LoveLife, MYMsta, and Mizz B:

Evaluating a Mobile Phone-Based Social Network to

Prevent HIV Among Youth in South Africa

Erica Keppler Yamauchi

A thesis submitted to the faculty of the University of North Carolina at Chapel Hill
in partial fulfillment of the requirements for the degree of
Master of Arts in the School of Journalism and Mass Communication.

Chapel Hill
2010

Approved by:

Jane D. Brown, Ph.D
Lois Boynton, Ph.D
Audrey Pettifor, Ph.D

Abstract

Erica Yamauchi
LoveLife, MYMsta, and Mizz B:
Evaluating a Mobile Phone-Based Social Network to
Prevent HIV Among Youth in South Africa

(Under the direction of Jane Brown, Ph.D.)

The purpose of this mixed-method study was to evaluate social media efforts for sexual health among young people in South Africa. The study specifically focused on MYMsta, a mobile social network developed by LoveLife, a multi-faceted HIV prevention program in South Africa that provides education and outreach activities for youth. The study included a content analysis of MYMsta, pre-focus group questionnaire, and four focus groups conducted in four different locations in South Africa.

The data showed that mobile phones and MYMsta are important in the lives of young South Africans. Young people spoke frequently and openly about sex and sexual/reproductive health in MYMsta's peer discussion forums and with Mizz B, a team of online health counselors. They also used the network to get advice and information about dating and other relationships, to learn about job and educational opportunities, and to engage with an online community encouraging a positive and healthy lifestyle.

Dedication

For all the young people I met in South Africa.
This research was only possible because of their openness and enthusiasm.
Their passion for life in the face of incredible challenges will always be an inspiration to me.

For my grandmother, Cirila Dayrit a.k.a. Gram,
in gratitude for all the sacrifices she made to take care of me and my family.
This is as much her accomplishment as mine.

For my husband, Nozomu.
Thank you for your unending love and support, of this project and all my aspirations.
You inspire me every day to be better and dream bigger.
I am so grateful for you.

For my family, Dad, Mom, Kailani, Kendrick, and Kailee.
Thank you for always supporting me in all my academic quests!
And Noz's family, Mom, Pops, Mags, Ben, Naoshi, Debbie, Alex, Sasha, Blake, and Casey.
Thank you for all the encouragement you gave to me in your different ways.

I love you all. xo

When we're together, the years fall away.
Isn't that what matters?
To have someone who can remember with you?
To have someone who remembers how far you've come?
Judy Blume

Acknowledgements

Table of Contents

List of Tables

List of Figures

Figure

CHAPTER ONE

Introduction and Background

South Africa is arguably in the throes of the worst AIDS epidemic in the world with the highest number of people infected and living with HIV (UNAIDS, 2008). Ten percent of its young people live with HIV and half of the country's new HIV infections occur before the age of 25 (Kaiser Family Foundation, 2008). HIV/AIDS among youth in South Africa is a critical problem, but there is great opportunity to affect behavior when it matters — during adolescence. While some indicators show HIV might be declining among young people in South Africa, largely due to increased condom use, prevention programs are still urgently needed (Pettifor, MacPhail, Rees, & Cohen, 2008). If youth are empowered with the knowledge and resources they need to make key changes in their sexual behavior, the spread of HIV in South Africa could be substantially altered.

The objective of this study was to evaluate social media efforts to affect behavioral change among young people in South Africa. The study specifically focused on MYMsta, a social networking program developed by LoveLife, a multi-faceted HIV prevention program in South Africa that provides both education and outreach activities to teenagers and young adults.

LoveLife and MYMsta

LoveLife launched in September 1999, led by South African public health organizations in partnership with a coalition of more than 100 community-based organizations, the South African government, major South African media companies, and private foundations (Kaiser

Family Foundation, 2008). Core components of the LoveLife program include:

- *Persistent multimedia education and awareness campaign* — including television, radio, outdoor media, and print — educating youth about HIV/AIDS, and promoting conversation about sexual and reproductive health issues.

- *National Adolescent-Friendly Clinic Initiative*, a major drive to establish adolescent health services in South Africa's 5,000 public health clinics.

- *Y-Centres*, a national network of 16 multi-purpose youth facilities, providing recreation and skills training, as well as sexual health education and care in non-clinical settings.

- *Nationwide community-level outreach and support* for young people (including 3,500 schools) led by a volunteer corps of more than 1,500 18- to 25-year-olds known as LoveLife groundBREAKERS (GroundBreakers).

- *LifeLine*, a toll-free telephone hotline, providing sexual and reproductive health information, counseling, and referrals. The program averages more than 300,000 calls per month.

- *LoveLife Games*, the largest school sports competition in South Africa, promoting "healthy living, self-motivation, and personal achievement to more than 400,000 South African students annually." (US AID, n.d.).

The program seeks to achieve sustained engagement with so-called "born frees", the first generation of youth growing up in post-apartheid South Africa. Born-frees may have better opportunities than their parents, yet they still face many of the socio-economic legacies of apartheid, such as poverty, racism, and gender inequality (US AID, n.d.).

LoveLife has extended the battle against HIV/AIDS into nontraditional media with the

MYMsta network, one of the world's first mobile, phone-based social networking sites dedicated to HIV/AIDS prevention among youth. Although a small minority of South African youth access MYMsta via the Internet, most of its users access it on their mobile phones. In July 2008, within a month of the site's launch, more than 6,000 users registered from every province and ethnic group in South Africa. More than one million users are expected by spring 2010.

MYMsta's name is based on LoveLife's Make Your Move (MYM) campaign. LoveLife's call to action for young people to "make your move" seeks to build personal initiative and encourage youths' ambitions, strengthen their abilities to negotiate daily pressures and expectations, and discover new opportunities — all contextual factors that help alleviate young people's HIV risk. MYMsta and LoveLife also hold an important fundamental belief: Young people's circumstances and life challenges — not their disregard for HIV prevention messages — are what continue to drive the HIV/AIDS epidemic in South Africa (A. Pettifor, personal communication, Sept. 29, 2008).

MYMsta is more than just a chat room or online bulletin board; it's a social network and virtual community. The program also offers public health educators a platform on which to provide young people with information about HIV/AIDS and sexual health, as well as jobs and careers, scholarships, and current events. Social networking behavior plays directly into important triggers for behavior change, including sense of identity, belonging, and purpose. Users define their identity by creating personal profiles with photos and video, and develop belonging and community by connecting to peers through forums, groups, and personal messages (A. Pettifor, personal communication, Sept. 29, 2008).

Study Purpose

The purpose of this study was to explore how and why South African youth use LoveLife's MYMsta mobile social network, and to evaluate how well their participation in the network overlaps with LoveLife's goals to reduce HIV/AIDS in South Africa by addressing both behavioral factors (e.g., condom use), as well as contextual factors (e.g., youth empowerment).

The study's findings are helpful to future social media and social network evaluation studies in health communication and public relations, as well as to inform improvements to the LoveLife Web site and MYMsta. The results may also help explain how and why users utilize MYMsta for information about sexual and reproductive health issues, and how information-seeking affects behavioral intentions related to HIV prevention.

Importance of Mobile Technology

Going far beyond just text messaging, MYMsta provides functionality typically found only on Internet-based social networks like Facebook and MySpace. MYMsta uses a Wireless Application Protocol (WAP) platform, which is a basic program that allows mobile phones to access the Internet affordably, so that the program has a Web-like interface on mobile phones. Mobile Internet usage via WAP technology in South Africa is one of the highest in the world (BBC News, 2006).

The mobile phone medium is crucial for access. In South Africa, only 6% of youth have access to the Internet on computers. However, phones present an inexpensive way to get online. More than 75% own mobile phones and 60% report using them daily (Kaiser Family Foundation, 2008). The extensive ownership of mobile phones by South African youth presents many possibilities for mobile phone-based communication campaigns. Social networking via

mobile phones in South Africa, in particular, has the potential to reach large numbers of youth with accurate information on HIV/AIDS prevention and sexual/reproductive health issues.

How MYMsta Works

When a new user joins MYMsta, "Mizz B" is automatically added to their friend list. Youth are able to send questions to this new "friend," and a group of trained counselors respond to these questions for advice and information on everyday problems teens and young people encounter, including sexual and reproductive health issues. Youth can also post questions or other thoughts on the peer discussion forums on the site. Other users can respond to the forum "thread" to offer their advice, anecdotes, or other support. For example, forum threads are titled "need advice", "age u lost virginity?", and "abstinence".

In addition, in the interactive "Up My Game" section on the site, content on various issues such as HIV/AIDS and career opportunities is available and updated daily. Up My Game has grown to be one of the most-popular features of MYMsta. Youth may take quizzes, enter contests and giveaways, and play games related to health information. When users answer questions correctly or win a contest, they earn points to win assorted prizes, such as a day shadowing a well-known South African disc-jockey musician, and LoveLife-branded apparel and accessories (A. Pettifor, personal communication, Sept. 29, 2008).

CHAPTER TWO

Literature Review

Past LoveLife Studies

Although LoveLife has done more evaluative research than most national HIV prevention campaigns targeted at youth, it has yet to evaluate several of its new media efforts, including its Web site and MYMsta. Most of the research recently published about LoveLife has focused on the public health and community intervention aspects of the campaign. For example, in 2002, Stadler and Hlongwa (2002) outlined the public health goals and evaluation strategy of the campaign, and reported on the results of the campaign's first two years. According to the authors, LoveLife reached more than 4 million South African adolescents in the first two years, with 62% brand recognition among youth.

To probe into LoveLife's impact even further, Pettifor et al. (2005) also conducted a study to establish a baseline for examining if youth living in communities with LoveLife's broad-based local interventions have a lower prevalence of HIV, sexually transmitted infections (STIs), and high-risk sexual behaviors than communities without these interventions. The researchers found that, in 2002-2003, more than 80% of youth 18-24 had heard of LoveLife and more than one-third had participated in their programs. The study also concluded that each community provided comparable sexual behavior data, allowing future researchers to properly measure behavior changes. Pettifor, MacPhail, Bertozzi, and Rees (2005) discussed the evaluation strategy of LoveLife as a public health intervention. The study's key finding was that an individual's

participation in LoveLife's programs was associated with a decreased risk of being HIV-positive. This finding indicates that LoveLife may indeed have a positive effect on behavior change. However, it is difficult to provide strong evidence for causality. Because of the campaign's nationwide scale and overlap with other HIV/AIDS interventions, researchers in both studies faced challenges assessing LoveLife's direct impact on health behavior change.

Analyses of Comparable Content

Several analyses have been conducted to study how teens use online media to develop their sexuality, find sexual health information, and communicate about sexual health topics, both in the United States and other countries. It appears that adolescents are using relevant Web sites to validate their own sexual development and norms. Harvey et al. published a pair of studies on a database of emails sent to a prominent, physician-operated Web site (teenagehealthfreak.com) in the United Kingdom by adolescents seeking health information (Harvey, Brown, Crawford, Macfarlane, & McPherson, 2007; Harvey et al., 2008). Utilizing the computer-assisted content analysis methodology of corpus linguistics, which uses linguistic patterns to analyze large data sets, the researchers found many terms related to sexual health and development. Adolescents "described themselves, their anatomy and their identities in meticulous detail" that perhaps no other information medium would allow due to the perceived confidentiality the Internet provides (Harvey et al., 2007, p. 771). The study also found that many adolescents viewed sexuality and their sexual development as integral to their identities, as many of their emails included inquiries about norms: "Is this normal?" or "Am I normal?" (p. 775).

Harvey et al.'s 2008 follow-up study concluded that the Teenage Health Freak Web site was highly effective in providing health information in a way that was accessible and direct to young people. Similarly, Suzuki and Calzo (2006) studied online teen "bulletin boards," also known as discussion forums, and found that the boards "proved to be a valuable forum of personal opinions, actionable suggestions, concrete information, and emotional support, and allowed teens to candidly discuss sensitive topics, such as sexuality and interpersonal relations" (p. 695).

The researchers also found adolescents used online health discussion forums most frequently to ask questions about romantic relationships and sexual health. In two different studies of online chat rooms visited by teens, Subrahmanyam et al. (2004) found that teens used chat rooms, an early form of interactive online communication, to discuss and construct their sexuality and identities. Researchers also have found that questions and comments about romantic relationships and sexual health are the most frequent discussions on health bulletin boards and teen chat rooms (Suzuki & Calzo, 2006).

Several content analysis studies have found that adolescents prefer to seek information and advice from friends and peers on most sexual topics (Dilirio, Kelley, & Hockenberry-Eaton, 1999; Gracy, Patel, & Ramakrishna, 2003), but some issues are too sensitive to discuss even with friends (Cheng et al., 1993). The sensitivity lies in the shame and embarrassment young people feel when talking about sexual health with others. More sensitive questions may be ones youth choose to discuss online to avoid these negative emotions.

The aforementioned studies of comparable content suggest that online health information should continue to be provided and targeted to the adolescent population because

of the barriers that are eliminated — such as access to physicians, and the feelings of shame or guilt that can accompany talking to parents or doctors about sensitive sexual health issues. These are significant obstacles teenagers and young adults face in choosing to seek out and accessing health information and services. In addition, these studies provide examples of how researchers are analyzing online media content.

These findings are important to the goals of this study, which seeks to study why and how youth might seek advice and information from a health educator or expert vs. peers. However, the study pushes the concept further by studying the differences when both information sources are in an online context. Past studies have concentrated on face-to-face interactions between youth and their friends, families, and health providers. This study examines content analysis and focus group data related to "Mizz B," an automatic "friend" added to all MYMsta users' list of friends. Users send questions they have about health-related topics to Mizz B, which are answered personally by LoveLife health educators.

Media Practice Model, Uses and Gratifications, and Youth Media Usage

The aforementioned Subrahmanyam et al. (2007, 2008) studies used the Media Practice Model (MPM) as a theoretical framework. Brown and Steele (1995) developed the MPM based on their teen "room culture" studies. The researchers studied the ways in which adolescents used media in their bedrooms to develop and communicate their own identities. The model was created to emphasize "the connections between adolescents' identities and media selection, interaction, and application" (p. 551). The model also requires attention to media practice — how youth use the media — rather than only the traditional focus on media content and effects.

Similarly, as applied to this study, direct media effects may not be as important as the interactivity between adolescents in Web- and mobile-based media.

Because this study seeks to discover how and why youth use MYMsta, an online health information source, a modernized uses and gratification approach also sets the stage for analyzing both quantitative and qualitative content. Although uses and gratifications theory was originally developed to study the benefits that attracted audiences to the "new media" of the 1940s — namely, broadcast radio and cinema — it now provides a foundation for studying the new media of our time. As Ruggiero (2000) argues:

> "Emergence of computer-mediated communication has revived the significance of uses and gratifications. In fact, uses and gratifications has always provided a cutting-edge theoretical approach in the initial stages of each new mass communications medium: newspapers, radio and television, and now the Internet." (p. 3)

As a subset of media effects research, uses and gratifications theory is crucial in understanding the new hyper-customized and user-centric online experience, also known as demassification (Williams, Rice, & Rogers, 1988). As Windahl (1981) theorized, the chief difference between the traditional media effects approach and the uses and gratifications approach is the focus on the communicator (media effects) versus the audience/user (uses and gratifications). A synthesis of these approaches paints a fuller, richer picture of both how and why users choose the media they do, and, in turn, how it affects them.

The uses and gratifications perspective has recently been applied to study all types of interactive and nontraditional media — from Web sites and blogs, to video games and mobile phones. Several of the studies have focused on health communication and youth, and provide a foundation for this study. Studies examining the differences in uses and gratifications between face-to-face vs. online interaction are of particular relevance to the study's research goals. To

discover why and how MYMsta users are utilizing the social network, the study explored the different benefits and barriers youth equate with face-to-face and online communication about sexual and reproductive health. These articles are important examples of this dichotomy in health contexts.

Baxter, Egbert, and Ho (2008), for example, examined the everyday health communication experiences of college students and found that their "satisfaction with and perceived impact of health communication experiences varied by topic, channel, relationship, and purpose" (p. 428). True to uses and gratifications theory, their satisfaction levels differed due to individual needs and desires that became motivations for choosing certain media over others. For example, they were more satisfied with communication about health issues when they were able to discuss it in a two-way, interpersonal context — either face-to-face or within a mediated context, such as email. They preferred this interpersonal context to the one-way, mass communication approach many communicators have settled for in campaigns targeted at college students.

A few studies have also looked at the differences between face-to-face and online communication in cancer patients. Tustin (2008) found that dissatisfaction with face-to-face interactions with physicians causes cancer patients to seek out health information online, which becomes a "functional alternative" to discussions with their oncologist (p. 2). Ginossar (2005) also found that cancer patients and their families participated in virtual cancer support groups primarily because their social and psychological needs were not met through other communication channels, such as traditional media or even in-person support groups. The

cancer patients and their families in the study found that online community support groups better satisfied their needs for social and emotional support.

Relevance for Practitioners, Theory, and Previous Research

Relevant theories and the previous studies suggest that adolescents look to mass and online media for information about sexual and reproductive health, and in South Africa, one of the key sources is the LoveLife campaign and MYMsta. Researchers in this area have examined why youth choose to seek health advice and information from their peers rather than health providers. Other studies have investigated the differences between face-to-face communication and online communication using a uses and gratifications approach to study the varied needs and motivations health-information-seeking users fulfill by choosing different types of media. However, no research has been conducted on social networks with a health message, let alone any that are localized to South Africa, based on mobile phones, related to HIV/AIDS prevention or targeted at youth. Therefore, this study fills many gaps in research important to practitioners in health communication who are working with organizations and agencies and attempting to evaluate social networking, online, and mobile communication tools. The study also attempts to fill a gap in the academic and theoretical literature by extending uses and gratification theory to study mobile phone- and social network-based sexual health communication targeted at youth and young adults.

Objectives

This study analyzed the content within the MYMsta mobile social network (content analysis) and youth's self-reported attitudes and behavior (focus groups) to discover how and why youth are using the network, including whether or not they are using it to seek and obtain

12

information on HIV/AIDS, and sexual and reproductive health. The study attempted to analyze the effectiveness of this new media tool in health communication, which aims to decrease the incidence of HIV infection among South African youth.

There is a great research gap in this area because mobile Internet is a relatively new technology. Not many researchers have studied this type of content neither in quantitative or qualitative contexts. This study attempts to do both.

Research Questions

The research questions for this mixed-method study are as follows:

Content Analysis

RQ1. What themes are present in user-submitted content to Mizz B and MYMsta discussion forums? The analysis will focus primarily on content related to HIV/AIDS prevention and/or sexual and reproductive health, though other topics youth are discussing in this online community will also be studied.

RQ2. With what frequency are young people using these forums for information-seeking about sexual and reproductive health issues?

RQ3: How does their discussion about health information differ with an expert (Mizz B) versus their peers (MYMsta forums)? The different ways users seem to use Mizz B vs. MYMsta will be studied using a uses and gratifications approach to examine the possible needs (social support vs. fact- or information-based support) that are being fulfilled and motivating their information source choices.

Focus Groups

RQ1. Why do MYMsta users seek information from this source? The different reasons why users choose to use MYMsta and which information source they seek within

the social network (Mizz B vs. MYMsta forums) will be analyzed from a uses and gratifications perspective. Users' reasons for why and how they make these decisions will be studied using a uses and gratifications approach to examine the possible needs that are being fulfilled and motivating their information source choices.

RQ2. Do MYMsta users think MYMsta has influenced their health behaviors, if at all?

CHAPTER THREE

Method

The study included quantitative components, a content analysis of MYMsta and pre-focus group questionnaire, as well as a qualitative component, four focus groups conducted in four different cities and towns in South Africa.

Content Analysis

The content analysis studied transcripts of forum discussions and messages to "Mizz B", an automatic "friend" added to all MYMsta profiles. Users send questions they have about health-related topics to Mizz B. LoveLife's staff of health educators return these messages personally.

Mizz B messages and MYMsta threads were analyzed to determine the content's dominant discussion topic, all present categories of sexual content, dominant category of sexual content, and presence and type of information/advice given and received. (Data for the latter, however, was only available for MYMsta.)

The population of content for this study included all posted MYMsta forum threads and messages sent to Mizz B over the first four months that MYMsta was active, beginning June 20, 2008, the day MYMsta launched, through October 15, 2008. The unit of analysis for the MYMsta forums was a forum thread, including the forum subject title and all the following user responses.

For the Mizz B messages, the unit of analysis was the full message sent to Mizz B, including the subject line. These messages were essentially health information-seeking inquiries initiated by youth that are answered by LoveLife's team of health educators.

A random sample of content was selected from each week over the period. Content was sampled from both the MYMsta forums and Mizz B messages by randomly selecting two days from each week to analyze, totaling 48 days. The number of forum threads and messages varied each day. Threads usually totaled between two and six, while Mizz B messages were more numerous (approximately 10-15) per day.

For each unit of analysis, gender of the sender (if identifiable), dominant discussion topic, sexual content categories, dominant sexual content category, and dominant HIV/AIDS content category were coded for both Mizz B messages and MYMsta threads. The presence of advice and information-seeking and information-providing, as well as the dominant type of advice or information provided, were analyzed. (Please see Appendices A-C for the coding guide, which includes all category definitions, as well as the coding sheets.)

Focus Groups

Four focus groups were held in August 2009, each at a LoveLife Y-Centre in a different region and informal settlement within South Africa. Informal settlements are dense areas comprising self-constructed shelters with no official land ownership. Informal settlements are common in developing countries such as South Africa, where they are usually the result of an urgent need for shelter by impoverished people working in nearby cities and towns. Two of the informal settlements are rural (Kutlwanong and Emalahleni) and two are peri-urban (Langa and Orange Farm).

Figure 3.1 is a map of South Africa's provinces and major municipalities. The map provides context for each Y-Centre's location within the country.

Figure 3.1
Map of South Africa

A total of 45 young people participated in the focus groups. Table 3.1 provides a profile of each group by age, gender, and location.

Table 3.1
Gender and Age of Focus Group Participants

Date	Province	Y-Centre Location	Participants	# Age 16-18	# Age 18-22	# Males	# Females
Aug. 11	Western Cape*	Langa (outskirts of Cape Town)	9	4	5	4	4
Aug. 12	Free State	Kutlwanong (outskirts of Bloemfontein)	12	1	11	11	1
Aug. 13	Gauteng	Orange Farm (outskirts of Johannesburg)	11	0	11	6	5
Aug. 14	Mpumalanga*	Emalahleni (outskirts of Witbank)	13	4	9	3	9

Note. Two participants in Western Cape and Mpumalanga, respectively, did not provide their gender on their questionnaires.

With cooperation from the LoveLife staff, the focus group discussions were organized to provide richer insights into what kinds of questions users are asking Mizz B/MYMsta and if they relate to HIV/AIDS prevention, how users are interacting with each other within MYMsta's forums, and if they are using MYMsta primarily for HIV prevention information-seeking.

The research was approved by the IRB of the University of North Carolina, as well as the research ethics committee at the University of Witwatersrand in Johannesburg, South Africa. Male and females ages 16-22 were recruited to participate from four LoveLife youth centers. All participants were black South Africans, given the population that attends these centers, but race was not an inclusion or exclusion criteria for the study.

Written, informed consent (for participants older than 18-years-old) was obtained prior to the start of the discussions. Minors (younger than 18-years-old) received a parent recruitment letter and parental consent form to take home to their parent/guardian before the day of the

focus group, which they were instructed to return to the interviewer on the day of the discussion. If a parent or guardian needed help understanding the form, they were able to contact study staff via contact information on the form. Written, informed assent was also obtained from minors. Informed assent/consent included providing assent/consent for participating in the focus group and for being audiotaped during the discussion, which was a requirement for participation. (Please see Appendices D-F for the consent forms.)

Each participant received 50 South African rand (approximately $6 USD) to attend and participate in a focus group, which is comparable to most research study incentives in the area. This money covered any needed transportation costs and compensated participants adequately for their time. Light snacks and refreshments were also provided. The monetary incentive was given after the focus group discussion was completed.

Each focus group lasted approximately two hours. Before the discussion, each individual completed a pre-focus group questionnaire, which took approximately 45 minutes to complete as a group. The interviewer read each question aloud and participants were encouraged to ask clarifying questions. The questionnaire included most of the questions asked in the focus group, but in a primarily closed-ended format in order to provide comparable data for all participants. All discussions were conducted primarily in English, except for in Langa, where several young women wanted to express themselves in their native language of Zulu, which was then translated by a fluent speaker of both languages. (The pre-focus group questionnaire and focus group guide, respectively, are included in Appendices G and H).

The group interviewer asked participants not to use their real names and to instead choose a pseudonym to use for the focus group discussion. Participants were asked to write their

pseudonym on the questionnaire forms. The interviewer instructed participants both at the beginning and end of the session not to divulge the identities of anyone in the focus group or talk about what anyone said in the discussion.

The four focus group discussions were transcribed and analyzed. Analysis was based on the processes described by Miles and Huberman (1994) and Ulin, Robinson, Tolley, and McNeil (2002). Initial analysis began during data collection so that topics for further exploration were noted and incorporated into ongoing fieldwork. Data analysis consisted of searching for patterns in the data and for conceptualizing ideas that help explained the presence of those patterns. The qualitative software program Atlas.ti was used to organize and facilitate the data analysis process. Analysis included five main steps:

1. *Reading for content:* Analysis began with data review and re-reading transcripts until the content became intimately familiar. As data were reviewed, emergent themes were noted (Miles & Huberman, 1994; Ulin et al., 2002).

2. *Coding:* A list of codes was created based on identified themes and assigned to specific sections of text so that the text can be easily and meaningfully searched. Code definitions were documented in a codebook, and included information about the code's central meaning (Miles & Huberman, 1994; Ulin et al., 2002). The focus group coding guide is included as Appendix I.

3. *Displaying:* Once the transcripts were coded, principal sub-themes that may reflect finer distinctions in the data were identified. This approach entailed taking an inventory of what is related to the given codes, capturing the variation or richness of each theme and noting differences between individuals or among subgroups, such as gender or location (Miles & Huberman, 1994; Ulin et al., 2002). No major differences were noted between the subgroups.

4. *Data reduction:* Visual tools within Atlas.ti were used to categorize and display data, which facilitated comparisons (Miles & Huberman, 1994; Ulin et al., 2002).

5. *Interpretation*: The data's core meanings were identified and explained. A search for relationships was conducted among themes and concepts identified from the analysis.

Reflexivity was also an important aspect of the data interpretation phase, by which acknowledged personal biases and perspectives that may have an impact on how the data are interpreted. My personal biases include being passionate about youth advocacy, global health, and using mass communication for HIV/AIDS prevention in developing countries.

To meet the objective of using the focus group discussion information to improve LoveLife's MYMsta online social network to help prevent HIV/AIDS among young South Africans, particular attention was paid to themes related to health information-seeking, mobile phone usage, and sex and sexual/reproductive health.

CHAPTER FOUR

Findings

The study findings are organized in this chapter thematically rather than by method.

Within each theme heading, findings from the content analysis, questionnaire, and focus groups

related to that theme are presented. First, the importance of mobile phones is discussed, followed

by what users are talking about within MYMsta network. Next, the most successful attributes of

the network are discussed, followed by discussion of what should be improved.

Why mobile phones?

Youth in South Africa are obsessed with their mobile phones, and they will tell you that

in a heartbeat. They live a mobile life, where phones are not just communication devices for

talking, texting, and getting online. Their mobile phones are central to their identities and

relationships with others.

Table 4.1 provides an overview of how youth who completed the questionnaire used

their mobile phones. The majority of participants said they are using their mobile phones

"frequently" or "often" to text, talk, and get online.

Table 4.1
Frequency of Mobile Phone Function Use (N=45), Questionnaire

% Who Said They Use Their Mobile Phones For:	Frequently/ Often	Sometimes	Rarely/ Never	Did Not Answer
Texting	73	11	11	5
Talking	71	11	11	7
Internet	67	15	11	7

Note. "Frequently"= once a day or more;" "Often" = 5-7 times a week;" "Sometimes" = 5-7 times a month;" "Rarely" = 1-5 times a month.

In the focus groups, participants talked about how they make the decision whether to text or make a call. Most of the time, frequency of use is based on cost. Much like in the United States, young people save talk time for emergencies and the evening hours, when some phone service companies offer free voice calls. This quotation was representative of what most participants said about texting vs. talking:

- "I use my mobile phone mostly for text messages, but I don't receive or make calls usually because, during the day, the airtime costs too [much]. So I use text messages. It's cheaper that way." *male, Orange Farm focus group*[1]

Almost all (91%) reported in the questionnaire that they usually accessed the Internet using a mobile phone. More than half (58%) said they also use Internet cafés. When asked an open-ended question about which Web sites they visit most often using their mobile phone, the four top answers were: MYMsta (n=36), MXit (n=27), Facebook (n=20) and Google (n=9).

The focus groups were enthusiastic about mobile technology. One male participant in the Langa focus group said, "If I lose [my phone], my heart will be broken." Many youth talked

---

[1] Quotations from the focus groups are reproduced here with as little editing as possible. Speakers are identified by gender and focus group location of the participant. For some of the quotations, knowing the gender of the speaker aids interpretation.

about how their phones are a central part of their lives because of how much they use it to connect and communicate with their friends and family, as well as the rest of the outside world:

- "My phone is my life. Because everything I do, I do through the phone." *male, Orange Farm focus group*

- "I'm always on the Internet. If I'm not on the Internet, I'm calling someone or SMSing my friends." *male, Emalahleni focus group*

Participants' attachment to mobile phones is no doubt to the chagrin of their parents, and probably their teachers, too. Several participants discussed how they know they should be spending more time with their families or their schoolbooks, but that their phone obsession gets in the way:

- "I use it for everything and I use it almost all the time. My parents get bored, especially my grandmother, because I don't do much at home because I'm always on my phone. Either talking to my friends on weekends, because you get to talk for free or you're on MXit until four in the morning. I use my phone all the time. It's my life." *female, Langa focus group*

- "It cause[s] a lot of challenges, especially to us young people. Right now, if you go to any place around here, just go to any house where there is young people with Web-enabled phones. They go to school, [but] every chance they get they are always on MXit. Every chance they get, they're chatting. Whenever they get home, they don't do anything, just chat, [no] studying, just chat." *male, Kutlwanong focus group*

To fuel their phone obsession, some youth have even resorted to deceiving other online network users into buying them "airtime" for their mobile phones. This flirting-for-airtime deception came up in the Emalahleni focus group discussion. In South Africa, mobile phone service is not contract-based as in the United States, where phone service subscribers are required to have a set service plan and pay monthly. Instead, most South African phone users simply buy or "top up" phone airtime as needed. Airtime is sold in different price increments, like buying a calling card in the United States. Phone users can also send airtime to people they know via their

phones, leading some young people to deceive other online users into buying them airtime

(usually in MXit).

- "My [MXit] profile is a female profile and my age is 14. I chat to guys and ask for airtime." *male, Emalahleni focus group*

- "If someone says they want my picture, I will tell them to buy me airtime, so I can send you [my] picture. Then if you send me the airtime, I send you a picture of a baboon or something." *female, Emalahleni focus group*

Using MYMsta and Mizz B: Frequency

Many users log into MYMsta often to send a message to Mizz B, visit MYMsta's peer

discussion forums and reply to forum threads. More than 70% of MYMsta users had sent at least

one message to Mizz B. About 40% said they visited discussion forums "frequently" or "often"

and reply to a discussion forum thread "frequently "or "often." Table 4.2 presents frequencies

related to MYMsta discussion forum use.

Table 4.2
Frequency of MYMsta Discussion Forum Use (N=45), Questionnaire

% Who:	Frequently/ Often	Sometimes	Rarely/ Never	Did Not Answer
Visit discussion forums	42	27	31	0
Create a forum thread	33	31	33	2
Reply to a forum thread	40	31	26	2

Note. "Frequently"= once a day or more;" "Often" = 5-7 times a week;"
"Sometimes" = 5-7 times a month;" "Rarely" = 1-5 times a month.

What are MYMsta users talking about?

Three of the study's research questions focused on the themes in Mizz B and MYMsta

discussion forums, the frequency young people were using these forums for information about

sexual and reproductive health issues, and whether user discussion topics differed between

discussions with a health expert or peers.

A total of 833 messages were originally gathered in the sample of Mizz B messages. Many of the messages (n= 569) were not included in the final analysis, however, because they were irrelevant to the goals of the study. For example, all users receive an auto-generated message from Mizz B upon signing up for MYMsta and many of the responses to this message were mostly one-word replies such as "thanks." Another 128 Mizz B messages were administrative and technical inquiries about MYMsta. These included questions about how to get a password reminder or unregister from the site.

The MYMsta threads contained a much smaller number of similar messages (2.9%; n=4). Because these data would have skewed the frequencies of the other dominant discussion topics, this Administrative category was eliminated from further analysis. Thus, the final analysis sample was 264 Mizz B messages and 133 MYMsta threads.

Community-Building

As can be seen in Table 4.3, the Community-Building category was the most-frequent category coded in discussions in Mizz B and the second most-frequent in MYMsta. Messages coded as Community-Building primarily were messages and threads that built users' identities and closeness with Mizz B and peers in the online community. For example, there were many messages of gratitude to Mizz B, as well as questions about how to add and make friends on the network.

- "thanks for the info, and i just love da mymsta so i just wanna say keep up da good work." *male, Gauteng, 16* [2] *(Mizz B message)*

- "helo n hws u ive just registerd so i nid help on hw da chatrum workz n hw i cn get contacts. please rply nw." *female, Gauteng, 17 (Mizz B message)*

---

[2] Quotations from the content analysis are reproduced here with as little editing as possible. Users are identified by gender, province and age of the participant as reported in their MYMsta user profiles. For some of the quotations, knowing the gender of the user aids interpretation.

In MYMsta, relationship- and community-building threads ran the gamut from small talk to discussions on philosophical and rhetorical questions. However, they all resulted in threads that encouraged the community to respond, keep in touch, and share general updates and opinions with each other. These are just a few examples of these thread posts created by discussion forum users:

- "holidays r ova, wat did u do during de holidays peeps?" *female, Mpumalanga, 20 (MYMsta forum post)*

- "d0 y0u thnk y0ung ppl appreciate themselves? if n0t y? is it a hard thng 2d0?" *female, Gauteng, 18 (MYMsta forum post)*

Table 4.3
Dominant Discussion Topics in Mizz B and MYMsta (Content Analysis)

	Mizz B		**MYMsta**	
Dominant Discussion Topic	*N*	*%*	*N*	*%*
Relationship/Community-Building	92	34.8	16	12.0
Dating/Relationships	48	18.2	69	51.9
Jobs/Careers	47	17.8	6	4.5
Sex/Sexual and Reproductive Health	37	14.0	14	10.5
Education/School	19	7.2	5	3.8
Other Relationships	18	6.8	8	6.0
Entertainment/Pop Culture	3	1.1	4	3.0
Government/Politics/Political issues	0	0.0	10	7.5
Money/Finances	0	0.0	1	0.0
Total	**264**	**100.0**	**133**	**100.0**

Professional and Educational Opportunities

More users discussed Education/School and Jobs/Careers with Mizz B while MYMsta users seemed to prefer discussing politics with peers instead (Table 4.3). Because users saw Mizz B as an adult authority figure within the network, it seems natural that they would discuss professional and educational opportunities on the site with her.

The importance of professional and educational opportunities posted on MYMsta was an important theme explored in the focus groups as well. These young people appeared to be looking for ways to connect to their dreams and ambitions for a better life, and MYMsta was seen as a go-to site for these opportunities:

- "Most of us, when you log into MYMsta, you first check the opportunities." *male, Orange Farm focus group*

- "Most of the time there is a lot of opportunities. Firstly, you can get job opportunities. Two of my friends — the first one got a job and the other one got an internship. I think it's a great Web site for young people." *male, Orange Farm focus group*

- "What I like [about MYMsta], it's important because you can get information about scholarships." *male, Kutlwanong focus group*

Dating/Relationships and Sexual Content

While there was some discussion of Sex/Sexual and Reproductive Health, the focus of discussion after Community Building was Dating/Relationships (Table 4.3). More than half of MYMsta posts (53%) and more than a third (33%) of Mizz B messages were about Dating/Relationships. Sexual content was coded only when it was explicit, so Sex and Sexual/Reproductive Health was the Dominant Discussion Topic in only a few of the 397 coded messages in either Mizz B (14%) or MYMsta (10%). Participants in the focus groups corroborated that they most frequently discussed dating and relationships with girlfriends and boyfriends, rather than more sexually explicit questions. Content about Dating/Relationships is important, however, because it is closely linked to the more explicit sexual content that many times happens within dating and romantic relationships.

Table 4.4 provides a summary of the content of the relatively few entries that did focus on sex. Each unit of analysis was coded for multiple content categories if more than one kind of

sexual content was mentioned or discussed. Thus, while MYMsta forum threads contained more

some sexual elements, more Mizz B messages focused on sexual content. For example, a MYMsta

user created a forum thread with a post about her boyfriend cheating on her. She did not

mention sex at all in the post, but in a reply to the thread, another user mentioned that multiple

partners increase one's risk of contracting HIV. All the other replies offered emotional support

and did not mention any other sexual content. The thread was coded Dating/Relationships as

the Dominant Discussion Topic and the presence of sexual content pertaining to HIV/AIDS

was also coded.

Table 4.4
Summary of Sexual Content (Content Analysis)

Information Source	Units of Analysis	Units with Sex as Dominant Discussion Topic	Units Containing Sexual Content	Sexual Content Items
Mizz B	264	37 (14%)	43 (16%)	74
MYMsta	133	14 (10%)	27 (20%)	59
Total	**397**	**51 (13%)**	**70 (18%)**	**133**

Table 4.5 details the frequencies of the sexual content categories observed in Mizz B

messages and MYMsta threads. A total of 74 portions of discussion were coded as sexual content

in Mizz B within the 43 units of analysis containing any sexual content. Similarly, for MYMsta,

59 portions of discussion were coded as sexual content within the 27 threads containing any

sexual content. Twenty-six Mizz B messages and 14 MYMsta threads included more than one

category of sexual content.

Table 4.5

Kinds of Sexual Content in Mizz B Messages and MYMsta Forum Threads (Content Analysis)

| | Mizz B | | MYMsta | |
Category of Sexual Content	*N*	*%*	*N*	*%*
Sexual Intercourse	16	21.6	12	20.3
Abstinence	15	20.3	9	15.3
Unplanned/Unwanted Pregnancy	11	14.9	3	5.1
STDs/Negative Physical Consequences	7	9.5	2	3.4
Physical/Sexual Development	6	8	3	5.1
HIV/AIDS	5	6.7	8	13.6
Unprotected Sex	4	5.4	0	0
Negative Emotional Consequences	2	2.8	5	8.5
Homosexuality/Bisexuality	2	2.8	3	5.1
Rape/Sexual Violence	2	2.8	1	1.6
Abortion	1	1.3	0	0
Contraception	1	1.3	5	8.5
Other Sexual Content	1	1.3	5	8.5
Promiscuity	1	1.3	2	3.4
Prostitution	0	0.0	1	1.6
Total	**74**	**100.0**	**59**	**100.0**

Of the messages and forum threads that were coded as Sex/Sexual and Reproductive Health for Dominant Discussion Topic, about 10% of both Mizz B messages (13%, n=34) and MYMsta forum threads (10%, n=13) sought advice and/or information about sex and/or sexual and reproductive health. When it came to providing advice, about 16% of MYMsta threads (n=21) provided advice on sex and/or sexual and reproductive health (similar data were not available for Mizz B due to technical complications).

More MYMsta used social and emotional support rather than other techniques when giving advice or information to their peers (not shown in table). More than 70% (n=15) provided emotional/social support and while about one-third (29%, n=6) were primarily fact/information-based.

Moments of Crisis and Uncertainty

Unplanned/Unintended Pregnancy and STDs/Negative Sexual Consequences came up much more frequently in Mizz B messages than in the MYMsta forums. More users seemed to go to Mizz B in moments of crisis and uncertainty — to ask for more personal and specific advice and information about sex and/or sexual/reproductive health — compared to MYMsta. Health communication literature has shown that moments of crisis and uncertainty drive online information-seeking behavior (Pingree & Hawkins, 1996; Ramirez, Walther, Burgoon, & Sunnafrank, 2002).

- "hi. m in trouble. m19 nd in june i had abortion nd m pregnent again. wht do u thnk i shud do.keeping it wil course trouble cz my mom dsnt abt tht abortion. plz hlp." *female, Gauteng, 17 (Mizz B message)*

- "i been rape by my cauzin." *female, KwaZulu-Natal, 22 (Mizz B message)*

On the other hand, the sexual content in MYMsta forum threads was more general discussion unrelated to a crisis situation, such as encouraging others to abstain from sexual activity.

- "in most instances, [sex] breaks relationshipz. thatz y itz best 2 abstain." *female, Gauteng, 16 (MYMsta forum post)*

- "play safe babes, u have 2 choose [between boyfriends] bcoz aids love multiple partners." *female, Gauteng, 17 (MYMsta forum post)*

The focus groups, especially in the Emalahleni discussion, provided more specific examples of how young people use Mizz B when they or their friends have a sexual health crisis or are dealing with uncertainty about a sexual health issue. Some participants said they went exclusively to Mizz B during these frightening moments and referred others to do the same:

- "I have a friend who still young and now she's pregnant. She [was] always stressed out [about] what she's going to do and her parents are always on her

case. She thought of killing herself or killing the baby. She talked to Mizz B and explained the complications that may happen, the advantages and disadvantages of having an abortion. So that helped her a lot and now she's okay with the pregnancy and her family eventually accepted her." *female, Emalahleni focus group[3]*

- "My cousin was raped. When we were at home, she didn't talk to anyone in the house. She couldn't eat; she couldn't cope in school. Luckily, I was talking about Mizz B on MYMsta. Then she asked, "Can I talk to her also?" And I said yes. She told me, 'I have a problem, but I cannot share it with any of you.' She shared it with Mizz B first and then after that she told me the problem. She expressed her feelings and told [Mizz B] everything, and she was OK. Now, because she has been talking to [Mizz B] and asking questions, like how to go about this situation, she was given advice to go to the police and to [a] clinic, so she could get tested and make sure that she's not infected [with HIV]. [Mizz B encouraged her] to open a [legal] case to report such things because they are needed for statistic rates." *female, Emalahleni focus group[4]*

Hints at Behavior Change

Participants said MYMsta and Mizz B have influenced their attitudes and behavior, especially when they were in crisis or uncertain about what to do in a difficult situation. According to their responses on the questionnaire, more than 80% had done something new or differently because of something they learned from MYMsta or Mizz B, such as using condoms or visiting a health clinic. When asked in an open-ended follow-up question about new behavior, examples included: "Having to cut multiple partners", "I have gone for an HIV test in order to know my status", and, "Talked to my parents about sex".

Several focus group participants talked specifically about moments of uncertainty and crisis related to HIV/AIDS, such as the fear of testing and knowing their "status."

- "My cousin was going to do the HIV test. She was scared to do it. I told her to do it, but she didn't believe me and didn't trust me. She goes to MYMsta and asks all the question about HIV before she [went] to counseling." *female, Langa focus group*

---

[3] Translated from Zulu
[4] Translated from Zulu

- "I believe it's important for a person to know their status, so by consulting Mizz B, I was able to go to the clinic. Now I know my status and I'm living a positive lifestyle." *female, Orange Farm focus group*

- "My friend was scared to test for HIV, so we asked [Mizz B] and she motivated us. And now we know our status." *female, Orange Farm focus group*

One participant in the Emalahleni focus group also provided an anecdote of how MYMsta helped a friend overcome HIV/AIDS stigma by boosting her self-esteem:

- "I have a friend who has HIV and she came to me and [said], 'Every day on TV, they're talking about HIV and even in the papers.' The problem was deep. When she appeared, everyone was talking, 'You have HIV, you shouldn't be around us.' She was demotivated and she didn't have self-esteem, so I referred her to MYMsta. Then, only after a week, she came back and told me, 'Now I'm confident about my life. I can even achieve more, even if I'm HIV. It's not the end of the world.'" *female, Emalahleni focus group*[5]

What's good about MYMsta and Mizz B?

These findings address the two research questions about the different reasons MYMsta users choose to use the MYMsta network and the different information sources within it (such as Mizz B's health counseling and the peer discussion forums), and how users report MYMsta has influenced their health behaviors.

Motivation and Inspiration

A central theme in the focus groups was the intimacy youth felt between themselves and their online friends. Making friends online usually happens sequentially, in a kind of snowball fashion — a user makes a friend or two based on similar interests or personality traits, and those friends share their friend lists, which also snowballed from their respective friends. Soon enough, a network of online friends exists that they consider as close, or perhaps closer, than many of their offline friends.

---

[5] Translated from Zulu

MYMsta is a place where participants said they gather virtually with peers who have

ambition and dreams for the future — just as they do. Users treasure these relationships because

they have a hard time finding these qualities in most of their offline friends. As focus group

participants put it:

- "People who are on MYMsta, they are future-focused people who are set in the way they are going in life, who are willing to share their experiences and give advice. That's what all people on MYMsta are. That's different from people from the streets." *male, Kutlwanong focus group*

- "My friends I meet online listen to me a lot and they care about me, more than those around me. […] I consider them the best friends that I have, in MYMsta I can share [everything] with them." *male, Emalahleni focus group*

Participants described how online friends see a different side of their personalities than

their face-to-face friends. They simply cannot talk to their friends from school or their

neighborhood about the "serious" topics they discuss online, which is why they find solace in

other MYMsta users:

- "I like talking to strangers because they take me more seriously than my friends." *female, Langa focus group*

- "[Face-to-face friends] tell you that you are bothering them when you talk about serious stuff." *male, Langa focus group*

When asked to specifically think about their MYMsta friends online and describe them

with just a few words, Kutlwanong focus group participants responded with very positive

adjectives:

- "Fun, informative, future-focused." *male*

- "Motivated, ambitious." *female*

- "Positive, educated, fun." *male*

- "Loving, caring, understanding." *male*

For many MYMsta users, MYMsta is a beacon of motivation and inspiration in their lives. Focus group participants discussed how they go to MYMsta and Mizz B for encouragement about everyday challenges and problems:

- "I didn't care much about my life. I didn't eat healthy food. I [ate] whatever I want to eat because I thought I'm skinny. I won't get fat. Eventually that affected me a lot. I had a problem with breathing so when I went to [the doctor, who] told me I eat too much junk food. I didn't listen to that. When I talked to Mizz B, she explained to me [to] take it one day at a time. There was a quote she said to me that actually inspired me a lot. She said, 'A million-mile journey begins with one step. That applies to you. If you want to live a healthy lifestyle, you cannot just live it today and be healthy. You have to start somewhere. Take that step, one by one, and then it becomes a million miles.' I was inspired by that." *male, Emalahleni focus group*

- "MYMsta is [encouraging] you to 'Make Your Move.' It's more action-oriented. They will ask you questions [in MYMsta] like, 'How many people have you helped?' And then you score points when you invite people in MYMsta and when you help other people. I would say it's the best site ever because it's action-oriented and it encourages you to take action to help your fellow brother, fellow sister or whoever you might come across. It's not just about [you]." *male, Kutlwanong focus group*

The youth in the focus groups saw the MYMsta network as a marketplace of positive ideas and thinking. This positivity reached across all the types of content on MYMsta including information about health as well as professional and educational opportunities:

- "What I love the most [about] MYMsta — they tell us about learnerships, school bazaars, they tell us about health. I was not living a healthy lifestyle. Since I [joined] MYMsta, I change[d] into living a healthy lifestyle. What I do is exchange ideas with Mizz B […] and I even sometimes start [discussion] topics there in MYMsta." *male, Emalahleni focus group*

- "[It's] positive information. Because my friends make [me] feel like a real person. They empower and they give positive feedback." *female, Langa focus group*

Stiff Competition: Motivations for Using MYMsta vs. MXit

MYMsta competes with MXit, South Africa's behemoth mobile social network presence, for youth's limited amount of mobile screen time. MXit boasts approximately 14 million users,

compared to MYMsta's current count, which is fewer than 1 million. As one female Langa focus group participant said, "Even 9-year-olds have [MXit]. If you ask a 9-year-old about MYMsta, they'd be like, 'What the hell are you talking about?'" According to both the questionnaire and focus groups, however, youth seemed to feel more loyal and proud to be part of the MYMsta brand and lifestyle compared to MXit.

Table 4.6
Reasons for Using MYMsta and MXit (Questionnaire)

% Using To:	MYMsta *N = 45*	MXit *N = 45*
Get advice and information	96	36
Make friends	51	58
Give advice and information	49	40
Chat	35	69
Pass time	9	34

Note. More than one reason could be chosen.

MYMsta and MXit fulfill different needs for youth, according to responses on the questionnaire (see Table 4.6). Participants said they use MXit primarily to chat, while chat was much less of a draw on MYMsta. On the other hand, almost all (96%) said they use MYMsta to get advice and information. (Only about one-third (36%) said they use MXit for advice and information). This finding suggests that the two mobile social networks are appealing to users for different reasons, which may make competition less of an issue. However, MYMsta still is competing with MXit for the limited time youth have to spend on either network.

When focus group participants were asked to compare MXit and MYMsta, the most frequent comments were about the differences in content and technical logistics. Content-wise, MYMsta was the clear favorite:

- "You cannot compare MYMsta to MXit because MXit, a person that you haven't saw before, you don't know, [can] lie to you. MYMsta, everything is true there. You're talking about things that have [happened] in our lives and the things that will happen in the future. That's what I like about MYMsta." *male, Kutlwanong focus group*

Technically speaking though, MXit had the edge over MYMsta:

- "We get impatient. When you log into MXit, you don't face hassles and stuff. There is an icon there, you go straight to the icon, then you're online. Also, the rates are cheaper." *male, Orange Farm focus group*

In this case, user perceptions are perhaps more important than reality because users communicate their perceptions to others, which may make or break word-of-mouth recruitment.

Advice and Information

Even more encouraging were the findings that nearly three-fourths (71%) of the youth said they or someone they know had used MYMsta to get advice and information about HIV/AIDS, and 62% said they or someone they know had sent a message to Mizz B, the network's health counselors, to get advice about HIV/AIDS. Almost everyone who reported sending a message to Mizz B or using MYMsta to get advice and information said they were happy with the replies they received from both the health counselors and their peers. All of the participants said they would recommend the MYMsta network to a friend.

In each focus group, participants also reported using search engines, especially Google, to find general advice and information. In addition, several youth mentioned their mothers as an important source of advice and information — but not for everything:

- "Sometimes it's easier to talk to my mom about dating. But, it's not as simple to talk to her about sex. With my friends, it's simple to talk to them about sex, so it depends as to which situation I'm dealing with at the time." *female, Orange Farm focus group*

- "Sometimes if I [have] a problem, I can't just go to my mom and say, 'Mom, my girlfriend refused to sleep with me.' It's going to be a problem!" *male, Kutlwanong focus group*

So, instead of their mothers, they're going to Mizz B on their phones, especially with questions about sexual and reproductive health. Mizz B provides a nurturing, big-sister persona that appeals to youth and makes them comfortable discussing personal and sensitive topics such as dating and HIV/AIDS:

- "[I've] had many questions. If [Mizz B] was someone sitting next to me, she would complain because I'm always on her case! I want to know a lot. I'm asking about when [to fall] into love and life. How can I [reduce] the risk of HIV or AIDS? She helps me a lot. She is my role model." *male, Emalahleni focus group*

Other personal topics, such as occupations and drug abuse, came up several times in the focus group discussions:

- "My friend [is] a strip dancer. She wanted to quit, but she couldn't because she was addicted to it. She [joined MYMsta] and asked the question, 'How can I stop doing this job?' They told her if you love your life and know who you are, where do you come from, you will then be able to [preserve] your personal identity and you will be able to quit that. Now she has started by [not working there as much] and she is going to leave eventually." *female, Emalahleni focus group*[6]

- "My brother was doing the same [school] for six years and he was 21. He decided to quit [school] and then he was involved in drug abuse, abusing any substance that he could find. His friends that he was with at school are now driving their cars and living in mansion houses. The problem was coming from [our] family because everyone was telling him that he's dumb, he doesn't know anything, he's stupid, he will not succeed in life. Instead of concentrating in school [on] his studies, he was always thinking about what they were saying, so he thought it was pointless for him to go to school. I have more than six or seven people who I have referred to MYMsta. Everyone now says they're OK in life and even my brother now has changed from what he was doing into a positive lifestyle. He has decided to go back to school. Now he [is] looking for a school through MYMsta." *female, Emalahleni focus group*[7]

---

[6] Translated from Zulu
[7] Translated from Zulu

38

Confidentiality and Lack of Judgment

MYMsta users said that being almost anonymous on the Web is important in their choosing to seek health information online. Many (87%) said on the questionnaire that MYMsta and Mizz B made it easier to ask questions about topics that are difficult to talk about in person. In the focus groups, participants also discussed how talking to online friends and Mizz B was preferable because online friends are less likely to ask a lot of questions, and gossip or judge them:

- "It's different. When you tell someone you don't know [something], he or she won't ask 'Why?' But, when you tell someone face-to-face, 'I did this,' you will have more than 20 whys: 'Why did you do that?'" *male, Orange Farm focus group*

- "You can say anything to them and they won't judge you." *female, Langa focus group*

One participant pointed out that, even if online friends did gossip, it would not matter because they do not share the same face-to-face friend networks:

- "The nice thing about people you don't know, you can talk easily to them because you know they won't gossip about you. Even if they do, you won't know. It's more easy talking to them." *female, Orange Farm focus group*

Mizz B's nonjudgmental qualities also came up in the focus groups. Youth spoke about the reasons why they choose to ask Mizz B for advice and information about topics that are hard to talk about in person:

- "Mizz B is very private because you can actually talk to her and no one can know about it." *female, Langa focus group*

- "When I ask Mizz B about questions about topics[s] that I have with my friends at school, she responds positive to everything and she doesn't judge anyone. She sticks to what you ask and answers that." *male, Emalahleni focus group*

- "With [Mizz B], I am able to speak anything I want to, whether I did wrong things. I'm free because I know that she don't see me. She's not going to point [at] me with her finger in judgment." *male, Orange Farm focus group*

Negative Aspects of MXit and Other Mobile Social Networks

Although it was the least-popular reason for using MXit, one-third (34%) of participants reported on the questionnaire that they used the mainstream network to pass time (Table 4.6). Similarly, several focus group participants talked about how MXit is more akin to a "game" that they use to have fun:

- "My friends on MXit, they don't take MXit seriously. They're just taking it as some sort of a game." *male, Langa focus group*

- "Some of us do it for fun, so we play. Others play with a fake name." *male, Orange Farm focus group*

According to participants, however, friends and acquaintances on MXit cannot be trusted like MYMsta friends can:

- "I don't actually give them my real details on MXit. I don't trust those people; just chat [with] them to kill time." *female, Emalahleni focus group*

- "Most people lie in MXit." *male, Orange Farm focus group*

- "Most of the time, people are conning you." *male, Orange Farm focus group*

MXit also has earned a bad reputation for being an online gathering place for child predators due to several high-profile kidnapping and rape cases. MXit's association with predators and harassment was a recurring theme. No focus group participants discussed having any similar experiences on MYMsta:

- "I think MXit is dangerous. People get raped. People get killed and hijacked because of this MXit. MYMsta is a lot of advice and [information]. They have more things to talk about. You can't just go to MXit and talk about HIV. [They are] going to get bored." *male, Kutlwanong focus group*

- "Some guys like to talk 'dirty talk,' then you end up deleting them because they're too nasty or inappropriate." *female, Emalahleni focus group*

Overall, the young people in the focus groups seemed very aware of the dangers of meeting people in-person they met online. One participant, however, learned this the hard way and described an encounter she had when her online friend was not who he said he was:

- "There was this guy that I met on MXit, but we didn't actually meet face-to-face. Then, when I was supposed to meet him at the mall, the day before, I did a little Google [search] on his name. He told me his real name, so I found out [he] was 29, but he told me he was 17. We didn't meet." *female, Emalahleni focus group*

What's missing?

The Cost Factor

MYMsta suffers from a pocketbook issue. On the questionnaire, participants were split on their thoughts about the cost of MYMsta (36% said it was "too expensive," while 49% said it was "about right"). Users who said they simply could not afford to use MYMsta as much as they would like dominated the focus group discussions.

- "I can't [tell you] about the amount of money they should charge, but I think they need to be sensitive. They need to be conscious about the young people out there. That amount of money… [We] can't really afford [it]." *male, Kutlwanong focus group*

- "Whenever you're on MYMsta, you only think about: [It's] expensive!" *male, Langa focus group*

It is especially concerning that many participants said a major factor in their decision to use MYMsta was the cost. Before they log in, several participants said they check their airtime. If their airtime is running low, they go to MXit instead. A few participants even mentioned they first check MYMsta for interesting forum discussion topics, and then message their friends to meet them in MXit, where they can chat cheaply about the topics:

- "When I'm broke, I don't use MYMsta." *male, Langa focus group*

- "Me and my friends here, what we normally do is we get to MYMsta and we check the discussions, the forums, and then we check the topics. And we go back

to MXit and we start a whole multi-mix [group chat discussion] using the same topics. We basically take the topics on MYMsta, and use them on MXit. We call it running away from the cost." *male, Kutlwanong focus group*

Because participants believed other Web sites, such as Facebook and MXit are cheaper to access than MYMsta, they appreciated that LoveLife is making the effort to build a presence on both of these mainstream social networks:

- "[A] good thing I saw recently about MYMsta… I've seen it on Facebook where you can invite a friend on Facebook and also on MXit. So now that good thing is they're trying to go into these other sites where, in my opinion, I think young people would be most at ease to access because of the cost and stuff. Really, when it comes in MYMsta, it's very, very expensive." *male, Kutlwanong focus group*

Many participants had suggestions for making the network cheaper to access. One common proposition was for LoveLife to create a phone application, like MXit, which would allow users to skip the cost of the downloading of MYMsta's log-in and profile pages each time they enter the network. Although the youths' understanding of the costs may or may not be true, youth clearly need and want a more transparent pricing structure in MYMsta. Youth will not spread the word about the network if they can't afford it or if they know their friends cannot.

- "I would use [MYMsta] more [if] my friends could use it, but some of them can't afford [it]." *male, Langa focus group*

Focus group participants were confident that if LoveLife made MYMsta more accessible by making it more affordable, MYMsta would overtake MXit and have fans for life. Word-of-mouth would spread without much effort:

- "I think MYMsta should be less than MXit so that it would have a lot of fans. Most of us would have MYMsta and it should be less than MXit, if possible." *male, Orange Farm focus group*

- "It's going to become the 'in' thing because everyone is going to go from one [MXit] to the other [MYMsta]." *male, Orange Farm focus group*

Technical Suggestions and Issues

It makes sense that the content coded in the Administrative category during the content analysis was bursting at the seams because of the several frustrating technical issues users faced when MYMsta first launched in 2008 (when the content analysis data were collected). Although the network was more user-friendly when the focus groups were conducted in August 2009, a few technical issues continue to plague users.

As mentioned, unlike MXit, MYMsta does not have a mobile phone application, so youth have to physically type in the Web address and log in each time to use the network. The lack of a downloadable application was a technical flaw that participants thought wasted time and money. This was frustrating to many in the focus groups:

- "I think they should change the way that they program MYMsta. They should do it as an application, so that we can download it and then log in. If you're going to go to a Web site, MYMsta is going to charge you some cost and the Web site is going to charge you some cost." *male, Orange Farm focus group*

- "I would really appreciate it if MYMsta downloaded [as an application], so if I want to see it, I can click on it and it's there. I don't have to go to the Web page, put in the Web page [URL] and wait for it. That's too much process." *female, Emalahleni focus group*

In addition, a chat feature would allow them to talk to their friends on MYMsta more like instant messaging, similar to how MXit works.

Youth need instant gratification. If something online does not work or takes too long to work, they will go somewhere else. Many participants mentioned that the network's pages are slow to load on their mobile phones:

- "Some people are not patient. If you want to access [MYMsta], it takes a little bit of time. If the process isn't fast, they are getting angry." *male, Kutlwanong focus group*

Some complained about the lack of technical help and service. A few had problems with people registering under their mobile phone number, causing them to have to make up a fake number, which added to the problem. Several participants thought this could end up being an issue as youth start to distrust MYMsta users because they falsify information like people do in MXit. Other users felt that the network was not intuitive enough and left users in the dark when they try to perform basic functions, especially those new to the network:

- "I think what has to be improved is finding friends. That's the hassle." *male, Emalahleni focus group*

- "I think MYMsta, for a person that is coming for the first time will actually be a little bit hard to understand what's happening. It's too complicated. When you look in, there will be a page saying MYMsta and then there will be some information of which you don't understand. Your profile is there. [But], you don't know how to invite friends. *male, Emalahleni focus group*

- "When you're a first-time user of MYMsta, you face challenges. You don't know who to call. There is a lack of information. They just advertise, "Log into MYMsta" and that's the end. They don't tell you what to do, so you have to see for yourself when you're online." *male, Orange Farm focus group*

GroundBreaker Suggestions

GroundBreakers are LoveLife's peer educators, who are hired in local communities all over South Africa and especially near LoveLife youth centers. A few GroundBreakers participated in each focus group. All of them asked for more training and education about MYMsta so that they could help spread the word by teaching others about its benefits in their schools and communities:

- "I think we have to get [training] because we want to have workshops where we train people about MYMsta and where we get people to join MYMsta." *female, Orange Farm focus group*

Summary

Findings from the data collected and analyzed in the content analysis, questionnaire and focus groups all provide evidence for the importance of mobile phones and MYMsta in users' lives. While users are talking about sex and sexual/reproductive health in MYMsta's discussion forums and with Mizz B, they are also using the network to get advice and information about dating and other relationships, to learn about professional and educational opportunities, and to build relationships and an online community that encourages a positive and healthy lifestyle.

Because of this unique content, MYMsta users are more attached to the MYMsta brand and network rather than other social networks, such as MXit, which tend to have negative reputations. However, despite their affinity for MYMsta, users believe there are still access and technical issues that need attention and improvement before the network can become more popular.

CHAPTER FIVE

Discussion and Conclusions

Nontraditional media like MYMsta are the future of health communication. But, can health-communication-based networks compete successfully for youths' attention with more commercially driven social media such as MXit, Facebook and the next social media phenomenon du jour? LoveLife, the NGO that created MYMsta as the world's first mobile social network advancing HIV/AIDS prevention, may be well on its way to answering that question affirmatively.

The uses and gratifications of the MYMsta mobile social network were uncomplicated, as observed in the content analysis, as well as expressed by MYMsta users themselves in the questionnaire and focus groups. The gratifications of mobile technology, trust, and community were most significant. They meet the needs users have for advice and information — not simply about HIV prevention, but about the life challenges users face.

MYMsta connects its youth users to both their peers and health counselors in a non-judgmental, almost-anonymous online atmosphere. And this atmosphere fits in their pocket and can be carried with them 24/7. In line with the media practice model, the strong connection — obsession, perhaps — youth have with their mobile phones influences their need for information-seeking using mobile Internet and how they interact with health information about HIV/AIDS online. Every user may not be using MYMsta to explicitly discuss HIV/AIDS prevention strategies all day long, but most users are using the network on a daily basis to discuss everything that leads up to sex, such as dating and boyfriend/girlfriend relationships.

By providing youth a place they can feel comfortable discussing the most personal and sensitive issues in their lives, LoveLife is making sure that when they do have questions and concerns about sex and sexual/reproductive health, they will come to MYMsta and to Mizz B for advice and information. Current questions and concerns about dating and relationships may soon mature to questions and concerns about sex.

This study reinforces the continued promotion of MYMsta to achieve LoveLife's objective to use mobile technology and nontraditional media tools to encourage discussion of sexual and reproductive health in one of the HIV epidemic's hardest-hit countries. Other LoveLife objectives that support this goal, such as promoting an overall healthy and ambition-driven lifestyle, help break down the structural and institutional barriers that youth must also overcome to care enough about their future to stay HIV-negative in South Africa. This study provides evidence that youth are using the MYMsta mobile social network as a resource for health information, as well as motivation and inspiration, positive relationships, and life-changing educational and professional experiences.

MYMsta is a trustworthy place for users to connect with other young people who have similar ambitions and interests. These youth do not have much. A lot of the circumstances they face every day — poverty, lack of education and opportunity, disease — do not give them much hope for the future. MYMsta is a place where young people gather virtually with peers who have ambition and dreams for the future. These online relationships are important because these young people have a hard time finding such qualities in most of their "face-to-face" friends.

The focus group participants said their friends on MYMsta and Mizz B encourage and lift them up emotionally. Their interactions within MYMsta are some of the most-positive

experiences in their lives. They can trust Mizz B and their MYMsta friends to help them through the difficulties of everyday life in South Africa's poverty-stricken townships, including getting a job or an internship. But, they also go to go MYMsta to get advice and information about sexual health and HIV/AIDS in times of crisis and uncertainty. The anecdotes and examples the focus groups shared were stories of dealing with devastating situations, such as teenage pregnancy, rape, and drug abuse.

Practical Implications: Recommendations for LoveLife

The following summary recommendations to LoveLife are based on the findings of the study, including the content analysis, questionnaires, and focus group discussions. The goal of these recommendations is to help LoveLife continue to lead and inspire other organizations to use nontraditional media for health communication. The MYMsta network has the potential to grow exponentially, and reach more young people with its HIV/AIDS prevention and education messages.

1. *Continue to subsidize costs and make MYMsta access more affordable for youth and young adults.* Although the MYMsta network provides a valuable service, many current and potential users cannot afford to use it frequently. Price is one of the main barriers youth face in accessing MYMsta.

2. *Create a user-friendly chat feature and MYMsta mobile phone application.* These features are standard on MXit, MYMsta's largest competitor. An application would keep the network front-of-mind for users and make it easier to access. Youth may be more likely to use MYMsta if they have more instant access to their friends and Mizz B, and could

bypass some of the technical issues they find frustrating with a phone application, such as log-in load time and forgotten passwords.

3. *Continue to partner with other organizations and social networks that give users other venues to access Mizz B and MYMsta.* The introduction of Mizz B and MYMsta on Facebook, MXit and other sites and networks has been well-received by youth. LoveLife and MYMsta's online presence matches with where youth are online. However, to keep participants using the official MYMsta network, the user experience must also be enhanced. NGOs and nonprofits don't have much extra money or many resources, but building relationships with other organizations and companies who are willing to work with you through a charitable, discounted or in-kind donation agreement may open new doors for improving MYMsta.

4. *Improve usability.* Youth and young adults expect Web sites and social networks to load quickly so they can surf smoothly. Comprehensive Web usability testing of the site and network is highly recommended after this transition to inform improvements to the back-end of the network.

   If comprehensive usability testing cannot be performed quickly, the major technical issues should be fixed as soon as possible. This is critical to retaining current users and attracting new users via word-of-mouth.

5. *Up the ante on communication and customer service.* LoveLife needs to be more transparent about how to contact the organization with technical issues, and other user

inquiries and needs. MYMsta should keep in touch with its users via short newsletters that share ways users could help MYMsta grow.

6. *Get the word out.* MYMsta-specific advertising, which has been limited in the past, should be reconsidered. Youth need constant exposure several times before they'll be intrigued about what MYMsta is and how to access it.

   Involve GroundBreakers. Train GroundBreakers to spread the word about MYMsta, and teach their friends and larger community to use the network. GroundBreakers can also help with evaluation. They are ready and willing to help.

7. *Watch out for inaccurate information, negative comments and cyber-predators.* During the content analysis, some inaccurate information was observed, given by users to their peers about sexual and reproductive health. Some negative comments that should not be a part of the MYMsta network were also noted. Online communities can usually police themselves, as long as there is a way for them to do so easily. Consider adding a "Report this post/user" feature so users can let LoveLife know when something is not right. LoveLife could also delegate moderation duties to staff and volunteers.

   Periodic warnings and information about netiquette (online etiquette) should also be sent to members to prevent cyber-predators from using MYMsta for all the wrong purposes. Online literacy is critical. Youth who are searching the Internet to find solace and friendship may be particularly vulnerable to online predation.

8. *Keep working on evaluation.* Evaluation will be critical to LoveLife's future fundraising and grant opportunities. Many organizations are interested in what LoveLife and

MYMsta have accomplished. Numbers can back up claims. LoveLife should continue to tap into their academic and other networks to welcome graduate students and others to help evaluate MYMsta.

Limitations

A major limitation of the study was the availability of data for the content analysis. Due to technical and organizational challenges, LoveLife has difficulty gathering forum posts, forum threads, and Mizz B messages. Data collection was dependent on LoveLife's ability to draw the data sample. Therefore, the sample size of the content analysis data set is significantly smaller than would be ideal.

In addition, in-depth analysis of the Mizz B data by user or conversation is not yet possible. Therefore, many messages to Mizz B had to be discarded in the collection process because of the lack of context provided in many of the messages.

During the focus groups, social desirability bias may have caused participants to provide more socially acceptable answers rather than the most candid answers. This may especially have been true if participants knew other participants in the discussion.

Finally, the researcher was not of South African descent, perhaps making it more difficult to both understand the subtleties and nuances of language in the content analysis data and connect with South African youth in the focus groups.

Suggestions for Future Research

Due to the small content analysis sample, a larger content analysis is recommended to further study MYMsta content, especially related to sex and sexual/reproductive health. Conducting a content analysis with a questionnaire and focus groups annually or semi-annually is advised as part a MYMsta evaluation strategy to continue to improve the network.

Although this study provides evidence of behavior intentions and self-reported behavior change, behavior changes based on youth's experience with Mizz B and MYMsta are a natural area to explore with follow-up studies. Future large-scale studies evaluating LoveLife's impact on health behavior in local communities, for example, should also take MYMsta participation into account.

As mentioned, studying Mizz B's replies to users' messages was not available during the data collection period. Studying Mizz B messages as conversations with individual users, instead of singular messages, is suggested to better comprehend how users build relationships with Mizz and use her health counseling services. These conversations would more closely resemble the MYMsta forum threads for better comparative analysis.

Conclusion

Youth and young adults in South Africa need as many resources and as much education as possible that help keep HIV/AIDS from destroying their generation. Mobile phone technology should continue to be a part of health communication campaigns and public health interventions. LoveLife has taken initiative in launching the mobile social network MYMsta in South Africa, and should continue improving and building the network.

List of Appendices

Appendix A:

Content Analysis Coding Guide

MYMsta Forum Threads & Mizz B Messages
Content Analysis Coding Guide

April 2009

Introduction

Background

This forum thread coding guide aims to assess the topics of discussion, especially those related to sexual and reproductive health, on the South African LoveLife campaign's social networking site called MYMsta.

LoveLife is a multi-faceted HIV prevention program in South Africa that provides both education and outreach activities to teenagers and young adults. The campaign launched in September 1999, led by South African public health organizations in partnership with a coalition of more than 100 community-based organizations, the South African government, major South African media companies and private foundations. LoveLife recently launched MYMsta in May 2008 as the world's first mobile phone-based social networking site dedicated to HIV/AIDS prevention among youth.

MYMsta's name is based on LoveLife's Make Your Move (MYM) campaign. LoveLife's call to action for young people to "make your move" seeks to build their personal initiative and encourage their ambitions, strengthen their abilities to negotiate daily life pressures and expectations, and discover new opportunities. MYMsta and LoveLife also hold an important fundamental belief: Young people's circumstances and life challenges — not their disregard for HIV prevention messages — are what continue to drive the HIV/AIDS epidemic in South Africa.

How MYMsta works

LoveLife has extended the battle against the HIV/AIDS into nontraditional media with the MYMsta network. Going far beyond just text messaging, MYMsta provides functionality typically found only on Internet-based social networks, like Facebook and MySpace. MYMsta uses a Wireless Application Protocol (WAP) platform, which is a basic program that allows mobile phones to access the Internet affordably. In essence, MYMsta is a Web site interface on your mobile phone. Within a month of the site's launch, more than 6,000 users registered from every province and ethnic group in South Africa. A total of 1 million users are expected by the end of this year.

Goals

I propose an analysis of MYMsta to discover what themes are present in user-submitted content in both MYMsta discussion forums and Mizz B messages related to HIV/AIDS prevention and/or sexual and reproductive health. The analysis could also help explain how users utilize MYMsta for information-seeking behavior about sexual and reproductive health issues, and how it affects behavioral intentions related to HIV prevention and safe sex.

This coding guide is based on the Teen Media: Mass Media and Adolescent Health content analysis coding guide, and was adapted and revised for this study (Pardun, L'Engle & Brown, 2005).[8]

---

[8] Pardun, C. J., L'Engle, K.L., Brown, J. D. (2005). "Linking exposure to outcomes: Early adolescents' consumption of sexual content in six media." *Mass Communication & Society*, *8*(2), 75–91

A. Identifying Variables

1. Coder ID: This refers to your given coder number.
2. Thread/Message Code: Write the number found above the forum thread chart at the top left of the page.
3. Thread/Message Day (when it was created): Write the date as it appears in the upper left corner of the forum thread/message chart.
4. Forum name: Write the name of the forum as it appears in the first column of the forum thread chart. *This only refers to MYMsta forum threads.*
5. Thread title/Message subject line: Write the name of the title of the thread or message subject line as it appears in the second column of the forum thread chart.
6. Thread- or Message-creator gender: Circle either "Male" or "Female" after matching up the name of the user that created the thread with his or her self-reported gender affiliation in the User Information spreadsheet provided to you.

What's dominant?

How to determine the dominant discussion topic, and categories of sexual and HIV/AIDS content

Consider the following aspects of the discussion:

• What topic did the thread- or message-creator introduce in their thread/message?
• Did posters stay "on topic" within the resulting discussion or did the discussion take a new course?
• What topic does the majority of the discussion focus on?

For Mizz B messages, the topic introduced by the message-creator will be the dominant discussion topic.

However, if within a MYMsta forum thread, the topic changes greatly from the initial post from the thread-creator then the new topic is the dominant discussion topic. Here's an example concerning the dominant category of sexual content discussed:

A thread-creator asks a question about how to get free condoms. If the following discussion remains on where to get free condoms, including the local health clinic, etc., then the category of sexual content would be Contraception. However, if the first reply in the thread mentions a free clinic, but then makes a comment about how condoms are the best way to prevent against HIV/AIDS and the majority of the following responses then discuss HIV/AIDS, the dominant discussion topic would be HIV/AIDS.

B. Dominant Discussion Topics

1. Sex/Sexual and Reproductive Health

What it is:
Discussion or mention of sexual activity, and/or health issues involving sexual body parts and reproduction. Includes discussion of sexual intercourse, oral sex and other sex acts, as well as abstinence and sexual peer pressure. Also includes talk about sexual and reproductive health issues, such as HIV/AIDS, STDs, contraceptives and pregnancy.

Examples:
- Forum title named "condoms are safe."
- Forum thread about oral sex.

2. Dating/Relationships

What it is:
Discussion or mention of informal boy-girl activities such as meeting at a mall, sporting event, or park, as well as more formal dating activities, such as going to the prom, meeting a date's parents. Talk of two people who are dating, have "broken up," are romantically interested in each other, or are married or divorced. Includes when someone talks about wanting to date/marry someone. Also includes advice on dating or maintaining a relationship. There must be a direct reference to creating or maintaining the relationship, or potential for a relationship to occur.

Examples:
- Seeking relationship advice.
- Advice on how to choose or get a boyfriend/girlfriend.
- Advice on conflicts with a boyfriend/girlfriend.

What it's not:
- Seeking sexual advice (Code as "sex/sexual and reproductive health.")

3. Entertainment/Pop Culture

What it is:
Discussion or mention of TV shows, music, movies and other entertainment media. Includes discussion of actors, musicians and celebrities.

Examples:
- Discussion and comment on Usher or Michael Jackson's music videos.
- Discussion about a new movie playing in theaters.

4. Education/School/University

What it is:
Discussion or mention of academic education, schooling and classes. Also includes discussion about colleges and universities.

Examples:
- Discussion of the best universities in South Africa.
- Poster saying he is worried about his grades in his high school.

5. Jobs/Careers

What it is:
Discussion or mention of job and career opportunities and preparation. Includes discussion about job interviews and internships.

Examples:
- Discussion about problems with finding a job after getting out of college.
- Poster saying she just landed a part-time job as an event planner.

What it's not:
• Discussion about money or financial trouble. (Code as "money/finances.")

6. Government/Politics/Political Issues

What it is:
Discussion or mention of governmental and political issues that are of public interest, such as the genocide in Darfur, Sudan, or environment policy. Includes government and public officials like President Thabo Mbeki. Also includes government and political history, such as mentions of apartheid.

Examples:
• Discussion about national rate of inflation.
• Poster saying he is frustrated by government corruption in South Africa.

7. Money/Finances

What it is:
Discussion or mention of a lack of money or financial turmoil on a personal level.

Examples:
• Discussion about difficulty paying back personal loans.
• A poster saying he has no money to buy food.

What it's not:
• Discussion about inflation or other national or macro-level financial issues. (Code as "government/politics/political issues.")

8. Other

Code as "other" only if the content does not fit into any of the categories above. Use this category sparingly.

C. Categories of Sexual Content

1. HIV/AIDS

What it is:
• Discussion about any aspect of HIV/AIDS.

Examples:
• A poster talks about her fear of the disease and wants to know how to protect herself from contracting HIV.
• Discussion about if AIDS exists.
• Discussion about health problems associated with HIV/AIDS.

2. Contraception

What it is:
(1) Discussion of procedures or methods intended to avoid pregnancy or STDs; (2) serious discussion of related issues, such as health benefits/risks or effectiveness of contraception; costs/insurance coverage; emotional/social consequences of

use; responsibility; access (i.e., where to get contraception); legislative/judicial policy; and research. Includes both committed and uncommitted partners. Any talk or depiction of contraception used as an "emergency" recourse to avert pregnancy or disease when safe sex was <u>not</u> practiced (willingly or not).

(2) <u>Note</u>: If the discussion also mentions HIV/AIDS, choose "HIV/AIDS" as the thread's dominant category. You'll then be able to choose contraception as the category.

Possible forms of contraception being discussed:
• Birth control pills or other oral contraceptives
• Condoms (male and female), dental dams
• Norplant; Depo-Provera; diaphragm; IUD; cervical cap; sponge
• Rhythm planning or other natural family planning
• Breast feeding contraception (lactational amenorrhea)
• Withdrawal
• Spermicidal
• Vasectomy, tubal ligation, female sterilization
• Emergency contraception

Examples:
• Discussion about the pros and cons of using the "morning-after pill" (emergency contraception).
• Questions/comments by posters such as: "We have to be careful," "We need to use protection," or "Are you going to use protection?"

What it isn't:
• Discussion of abortion. (Code as "abortion.")
• A poster saying she and her boyfriend use abstinence as their form of contraception. (Code as "refusal of advance/waiting for sex/abstinence").

3. Unprotected Sex

What it is:
Discussion of sexual intercourse in which condoms or other contraception are not or were not explicitly used.

Examples:
• Discussion about the consequences of not wearing a condom during sex.
• A poster says she always has sex with her boyfriend without a condom.

4. Refusal of Advance/Waiting for Sex/Abstinence

What it is:
Discussion of refusal to date or engage in sexual activity with a potential partner. Also includes discussion that emphasizes the virtue of maintaining one's virginity, being sexually abstinent, or waiting until one is certain s/he is ready to assume the responsibilities associated with a sexual relationship. Includes cases where the poster is not a virgin (i.e., has previously had sex).

Examples:
• Seeking advice about whether to have sex with her boyfriend or wait.
• A poster saying he is waiting to have sex until he is married.

5. Unplanned/Unwanted Pregnancy

What it is:
Discussion of unplanned pregnancy, and/or the risk of getting pregnant as a teen. Includes discussion of a woman who is or may be pregnant and did not plan for, or desire, the pregnancy, or a couple shown either together or separately discussing an unplanned pregnancy.

Examples:
- Discussion about teen pregnancy incidence.
- A poster has found she's pregnant and discusses negative implications.
- A poster is scared that he got his girlfriend pregnant.

What it isn't:
- A happy discussion from a married poster about waiting for her baby to be born. (Code as "other sexual content.")

6. Promiscuity

What it is:
Talk or depiction of having multiple sexual or dating partners, that is, uncommitted sex (e.g., "one-night stands;" dating two or more men/women at the same time; cheating on a girlfriend/boyfriend).

Examples:
- References are made to "cheating."
- Discussion about multiple people having sex at the same time (e.g., orgies, threesomes).

7. STDs/Physical Consequences

What it is:
Discussion of health consequences of sexual activity, such as sexually transmitted diseases. STDs include gonorrhea, syphilis, chlamydia, HPV/genital warts/condoloma, PID, herpes/HSV, hepatitis B/HBV and trichomoniasis. Does <u>not</u> include emotional consequences of unplanned pregnancy (Code as "unplanned/unwanted pregnancy.")

Examples:
- Discussion about physical symptoms of herpes.
- A poster saying he caught a STD from his ex-girlfriend.

What it's not:
- Discussion about HIV/AIDS (Code as "HIV/AIDS.")

8. Negative Emotional Consequences

What it is:
Discussion of unintended or unwelcome emotional consequences of sexual activity. These consequences may include feeling guilty or remorseful, being ostracized by classmates, or being dumped by one's girlfriend. Does <u>not</u> include emotional consequences of unplanned pregnancy (Code as "unplanned/unwanted pregnancy.") Use this category <u>sparingly</u>.

Examples:
- Discussion about regret over having a "one-night stand."
- Two posters talking about whether to have sex or not because they're afraid they'll be called easy by their friends.

9. Physical/Sexual Development

What it is:
Discussion of how the body develops at puberty to prepare for reproduction. Focus on sexual body parts and what is "normal" in comparison to peers. Includes discussion about reproductive issues, such as menstruation, erections, ejaculation, and how conception occurs.

Examples:
- Poster asking, "Are my breasts big enough?"
- "Is it normal to be thinking about sex all the time?"
- Discussion of the menstrual cycle.
- Discussion about penis erections.
- Diagram of male and female sexual anatomy.

What it's not:
- Tips on how to have good sex. (Code as "Sexual intercourse and sex acts.")
- Article on STD symptoms. (Code as "STDs and physical consequences.")
- References to leg or underarm hair, or facial hair growth. (Code only if there are further sexual references.)

10. Sexual Intercourse and Sex Acts

What it is:
Talk or depictions of physical acts involving sex (vaginal or anal penetration, oral sex or other sex acts) that have occurred or will imminently occur.

Examples:
- Descriptions of sexual experiences, such as intercourse or oral sex.
- Seeking advice on how to "be better" at sex.

What it's not:
- Descriptions of kissing, petting or hand-holding.

11. Homosexuality

What it is:
Discussion of men being sexually attracted to and/or having sex with men, or women being sexually attracted to and/or having sex with women. Also includes discussion of gays, lesbians and transgendered people.

Examples:
- Discussion about homophobia in South Africa.
- A poster "coming out" by telling other posters he is gay.

12. Prostitution

What it is:
Discussion of the selling and buying of sex. Includes references to pimps, solicitation, "transactional sex," call girls, hookers, stud services, gigolos, escort services (when it is implied that sexual services are paid for). Includes teens and adults.

Examples:
- Discussion about why prostitution exists in South Africa.
- A poster saying he had sex with a prostitute and now regrets it.

13. Abortion

What it is:
Discussion of any measures taken to remove the body of a fertilized embryo or fetus from the body. Includes legal and non-legal, as well as, formal (i.e., in a hospital or clinic setting) or non-formal (i.e., coat-hanger or falling down the stairs) procedures. Does <u>not</u> include emergency contraception.

Examples:
- Discussion about what happens during an abortion.
- A poster discusses making an appointment at an abortion clinic.

What it isn't:
- Discussion about "natural" miscarriages. (Code as "other sexual content.")
- A poster finds out she is pregnant and tells her boyfriend that she did not want to get pregnant. (Code as "unplanned/unwanted pregnancy.") Code as "abortion" only if abortion methods are explicitly mentioned or strongly implied (i.e., poster says, "I made an appointment at the clinic.").

14. Rape/Sexual Violence

What it is:
Discussion of forced vaginal or anal penetration or forced oral sex by penis, fist, fingers or inanimate object. Force includes both physical and verbal threats of force or the inability on the part of the victim to give consent because of alcohol or drug intoxication, unconsciousness or sleep. Can be date rape, gang rape and attempted rape.

Examples:
- Discussion about date rape drugs.
- A poster saying a man tried to get her drunk or high to have sex so he could have sex with her.

What it isn't:
- Rape or sexual abuse of a child by an adult. (Code as "Other sexual content.")

15. Other Sexual Content

Code as "other" only if there is sexual behavior, but it does not fit into any of the categories above. Make sure to fill in a brief description of the content. Use this category <u>sparingly</u>.

D. Categories of HIV/AIDS Content

1. Prevention

Any discussion about using condoms or other types of contraception in a specific attempt to prevent HIV/AIDS.

2. Testing

Any discussion about HIV/AIDS testing.

3. Diagnosis/treatment

Any discussion about a medical diagnosis or treatment for HIV/AIDS. May include a user finding out that he or she has HIV/AIDS or discussion about accompanying a friend or family member to the doctor for HIV/AIDS treatment.

4. Stigma

Any discussion about the stigma associated with having HIV/AIDS. May include negative comments about people who have HIV/AIDS or a user saying he or she is scared of the disease due to the stigma the disease carries in South Africa. Also includes discussion about the reality or prevalence of HIV/AIDS in South Africa (due to the denial of some South Africans to acknowledge its existence).

5. Other HIV/AIDS Content

Code as "other" only if there is sexual behavior, but it does not fit into any of the categories above. Make sure to fill in a brief description of the content. Use this category <u>sparingly</u>.

E. Information-Seeking and Information-Providing

Variables 6-7 of the coding sheet relate to information-seeking and information-providing behavior, such as asking directly or indirectly for advice related to a sex and/or sexual and reproductive health topic, or providing or offering advice or information on sexual content.

Examples:

Seeking
- "Need some help: Where can I get condoms?"
- "My boyfriend wants to have sex. I'm a virgin. I don't know if I should have sex with him yet. How do I know if I'm ready?"

Providing
- "I get my condoms at the clinic on 4th Street."
- "You don't need to have sex yet; you're so young! Talk to your boyfriend and tell him you're not ready."

Variable 8 of the coding sheet asks you to determine the type of advice or information given. You will only code for this variable if you answered (Yes) for Variable 7.

1. Emotional/social support. This type of advice or information draws upon a personal anecdote or experience to relate to another user.

    Examples:
    - A poster saying that he's been through a similar situation and recounts it in an attempt to make the user feel better.
    - May also include simpler, yet emotionally supportive phrases like "We've all been there. Hang in there, girl."

2. Fact- or information-based. This type of advice or information is less personal or emotional. Users may use statistics or point another user to external resources such as books, newspaper articles or other Web sites for information.

    Examples:
    - Poster saying: "I heard that 50 percent of students have that disease"
    - Poster saying: "I read a newspaper article about that, you should check it out: www.timesonline.com/teensex".

Appendix B:
Content Analysis Coding Sheet: Mizz B Messages

Mizz B Message
Coding Sheet

Coder ID   __ __ __

Message code   __ __ __

Message day (when it was created)   __ __ __ __ __ __ __ __ __ __ __ __

Message subject line   __ __ __ __ __ __ __ __ __ __ __

Message-creator username   __ __ __ __ __ __ __ __ __ __ __

v1. Message-creator gender   Circle one: Male   Female   Not given

v2. What is the **dominant** discussion topic within this message? (Choose one.) __ __ __

1. Sex/sexual and reproductive health
2. Dating/relationships
3. Entertainment/pop culture
4. Education/school
5. Jobs/careers
6. Government/politics/political issues
7. Money/finances
8. Other __ __ __ __ __ __ __ __ __

v3. **If you coded (1) for v2**, what are **all** the categories of sexual content discussed within this message? (Include all that apply.)   __ __ __ __ __ __

1. HIV/AIDS
2. Contraception
3. Unprotected sex
4. Refusal of advance/waiting for sex/abstinence
5. Unplanned/unwanted pregnancy
6. Promiscuity
7. STDs/negative physical consequences
8. Negative emotional consequences
9. Physical/sexual development
10. Sexual intercourse and sex acts
11. Homosexuality
12. Prostitution
13. Abortion
14. Rape/sexual violence
15. Other sexual content

                                             __ __ __ __ __ __

v4. **If you coded (1) for v2**, what is the **dominant** category of sexual content discussed within this message?   __ __ __

1. HIV/AIDS
2. Contraception acts
3. Unprotected sex
4. Refusal of advance/waiting for sex/abstinence
5. Unplanned/unwanted pregnancy
6. Promiscuity
7. STDs/negative physical consequences
8. Negative emotional consequences

9. Physical/sexual development
10. Sexual intercourse and sex
11. Homosexuality
12. Prostitution
13. Abortion
14. Rape/sexual violence
15. Other sexual content

__ __ __ __ __ __ __ __

v5. **If you coded (1) for v4**, what is the **dominant** category of **HIV/AIDS content** discussed within the message?   __ __ __

1. Prevention (condom use, other contraception)
2. Testing
3. Diagnosis/treatment (finding out that one has HIV/AIDS, pre-treatment phase)
4. Stigma
5. Other HIV/AIDS content   __ __ __ __ __ __ __ __ __

v6. Did the user in this message **seek** advice or information about
sex and/or sexual and reproductive health?   __ __ __

    1. Yes   2. No

v7. Did the user in this message **provide** advice or information about
sex and/or sexual and reproductive health?   __ __ __

    1. Yes   2. No

v8. **If you coded (Yes) for v7**, was the advice or information provided about sex and/or sexual and reproductive health primarily emotional/social support, or was it fact- and/or information-based? Please choose the **dominant** type.   __ __ __

    1. Emotional/social support (personal anecdote or experience)
    2. Fact- or information-based (used statistics, pointed user to external resources such as books or Web sites)

Notes:

If you had a question about this content item or there was language you did not understand, please make a note about it here:

Appendix C:
Content Analysis Coding Sheet: MYMsta Forum Threads

MYMsta Forum Thread
Coding Sheet

Coder ID   __ __ __

Thread code   __ __ __

Thread day (when it was created)   __ __ __ __ __ __ __ __ __ __ __ __

Forum name   __ __ __ __ __ __ __ __ __ __ __ __

Thread title   __ __ __ __ __ __ __ __ __ __ __ __

Thread-creator username   __ __ __ __ __ __ __ __ __ __ __ __

v1. Thread-creator gender   Circle one: Male Female Not given

v2. What is the **dominant** discussion topic within this forum thread? (Choose one.)
__ __ __

1. Sex/sexual and reproductive health   5. Jobs/careers
2. Dating/relationships   6. Government/politics/political issues
3. Entertainment/pop culture   7. Money/finances
4. Education/school   8. Other __ __ __ __ __ __ __ __ __

v3. **If you coded (1) for v2**, what are **all** the categories of sexual content
discussed within this thread? (Include all that apply.)   __ __ __ __ __ __

1. HIV/AIDS   9. Physical/sexual development
2. Contraception   10. Sexual intercourse and sex acts
3. Unprotected sex   11. Homosexuality
4. Refusal of advance/waiting for sex/abstinence 12. Prostitution
5. Unplanned/unwanted pregnancy   13. Abortion
6. Promiscuity   14. Rape/sexual violence
7. STDs/negative physical consequences   15. Other sexual content
8. Negative emotional consequences
                                                __ __ __ __ __ __ __ __

67

v4. **If you coded (1) for v2**, what is the **dominant** category of sexual content discussed within these thread posts? ___ ___ ___

1. HIV/AIDS
2. Contraception acts
3. Unprotected sex
4. Refusal of advance/waiting for sex/abstinence
5. Unplanned/unwanted pregnancy
6. Promiscuity
7. STDs/negative physical consequences
8. Negative emotional consequences

9. Physical/sexual development
10. Sexual intercourse and sex
11. Homosexuality
12. Prostitution
13. Abortion
14. Rape/sexual violence
15. Other sexual content

___ ___ ___ ___ ___ ___ ___ ___

v5. **If you coded (1) for v4**, what was the **dominant** category of **HIV/AIDS content** discussed within the thread. ___ ___ ___

1. Prevention
2. Testing
3. Diagnosis/treatment
4. Stigma
5. Other HIV/AIDS content ___ ___ ___ ___ ___ ___ ___ ___ ___

v6. Did any posters in this thread **seek** advice or information about sex and/or sexual and reproductive health? ___ ___ ___

    1. Yes   2. No

v7. Did any posters in this thread **provide** advice or information about sex and/or sexual and reproductive health? ___ ___ ___

    1. Yes   2. No

v8. **If you coded (Yes) for v7**, was the advice or information provided about sex and/or sexual and reproductive health primarily emotional/social support, or was it fact- and/or information-based? Please choose the **dominant** type. ___ ___ ___

    1. Emotional/social support (personal anecdote or experience)
    2. Fact- or information-based (used statistics, pointed user to external resources such as books or Web sites)

Notes:

If you had a question about this content item or there was language you did not understand, please make a note about it here:

Appendix D:
Consent to Participate in a Research Study for Adult Participants (Ages 18-22)

University of North Carolina-Chapel Hill

Consent to Participate in a Research Study for Adult Participants (Ages 18-22)

IRB Study: # 09-0888

Version Date: 21 May 2009

Title of Study: LoveLife MYMsta Focus Group Discussions

Principal Investigator: Erica Yamauchi

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 259 2170

Email Address: ericay@email.unc.edu

Co-Investigators: Dr. Jane Brown (UNC-Chapel Hill, School of Journalism and Mass Communication), Dr. Audrey Pettifor (UNC-Chapel Hill, School of Global Public Health), Dr. William Mapham (University of the Witwatersand, Reproductive Health and HIV Research Unit)

Name of Faculty Advisor: Dr. Jane Brown

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 962 4089

Email Address: jane_brown@unc.edu

Name of Local Study Contact: Dr. William Mapham

Location: Reproductive Health and HIV Research Unit, University of the Witwatersand (Johannesburg)

Telephone: (+27) 011 358 5500

Email: wmapham@rhru.co.za

What is the purpose of this study?

The study involves talking with adolescents and young adults like you about LoveLife, a national campaign to prevent HIV/AIDS in South Africa, and MYMsta, which is LoveLife's online program for youth. Young people go to MYMsta to discuss topics such as education, jobs/learnerships and information on HIV/AIDS. We're also interested in how you use your mobile telephone and how you obtain health information, including information about HIV/AIDS. We would like to know more about what you like and don't like about MYMsta, because we would like to help improve the program.

You are being asked to take part in this study because you are familiar with LoveLife and we are interested in his/her opinions and experiences. Your participation may help improve MYMsta.

How many people will take part in this study?

There will be between 20 and 40 young people participating in this study in total.

How long will your part in this study last?

Your participation in this study is limited to one focus group discussion lasting approximately two hours. There is no follow-up required.

What will happen if you take part in the study?

In this study, you will be asked to complete a questionnaire and participate in a discussion with four to nine other young people and a moderator. In the questionnaire and discussion, we will ask your opinions and feedback on MYMsta, as well as about how you use your mobile phone and how you obtain health information.

The discussion will be recorded on audiotape, and notes of the interview will be taken. By agreeing to participate in the group discussion, you also agree to have the discussion taped.

What are the possible benefits from being in this study?

Research is designed to benefit society by gaining new knowledge. You may not benefit personally from being in this research study. Although you may not experience any direct benefits, your participation will help improve LoveLife and MYMsta, an HIV prevention campaign for youth in South Africa.

What are the possible risks or discomforts involved from being in this study?

There are few risks involved in taking part in this study. You might be embarrassed about some of the questions in the discussion. If you do not want to answer a question, you do not have to answer it. It is also possible other young people in the discussion could talk about what was said outside of the group. However, we will ask all participants in the discussion not to discuss the identities or what was said during the discussion after they leave the study room.

How will your privacy be protected?

We will not record your name on any study documents or any other identifying information. The discussion will take place in a private room. All information that we collect will be kept in a locked cabinet at the University of North Carolina at Chapel Hill, USA, in a locked office and will only be able to be accessed by the researchers in the study. Once we have finished the study we will destroy all audiotapes of the discussion. In the meantime, they will be kept in a locked cabinet in our offices. Only the people who are doing the study will review the questionnaires and tapes of the discussion. You will not be identified by name in any report or publication of this study or its results.

Will you receive anything for being in this study?

You will receive R50 and a snack for taking part in this study.

Will it cost you anything to be in this study?

There are no costs for being in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form. You will be given an opportunity to ask any questions before the discussion group begins.

What if you have questions about your rights as a research participant?

If you have any questions about this study after we finish the discussion, you may contact Dr. William Mapham at 011 358 5500.

This study has been reviewed and approved by a group who make sure that your rights and welfare are protected. If you have questions about your rights as a study participant, or are unhappy at any time with any part of this study, you may contact the Ethics Committee at the University of the Witwatersrand in Johannesburg. You may reach them at 011 717 1234.

You may also call the Institutional Review Board at the University of North Carolina at 001 919 966 3113. You do not need to provide your name if you call.

Do you want to take part in the study?

Participant's Agreement:

By signing your name on this sheet of paper, it means that you agree to voluntarily take part in this study.

_____   _____

Signature of Research Participant   Date

_____

Printed Name of Research Participant

_____   _____

Signature of Person Obtaining Consent   Date

_____

Printed Name of Person Obtaining Consent

University of North Carolina-Chapel Hill

Assent to Participate in a Research Study for Minor Participants (Ages 16-17)

IRB Study: # 09-0888

Version Date: 21 May 2009

Title of Study: LoveLife MYMsta Focus Group Discussions

Principal Investigator: Erica Yamauchi

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 259 2170

Email Address: ericay@email.unc.edu

Co-Investigators: Dr. Jane Brown (UNC-Chapel Hill, School of Journalism and Mass Communication), Dr. Audrey Pettifor (UNC-Chapel Hill, School of Global Public Health), Dr. William Mapham (University of the Witwatersand, Reproductive Health and HIV Research Unit)

Name of Faculty Advisor: Dr. Jane Brown

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 962 4089

Email Address: jane_brown@unc.edu

Name of Local Study Contact: Dr. William Mapham

Location: Reproductive Health and HIV Research Unit, University of the Witwatersand (Johannesburg)

Telephone: (+27) 011 358 5500

Email: wmapham@rhru.co.za

The study involves talking with adolescents and young adults like you about LoveLife, a national campaign to prevent HIV/AIDS in South Africa, and MYMsta, which is LoveLife's online program for youth. Young people go to MYMsta to discuss topics such as education, jobs/learnerships and information on HIV/AIDS.

We're also interested in how you use your mobile telephone and how you obtain health information, including information about HIV/AIDS. We would like to know more about what you like and don't like about MYMsta, because we would like to help improve the program.

I will now tell you why you are being asked to be in this study.

You are being asked to take part in this study because you are familiar with LoveLife and MYMsta we are interested in your opinions and experiences. Your participation may help improve MYMsta.

There will be between 20 and 40 young people participating in this study in total.

Now I will tell you what will happen if you agree to take part in the study.

As part of this study, you will be asked to complete a questionnaire and take part in a discussion with four to nine other young people and a moderator. In the questionnaire and the discussion, we will ask your opinions and feedback on the MYMsta program, as well as about how you use your cell phone and how you obtain health information.

You will receive R50 for taking part in this study. You will also be given a snack. If you are invited to participate in the group discussion and agree to take part, the discussion will be recorded on audiotape, and notes of the discussion will be taken. By agreeing to participate in the group discussion, you also agree to have the discussion taped. The discussion will last about two hours.

Now I will explain what we will do so that others do not learn what you tell us.

We will not record your name on any study documents or any other identifying information. The discussion will take place in a private room. All information that we collect will be kept in a locked cabinet at the University of North Carolina at Chapel Hill, USA, in a locked office and will only be able to be accessed by the researchers in the study. Once we have finished the study, we will destroy all audiotapes of the discussion.

In the meantime, they will be kept in a locked cabinet in our offices. Only the people who are doing the study will look at the answers given during the interview. You will not be identified by name in any report or publication of this study or its results.

I will now tell you about possible risks if you take part in this study.

There are few risks involved in taking part in this study. You might be embarrassed about some of the questions in the discussion. If you do not want to answer a question, you do not have to answer it. It is also possible other young people in the discussion could talk about what was said outside of the group. However, we will ask all participants in the discussion not to discuss the identities or what was said during the discussion after they leave the study room.

Do you have any questions for me?

If you have any questions about this study after we finish the interview, you may contact Dr. William Mapham by telephone at 011 358 5500. The researchers will also tell you anything they learn from the study that may affect you.

This study has been reviewed and approved by a group who make sure that your rights and welfare are protected. If you have questions about your rights as a study participant, or are unhappy at any time with any part of this study, you may contact the Ethics Committee at the University of the Witwatersrand in Johannesburg. You may reach them at 011 717 1234.

You may also call the Institutional Review Board at the University of North Carolina at 001 919 966 3113. You do not need to provide your name if you call.

Do you want to take part in the study?

Participant's Agreement:

By signing your name on this sheet of paper, it means that you voluntarily agree to take part in this study. Your parent or caregiver must also give her/his permission for you to take part in this study.

_____   _____

Signature of Research Participant   Date

_____

Printed Name of Research Participant

_____   _____

Signature of Person Obtaining Consent   Date

_____

Printed Name of Person Obtaining Consent

Appendix F:
Parental Consent Form for Minor Participants (Ages 16-17)

University of North Carolina-Chapel Hill

Parental Consent Form for Minor Participants (Ages 16-17)

IRB Study: # 09-0888

Version Date: 21 May 2009

Title of Study: LoveLife MYMsta Focus Group Discussions

Principal Investigator: Erica Yamauchi

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 259 2170

Email Address: ericay@email.unc.edu

Co-Investigators: Dr. Jane Brown (UNC-Chapel Hill, School of Journalism and Mass Communication), Dr. Audrey Pettifor (UNC-Chapel Hill, School of Global Public Health), Dr. William Mapham (University of the Witwatersand, Reproductive Health and HIV Research Unit)

Name of Faculty Advisor: Dr. Jane Brown

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 001 919 962 4089

Email Address: jane_brown@unc.edu

Name of Local Study Contact: Dr. William Mapham

Location: Reproductive Health and HIV Research Unit, University of the Witwatersand (Johannesburg)

Telephone: (+27) 011 358 5500

Email: wmapham@rhru.co.za

I will now explain what will happen if you agree for your child take part in the study.

As part of this study, your child will be asked to take part in completing a questionnaire and participating in a discussion with four to nine other young people and a moderator. The study will help to improve LoveLife's MYMsta program. In the discussion and questionnaire, we will ask your child about his/her opinions and feedback on the MYMsta program, as well as about how your child uses their mobile phone and how they obtain health information.

The discussion will be recorded on audiotape, and notes of the interview will be taken. By allowing your child to participate in the group discussion, you also agree to have the discussion taped. The discussion will last about two hours. Your child's name will not be connected with any information provided nor will their name be recorded or published in any written materials, the study is anonymous. During the group discussion, you will not be in the room with your child and you will not be told what your child says to the study team. By permitting your child to participate in the study today, you would be agreeing for him/her to participate in the group discussion, if your child is eligible. Please be assured that you can withdraw your permission at any time, and if you do, no one will be angry or upset with you.

There will be no direct benefit to your child if he or she takes part in this study. However, information we learn from your child may be used to improve the LoveLife and MYMsta programs, which may help prevent HIV/AIDS among young people in South Africa.

Now I will explain what we will do so that others do not learn what your child tells us.

The group discussion will take place in a private room. The discussion will be recorded on audiotape, and notes will be taken to help us keep track of what is being said. Your child will not use their real names in the study. Instead, they will choose another name just to use for the discussion. Your child's name will not be used in any report or publication about this study. The researchers will keep all the information they learn in the study in a locked cabinet at the University of North Carolina at Chapel Hill, USA. Researchers will ask group members not to reveal the identity of other group members and not to reveal anything mentioned by other members during the discussion.

I will now tell you about risks that might be involved if your child takes part in this study.

There are few risks involved in taking part in this study. Your child might be embarrassed about some of the questions in the discussion. If your child does not want to answer a question, he or she does not have to answer it. It is also possible other young people in the discussion could talk about what was said outside of the group. However, we will ask all participants in the discussion not to discuss the identities or what was said during the discussion after they leave the study room.

I will now tell you who to contact if you or your child has any questions after the interview is over.

If you or your child have any questions about this study after we finish the discussion, you may contact Dr William Mapham at 011 358 5500. This study has been reviewed and approved by a group who make sure that you and your child's rights and welfare are protected. If you have questions about you or your child's rights as a study participant, or are unhappy at any time with any part of this study, you may contact the Ethics Committee at the University of the Witwatersrand in Johannesburg. You may reach them at 011 717 1234. You may also call the Institutional Review Board at University of North Carolina at 001 919 966 3113. You do not need to provide your name if you call.

Do you want your child to take part in the study?

Participant's Agreement: Do you want your child to take part in this research study? Your child must also give her/his agreement before he or she can take part in this study.

_____   _____

Signature of Parent/Guardian of Research Participant   Date

_____

Printed Name of Parent/Guardian of Research Participant

_____   _____

Signature of Person Obtaining Consent   Date

_____

Printed Name of Person Obtaining Consent

Appendix G: Pre-Focus Group Questionnaire

University of North Carolina-Chapel Hill

Pre-Focus Group Discussion Questionnaire

IRB Study: # 09-0888

Consent Form Version Date: 17 April 2009

Title of Study: LoveLife MYMsta Focus Group Discussions

Principal Investigator: Erica Yamauchi

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 919-259-2170

Email Address: ericay@email.unc.edu

Co-Investigators: Dr. Jane Brown (School of Journalism and Mass Communication), Dr. Audrey Pettifor (School of Global Public Health)

Funding Source: Roy H. Park Fellowship

Name of Local Study Contact: Dr. William Mapham

Location: RHRU: Reproductive Health and HIV Research Unit

Telephone: (+27) 011 358 5500

Email: wmapham@rhru.co.za

Using the Internet and your mobile

1. How often do you use your mobile phone to do the following? Circle one for each.

> a. Talking:
> 1. Frequently (once a day or more)
> 2. Often (5-7 times a week)
> 3. Sometimes (5-7 times a month)
> 4. Rarely (1-5 times a month)
> 5. Never
>
> b. Texting/SMS messaging:
> 1. Frequently (once a day or more)
> 2. Often (5-7 times a week)
> 3. Sometimes (5-7 times a month)
> 4. Rarely (1-5 times a month)
> 5. Never

<u>c. Getting on the Internet/online:</u>
1. Frequently (once a day or more)
2. Often (5-7 times a week)
3. Sometimes (5-7 times a month)
4. Rarely (1-5 times a month)
5. Never

2. What three Web sites do you go to most often using your mobile phone?

a. _____

b. _____

c. _____

3. Where do you usually access the Internet? Circle all that apply.

    1. Mobile phone
    2. Computer at home
    3. Computer at school, university or library
    4. Internet café
    5. Other
    _____

Getting information

4. Where do you get advice and information about HIV/AIDS, and sexual and reproductive health? Circle all that apply.

    1. Friends
    2. Family members
    3. Newspaper/magazines
    4. Television
    5. Internet: Which Web sites?

    _____

    6. Other

    _____

Mizz B

5. a. Have you ever sent a message to Mizz B?

    1. Yes
    2. No

If you answered No, please skip to question #6.

b. If you answered Yes, how often do you communicate with Mizz B? Circle one.

1. Frequently (once a day or more)
2. Often (5-7 times a month)
3. Sometimes (3-4 times a month)
4. Rarely (1-2 times a month)
5. Never

6. Have you or someone you know sent a message to Mizz B to get advice or information about HIV/AIDS?

1. Yes
2. No

7. a. Have you been happy with the replies you have received from Mizz B?
1. Yes
2. No

b. Why or why not?

_____

MYMsta

8. How often do you visit MYMsta's discussion forums? Circle one.

1. Frequently (once a day or more)
2. Often (5-7 times a week)
3. Sometimes (5-7 times a month)
4. Rarely (1-5 times a month)
5. Never

If you answered Never, please skip to question #18.

9. How often do you start a discussion in MYMsta? Circle one.

1. Frequently (once a day or more)
2. Often (5-7 times a week)
3. Sometimes (5-7 times a month)
4. Rarely (1-5 times a month)
5. Never

10. How often do you reply to a discussion in MYMsta? Circle one.

1. Frequently (once a day or more)
2. Often (5-7 times a week)
3. Sometimes (5-7 times a month)

4. Rarely (1-5 times a month)
5. Never

11. a. Why do you visit MYMsta? Circle all that apply.

1. Make friends
2. Chat with friends
3. Get advice and information
4. Give advice and information
5. To pass time
6. Other

_____

b. If you visit MYMsta to get advice and information, have you been happy with the advice and information you have received from MYMsta?

1. Yes
2. No

c. Why or why not?

_____

12. Have you or someone you know used MYMsta to get advice or information about HIV/AIDS?

1. Yes
2. No

13. Would you recommend MYMsta to a friend?

1. Yes
2. No

14. Have you ever talked to a friend about something you read or saw on MYMsta?

1. Yes
2. No

15. What do you think about the cost of accessing MYMsta?

1. Too expensive
2. About right
3. Other:

_____

16. Do you think that MYMsta/Mizz B makes it easier to talk about and ask questions about topics that may be hard to talk about in person?

> 1. Yes
> 2. No

17. a. Have you ever done something new or differently because of something you learned or read from Mizz B or on MYMsta, such as use condoms or visit a health clinic?

> 1. Yes
> 2. No

> b. If yes, what did you do that was new or different?

> _____

MXit

18. How often do you use MixIt? Circle one.

> 1. Frequently (once a day or more)
> 2. Often (5-7 times a week)
> 3. Sometimes (5-7 times a month)
> 4. Rarely (1-5 times a month)
> 5. Never

19. Why do you use MixIt? Circle all that apply.

> 1. Make friends
> 2. Chat with friends
> 3. Get advice and information
> 4. Give advice and information
> 5. To pass time
> 6. Other
> _____

About You

20. "Fake" Name chosen for today's discussion: _____

21. Gender:

> 1. Male

> 2. Female

22. Age: _____

23. Where do you live? _____

24. Ethnicity: (Circle the one that best describes you.)

1. Zulu

2. Xhosa

3. Sotho

4. Tsonga

5. Nguni

6. Ndebele

7. Tswana

8. Venda

9. Mixed race

10. Other: _____

25. When it comes to money, my family has:

       1. More than most of my friends

       2. About the same as most of my friends

       3. A little less than most of my friends

       4. A lot less than most of my friends

Appendix H: Focus Group Guide

University of North Carolina-Chapel Hill

Focus Group Guide

IRB Study: # 09-0888

Version Date: 17 April 2009

Title of Study: LoveLife MYMsta Focus Group Discussions

Principal Investigator: Erica Yamauchi

UNC-Chapel Hill Department: Journalism & Mass Communication

UNC-Chapel Hill Phone Number: 919-259-2170

Email Address: ericay@email.unc.edu

Co-Investigators: Dr. Jane Brown (School of Journalism and Mass Communication), Dr. Audrey Pettifor (School of Global Public Health)

Funding Source: Roy H. Park Fellowship

Name of Local Study Contact: Dr. William Mapham

Location: RHRU: Reproductive Health and HIV Research Unit

Telephone: (+27) 011 358 5500

Email: wmapham@rhru.co.za

INTRODUCTION:

Hello. Thanks very much for your time and help today. My name is Erica Yamauchi. I am a student from the University of North Carolina in the United States. I am interested in how young people use cell phones to access information and chat with friends. I will be leading the discussion today, while [Name] will be taking notes.

Before you take part in this study, there are some things I want you to know. First, you do not have to be in this study if you do not want to. Second, if at any time during the discussion you feel uncomfortable, you are free to leave at any time. You all use LoveLife's MYMsta site and we're interested in hearing your opinions and feedback on the site, as well as about how you and your friends use MYMsta. Keep in mind that, because we want to know what works and what doesn't in MYMsta, we want your honest opinions. There are no right or wrong answers.

Now, I'd like to tell you a few more things about our discussion. The first is important: We are not going to use our real names today. Please use another name you want to use during our discussion. Also, I want to ask you not to reveal who participated in our discussion today or what we talk about today with anyone else when you leave this room. Think about this "fake" name you'll use; I'll ask you to say it in a few minutes.

Before that though, we're going to go through a questionnaire together. Then we will begin our discussion.

After the questionnaire has been conducted as a group and everyone has signed their questionnaire:

ICEBREAKER:

To begin our discussion today, let's do a quick icebreaker. Please tell everyone the name you're using today and your favorite music artist. What type of music do you listen to here in South Africa and why do you think young people like it? I'd like us to go around the circle this way *(motion)*.

DISCUSSION PART 1:

Information-seeking

- Tell me about where you and your friends get advice and information.
  - ➢ *Probe*: How do you get advice and information about HIV/AIDS, and sexual and reproductive health?
  - ➢ *Probe*: Where do you get advice and information about HIV/AIDS, and sexual and reproductive health on the Internet?

Mobile phone usage

- How do you use mobile phone most often?
  - ➢ *Probe*: Talking? Texting or SMS messaging? Instant messaging? WAP Internet? Why do you use it for one thing more than another?
  - ➢ *Probe*: How often do you use your phone do use these features? What determines how often you use WAP (i.e., money/airtime, interest, etc.)?

- ➢ Who are you usually communicating with using your mobile phone?
  - ➢ *Probe*: How are your "on-line friends" different from your "face-to-face friends," or do they overlap?

- ➢ *Probe*: Do you talk about different things online than in person? Can you give me an example of this? Tell me more.

- What Web sites or programs do you access most often using WAP on your mobile phone, and why?
  - ➢ *Probe*: What are your favorites, and why? What parts of these sites do you really like, and why?
  - ➢ *Probe*: What are your least favorites, and why? What parts of these sites do you really dislike, and why?

MYMsta & Mizz B

- Tell me more about MYMsta. For example, what you think about it, what you use it for and how often you use it?
  - ➢ *Probe*: How many of you have used MYMsta's discussion forums?
  - ➢ *Probe*: How many of your friends use MYMsta's discussion forums?
  - ➢ *Probe*: How do you access MYMsta – on a computer or on your mobile phone?

- Have you ever talked to a friend about something you saw on MYMsta?
  - ➢ *Probe*: Have you ever recommended MYMsta to one of your friends?

- What do you like about MYMsta? What do you not like about MYMsta?
  - ➢ *Probe*: What could LoveLife do to make MYMsta easier to use? More fun to use?
  - ➢ *Probe*: What about MYMsta that makes you mad? Annoyed? Upset?

- How many of you have ever sent a message to Mizz B on MYMsta?
  - ➢ *Probe*: What kinds of things have you or would you ask her about?
  - ➢ *Probe*: Were you happy with the reply you received from Mizz B – why or why not? Was it helpful?
  - ➢ *Probe*: What did you do with the advice or information Mizz B gave you? Did you act on the advice or information?

- What do you think about the cost of accessing MYMsta?
  - ➢ *Probe*: if cost is a barrier to using MYMsta? What cost would be more affordable?

MXit

- How many of you use MixIt? How often to you use it?
  - ➢ *Probe*: How is the way you use MixIt different to how and why you use MYMsta? How is it the same?

BREAK:

You guys are doing a great job. We're going to take a 5-minute break. Feel free to use the restroom, or grab another drink or more snacks. Please come back by X:XX.

After everyone returns from the break:

Thank you again for sharing your opinions and thoughts so far. Now we're going to pick up where we left off, and talk more about MYMsta.

DISCUSSION PART 2:

MYMsta discussion topics

- Have you ever asked for advice or information on MYMsta?
  - ➢ *Probe*: Tell me more about that.
  - ➢ *Probe*: Were you happy with the replies you received from other MYMsta users – why or why not?
  - ➢ *Probe*: Did you feel like it was good or bad information?
  - ➢ *Probe*: What did you do with the advice or information other users gave you?

- What do you use MYMsta to talk about?
  - *Probe*: Do you use MYMsta to talk about dating and relationships?
  - *Probe*: Do you use MYMsta to talk about other topics?
  - *Probe*: Have you or someone you know used MYMsta to talk about sex and HIV/AIDS? Tell me about that.

- Did you learn any new advice or information from using MYMsta?
  - ➢ *Probe*: Tell me more about that.

- Do MYMsta and Mizz B make it easier to talk and ask questions about topics that may be hard to talk about in real life?

➢ *Probe*: Why/why not? Tell me more about that.

- Have you ever done something new or differently because of something you saw on MYMsta?
  ➢ *Probe*: Tell me more about that.

Social support

- Have you made friends on MYMsta?
  ➢ *Probe*: How would you describe these friendships?
  ➢ *Probe*: Do you use MYMsta to talk to your friends online or do you have a different group of peers you talk to on MYMsta?
  ➢ *Probe*: How are your friends on MYMsta the same or different than your friends in real life?
  ➢ *Probe*: Why would you use MYMsta to talk about these topics over talking to your friends?

- *Read sample post*: Teen asks about whether she should use a condom or not, even if her boyfriend does not want to.
  ➢ Imagine you are reading this on MYMsta. How would you respond to this post?

- *Read sample post*: Teen is scared of getting tested for HIV.
  ➢ Imagine you are reading this on MYMsta. How would you respond to this post?

CONCLUDE:

And we're finished! Thank you all again for your time and help with this research. I want to end by asking you again to not discuss who participated in our discussion today or what we talk about today with anyone else when you leave this room.

Appendix I: Focus Group Coding Guide

MYMsta Forum Threads & Mizz B Messages
Content Analysis Coding Guide

March 2010

1. Airtime/Cost

What it is:
Discussion or mention of airtime or cost of phone service and phone functions, such as mobile Internet, voice calling (talking) and texting.

2. Differences Between Online & Offline Friends/Online Friend Characteristics

What it is:
Discussion or mention of differences between online and offline friends, also known as face-to-face friends. Also includes references made to defining characteristics of online friends or direct comparisons made between online and offline friends.

3. Done Something New/Different Because of MYMsta/Mizz B

What it is:
Discussion or mention of specific behaviors, actions and activities that a participant or someone they know did because of something they learned from MYMsta or Mizz B. Includes anecdotes and stories about particular situations and incidents.

4. Feeling Comfortable Talking to Mizz B/MYMsta

What it is:
Discussion or mention of feeling comfortable talking to Mizz B and peers within MYMsta about both everyday and sensitive topics, such as sex and sexual/reproductive health. Includes anecdotes and stories about particular situations and incidents.

5. Getting Advice & Information: Other Sources

What it is:
Discussion or mention of getting advice and information from sources other than MYMsta and Mizz B. May include sources such as parents, friends and medical professionals.

6. Giving Friends Advice & Information

What it is:
Discussion or mention of giving friends advice and information about both everyday and sensitive topics, such as sex and sexual/reproductive health. Includes referrals to Mizz B and MYMsta. Contributes to the idea that some MYMsta users are opinion-leaders within their friend networks.

7. **GroundBreaker Suggestions/Comments**

   What it is:
   Suggestions or comments made by GroundBreaker peer leaders to improve the MYMsta network. May include technical suggestions, or other comments about the need for training, outreach, etc.

8. **Lack of Judgment/Shame/Paranoia**

   What it is:
   Discussion or mention of the lack or judgment, shame or paranoia as a benefit of online conversations. May include references to online friendships or information-seeking.

9. **MYMsta/Mizz B: Dating/Relationships**

   What it is:
   Discussion or mention of using Mizz B for information-seeking about topics related to dating and relationships. Refers only to romantic relationships, such as with boyfriends and girlfriends.

10. **Mizz B: Other Usage Reasons**

    What it is:
    Discussion or mention of using Mizz B for any reason or purpose except information-seeking about dating and relationships, other relationships, or sex and sexual/reproductive health.

11. **MXit As A Game**

    What it is:
    Discussion or mention of using MXit as a "game," or to pass/kill time when bored or in need of entertainment. Includes specific anecdotes and stories about that illustrate that youth do not trust people they meet in MXit or take MXit seriously.

12. **MXit: Negative Aspects**

    What it is:
    Discussion or mention of negative aspects of or experiences with MXit. May relate to technical or content issues. Includes specific anecdotes and stories that illustrate MXit's bad reputation.

13. **MXit: Other**

    What it is:
    Discussion or mention of MXit in any context except for negative and positive aspects. Includes general and neutral statements or anecdotes about MXit.

14. MXit: Positive Aspects

What it is:
Discussion or mention of positive aspects of or experiences with MXit. May relate to technical or content issues. Includes specific anecdotes and stories that illustrate positive aspects of using MXit.

15. MYMsta Forums: Other Advice/Information

What it is:
Discussion or mention of using MYMsta forums for advice and information of any kind except for dating/relationships, other relationships, and sex and sexual/reproductive health.

16. MYMsta Forums: Sex & Sexual/Reproductive Health Advice/Information

What it is:
Discussion or mention of using MYMsta forums for advice and information directly related to sex and sexual/reproductive health.

17. MYMsta Friendships

What it is:
Discussion or mention of MYMsta friendships. May be related to making friends on MYMsta, characteristics of MYMsta friendships or current MYMsta friendships.

18. MYMsta Usage Frequency

What it is:
Discussion or mention of how frequently participants use MYMsta. Includes all features of MYMsta, such as the forums and Mizz B.

19. MYMsta vs. MXit

What it is:
Discussion or mention of differences between MYMsta and MXit. Also includes references made to defining characteristics of either network or direct comparisons made between the networks. May relate to technical or content issues.

20. MYMsta/Mizz B: Getting Advice & Information

What it is:
Discussion or mention of using MYMsta and/or Mizz B for general advice and information about unspecified or everyday issues other than dating/relationships, sex and sexual/reproductive health, and other relationships.

21. MYMsta/Mizz B: Other Relationships

What it is:
Discussion or mention of using MYMsta and/or Mizz B for advice and information about relationships other than romantic relationships. May include issues related to relationships with parents, relatives and teachers. Does not include discussion related to sex and sexual/reproductive health.

22. MYMsta/Mizz B: Sexual Health Advice and Information

What it is:
Discussion or mention of using MYMsta and/or Mizz B for advice and information about sex and sexual/reproductive health.

23. MYMsta/Mizz B: Inspiration/Motivation

What it is:
Discussion or mention of feeling inspiration or motivation from interactions within MYMsta. May be related to specific interactions or general content. May include anecdotes or stories illustrating a participant feeling inspired or motivated due to MYMsta or Mizz B.

24. MYMsta/Mizz B: Opportunities

What it is:
Discussion or mention of professional and educational opportunities within MYMsta. May also include mentions about going to Mizz B for advice and information related to opportunities.

25. MYMsta: Other Usage Reasons

What it is:
Discussion or mention of using MYMsta forums for any reason or purpose except information-seeking about dating and relationships, other relationships, or sex and sexual/reproductive health.

26. NOT Comfortable Giving Specific Examples in FGD

What it is:
Discussion or mention of not feeling comfortable sharing specific examples of information-seeking related to sex and sexual/reproductive health in the focus group discussion.

27. Other Web Sites

What it is:
Discussion or mention of other Web sites or networks other than MYMsta or MXit, such as Google, Facebook and Twitter. May be related to technical issues or content.

28. Phone Obsession

What it is:
Comments that illustrate participants' strong feelings toward their mobile phones.

29. Promotion Suggestions/Comments

What it is:
Discussion or mention of suggestions and/or comments related to MYMsta promotion. May include references to advertising, marketing and other outreach.

30. Reasons NOT to Use MYMsta/Mizz B

What it is:
Discussion or mention of reasons not to use MYMsta or Mizz B. May be related to technical issues or content.

31. Sample Questions: Referrals to Mizz B

What it is:
Reaction to and discussion of the sample MYMsta forum posts read aloud in the focus groups. Includes explanations of how participants would reply to the posts.

32. Technical Suggestions/Comments

What it is:
Discussion or mention of suggestions or comments to MYMsta's technical issues, such as slow loading times and the need for a mobile phone application.

33. Translated from Zulu

What it is:
Discussion and comments in the language of Zulu, which only took place in the Emalahleni focus group by a few young women who felt more comfortable answering some questions in their native language in order to express themselves fully.

34. Using Phone for Other Purposes Than Talking

What it is:
Discussion or mention of using a mobile phone for purposes other than talking. Includes mobile Internet surfing, social media use and texting.

35. Using Phone for Talking

What it is:
Discussion or mention of using a mobile phone for the purpose of voice calls (talking).

References

Cheng, T. L., Savageau, J. A., Sattler, A. L., & DeWitt, T. G. (1993). Confidentiality in health care: A survey of knowledge, perceptions, and attitudes among high school students. *Journal of the American Medical Association*, *269*, 1404-1407.

DiIorio, C., Kelley, M., & Hockenberry-Eaton. (1999). Communication about sexual issues: mothers, fathers, and friends. *Journal of Adolescent Health, 24,* 181-189.

Freedom HIV/AIDS. (2008). *Mobile phone games and health management applications to combat HIV/AIDS; Stockholm Challenge Event 2008*. Retrieved Nov. 10, 2009, from http://event.stockholmchallenge.se/project/2008/Health/Freedom-HIVAIDS-Mobile-Phone-Games-and-Health-Management-Applications-combat-HIVAIDS.

Franklin V., Waller, A., Pagliari, C., & Greene, A. (2006). A randomized controlled trial of Sweet Talk, a text-messaging system to support young people with diabetes. *Diabetic Medicine, 23,* 1332-1338.

Ginossar, T. *Exploring participation in cancer-related virtual communities*. (2005). Presented at the International Communication Association Annual Meeting, New York, NY.

Gracy, A., Patel, V., & Ramakrishna, J. (2003). Sex, studies or strife? What to integrate in adolescent health services. *Reproductive Health Matters, 11*, 120-129.

Harvey, K. A., Brown, B., Crawford, P., Macfarlane, A., & McPherson, A. (2007). 'Am I normal?' teenagers, sexual health and the Internet. *Social Science & Medicine, 65,* 771-781.

Harvey, K. A., Churchill, D., Crawford, P., Brown, B., Mullany, L., & Macfarlane, A. (2008). Health communication and adolescents: What do their emails tell us? *Family Practice, 25,* 1-8.

Kaiser Family Foundation. (2008). *LoveLife: South Africa's national HIV prevention program for youth*. Retrieved October 13, 2008, from http://www.kff.org/about/lovelife.cfm.

Levine, D., McCright, J., Dobkin, L., Woodruff, A. J., & Klausner, J. D. (2008). SEXINFO: A sexual health text messaging service for San Francisco youth. *American Journal of Public Health, 98,* 393-395.

Lim, M. S., Hocking, J. S., Hellard, M.E., & Aitken, C. K. (2008). SMS STI: A review of the uses of mobile phone text messaging in sexual health. *International Journal of STD & AIDS, 19,* 287-290.

Miles, M., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. 2nd ed. Thousand Oaks, California: Sage Publications.

Pardun, C., L'Engle, K., & Brown, J. (2005). Linking exposure to outcomes: Early adolescents' consumption of sexual content in six media. *Mass Communication & Society, 8,* 75–91.

Pettifor, A., Rees, H., & Kleinschmidt, I. (2005). Young people's sexual health in South Africa: HIV prevalence and sexual behaviours from a nationally representative household survey. *AIDS, 19,* 1525-1534.

Pettifor, A., Kleinschmidt, I., Levin, J., Rees, H., MacPhail, C., Madikizela-Hlongwa, L., Vermaak, K., Napier, G., Stevens, W., & Padian, N. (2005). A community-based study to examine the effect of a youth HIV prevention intervention on young people aged 15–24 in South Africa: Results of the baseline survey." *Tropical Medicine & International Health, 10,* 971-980.

Pettifor, A., MacPhail, C., Bertozzi, S., & Rees, H. (2007). Challenge of evaluating a national HIV prevention programme: The case of LoveLife, South Africa. *Sexually Transmitted Infections, 83,* 70-74.

Pettifor, A., MacPhail, C., Rees, H., & M. Cohen. (2008). HIV and sexual behavior among young people: the South African paradox. *Sexually Transmitted Diseases*, *35*(10), 843-844.

Pingree, S., & Hawkins, R. (1996). Will the disadvantaged ride the information highway? Hopeful answers from a computer-based health crisis system. *Journal of Broadcasting & Electronic Media*, *40*(3), 331-354.

Pisani, E., Schwartlander, B., Cherney, S., & Winter, A. (2000). *Report on the global HIV/AIDS epidemic*. Retrieved Nov. 10, 2008, from http://hivinsite.ucsf.edu.un.2098.4786.html.

Ramirez, A., Walther, J., Burgoon, J., & Sunnafrank, M. (2002). Information-seeking strategies, uncertainty, and computer-mediated communication. Toward a conceptual model. *Human Communication Research*, *28*(2), 213-228.

Riley, R., Obermayer, J., & Jersino, J. M. (2008). Internet and mobile phone text messaging intervention for college smokers. *Journal of American College Health, 57,* 245-248.

Ruggiero, T. E. (2000). Uses and gratifications theory in the 21st century. *Mass Communication & Society, 3*(1), 3-37.

Stadler, J., & Hlongwa, L. (2002). Monitoring and evaluation of loveLife's AIDS prevention and advocacy activities in South Africa, 1999–2001. *Evaluation & Program Planning, 25,* 365-376.

Steele, J. (1999). Teenage sexuality and media practice: Factoring in the influences of family, friends, and school. *Journal of Sex Research, 36,* 331-341.

Steele, J., & Brown, J. (1995). Adolescent room culture: Studying media in the context of everyday life. *Journal of Youth & Adolescence, 24*, 551-576.

Suzuki, L. & Calzo, J. (2006). The search for peer advice in cyberspace: An examination of online teen bulletin boards about health and sexuality. *Applied Developmental Psychology, 25,* 685-698.

Subrahmanyam, K., Greenfield, P., & Tynes, B. (2004). Constructing sexuality and identity in an online teen chat room. *Applied Developmental Psychology, 25*, 651-666.

Subrahmanyam, K., Smahel, D., & Greenfield, P. (2006). Connecting developmental constructions to the Internet: Identity presentation and sexual exploration in online teen chat rooms. *Developmental Psychology, 42*, 395-406.

Tustin, N. (2008). *Patient dissatisfaction as a motivating factor in online health information seeking.* Presented at the annual National Communication Association Conference. San Diego, CA.

Ulin, P., Robinson, E., Tolley, E., & McNeill, E. (2002). *Qualitative methods: A field guide for applied research in sexual and reproductive health*. Research Triangle Park: Family Health International.

UNAIDS. (2008). 2008 Report on the Global AIDS Epidemic. Retrieved Jan. 20, 2010, http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/ /2008_Global_report.asp.

US AID. (n.d.). *LoveLife National HIV Prevention Program for Youth*. Retrieved Oct. 2, 2009, from http://g3p.aidstar-one.com/search/detail/id/89.

Williams, F., Rice, R. E., & Rogers, E. M. (1988). *Research methods and the new media*. New York: Free Press.

Windahl, S., (1981). Uses and gratifications at the crossroads. *Mass Communication Review Yearbook, 2*, 174-185.