

IN FOCUS

REACHING ADOLESCENTS THROUGH HOTLINES AND
RADIO CALL-IN PROGRAMS

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Young people often need emotional support, confidential information, counseling, and someone to turn to in a time of crisis. Hotlines (also known as helplines) are phone lines set up to take calls about specific topics. Radio call-in programs usually involve a host—and sometimes guests—who answers call-in or write-in questions on the air. These programs provide advice related to sexual and reproductive health, suicide prevention, drug abuse and violence and offer education, counseling and referral to services. They often discuss sexuality in a positive, nonjudgmental tone; help callers clarify their values, attitudes and behavior; and help develop decision-making, negotiation and communication skills.¹ They can increase awareness, knowledge and self-esteem; combat myths and fears regarding sex, pregnancy, sexually transmitted infections (STIs) and HIV/AIDS; reinforce media messages; and encourage as well as support sustained behavior change.^{2,3} Hotlines and radio call-in programs are often linked to other organizations that offer face-to-face counseling and medical services.⁴

What are the advantages of using hotlines and radio call-in shows?

Services are provided confidentially. Ensuring confidentiality can reduce the barriers between youth and information, especially when youth do not feel comfortable seeking advice from friends or family. Anonymity allows youth to ask questions they may not pose face-to-face with counselors, peer educators or service providers.⁵

Hotlines and radio programs can reach large numbers of youth. Nationwide, more than 3.3 million young people listen to the Kenyan *Youth Variety Show*, which includes a panel of adolescents and guests, such as celebrities, health specialists, athletes, musicians and parents, to promote responsible behavior.⁶ The *Joven a Joven* hotline for youth serves Mexico City and receives an average of 4,600 calls per month.⁷ More than 150,000 youth tried to call the Dial-A-Friend hotline in the Philippines during its first seven months of operation,⁸ and the South African AIDS Helpline received 30,000 calls in 1997.⁹ Evaluation data on the *Con “S” de Sexo* (with “S” as in sex) radio program in Paraguay shows that it reaches approximately 20 percent of the youth living in the three cities it targets.¹⁰ With the expansion of cellular technology in developing countries,

hotlines are an increasingly viable avenue for reaching youth even in resource-poor areas.¹¹

They can be a less costly way to provide information and counseling. Compared with facility-based counseling and small-group discussion, providing information via hotlines and radio programs can potentially reach youth at a relatively lower cost. Where printing costs are high, these programs can be an alternative to information, education and communication (IEC) materials. They cost the user little or nothing,¹² which is particularly relevant to youth, who often cite cost as a barrier to seeking services.

They can be structured around convenient times for youth. The Family Planning Association of Uganda, for example, set up a hotline for youth outside normal working hours because callers said they would rather talk after 9 P.M. when their parents have gone to bed.³ Convenient times for youth vary depending on the target population. After-school hours are necessary, for instance, if the program is trying to reach in-school adolescents.

They can reach illiterate young people. Hotlines and call-in programs disseminate information verbally, which is an advantage when trying to reach illiterate or semilliterate populations.¹³

Programs can hire and train young people to respond to callers’ needs. The *Sahabat Remaja* (Friends of Youth) hotline in Indonesia found that youth are more comfortable with hotline counseling by peers.¹⁴ The peer educators who participate in the *Con “S” de Sexo* radio program have become very popular media stars for youth.¹⁰

Hotlines and call-in programs can refer callers to services. In Uganda, peer counselors of the *Youth Sexual and Reproductive Health Project* hotline may escort callers to services at the University Hospital.³ Clinic exit interviews revealed that up to 35 percent of youth receiving STI treatment and counseling on unwanted pregnancy at Youth Centers in Uganda heard about the service through a radio program.³ The *Joven a Joven* hotline in Mexico City has formed relationships with psychiatric services, counseling and domestic violence centers, and reproductive health clinics to refer callers who need additional help.¹⁵ *Sahabat Remaja* in Indonesia refers callers to face-to-face

counseling with youth counselors who work at Indonesian Planned Parenthood Association clinics.¹⁴ Listeners of the *Youth to Youth* radio program in Ghana are referred to a youth center for counseling by peers and to a local hospital for reproductive health services.¹⁶ The *Club New Teen Generation* (NTG) radio program in Zambia links callers to services through its hotline or by mail outside radio program hours.¹⁷

Linking programs with mass media IEC campaigns can maximize resources. The *Dial-A-Friend* hotline in the Philippines combined hotline services with an IEC campaign that used advertisements, songs and music videos to reach youth.¹⁸ IEC campaigns can also be used to promote a hotline; *Dial-a-Friend* found that, during periods of media publicity, the number of calls to the hotline increased.⁸ Linking IEC campaigns and hotlines can improve research and evaluation. For example, HIV/AIDS prevention messages can be developed based on the questions and concerns raised by hotline callers.¹² In turn, data about the types of questions hotlines receive can be used to monitor the effectiveness of the IEC campaign.⁵

Hotlines can be automated to answer youth concerns. Hotlines that answer calls with an automated message provide consistent and accurate messages and give information 24 hours a day and on weekends and holidays. If the hotline provides numbered choices for health messages, these choices should be advertised as part of the hotline promotion to ensure that callers receive the information they need with minimal hassle.¹⁹

Hotlines and call-in shows may reach youth even if not specifically targeted to youth. Although the *Talking about Sexual and Reproductive Health* (TARSHI) hotline in India is not specifically targeted at youth, approximately 60% of callers are between 15 and 25 years old.²⁰

Hotlines and call-in shows often raise community awareness. In Uganda, the *Youth Sexual and Reproductive Health Project* hotline successfully raised adults' awareness of young people's sexual behavior and their reproductive health needs, evidenced by the many letters of appreciation from community members and youth.³ In India, the TARSHI hotline distributes sexual health materials during public events, such as fairs and bazaars, and serves as a resource for journalists writing about topics related to reproductive health, sexuality, sexual abuse, lesbian and gay issues, and adolescents' needs.²⁰ TARSHI also collects data on its calls and presents findings locally, nationally and internationally to advocate around issues related to sexuality.²⁰

What topics do young callers want to discuss?

Many callers want to know about sexuality, reproductive biology and contraception. Programs in Indonesia and Mexico receive frequent calls about

masturbation^{14,15} and some about sexual orientation.¹⁴ Popular topics all over the world include "petting," intercourse, pregnancy, contraception and the fertile time of the month.^{3,14,15,16,21}

Information about STIs and HIV/AIDS is often requested. Callers often ask about the mode of transmission of STIs and HIV, symptoms, and where to get tested or treated. The *Ask Sopheap* radio call-in show in Cambodia aims to educate and to inform listeners about HIV/AIDS.²² Examples of questions callers asked are: "Can HIV be transmitted through oral sex?" "What is the difference between people with HIV and people with AIDS?" and "What is safe sex?"

Young people often want to discuss their relationships with partners, friends and parents. For example, the *Dial-A-Friend* hotline in the Philippines receives frequent questions about boy-girl relationships and how to relate to parents.⁸ Relationships were also popular topics in Uganda, Indonesia, Zambia and Mexico.^{3,14,15,17}

Some young callers seek advice about how to deal with sexual violence, coercion and harassment. In Indonesia, phone counselors give advice on violence in relationships, psychological coercion and sexual harassment.¹⁴

Callers may ask questions about pregnancy testing, abortion and postabortion care. Callers may ask about where to seek pregnancy testing and counseling, consequences of abortion, or where to seek abortion services. Although abortion is illegal in many developing countries, programs may still refer for prenatal or adoption services or may offer to assist youth in informing their parents of their pregnancy. Some callers may have attempted an unsafe abortion and may ask to be referred to clinics for post-abortion care.

What are the challenges of operating a hotline or radio call-in show, and how do programs deal with these challenges?

Lack of access to phones may prevent youth from calling. Youth from rural areas, from migrant populations and from very poor areas often do not have access to phones. To reach out to these youth, some radio call-in shows allow listeners to write to the program with questions and answer them on the air.

Language barriers exist in places where multiple languages are spoken. South Africa faces the challenge of offering HIV/AIDS information and counseling services in 11 official languages.⁴ This problem may be overcome by providing multilingual counselors during peak hours and by specifying lines and times for particular languages.

Programs need wide publicity over a sustained period of time. Programs can be advertised by TV, radio,

pamphlets, billboards, newsletters, newspapers and word of mouth. Advertisements should include information on the purpose of the program and on the hours that calls are accepted. The National Youth Council of Ghana has found that incorporating entertainment into a radio call-in show attracts young listeners. The show is promoted through radio spots, at meetings with church and village leaders, and through a local youth center.¹⁶ The *Dial-A-Friend* Hotline in the Philippines creatively linked hotline advertisements with music videos.¹⁸

Building trust with young callers is essential to serving them well. Callers must believe that the call is not being recorded, that it is completely confidential, and that the information provided is accurate and trustworthy.³ Having peer counselors who answer calls, as opposed to adults, may make callers more comfortable.¹⁴ The *Club NTG* radio call-in program in Zambia is a peer-to-peer show, in which its young presenters use youth-oriented language.²³ The *Youth Sexual and Reproductive Health Project* in Uganda found that it needed to make extra efforts to convince the public that hotline operators would answer callers' questions appropriately.³ Hosts of call-in shows often need to have professional credentials and should be able to relate to youth to be credible.

Staff recruitment, training, supervision and retention are very important. Programs should recruit staff members who possess strong communication skills, are friendly toward youth and express empathy toward callers.¹⁵ Regardless of the level of education or prior experience, all counselors require training to ensure that they can provide up-to-date information on sexual and reproductive health issues, establish rapport, use active listening techniques, motivate callers to change behavior, maintain confidentiality, and have knowledge of community resources. Training should also emphasize the goals and values of the program and how to complete a call in a short period of time.¹⁴ Hotline shifts should be short enough to avoid staff "burnout." Many programs rely on volunteers to counsel callers, which can be an additional challenge because of high volunteer turnover, and the need for intensive training, supervision and motivation of volunteers. Ongoing recruitment is necessary to ensure that staff members who leave the program are quickly replaced.

Programs should attempt to follow up on callers they refer for services. Programs often refer youth for medical services, but because of resource constraints they are unable to follow up on callers that they refer to services. The *Youth Variety Show* in Kenya and the Asociación Pro-Bienestar de la Familia Colombiana (PROFAMILIA) youth hotline collect clinic data that show that youth were referred by the radio program and the hotline, respectively.^{6,21}

Services referred to should be youth friendly. Clinics that run hotlines have found that they have to train their

providers to treat young people with respect.^{14,16,21} In Ghana, the *Youth to Youth* program trained a local medical officer to serve youth, and his name is given on the radio program as the hospital contact person. In Colombia, PROFAMILIA hotlines refer young callers to clinics at youth centers.²¹ Callers in areas lacking youth centers are referred to PROFAMILIA clinics (that usually serve adults), where staff members and providers have been trained to be youth friendly.

It may be difficult to respond to a high volume of calls. In some cases, the number of calls exceeds the ability of operators or the phone lines.^{8,15} For example, while the *Dial-A-Friend* hotline in the Philippines received 8,000 calls in its first seven months of operation, a midterm project evaluation found that some 150,000 youth tried to call during this period.⁸ In Uganda, the *Youth Sexual and Reproductive Health Project* hotline found that resources were strained because its doctors, nurses and counselors have many responsibilities in addition to handling calls.³ A program should plan for the high number of calls that may result from extensive advertising.

The program may receive problematic calls. "Crank" or hoax callers may be abusive and rude, and they may be discouraging to counselors.⁴ *Sahabat Remaja* trains its counselors to be assertive in responding to frequent crank callers inquiring about phone sex in order to dissuade inappropriate repeat calls.¹⁴ In India, TARSHI found that many callers mistook it for a sexline or undercover sex service; callers are dealt with firmly but politely to keep the doors open to people who may need help in the future.²⁰

It may be difficult to sustain funding for hotlines and radio call-in shows. Programs may lack the resources needed to scale up to meet client demand and, because they are usually free, are often not sustainable without external funding. Even when local government funding is provided, programs may be restrained from purchasing equipment or from spending funds for monitoring and evaluation.¹⁶ To meet this challenge, many programs have sought and received corporate sponsorship. The Kenyan *Youth Variety Show* and *Dial-A-Friend* in the Philippines both received financial support from international and local corporations.^{6,8} The Philippine long distance telephone company even provided funding for hotline counselors' salaries for over two years after donor support expired.⁸ Radio stations in Kenya and Paraguay donate free air time to support youth shows.^{6,10}

Other hotlines subsidize their costs by charging for other services they provide. PROFAMILIA hopes to sell training courses, workshops, materials and videos and to charge for clinic services to subsidize the costs of its hotline.²¹ In Indonesia, *Sahabat Remaja* is exploring the possibility of selling seminars and printed materials to supplement donor funds for its hotline.¹⁴ The *Youth and Sexual Reproductive Health Project* in Uganda has formed a steering committee

made up of parents, adult volunteers and government officials to explore ways to raise money.³ It plans to support its hotline by charging fees for recreational and vocational training also offered by the program. The *Club NTG* radio program in Zambia plans to trade broadcasting equipment in exchange for free air time.²³

Monitoring and evaluation of these programs is challenging. Many programs keep careful records about the age of callers and topics discussed to monitor whether they are reaching their target population as well as to train staff members to respond to current topics. However, sometimes program managers or counselors want to protect the confidentiality of the caller and are concerned that asking questions of the callers to collect data is counterproductive and distracting.²⁴ Still, programs have successfully monitored quality through mystery callers (having a trained young person call the hotline and debriefing them about their experience afterward)^{3,14,25} and through internal reviews to assess whether counselors follow procedures.^{3,14}

Evaluating impact is difficult. For example, programs may target high-risk youth, but it is often difficult to determine whether they actually reach them without conducting an expensive population-based survey.²⁴ Similarly, demonstrating whether youth who need services actually receive or are referred for them requires that programs determine the number of callers who need services, for example by assessing how many callers are sexually active or suspect they have an STI. Even when baseline data are collected, measuring changes in health-seeking and risk-taking behaviors is difficult because programs are usually unable to follow up with callers or to establish a follow-up sample of callers that is comparable to the baseline.²⁴

Conclusion

Despite the challenges, hotlines and radio call-in programs can be an effective way to reach large numbers of youth at relatively low cost. They provide youth with convenient, confidential, interactive and compassionate access to information, counseling and referrals, and they can help parents and community members understand the unique sexual and reproductive health needs of young people. However, the field would benefit from more resources to study the effectiveness and cost of this strategy.

The In FOCUS series summarizes for professionals working in developing countries some of the program experience and limited research available on young adult reproductive health concerns. This issue was developed by Laura Moch and Christine Stevens of FOCUS on Young Adults. The authors are indebted to the staff members of hotlines who were interviewed during the development of this piece. The In FOCUS series and other publications can be downloaded from the FOCUS Web site: <www.pathfind.org/focus/htm>.

References

- 1 Kuriansky, J. 1996. "Sexuality Advice on the Radio: An Overview in the United States and around the World. *SIECUS Report*. New York: Sexuality and Information Council of the United States (SIECUS).
- 2 Helquist, M.J. and J. Rosenbaum. 1993. "Hotlines: providing anonymous help and support." In Smith, W.A., et al. *A World Against AIDS: Communication for Behavior Change*. Washington, DC: Academy for Education and Development.
- 3 Nakato, Lillian. Family Planning Association of Uganda. 1999. Personal communication, September 27.
- 4 Stratten, K. 1999. *An Overview of National and International HIV/AIDS and Social Support Helplines*. Johannesburg, South Africa: South Africa Beyond Awareness Campaign, HIV/AIDS and STD Directorate, Department of Health.
- 5 Jimerson, A. 1993. "Unique Materials." *Partners Against AIDS: Lessons Learned, AIDSCOM*. Washington, DC: Academy for Education and Development.
- 6 Kiragu, K., et al. 1998. *Adolescent Reproductive Health Needs in Kenya: A Communication Response. Evaluation of the Kenya Youth Initiatives Project*. Baltimore, MD: Johns Hopkins University Center for Communications Programs.
- 7 *Joven a Joven*. 1999. (Unpublished MIS data from the *Joven a Joven* hotline, Mexico City, Mexico.)
- 8 Johns Hopkins University School of Public Health. 1994. *Final Report: A Multimedia Campaign for Young People in the Philippines*. Baltimore, MD: Johns Hopkins University Center for Communications Programs.
- 9 Lifeline Southern Africa. n.d. *Brief Fact Sheet*. N.p.: Lifeline Southern Africa.
- 10 Avila, Graciela. *Arte Y Parte*. 1999. Personal communication, November 15.
- 11 Wooldridge, A. 1999. Survey: Telecommunications. *The Economist* 353(8140): 64.
- 12 Jimerson, A., et al. 1991. "Using AIDS hotlines to Develop and Evaluate AIDS Communications Campaigns: a Four-Country Research Report." [Abstract W.D. 4272] Poster presented at VII International Conference on AIDS, Florence, Italy.
- 13 Mobile populations and AIDS: moving in the right direction. 1993. *AIDS Health Promotion and Exchange* 1:13-15.
- 14 Dewi, Sinta Ratna. *Sahabat Remaja*, Indonesia 1999. Personal communication, September 30.
- 15 Arregín, Aureliano García. LOCATEL, Mexico. 1999. Personal communication, September 27.
- 16 Assan, Emmanuel. Ghana National Youth Council. 1999. Personal communication, September 29.
- 17 Livingstone, J. PSI Zambia. 1999. Personal interview conducted by Amy Power, Program Manager, PSI, October 29.
- 18 Rimon, J., et al. 1994. *Promoting Sexual Responsibility in the Philippines through Music: An Enter-Educate Approach*. Occasional Paper Series No.3. Baltimore, MD: Johns Hopkins University Center for Communication Programs.
- 19 Rodick, Larry. Planned Parenthood of Alabama. 1999. Personal communication, November 16.
- 20 Chandiramani, R. 1998. *Talking About Reproductive and Sexual Health Issues with Youth: A Telephone Helpline*. Project Highlights series. Washington, DC: FOCUS on Young Adults.
- 21 Plata, Maria Isabel. PROFAMILIA. 1999. Personal communication, September 26.
- 22 Population Services International, Cambodia. n.d. "Executive Summary." *Impact of PSI/Cambodia's Radio Project on Cambodian Listeners*. (Unpublished report prepared for Population Services International.)
- 23 Gade, Nils. Society for Family Health, Zambia. 1999. Personal communication, November 1.
- 24 Lewis, Gary. Johns Hopkins University Center for Communications Programs. 1999. Personal communication, October 19.
- 25 Telephone Helpline Group. 1993. *Telephone Helplines: Guidelines for Good Practice*. (Unpublished document prepared by the Telephone Helplines Association, London, England.)