

The Role Of Community Radio In Supporting Hiv Prevention Trial Engagement And Recruitment

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Abstract

During the last two decades, different testing of innovative HIV prevention products, including intra-vaginal microbicide gels, has taken place with people from a range of communities. Inadequate education about research, little feedback among members and limited community engagement are the main causes of misunderstandings and trials being ended early. The Good Participatory Practice (GPP) guidelines were created to solve these issues, demanding that communities remain involved and that all stakeholders are kept well informed during clinical trials. Community radio is considered a useful and informal way to involve marginalized groups in discussions. How the Tshireletso Health Talk (THT) community radio program influenced participation in the MDP301 trial is examined in this study, as THT was aired on two stations. Between 2003 and 2010, THT broadcast 150 episodes that discussed research (36%), health education (46%) and both topics together (18%). Many listeners called in on the topic of health and diagnostics, with 150 replies being recorded. Around 11.9% of patients enrolled through the study said they learned about it through the radio, highlighting that the radio helped reach many prospective patients along with social networks and study team members. After joining the program, women shared what they learned which helped the message spread to their partners and the community. Although community radio increased research literacy and recruitment, it needs to be part of a community effort. The use of SMS and community forums, alongside other methods, allows organizations to get around language and access issues. All in all, the study shows that community radio helps HIV prevention trials engage those unaccustomed to research and recommends including it in future GPP programs.

Key words: Community Radio, HIV Prevention, Clinical Trial Engagement, Participant Recruitment

Introduction

Over the last twenty years, many trials on new HIV prevention products such as intra-vaginal microbicidegels, have been carried out. A large number of people from communities with different experiences of medical research are sometimes used in these studies [1]. Poor understanding among researchers, insufficient conversation with groups and poor community engagement often cause misunderstandings that may end a study sooner [2]. So that HIV prevention trials would lead to better results in involved communities, UNAIDS and AVAC developed the first (2007) and second (2011) Good Participatory Practice (GPP) guidelines [3]. They underline the need for involved communities during the whole course of an HIV prevention study and suggest ideal steps for trial design and running. One should recommend setting up several stakeholder advisory groups and planning in detail how to educate all stakeholders. The guidelines emphasize that teaching stakeholders how research is done will help people manage their own communities [3]. It is hoped that, by educating stakeholders and making research more accessible, collaboration between researchers and trialists will be more equal. According to the GPP, talking to patients and communities by means of community advisory boards (CAB), public discussion forums and community radio helps keep clinical research on-topic and informed. CABs are often a key tool for engaging the community in research, but one approach might not be enough to create a rich local understanding of the research. If CAB members do not fully grasp research, it becomes difficult for them to convey scientific matters [4]. Sometimes, individual citizens' advisory board members aren't familiar with all community areas. Because of these limits, researchers and trial communities need additional ways to exchange information and engage to overcome these difficulties. Community radio has been marked in the GPP guidelines as an "informal" method for engaging stakeholders. Radio, many experts highlight, is an essential way to serve marginalized and underserved groups [5]. Since people nearly everywhere get radio, it is a powerful way to connect with listeners [6]. Health promotion messages related to sexual and reproductive health are successfully distributed globally thanks to radio [7–9]. Radio has, on a limited basis, been part of HIV prevention trial recruitment in various ways, but the outcome of these campaigns has rarely been well documented [10–12]. Although studies from high-income research focus on multiple media approaches (TV, radio, newspapers) for finding participants, little is known about how community radio helps in resource-scarce contexts [12]. A lot of regions see the majority of households owning radios. Most community radio stations need to follow laws that value broadcasting useful educational and health content [13]. These stations help people learn and discuss concerns that are important to them. This paper discusses a

weekly community radio show, Tshireletso Health Talk (THT) which the Wits Reproductive Health and HIV Institute (Wits RHI) started as an additional way to involve communities in HIV prevention trials. We plan to see if radio helped people in the community participate by reviewing what was broadcast, what respondents said and whether they took part in the trial as a result. We address briefly how the cost of applying these activities can influence clinical trials.

Methods

Two community radio stations, Jozi FM in Soweto and Thetha FM in Orange Farm, air the Tshireletso Health Talk (THT) during their programs. Originally created in 1999, Jozi FM is currently the biggest community radio station around. It supports the Soweto region, home to about 1.2 million people. On this station, you will find news from the area, updates on current events, sports, topics related to health, love and relationships, plus further family and social information. Though considered a community station, Jozi FM functions as a commercial radio station. All of the presenters at Jozi FM live in Soweto and are mostly male [18]. Thetha FM started in 1997, got its license to broadcast in 2003 and began broadcasting to Orange Farm in 2005. Soweto is much larger and more urban, whereas Orange Farm has a rural atmosphere and just about 170,000 inhabitants [19]. Thetha FM is committed to supporting primary health care, helping communities develop, empowering their members and inspiring good changes in society [20]. The channel offers music and talk radio shows that focus on health, education, recent affairs and relationships. Programmes in community media are designed for everyone, including women, children, youth and people with disabilities. All of Thetha FM's presenters come from Orange Farm and include many migrants from across South Africa, with a variety of educational experiences. The stations are mainly active in communities in the southwest part of Johannesburg. As many as 564,000 people are reached by Jozi FM, compared to about 171,000 on Thetha FM [21]. In 2003, Jozi FM (Soweto) began showing the THT program and Thetha FM (Orange Farm) picked it up in 2005. Originally, the show intended to tell people about certain clinical trials and also addressed basic health questions that were linked to study topics. The presenters included community educators with only high school diplomas, as well as highly trained nurses, doctors and academic experts. Among the presenters were some local Orange Farm and Soweto residents. Most episodes featured a main outline of messages which research leaders checked before airing. After that, there was a question for listeners and then a scripted interview with someone connected to the trial. In late 2009, the group began adding fictional cases to its scripts to illustrate how different health topics affect groups or communities. Change came after staff from CBC Research and staff and callers at radio stations suggested some improvements. People have always been able to call in during the program since THT was founded. Each show invited listeners to contact the station at any point. Callers could speak with knowledgeable experts live on the phone program. Should a quick answer to a question not be available, callers provided their details to be followed up by a clinician or nurse in less than 24 hours. If it was necessary, the callers were given directions to visit the health care center nearest them.

Result

Tshireletso Health Talk (THT) radio program aired a total of 150 shows across two community radio stations. These broadcasts covered a range of topics categorized into three main groups: research-related content, health education, and a combination of both research and health education. Specifically, 36% of the shows ($n = 54$) focused exclusively on research-related issues, 46% ($n = 69$) addressed general health education topics, and 18% ($n = 27$) combined both research and health education themes. This diverse programming ensured a balanced focus on scientific content and practical health information tailored to the community's needs. Listener engagement was reflected in the call-in responses, which totaled 150 categorized calls during this period. The majority of these responses, 67% ($n = 101$), pertained to health and diagnostics topics, indicating a strong community interest in health information and related diagnostic issues. Calls related to research-specific topics accounted for 18% ($n = 27$), while 15% ($n = 22$) fell under other miscellaneous categories. This distribution suggests that while the community was highly engaged with health topics, there was also meaningful interaction regarding research processes and findings, demonstrating the program's success in stimulating dialogue across a range of relevant subjects. In terms of recruitment into the MDP301 trial, participant self-reports indicated diverse sources of initial trial awareness. Among the 150 participants analyzed, 41% ($n = 62$) cited friends or family members as their primary source of information, underscoring the importance of social networks in disseminating trial-related information. Another 24.4% ($n = 37$) reported learning about the trial from other participants, further highlighting peer influence. Study staff directly recruited 16.5% ($n = 25$) of participants. Importantly, 11.9% ($n = 18$) of participants indicated that they first heard about the trial through the community radio broadcasts, demonstrating the tangible impact of the THT program on trial recruitment efforts. Smaller proportions cited clinics (5.9%, $n = 9$) or provided no response (0.2%, $n = 0$). Overall, these results indicate that the THT radio program was effective not only in disseminating health and research information but also in actively contributing to participant recruitment for the clinical trial. The blend of educational content and community engagement through accessible media helped build awareness and foster dialogue, making community radio a valuable tool in supporting biomedical research initiatives.

Table 1: Tshireletso Health Talk Radio Show programme topics, by category type (2003–2010)

Topic	No. of Shows (out of 150)	Proportion of Total Shows (%)
Research-related	54	36
Health education	69	46
Combined research and health education	27	18
Total	150	100

Figure 1: Tshireletso Health Talk Radio Show Programme Topics, Distribution of topic categories across 150 shows (2003–2010)

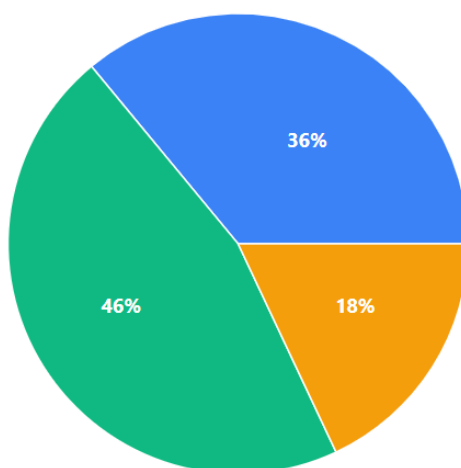


Table 2: Tshireletso Health Talk Radio Show programme caller responses, by category type (2003–2010)

Category	Total Count (out of 150)	Proportion of Total Categories (%)
Research	27	18
Health and Diagnostics	101	67
Other	22	15
Total	150	100

Figure 2: Tshireletso Health Talk Radio Show Caller Responses, Distribution of caller inquiry categories (2003–2010) - 150 total calls

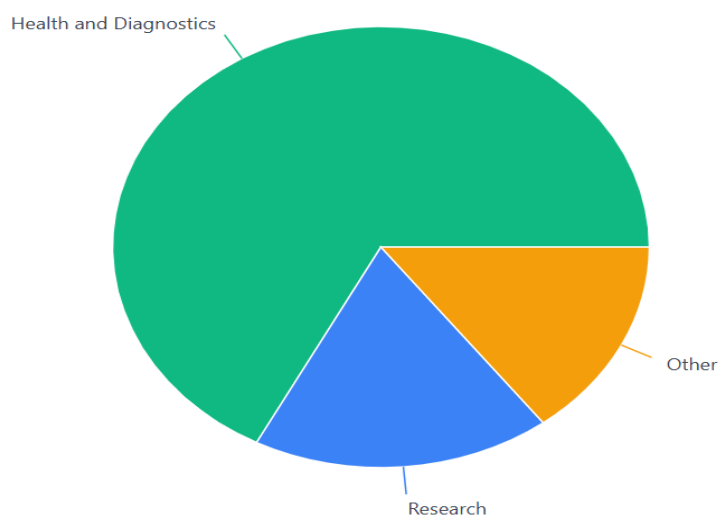
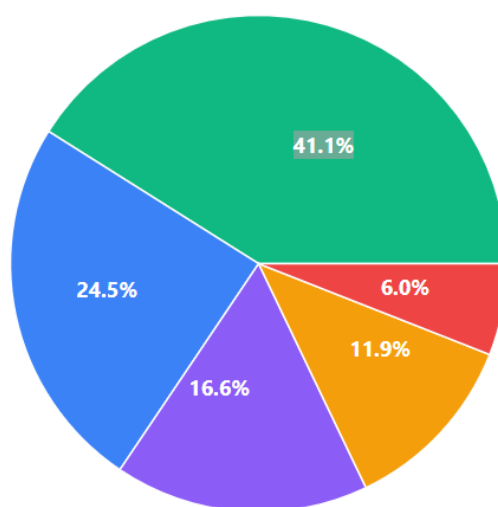


Table 3: Participant-identified source of recruitment into the MDP301 Trial (2003–2010)

Source	Total No. of Participants (out of 150)	Proportion of Participants (%)
Friend/Family	62	41.0
Another participant	37	24.4
Study staff	25	16.5
Radio	18	11.9
Clinic	9	5.9
No response	0	0.2
Total	150	100.0

Figure 3: MDP301 Trial Participant Recruitment Sources, How 150 participants learned about and joined the study (2003–2010)



Discussion

When biomedical research explores areas that haven't been included in clinical trials, the job of effective communication increases. Differences in how research principles, ethics, giving informed consent, evidence and biomedical procedures are understood indicate that researchers and local communities should always continue to communicate [22]. In order to address these issues, researchers now apply participatory techniques to improve how communities understand clinical trials and involve CAB in making sure trials are managed properly [25]. As this chapter explains, community radio has a key role within the framework of community engagement. Apart from recruiting women, the radio program facilitated local conversations on health, including sexual and reproductive health (SRH) and HIV and motivated them to participate in research clinics to learn more about their health. As a result, people were encouraged to sign up for the clinical trial. In addition, the program helped participants discuss their role in the study and their use of microbicide gels with their partners. It is clear from similar studies that most people in research projects join clinical trials if they understand the involvement [25]. Funding public health awareness campaigns can allow communities to join in clinical trials more actively [25]. From what we saw in the community radio, it was a major supplier of biomedical research news to the trial participants. Having phone talks with listeners helped the show to become popular. Under this approach, people could ask about health topics and this allowed researchers to share knowledge about HIV prevention with the audience. Through posing questions and describing clinical research, the program began discussions among researchers and community members and within the community as well. Based on what they heard on the radio, women told others in their life about their decision to enroll. It points out that communicating in person and using social networks motivates women to stay updated on their health and join research [26]. In carrying out research among new or vulnerable groups, Good Participatory Practice (GPP) helps build trust and improve understanding of research. Areas where radios are easily available use community radio as a main source of engagement. Yet, radio is not enough to make research literacy widespread or lead detailed discussions with communities about clinical trials. Usually, leaders achieve these goals by mixing mass media with SMS, phone calls and

meetings with community members. Some local areas make it easier to promote clinical trials using community radio because independent radio programming includes support for local development. Other such initiatives focus on spreading health information about reproductive health and HIV/AIDS [8], though this program stands out by being the first to encourage people to take part in clinical trials. Our work with community radio in medical research could be copied for use in other types of programs. Although radio helps build a community, there are a few challenges involved. It was largely designed to bring in women to take part in a female-specific clinical trial. Still, our findings point to men listening as well, so possibly male partners were encouraged to support women's involvement by agreeing with the findings. Because of the call-in format, those without a phone or who couldn't afford to call were kept from participating. As a result, we probably do not have many records of people who could not or decided not to spend on these goods. To solve this problem, patients needing more time with the doctor started receiving an SMS and call back from the office. Since the community has several official languages, some people may not be able to listen unless the programs are broadcast in their mother tongue.

Conclusion

The help of THT, community members were more involved in the research and the team was able to recruit many more people for the clinical trial. The radio show connected with local listeners by combining information on reproductive health, HIV and research with more general health topics. Listeners could access information, ask questions they were unsure about and communicate with health professionals and researchers right on the show. Not only did this discussion make people aware of the trial, but it also helped them trust each other and discuss their involvement with others online, increasing the program's success. Our results prove that community radio helps explain difficult biomedical research topics to the public. It connects communities with the process of clinical trials and explains how research is done. The fact that so many participants report that they learned about the trial from radio shows how valuable the medium is for organizing recruitment efforts. Although community radio offers many positive results, it can't by itself cover all the requirements for learning new research or staying involved. It is shown that a variety of communication approaches, pairing mass advertising with personal phone calls, messages and group forums, helps get around language challenges and access issues. This style of research makes it possible for more community members to get involved and communicate. In addition, work with THT indicates that community radio could help influence both participating women and their partners, thus making the environment more welcoming for clinical trials. However, reaching people who are outside the phone network or do not have the means to pay for calls and working with different languages in the same area are still big challenges. All in all, the good results from THT give weight to community radio being a key aspect of GPP in clinical trials, particularly for communities new to research. Encouraging people to understand, trust and talk about the trial processes can greatly improve the conduct of clinical trials. It is suggested that community radio be added to the plans of future HIV prevention trials and research so that community engagement for recruitment and partnership is more effective.

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