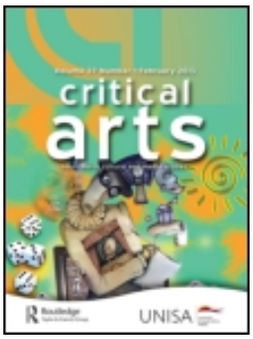

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Public engagement with HIV in a rural South African context: an analysis of a small-media, taxi-based edutainment model applied in *Jiving with Science*

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Abstract

Years of state denial in South Africa resulted in poor national understandings of HIV and the urgent need to increase public engagement with health research, and encourage behaviour that reduces transmission and supports the uptake of relevant health interventions. Behaviour change is, however, a lengthy, complex process and there is always space for entertaining non-didactic mechanisms to engage audiences and engender social change. *Jiving with Science* involved developing, distributing and evaluating three edutainment CDs over two years. The CDs, which were distributed free-of-charge to community stakeholders – in particular to mini-bus taxi drivers, for the entertainment of commuters – were endorsed by local celebrities and contain a narrative informed by local scientific data on HIV/AIDS, interspersed with popular music tracks. A critical examination of the project concept, production and distribution processes reveals that this is an example of how small media methodologies can empower health researchers to create low-cost, targeted products to engender positive social change. However, the strength of the product lies in its connection to a complex, well-established research programme and the authors suggest that researchers keep this in mind when developing similar material, and also that they consider incorporating a greater degree of participatory techniques, because these can only add value to the quality and relevance of the edutainment product.

Keywords: edutainment, HIV, public engagement, public health, rural communities, small media, South Africa, taxi

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Introduction

Public engagement plays an increasingly important role in public health research, with community participation, understanding and 'ownership' of scientific findings identified as essential ingredients in the efficiency of health interventions (Haine, Kuruvilla & Borchert 2004: 724–731; Wanless 2003: 1). In South Africa, much work is required to improve the population's scientific understanding of the national HIV epidemic, because the state has largely failed to provide the public with clear information on this vital health issue. In this climate, entertainment education (EE) or 'edutainment', as it is often called, has become widespread. This strand of behaviour change communication involves 'purposefully designing and implementing a media message both to entertain and educate, in order to increase an audience members' knowledge about an educational issue, create favourable attitudes and change overt behaviour' (Singhal & Rogers 1999: xii). Edutainment has been a powerful tool for HIV communication because individuals tend to 'engage, identify and involve themselves strongly with the stories told in radio and television drama and when this is explored strategically, it may well contain the potential to articulate debate around difficult-to-talk-about issues such as HIV' (Tufte 2005: 168).

In his writings about edutainment, Thomas Tufte (ibid: 166) identified *three* generations of strategies. The *first* generation can be linked to traditional, linear, expert-driven communication models. Although these strategies have been shown to 'achieve tangible results' by raising awareness and linking people to resources, they have been challenged in recent years since it has been shown that despite the public's increase in knowledge of key HIV messages and favourable attitudes, this has not resulted in significant or sustainable behaviour change (Parker 1997: 53; Tufte, Corrigan & Ekstrom et al. 2008: 8). It is also argued that the professionals developing these products 'tend to occupy somewhat different socioeconomic contexts to broader target audiences and that material developed is often skewed by their perceptions of how messages should be framed' and what media and media products should be used (Parker 1997: 52). Moreover, such strategies often focus on individual behaviour change while 'preventing HIV is not simply a matter of personal choice, and the contexts within which infection occurs are complex' (Parker, Dalrymple & Durden 2000: 18). The *second* generation edutainment strategies that followed, such as the *Soul City* mass-media edutainment strategy, launched in South Africa in 1992, include a much greater degree of participatory and collaborative techniques (Tufte et al. 2008). The *third* generation of edutainment, described by Tufte, includes more radical initiatives, such as action media, advocacy communication, communication for social change and integrated communication strategies (Parker 1997: 46; Tufte et al. 2008: 8).

Integrated communication strategies frequently incorporate small media products such as stickers, posters, CDs, videos, photographs, badges and graffiti (Parker et al. 2000: 13, see also Tomaselli, Shepperson & Parker 2002). Small or 'little' media are often best understood in comparison to 'big' or 'mass' media (Conway 2008: 15; Schramm 1977: 16). While mass media products tend to be made on a large scale, for a global audience, by professional producers using advanced technologies and established distribution networks, small media products, on the other hand, are often created for the local community, by amateur producers, using simple and cheap technologies and alternative distribution networks (Conway 2008: 15). The affordability, versatility and accessibility of small media products have made them popular tools in political and health promotion campaigns (Keller & Brown 2002: 67; Sreberny-Mohammadi 1990). For example, in South Africa, healthcare workers have produced small media products that target sex workers and commuters (Centre for AIDS Development, Research and Evaluation [CADRE] 2002; Guenther-Grey, Schnell, Fishbein & the AIDS Community Demonstration Project 1995; Parker, Oyosi & Kelly et al. 2002: 1). However, all kinds of media face certain challenges and in the case of small media, this relates to product durability and distribution (Keller & Brown 2002: 67; Parker et al. 2000: 14).

In this article, the researchers report how principles of edutainment and small media were harnessed in a low-budget public engagement project known as *Jiving with Science*. The project involved developing, distributing and conducting process evaluation (formative and monitoring) of three edutainment CDs over two years. *Jiving with Science* was initiated by an international population research facility based in rural KwaZulu-Natal, where the impact of the HIV epidemic is severe (Bärnighausen, Tanser & Newell 2009: 405).

Project background

The Africa Centre for Health and Population Studies (henceforth Africa Centre) conducts research on population and health issues using qualitative and quantitative methods, and in partnership with the KwaZulu-Natal Department of Health (DoH) offers an HIV testing, treatment and care programme.[1] Africa Centre's research informs national health policy and is geared to improving the lives of the local population. Since 1998, the centre has developed strong partnerships with the local community, actively engaging the public through an integrated communication strategy.[2] *Jiving with Science* aimed to build on this by delivering research findings and evidence-based health-promotion messages to everyday spaces, including transportation, places of leisure and shopping precincts.

Each *Jiving with Science* CD contained an informational narrative interspersed with popular music tracks, targeted health/HIV messages and calls to action. The

CDs were distributed free-of-charge to community stakeholders, including taxi drivers, shop operators and hairdressers. Taxi drivers were the main recipients, with the primary target market being the estimated 50–60 000 weekly users of local mini-bus taxis. Most taxis have an operational CD player, although many taxi operators only have a small number of playable CDs. The researchers decided to adopt audio as a medium (rather than print or any other visual media) in this project, since they were operating in a rural region characterised by a strong oral culture and relatively low literacy levels (Leach 1999: 71; Melkote 1991: 218).

Jiving with Science is inspired by a marketing strategy known as 'Star Music', in which popular songs and commercial adverts are compiled on a CD or cassette tape and distributed to taxi drivers free of charge. Star Music is part of a company called Comutanet (www.comutanet.co.za) that targets South African commuters using audio and visual media. It is not surprising that taxis have become a target for the marketing industry, and indeed, the researchers' emphasis in *Jiving with Science* on mini-bus taxis was well founded. The South African taxi industry is very big and influential: taxis are the primary mode of public conveyance, transporting approximately 65 per cent of the population (Arrive Alive 2012). In the Hlabisa sub-district where Africa Centre is located, there are approximately 400 taxis.

The place of taxis as sites of informal education and mobilisation is well documented in South Africa's liberation history (see, for example, Hansen [2006]). The liberation movements – in particular those banned from openly operating in 'apartheid South Africa', such as the African National Congress – realised that mini-bus taxis afforded a unique opportunity to talk to community members while they travelled, mainly to and from work. Taxis effectively provided a safe meeting-space and an essentially captive audience when it was illegal to talk politics or hold public meetings. Each taxi accommodates 15 passengers travelling on journeys of variable length, which made them an ideal place to educate and mobilise communities to understand the liberation movement's plans. This tradition has continued, with taxis having become sites of community discussion, dialogue and informal education (Hansen 2006; Khosa 1992). The idea of 'taxi talk' has been harnessed in this project, since the researchers encouraged drivers to talk about the health issues raised to their effectively 'captive' audience, in a context where the exchange of ideas, discussion and debate are almost constant.

This is not the first time that the taxi industry has been mobilised in an HIV awareness or behaviour change communication campaign in South Africa. The large 'mobile audience has good potential for interactive HIV activities and in recent years commuters have been targeted on an ad-hoc basis by various organizations' (Parker et al. 2002: 1). Between 1996 and 1997 the National DoH targeted the taxi industry in a large-scale HIV awareness campaign and condom distribution initiative (Parker et al. 2000: 31). The project involved training selected drivers to provide basic HIV

information and the placement of free condoms on some 400 branded taxis. By the end of the project, over 600 000 condoms were being distributed on a monthly basis (Parker et al. 2002: 1).

The Commuter AIDS Information Project was another large-scale example of a behaviour change communication campaign – it targeted 3.56 million commuters in 20 urban sites throughout South Africa. The project, developed by the HIV/STD Directorate of the National DoH, ran from October 2001 to September 2003.[3] The project used small media devices and trained counsellors to provide commuters with basic HIV and referral information, condoms and leaflets via kiosks located at 20 urban commuter sites countrywide (Parker et al. 2002: 1). Thus, while the concept of engaging taxi commuters in HIV communication is not completely new, previous projects had targeted large, urban-based populations. *Jiving with Science*, by contrast, is one of the few taxi-based edutainment initiatives that targeted a relatively small, rural community. The packaging of HIV information in an entertaining narrative, complimented by popular music, also distinguishes this small media initiative from the rest.

In their descriptive analysis of the *Jiving with Science* project, the researchers compare the initiative to Tufte's concept of 'three generations' of edutainment, and provide a critical examination of how small media and edutainment strategies can be applied to increase public engagement with HIV in this rural South African setting. Since the project is ongoing, and programme evaluation results are not yet available, the focus here is more on the design, production and distribution processes of the edutainment project, and also on process evaluation. The premise here is that an understanding of such processes is important for edutainment product development, which are 'as much about process as about product' (Piotrow & De Fossard 2004: 54). In analysing the *Jiving with Science* processes the researchers found the writings of Piotrow and De Fossard to be useful, in particular the five elements deemed necessary in edutainment material to link 'health messages and social change effectively' (ibid: 55):

1. Creative ability to produce first-rate entertainment that engages the audience and reflects audience interests;
2. Technical knowledge of the health problem and of those actions that can realistically be applied to improve it;
3. On-site familiarity with the intended audiences, their prevailing health practices, their rationale for these practices, and incentives or barriers to change;
4. Cultural sensitivity to the social norms that underlie specific behaviours;
5. Time and patience to bring different skills and knowledge together harmoniously in a coherent plan that EE players can understand and follow.

Development of materials

The *Jiving with Science* CDs were produced by a multidisciplinary team of clinicians, scientists, social scientists, community engagement officers, ethnomusicologists and community stakeholders. Key health issues, behaviour change goals and high-risk groups in the community were identified by conducting research using locally produced scientific data, interviewing relevant staff, and consulting drivers and executives from the local taxi association. Regular informal meetings were held at the Mtubatuba Taxi Association office throughout the project, so that key community partners could play an active role in the development, distribution and process evaluation of the *Jiving with Science* CDs. Although the researchers understood the CDs would be played to a wide audience, the objective was to combine engaging characters with popular music and relevant health information, thereby creating a product that would appeal and ideally 'speak to' individuals from specific high-risk groups within the community.

Unlike Star Music, where promotional 'adverts' were inserted in-between music tracks, in *Jiving with Science*, information is presented in the form of a narrative centred around one 'celebrity' character per CD. The formative data collected in the initial stages of the project informed the development of these characters who portray real-life traits associated with identified target groups in the community. The aim was to use these characters and the celebrities featured on the CDs as role models to inspire behaviour change. In each CD, the narrative was based on dialogue between the characters, with the questions serving to promote critical thinking amongst listeners, encourage the uptake of health services and inspire dialogue about HIV and health.

Music is an integral part of the narrative of each CD. For example, CDs 1 and 2 take listeners on a journey of discovery, as a character travels around the community conversing with different people about life, health and HIV. The songs on the CD represent the tracks played by the taxi driver as they travel from one location to another. The narrative of CD 3, on the other hand, is centred on a radio phone-in show. People call in to ask the host questions and to talk about HIV in their community. The songs on this CD are the ones the DJ plays. These preliminary scripts were sent to Africa Centre scientists and clinicians to check technical accuracy, and then to staff from the Community Engagement Office (CEO), to ensure that the stories were authentic, culturally sensitive and appropriate. Once these suggestions had been incorporated, the scripts were translated into Zulu.

Through desktop and primary research, popular celebrities, music artists and genres were identified for possible inclusion on the CD. The results of the 2010 South African Music Awards (SAMAs) helped to guide the music selection – in particular the winners of the Album of the Year and Record of the Year categories,

which were based on sales and the public vote. Corporate social responsibility incentives and the opportunity to be promoted in this often-inaccessible rural setting encouraged individuals and companies to participate in the project free-of-charge. The researchers contacted record labels, artists and publicists, and invited them to contribute to this community engagement initiative. The initial contacts were followed up telephonically, and where possible in person, to encourage individuals to become project partners. It was important to keep costs low, since *Jiving with Science* was entirely funded from a small international engagement grant from Wellcome Trust (see www.wellcome.ac.uk)

Once the rights to songs had been negotiated, dialogue was recorded in a professional recording studio. Research centre staff delivered the majority of the dialogue, with two of the CDs featuring the recorded voices of national celebrities with local connections who were asked to endorse the project to boost audience identification with their character in the narrative. Mthokozisi Kathi, or 'DJ Tira' as he is now known, played the main character on CD 2. DJ Tira is a well-known *kwaito* DJ and owner of a Durban-based music studio. He was born in Hlabisa, in the sub-district where both the research facility and prominent Mtubatuba Taxi Owners Association are based. Nonhlanhla Buthelezi, popularly known as 'Mroza', played the central role in CD 3. She hails from a rural region approximately 80kms from Africa Centre. Mroza is a DJ with *Ukhozi FM*, a South African Broadcasting Corporation radio station that boasts a listenership of six million. She has hosted an afternoon 'drive' show, *Sekunjalo*, which in recent years has often addressed taxi drivers on challenging issues such as HIV. Her connection to this region and to taxi drivers made her an ideal celebrity endorsee of the project.

Each CD has approximately 15 minutes of dialogue and 45 minutes of music. The raw, recorded dialogue was mixed with the music using an open-sourced, audio editing programme. Full-colour inserts were designed with the front and back covers displaying a collage of photographs of the 'actors' and of local taxi drivers. The inserts listed the songs, with appropriate accreditation, logos of participating companies, contact details and a brief summary of the narrative and the key messages.

The Mtubatuba Taxi Owners Association was a key partner in *Jiving with Science*. This association is responsible for 300 of the 400 taxis from the area and five of the formal taxi ranks in the region. The project launch, hosted at the main Mtubatuba taxi rank on a Sunday afternoon in February 2011, was attended by over 200 drivers from the association. The launch included a mini interactive workshop during which drivers asked questions about *Jiving with Science* and HIV. A speaker from Africa Centre explained to them that they occupy a powerful position which allows them to initiate behavioural and attitudinal change in the community, because they

encounter such a large number of different people. The speaker emphasised the role drivers could play in the *Jiving with Science* project and challenged them to make a positive change in their community by playing the CDs frequently. CDs 1 and 2 were distributed at the launch. CD 3, which was informed by results of a mini survey amongst passengers and drivers, was distributed six months later. The association took the lead in distributing the CDs to their members and to all the drivers, who were required to sign a register to confirm receipt. All three CDs were also distributed to participating record labels, music artists, selected staff, officials from local municipalities, Africa Centre's Community Advisory Board, the local Traditional Authority, DoH clinics, local AIDS councils, Hlabisa Hospital, the general public at road shows, local shops, hair salons and Africa Centre's transport office, to ensure they were available in all of the centre's vehicles.

Process research for *Jiving with Science*

As the *Jiving with Science* project is ongoing, summative evaluation results are not yet available and therefore the focus here is on process evaluation steps. Three quantitative evaluation surveys were conducted. The first formative survey occurred in May 2010, when 37 randomly selected research centre staff members were interviewed to gain insight into local musical preferences. The results were triangulated with desktop research into current trends in the South African music industry and informal discussions with taxi drivers. The formative survey results were used to guide the selection of music content for CDs 1 and 2. In April 2011, two months after the first two CDs had been distributed, a second monitoring survey was conducted at four Mtubatuba taxi ranks. In total, 207 people were interviewed (81 taxi drivers and 126 members of the public). The aim of this survey was to assess the community's initial response to *Jiving with Science* and to obtain feedback to inform the third CD. A final summative survey was conducted in December 2011, to evaluate the third CD that had been released in September of that year. The evaluation survey was designed to test the coverage and penetration of the intervention, as well as the recall of information shared on the CD. In total, 122 drivers at the Mtubatuba taxi ranks and 287 members of the general public were interviewed at taxi ranks, in shops, at hairdressing salons and in restaurants. The results of the survey are currently being analysed and will inform a future publication.

Jiving with Science led to the development of three original edutainment CDs, each costing R20.00 (approx. USD2.50). Some 600 copies of each CD were distributed free-of-charge to taxi drivers, owners and other stakeholders. Of these, some 59 per cent of CDs 1 and 2, and 69 per cent (415) of CD 3 were given to taxi drivers.

Table 1: Breakdown of CD distribution

Recipient	CD 1 and CD 2	CD 3
Taxi drivers, owners and association executives	354	415
Research centre staff vehicles	39	10
Project team and selected research centre staff	51	28
Musicians and participating labels	22	24
Africa Centre edutainment road shows	50	60
Local AIDS councils, Community Advisory Board and municipalities	33	30
Salons	9	9
Shops	4	0
Hlabisa Hospital Board	5	5
Schools	8	0
Copies left in storeroom for future distribution	25	19
Total	600	600

To secure the legal use of the songs, local and international record labels and popular music artists were approached and asked to 'donate' tracks to the project. Of the 27 organisations contacted, 12 agreed to participate, three refused and 12 never replied. A number of prominent local South African artists were featured on the CDs, including Big Nuz of Afrotainment, a *kwaito* group that has won several SAMAs; the gospel star Rebecca Malope and Thokozani Langa, the popular *maskanda* musician. The first two CDs have eight tracks each, and the third nine. The total number of tracks featured in the project is 25, and partnerships were formed with 12 organisations or individual artists in this respect. Of the partnerships, four were made directly with the artist; five with small, independent companies; and three with large multinationals. In 21 of the 25 songs, the master and publishing rights were owned by the same person/organisation, and for the other four the rights were negotiated separately. Overall, it proved to be more efficient and effective to negotiate song usage with artists/companies that owned both the recording and publishing rights to specific songs.

Target groups

A review of locally available scientific data identified two broad target groups in the community for this initiative. First, research from the Africa Centre revealed that in the community in question, approximately ten per cent of adults over 50 are HIV+ and that in this age group new HIV infections were occurring at a much faster rate than previously estimated (Wallrauch, Bärnighausen & Newell 2010: 812). Agreement was reached with all the relevant stakeholders that it would be

appropriate to design CD 1 to target this group. A number of other key health issues affecting the older adult population in the community were also addressed. The key aims of the narrative were to 1) inform the public about Africa Centre's research; 2) remind adults that HIV affects us all; and 3) provide health information relevant to the prevention of mother-to-child HIV transmission, breastfeeding, tuberculosis, local HIV testing facilities and local antiretroviral treatment (ART) services. CD 1, labelled *Indaba kaMam'Biyela* [The Story of Mother Biyela], features a selection of *maskanda*, gospel and jazz songs, which are generally most popular with this age group. The narrative in CD 1 centres around the character of Mam'Biyela, a well-respected, senior medical nurse from the local community. The researchers asked Mam'Biyela to participate and endorse the CD because she is of a similar age to the target group concerned, and is well known for her work with HIV in the community.[4] Mam'Biyela was sent the script for comments during the development of the narrative.

Youth in the local community are the group most at risk of HIV infection (Bärnighausen, Tanser & Newell 2009: 405). The researchers designed CD 2 with a narrative that highlights issues pertaining to the health of the youth in this community. The key aims of the narrative were to 1) reduce the stigma of HIV by promoting the idea that the new generation is comfortable with talking about the virus; 2) inform the public of the purpose of the Africa Centre's research; 3) remind the youth that HIV incidence is very high in this community, especially amongst young people; 4) encourage the delay of sexual debut; 5) promote the use of condoms amongst the sexually active; and 6) provide relevant information about the availability of local HIV testing facilities and treatment (ART). CD 2, called *Indaba kaDJ Tira* [The Story of DJ Tira], is endorsed by the eponymous *kwaito* star. As a music genre *kwaito* is central to youth culture in South Africa and, therefore, features quite prominently on CD 2, with six of the eight songs being *kwaito* songs from the Durban-based Afrotainment studio.[5] DJ Tira of Afrotainment has been championing this project, while in 2010 the Afrotainment group, Big Nuz, did exceptionally well at the SAMAs, winning both Album of the Year and Record of the Year.

Given the rapid and very successful scaling up of HIV testing and antiretroviral treatment in this local area (Mutevedzi et al. 2010: 593), the narrative in CD 3 focuses on the importance of regular and repeated HIV testing. The theme is appropriate: when asked, less than 50 per cent of the taxi drivers interviewed during the second survey reported ever having had an HIV test. Since HIV testing concerns a wide cross-section of the population, the CD was designed for a mixed audience. The key aims were to 1) encourage regular and repeated HIV testing; 2) remind people of the expansion of treatment in this community, i.e. that HIV has become a chronic disease that can be managed, rather than an immediate death sentence; and 3) provide relevant information on local HIV testing facilities and ART. The third CD, named

Uhlelo lukaMroza [Mroza's Show], was endorsed by radio DJ, Mroza Buthelezi, and featured a selection of *maskanda*, *kwaito* and gospel songs, since this is what the drivers were shown to favour during the second monitoring survey conducted in April 2011.

Discussion and conclusion

In this article, the researchers provided a critical discussion of the concept, design and delivery process applied in a small media edutainment strategy developed to communicate science and engender behaviour change in a rural region of South Africa. Underpinning the analysis was the reference made to three generations of entertainment education, developed by Thomas Tufte, and the five necessary elements, as described by Piotrow and De Fossard (2004: 55), to link 'health messages and social change effectively' in edutainment material, referenced earlier.

Jiving with Science aimed to straddle the space between second and third-generation edutainment approaches. It features some second-generation-style strategies in the form of participation by Africa Centre's community engagement office and other community stakeholders in product development, alongside third-generation strategies such as linking the product with the Africa Centre's research and improving its dissemination in the local community. However, since the development of the CDs was targeted, expert-led, information orientated and focused on individual rather than community change, the project can also be deemed modelled on first-generation edutainment, as described by Tufte (2005: 166). Although each of these methodologies has specific limitations, it is difficult to judge, before the results of the final evaluation are complete, whether the efficacy of the project was compromised by the emphasis on first-generation edutainment methods during the development of the educational tools.

In terms of Piotrow and De Fossard's list (2004) of necessary elements, *Jiving with Science* can be viewed as providing high-quality entertainment. The emphasis on quality is evident in the use of a professional recording studio to obtain first-rate sound, the inclusion of celebrity professionals to voice the dialogue, and the incorporation of commercially successful songs, where possible. An emphasis on quality is apparent in the packaging of the product, which features professional-looking transparent jewel cases and full-colour inserts and labels. However, the relatively small budget presented certain limitations. For instance, due to a failure to secure the rights to songs by internationally famous artists, CDs 1 and 3 include a number of songs by lesser-known, up-and-coming artists. While the incorporation of these artists might be viewed as an innovative, low-budget model in itself, it is questionable whether these tracks can be classified as 'first-rate' entertainment. The storylines in the CDs might also have been more engaging if professional actors

had been used. However, including Africa Centre staff in the production of the CD content was not only a cost-saving strategy, but also helped to increase individual staff identification with the project, it motivated staff to be more forthcoming in discussing the topics covered in the CDs with other staff and, ultimately, facilitated an entirely new format of health education learning within the institution. Indeed, staff ownership was actively encouraged by using them as actors, printing their photographs on the front cover and playing the CDs in staff vehicles.

The three CDs provided a means by which to package important, locally produced scientific data within an entertaining narrative. To avoid didacticism and to ensure that even those travelling on a short journey would be able to get the gist of a message, sections containing dialogue were kept short. Community engagement was further strengthened by the local relevance of the data, which is informed by epidemiological research conducted in the area and by issues raised previously by the community. Through consultation in the design phase of the project, local taxi drivers and owners were actively involved in developing the CD content alongside other stakeholders. By delivering Africa Centre's research findings in the form of interviews and statements by local spokespersons and popular voices, the results presented have effectively been familiarised and connected to the community.

Direct access to scientific research results from this community, and interactions with healthcare professionals working in the area, ensured that a strong and accurate technical understanding of local health problems was reflected in the CD content. The CDs were also enriched by the expertise of Africa Centre's community engagement office and its Community Advisory Board (CAB), who have a deep understanding of the local community's 'prevailing health practices, the rationale for these practices, and incentives or barriers to change' (Piotrow and De Fossard 2004: 55).

The involvement of the community engagement office and the CAB guided the development of material in the local dialect. This is important, because 'people should have the opportunity to receive information in their first language', and 'language, literacy and culture influence the way people access and understand communication messages' (Parker 2000: 16, 18). These community experts advised that taxi drivers tend to be perceived poorly in the community, and are often portrayed and imagined to be promiscuous, immoral 'sugar daddies' who are responsible for the spread of HIV. Drivers and members of the local taxi association were keen to get involved with *Jiving with Science* as a way of challenging this stereotype. The taxi drivers' sense of ownership of *Jiving with Science* was encouraged by hosting the launch at the taxi rank and featuring their photographs on the CD cover. The support of the drivers and Mtubatuba Taxi Association was invaluable for gaining access to the community, and helped to overcome common problems of small media distribution by bringing structure to the process. Finally, the production, distribution and evaluation of the

CDs occurred over a 24-month period and the project as a whole has had a dedicated coordinator who ensured that the process is collaborative in nature.

A critical examination of the project concept, the production, and distribution processes reveals that *Jiving with Science* is a good example of how small media methodologies can empower health researchers to create low-cost, targeted products to engender positive social change. Although the results of the ongoing summative evaluation are not yet available, the process evaluation results indicate that *Jiving with Science* could be used as a model to develop other small-media edutainment interventions at Africa Centre, and in other comparative settings.

Clearly, the strength of the *Jiving with Science* product lies in its connection to Africa Centre's complex, well-established research programme. The three CDs are the products of a multidisciplinary team of clinicians, scientists, social scientists, community engagement officers, ethnomusicologists and community stakeholders. The material presented is technically sound, evidence based, culturally sensitive and entertaining, because it is informed by relevant scientific research conducted in this area, and by individuals who have the appropriate experience and expertise. Therefore, researchers should keep this in mind when developing similar material, and should also consider incorporating participatory techniques to a greater degree, because these can only add value to the quality and relevance of the product.

Notes

1 The cornerstone of research is a biannual household demographic surveillance survey which, since 2000, has collected data on births, deaths, marriages, migration events and household economic circumstances. The survey covers a population of around 90 000 in 11 000 households.

2 The strategy includes regular newsletters, bi-weekly road shows, sports events, Traditional Authority meetings, local AIDS councils, municipal meetings, and a community advisory board.

3 This project was conducted through a partnership between four organisations – Comutanet, DramAidE, The Centre for AIDS Development, Research and Evaluation (CADRE) and the National Association of People Living with HIV/AIDS (NAPWA).

4 Mam'Biyela is the former head of the Africa Centre's Community Liaison Office, Senior Matron at Hlabisa Hospital and currently serves on the hospital's board.

5 While RnB and pop songs in South Africa are closely modelled on their American counterparts, *kwaito* is a relatively original hip-hop-derived popular music genre that is distinguished by the hard-hitting vocal delivery and the incorporation of African sound-effects.

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