

# “Lafeline”: Promoting Sexual Health Through College Radio

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The authors describe a sexual education program that was aired by the campus radio station at Kansas State University. Use of college radio to promote student health issues is first reviewed. Specific program content and production obstacles are then discussed. Recommendations for future shows are made.

Television and radio programs such as *Loveline*, *Frasier*, and *Dr. Laura* have generated interest in the use of popular media as an outlet for dealing with personal problems, including sexual problems and relationships. Numerous papers have illustrated how radio, especially college radio, can be used to inform listeners about topics such as academic and study skills, relationship issues, and Black history (Wendt & Johnston, 1987); AIDS (Middlestadt et al., 1995); women's issues (Keller & Rogers, 1983); crisis intervention/suicide (White & Rubenstein, 1984); condom use (Treise, 1993); how to handle such difficult situations such as drug use (Godin et al., 1986) and alcohol abuse (McKillip, Lockhart, Eckert, & Phillips, 1985); and other relevant student issues such as self-esteem, gender roles, and anger (Zwibelman & Rayfield, 1982). Outcome research has shown that such programs can have positive effects in multiple areas, including increasing condom use (Middlestadt et al., 1995) and increasing awareness of how to respond to critical incidents (White & Rubenstein, 1984).

“Lafeline” is a program that was broadcast at Kansas State University (KSU) during the spring 1999 semester from the university's on-campus radio station. Named after the university's health center, the mission of “Lafeline” was to provide sexual education information to both university students and the surrounding community. A board-certified obstetrician gynecologist from the KSU Women's Clinic and two psychology predoctoral interns from the university's Counseling Services cohosted the show.

The weekly program was 1 hour long and was broadcast throughout the semester at 4:00 p.m. on Fridays. The cohosts provided information through minilectures and discussions, as well as by accepting calls from listeners who wished to discuss related topics or issues. To encourage callers, sexually transmitted disease (STD) health-check packets were awarded to listeners who phoned the program and correctly answered trivia questions.

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The following topics were addressed on the weekly broadcasts: condoms; viral STDs (genital herpes, genital wart virus, and hepatitis B, excluding HIV); chlamydia, gonorrhea, and syphilis; how to have a safe spring break; HIV/AIDS; alcohol and sex; date/acquaintance rape; and birth control. Program formats were very similar and covered the following: defining the disease, contracting the disease, diagnosing and treating the disease, preventing the disease, obtaining information about resources, and learning how to talk to a partner about sexual decisions.

Several production issues were encountered during the course of the program broadcast that warrant discussion. Of primary concern were ethical and liability issues. One issue was that a caller potentially might later claim he or she was a client or patient because of a "relationship" that was established during the program broadcast. However, after consulting with the appropriate university officials regarding this issue, it was decided that, instead of offering specific recommendations to the caller, the information provided during the broadcast would be factual and general, thus reducing the liability risks inherent in a program that is based on providing information. Furthermore, the production team planned in advance how to handle a caller who might be in crisis (e.g., feeling suicidal or homicidal). To help minimize potential liability issues, a disclaimer was read to listeners at the beginning and ending of each broadcast. The disclaimer stated clearly that the program was not a substitute for seeking the help of a mental health or medical professional.

A second major hurdle was the challenge of making the show entertaining and captivating, yet maintaining professional standards and providing accurate, usable information. In reality, calls from listeners helped to add spontaneity to the show. Although listeners' calls provided liveliness, programmers were well aware that the calls could have opened the door for some sexually lewd comments. The station was not equipped with a delay device so there was no opportunity to prevent inappropriate comments from being heard by listeners. Fortunately, this was not a major issue. Another potential conflict was the possibility of backlash from conservative groups, parents, community residents, and students regarding the issue of broadcasting with sex-related topics. Fortunately, no formal or informal objections were raised.

Adequate time for preparation presented a challenge to cohosts with an already busy schedule. Many hours were required to outline topics, conduct background research, identify resources, write scripts, and have production meetings.

On the basis of the success of this experience, several recommendations can be made to others who might want to design their own show. The first suggestion concerns advertising. The results of an informal outcome survey showed that a large number of students expressed interest in this type of program but did not know that such a show already existed. Advertising and promotion through the health center and counseling center seemed to be the most productive means. Advertising through the campus newspaper, radio, and flyers also seemed productive. A story about "Lafeneline" was published in the university's newspaper along with a photo of one of the cohosts. Flyers strate-

gically placed throughout the campus (e.g., student unions, recreation centers, residence halls) were also helpful. Live broadcasts from popular locations on campus may also have served to make the program better known.

Donated STD health-check packets were awarded to trivia contest winners. For future shows, additional promotional items might be solicited through a health center or through representatives from drug or condom companies.

Guest hosts are also encouraged. The broadcast that focused on sex and alcohol featured a guest host from another student service office. This effort was advantageous because it brought new energy to the show, decreased pre-show preparation, and promoted additional campus resources.

Timing of the show is another issue to be addressed. "Lafeneline" was broadcast at 4:00 p.m. on Fridays. Different days of the week, as well as different times of day for the broadcast, might be more advantageous. It is also suggested that the program might reach more students if it was broadcast during late night hours.

Potential program hosts and producers must be cognizant of the amount of time necessary to launch and sustain such a program. Several hours are required each week to explore show ideas, research content, and rehearse. In addition, it is important that hosts have good working rapport with each other. In other words, hosts must have "chemistry" to successfully "play off each other" in a way that is entertaining.

"Lafeneline" attempted to focus on topics that were more factual in nature as opposed to topics that were more subjective. Other shows could explore subject matter that is more oriented to discussion, such as gender roles, assertiveness in relationships, long-distance dating, interfaith and interracial dating, and others. Such shows are likely to result in a large number of calls from listeners, thus making the show more interesting. However, some topics do not include as much factual information as others; thus, the hosts could be left with "dead air" if listeners do not respond with phone calls. In addition, inviting listener input places the producers at risk of losing some control over a show that is based more on listener comments and questions than on a more controlled format—especially if the station is not equipped with a delayed broadcast mechanism.

Although formal evaluation measures were not taken, there are several indicators of a positive response to the show. Approximately two to four listeners called during each show. Callers asked various questions surrounding topics such as pregnancy, sexual abnormalities, and difficulty in achieving an orgasm. Informal evaluation data were collected from patients at the health center. Of the 171 students who responded to the survey, 9% ( $n = 15$ ) had listened to the show. Of those who had heard the show, 92% ( $n = 14$ ) listened to 1 to 3 of the 12 shows. Most respondents (81%,  $n = 12$ ) reported that when they listened, they heard about 1 to 15 minutes of the hour-long program. An overwhelming majority of survey respondents (92%,  $n = 157$ ) agreed that a radio program like "Lafeneline" would be helpful. Well-designed systematic evaluation measures would more accurately reflect the impact of

similar programs in the future. Results of the evaluation data could help other campus groups promote their services to students in this rather unusual format.

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