takes a totally different trajectory by exploring the workings of one example of an internally initiated communication initiative about the epidemic. A number of key findings of interviews held with listeners of talk radio show, Positive Talk, suggest that this reality genre is perceived by respondents to be in line with key principles of participatory communication, namely that:

1. Democracy and power-sharing is created between all involved in the process of development.
2. Dialogue and respect for all involved in the development process and listening.
3. Developmental problems within a popular cultural level in the context of the everyday lives of people in line with the participatory turn is considered.
4. Self-expression and identity validation.

The recurring themes of the Positive Talk interviews largely support these principles. The first principle, democracy and power-sharing, seems to be satisfied by responses of the interviewees. They expressed that they felt included, that ordinary people, and not only experts, were able to express their views. It seems that the fact that ordinary people phone in signals inclusivity and power-sharing.

Dialogue, respect and listening, the key aspects of the second participatory communication principle, seem to be in accord with experiences of listeners of Positive Talk, who repeatedly indicated that the host of the programme listens respectfully and without judgement to even the most trivial of callers’ stories. Many respondents indicated that they appreciated the inclusion of ordinary people’s contributions to the show. This amounts to public dialogue between expert knowledge and listening to the experiences of non-experts.

The third participatory principle, that of situating developmental problems within a popular cultural level in the context of the everyday lives of people in line with the participatory turn, also seems to be valued by listeners. Appreciation was expressed, not only for allowing ordinary people to phone in, but for them to be able to talk about everyday matters – even socially taboo topics. This is very much in line with participatory turn, everyday lives of people in line with the participatory turn, also.

The fourth principle of participatory communication, self-expression and identity validation, is satisfied by the reality genre – specifically by Positive Talk – as ordinary people are invited to phone in to the programme. The callers express their personal views in public; most importantly, experiences and feelings, and hence their identities. The show’s host validates their identities by showing appreciation for their stories. In line with the therapeutic ethos of the reality genre, the talk show’s listeners further validate the callers by virtue of listening to the show.

Furthermore, the appreciation of the host’s personality, the way in which she handles the show and the congruence between her private and public life, may enhance the changes of identification, role modelling and social learning facilitated by Positive Talk.

Based on the findings of this talk show, this article suggests that communication about the epidemic that emanates spontaneously ‘from within’ communities is worth further exploring as a potential way forward. However, it is not suggested that this form of communication about the epidemic should replace the vast number of other communication efforts about the epidemic, but should be supported as supplementary to other externally initiated communication efforts.

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