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Developing a music therapy informed sexual and reproductive health programme for adolescents in children's homes

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Abstract

South Africa's adolescent population is at high risk of adverse sexual outcomes, attributed to a range of factors at multiple levels. These risk factors, which impact both sexual and health-seeking behaviours, are particularly present in the lives of adolescents living in children's homes. Music frequently informs adolescent identity, communication, and motivation. Despite this, music-centred models for adolescents' sexual and reproductive health (SRH) promotion are non-existent in South Africa. This research project, therefore, aimed to explore how a music therapy informed sexual and reproductive health programme could be developed for use with adolescents in children's homes.

The study was conducted in three stages: (1) a scoping review of the literature surrounding adolescent SRH programmes in South Africa was completed; (2) a framework for a music therapy informed programme that drew on the findings of the scoping review was developed; and (3) a focus group was facilitated with professionals who had relevant experience and expertise that could be drawn on to further develop the programme.

The three stages of methodology culminated in the development and refinement of a framework for a music therapy informed programme that is grounded in the literature and informed by knowledgeable stakeholders in the field. The music-centred approach was well received, and the results of the focus group highlighted the importance of skilled and experienced facilitators, the usefulness of structure, and the value of a participant-led approach. Necessary steps for the further development of this programme could include investigation into and development of a facilitator training package, and piloting the programme to gain a practical understanding of the limitations and successes of the intervention.

Keywords

Sexual and reproductive health; adolescents; children's homes; programme; intervention; music-centred; activity-based; programme development.

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Chapter 1

Introduction

1.1 Background and context

During my clinical training I worked as a music therapy student at a children's home. Whilst facilitating a group of adolescents I became aware of their need to engage in discussions around sexual and reproductive health (SRH) as these themes started to be raised by the group. I was curious as to how music therapists were addressing the topic of SRH with adolescents and looked for research conducted in this field. I came across literature on music therapy interventions for sexual abuse and trauma, and literature on SRH interventions that included the use of music, however, I discovered a gap in the literature regarding the specific use of music therapy to promote SRH.

According to the United Nations Population Fund (UNFPA, 2016), good SRH is a state of complete mental and physical well-being in any matter related to the reproductive system. Good sexual health encapsulates safe and pleasurable sexual experiences free from discrimination, violence, and coercion (World Health Organization, 2017). To enhance SRH, one would require information on sexually transmitted infections (STIs), as well as information on, and access to safe and effective contraceptive methods and health services (UNFPA, 2016). These objectives are an important undertaking of the South African Government as reported in the National Strategic Plan (NSP) on Human Immunodeficiency Virus (HIV), tuberculosis (TB), and sexually transmitted infections (STIs) (Department of Health, 2017). The provision of SRH information and services must be understood in context of the legal age to consent to sex. In South Africa, the Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007, determined the legal age of consent to be 16 years, with provision made for adolescents 12 years and older to engage in sex with partners not younger, and not more than two years older than they are.

Despite progressive laws which enable South Africa's adolescent population the right to access SRH information and independently consent to various SRH services (Republic of South Africa, 2006), this population is at high risk of adverse sexual outcomes including HIV, sexually transmitted infections (STIs), sexual abuse, transactional sex, and unwanted pregnancy (Beksinska et al., 2014; Govender et al., 2020; Jonas et al., 2020; Smith et al., 2018). In South

Africa, like many developing countries, there are numerous barriers that impede adolescents' access to and uptake of SRH services that can mitigate adverse sexual outcomes (Jonas et al., 2020; Lince-Deroche et al., 2015; Nkosi et al., 2019; Smith et al., 2018). These barriers (which will be discussed in chapter two) are often particularly present in the lives of adolescents living in children's homes (Juma et al., 2015; Ramseyer Winter et al., 2016; Wekerle et al., 2017).

Although recent statistical data on SA's population residing in children's homes is seemingly unavailable, UNICEF's (2011) review of equity and child rights reported approximately 13 250 children residing in registered child and youth care centres (of which children's homes classify as) in SA. Adolescents in children's homes, have, by definition, experienced adverse childhood experiences (ACEs), which include various types of household challenges (such as the loss of a parent or divorce), abuse, and neglect. The experience of ACEs have been connected to risky sexual behaviours (Anderson, 2017) and poor health outcomes (Boullier & Blair, 2018), which put adolescents in children's homes at risk of poor SRH. Furthermore, studies suggest that children living in caregiving situations are at risk of poor mental health including psychological and psychiatric disorders (Mutiso et al., 2017; Sharp et al., 2015). It is therefore critical that the mental health of this undeserved population is supported (Mutiso et al., 2017; Nestadt et al., 2013; Sharp et al., 2015). Additional evidence of an intersection between mental health and SRH that is interconnected and bidirectional in relation (Duby et al., 2021; James et al., 2017; Timilsina, 2018). It is thus recommended that mental health is featured as a component of SRH interventions (Ajayi & Ezegbe, 2020; Duby et al., 2021; James et al., 2017).

Adolescence, as defined by the World Health Organisation, is an important phase between childhood and adulthood including people between the ages of 10 and 19 (WHO, 2022). During adolescence, music is a particularly important expressive and social medium that allows for emotional exploration, connection to others, and exploration of identity (Lemieux et al., 2008; McFerran, 2010; North et al., 2000). Music therapy, as defined by Bruscia (2014), is "a reflexive process wherein the therapist helps the client to optimise the client's health, using various facets of music experience and the relationships formed through them as the impetus for change" (p. 36). The job of the music therapist is:

> to be present and open to the client's experience, to empathize with and understand her circumstances, to bear witness to her dilemmas, to accompany her on her journey toward health, to offer whatever assistance or support is appropriate, to provide guidance or intervention if necessary, and to care (p. 38).

It is for these reasons that music therapy may hold potential to both support mental health and explore SRH with adolescents. It is important to research this so that these potential benefits can be made use of fully.

Owing to the lack of literature on the use of music therapy for SRH promotion, I began this study by conducting a scoping review on other SRH programmes for adolescents. The findings of this review were used to develop a framework for a music therapy informed programme. This programme framework was then discussed in a focus group of relevant professionals. Thus, this project included three stages: (1) a scoping review of the literature surrounding adolescent SRH programmes in South Africa; (2) development of a framework for a music therapy informed programme; and (3) a focus group with professionals who are stakeholders in this field to explore the proposed programme. The decision to develop a programme that is informed by music therapy, rather than a music therapy programme, was made with the aim of extending the reach of the proposed programme by decreasing the reliance on facilitation by a music therapist.

1.2 Purpose of the study

The aim of this project was to propose a music therapy informed SRH programme for adolescents in children's homes. As discussed, owing to the lack of literature on the use of music therapy to promote SRH, it was necessary to take certain steps before developing this proposed programme. Firstly, through a scoping review, I aimed to synthesise existing knowledge of adolescent SRH programmes in South Africa. Secondly, I sought to draw on this synthesised knowledge to develop a framework for a music therapy informed programme that is not dependant on facilitation by a music therapist. Thirdly, I conducted a focus group with the aim of presenting the proposed programme to a group consisting of a music therapist and a drama therapy student who both work in children's homes, a social worker/play therapist, and a music therapist who has experience working with adolescents, in order to draw on their insights in refining the programme. The focus group also aimed to ascertain how music therapists and allied professionals perceived the potential of the programme. This study as a whole therefore aimed to propose a music therapy informed programme for use with adolescents in children's homes that is both grounded in the literature and informed by a range of knowledgeable stakeholders working in the field.

1.3 Research questions

The study was guided by the following main question:

How can a music therapy informed SRH programme be developed for use with adolescents in children's homes in South Africa?

Three sub-questions were also posed:

1. What literature is available on adolescent SRH programmes?
    1.1. What are the desired outcomes of these programmes, and how do facilitators work to achieve them?
    1.2. What elements of the programmes are most useful for facilitating enhanced SRH and/or SRH knowledge?
2. How can the findings of the scoping review be used to inform the development of a music therapy informed SRH programme for adolescents in children's homes?
3. How do music therapists and allied professionals perceive the potential of the proposed programme?

1.4 Dissertation outline

This dissertation deviates from the typical six-chapter structure due to the three distinct stages of the research methodology. There are eight chapters. The second chapter, the literature review, gives an overview of the literature on the following four topics: adolescent SRH in South Africa, adolescent SRH in children's homes, music and adolescents and music therapy and health promotion.

In the third chapter I explain the three stages of my research methodology: a scoping review, the development of a framework for a music therapy informed programme, and a focus group. This chapter discusses the data collection, data analysis, ethical considerations, and quality of the study. The fourth chapter provides an overview of the scoping review, including a table that presents the findings of the scoping review, followed by a written reflection of the emerging themes. The fifth chapter describes how the findings of the scoping review were drawn on to create a framework for a music therapy informed SRH programme. This chapter also presents the development of the schedule for the focus group in which the scoping review and programme framework were presented to and discussed by a group of relevant professionals.

Chapter six provides the results that were developed from the analysis of the focus group. Chapter seven offers a discussion in which I elaborate on the findings of the scoping review and focus group. The eighth and final chapter gives a summary of the findings and includes conclusionary remarks. It also includes the limitations and value of the study and makes suggestions for further research.

Chapter 2

Literature review

2.1 Introduction

This literature review will firstly give a broad overview of adolescent SRH in South Africa in terms of legislature and SRH concerns. In order to understand the specific population at the centre of this project, I will then discuss the SRH of adolescents in children's homes. Finally, I will discuss the particular importance that music holds for adolescents and the role music therapy can play in health promotion.

2.2 Adolescent sexual and reproductive health in South Africa

To understand the context of SRH in South Africa, it is important to begin by looking at the legislature surrounding this topic. Following a discussion of the relevant legislature, issues around the various SRH concerns faced by South African adolescents will be unpacked.

2.2.1 Relevant legislature

South Africa has created a comprehensive and progressive SRH framework regarding adolescent rights in recent years. South Africa's rights-based approach toward adolescent sexuality is informed by the Constitutional Court's finding that sexual exploration and activity is a normal part of adolescent development (Strode & Essack, 2017). This is reflected in the recently revised Criminal Law (Sexual Offences and Related Matters) Amendment Act No. 32 of 2007 which provides the age of consent to sex, regardless of gender or sexual orientation, as 16 years. The act makes further provisions for adolescents aged 12 to 15 to engage in consensual sex with peers of the same age range without criminal charges. Additionally, adolescents 12 to 15 years of age may engage in sexual acts with partners who are no more than two years older than they are. Children below the age of 12 do not have the right to consent to sex.

Strode and Essack's (2017) review of the legislature discusses the particular importance of the age of consent to sex being understood in the context of the age at which adolescents may consent to SRH services, in ensuring that children are supported in making SRH decisions. In South Africa, the right to sexual consent is accompanied by progressive legislation which provides adolescents with the right to consent to various SRH services that can support the

exercising of sexual rights and sexual health. The Children's Act No. 38 of 2005 allows adolescents 12 years and older independent access to contraceptive advice, contraceptives, and HIV testing (provided the test is in the adolescent's best interest and is accompanied by counselling) (Republic of South Africa, 2006). Adolescents 16 years and older may consent to male circumcision, which is accompanied by counselling. The same Act allows for children 12 years and older to consent to medical treatment, required that they have the mental capacity to understand the implications of the treatment. The Choice of Termination of Pregnancy Act. 92 of 2007 (Republic of South Africa, 2008) allows consent by females of any age to terminate pregnancy without assistance, although the medical practitioner or midwife must advise minors to consult with a guardian, parent, family member or friend before termination. The only SRH service inaccessible to consent for adolescents under the age of 18 is sterilisation. According to the Sterilisation Act of 1998 (Sterilisation Act [No. 44 of 1998], 1998) persons under the age of 18 years may not consent to sterilisation even with proxy consent, unless their physical health is jeopardized by failure to do so. This is an appropriate and protective mechanism in line with the WHO recommendations (Strode & Essack, 2017).

Strode and Essack (2017) posit that South Africa's legal framework permits adolescents independent consent to SRH services, which is important in ensuring accessible services for adolescents, since having to require parental permission may deter adolescents from seeking out SRH services. Parental consent would also provide a barrier for adolescents in child-headed households or adolescents living with non-parent caregivers. Furthermore, they discuss important reforms that were made to a previous law which increase protection of adolescents: previously any person with knowledge of even consensual sex acts with a child or between children was required to report the offence. This law may have deterred adolescents from accessing SRH services which might result in criminal charges against them. The law reform which absolves service providers from reporting consensual sex acts in certain age groups may encourage adolescents to seek out SRH services without concern of being charged.

2.2.2 Adolescent sexual and reproductive health concerns in South Africa

Despite South Africa's comprehensive legal framework, the adolescent population is at high risk of adverse sexual outcomes including sexual abuse, transactional sex, HIV, sexually transmitted infections (STIs), and unwanted pregnancy (Govender et al., 2020; Ngidi et al., 2016; Nkosi et al., 2019; Smith et al., 2018). These concerning outcomes are attributed to a range of factors at multiple levels, which impact both sexual behaviours and sexual health seeking behaviours.

2.2.2.1 Health system factors

The literature identifies various systemic factors that may be preventative or supportive of adolescents' accessing SRH services. The provision of adolescent-friendly services is widely regarded as an essential supportive factor (Lince-Deroche et al., 2015; Smith et al., 2018; Zanoni et al., 2019). Zanoni et al. (2017) explore the effectiveness of adolescent friendly services in the context of HIV treatment. Their findings indicate significantly higher rates of retention and viral suppression in adolescents attending dedicated adolescent clinics versus those in standard care. A related study by Zanoni et al. (2019) posits that the provision of after-school clinic hours, the appointment of supportive clinical staff who are trained in adolescent health, and the running of peer groups are important components of adolescent-friendly services which increase uptake of care for adolescents with HIV. These findings are in line with a qualitative study by Jonas et al. (2020) that identified negative attitudes from health service providers as the main perceived barrier of adolescent girls and young women accessing contraception services in South Africa. Conversely, Jonas et al. indicated that participants who had experienced positive attitudes and informative advice from service providers identified these as supportive factors. A study conducted by Geary et al. (2014) in a rural district of Mpumalanga found lack of provision for adolescent-friendly services in seven of the eight clinics represented by nurses participating in the study. Furthermore, more than half of the clinics operated in opposition to South African law, requiring adolescents be accompanied by an adult when accessing SRH services.

The difficulties in providing adolescent friendly SRH services may be understood through the work of Mulaudzi et al. (2018) who describe that HIV counsellors and other youth-serving professionals feel ill-equipped to work with adolescents' complex psychological issues. Their paper argues for the inclusion of counsellors and adolescents in the design of services to make them adolescent-friendly as well as continuous training and upskilling of both counsellors and youth-serving professionals.

Jonas et al. (2020) also identify proximity to clinics as an important systemic factor. In their qualitative study, participants living near to clinics experienced close proximity as a supportive factor, whereas participants in rural areas discussed having to travel far and even miss school in order to access contraception services. Smith et al. (2019) propose the use of youth-directed mobile clinics in order to improve the accessibility and uptake of SRH services. The study found that 90% of participants experienced the mobile clinic as preferable to conventional clinics.

Nkosi et al. (2019) recognise other logistical factors that deter adolescents' uptake of SRH services. Adolescents who experienced long queues and services that are not always available or are limited to certain days perceived health services as inadequate and unresponsive to their needs

2.2.2.2 Community factors

Various community level factors are identified as having an impact on adolescents' sexual behaviours as well their candidacy for SRH services. Govender et al. (2020) conducted a study exploring adolescent mothers' understanding of sexual risk behaviour in KwaZulu-Natal. The findings identify peer pressure, sexual experimentation, drug and alcohol use, myths about contraception, poor parental supervision, and poverty leading to transactional sex as influential factors in sexual behaviour. A similar study by Nkosi et al. (2019) highlights how social ills common in South Africa communities such as crime, poverty, alcohol and substance use reinforce vulnerability and risky behaviours in community members. Nkosi and colleagues' findings also indicate that although adolescents are aware of SRH services, their candidacy for these services is undermined by fear of stigmatisation and judgement.

2.2.2.3 Cultural factors

Ngidi et al. (2016) posit that cultural and religious beliefs of many South Africans disable intergenerational communication about sexuality. An exploration by Kruger et al. (2015) of how school Life Orientation (LO) programmes impact young Coloured women's sexual agency found that although these women's explicit communication conveyed sexual agency and responsibility, their implicit communication was that they felt that their feelings about sex were not as important as men's. Rogers et al. (2019) write of dominant patriarchal sexual attitudes, most likely influenced by socio-cultural norms of traditional masculinity in South Africa, which have the potential to perpetuate gender inequality and contribute to poor SRH outcomes. South African gender norms and power dynamics are implicated as a consideration in sexual risk behaviours (Ngidi et al., 2016). Further, Mampane (2018) explores the "blesser" and "blessee" phenomenon in South Africa. This form of transactional sex between wealthy older men and young women poses a high risk for HIV infection. Susceptibility to transactional sex is influenced by factors such as poverty and gender power dynamics (Govender et al., 2020; Mampane, 2018).

Nkosi and colleagues' (2019) findings indicate that feelings of shame and embarrassment around moral dimensions and socio-cultural perspectives discouraged participants from utilising SRH services. Conversely, Jonas et al. (2020) indicate parental knowledge and support of contraceptive use as a supportive factor.

2.3 SRH of adolescents in children's homes

Many of the factors associated with poor sexual health outcomes are magnified for adolescents currently in or aging out of child welfare systems. Ramseyer et al. (2016) identify a gap in the literature for studies that directly compare adolescents in the welfare system and their non-system peers in order to establish the relationship between welfare involvement and sexual risk taking. However, the literature certainly suggests that adolescents in welfare systems are prone to risky sexual behaviours, which are associated with many of the factors that adolescents in welfare systems may have experienced, such as physical abuse, sexual abuse, familial discord, delinquent behaviours, and mental health concerns (Kotchick et al., 2001; Ramseyer Winter et al., 2016; Wekerle et al., 2017).

The literature shows that SRH communication between caregivers and adolescents promotes protective sexual behaviours (Bowring et al., 2018; Jonas et al., 2020; Markham et al., 2010). Furthermore, a study in Côte d'Ivoire found that, although the relationship between sexual debut and residing with fathers was not significant for male adolescents, adolescent females who were raised in the same household as their fathers had significantly later sexual debuts than those who were not (Babalola et al., 2005).

A Kenyan study investigating SRH communication between parents or caregivers and adolescents concluded that an absence of SRH communication was common between orphaned adolescents and their caregivers. Caregivers were less likely to engage in communication about SRH with orphaned children than parents were with their own children. They attribute this limited communication to a failure in the development of parental-child bonding and call for further research to investigate the factors that influence SRH communication between caregivers and orphaned children (Juma et al., 2015).

2.4 Music and adolescents

Koelsch (2013) discusses the ability music affords to fulfil our basic human needs by engaging us socially. It is therefore unsurprising that during adolescents, a developmental stage which for many is characterised by self-consciousness, identity confusion, and conflict with authority figures (Louw & Louw, 2014), music has the potential to impact key aspects of development (Miranda, 2013). Miranda proposes that music influences adolescent socialisation, identity, emotion regulation, personality, and motivation.

A study by North et al. (2000) found that a large percentage of 13 to 14 year-olds play, or have played a musical instrument and preferred listening to music over other indoor activities. The study identified the potential music holds to portray identity and satisfy emotional needs as key features of why music is so important to adolescents. Concurrently, the findings of Bosacki and Neill (2015) reveal interconnections between involvement in popular music activities and adolescents' emotional well-being and socio-communicative abilities.

Miranda (2013) identifies music as both a protective and a risk factor and thus posits that "music can serve as an adjunct component in prevention and intervention for adolescents" (p. 18). In a study by Lemieux et al. (2008), musically talented and influential leaders were identified within public inner-city schools in the United States of America and recruited to deliver a music-based HIV prevention intervention to their peers in health classes. The results showed significant positive effects on HIV risk associated and preventive behaviours. The authors acknowledge that this study does not measure the effectiveness of using music in the intervention, as there were other variables present, but suggest further research to be done in this field. A study conducted in Jamaica highlights the role Dancehall (a popular Caribbean music genre) plays as a source of SRH education and attitude formation. The themes of the music were identified as having the potential to facilitate safe sexual health practices, such as condom use and pregnancy prevention, as well as problematic behaviours such as multiple sexual relationships and homophobia. The study calls for parents, educators and counsellors to be aware of the SRH messages adolescents are exposed to through music and recognise the potential they provide for opening the conversation around SRH issues with less embarrassment (Holder-Nevins, 2012).

2.5 Music therapy and health promotion

McFerran (2010) highlights how music therapy with adolescents is usually performed in the context of institutions such as hospitals, hospices or inpatient mental health institutions. This supports the traditional view of music therapy as an intervention for treating clients who are unwell, rather than using it as a tool for prevention or rehabilitation. McFerran acknowledges that this could be due to the relative newness of community music therapy, and the preference by music therapists to document more traditional models of treatment programmes.

Sunderland et al. (2018) explores the role music can play in the context of social justice and health equity. They express a link "between music and health beyond merely 'managing' illness towards considerations of how music can play a fundamental role in shaping the social, economic and cultural determinants of health and ill health in the first place" (p. 1). Music therapists have come to realise that people do not only suffer from physical processes, but from social ones too, and music therapy through a community perspective is concerned with health promotion rather than treatment of ill health (Ruud, 2004). Ruud writes,

> An approach to the use of music in therapy that is sensitive to cultures and contexts speaks more of acts of solidarity and social change. It tells stories of music as building identities, as a means to empower and install agency (p. 12).

Van Rooyen and Dos Santos (2020) provide a demonstration of this in their study that used a community music therapy approach to explore the lived experience of adolescents in a children's home. Their findings revealed that participating in a choir facilitated within a community music therapy perspective afforded the adolescents resilience and improved perceptions of their futures. Music therapy has the potential to increase resilience, however with regard to trauma scholarship, Scrine (2021) critiques the tendency to focus on reinforcing the individual's responsibility to develop resilience. She presents a case study of music therapy with adolescents who have experienced trauma in which she highlights the potential music therapy has to build agency, reposition perceived vulnerabilities in relation to systemic forces, and explore power differentials, rather than focussing on sharing traumatic experiences. She also posits that music therapy can structure safety through choice, collaboration, and consent, as well as by identifying the client's resources in order to find the strengths in their community.

Although literature on psychoeducation in music therapy is sparce, Silverman (2009) advocates for research in this field. Silverman defines Psychoeducation as an attempt to increase knowledge and management skills of an illness. In a study comparing psychoeducational music

therapy with traditional psychoeducation over a single-session with psychiatric patients, Silverman found slightly higher mean scores in the music therapy group in enjoyment, measures of helpfulness, psychoeducational knowledge and satisfaction with life. Music therapy group participants also verbalised slightly more than control group participants. Additionally, the verbalizations of the music therapy group participants were more often categorized as cognitive and self insight statements. A subsequent study by Silverman (2014) found psychoeducational music therapy to be a promising technique for use with psychiatric patients and their families. Participants were enthusiastic about intending interventions which they enjoyed and appreciated.

2.6 Conclusion

In this literature review I have examined the underlying knowledge in the area of SRH of adolescents in South Africa by considering the legislature and identifying the systems that influence SRH outcomes and concerns. Whilst there is an apparent need for more systemic SRH interventions for the adolescent population in South Africa, adolescents in children's homes are at particular risk of adverse SRH outcomes and stand to benefit from a space in which they may explore SRH. Music therapy has been established as a valuable tool for health promotion as it affords its participants a strength-based space to build resilience and agency against vulnerabilities to systemic forces, whilst encouraging a reframing of perceived vulnerabilities without insensitively reinforcing the individuals' responsibility to develop resilience. However, there is a gap in the literature regarding the use of music therapy and SRH of adolescents.

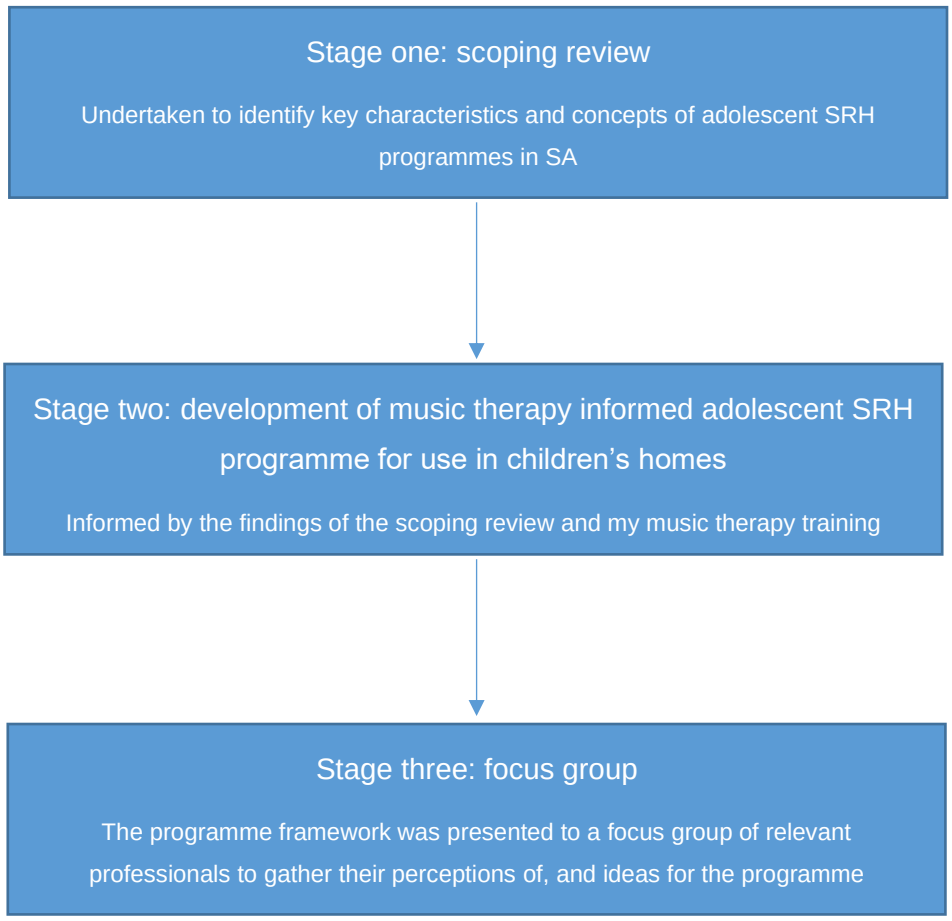
Chapter 3

Research methodology

In this section I will discuss the methodology and design of the study, including the three stages that were involved, as shown in Figure 1. In stage one, a scoping review of the literature concerning adolescent SRH programmes was conducted. In stage two I drew on the findings of the scoping review to develop a framework for a music therapy informed SRH programme. Stage three was comprised of a discussion about the developed programme with a focus group of participants who were identified as having the expertise and experiences that could be drawn on to contribute to the development of the programme.

Figure 1

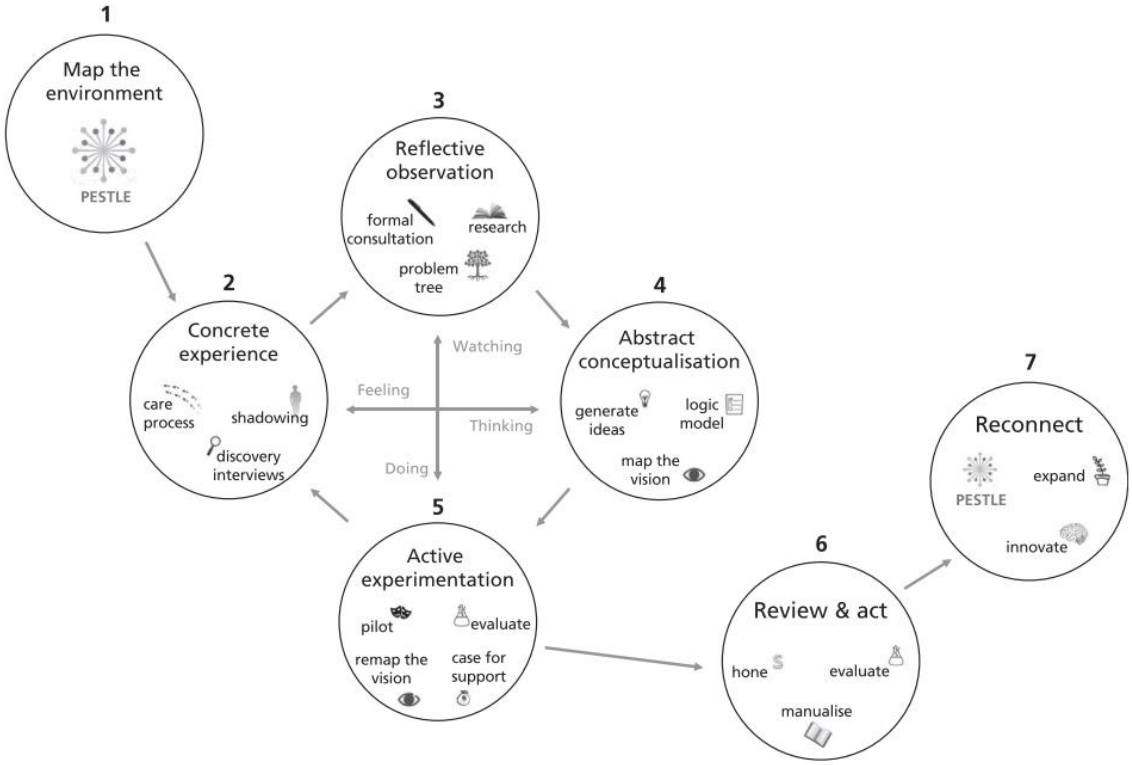
The three stages of research methodology



The methodology and design were informed by the first four steps of Daisy Fancourt's (2017) seven-step approach for designing and delivering arts-based health interventions shown in Figure 2. The literature review in Chapter two allowed me to map the environment (Fancourt's first step). Through my engagement with the literature, I gained an understanding of adolescent SRH in SA with regards to SRH legislature, SRH concerns, and the various community and systemic factors at play. I gained concrete experience (step 2) of the specific population during my supervised clinical work at an SOS Children's Village (as part of my clinical internship) and through the insights shared by focus group participants who have worked at children's homes. The scoping review and focus group allowed for reflective observation (step three), and abstract conceptualisation (step four) of what this programme could entail. Further research studies could build on this research and engage with the remaining staps in Fancourt's model.

Figure 2

Seven steps of designing and delivering an arts in health intervention (Fancourt, 2017, p. 102)



3.1 Stage one: Scoping review

As there is a gap in the literature regarding the use of music therapy for the promotion of SRH in adolescents, it was necessary to undertake a review of existing adolescent SRH programmes before developing a music therapy informed programme. Thus, the first stage of this research involved a scoping review that served as a foundation for the development of a framework for a music therapy informed programme. Colquhoun et al. (2014) describe a scoping review as “a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge” (p.1).

Munn et al. (2018) propose that researchers should make use of scoping reviews when they do not wish to answer a single or precise questions but are rather interested in identification of certain concepts or characteristics in studies. A scoping review therefore served this project well, as I intended to identify characteristics and concepts about SRH programmes that would inform the development of a music therapy informed SRH programme.

3.1.1 Methodological framework

I made use of a five-step methodological framework for scoping reviews proposed by Arksey and O’Malley (2005). The first step entails defining the research questions. Since I aimed to use this scoping review to inform the development of a SRH programme for adolescents, the following research questions were defined.

1. What literature is available on adolescent SRH programmes?
    1.1. What are the desired outcomes of these programmes, and how do facilitators work to achieve them?
    1.2. What elements of the programmes are most useful for facilitating enhanced SRH and/or SRH knowledge?

The second step involves identifying relevant studies to be reviewed. As discussed in the following chapter, I experimented with search terms and settled on the following terms:

> "sexual and reproductive health" AND (adolescents OR teenagers) AND (programme OR program OR intervention) AND "South Africa"

The search for studies was carried out electronically across the following databases that are accessible through the University of Pretoria Library website:

- ERIC (Education Resource Information Centre)
- PsychINFO (American Psychological Association)
- RILM (Abstracts of Music Literature)
- Music Periodicals Database
- Health and Medical Collection (ProQuest Central)
- ProQuest Dissertations and Theses Global
- PubMed (MEDLINE)
- Scopus
- ScienceDirect

The third step is study selection. I selected both quantitative, qualitative and mixed methods research, as well as grey literature (in the form of dissertations accessed through ProQuest Dissertations and Theses Global) on adolescent SRH programmes or interventions. Literature that met any of the following inclusion criteria was selected:

- Studies of programmes/interventions that included adolescent participants (10 – 18 years of age)
- Studies of programmes/interventions that delivered SRH content
- Studies with outcomes on adolescent participants' SRH behaviours or mental health after the programme/intervention.
- Studies with outcomes on adolescent participants' experience of the programme/intervention.
- Studies with outcomes on adolescent participants' SRH knowledge after the programme/intervention.

Literature was excluded based on the following exclusion criteria:

- Studies of programmes/interventions conducted outside of South Africa.
- Studies without outcomes on adolescent participants' experience of the programme, or SRH knowledge after the programme, or SRH behaviours or mental health after the programme.
- Studies of Life Orientation subject classes taught by teachers during school time.
- Studies without a description of the SRH programme/intervention.

Step four entails charting the data. Key items of information obtained from the studies were sorted and entered into a table. Information related to the following aspects of the programmes/interventions was extracted: participant population, delivery, methods and techniques used, intended outcomes, outcomes of study, identified strengths, and identified limitations.

The final step involved collating, summarising and reporting the results. The data were summarised and written up in chapter 4.

3.2 Stage two: Programme development

Fancourt (2017) suggests that when designing a creative arts programme with health-related goals we can draw upon research studies to identify solutions that are particularly effective or highlight key factors that contribute to an intervention's efficacy, as well as to identify what does not work. Thus, the findings of the scoping review were drawn on to inform the development of a framework for a music therapy informed SRH programme. Chapter 5 presents how the findings of the scoping review were used to develop a framework for a music therapy informed programme to explore SRH with adolescents.

3.3 Stage three: Focus groups with stakeholders

While the scoping review was integrative – including quantitative, qualitative and mixed methods studies to gain a broad overview – the focus group stage of this project was qualitative. Tracy (2020) writes of three qualities that are core to qualitative research: self-reflexivity, context, and thick description. Qualitative research provides researchers with the opportunity to connect with research participants, to be curious, to explore their interests, uncover salient issues and understand the world.

In this stage I presented the developed framework of a music therapy informed SRH programme to a group of relevant professionals with experience in the field and gathered their subjective perceptions of, and ideas for the programme. Breen (2006) identifies focus groups as useful for generating and developing ideas and gaining insight and deeper understanding. Luke and Goodrich (2019) highlight group dynamics as an important factor for consideration. Cohesion and safety can facilitate development, whilst other dynamics such as subgroups, group think, or

scapegoating might interrupt development. They therefore advise researchers to be aware of how group dynamics may influence the research process.

The focus group was conducted in a two and a half-hour long online meeting over Zoom. The focus group discussion schedule and script were compiled after the music therapy informed programme had been developed and included:

- Welcome and assurance of confidentiality
- Introduction to the project
- Overview of the scoping review
- Questions regarding participants work with adolescents in children's homes, adolescents SRH, and use of music with adolescents
- Tea break
- Presentation of the framework of the music therapy informed programme
- Questions inviting the sharing of ideas, knowledge, or insights
- Questions regarding the participants' perceptions of the programme

3.3.1 Participant selection

I used purposive sampling to identify potential participants. Matthews and Ross (2010) suggest purposive sampling for selection of focus group participants. Purposive sampling involves the purposeful choosing of participants who have an experience, opinion or situation related to the research topic, sometimes deliberately including people with different perspectives or experiences. As the focus of this study is on the potential use of a music therapy informed programme to promote SRH of adolescent in children's homes, I aimed to include music therapists, professionals with experience working in children's homes, and professionals with experience in adolescent SRH promotion. I identified a few potential participants who were known to me, and then proceeded to use snowball sampling. Tracy (2020) identifies snowball sampling as a useful method for reaching difficult-to-access populations. In snowball sampling researchers identify a few participants who meet the study's criteria and then ask them to suggest other people who might be suitable. Through this process I was able to identify a dozen potential participants who were invited and received information and informed consent letters (Appendix A and B) that offered a description of the study and their roles in it. Invited participants were made aware that the meeting would be video recorded, that their identities would be kept confidential, and that they would be able to withdraw from the study at any stage

without any negative consequence. Although there was a high level of interest and willingness to participate, only six participants who consented were available at the scheduled meeting time. Two of these participants were then, however, not able to attend the meeting due to unforeseen circumstances that arose on the day. Thus, there were four participants in the focus group. This sample size is suitable according to Matthews and Ross who suggest a minimum of three and a maximum of 13 participants when facilitating focus groups.

3.3.2 Analysis of the focus group data

I made a video recording of the focus group discussion and analysed the data thematically. Leavy (2017) offers the following five phases of thematic data analysis.

Phase 1: Data preparation and organisation. I transcribed the video recording verbatim.

Phase 2: Initial immersion. I immersed myself in the data to get a feel of the overall tone of the data.

Phase 3: Coding. I reduced and classified the data by assigning phrases that captured the essence of the segments of data.

Phase 4: Categorising and theming. I grouped similar or related codes together into categories, which I then grouped into themes.

Phase 5: Interpretation. I interpreted the data by looking for patterns and links between the categories and created meaning from it in relation to my research questions.

3.4 Ethical considerations

Informed consent: Before commencement of this study, I obtained informed consent from the relevant professionals who agreed to participate in the focus group (Appendix A and B).

Storage of data: The transcribed data from the focus group will be kept at the University of Pretoria for a minimum period of 15 years. Other researchers who may wish to use the anonymised transcripts in their own research may do so.

Confidentiality: The identity of all participants has been and will continue to be kept confidential. In the transcribed data participants are referred to by pseudonyms of their choosing.

Non-maleficence: Participants were informed that they could withdraw from the study at any point for any reason. I did not foresee any risk of harm to the participants.

3.5 Research quality

3.5.1 Research quality of scoping reviews

Cooper et al. (2021) created an evidence-based checklist that formed the basis of quality assessment for my study. The checklist includes five key criteria with individual checklist items in each. The scoping review was successful in almost every item of the criteria. Due to this study being a Master's degree dissertation, I was the primary reviewer, but the process of screening articles was done under research supervision, which contributed another layer of critical review. Furthermore, I did not assess the quality of the studies included. The scoping review sought to draw more from the details of the programmes that were studied than the findings of the studies, however, including a quality assessment of the studies would have increased the quality of this study.

1. Regarding study aim, purpose and research question:

- The rationale or purpose of the scoping review is stated.
- The scoping review uses appropriate methodology. My scoping review makes us of Arksey and O'Malley's (2005) methodological framework.
- The review is conducted by at least two reviewers. This was not possible since this study is a thesis for a master's programme. My research supervisor supervised the conduction of the review.
- The research questions guide the scope of inquiry.

2. Regarding relevant studies:

- The literature search is in-depth and identifies all relevant literature from an adequate number of different sources.
- The search identifies a comprehensive list of relevant studies which balance breadth with feasibility.

3. Regarding study selection:

- Criteria for inclusion and exclusion are clearly described and used.

- The selection of studies for inclusion utilizes an iterative process which includes searching for literature, refining the search strategy and reviewing articles.
- The titles and abstracts are reviewed by two reviewers independently and consensus on study inclusion is reached. Owing to this being a master's degree dissertation I reviewed the titles and abstracts under research supervision.
- A flow chart is used to summarize the study selection process.

4. Regarding charting the data:

- A data charting format is developed by the research team who decide which variables are extracted to answer the research questions.
- The data is sifted, sorted and charted in tables which include the details of the studies.
- The study reports a numerical analysis of the nature and extent of the studies that are included.
- The quality of the included papers is assessed.

5. Regarding collating summarizing and reporting results:

- A diagrammatic, logical descriptive or tabular format is used to present results.
- Results are presented in a narrative account.
- The results are in line with the research questions and aim or purpose of the study.
- There is a discussion of issues of bias.
- There is a discussion of implications for education, practice, policy and or future research.
- In the conclusion is a description of the current state of literature on the topic.

3.5.2 Research quality in research utilising focus groups

Tracy (2020) identifies eight criteria for excellent qualitative research.

1. Worthy topic: The topic of the research should be significant, interesting, timely and relevant. I believe my topic to be worthy as it provides a potential foundation for meaningful work that is informed by music therapy to be done in the important field of adolescent SRH.

2. Rich rigor: The researcher should be thorough and collect and analyse abundant data from sufficient contexts and samples. In this study I sought to accomplish this by including participants that are representative of the different elements of my topic.

3. Sincerity: Researchers should be self-reflexive regarding their own biases, subjective values and inclinations. The study should be characterized by transparency about the challenges and methods. I recognized the participants in my focus group as experts in their relevant fields and was open to their different experiences and opinions, whilst acknowledging my own role and opinions. I kept a research journal in which I documented my thoughts and ideas over the course of this project.

4. Credibility: The research should be thick in description and multivocal. My focus group participants are representative of professional stakeholders in the contexts of children's homes, adolescent SRH, and music therapy. The data collected drew on their different perspectives and experiences of the topic.

5. Resonance: The researcher should aim to provide a study that readers resonate with. This is achieved through transferability and naturalistic generalization. Readers of this study should understand the parameters of the findings and be able to intuitively apply the findings to their own situations.

6. Significant contribution: The findings of the research should have an impact on the current knowledge or practice of a topic. My research has the potential to introduce the use of a music therapy informed programme as a tool for SRH promotion for use with adolescents in children's homes.

7. Ethical research practice: Researchers should consider procedural, situational, and relational ethics. I have thoroughly considered the ethical aspects throughout the research process.

8. Meaningful coherence. The stated aims of the study should be achieved, and methods and procedures that support the achievement of these aims should be used. I have worked under the guidance of my supervisor and attempted to achieve meaningful coherence in this study.

3.6 Conclusion

This chapter provided an overview of the three stages of methodology of this study. The methodology was informed by the first four steps of Fancourt's (2017) approach for arts-based health intervention design. First a scoping review was conducted using Arksey and O'Malley's (2005) methodological framework. The findings of the scoping review were drawn on to develop a framework for a music therapy informed SRH programme. I used purposive sampling to

identify professionals with relevant experience and invited them to attend a focus group. I compiled a schedule and script for the meeting and presented the programme framework to the focus group. This chapter included a discussion on ethical considerations and research quality. In the following chapter I offer an overview of the scoping review analysis process.

Chapter 4

Analysis of scoping review

Since there is a gap in the literature regarding the use of music therapy in promotion of SRH with adolescents, this scoping review was conducted to gain an understanding of other (non music therapy-based) programmes working to address this topic. As discussed in the previous chapter, I made use of Arksey and O'Malley's (2005) five-step methodological framework, of which the first step is defining the research question. The primary research question for my scoping review was: What literature is available on adolescent SRH programmes?

The two sub-questions were:

1. What are the desired outcomes of these programmes, and how do facilitators work to achieve them?
2. What elements of the programmes are most useful for facilitating enhanced SRH and/or SRH knowledge?

This chapter will provide an overview of the scoping review process. The extracted and charted data will be presented in a table followed by a reflection of the scoping review and the themes that emerged.

4.1 Data collection

Arksey and O'Malley's (2005) second step within scoping reviews is searching for relevant studies. The search was carried across the databases accessible through the University of Pretoria library website. As discussed in the previous chapter, I experimented with search terms that would return literature that was appropriate for my scoping review, beginning with the following terms:

> "sexual and reproductive health" AND (adolescents OR teenagers) AND (programme OR program OR intervention)

It became apparent that there was more than sufficient literature available, and I was able to narrow my search terms to better serve the needs of my own study focus by using the following terms:

> "sexual and reproductive health" AND (adolescents OR teenagers) AND (programme OR program OR intervention) AND "South Africa"

I attempted to narrow the search further by including the terms “children’s home”, and (psychoeducational OR psychosocial), but these searches did not return sufficient results and so my final search terms were:

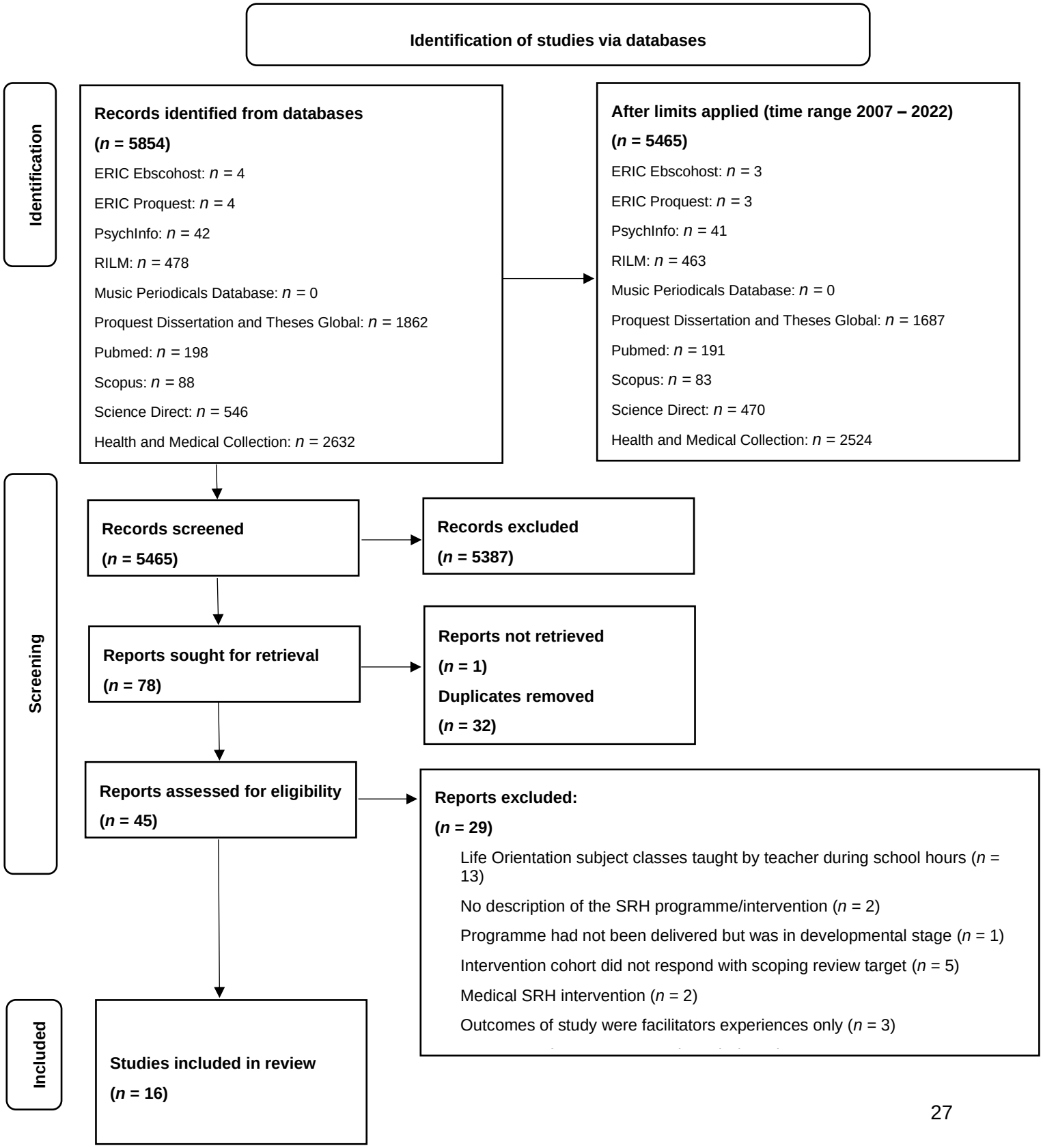
> "sexual and reproductive health" AND (adolescents OR teenagers) AND (programme OR program OR intervention) AND "South Africa"

The search returned a total of 5853 results across all databases. I then applied a time range limitation of 15 years on the search, searching only for studies done between 2007 and 2022. This search retuned 5465 studies across all databases.

Step three of Arksey and O’Malley’s (2005) framework is study selection. I scanned the titles and abstracts of the 5465 returned studies with my inclusion criteria in mind. Seventy-eight studies were included that concerned SRH programmes run with adolescents and had outcomes involving SRH knowledge and/or SRH practices of participants, and/or included the participants’ experiences of the programme. Of these 78 studies, one full text was unavailable, and 32 duplicates were identified and removed. A final rigorous screening of the remaining 46 full texts was conducted. At this stage I decided to exclude studies that focused on school Life Orientation programmes that were delivered by teachers during Life Orientation (LO) lessons as this programme does not intend to replace the comprehensive sexuality education that all school going adolescents in SA should receive in LO (Department of Basic Education, 2021). I also excluded studies that, on closer inspection, did not meet the inclusion criteria. Figure 3 offers an overview of the data collection process.

Figure 3

Flowchart of data collection process



4.2 Data extraction

This section presents an overview of the extracted data, summarised in table format according to step four of Arksey and O'Malley's (2005) framework.

4.2.1 Included studies

Table 1 presents a list of the study titles, authors, and dates that were included in the scoping review. Each study was assigned a number. Within the context of the inclusion and exclusion criteria used, table 1 broadly addresses the primary research question: what literature is available on adolescent SRH programmes? There are certainly many more adolescent SRH programmes in South Africa that have not been studied and are thus not available in the literature. It is therefore important that research continues to be conducted and published about programmes that are offered.

4.2.2 Relevant information extracted from the studies

Table 2 provides a summary of the key information extracted from the studies to answer the sub-questions:

1. What are the desired outcomes of these programmes, and how do facilitators work to achieve them?
2. What elements of the programmes are most useful for facilitating enhanced SRH and/or SRH knowledge?

Thus, the table includes information about the programmes, participants, the delivery of the programme, the intended outcomes and measured outcomes, and the identified supportive elements or limitations of the programme.

Table 1

Included studies

Study No.	Title	Author(s) & Date	Methodology
1	"I am deliberate and afraid of nothing": using body mapping as a research tool to explore HIV risk among youth in Soweto, South Africa	Smith, 2015	Qualitative Arts-based research
2	"In this place we have found sisterhood": perceptions of how participating in a peer-group club intervention benefited South African adolescent girls and young women	Duby et al., 2021	Qualitative In-depth interviews and focus groups
3	A quasi-experimental evaluation of an HIV prevention programme by peer education in the Anglican Church of the Western Cape, South Africa	Mash & Mash, 2012	Quantitative Quasi-experimental
4	Can peer education make a difference? evaluation of a South African adolescent peer education program to promote sexual and reproductive health	Mason-Jones et al., 2011	Quantitative Quasi-experimental
5	Effects of PREPARE, a multi-component, school-based HIV and intimate partner violence (IPV) prevention programme on adolescent sexual risk behaviour and IPV: cluster randomized controlled trial	Mathews et al., 2016	Quantitative Cluster randomised controlled trial
6	Effects of a multimedia campaign on HIV self-testing and PrEP outcomes among young people in South Africa: a mixed-methods impact evaluation of 'MTV Shuga Down South'	Birdthistle et al., 2022	Mixed-methods Structured survey with qualitative activities
7	Evaluation of a gender-based violence sensitization programme for school-going male adolescents	Khan, 2019	Mixed methods Quasi-experimental pre-post-test design
8	HIV prevention in action on the football field: The Whizzkids United Program in South Africa	Balfour et al., 2013	Quantitative Survey
9	Linking at-risk South African girls to sexual violence and reproductive health services: a mixed-methods assessment of a soccer-based HIV prevention program and pilot SMS campaign	Merill et al., 2018	Mixed-methods Questionnaires and focus group
10	LoveLife, MYMsta, and Mizz B: evaluating a mobile phone-based network to prevent HIV among youth in South Africa	Yamauchi, 2010	Mixed-methods Content analysis, questionnaires and focus groups
11	MenCare+ in South Africa: findings from a gender transformative young men's group education on sexual and reproductive health rights	Kedde et al., 2018	Mixed-methods Questionnaires and focus groups
12	Mental health outcomes of a pilot 2-arm randomized controlled trial of a HIV-prevention program for South African adolescent girls and young women and their female caregivers	Donenberg et al., 2021	Quantitative Randomised controlled trial
13	Pathways to sexual health communication between adolescent girls and their female caregivers participating in a structured HIV prevention intervention in South Africa	Thurman et al., 2020	Mixed-methods Pre-post-test surveys
14	Peer mentorship via mobile phones for newly diagnosed HIV-positive youths in clinic care in Khayelitsha, South Africa: mixed methods study	Hacking et al., 2019	Mixed-methods

			Focus groups and quantitative comparisons
15	RCT evaluation of Skhokho: a holistic school intervention to prevent gender-based violence among South African grade 8s	Jewkes et al., 2019	Quantitative Randomised controlled trial including questionnaires
16	The role and effectiveness of school-based extra-curricular interventions on children's health and HIV related behaviour: the case study of Soul Buddyz Clubs programme in South Africa	Letsela et al., 2021	Mixed-methods Surveys and focus groups

Table 2

Summary of studies

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
1 Smith, 2015	The Soweto Body Mapping Project	Participants were divided into two groups based on gender. Female group: *n* = 4 (Age 18 – 19 years) Male group: *n* = 6 (Age 18 – 19 years) Participants were recruited from the Perinatal HIV research Unit (PHRU) and Kganya Motsha Adolescent Centre (KMAC).	The programme was delivered in four group sessions over four days. Each session ran between 9h30am and 4h00pm daily. The programme was facilitated by the researcher and research assistants. A trained counsellor employed at KMAC was present. Participants were given the choice to communicate in isiZulu, Sesotho and English.	The programme was rooted in community based participatory research and arts-based research approaches. The programme used the body mapping technique to collect participants' experiences. Body Mapping is a series of facilitated exercises in which participants use various creative methods such as drawing, use of symbols, colouring and visualizing to explore topics. Daily debriefing sessions were facilitated in which sharing and discussions took place.	Sex, relationships, HIV risk, systems, support, role models, obstacles, the past, the present and the future.	The programme was designed as a research tool to gather data about sex, sexual risk taking, relationships and HIV. The programme also provided space for participants to communicate their lived experiences regarding sex and HIV.	The Body Mapping intervention was identified as a successful research tool. Participants communicated their experiences of risks they face which leave them vulnerable to HIV including violence, poverty, substance use, and loss and lack of support and mentorship. The participants identified a need for support and mentorship from adults. They also identified a disconnect between the information provided to them to protect them from HIV, and the risks they face.	The participants valued the artistic, expressive, and explorative approach. They appreciated having the opportunity to share their stories and meet with others who had similar life challenges. They regarded the programme as a non-judgemental space and valued the trusting researcher-participant relationship. Body Mapping was identified as a useful data collection tool.	The study identified that this programme did not explore positive, supportive relationships sufficiently. The author recommends including more focus on supportive elements such as reliable adults, peer networks, strengths and positive or health enhancing behaviours.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
2 Duby et al., 2021	Peer-group club components of a combination intervention. The study refers to 'the intervention' which includes both the Rise Young Women's Club and the Keeping Girls in Schools programme.	Females *n* = 15 – 20 per group In school programme (Age 15 – 18 years) Out of school programme (Age 19 – 24 years)	The programme was delivered through facilitated, peer-support club meetings. Details of number of sessions and session length were not included. Facilitators were intended to be trained peer-educators with assistance from an educator, but this varied.	This programme was rooted in shared experiential knowledge and social learning theory. This programme made use of peer facilitation. Participants received a discussion curricula and magazine.	SRH rights and gender equality.	The programme aimed to empower in and out of school adolescent girls and young women and implement life skills and behaviour change. The clubs were identified as a space in which to address gender inequality.	The study participants' perceived benefits of the clubs included increased self-esteem, peer support, gender empowerment, positive role modelling, and increased ability to access emotional support.	Participants valued club facilitators that they felt they could relate to. The use of peer-group clubs provided a reciprocal social support network in which participants felt emotionally supported and enjoyed being able to offer support. Participants also valued the non-judgemental, safe space that the groups offered.	The implementation of the programme was inconsistent. The sessions were in some cases adult-delivered and more didactic than intended.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
3 Mash & Mash, 2012	Agents of Change	Male and female adolescents *n* = average 12.5 (Age 12-19 years) Parents received 3 workshops	The programme was delivered at churches in 20 sessions over 12 months. Each session was 90 minutes long. Three 2-hour workshops were held for parents of participants. Sessions were facilitated by peer-educators and the usual youth group leaders.	This programme was rooted in various theories of behaviour change and participatory education. The programme made use of peer-education. Peer-educators encouraged participatory interaction whilst presenting educational sessions. Parent workshops were held.	Adolescent sessions: Values and relationships, teenage pregnancy, sexual coercion, substance use and HIV. Parent workshops: The core skills of motivational interviewing.	The programme aimed to reduce adolescent's vulnerability to teenage pregnancy and HIV through creating positive peer pressure, encouraging healthy relationships and improving adolescent-parent communication. The programme encourages delay in sexual activity, but promotes reduced number of sexual partners and promotes condom use for sexually active participants.	The outcomes of the study suggest that this programme successfully delayed sexual debut and increased condom usage. It had no impact on secondary abstinence or number of sexual partners.	The author identified the use of a comprehensive, rather than abstinence-only approach as beneficial. The long length of the programme was viewed as valuable as it enabled peer-educators and facilitators to have a persistent influence on the programme participants.	[No limitations identified in the study]

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
4 Mason-Jones et al., 2011	Rutanang (learning from one another)	Male and female *n* not indicated in study. Group lessons likely had large numbers as they were conducted during class time. (Age 15 – 16 years)	The programme length, number of sessions and length of sessions were not revealed in the study. Trained peer-educators facilitated sessions.	This programme was based on the 'cascade' approach Peer-educators conducted weekly classes following standard curriculum, as well as leading impromptu conversations with students. Peer-educators also identified students who needed social support or health care and referred them on.	The topics of the programme were not indicated in the study, but peer-educators' training covered confidence building, sexual health and well-being and relationships.	The programme aimed to reduce HIV risk by delaying sexual debut or promoting condom use for sexually active participants.	The study outcomes suggest that the programme was unsuccessful at delaying sexual debut or increasing condom use at last sex. Programme participants were more likely to start having sex than comparison group participants.	[The study did not identify any supportive elements of the programme]	The author identified that there were possible difficulties implementing the programme with fidelity. It was identified that curriculum-based education is possibly less effective within resource limited schools where there are many factors impacting SRH as they fail to impact the broader school and community.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
5 Mathews et al., 2016	PREPARE	Male and female *n* = up to 25 per group Grade 8 students (Mean age 13 years)	PREPARE was a multi-component, school-based programme delivered in school hours. The programme comprised of group educational sessions, a school health service, and an after-school safety service. The programme was delivered over 21 weeks. There were 21 sessions of 1 – 1.5 hours. The programme was facilitated by PREPARE facilitators. Nurses and/or health promoters delivered the health service component. PREPARE facilitators and researchers presented the school safety component with the Centre for Justice and Crime Prevention.	This programme was based on Jewkes conceptual framework. The educational component consisted of group discussions, role-play and other arts-based learning, stories, game planning and worksheets. The health service provided SRH education as well as screening, referrals, and consultations for SRH and psychosocial problems. The safety programme included school safety training and presentations.	The programme explored communication, relationships, gender power inequities, social norms, condom skills, alcohol use, sexual decision making and sexual violence. SRH educational matter and laws about sexual violence were taught.	PREPARE is a HIV prevention intervention aimed at increasing condom use, delaying sexual debut, and decreasing intimate partner violence.	This study revealed no evidence of the programmes effect on sexual debut, reduction of risk behaviour, increase in condom use, or decrease in sexual partners in participants. The programme did show beneficial effects on knowledge of HIV prevention. A reduction in self-reported intimate partner violence suggests that intimate partnerships were safer after the intervention.	The study identified that the key elements of an HIV prevention intervention such as condom skills, alcohol use, gender inequalities and social norms were addressed by PREPARE.	The programme did not sufficiently impact the participants environments to ensure social protection and safety at home. The low facilitator to participant ratio was identified as a limitation of this programme. The participants' exposure to the programme may not have been sufficient.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
6 Birdthistle et al., 2022	MTV Shuga series (‘Down South 2:DS2)	This multimedia programme is freely accessible online.	MTV Shuga is a TV series which is broadcasted on DSTV and available rights-free on internet platforms. It included a multimedia campaign with a documentary film, radio series and online resources. Offline opportunities were available in Mthatha, Eastern Cape.	MTV Shuga is based in a person-centred approach drawing from social learning theory. MTV Shuga is an immersive edutainment campaign. The drama series portrays young people’s lives. The script and storylines were developed with young people. The offline opportunities included peer-education events, community events and distribution of a graphic novel in schools.	HIV status, HIV treatment and testing, relationships, sex.	The programme aimed to promote messages of positive sexual health and HIV prevention.	The study measured outcomes in 15 – 24-year-olds in Mthatha. Engagement with MTV Shuga was associated with higher knowledge of HIV status and increased awareness of HIV self-testing. Engagement with the programme was also associated with increased awareness of PrEP.	The show provided an entertaining and educational platform with engaging storylines and characters that viewers could relate to. The use of storylines and scenarios which are typically kept private allowed for viewers to engage with HIV information that can feel academic or abstract. The show offers accurate and relevant information while enabling people to make their own choices.	Although viewers are aware of HIV testing and PrEP, the show does not influence viewers opportunities to access services.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
7 Khan, 2019	The programme followed recommendations from the Stepping Stones programme	male *n* = 13 (Age 15 -16 years)	This programme was delivered over 8 weeks at a public school in Gauteng. The group met for 1.5 hours, twice weekly for 16 sessions. The programme was facilitated in English by the researcher.	This gender-based violence sensitization programme was based on Connell's theory of masculinity. Games, role-play and discussions were facilitated in group sessions.	Gender norms, roles and responsibility. Anger and violence. Gender based violence, dating violence. Promotion of positive change in societal values towards women and girls. Help seeking.	The aim of the programme was to amend gender socialisation.	The study revealed that the programme had significant positive impacts on participants' attitudes towards women, attitudes towards couple violence, and attitudes towards male on female violence. A moderate positive impact was observed on attitudes towards general dating violence and gender norms and stereotyping. The programme had a significantly small impact on participants' attitudes towards female on male violence, perpetration in dating relationships and experiences of violence.	The use of group work was identified as a supportive element of the programme.	The study suggested that a once off, 8-week programme may not be effective as adolescents are subjected to pervasive community and environmental factors. Further discussion on tradition and culture were identified as possibly useful. The author suggests that programmes that challenge gender attitudes might be more effective in primary school settings before strong attitudes towards gender and dating violence have been formed. The author also identified a need to involve community and families.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
8 Balfour et al., 2013	Whizzkids United 'On The Ball' programme	Equal number of girls and boys *n* = up to 50 per group Grade 5-7 [no mean age given]	The programme was delivered in eight 90-minute sessions over 12 weeks. The programme was delivered by Whizzkids United coaches at schools in Pietermaritzburg.	The programme was rooted in social cognitive theory of behaviour. It is an educational soccer programme which was designed by HIV and health experts, sports scientists, and football coaches. The interactive programme used the game of soccer as an analogy for life, teaching life skills by connecting the fundamentals of soccer to desired learning outcomes which are critical to HIV prevention. Each session consisted of five activities: key statements, questions and answers, group activities, pictures, and soccer coaching.	HIV information, coping strategies to deal with peer pressure, substance use, and self-esteem.	This HIV prevention programme aimed to change attitudes towards HIV and build self-efficacy for healthy decision-making regarding peer pressure, condom use and health seeking behaviours.	The study results showed that the programme was successful in reducing HIV stigma and increasing HIV knowledge.	The study identified the use of soccer, an activity which many South African youth enjoy, to be an important beneficial element. The programme targeted younger youth which was also seen as beneficial.	At the time of this study, it was identified that Pietermaritzburg lacked youth-friendly health care services and as such, the programme did not influence participants' opportunities to access health services.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
9 Merill et al., 2018	SKILLZ street	Female *n* = 100 per group Grade 6 and 7 (Age 11 – 16 years, mean age 11.9)	This programme was delivered over 5 weeks through 10 2-hour sessions. The programme was facilitated by trained female community leaders called coaches. There was a 10:1 participant-coach ratio. The programme was delivered on school grounds. The programme included an interactive SMS campaign and a presentation by a guest speaker from Thuthuzela Care Centre.	This was a soccer-based programme. The sessions were divided into time spent as a large group, and time spent in small teams. During the team time structured discussions were facilitated and soccer activities were used to learn life skills. During the large group time participants engaged in soccer games and activities and reviewed key topics from discussions. Participants were given 'albums' to complete activities for homework and during sessions. The SMS service was used to reinforce key messages from the programme and to connect participants to health care services.	Body image, HIV and SRH knowledge, gender, menstruation and family planning, relationships, rights, and responsibilities.	The aim of the programme was to support adolescent girls who are at risk for gender violence, HIV and SRH challenges. It also aimed to link participants with health services in their community.	The participant uptake of the programme was high. Participants shower modest improvements in several areas including: self-esteem, self-efficacy in sexual decision making, communication about HIV and sex, HIV-related stigma and knowledge, and attitudes towards gender equity and power in relationships. Participants had an increased understanding of services offered by Thuthuzela Care Centre, but their knowledge of other health care services had decreased post programme.	The participants of the programme perceived their coaches as positive role-models. The coach-participant relationship was described as loving, and participants felt that they were treated as equal. The programme offered a playful, safe space where participants felt that they could express themselves openly without fear of stigmatization or judgement. The use of soccer made the programme fun and exciting and was seen as beneficial for programme uptake. The SMS campaign offered a confidential space that was valued by participants.	The programme facilitators did not deliver the curriculum consistently, most sessions lacked soccer game play or drills. The study identified that this might have been because the facilitators did not receive technical training in soccer. The study also identified that the programme would benefit from being extended past 10 weeks, and that a programme might be offered to male adolescents, with the idea of the two programmes merging over time.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
10 **Yamuchi, 2010**	MYMsta and Mizz B	The mobile phone-based networking site was launched in 2008 and was available to anyone with WAP enabled mobile phones.	MYMsta and Mizz B were available online. Interactions with Mizz B were addressed by a team on online counsellors.	MYMsta was an online and mobile phone-based networking site. The site offered peer discussion forums and acted as a platform for public health educators to share SRH information as well as information about current events, scholarships, and jobs and careers. Mizz B appeared as a 'friend' in MYMsta users' contact lists. Users could contact Mizz B when seeking advice or information. The site also holds contests and giveaways and offers health-based games and quizzes.	HIV/AIDS, careers, events, jobs, scholarships, relationships, dating and health. Peer discussion forums allow for any topic to be discussed.	MYMsta offers a social networking site that is dedicated to HIV/AIDS prevention. The site seeks to provide a platform through which users' feel supported to build initiative, pursue ambitions, and discover new opportunities.	Users use MYMsta and Mizz B to get advice and information on dating and relationships. They also use the platform to build relationships and learn about educational and professional opportunities.	The study participants identified the use of mobile technology as beneficial. Mobile phones are important and available to many South African adolescents. They valued being a part of a supportive and trusted community. The platform offered a non-judgemental and anonymous space in which they could connect with peers and health counsellors at all times.	The study recommended that MYMsta would benefit from creating a user-friendly chat feature and improving usability by performing comprehensive web usability testing and solving technical issues. The study also observed that the site should include a 'report this post' feature to prevent the spread of inaccurate information by users, cyber-predators and negative comments left by users.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
11 Kedde et al., 2018	MenCare+	Male *n* = 15 (20 per group) (Age 15 – 24 years)	This programme was delivered through nine 2-hour sessions over approximately three months. The programme was delivered in school classrooms or community halls. The study did not include information about facilitators.	This multi-level programme used a gender-transformative approach and was based in a socio-ecological model. The programme consisted of multiple components delivered at societal, community, relationship, and individual levels. The programme included group education and counselling, and community level campaigns and workshops. The programme also engaged with health services and partner organizations.	SRH rights, sexuality, relationships, gender equality, new-born and child health, caregiving, sexual and domestic violence, SRH services, contraceptive use.	The programme used a gender-transformative approach in aim of counteracting harmful gender norms and addressing SRH rights and gender equality.	The study found a significant increase in participants' gender equitable attitudes, and a positive shift in attitudes towards contraception. The programme was not found to impact participants' use of health care service regarding SRH issues, however participants reported feeling comfortable seeking sexually related information from health care professionals.	The study identified the socio-ecological nature of the programme as beneficial.	The study proposed that the length of the programme, three months, was possibly not long enough to increase uptake of SRH services.

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
12 Donnenberg et al., 2021	Informed Motivated Aware and Responsible Adults and Adolescents (IMARA) SA	*n* = 4 (18 per group) female adolescents (Age 15 – 19 years) Female Caregivers (Age 24 – 60)	The programme was delivered in two approximately 5-hour sessions over 2 days. The programme was facilitated by Xhosa-speaking, Black South African women.	This curriculum-based programme was delivered to caregiver and adolescent girl dyads through interactive and experiential activities. The sessions consisted of discussions between dyads and groups, role-plays, and games.	Mental distress and sexual risk taking, identifying triggers, coping strategies, family relationships, communication, HIV and STIs, PrEP, condom use, relationships, gender roles and norms, and intimate partner violence.	The programme aimed to strengthen relationships and communication about sex and HIV between adolescent girls and their female caregivers. It also aimed to increase self-efficacy for condom use and improve caregivers monitoring of their charges' activities. The programme sought to encourage gender empowerment and promote pride in female culture.	The study measured mental health distress in participants. IMARA participants were found to have significantly fewer anxiety and depressive symptoms. Participants were also likely to have moderately less symptoms of PTSD.	The study recognised the value of having child and caregiver dyads present for the programme as participants potentially benefited from increased feelings of social support. The study also identified the programme's ability to be facilitated by individuals who did not have prior experience in education or mental health as valuable as it makes the programme cost effective.	[The study did not identify any limitations of the programme]

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
13 Thurman et al., 2020	Let's Talk	Male and female *n* = approximately 10 per group (Age = 13 – 17 years) Female caregivers	The programme was delivered in KZN and Gauteng over 14 weeks. Sessions were two hours long. Caregivers received 19 sessions whilst adolescents received 14. Of these sessions, six were joint sessions with both caregivers and adolescents present. Sessions were facilitated by 25 male and female community-based facilitators. Facilitators used isiZulu and Sesotho	This programme was rooted in ecodevelopment theory, cognitive behavioural theory, and social learning theory. The family centred programme made use of structured closed small-group sessions. The programme was manualised and structured sessions involved opening rituals, discussions of the home practice assigned in the previous sessions, and core exercises such as role play, culturally appropriate interactive scenarios and stories. Sessions ended with a reflective discussion and home practice was assigned.	The programme dealt with many topics with a focus on family relationships and communication, emotion and behaviour management, conflict management, raising adolescents, SRH, understanding HIV and STI's, and condom use.	Let's Talk is a family-centred HIV prevention programme. The programme focusses on bettering communication between caregivers and adolescents and strengthening family bonds.	Only female adolescent participants and their caregivers were included in this study. The study found that adolescents' mental health directly affected the caregiver-adolescent relationship quality. The quality of caregiver-adolescent relationships in turn, directly affected the amount of sexual communication between parents and adolescents. Let's Talk was found by study participants to mitigate cultural barriers which prevent sexual communication.	The study found the emphasis on caregiver-adolescent relationships to be valuable as it supported the mental health of both, and increased communication. The study participants felt that the anger-management component of the programme was particularly important as this allowed for the creation of a space in which sensitive discussions could occur.	[The study did not identify any limitations of the programme]

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
14 Hacking et al., 2019	Virtual Mentors programme	Male and female adolescents with a recent HIV-positive diagnosis who had not agreed or were ineligible to start ART and had declined to join an HIV youth-adherence club. Mentees were recruited from clinics in Khayelitsha. (Age 12 – 25 years)	This virtual mentorship programme linked adolescents with a recent diagnosis of HIV with HIV-positive youth who are in stable care. Mentors contacted mentees via SMS, call or Whatsapp messenger. The mentors and mentees communicated for between two and eight weeks. The mentorship concluded with an invitation to the mentee from the mentor to visit his or her next HIV youth-adherence club meeting. The mentee's visit to the youth-adherence club signified the termination of the mentorship programme, after which communication between mentor and mentee became optional to the mentor.	Mentors were matched with mentees who were similar in demographic or in circumstance where possible. Mentors contacted mentees using a guideline for interactions. The pairs communicated over mobile phones.	The interactions were not restricted, but the guidelines for minimum engagement included and introductory message, an invitation to the youth-adherence club a week before the meeting, and a reminder of the club visit the day before the meeting. Study participants indicated that mentors discussed acceptance of their HIV status and encouraged them to seek treatment,	This programme aimed to link newly diagnosed youth with youth in stable care. The role of the mentor was to help the mentee navigate the health system and provide support in aim of encouraging the mentor to return to care.	The study found that mentees had increased initiation of ART and viral load completion. The study did not seem to impact retention in care.	The study identified the use of peer mentors and the use of mobile phones, which are acceptable and important to youth, as valuable Mentees valued the mentorship programme as they felt supported and encouraged. Mentees felt that they could talk freely to mentors without fear of judgement. The use of mobile phones put mentors and mentees in contact with no need for house visits.	[The study did not discuss limitations of the programme]

Study No.	Programme/ intervention name and organization	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
15 Jewkes et al., 2019	Skhokho	Male and female adolescents Grade 8 - 11 Caregivers Teachers	This combination intervention included a school intervention package and caregiver-learner workshops. The schools package included school clubs facilitated by project staff, as well as providing teacher training and LO curriculum workbooks for LO teachers. The caregiver-learner workshops were only for grade 8 students and their caregivers and were facilitated by project staff. The school clubs met for 30-minute sessions and ran over the course of the school year. Four caregiver-learner workshops were held over 8 months. The workshops took place on weekend days.	This programme was rooted in theory of change. The caregiver-learner workshops were facilitated with learners and caregivers separately, coming together for a joint dialogue session at the end of the day. The older project staff worked with the caregivers, whilst younger projects staff worked with the adolescents.	In school cubs the following topics were explored: communication, joys and difficulties of school, conflict and negotiation, gender, emotions, and safety in relationships. In the workshops the caregiver sessions included the following topics: parenting, understanding changes in teenage years, gender, risks for teenagers, and GBV and perpetration. In the workshops the adolescent sessions included the following topics: changes in teenage years, challenges, hopes and dreams, communication, gender roles and norms, relationships with parents, emotions, relationships, friendships, threats and risks.	This gender-based violence prevention programme aimed to reduce sexual and dating violence by addressing the drivers of rape and IPV.	The study did not find that the programme had a significant effect on IPV. The study does however suggest a generally beneficial impact with lower measures of non-partner rape and IPV experience.	The study identified the inclusion of caregivers in the programme as particularly beneficial.	[The study did not discuss limitations of the programme]

Study No.	Programme/ intervention name	Programme participant details	Programme delivery	Theoretical base, methods, and techniques	Topics	Intended outcomes of programme	Measured outcomes of study	Identified supportive elements of programme	Identified limitations of programme
16 Letsela et al., 2021	Soul Buddyz Clubs Programme	Male and female (Age 10 – 14 years)	This extracurricular club was delivered by volunteer teachers at regular after-school meetings.	This programme is based in child participation principles. The club provides edutainment for participants, with various club activities, such as debates, projects, discussions**,** and competitions, that aim to be enjoyable and educational. The club makes use of booklets, magazines**,** and posters.	SRH, healthy living, HPV vaccine, medical male circumcisions, relationships, GBV, substances and tobacco, HIV, HIV stigma, HIV treatment, and HIV acceptance.	This programme aimed to promote health and well-being in children, including sexual health. The programme aimed to increase self-efficacy and empower children through life skills and education.	The study found participation in Soul Buddyz Clubs to be associated with uptake of biomedical HIV services including male medical circumcision and HIV testing. Participation was also associated with less stigmatizing attitudes towards HIV, and correct knowledge about HIV prevention.	The study identified the child-led nature of the clubs as being valuable since it engages these young adolescents in problem solving for their own lives. The study also identified that the clubs provide a safe space in which participants benefit from peer support and from the support of passionate facilitators.	[The study did not discuss limitations of the programme]

4.3 Reflections on the scoping review

In this section I will discuss the themes that emerged from the scoping review. As mentioned, this scoping review was undertaken to explore programmes used to address adolescent SRH in SA. From the scoping review I hoped to find out not only what programmes there are, but what key factors make for a successful programme, and what factors do not. SRH, as defined by the WHO and UNFPA in the introduction of this dissertation is extremely broad, encapsulating several aspects of health. SRH relates to physical health, mental health and social well-being in any matter related to the reproductive system (UNFPA, 2016). It is not surprising, therefore, that the scope of the programmes reviewed is broad. It is worth noting that the studies included in the scoping review discussed the programmes in varying degrees of detail, often focussing on the specifics of the *study* in more detail than the specifics of the *programme*. Studies 1, 7 and 10 were dissertations and included detailed information about the interventions whilst the other studies were presented in journal articles, and it is likely due to the limited word count that they often lacked substantial details about the programmes. As I aimed to explore the specific details of the programmes, this posed a challenge. It seems pragmatic that studies about programmes should include a reference to a website that can be accessed with more information about the programme (as was the case in study 2).

4.3.1 Programme participants

The *study* participants were not always fully representative of the *programme* participants. Several studies that were included in the scoping review in the preliminary screening phase were later excluded as the study participants did not include adolescents who participated in the programme. This discrepancy between programme participants and study participants posed a challenge, as the information about study participants was often more detailed than the information about the programme participants which, in some cases, was thin. The programme in study 13, for example, was delivered to male and female participants, but only female participants were included as participants in the study.

4.3.1.1 Age range of participants

Two of the included interventions were freely available to all ages through multimedia or online platforms. The 14 programmes that were delivered to identified participants included a wide range of adolescent participant ages (10 – 25 years old). In the 13 programmes that were delivered though group sessions, the range of ages included in the groups seemed to

vary significantly. The programme in study 11 included group educational sessions and was delivered to participants aged 15 to 24 years old. It is possible that these educational sessions were delivered in separate, age defined groups, but this is not indicated by the study. Other programmes were delivered to narrow age groups with a one-to-two-year age range (studies 1, 4, 5 and 7). Only three of the programmes were delivered only to participants under the age of 14 (programme 5 was delivered to participants in grade 8, programme 8 was delivered to grades 5 – 7, and programme 16 was delivered to participants aged 10 – 14). Six programmes identified 15 years or older as the minimum participant age (studies 1, 2, 4, 7, 11 and 12). A longitudinal study by Richter and colleagues (2015) identified 16 and 15 years as the median age of sexual debut in South African females and males respectively). It therefore seems fitting for SRH programmes to engage adolescents of this age. In the same study, however, some participants reported sexual debut (both voluntary and coerced) before age 12. The majority of female participants who had engaged in sex before age 14 reported that their sexual debut was coerced. The majority of male participants reported voluntary sexual debut, however, reported coerced sexual debut was common, particularly when sexual debut occurred at 14 years and younger (Richter et al.). In South Africa adolescents as young as 12 may legally have sex, provided that their sexual partner is no younger, and not more than two years older than they are (Criminal Law (Sexual Offences and Related Matters) Amendment Act [Act No. 32 of 2007], 2007). Furthermore, SRH is far broader than sexual activity only, and younger adolescents and children may face many SRH challenges. Programmes 8 was delivered to younger adolescents (grades five to seven) and identified the young age of the participants as a strength of the programme. The author of study 7 suggested that the programme, which was delivered to 15 – 16-year-old males and aimed to challenge harmful gender stereotypes and attitudes, might be more successful with primary school participants since they have fewer years of exposure to harmful gender attitudes and norms. It seems that providing SRH programmes that accommodate younger adolescents may be beneficial as these programmes have the potential to lay a foundation of protective SRH information and behaviours before participants have experienced or been exposed to factors which increase vulnerability.

4.3.1.2 Gender

The studies included in the scoping review used the language “female participants” and “male participants” as opposed to “participants identifying as female” or “participants identifying as male”. Nine of the programmes included both female and male participants. Three programmes were delivered to female participants only, and two to male participants

only. The female programmes (studies 12, 9 and 2) included content which was designed to empower female participants, increase self-efficacy for condom use and sexual decision-making, and bring awareness to SRH rights. The male programmes (studies 11 and 7) focussed specifically on gender equality and challenging gender stereotypes and norms. Delivering a SRH programme to a specific gender might be perceived as beneficial. Participants in study two's female-only programme valued the safe space that the peer-group clubs offered and felt that they could share feelings and experiences without the fear of being judged. Although the study did not explicitly attribute the programmes' ability to create safe spaces to having only female participants, the study did indicate that participants felt safe because of their perceived similarities with other participants and peer facilitators, of which gender is likely an important example. Similarly, programme one, which was delivered entirely to separate male and female groups, identified this separation as beneficial since the facilitator did not need to navigate power dynamics and gender norms between the participants. However, this was a pilot study and the author indicated that mixed gender groups would be run in the future as this could encourage important discussions between participants. SRH challenges are faced by members of every gender, and it may be beneficial for programmes to provide the opportunity for members of different genders to engage in conversation. For example, study nine, a female only programme, identified that it would be beneficial to pair the SKILLZ Street programme with comparable male programmes to engage males in discussions about SRH and gender norms as this could support the change of social norms that reinforce the perpetration of gender-based violence.

4.3.1.3 Inclusion of non-adolescent participants

Four programmes (studies three, 12, 13 and 15) included not only adolescent participants but also their caregivers. Programmes three and 15 provided workshops for caregivers, whilst programme 12 had separate and joint sessions for adolescents and caregivers, and programme 13 included caregivers in all sessions. The programmes that included caregivers included a focus on communication and family relationships. In study 13 the authors found that the quality of caregiver-adolescent relationships had a direct affect on the amount of communication about sexual matters in the relationships. As discussed in the literature review, communication between adolescents and caregivers can promote protective sexual behaviours (Bowring et al., 2018; Jonas et al., 2020; Markham et al., 2010). It therefore seems important that SRH programmes aim to promote good adolescent-caregiver relationships. Including caregivers in SRH programmes not only holds potential for better communication and perception of familial support for adolescents, but also changes the level of impact of the programme from individual to relational.

As discussed in the literature review there are various systemic and community level factors that impact on adolescents' sexual behaviours as well their candidacy for SRH services (Govender et al., 2020; Nkosi et al., 2019). A common identified limitation of the reviewed programmes was that they did not impact their participants' environments sufficiently. For example, programme eight reported that although the programme increased participants' HIV knowledge and reduced HIV stigma, it did not influence their opportunities to access health services as the city it was run in lacked youth-friendly services. Studies four, five, six and seven similarly concluded that their studied programmes did not sufficiently impact participants' systems. Several of the reviewed programmes expanded the impact of their programmes to include systemic levels. Programme 15 offered training for schools' LO teachers and provided them with curriculum workbooks in addition to running project staff facilitated school clubs and caregiver-learner workshops. Programme 11 included community campaigns and workshops, and engaged with health care services and partner organisations. Other programmes included sessions that were facilitated by professionals from health services and justice services (study 5), offered a presentation by a guest speaker from a care centre (study 9), and provided a platform on which SRH educators could deliver content (study 10).

4.3.2 Programme delivery

The studies presented the delivery of the programmes in varying degrees of detail, often focusing more on the methodology of the study than that of the programme. Therefore, the scoping review cannot provide a complete picture of how these programmes are being delivered.

4.3.2.1 In-person group sessions versus mobile or online delivery

Most of the programmes made use of a form of group session (studies 1,2,3, 4, 5, 7, 8,11, 12, 13, 15, 16) with a minority making use of mobile or online technology (studies 6, 10, 14). Study 9 used both group sessions and an SMS service. The use of groups was regularly regarded as a strength of programmes, as group members felt connected to each other and perceived the group as a supportive network (studies 1, 2, 7, 11, 16). The use of mobile technology was also identified as a strength in studies 9, 10 and 14, which identified mobile phones as important to adolescents. These studies identified the online platform's ability to provide private access to interventions at any time and from any place as a strength. Participants in study 10, who engaged with an HIV-dedicated mobile phone-based social networking site, valued the opportunity to connect and interact with others. They also

appreciated having a non-judgemental space where they were able to discuss various topics and seek advice whilst remaining anonymous. Mobile and online technology, however, rely on access to cell phones, computers, data or internet, which limits the reach of the intervention. With mobile technology, programmes might risk the spread of inaccurate information by users, as well as exposing users to cyber-bullying or cyber-predators as was identified in study 10.

4.3.2.2 Programme length

Although some studies did not include the specific details about programme and session duration (studies 2, 4 and 16), in studies that did, the length of programmes and individual sessions varied greatly. Short term programmes that took place over a few days had longer, more intensive sessions (studies 1 and 12). Programmes that ran over a few weeks or months usually made use of 90 to 120-minute sessions (studies 5, 7, 9, 11 and 13). Long-term programmes that ran over the course of the year seemed often to take the form of extracurricular clubs (studies 2, 15 and 16). It is not clear from the scoping review whether an intensive short-term programme or a longer-term programme has greater impact.

4.3.2.3 Facilitation of programmes

Details pertaining to the facilitation of the programmes were generally scarce. Four programmes made use of peer facilitators or mentors with varying degrees of success. Study 4 used peer facilitators to deliver curriculum-based classes at school with unsuccessful outcomes regarding delaying sexual debut or increasing condom use. The study identified that curriculum-based programmes, whether delivered by teachers or peer-facilitators, may be less effective in resource-constrained schools where adolescents are heavily impacted by family, community, and systemic factors due to the lack of impact they are likely to have on the system. In other peer-facilitated or mentored programmes (studies 2, 3 and 24), it was identified that participants valued that the facilitators were people they could relate to, share openly with, or look up to. This is important considering adolescents' perception that they lack role models and adult support as identified by participants in study 1 which regarded this perceived lack of support and role models as a risk factor for HIV and sexual risk taking.

Other programmes were facilitated by the study researcher (studies 1 and 7), community-based facilitators (studies 9 and 13), project staff (studies 5, 8 and 15) or volunteer teachers (study 16). Study 10, which explored engagement in an online networking platform, included

a feature in which users could interact with counsellors online who answered questions and gave advice. This programme also served as a platform for public health educators to share information. Several programmes linked participants to community services such as health care or justice and crime prevention (studies 5, 9, 10 and 11). These studied aimed to impact participants' awareness of and familiarity with these services and thus increase help seeking behaviours. However, study 9 reported that, although participants gained an increased understanding of the services offered by a care centre that had been linked to the programme through a guest speaker from the centre, their knowledge of other health care services had decreased post intervention. The outcomes of study 11 also showed limited success as, although programme participants reported feeling comfortable seeking SRH information from health care professionals, the programme failed in impacting participants' use of health care services.

4.3.3 Methods and techniques used to deliver programmes

4.3.3.1 Education

All but one of the programmes aimed to educate or share information with participants. The exception, study 1, used arts-based research techniques to gather data about participants' SRH risk vulnerabilities through a Body Mapping process. Although this programme did not aim to educate participants, the explorative experience of the programme offered participants insights into their lives, and they felt encouraged and supported by the group and the facilitators. The study identified participants' perceived lack of support and mentorship from adults as one of the risk factors that makes them vulnerable to SRH challenges. The participants also identified a disconnect between their realities of risk and the SRH information that they are generally exposed.

Despite the educational aspect of the majority of programmes, there is little evidence in the literature that educational SRH interventions actually impact behaviour change (Hindin & Fatusi, 2009). Programme 5, a school-based educational programme facilitated by project staff, measured both knowledge and behavioural outcomes and found an increase in HIV knowledge, but no effect on sexual debut, condom use or number of sexual partners. Programme 4, which used peer-educators to deliver curriculum-based lessons, was also unsuccessful in impacting sexual debut, condom use or number of sexual partners. It therefore seems important to me that SRH programmes aim not only to increase SRH knowledge but find way of impacting behaviour. Study 6 found that participants who had engaged with MTV's drama series had increased awareness of HIV self-testing and were more likely to know their HIV status. The participants in this study identified the storylines

and characters in the show as relatable, and the study identified that the impact that the Drama series seemed to have on its viewers might be due to the show's ability to invite viewers to engage with HIV information that is often regarded as academic or abstract. The concept of 'edutainment' (educational material delivered in an entertaining way) was used by programmes 6 and 10. In addition to educational resources such as curriculums, magazines, and worksheets, most of the reviewed programmes attempted to deliver educational content by using methods that made the content relevant and allowed for interactive participation, such as group discussions, projects, and roleplays.

4.3.3.2 Sport or arts-based activities

Two programmes used soccer as their primary method for content delivery and both studies (8 and 9) identified the use of soccer as a strength of the programmes. Study 8 discussed the success of the programme in relation to the value of the interactive nature of the programme which used soccer as a metaphor for life, connecting the fundamentals of the game to desired learning outcomes (e.g., a soccer team playing without a goalkeeper is likened to having sex without a condom). Study 9 described how programme participants were excited to attend the programme because of the soccer games and activities. However, the authors of study 9 observed that, although soccer was supposed to be played in each session, the programme facilitators seldom included soccer drills or game play. It was discussed how this may have been due to the facilitator's lack of technical training in soccer. It seems important that facilitators feel sufficiently competent to work with specialised activities such as sports or arts which might impact the feasibility of such programmes. Other programmes used artistic elements, such as role-plays (studies 7, 12 and 13), interactive scenarios (study 13), and stories (study 6 and 13). Study 1 examined the use of Body Mapping, an artistic technique in which topics are explored through the creation of art which can then be processed through discussion, as a tool for exploring HIV risk with young men and women. Participants valued the technique which enabled them to deeply engage with and express their own experiences and stories. The study found Body Mapping to be a successful tool not only to explore topics, but to learn about participants' experiences and vulnerability to risk.

4.3.3.3 Social learning

Many of the reviewed programmes drew on social learning approaches (studies 2, 4, 6, 13 and 14). Most of the programmes were delivered to groups, and discussions were a common component of almost all the programmes. Peer-facilitation was common and often

identified as a strength of programmes. In study 14, adolescents who were HIV positive and in stable care (receiving medical treatment for their illness) were called on to mentor adolescents who were newly diagnosed and had declined care or antiretroviral therapy (ART). Mentees felt supported and encouraged to access care by mentors who they felt connected to and identified with. Programmes that can provide connection and an element of positive peer pressure seem to be impactful.

4.3.4 Programme aims and content

The studies in the scoping review clearly identified the aims of the programmes that they were studying. The content of programmes was discussed generally in most of the studies, but very few studies went into details on the specific topics included. Therefore, I cannot provide exact details of the content explored by each programme, but in the following section I refer to the topics that were explicitly referenced in the studies.

4.3.4.1 HIV

HIV is rife across Africa and has had devastating social and economic implications for its countries (Poku & Whiteside, 2017). It is therefore not surprising that aims of HIV prevention, or HIV content were referenced in most of the studies (studies 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14 and 16). That said, many SRH concerns are intrinsically connected, and all the programmes included other aspects of SRH. Topics specifically related to HIV included HIV knowledge (studies 3, 6, 8, 9, 10, 11, 12, 13, 16), prevention including PReP and/or condom use (studies 5, 6, 12, 13) stigma (study 16), testing (study 6) and care including youth-adherence clubs and ART (studies 14 and 16).

4.3.4.2 Gender-related content

Programmes with primary aims surrounding gender-related aspects were also common. Gender-oriented topics were medical male circumcision (study 16), menstruation (study 9), gender equality (studies 1, 5, 7, 9, 11, and 15), stereotypes (studies 7, 11, 12 and 15), gender roles (study 7, 11, 12 and 15), and GBV (studies 7, 11, 12, 15 and 16). The programmes which were delivered to males only (studies 11 and 7) and females only (2, 9 and 12) were particularly focussed on gender-oriented content. The two male-only programmes aimed to amend harmful gender socialisation (the expectations and stereotypes regarding gender that are taught to individuals by society). These programmes focused on challenging attitudes held by male identifying participants regarding violence,

equality, norms, and roles (including sexual decision-making and caregiving). Similarly, the female-only programmes focused on gender-related topics but with a stronger focus on SRH rights and supporting and empowering participants. Exposure to GBV, which includes experiencing controlling behaviour from a partner, are associated with risk behaviours such as substance use, multiple and concurrent sexual partners, less frequent condom use, transactional sex and prostitution in South African women (Jewkes et al., 2010). In relation to the SRH risks that gender inequality and GBV pose to adolescents, it is understandable that the male-targeted programmes used more gender-transformative approaches while female targeted programmes aimed to empower and support.

4.3.4.3 Supportive elements

Most of the included programmes focused on SRH challenges (HIV, gender and intimate partner violence, teenage pregnancy, and gender inequality) and behaviour and risk factors that lead to vulnerability to SRH challenges (becoming sexually active, number of sexual partners, peer pressure, and alcohol and substance use). However, many of the programmes aimed to provide a holistic approach that also included empowering content and exploration of topics that are supportive of healthy sexual behaviours. Several programmes included content about mental health (studies 8, 9, 12, 13 and 15) relationships (studies 3, 5, 6, 9, 10, 11, 12, 13, 15 and 16), health seeking behaviours (9, 11 and 14), and communication (studies 5, 12, 13 and 15). Mental health components of studies 8, 9, 12, 13 and 15 included self-esteem, self-efficacy, emotional regulation, identification of triggers and coping strategies. Familial relationships, friendships, support systems and role models were included in studies 3, 5, 6, 9, 10, 11, 12, 13, 15 and 16. Communication with caregivers was a focus of studies 5, 12, 13 and 15 which worked to develop and increase communication skills, including sexual communication, with both adolescent and caregivers. Health-seeking behaviours were encouraged, and participants were made aware of and linked to services in studies 9, 11 and 14.

4.4 Conclusion

During the analysis process, I extracted data from 16 studies, which I charted and presented in Table 2. Although many of the studies lacked specific details about the programmes, I was able to draw from the studies to achieve an understanding of the different ways SRH programmes work to serve adolescents in SA including information about participants, programme delivery, delivery methods and techniques, and programme aims and content.

The knowledge I gained was drawn on to develop a framework for a music therapy informed programme. The development of this framework is discussed in the next chapter.

Chapter 5

Development of a framework for a music therapy informed SRH programme

This chapter offers my suggestions for a music therapy informed SRH programme. The development of the framework was informed by the scoping review and will be discussed in relation to its findings. This chapter also includes a description of how I prepared for and conducted the focus group in which the programme framework was presented and discussed.

5.1 Programme overview

5.1.1 The music therapy informed nature of the programme

This SRH programme is not a music therapy intervention but is rather informed by music therapy. It does not rely on facilitation by a music therapist. It is a SRH programme that draws on the use of music, and music therapy techniques to provide an explorative space in which individuals are supported and their health and well-being promoted. Music engages us socially, fulfilling vital human needs (Koelsch, 2013). I contend that the use of music should not be restricted to musicians and music therapists. The scoping review explained how the use of activity-based delivery methods in sport- or arts-based programmes positively impacted the participants' experience of the programmes (studies 1, 8 and 9). Participants were excited to participate in activities through which content could be delivered in a non-academic, relatable way. I argue that a music-centred programme could be similarly perceived by adolescents as enjoyable and exciting, whilst holding potential to motivate explorative and expressive participation.

5.1.2 Content

The scoping review revealed the interconnectedness of SRH matters. Even programmes that had an identified primary focus such as HIV prevention commonly delivered comprehensive and holistic programmes that included a variety of topics. The scoping review also showed that SRH programmes commonly focus not only on SRH challenges, but also on participant strengths and resources. I therefore proposed to the focus group participants that the content in this programme could include SRH challenges whilst encouraging healthy sexual behaviours and empowering participants to identify their own strengths and resources.

5.1.3 Programme outline

After conducting the scoping review, I proposed the following programme outline:

Session 1: Introduction

Session 2: Gender

Session 3: HIV

Session 4: Relationships and communication

Session 5: Relationships and communication continued (with caregivers)

Session 6: Health providers and health seeking

Session 7: My future

Session 8: Creative reflection on programme

Session 9: Rehearsal

Graduation ceremony (performance event)

5.2 Potential delivery methods

Although the scoping review did not identify a particular method of programme delivery as being superior or ensuring successful attainment of programme outcomes, it did suggest various potentially helpful approaches, techniques, and methods. The following delivery methods were, therefore, presented to the focus group and discussed.

5.2.1 Inclusion of older and younger adolescents and the use of peer-facilitation

The scoping review revealed that SRH programmes are generally accommodating of older adolescents. Whilst older adolescents are more likely to be sexually active and therefore more vulnerable to SRH challenges, there is potential to lay foundations for younger adolescents that develop protective SRH attitudes and behaviours. The review identified the value of a non-judgemental space in which participants felt connected to and supported by peers and facilitators. I proposed, therefore, that this programme make use of peer facilitation. The programme could first be run with older adolescent groups who then serve as peer facilitators (working with an adult facilitator) for younger adolescent groups.

Delivering the programme in age defined groups would allow for age-appropriate delivery and exploration of the programme content whilst accommodating a wide age range. Including the older adolescents as peer facilitators may be beneficial for younger adolescents who might feel connected to and supported by the peer-facilitators who they may regard as role models. A perceived lack of role models was identified in the scoping review as a SRH risk factor for adolescents (study 1). This approach may also allow for an element of sustainability to the programme, as the connections made may motivate sexual communication and information seeking between the younger and older group members within children's homes.

5.2.2 Use of mixed-gender groups

The scoping review included female-only, male-only and mixed-gender programmes. Gender issues were commonly discussed in programmes that included only male or female participants. The inclusion of both male and female participants increases possibilities for social learning, a common approach of programmes in the scoping revies. I proposed that the current programme could accommodate participants in mixed groups, allowing for the group to divide into male identifying and female identifying groups where this may be beneficial.

5.2.3 Inclusion of non-adolescent participants

Several of the reviewed programmes extended their reach to impact the systems that the adolescents belong to. The current programme could benefit from inclusion of the children's home caregivers (the adults who are involved in the upbringing or care of the adolescents) as programme participants. There is potential for caregivers to attend caregiver only sessions, or to accompany their adolescent charges in sessions that focus on relationships.

An identified limitation of several programmes was that, although the participants were aware of SRH services, the programme did not impact the opportunity for uptake of services. The current programme could aim to partner with community health services. This feature would be dependent on the location of the children's homes in relation to health care providers. The programme participants could do a performance at a local clinic for staff and community members, or the programme could culminate in a performative event where public health providers are invited to speak.

5.2.4 Facilitation

This music therapy informed programme can be designed specifically as to not be dependent on facilitation by a music therapist. Although the scoping review did not reveal very much about facilitators, the participant-facilitator relationship was mentioned by several studies. Participants valued facilitators who they perceived as non-judgemental, supportive, and similar to them in some way. I proposed that the facilitators for this programme need not be qualified musicians, health care workers or educators. They should however possess an adequate understanding of SRH information and be somewhat comfortable using music exploratively. It may therefore be necessary for programme facilitators to receive training. Training could be done in person by a music therapist, or a comprehensive training manual could be developed. The training could include the following topics:

- Using music exploratively
- Important SRH information
- Working with adolescents
- Programme curriculum (including session plans, song lyrics, song ideas, and resources needed)
- Putting on a performance

5.2.5 Time frame and session length

The reviewed programmes varied significantly in time frame and session length. Considering feasibility and uptake, a ten-session programme that runs over ten weeks may to be appropriate. Session length should be age dependent and I proposed that older adolescent group sessions run for two hours, and younger adolescent group sessions run for one hour.

5.2.6 Approach

Although I proposed a curriculum-based programme, it is first and foremost an arts-based programme that should use explorative and expressive methods to work through scheduled content. The structure and delivery of the programme should allow for a participant-led approach in which programme participants are given some agency regarding content and activities. The primary role of the programmes' facilitators being to guide and support adolescents in their own exploration of the scheduled content.

5.3 Focus group preparation and facilitation

5.3.1 Identifying focus group participants

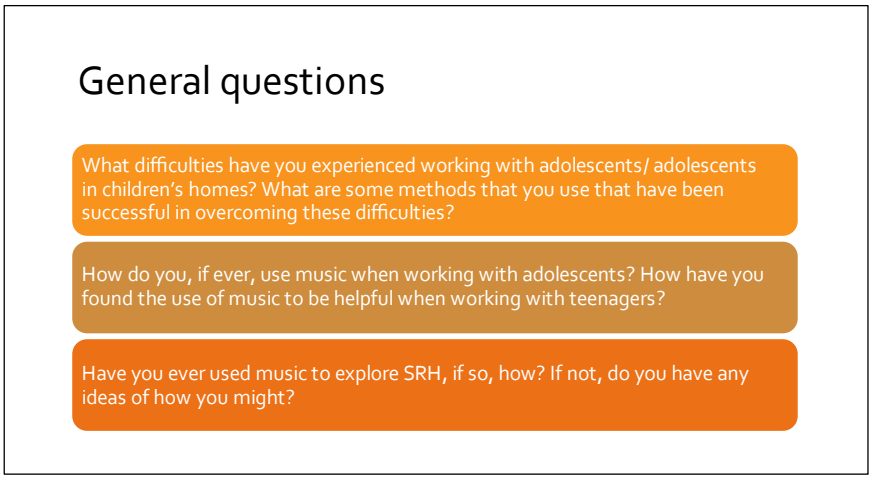
Since the fundamental elements of this programme are adolescent SRH promotion, a music therapy informed approach to SRH promotion, and adolescents in children's homes, I sought out professionals who had experience in each of these fields. The professionals who had consented and agreed to attend the scheduled meeting included two music therapists, a drama therapy student, a social worker who specialises in play therapy, a clinical psychologist, and the youth coordinator of a humanitarian non-governmental organisation. The experience held by each individual ensured that the group was representative of the afore mentioned fields. The drama therapy student and one of the music therapists had both worked with adolescents at a children's home. The social worker and youth coordinator had both been involved in adolescent SRH programmes. The qualified music therapists, by definition, had experience using music in health promotion. Although unforeseen circumstances that arose on the day of the meeting prevented the youth coordinator and the clinical psychologist from attending the meeting, the experience held by the four participants who did attend covered the fields I aimed to include.

5.3.2 Planning the focus group schedule

Since I aimed to ascertain how music therapists and allied professionals perceived the potential of the proposed programme, I needed to provide the group with context and present the proposed programme to them before inviting the group into discussion. I allotted three hours for the focus group with a 15-minute tea break, breaking the meeting into two parts. I prepared two PowerPoint presentations for the two parts of the meeting. The first PowerPoint presentation included a welcome, an introduction to the research project (including a brief introduction to music therapy and the SRH of adolescents in children's homes), three general questions, and an overview of the scoping review. I decided to ask the general questions before presenting the scoping review and proposed programme framework as I hoped to gather information that was not led by my presentation. In asking these questions, included in figure 4. I hoped to gain insight from the participants' experiences of working with adolescents in children's homes, use of music with adolescents, and use of music to explore SRH.

Figure 4

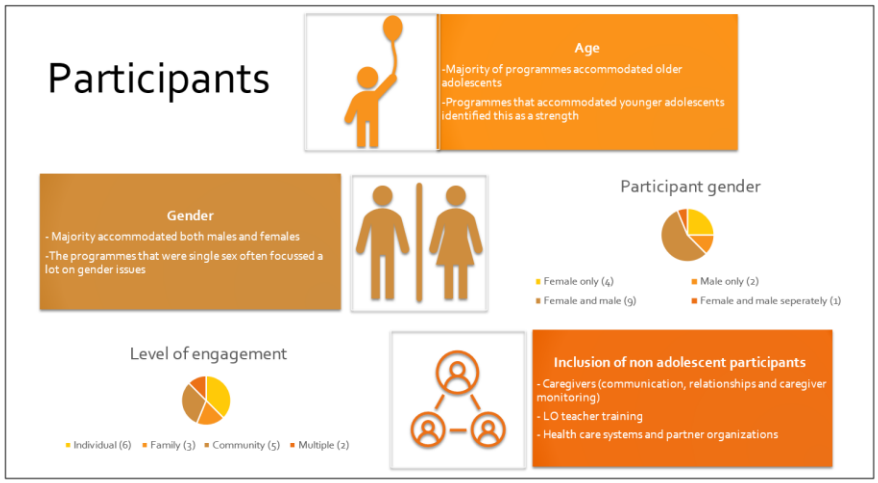
Example from PowerPoint showing general questions



In the meeting I hoped not only to gather the participants' perceptions of the programme, but also to invite them to offer their feedback and ideas which could be used to develop the programme further. As such, I wanted to give the focus group participants context and understanding of the underpinnings of my proposed programme by presenting them with an overview of the scoping review. I prepared slides with infographics that provided this overview as seen in figure 5.

Figure 5

Example from PowerPoint showing infographics



The second PowerPoint presentation began with a slide that offered my proposed programme outline and ideas for delivery (nine sessions with performance, use of peer-facilitation, dividing adolescents into two separate age defined groups, and facilitation by non-music therapists). The following slides included open ended questions that aimed to invite participants into discussion. The slides with questions pertaining to the programme outline were followed by a copy of the initial slide of the outline with the significant content highlighted so that participants would easily be able to connect the question with what I had proposed. The questions that I included pertained to the ideas that I had proposed (e.g., can you offer your opinions on the content that has been included in this programme?), invited participants to share their own ideas (e.g., looking at the possible programme outline, can you offer any specific ideas of how music could be used to explore the topics in the programme?), and generally inquired into the participants' perceptions of the programme (e.g., do you think music holds potential to explore SRH with this population, if so why?).

Deciding on the order of questions was challenging as I was aware that the answers to some questions could impact the discussion of others. I grouped questions into topics that were presented in the following order: programme content, participants, methods and techniques of delivery, programme delivery, and potential. I decided to begin with a question about the general content in relation to the programme outline as I felt that this would best give the focus group participants an idea of what I had conceptualised. The specific questions that I asked are included in part two of the focus group script in Appendix C.

5.4 Facilitating the focus group

This focus group was conducted online using the Zoom platform. Conducting the meeting online enabled participants from different parts of South Africa to be involved in the discussion but came at the risk of disruptions due to poor connectivity. Fortunately, no severe disruptions occurred. The discussion was video recorded, which all participants were aware of and had consented to.

The focus group was scheduled to take three hours, but it ran for only two and a half hours. As discussed, the schedule and script for the meeting was compiled beforehand, and the meeting ran accordingly:

- Welcome and assurance of confidentiality
- Introduction to the project
- Questions regarding participants work with adolescents in children's homes, adolescents SRH, and use of music with adolescents

- Overview of the scoping review
- Tea break
- Presentation of the framework of the music therapy informed programme
- Questions inviting the sharing of ideas, knowledge, or insights regarding the programme
- Questions regarding the participants' perceptions of the programme

I asked questions regarding the group participants' work with adolescents, with SRH, and with music before presenting the programme framework in order to gain insight about their own experiences and methods of working. After presenting the programme framework I asked questions that related directly to the programme to explore their perceptions of the programme and explore how the programme could be further improved and developed. The focus group script can be found in Appendix C.

5.5 Focus group participants and group dynamics

The four focus group participants had all worked in a therapeutic context with adolescents, with three of them having some experience working specifically with SRH content. Two of the participants had experience working in children's homes, and all of them had used music in their work. The following pseudonyms were chosen by the participants to ensure their anonymity:

- Lulu - a social worker and certified play therapist who specialises in therapeutic play. Lulu has many years of experience working with adolescents and currently works at a school with pre-primary, primary and high-school students. Lulu has experience working with a specialist HIV clinic and has run SRH health groups for adolescents in the community.
- Billy Joel - a music therapist with many years of experience facilitating music therapy groups and some experience working with children and adolescents with HIV.
- Ray Doe - a music therapist who currently works at a children's home in addition to his private practice work where he works with children and teenagers. At the children's home Ray has worked in conjunction with a drama therapist to provide workshops which include SRH content.
- Sharon - a drama therapy student who is currently completing her master's degree. At the time the focus group discussion was held, Sharon was completing her clinical placement work at a children's home.

The group participated easily together, and their opinions were largely aligned. It was only regarding the potential of including a performance component in the programme where the groups' opinion was split. The three arts therapists perceived the performance as a potentially important and positive element to the programme, whilst Lulu questioned the potential for a performance to be of benefit and raised concern about the ethics surrounding the inclusion of a performance component. Matthews and Ross (2010) advise researchers to be aware of the biases that may arise within a sampled population, and suggest deliberate inclusion of people with different experiences. Matthews and Ross also draw attention to group dynamics, suggesting that participants might feel inhibited to express themselves should they feel out of place within the group. It is therefore unfortunate that the two absent participants were unable to attend the meeting since neither was from an arts background and their participation would have ensured a more balanced group with more diverse experiences and perspectives. It is fortunate, however, that despite Lulu's non arts-based approach in a majority arts-based group, her confidence from many years of experience working in this field afforded her the ability to make comments and raise issues that were different from the arts therapists.

5.6 Conclusion

In this chapter I proposed a programme framework for a music therapy informed SRH programme. The framework included a programme outline and descriptions of how this programme could be conceptualised and delivered. I invited professionals with relevant experience to participate in a focus group. I prepared for the focus group by compiling PowerPoint presentations which provided an overview of the findings of the scoping review, presented the developed programme framework, and invited the participants into discussion. Although only four of the six professionals who had agreed to the meeting were able to attend, the group at large held the experience and expertise that I aimed to draw from. The individual group members participated easily together, and the discussion was rich. The following chapter offers an overview of the focus group analysis process.

Chapter 6

Analysis of the focus group

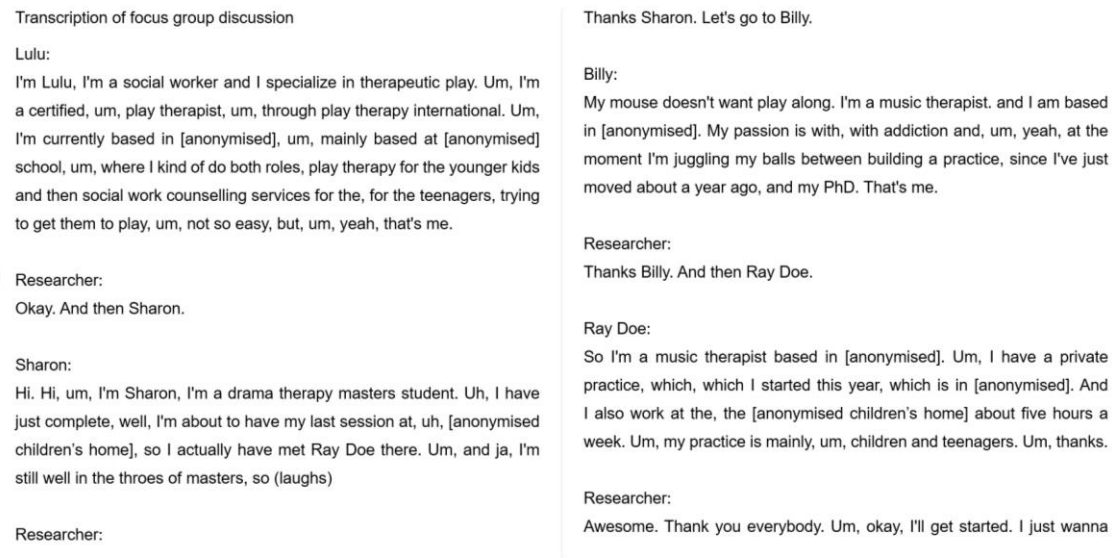
This chapter presents an overview of the analysis process and describes how the data were prepared and organised into themes. This was done in order to address the research question: How do music therapists and allied professionals perceive the potential of the proposed programme?

6.1 Transcription

The video recording of the focus group was transcribed using Descript, an editing and transcription software application. Since the transcription was done using automated software, it was necessary for me to edit the transcription whilst referring to the original recording to correct errors. The full transcription is included as Appendix D. To ensure that the identity of the participants remained confidential, participants' chosen pseudonyms were entered in place of names and any explicit personal details that were included have been removed (replaced by the term "anonymised") as can be seen in Figure 6.

Figure 6

Example from focus group transcription



Transcription of focus group discussion

Lulu:
I'm Lulu, I'm a social worker and I specialize in therapeutic play. Um, I'm a certified, um, play therapist, um, through play therapy international. Um, I'm currently based in [anonymised], um, mainly based at [anonymised] school, um, where I kind of do both roles, play therapy for the younger kids and then social work counselling services for the, for the teenagers, trying to get them to play, um, not so easy, but, um, yeah, that's me.

Researcher:
Okay. And then Sharon.

Sharon:
Hi. Hi, um, I'm Sharon, I'm a drama therapy masters student. Uh, I have just complete, well, I'm about to have my last session at, uh, [anonymised children's home], so I actually have met Ray Doe there. Um, and ja, I'm still well in the throes of masters, so (laughs)

Researcher:
Thanks Sharon. Let's go to Billy.

Billy:
My mouse doesn't want play along. I'm a music therapist. and I am based in [anonymised]. My passion is with, with addiction and, um, yeah, at the moment I'm juggling my balls between building a practice, since I've just moved about a year ago, and my PhD. That's me.

Researcher:
Thanks Billy. And then Ray Doe.

Ray Doe:
So I'm a music therapist based in [anonymised]. Um, I have a private practice, which, which I started this year, which is in [anonymised]. And I also work at the, the [anonymised children's home] about five hours a week. Um, my practice is mainly, um, children and teenagers. Um, thanks.

Researcher:
Awesome. Thank you everybody. Um, okay, I'll get started. I just wanna

6.2 Thematic analysis

I engaged in thematic analysis through five steps as discussed in chapter 3. Firstly, the data was coded line-by-line which resulted in a large volume of level-one codes which were then organised into level-two codes. The coded data were the organised into categories and main categories were identified. Finally, I identified themes that emerged from the main categories.

6.2.1 Level-one coding

I inserted the transcribed data into a table in Microsoft Word with one column dedicated to the transcribed dialogue and a second column dedicated to the level-one codes. Figure 7 shows an example of level-one coding. The full coded transcription is included as Appendix E.

Figure 7

Example of level-one coding[1]

Lulu: with the HIV. Um, I know they're all in children's home, but have all the kids been disclosed to. So again, you're gonna have to look at, have these children, do they know their HIV status? Have they been disclosed to, um, and how well was that disclosure done? Are they in denial about their HIV? You know, have they come to terms with it? Those kind of questions before HIV topics that could then make that child sit back and go, well, hang on, I'm taking medication once or twice a day. Um, you know, um, you know, could I have, and, and fall apart.	Programme participants might be HIV positive and not know their statuses Programme participants who are HIV positive might not have been disclosed to sensitively Programme participants who are HIV positive might not be accepting of their status If programme participants are unaware of their HIV status, the HIV content of the programme might cause them to question their status and incite fear
Researcher: Um, thank you. These are so, so important. Um, do you think that maybe that then a programme like this would really need to engage with the, the home beforehand to find out all this information?	
Lulu: Yeah. Yeah. So before you, and then you gotta, is this gonna be an open group or a closed group?	Recommendation that before the programme is run facilitators need to be aware if participants have been disclosed to and if they are accepting of their status It is important to decide if programme groups will be open or closed

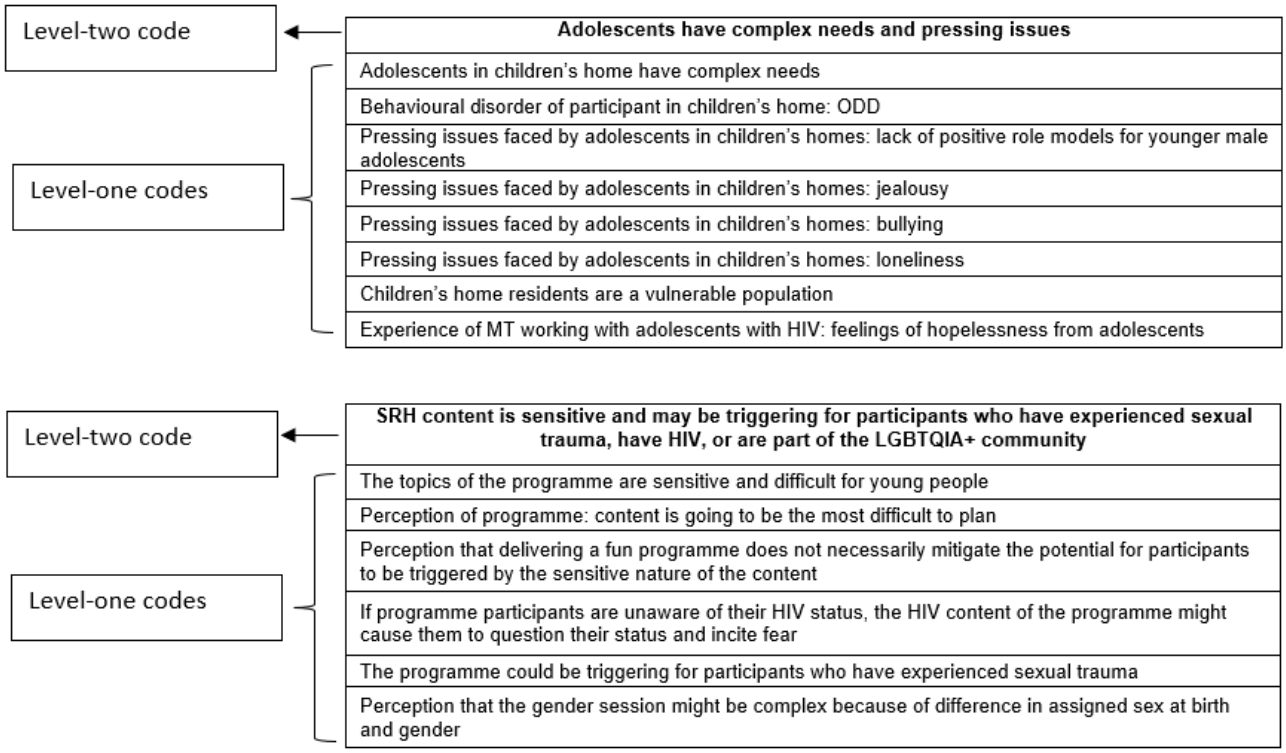
[1] The content of this example should be considered in relation to the ethical and legal considerations of disclosing a person's HIV status without consent. These considerations are discussed in chapter 7.

6.2.2 Level-two coding

I then extracted the level-one codes and inserted them into a new document. I created several new tables into which I gathered level-one codes that were similar. Each table of similar level-one codes was assigned a new label. These labels became the level-two codes as can be seen in the example in Figure 8.

Figure 8

Example of level-two coding

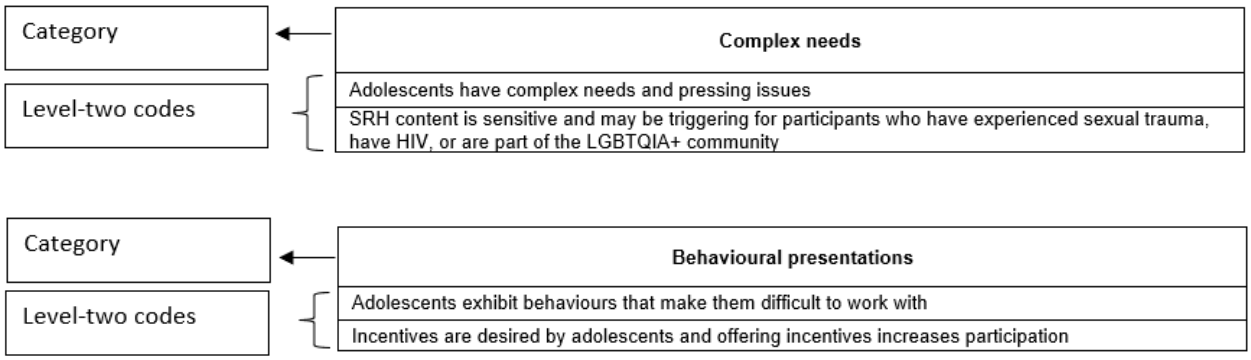


6.2.3 Organising data into categories

I then extracted the level-two codes and placed them in a new document. I gathered similar codes in new tables. I labelled each new table, and these labels became categories, as shown in Figure 9.

Figure 9

Organising data into categories



6.2.4 Developing main categories

To develop main categories, I followed the same process that was used in the prior two stages. Similar categories were inserted into tables and grouped into main categories. Eleven main categories were developed:

- Participants' needs and presentations
- Facilitators' challenges and skills
- Group structure
- Programme structure
- Structured and experiential activities
- Participant-led groups
- Participant-led activities
- Using music with adolescents
- The value of music for SRH promotion
- Perceptions of the programme
- Further experience and stakeholder engagement necessary

6.2.5 Developing themes

I constructed a table and inserted the data into the columns: main categories, categories, level-two codes and level-one codes. In this format I could easily view the refined organised data and arrange similar main categories near each other. Finally, similar main categories were grouped, and themes were developed and inserted in the table. Figures 10 shows an example of a section of this table. The full table is included in Appendix F.

Figure 10

Example from table used for thematic analysis process

Theme	Main categories	Categories	Level-two codes	Level-one codes
The importance of skilled and experienced facilitators	Participants needs and presentations	Complex needs	Adolescents have complex needs and pressing issues	Adolescents in children's home have complex needs
				Behavioural disorder of participant in children's home: ODD
				Pressing issues faced by adolescents in children's homes: lack of positive role models for younger male adolescents
				Pressing issues faced by adolescents in children's homes: jealousy
				Pressing issues faced by adolescents in children's homes: bullying
				Pressing issues faced by adolescents in children's homes: loneliness
				Children's home residents are a vulnerable population
				Experience of MT working with adolescents with HIV: feelings of hopelessness from adolescents
			SRH content is sensitive and may be triggering for participants who have experienced sexual trauma, have HIV, or are part of the LGBTQIA+ community	The topics of the programme are sensitive and difficult for young people
				Perception of programme: content is going to be the most difficult to plan
				Perception that delivering a fun programme does not necessarily mitigate the potential for participants to be triggered by the sensitive nature of the content
				If programme participants are unaware of their HIV status, the HIV content of the programme might cause them to question their status and incite fear
				The programme could be triggering for participants who have experienced sexual trauma
				Perception that the gender session might be complex because of difference in assigned sex at birth and gender
		Behavioural presentations	Adolescents exhibit behaviours that make them difficult to work with	Bullying of girls by male participant in children's home
				Uncooperative behaviour from adolescent in children's home: will not listen to reason
				unpredictable behaviour from workshop participants in children's homes
				Participants in children's home difficulty in regulating emotions causes them to leave sessions
				Experience working at children's home: children's home residents dislike formal education
				Difficulties with low attendance at SRH groups run for adolescents in communities and clinics
				Inconsistent attendance of SRH groups run for adolescents in communities and clinics despite interest communicated by adolescents
				Potential difficulties running a SRH programme in children's homes: adolescents have more pressing issues
				Experience working with adolescents: participants not capable of long periods of engagement
				Participants in children's home: inconsistent attendance of sessions
				Difficulties of MT to manage group member's behaviour in children's home
				Therapists found running workshops in the home difficult
				Therapist experiences difficulty working because of complex needs of adolescents in children's home
				DT student experienced group at children's home as difficult to work with
			Incentives are desired by adolescents and offering incentives increases participation	Expectations held by adolescents in children's homes of tangible incentives for participation
				Example of incentives adolescents in children's home desire: sweets
				Adolescent group participants desire instant gratification by means of tangible incentives
				Use of incentives for participants of SRH groups in communities and clinics to increase attendance
				Incentives successfully increased uptake of SRH groups in communities and clinics
				Examples of incentives given to adolescents who attended SRH groups in communities or clinics: hot chocolate and hot dogs
				Social workers perception that incentives made community/clinic SRH group participants feel special and appreciated
				Expectations held by adolescents in children's home of tangible incentives for participation

6.2.6 Introducing the themes

Five themes were developed from the transcribed focus group within which participants shared their perceptions of the music therapy informed programme and their recommendations for how it should be developed and delivered:

1. *The importance of skilled and experienced facilitators:* Due to the sensitive nature of SRH content, coupled with the difficulty facilitators experience working with adolescents who have complex needs and difficult behaviours, facilitators should be

experienced and have psychology training. In addition, training on how to use music in this programme is necessary for non-music therapist facilitators.

2. *The importance of structure:* This adolescent programme should be delivered to closed, distinct, narrow age groups, and include structured and experiential activities.
3. *The value of a participant-led approach:* This programme should be participant-led with regard to music, content and performance.
4. *The value of music for adolescents and SRH promotion:* Music's potential for use in an adolescent SRH programme is positively perceived due to the importance that music holds for adolescents, coupled with its ability to facilitate engagement and communication.
5. *Necessary next steps in programme development:* The programme was perceived as necessary and worthwhile. To understand the practicality of running the programme it is necessary to gain experience through implementing the programme. Consultation with children's home caregivers and staff is recommended.

6.3 Conclusion

In the data analysis process, I transcribed the raw data before analysing it thematically. The thematic analysis comprised of two levels of coding, arranging the resultant codes into categories, identifying main categories, and finally developing themes. The themes related to the focus group participants' perception of the music therapy informed SRH programme for adolescents in children's homes, and their recommendations for how the programme should be developed and delivered. The following chapter offers a discussion of these themes.

Chapter 7

Discussion

This chapter offers a discussion of the findings of the research in relation to the main research question: How can a music therapy informed SRH programme be developed for adolescents in children's homes in South Africa? In exploring this question, I was required to engage with three fundamental elements: adolescent SRH promotion, a music therapy informed approach to SRH promotion, and the population this research intends to serve: adolescents in children's homes. Adolescent SRH promotion is a well-researched topic in South Africa and the scoping review in stage one of this study offered valuable information about how SRH programmes are working to promote adolescent SRH in SA. In stage two I developed a framework for a music therapy informed SRH programme by drawing on the findings of the scoping review and incorporating a music therapy approach which was informed by my own music therapy training. Since there is a gap in the literature regarding both music therapy for SRH promotion, and SRH promotion of adolescents in children's homes, it was necessary to explore these two elements further. I therefore presented and discussed this programme framework with a focus group of relevant professionals (the experiences held by the group included working with adolescents in children's homes, running SRH programmes, and using music with adolescents) in stage three to find out more about how they perceived the music therapy informed approach and learn the specific insights that they could provide on working with adolescents in children's homes. Thus, in this discussion of my main research question I draw on the themes that developed from the analysis of the focus group that also address the second research question: How do music therapists and allied professionals perceive the potential of the proposed programme? I have divided this chapter into sections, however, the content of this discussion is multi-layered with necessarily overlapping points.

7.1 The value of music for adolescents

Music was perceived by the focus group as a valuable medium through which to explore SRH based on the importance that it holds for adolescent identity and communication. Billy Joel, a focus group participant who is a music therapist, described this relationship between music and adolescents as follows: "they identify with music, they identify through music, they speak, it becomes their mouthpiece" (line 944-945). This is in line with Miranda's (2013) finding that music can influence adolescent identity, emotion regulation and coping, socialisation, gender roles, personality and motivation, and positive youth development.

Similarly, Bosacki and O'Neil (2015) found that adolescents' socio-communicative abilities and emotional perceptions are influenced by their involvement in popular music activities. Bosacki and O'Neil encourage further research into the interconnection between popular music experiences and adolescents' metacognitive abilities such as self-understanding, moral sensibility, and emotion regulation, which were common elements of the SRH programmes included in my scoping review.

Music and other art forms were also perceived by the focus group participants as mediums that facilitate engagement from adolescents. Billy Joel commented: "music is such a facilitator. It is such a container. It is such a creator. Um, like any arts really" (line 1132-1133). The use of art-based activities with groups holds potential to draw adolescents into meaningful engagements in which they can express themselves and feel supported. Smith (2015) writes of the affordances of artistic dialogue for groups of individuals who have similar experiences "there is the opportunity for the artists to create a common language, not only through their art-making but in their support and understanding of each other's situations" (p. 87).

7.2 Music and SRH promotion

7.2.1 The underutilisation of music in SRH programmes

Miranda (2013) proposes that music can be used as a supplementary component in intervention and prevention for adolescents. The lack of music-centred programmes in my scoping review revealed that the potential that music holds for SRH promotion is seemingly unutilised by SRH programmes in SA. However, the scoping review did provide insight into the strengths of using sports or art activities in activity-based programmes. An assessment of a soccer-based HIV prevention programme, for example, identified the activities-based learning approach and inclusion of soccer games as valuable components of the programme, in which participants experienced the programme as "more exciting than a typical HIV-prevention programme" (Merrill et al., 2018, p. 11).

7.2.2 The value of music in SRH programmes

Music can serve as an appealing activity for adolescents, drawing them to a programme. Focus group participant Lulu commented on the potential that music holds in the proposed SRH programme:

> [Music] allows them to, I think, engage with the topics without thinking that they're learning something, that they're being taught something, that they're being spoken at. Um, so it, you know, it just confuddles them, um, in a good way (line 958-960).

Although there is a gap in the literature concerning music therapy and SRH promotion, the focus group revealed that music is being used by music therapists for this purpose. One participant, Ray Doe, has run workshops at the children's home where he works, using song writing to explore the body, encourage body positivity, and discuss consent and unacceptable treatment of the body by others. Similarly, Billy Joel has used song writing with adolescents with HIV to encourage health promotion in terms of respecting their bodies and adhering to medication. It is apparent that research needs to be undertaken and published in music therapy regarding the specific use of music therapy for SRH promotion.

7.3 The importance of skilled and experienced facilitators

In my presentation to the focus group, I proposed that the programme could be facilitated by non-music therapists to extend its reach. Like many developing countries, South Africa's health system is overwhelmed by chronic conditions, communicable diseases (such as HIV), and injuries (Bradshaw et al., 2011). Resource allocation for mental health in South Africa is inequitably distributed and insufficient due to competing demands placed on the health system by other pressing health concerns (Marais & Petersen, 2015). A study in the scoping review noted the use of trained lay health workers to facilitate an HIV prevention programme for adolescent girls and their female care givers (IMARA-SA) as an important feature of the programme because non-reliance on facilitation by mental health professionals allowed the programme to be delivered cost-effectively and in diverse settings (Donenberg et al., 2021). However, the focus group brought attention to the necessity of using facilitators that possess specific skills not only in relation to the music-centred approach of the programme, but also in relation to the vulnerable population that it intends to serve.

7.3.1 The necessity of providing facilitator training

The professional music therapist participants in the focus group cautioned against using the label "music therapy informed" in the title of this programme because they felt that the use of this label would require that a music therapist was present during sessions. However, they supported the use of music by non-music therapists based on their belief in the usefulness of the modality. Ray Doe commented "music is such a wonderful tool. You, anyone must,

everyone must use it. So, I wish everyone would" (line 1410-1411). Billy Joel referenced the importance of non-music therapists in community music therapy settings, commenting "I think it is high time that us music therapists get off our high horses and allow community music therapy to grow" (line 1403-1404). However, the use of non-music therapist facilitators for this programme was perceived as a challenge by the focus group participants. Although music is a medium that can be enjoyed or created without music training (and indeed both the non-music therapists in the focus group do use music in their work), activity or arts-based programmes are dependent on skilled facilitators to lead programme activities. A study included in the scoping review by Merrill and colleagues (2018) found that although soccer was supposed to be played in every session of the programme, facilitators implemented soccer games in less than a quarter of sessions as they felt unfamiliar with the sport. It was therefore suggested by the authors that facilitators should receive technical training on soccer. The focus group agreed that this programme could be facilitated by non-music therapy facilitators as long as they received musical training. Billy suggested that the training should be facilitated by a music therapist, but further details pertaining to facilitator training were not discussed and will require further investigation. When asked if she would feel comfortable facilitating this programme Lulu, a social worker and play therapist, commented "I would feel very comfortable doing it, being trained, um and I think it's great, and it would be, you know, just sort of another modality to add" (line 1363-1364). It was therefore recommended that training on how to use music in this programme is developed for programme facilitators.

7.3.2 The necessity of psychology training

Facilitation of this programme is likely to be challenging owing not only to the music centred approach of the programme, but also to the challenges of working with a vulnerable population of adolescents who have complex needs that can be difficult to address. In the programme framework that I developed after conducting the scoping review, I suggested that groups of older adolescents could facilitate sessions for younger adolescent groups. Three programmes (2, 3, and 14) included in the scoping review made successful use of peer facilitation, identifying the use of peer facilitation as a valuable element of the programme (Duby et al., 2021; Hacking et al., 2019; Mash & Mash, 2012). Although the proposed use of peer facilitation was well received by focus group participants, Lulu drew the groups' attention to the vulnerability of this population and the potential this programme has to do harm if not facilitated sensitively.

Adolescents in children's homes have, by definition, incurred ACEs which tend to increase subsequent mental and physical health problems as well as risky behaviours (Boullier & Blair, 2018). The ACES incurred by adolescents in child welfare systems include adverse sexual experiences such as sexual abuse (Ramseyer Winter et al., 2016). Lulu raised attention to the possibility that participants who have experienced sexual abuse may be triggered by the programme's SRH content which might cause them to recall traumatic experiences and become emotionally distressed. Due to the vulnerability of this population and the potential that the SRH content has to cause distress, Lulu recommended that facilitators possess the understanding and observational skills that enable them to identify when participants have been triggered. She also recommended that facilitators possess the skills to address and contain any difficult situations that may develop, and that they are aware of the correct procedures to follow should participants disclose sensitive information. Thus, it seems necessary for facilitators of this programme to have some level of psychology training. Lulu recommended that the training level obtained by auxiliary social workers would be sufficient although this may require further investigation. She suggested that facilitators work closely with the children's home staff to learn about the participants' backgrounds regarding abuse or trauma, as well as participants' HIV statuses, participants' awareness of their statuses, and information regarding how positive statuses were disclosed to and received by participants. However according to the South African Constitution (Act 108 of 1996) it is illegal to disclose a person's HIV status without the consent of that person (Health Professions Council of South Africa, 2016). Without this information accessible to facilitators, it seems vital that facilitators are aware of the potential vulnerabilities of participants and that they have the observational skills that allow them to determine if participants are showing signs of distress.

7.4 Structural components that invite participant engagement

7.4.1 Potential challenges of facilitating adolescent groups in children's homes

Ray Doe shared insight into his perception of the difficulties faced by the adolescents he works with in a children's home:

> There are a lot of issues, I think this, this particular group of people is very difficult because there are so many issues, you know, with these kids. So, dealing with anything to do with sort of sexuality and, you know, sexual reproductive health, you, you're talking about something on top of more pressing issues for them: bullying, jealousy, loneliness, you know? All kinds of things like that (line 132-137).

In light of Ray's remark, a SRH programme may not be a priority for this population who are faced with so many pressing issues. Participant uptake may therefore be a challenge. Ray commented on his experience running workshops in a children's home: "Even the… you know, excitement and fun that they have, they still actually want something for doing this. They feel like they need a reward" (line 148-150). Lulu shared similar experiences of the adolescent SRH programmes she has run in clinics and community settings:

> The main problem that I had there was, ah, getting the kids to attend, um, for them to, to turn up when they had all agreed that this was great, and this is what they wanted and they were coming. And then one comes, two come. Sometimes they do. Sometimes they don't. Incentives was a big thing. And I looked at big time at, into the ethics of kind of giving incentives while providing a service. And actually at the end of it, I just thought well screw this, they're getting incentives (line 157-162).

Lulu found that providing incentives (such as a cup of hot chocolate at the start of the session and a hot dog at the end) not only increased attendance, but also helped the participants feel appreciated and special. It may be pragmatic for the current proposed programme to not only offer an exciting and fun musical approach to SRH, but also to include some form of tangible incentive (in the form of snacks or drinks) for participants to increase programme uptake. The use of incentives is ethically complex. Grant (2015) discusses the legitimacy of incentive use in relation to power. She posits that incentives in themselves are not unethical, but rather that ethical consideration be given to the context in which they are used. The responsibilities of the powerful party who offers the incentive should be examined to establish whether the use of incentives is an abuse of power. Conversely, it may be considered unethical to expect adolescents to participate in an intervention when they are hungry and are therefore unable to engage. While there is a clear power gradient between participants and facilitators, the use of incentives in this programme is positioned for support. Providing a snack or drink might hold a duel function of fuelling not only interest in the programme, but also the bodies of adolescents that they might be more capable of participation.

In their work with adolescents in children's homes, focus group participants encountered not only attendance problems, but also identified that they lacked successful methods of managing difficulty group behaviour. Ray Doe and Sharon experienced the adolescents as unpredictable and uncooperative and revealed that they needed to be flexible and work creatively with their children's home clients to encourage cooperative participation. Sharon, a drama therapy Master's degree student, commented on her clinical work with groups at a children's home:

> We've been on the backfoot trying to, so we, we just jumped into straight, straight into trying to, particularly with the adolescents, just throw them into an imaginary world as quickly as possible. So, um, as they entered the space, we invited them into an imaginary world and that's how we got buy-in and it worked for a little while, but then it started to kind of fizzle out eventually (line 199-203).

The difficulty facilitators experienced working with this population poses a challenge for programme facilitators and requires that facilitators are experienced and able to work flexibly and creatively to overcome these challenges.

7.4.2 The value of structured and experiential activities

The onus of participant engagement does not fall entirely on the facilitator but requires a programme approach that invites participation. The focus group shared their insights on how a programme should be structured to engage adolescents, as well as on how music specifically should be used to effectively invite participant engagement.

Ray Doe's therapeutic work at the children's home includes open, unstructured groups and free play which he advised against for this programme:

> There need to be a lot of structured activities as, as part of this. I think because, I mean, I, you know, I only have experience from working at this one children's home, but I find it, allowing freedom with these kids that they can completely get out of hand and, and sitting, expecting them to sit and listen to a talk is very, very difficult as well. You know? So there've gotta be things that are engaging them quite a bit (line 531-535).

A structured approach in this context does not mean that it needs to be rigid and prescriptive, but rather that the programme includes a range of organised activities that are engaging and experiential. Ray Doe commented,

> I think it's essential for them to engage with the, the topics rather than just sit there and, and listen to something, you know, they, education is a dirty word for these kids. They don't, a lot of them hate school, it's like, you know, and a workshop, oh my god, it's another workshop, you know. It's, yeah, so it's definitely gotta be something that engages them (line 903-907).

It appears, therefore, that the programme should provide structured activities that facilitate exploration of SRH-related topics in which participants can actively engage rather than feel as though they are having topics delivered to them. Participants in Smith's (2015) Body Mapping study identified a disconnect between the SRH information that is designed to

protect them, which they typically receive, and the realities they face about sex, drugs, alcohol, and community threats. Smith suggested that what adolescents most need is not more HIV prevention messages, but rather “accessible and youth-friendly communication tools that facilitate honest, non-judgemental, and deliberate conversations about their sexuality, relationships and sexual health practices with trustworthy, reliable adults” (p. 2).

According to the Department of Basic Education (2021), all school going children in grades four to 12 should receive comprehensive sexuality education. The proposed programme should therefore not necessarily focus on additional educational opportunities but could provide a safe and non-judgemental space in which they can communicate their experiences, ask questions, and feel heard and supported. Music affords us this explorative and communicative space. Bruscia (2014) notes that “music provides infinite models for interaction” (p.80). He explains that music therapy,

> by its very nature, regardless of goal or orientation, involves interaction, either between the client and therapist or between different clients. The reason is that creating and listening to music is a very natural and easy way of relating to others (p. 80).

The focus group commented on the example activities that I included in the suggested programme framework and also offered additional activity ideas. (Descriptions of these activities are included in appendix G.) During my clinical training I was taught to plan for sessions but prepare for anything. Music therapists have a range of models, methods and techniques from which to draw on whilst they work to engage with the emotional and thematic content that their clients bring into each session (Bruscia, 2014). Bruscia writes:

> [The therapist] has to determine where he should be located in relation to the client and what aspect of the client requires his attention or focus. This is challenging because it depends upon whatever the client is presenting as the therapeutic priority form moment to moment. Thus, instead of observing with an established or predetermined mind-set, the therapist has to open his awareness to whatever emerges as important (p. 256)

Music therapists are able to work musically in this client-led way owing to the various methods and techniques that they have at their disposal. It could therefore be useful to develop a resource folder of appropriate activities, including instructions on how to facilitate them, which could be provided in a facilitator manual and practiced during facilitator training sessions. The activities included in the resource folder could be drawn on to facilitate exploration of the content that the group brings into the session, allowing facilitators to work with a participant-led approach as recommended by the focus group.

7.4.3 The value of a participant-led approach

The focus group highlighted that participants should take the lead as they engage with the programme topics. Lulu commented, “they are going to have to almost facilitate their own group, with the facilitator just kind of steering them in the right direction” (line 544-545). This approach was recommended by the focus group because they felt that a participant-led approach not only encourages participation but will serve the needs of the adolescents whilst affording them agency. This is in line with the findings of study 16 in the scoping review, which identified the child-led nature of the Soul Buddyz Club Programme as a key aspect of sustained participation and success. The authors indicate that the programme engaged participants in “solving their own problems, sharing knowledge about HIV and sexual behaviour, and in discussing social issues” (Letsela et al., 2021, p.12).

This approach requires that facilitators are capable of working flexibly. Lulu commented: “So I think if it’s child-led and participant-led they’ll send you in all sorts of directions that are not necessarily on your script but can fit in within their topic” (line 910-911). The programme framework that I proposed included a programme outline with each session designated to a specific topic. However, with a participant-led approach the programme schedule will need to be flexible to allow for different groups to engage with the various topics at their own pace and level of engagement. I had proposed that in the introductory session the group could map out SRH topics on a piece of flip chart to begin their engagement with the SRH theme and Sharon supported this idea and suggested that the group could be asked what they want to learn in the programme. Facilitators would therefore need to work flexibly and allow the programme outline to be more of a guideline than a strict structure, whilst still making sure that important topics receive attention. To achieve this balance between making the programme accessible to offer and working “on topic” requires that facilitators are carefully trained.

7.4.4 The importance of participant-led music

A persistent theme of the focus group was the necessity of using adolescents’ own music. The focus group participants felt that the potential that music holds for this programme is not simply due to the modality of music but is dependent on the programme using the participants’ music. Whilst discussing the programme’s potential to enhance adolescent SRH Billy said: “I think it goes without saying that it holds potential because it’s music-driven and because adolescents speak through music so well and so clearly, provided [that] it’s their

music". This important element has implications for planning and facilitation. In my presentation of the programme framework I suggested using Salt-n-Pepa's (1991) song *Let's talk about sex baby* in the first session of the programme to introduce the SRH theme of the programme because of its fitting lyrics. However, Lulu, who has used this song in SRH programmes, responded

> What I found with the adolescents, they really don't know it, so they don't jam at all to it. Um, and I'm the one that looks like an arse standing up there. So, I'm wondering if, as you've said before, make it relevant to them, pick a song they possibly would know (line 1003-1006).

As Ray highlighted, "If you're 25 years old, you're already too old, you know, so you don't know their music, so you've gotta somehow tap into it and allow them to bring stuff in" (line 953-955). This programme therefore needs to include music-based activities that do not rely on preselected music. Furthermore, facilitators need to recognise that the music that participants bring in is an important part of their identify (Miranda, 2013) and needs to be respected as such. This might be a challenge for facilitators when dealing with music that they feel is inappropriate, as Ray identified in his work at the children's home "they listen to a lot of hip hop, and they listen to the, the really hardcore stuff, which is very sexist, it's, you know, it's aggressive" (line 216-218). Although working with this type of music non-judgementally may pose as a challenge for facilitators, it has the potential to open discussions about important topics. Holder-Nevins (2012) identified that Dancehall music (a popular Caribbean genre) is a source of SRH education and attitude formation for Jamaican adolescents. Holder-Nevins calls for educators, counsellors, and parents to recognise the SRH messages that adolescents are exposed to through this music and the potential it can provide for naturally engaging in SRH discussions with them.

Another important consideration is understanding the self-consciousness of adolescence. Louw and Louw (2014) discuss adolescence as a stage of anguish due to a belief that they are the focus of everyone else's attention. Focus group participants raised awareness of the difficulties they face engaging adolescents in active music making due to the embarrassment the adolescents feel. I presented the focus group with a video recording of the chorus of a known song which I had reworked into a choregraphed clapping game (as was popular in my childhood) with HIV lyrics that I felt programme participants would be able to extend on. Although the song was well received, Ray commented

> Um, I think the HIV song is, is lovely for younger kids. I think teenagers, you're not gonna get them to do that. If I, well, if I think of the kids that I work with, like 14, 15 upwards,

> they're too shy. They're too cool to, to, to do that. They'd rather do something that's, I think, a little bit more self-driven perhaps, that they come up with (line 1025-1028).

As an example of a self-driven active music making activity, Ray suggested using YouTube to find backing tracks for current hip hop songs and inviting participants to rap freestyle on a provided topic. According to Koelsch (2013), active music making affords contact, social cognition, co-apathy, communication, coordination, cooperation, social cohesion, and physical, cognitive and emotional stimulation. Considering these social and developmental functions, this programme could aim to engage participants in active music making, but, as the focus group recommended, this should be driven by the participants.

7.4.5 Inclusion of performance

The inclusion of a performance element in the programme framework was a point of contention in the focus group meeting. The arts therapists were supportive of including a performance element in the programme as they perceived performances as potentially meaningful and affirming experiences that have the ability to reinforce what participants have learned and experienced. Ray highlighted the possibilities that performances hold to impact the perceptions of performers and spectators alike:

> I think that performance is a very affirming thing. I, and I've seen it with these kids. It's, it's amazing to see these kids on stage. Um, it, there's this real sense of pride that they've achieved something, that they can do something, and they're telling other people about, yeah, they're sharing it. It, and not only that, but it, it affects the people watching them. They see, they view them differently. They see this different human being on stage in a way, you know, I think it's a very important thing (line 1235-1240).

This is in line with Aigen's (2004) description of the affordance of performance where he writes, "The possibilities exist in the realm of helping clients achieve musical, artistic, and personal growth not possible when the work is confined to the privacy of a therapy room" (p. 211).

Billy spoke of the importance of a participant-led approach that allows for group participants to create and plan the performance, as well as the challenge it can pose for facilitators:

> I want to say one thing, you need to be so, so open-minded because they come with the most scary ideas and you have to say, 'it's okay if they want'. And then the second important thing is they need to decide who they want to do it for (line 1221-1224).

Lulu, however, had reservations about performance and raised considerations such as the POPI act, consent and issues around confidentiality. Although this programme is not a therapy programme, but rather a psychoeducational programme that is informed by music therapy practice, it is important to consider the ethics around performance. Further consultation with facilitators of community music performances and music therapists working in community spaces is necessary to gain an understanding of ethical practices.

7.4.6 Inclusion of an online programme element

Several programmes included in the scoping review (6, 9, 10 and 14) included an online component that allowed participants to engage with SRH content outside of sessions. However, the inclusion of an online element for this programme was not deemed feasible by the focus group due to potential lack of access to devices and data, which may be the case for adolescents in children's homes. The cost and the implications of the POPI act were also raised as arguments against including an online component.

7.5 Programme delivery

The focus group provided valuable insights into how the programme could be delivered. This section offers the recommendations of the focus group participants in terms of group structure, scheduling and content that could be included.

7.5.1 Group structure

It was suggested by the focus group participants that the programme should be available to adolescents across a wide age range, but should be delivered to distinct, narrow age groups to focus on developmentally appropriate content. The focus group recommended that the programme be run in separate groups that accommodate 10- to 13-year-olds, 14- to 16-year-olds, and 17- to 19- year-olds respectively. Spano (2004) suggests that adolescent stages of development fall into three categories, early adolescence (approximately 10-14 years of age), middle adolescence (approximately 15-16 years of age) and late adolescence (approximately 17-21 years of age). However, due to these being approximate age brackets and in light of the specific sexual content of the programme, I agree with the focus group's recommendations to include 14-year-olds with the middle adolescents rather than the early adolescents as the sexual knowledge and experiences of a 14-year-old who is typically in high school are likely to be vastly different to a 10-year-olds. Ray also recommended

including a group that would accommodate even younger participants as he has experienced 8- to 9-year-olds engaging in sexually oriented talk and behaviour in the children's home where he works.

Several programmes in the scoping review (3, 12, 13 and 15) included parents or caregivers as programme participants. According to Jewkes and colleagues (2019), and Thurman and colleagues (2020), this is a valuable way of improving child-caregiver relationships and communication which has been identified as having a positive impact on adolescent SRH behaviours (Bowring et al., 2018; Jonas et al., 2020; Markham et al., 2010). In the programme framework I developed after conducting the scoping review, I suggested that caregivers could be included in a session to foster a more systemic focus and to encourage communication. However, the focus group participants highlighted the importance of a trusting space which they felt is dependent on consistent attendance of sessions by the same people. Sharon also pointed out that the caregivers in the children's home where she worked change frequently and so are not consistent parental figures in the adolescents' lives. Therefore, the group perceived the inclusion of non-adolescent participants as a liability which could inhibit adolescent participation and negatively impact their perception of a trusting space.

The focus group participants recommended running closed groups which they perceived as important for creating a trusting and effective environment for work. This is in line with the writing of Tourigny and Hébert, (2007) who identify that working in closed groups may increase the opportunity for security, confidence bonds and stability in the social environment of the group. Lulu cautioned against including more than 12 adolescents in a group as the potential for facilitators to identify a participant who is experiencing distress may decrease in larger groups. It was discussed that groups should be mix gendered which was perceived as holding potential for social learning and healthy discussion and debate, but with the option given to participants to work in single-gendered groups in some circumstances.

7.5.2 Schedule and content

The topics included in the programme outline that I presented to the focus group were well received, although it was suggested that the session on participants' futures (which I had scheduled towards the end of the programme) should be focussed on earlier to increase motivation for participation in the programme. With this recommendation taken into account, and considering the flexibility required of facilitators owing to the participant-led nature of the programme, I suggest the following programme outline as a guide:

Session 1: Introduction

Session 2: My future

Session 3: Gender / identity (It was suggested that the gender session should be explored in terms of identity and should be inclusive and respectful of diverse gender expression and sexuality. It was also suggested that this session include content about GBV.)

Session 4: HIV

Session 5: Relationships and communication

Session 6: Health providers and health seeking

Session 7: Creative reflection on programme and discussion about performance

Session 8: Rehearsal

Performance event

With consideration of the attention span of adolescents, the focus group participants recommended 45-minute-long sessions for younger adolescent groups (8- to 9-year-olds and 10- to 13-year-olds) and 75-minute-long sessions for older adolescent groups (14- to 16-year-olds and 17- to 19-year-olds).

7.5.3 Incorporating music in sessions

As this is a music-centred programme, music should be incorporated throughout. Although the focus group proposed several music-based activities (included in Appendix G), the discussion did not result in specific suggestions for how music could be used to explore each scheduled topic. As it was highlighted that the music used in the programme should be participant-led, it is likely that the specific music that is incorporated into sessions will differ significantly between different groups, yet the development of an activities resource folder could make it possible to plan sessions that include music-based activities that can be led by participants. This potential tension in the programme may benefit from further research.

To offer some provisional ideas, in the introductory session, the participants could map out SRH topics on a piece of flip chart paper and the facilitator could invite them to share examples of songs they know that may refer to any of these topics in the lyrics. The group might listen to a selection of these songs together in this session, and discuss the lyrics, adding any questions or interesting observations that arise to the flip chart. These collected songs, observations and questions could be referred to in subsequent sessions.

Billy suggested an arts-based activity that could be used in session 2. This activity involves each participant receiving a stack of individually cut out paper leaves. They assign one leaf to each other member of the group and write on it a strength that they identify in that person. Each participant designs and draws a tree on a large piece of paper. One by one the group members stick the “strength-leaves” on to each other’s tree. This activity could be followed by Ray’s suggestion to use freestyle rap. The facilitator could invite participants to select hip-hop backing tracks on YouTube over which they can rap about their strengths and what these strengths mean for their futures.

In session 3 the facilitator might draw on songs that were shared in the first session or invite participants to share songs and music videos that they are currently listening to and enjoy. The lyrics and music videos of the songs could be discussed in terms of identity, gender, sexuality, GBV, and gender equality following where participants lead. The facilitator could ask questions about how the adolescents identify (or do not identify) with the lyrics or the characters in the music video. They might ask what elements in the music, lyrics or videos promote good feelings about themselves, and what elements lead to feelings of discomfort. These experiences could be discussed in relation to gender and equality. For example, are the feelings similar for all participants, or are there elements that elicit opposing feelings for female participants compared to male participants and what could this mean for them? Participants might be invited to comment on how the music video characters are dressed, how they move or act and what they, as viewers, feel in response. As a response to any identified difficult feelings, participants could be invited to change the lyrics and re-enact or re-design scenes of the music videos.

The examples offered for the first three sessions are based on the activities proposed by the focus group. However, since the focus group did not suggest specific music-based activities to use in exploration of each scheduled topic, further investigation is required to establish how to best incorporate music in each session.

7.6 Necessary steps in developing this programme

As discussed in chapter three, the development of this programme framework was informed by the first four steps of Fancourt’s (2017) model of designing and delivering arts-based health interventions. Fancourt writes,

> The overall aim is that by the end of Step 4 there is a well-designed and thoroughly planned arts intervention that meets a clear need and has targets ready for testing. It

> is not necessarily expected that this will be the final version of the intervention. Indeed, interventions often work differently in reality compared with theory (p.123).

As previously discussed in this chapter the participant-led nature of the programme poses a challenge for planning, and thus I believe for this intervention to claim that it is "well-designed and thoroughly planned" it is important that the activity resource folder attached in appendix G be further developed to allow facilitators to draw from a range of suitable activities through which the topics can be explored. Since the balance between working on topic whilst inviting in and engaging with participant offerings is complex, facilitators will require careful training. Thus, further investigation into the design of the facilitator training package is also necessary. The design of the facilitator training package should consider the potential this programme has to distress participants. It seems prudent that a protocol be created for facilitators to follow should participants become distressed or make sensitive disclosures.

It is evident from the scoping review that adolescents value facilitators that they perceive as trustworthy, non-judgemental, and relatable. These characteristics are important to the programme and should be sought out in potential facilitators. With regard to potential facilitators, it is also necessary that a required level of music proficiency be established. After the activity resource folder is completed, it should be used to gauge the minimum musical requirements necessary in potential facilitators.

The focus group participants recommended that the next stages of development of this programme should entail running this programme at a children's home, as Lulu said

> I think it is a very good programme and I think you've gotta go for it. And I think you can't foresee all the problems. I mean, problems are gonna crop up that you can, you would never have imagined would've come. And I think, you know, go for it and, and see what happens (line 1435-1438).

This is in line with Fancourt's (2017) fifth step, active experimentation which involves piloting the intervention and, if need be, altering aims and expectations or methods of working to achieve maximum impact. It was suggested by the focus group that staff and caregivers at the home could be consulted with to gain their opinions of what is needed in a SRH programme for the adolescents in their charge. This complies with Fancourt's suggestions that pilot interventions are important for allowing stakeholders and staff an understanding of a project and gaining their buy-in.

Crucially, the design of this programme has yet to engage with the voice of the key stakeholder: adolescents in children's homes. This will be discussed further in the section on recommendations for future research in the concluding chapter.

7.7 Conclusion

This chapter discussed the perceptions held and recommendations given by the focus group participants regarding the music therapy informed SRH programme with adolescents in children's home that I developed on the basis of the findings from the scoping review. Ultimately the three stages of my methodology were successful in developing a framework for a music therapy informed SRH programme that was well received by stakeholders for the value that they perceived in using music to explore SRH with adolescents. This chapter offered an overview of recommendations for facilitation, structure, approach and delivery of the programme. The chapter concluded by offering necessary steps for the development of this programme, including development of an activities resource folder, further investigation into and development of a facilitator training package, and piloting the programme at a children's home to gain a practical understanding of the limitations and successes of the programme.

Chapter 8

Conclusion

This chapter offers a summary of the research findings in relation to the aims of the study. It discusses the value and limitations of the study and makes suggestions for further research.

8.1 Summary of findings

The three stages of methodology allowed me to fulfil my research aim of proposing a music therapy informed programme for use with adolescents in children's homes that is both grounded in the literature and informed by a range of knowledgeable stakeholders working in the field. This section offers an overview of the programme and includes recommendations for necessary further steps of development.

The proposal to use music with adolescents in exploration and promotion of SRH was positively received and supported by the focus group participants. Music was identified as a valuable medium for SRH promotion due to the appeal it holds for adolescents, its ability to facilitate engagement, and the importance it holds for adolescent identity and communication.

This study therefore proposes an eight session, music-based programme with a performance component. The programme allows for exploration of the following SRH topics:

Session 1: Introduction

Session 2: My future

Session 3: Gender / identity

Session 4: HIV

Session 5: Relationships and communication

Session 6: Health providers and health seeking

Session 7: Creative reflection on programme and discussion about performance

Session 8: Rehearsal

Performance event

Although the use of non music therapist facilitators was perceived as feasible, the development of a facilitator training package is required to train non music therapist facilitators to work exploratively with music. Furthermore, the importance of using facilitators

with some level of clinical or therapeutic training or experience was highlighted due to the potential that SRH content holds to elicit distress from this vulnerable population. Facilitators should therefore possess training that allows them to recognise distress in participants.

The programme should be delivered to closed, distinct, narrow age groups which include male and female participants of up to twelve members. Sessions should include structured and experiential activities whilst allowing a participant-led approach. Allowing participant offerings regarding content, music, and performance serves to engage participants and best serve their needs. The balance between working with scheduled topics and a participant-led approach has practical implications for facilitation which require careful consideration in the development of the facilitator training package. An activity resource file could be developed for use by facilitators and explored with them in the training package.

I recommend that the programme be piloted at a specific children's home to gain further experience and understanding of the practicalities involved in running the programme. Consultation with the children's home caregivers and staff is recommended. Development of a facilitator training package and an activity resource file is necessary.

8.2 Recommendations for future research

This study contributes to the literature on SRH promotion and music therapy by providing a framework for a music therapy informed SRH programme. This contribution has implications for both practice and further research.

With consideration of the necessary steps of programme development (development of an activity resource folder and development of a facilitator training package), this framework could be piloted and its outcomes studied and assessed. Further research into children's homes in South Africa to gain a fuller understanding of the environment, daily life, and resident circumstances would be beneficial for the implementation of this programme. Research conducted to establish the level of understanding adolescents in children's homes possess on their rights to access SRH information and services could be undertaken. This information may be an important addition to this programme. The perspectives and opinions of the key stakeholders, adolescents in children's homes, could be drawn on to further develop the programme. Furthermore, Investigation into the level of clinical or therapeutic training necessary for programme facilitators could be conducted.

This study proposes that music is a valuable medium through which SRH can be explored and promoted with adolescents. A gap exists in the literature regarding the use of music therapy for SRH promotion, and the scoping review revealed that music is underutilised in

SRH programmes in SA. However, members of the focus group discussed how they have used music to promote SRH with adolescents. Future research investigating the use and outcomes of music and music-therapy in SRH promotion should be undertaken to contribute to the field of music-therapy and SRH promotion.

8.3 Limitations

Although this research provides a framework for a music therapy informed programme that is grounded in literature and informed by professionals who have experience in the field, the study in no way measures outcomes of the programme. A further limitation of this study is that due to this being a Master's level dissertation, the scoping review was not conducted by two reviewers. It was, however, conducted under research supervision which did strengthen the findings. The sample size of my focus group consisted of only four experienced professionals and as such my data is limited. Furthermore, despite expecting a more balanced group of professionals (three arts therapists and three professionals from other related disciplines), only four participants attended the meeting, three of whom were arts therapists. The practical experience and knowledge held by the absent professionals may have been beneficial and provided more varied data. Unfortunately for feasibility reasons it was not possible to interview these candidates at a different time.

Although two members of the focus group had experience working at a children's home, their experience coupled with my own were representative of only two children's homes in South Africa. The study was therefore limited by a lack of generalised information on the typical environment and running of children's homes in South Africa. Furthermore, the voices of the key stakeholders, adolescents in children's homes, have not been included in the study. While being the key limitation, the current study sought to provide a foundation to inform such a process.

8.4 Conclusion

This study provides a foundational framework for a music therapy informed SRH programme for adolescents in children's homes. The framework is both grounded in the literature and informed by professionals with experience in the field. This research has implications for practice and contributes literature to an existing gap surrounding the use of music therapy in SRH promotion. The study calls for future research to be undertaken on the use and benefits of music and music therapy for SRH promotion.

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APPENDIX A: Letter of information

UNIVERSITEIT VAN PRETORI
UNIVERSITY OF PRETORI
YUNIBESITHI YA PRETORI

School of the Arts
ARTS THERAPIES

Faculty of Humanities

School of the Arts

Date

Letter of information

To whom it may concern,

My name is Jennifer Pott. I am a student at the University of Pretoria, currently enrolled for a Master's degree in Music Therapy.

Research topic: Developing a music therapy informed sexual and reproductive health programme for adolescents in children's homes

Rationale/Aims of the study: South Africa's adolescent population is at high risk of adverse sexual outcomes. There are many barriers that impede adolescents' access to and uptake of sexual and reproductive health (SRH) services, which are important factors in mitigating adverse sexual outcomes. These barriers are often magnified for adolescents in children's homes. This project aims to develop a music therapy informed programme for the exploration of SRH with adolescents in children's homes. The programme design will draw on a scoping review of SRH programmes that will first be undertaken to guide the project development. A focus group of allied professionals will then explore the perceived potential of the proposed programme.

What will be expected of you? You will be invited to participate in a focus group for 2 hours in which the programme will be presented and discussed. The focus group will take place via a virtual conference platform such as Zoom, Google Meet or Skype at a time that is convenient for you.

Approval: Before beginning the study, ethical approval by the Research Ethics Committee of the Faculty of Humanities, University of Pretoria will be obtained.

Risks and benefits: Participation in the study is voluntary and you will be free to withdraw at any time. There will be no negative consequences for withdrawing, nor will any explanation

be required. There are no risks in participating in this project. The knowledge shared in the discussion of this topic with other professionals may be beneficial. You are encouraged to ask any questions you might have about the study.

Who will have access to the results of the study? The research will be used for academic purposes only, and will be conducted by myself as the principal researcher. The research will be supervised. The data will be archived at the school of the arts for a minimum of 15 years. Should any other researchers want to use this anonymised data during this time, they may do so.

Confidentiality: Your identity will be kept confidential. In the research documents you will be referred to by a pseudonym of your choosing.

Please feel free to contact me, or my supervisor, should you have questions or require more information about the study.

Kinds regards

Jennifer Pott

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Researcher name: Jennifer Pott

email: jenny.pott@gmail.com

Tel.: 0662943913

APPENDIX B: Letter of informed consent

Faculty of Humanities

School of the Arts

Date

LETTER OF INFORMED CONSENT: REPLY SLIP

FULL NAME: _____

RESEARCH TOPIC: The study is entitled: Developing a music therapy informed sexual and reproductive health programme for adolescents in children's homes

I hereby give my consent to participate in the aforementioned research project and acknowledge that the data may be used in current and future research. Furthermore, I give consent that the interview may be recorded for analysis purposes. I am aware that I will be referred to by a pseudonym of my choice in the research. I confirm that I understand what is required of me in the research project. I am aware that I may withdraw from the study at any time, should I wish to do so.

_____ _____

Signature of participant Date

_____ _____

Signature of student/principal researcher Date

_____ _____

Name and signature of supervisor Date

APPENDIX C: Focus group schedule and script

Schedule

Part 1

- Welcome and assurance of confidentiality
- Introduction to the project
- Questions regarding participants work with adolescents in children's homes, adolescents SRH, and use of music with adolescents
- Overview of the scoping review
- Tea break

Part 2

- Presentation of the framework of the music therapy informed programme
- Questions inviting the sharing of ideas, knowledge, or insights with regard to the programme
- Questions regarding the participants' perceptions of the programme

Script

Part one

Welcome

I'd like to start by thanking each of you for agreeing to participate in this focus group discussion. The reason we're here today is to gather your opinions and ideas about a music therapy informed programme that I'm developing to explore SRH with adolescents in children's homes. This meeting will last about 3 hours but don't worry, there will be a tea break. I will start by giving you some background to the research project which this focus group discussion is being used for and provide some introductory information about music therapy and the population the programme I'm creating intends to serve. I'll then ask you a few general questions which draw on your experience before presenting the findings of the scoping review that I did in order to learn about other SRH programmes for adolescent in South Africa. We will then break for tea. After tea we will discuss the potential of the programme I am creating.

I would like you to know that I am recording this meeting. The recording will be transcribed and the transcription will be kept at the University of Pretoria School of the Arts for a minimum of 15 years. Should any other researchers want to use this anonymised data during this time, they may do so.

Before we go ahead, I'd just like for each participant to briefly introduce themselves. Please tell us your name and a bit about your background.

Introduction of my thesis

During my clinical training I worked at the SOS Children's Village in Nelspruit with a group of adolescents. Themes around sex and relationships came up regularly and I became curious as to how music therapists were addressing these topics with adolescents. I couldn't find any literature on the use of music therapy to promote SRH with adolescents and so embarked on this topic for the research component of my master's degree.

Brief introduction of music therapy

In South Africa Music Therapy is an established and evidenced-based health profession, and music therapists are registered with the HPCSA. Music therapists use various forms of music within a therapeutic relationship to address non-musical goals of individuals and groups. The programme I am creating is not a music therapy programme, but rather is informed by music therapy so as to extend its reach by not being dependent on facilitation by registered music therapists.

Brief introduction of SRH and adolescents in children's homes

SRH is an extremely broad topic relating to physical health, mental health and social well-being in any matter related to the reproductive system. South Africa's adolescent population in general is at high risk of adverse sexual outcomes including HIV, sexually transmitted infections (STIs), sexual abuse, transactional sex, and unwanted pregnancy. There are many individual, community and systemic risk factors for SRH challenges. There are also many barriers that impede adolescents' access to and uptake of SRH services, which are important factors in mitigating adverse sexual outcomes. These risk factors and barriers are often magnified for adolescents in children's homes. Furthermore, adolescents in children's homes, have, by definition, experienced adverse childhood experiences (ACEs), which include various types of abuse, household challenges, and neglect. Experience of ACEs have been connected to risky sexual behaviours and poor health outcomes.

Questions

What difficulties have you experienced working with adolescents/ adolescents in children's homes? What are some methods that you use that have been successful in overcoming these difficulties?

How do you, if ever, use music when working with adolescents? How have you found the use of music to be helpful when working with teenagers?

Have you ever used music to explore SRH, if so, how? If not, do you have any ideas of how you might?

Overview of scoping review

(Present slides showing infographics drawn from scoping review)

I did a scoping review of SRH programmes for adolescents in SA to find out what programmes there are that have been studied and what factors impacted the success of these programmes.

The scoping review did not result in a clear formula of what makes for a successful programme, but I did learn a lot about what is being done.

Participants:

Age

The programmes reviewed included a wide range of adolescent participant ages (10 – 25 years old). Most of the programmes were aimed at older adolescents which seems fitting since older adolescents are more likely to be sexually active, although in South Africa adolescents as young as 12 may legally have sex, provided that their sexual partner is no younger, and not more than two years older than they are. SRH is far broader than sexual activity only, and younger adolescents and children face many SRH challenges. Programmes that targeted younger adolescents often identified the young age of participants as a strength.

Gender

The majority of programmes included both female and male participants. The single sex programmes often focussed on gender issues.

Inclusion of non adolescent participants

Several programmes targeted not only adolescent participants but also caregivers. Programmes that included caregivers often focused on communication and family

relationships. The literature shows that communication between adolescents and caregivers promotes protective sexual behaviours. One of the programmes in the scoping review found that the quality of caregiver-adolescent relationships had a direct affect on the amount of communication about sexual matters in the relationships. Programmes that included caregivers also provided the opportunity to develop skills for monitoring adolescents' emotions and behaviours. Bringing a caregiver into sessions not only holds potential for better communication and perception of familial support for adolescents, but also changes the level of impact of the programme from individual to relational.

A few of the reviewed programmes further expanded the impact of their programmes to include systemic levels. One programme provided training for LO teachers and another programme engaged with health care services and partner organisations. The literature shows that adolescents' SRH is impacted by individual, community and systemic factors. It therefore seems important for a programme to address multiple levels.

Programme delivery:

In-person group sessions versus mobile or online delivery

Most of the programmes made use of some form of group session with a minority making use of mobile or online technology. The use of groups was regularly regarded as a strength of programmes, as group members felt connected to each other and perceived the group as a supportive network. In programmes that used it, the use of mobile technology was identified as a strength. Mobile phones are important to adolescents and provided users 24/7 private access to interventions. Participants who engaged with an HIV-dedicated mobile phone-based social networking site, valued the opportunity to connect and interact with others. They also appreciated having a non-judgemental space where they were able to discuss various topics and seek advice whilst remaining anonymous. Mobile and online technology, however, rely on access to cell phones, computers, data or internet, which limits the reach of the intervention. Furthermore with mobile technology, programmes might risk the spread of inaccurate information by users, as well as exposing users to cyber-bullying or cyber-predators.

Length

The length of programmes and individual sessions varied greatly. Short term programmes that took place over a few days had longer more intensives sessions. Programmes that ran over a few weeks or months usually made use of 90 to 120-minute sessions. Programmes that were long-term often took the form of extracurricular clubs and were normally 30-minute

sessions. It is not clear from the scoping review whether an intensive short-term programme or a longer-term programme has greater impact.

Facilitation

Details pertaining to the facilitation of the programmes were generally scarce. Several programmes made use of peer facilitators or mentors with varying degrees of success. One programme used peer facilitators to deliver curriculum-based classes at school unsuccessfully. This study identified that peer education may be less effective in resource-constrained schools where adolescents are heavily impacted by family, community, and systemic factors. In the successful peer-facilitated programmes, it was identified that participants valued that the facilitators were people they could relate to, share openly with, or look up to.

Other programmes were facilitated by community members, project staff or volunteer teachers. One intervention offered an online networking platform, which included a feature in which users could interact with counsellors online who answered questions and gave advice. This programme also served as a platform for public health educators to share information. Several programmes also linked participants to community services such as health care or justice and crime prevention by having professionals from these services come in to deliver a session or workshop.

Methods and techniques used to deliver programmes:

Education

All but one of the programmes aimed to educate or share information with participants. The exception was a study that used arts-based research techniques to gather data about participants' SRH risk vulnerabilities through a Body Mapping process. Although this programme did not aim to educate participants, the explorative experience of the programme offered participants insights into their lives, and they felt encouraged and supported by the group and the facilitators. The study identified participants' perceived lack of support and mentorship from adults as one of the risk factors that makes them vulnerable to SRH challenges. The participants also identified a disconnect between their own realities to risk and the SRH information that they are generally exposed to which is designed to protect them.

In general there is little evidence in the literature that educational SRH interventions impact behaviour change. In the scoping review few of the reviewed studies measured both knowledge and behaviour outcomes, but one programme which made use of group

educational sessions did this and found that there was increase in HIV knowledge, but there no effect on sexual debut, condom use or number of sexual partners. It therefore appears to me important that SRH programmes aim not only to increase SRH knowledge but include some behavioural aspect. One study found that participants who had engaged with MTV's drama series suga down south had increased awareness of HIV self-testing and were more likely to know their HIV status than those than participants who had not engaged with the show. This behavioural change that the show seemed to induce might be because the relatable storylines and characters of the show enabled viewers to engage with HIV information that is often regarded as academic or abstract. It might also be that those who were more open to the uptake of SRH information were more likely to watch the show. The concept of 'edutainment' (educational material delivered in an entertaining way) was used by several programmes. In addition to educational resources such as curriculums, magazines, and worksheets, most of the reviewed programmes attempted to deliver educational content by using methods that made the content relevant and allowed for interactive participation, such as group discussions, projects, and roleplays.

Sport or arts-based activities

Two programmes used soccer as their primary concept for content delivery. The use of sports was viewed as a strength of these programmes as participants were excited to play and found sessions fun. However one study observed that although soccer was supposed to be played in each session, the programme facilitators seldom included soccer drills or game play. It was discussed how this may have been due to the facilitator's lack of technical training in soccer. It seems important that facilitators feel sufficiently competent to work with specialised activities such as sports or arts programmes. Many other programmes used artistic elements, such as role-plays, interactive scenarios, and stories, but only that one Body Mapping programme was actually arts-based in concept. This programmes' participants valued the use of art which enabled them to deeply engage with and express their own experiences and stories.

Social learning

Many of the reviewed programmes drew on social learning approaches. Most of the programmes were delivered to groups, and discussions were a common component of almost all the programmes. Peer-facilitation was common and often identified as a strength.

Programme aims and content:

HIV is rife in South Africa and has had devastating social and economic implications for the country. It is therefore not surprising that the primary intention of most of the reviewed programmes was HIV prevention. That said, many SRH concerns are intrinsically connected, and all of the programmes included several aspects of SRH. Topics specifically related to HIV included HIV knowledge and prevention (including PReP and condom use), stigma, testing, and care (including youth-adherence clubs and ART).

Gender

Programmes with primary aims surrounding gender-related aspects were also common. Gender-oriented programmes included topics around gender equality, stereotypes, roles (including caregiving) and violence. The single sex programmes all focussed quite heavily on gender. The female programmes often included content which was designed to empower participants, increase self-efficacy for condom use and sexual decision-making, and bring awareness to SRH rights. The Male programmes focussed on gender equality and challenging gender stereotypes and norms.

Supportive elements

Whilst the focus of most of the programmes pertained to SRH challenges and the risk factors that lead to vulnerability to SRH challenges many programmes also provided a holistic approach that included a focus on supportive elements such as mental health, relationships, health seeking behaviours and communication. It seems to me important for programmes to focus not only on vulnerabilities and risks, but to empower participants by focusing on their strengths and giving them hope for a bright future that is attainable and worth protection.

Tea break

Part two

Discussion of a music therapy informed programme to explore SRH with adolescents in children's homes

Considering the findings of the scoping review and drawing on your own experience, I'd like to invite you to share any opinions and ideas that you may have about my proposed programme.

(Show slides which present ideas of music therapy informed programme to explore SRH with adolescents in children's homes)

Programme content:

Are there any topics missing from the proposed programme that you feel should be included?

Are there any topics in the proposed programme that you feel should not be included?

Programme participants:

Considering the content of the programme, what age groups should this programme aim to explore SRH with?

How do you perceive the potential of running two groups where an older group's members serve as peer facilitators for a younger group?

How could this programme include both male and female participants whilst still providing a non-judgemental space where participants feel safe to explore sensitive topics? (E.g., session 2)

How can this programme include non-adolescent participants, so it has an impact on the adolescents' systems?

Should anyone else be included in sessions?

What should be the focus of sessions where non-adolescent participants are included? (E.g., session 5)

Methods and techniques of delivery:

What, if any, do you think are the advantages of providing an explorative space rather than focussing on SRH education?

Do you think music holds potential to explore SRH with this population, if so why?

Looking at the possible programme outline, can you offer any specific ideas of how music could be used to explore the topics in the programme? (E.g., HIV song in session 3, lyric analysis in session 1)

Music therapists, what do you feel needs to be present in this programme in order for it to be a "music therapy informed" programme?

How do you perceive the impact of putting on a performance at the end of the programme?

Can you comment on the feasibility of including a performance in this programme?

Do you have any ideas on where the performance could take place and who should attend?

What could be included in the performance?

Programme delivery:

Can you speak of your views around necessity and feasibility of including an online or mobile element to this programme?

How do you perceive the proposed length of the programme?

What do you feel would be an appropriate amount of time for each session considering the delivery of content and the attention span of adolescents?

Do you have any ideas about how this programme could be made sustainable? E.g., could this become a peer-facilitated club after the programme ends?

What do I need to consider in terms of facilitation?

How many facilitators should there be?

Can you share your views regarding the importance of including both male and female facilitators?

Who could facilitate this programme?

Do you think an older group of adolescents would be able to plan and facilitate sessions for a younger group?

Is it feasible to have non music therapists facilitating a programme that is informed by music therapy?

Would the non-music therapist participants in this focus group feel comfortable working with music in a programme like this?

How do the music therapists feel about the use of music in a SRH programme that is not facilitated by music therapists?

Programme potential:

What about this programme do you think holds potential to enhance it's participants' sexual and reproductive health?

What difficulties do you foresee in the implementation of this programme?

Closing

APPENDIX D: Full Transcript of Focus Group

Lulu: I'm Lulu, I'm a social worker and I specialize in therapeutic play. Um, I'm a certified, um, play therapist, um, through play therapy international. Um, I'm currently based in [anonymised], um, mainly based at [anonymised] school, um, where I kind of do both roles, play therapy for the younger kids and then social work counselling services for the, for the teenagers, trying to get them to play, um, not so easy, but, um, yeah, that's me.

Researcher: Okay. And then Sharon.

Sharon: Hi. Hi, um, I'm Sharon, I'm a drama therapy masters student. Uh, I have just complete, well, I'm about to have my last session at, uh, [anonymised children's home], so I actually have met Ray Doe there. Um, and ja, I'm still well in the throes of masters, so (laughs)

Researcher: Thanks Sharon. Let's go to Billy.

Billy: My mouse doesn't want play along. I'm a music therapist. and I am based in [anonymised]. My passion is with, with addiction and, um, yeah, at the moment I'm juggling my balls between building a practice, since I've just moved about a year ago, and my PhD. That's me.

Researcher: Thanks Billy. And then Ray Doe.

Ray Doe: So I'm a music therapist based in [anonymised]. Um, I have a private practice, which, which I started this year, which is in [anonymised]. And I also work at the, the [anonymised children's home] about five hours a week. Um, my practice is mainly, um, children and teenagers. Um, thanks.

Researcher: Awesome. Thank you everybody. Um, okay, I'll get started. I just wanna say that, um, there're going to be a few times, um, in this first part where, or just once, where I want you to answer some questions. Um, but for this first session, it's mainly just me. Um, so you can keep your microphones off. If at any time, I think also during the, the question times, um, I'm just gonna invite you since it's a small group, just turn on your microphone and speak. Um, and then if, if we need to put in some kind of system, I don't think we will, but we can do that.

Okay. Let me share my screen. Okay. Um, can you just give me a thumbs up if you can see? Perfect. Okay. So firstly, thanks so much again for giving me your time this evening. Um, so the reason we here is for me to really gather your opinions and hopefully some creative ideas about a music therapy informed programme. So it's a programme that I'm developing to explore sexual and reproductive health specifically with adolescents in children's homes, the meeting hopefully, um, will last no longer than three hours. Well it won't, um, but don't worry, there is a tea break. I'll give you 10, 15 minutes. Um, but for this first part, I'm going to start by just introducing this project and then giving some introduction to music therapy, um, giving a, a brief introduction of sexual and reproductive health and this population. And then we'll get to a couple of questions and then I'm going to provide you with an overview of a scoping review. So the first stage of this project, um, I did a, a scoping review on sexual and reproductive health programmes here in South Africa that are running for adolescents just to try and find out more about what is being done. Okay. Then we'll have the tea break. And then after that, um, I'll present the, the programme that I've started to create. And this is really where I'm hoping to get lots of ideas and feedback from you.

Um, it was on the information sheet, but I just want you to know that I am recording this meeting. Um, and then the, the, the transcribed, um, version of the meeting will be kept at, um, the university of Pretoria at the school of the arts for 15 years. Um, but it will be anonymous. I will use pseudonyms of your choosing. So you can send me a pseudonym at any stage.

Um, yeah, let's get going. So just about this project, um, as I said, I worked at the SOS Children's Village in Nelspruit and while I was working there I ran a group for adolescence and I noticed that there were a lot of themes around sex and relationships coming up. And I wasn't always sure how to address this. Um, so I turned to the music therapy literature, and I couldn't really find anything. Um, of course there was a lot in terms of, you know, music therapy for victims of sexual abuse or trauma, but there wasn't really much about how music therapy can be used to promote sexual and reproductive health with adolescents. Um, so I embarked on this topic for the research component of this degree.

Um, for those of you who don't know much about music therapy, it is an established and evidence based health profession here in South Africa. And, um, music therapists here are registered with the health professions council. So music therapists use various forms of music within a therapeutic relationship, um, to address non-musical goals for individuals and groups. Um, and I just want to say here that the programme that I'm creating, I've said it's, it's informed by music therapy rather than being a music therapy programme. And this, um, I did just because I, I thought it was important to try and extend the reach of this programme. So I didn't want it to be dependent on being facilitated by music therapists, but rather I saw,

you know, adolescents identify with music and music is so important to them, so I just felt that, um, the use of music in a programme like this could be so beneficial. Um, and so that's why I say this is music therapy informed.

So, um, sexual and reproductive health of course, is it's such a broad topic and it relates to physical health, mental health and social wellbeing in any matter related to the reproductive system. And of course, South Africa's adolescent population is at general at very high risk of adverse sexual outcomes. So things like HIV or sexually transmitted infections, sexual abuse, transactional sex, unwanted pregnancy. Um and there are so many individual community and systemic risk factors for sexual and reproductive health challenges, but there are also so many barriers that impede adolescents access to and uptake of sexual reproductive health services. And these are so important, um, in mitigating adverse sexual outcomes for adolescents. I think, um, that these risk factors and barriers are often magnified for adolescents in children's homes and furthermore, this population um these kids in children's homes, they've by definition experienced adverse childhood experiences or ACEs. Um, and we know through the literature that the experience of ACEs has been connected to risky sexual behaviours and poor health outcomes. So I thought that this is really a population who could benefit from a programme.

Um, so some general questions that I have for you. Um, I think most of you have worked with adolescents. So what difficulties have you experienced working with adolescents or particularly adolescents in children's homes, if you have that experience and what are some methods that you have used that have been successful in overcoming these difficulties?

Ray Doe: Did, did you wanna, should we chat about this now? Is this..

Researcher: Yeah, this is the first little question.

Ray Doe: Okay. So I mean, I, I can speak and I'm, and I'm sure, um, Sharon has come across this. The, the kids we are working with, there are a lot of issues. So for instance, this last couple of weeks, I do, um, some group work once a week where I do quite free play with the kids. I we've got drum kits, guitars, bass, all kinds of things. And the kids come in and out of the music room as they please. I've, I've left that part of it. I do two kinds of work there. So the one kind is completely free. And what I found is one boy in particular has just been in girls' faces, groping them, um, pushing them, teasing them, and he will not listen to reason. And that has been really, really difficult. And actually, um, it, it got to a point where I've had to keep him out of the music room. It's, it's just gotten so bad. And he also has, um, what's it? Oppositional defiance, um, disorder. So, I mean, he will not ah, there are times when he's

the wonderful, sweet little kid, he's about, I think he's 14, um, and there are other times when he is just absolutely unmanageable. And the really scary thing about this as well is that he, the other kids look up to him. So the boys are learning this kind of behaviour, and these are their, you know, these are their male role models are the older boys, the little boys. And I think that's one of the, the toughest things. Um, these are the people they're closest to, so that's been very tough. So that said, um, I work, uh, with, a, drama therapist, I think you said she was gonna be part of this, um, [anonymised], who is, um, also at the children's home. And we've started implementing workshops where we, we are doing a cottage at a time. And the eight-week workshops, we are busy with our second group at the moment, and our plan was particularly to deal with identity and deal with issues around gender and also sexual issues. Um, however, it's been impossible. Um, these children are not children that will easily, they're unpredictable, that, completely unpredictable. So the workshops have turned out to be quite a lot of improvisation and a lot of changing plans and things, the latest thing we've done. Um, we got the, we're working with, um, five little boys at the moment who are between, I think they're about eight to 12 years old. And what we've done now is we started working on, um, a thing around their body talking about what's acceptable, what, what's, you know, asking them questions. What's comfortable to touch? What's feels uncomfortable? What is, you are allowed to? And actually opening these discussions. They don't always go very far, um, with discussions. So we then turned this into a song so, I can play it to you just now, if you want, um, I've got a rough mix of it, so basically a song about my body and each kid got a, a little, um, chance to say what they like about their body and what they don't like people doing to them. Um, so that's what we are working on at the moment, this kind of thing. But as I say, we don't have a particular methodology because things are just, things are quite chaotic in that space. Um, we have kids who leave the session, um, in the middle of a session, they, they just suddenly start sulking, something little goes wrong, and then they're gone and they might not come back again the next week or they might. So there are a lot of issues, I think this, this particular group of people is very difficult because there are so many issues, you know, with these kids. So, dealing with anything to do with sort of sexuality and, you know, sexual reproductive health, you, you're talking about something on top of more pressing issues for them: bullying, jealousy, loneliness, you know? All kinds of things like that. So, yeah. Sorry, I've rambled a little bit.

Researcher: No, thanks, Ray Doe. That's perfect. Thank you. I think, um, yeah, I think I've, I've experienced similar things, um, in my placement. And I think what I'm hearing is, it's things around behaviour and peer pressure. Um, and then just really, I think for, for me at least, um, so many of these kids, they don't, they don't have much hope for their future. So there, there, isn't this kind of, well, I know if I, if I participate now and, and do well, I'm going,

I'm gonna go places. Um, so it's, I think it's really difficult for them to, to kind of find benefit…

Ray Doe: That, that brings to mind, another thing is quite a few of them have asked if they're gonna do this workshop, what are they gonna get? Are there gonna be sweets? Are there gonna be, you know? Um, so yeah, you're absolutely right. Even the, the, the, you know, excitement and fun that they have, they still actually want something for doing this. They feel like they need a reward.

Researcher: Yeah. And it's something, like a reward that a tangible thing that they can get now, which is, I think understandable. Great. Thanks Ray Doe. Um, does anybody else have anything to add to, to what Ray Doe said?

Lulu: Um, yeah, Jenny, sorry. So from working in the communities and in the clinics, and running the groups there that I did on, on this particular topic, but the, the main problem that I had there was, ah, getting the kids to attend, um, for them to, to turn up when they had all agreed that this was great, and this is what they wanted and they were coming. And then one comes, two come. Sometimes they do. Sometimes they don't. Incentives was a big thing. And I looked at big time at, into the ethics of kind of giving incentives while providing a service. And actually at the end of it, I just thought well screw this, they're getting incentives. If it gets them to go to the group and hopefully something sticks, then that's what I will do. Um, and then we had a much better uptake, cause the kids, as you said, saw an instant reward. And actually the information that you're giving is probably only gonna be planting seeds for them. Um, little seeds that we hope will grow, but the, the incentive or the sweets or the apples, or the, whatever that was provided was the, the here and now. So, um, and they could, and they could get that. So my early morning groups in winter used to get hot chocolate and, and a hot dog afterwards. Um, you know, and which also made them feel a bit special. You know, you know? I'm special and I'm appreciated. Yeah. So maybe taking that into account as well.

Researcher: Mm-hmm thanks. Um, so this, this next question, I think, is more for the non-music therapists in the group, um, and that is how, how do you, or how have you, if ever, used music when working with adolescents, um, and how have you found the use of music to be helpful when working with adolescents?

Lulu: So I take it that would be me?

Researcher: Yes. You and Sharon.

Lulu: Sorry. So I've in, within my play therapy, I've got, obviously all the music equipment, I've got keyboard, I've got drums, I've got shakers and, and all the rest of it, what I've found with a 10 to 12 range is the noise, they can't, sensory is just, it's too much for them in a small space. Um, and the adolescents are too embarrassed. Um, so, but we'll sit and we'll, they'll do, you know, tap their fingers on the drums, um, which is fine. But other than that, they kind of, it's too embarrassing. They're not gonna, they're not gonna try it. Um, which is what I found. So mainly it's just the sensory issues that I found, um, in my practice.

Researcher: Thanks, Lulu. Sharon, do you ever use music?

Sharon: Um, well, in, in drama therapy, we do use quite a lot of, um, songs either to begin or end a session. Um, in my, I haven't done a lot of work with adolescents outside of this placement and I, I only worked with, I had a, we had a very, I had a very tough group experience. So, um, we didn't actually use much music, uh, during this I think, yeah, I mean, we couldn't even get our, I mean, circles are like the, the fundamental, that's where any drama therapy, any drama anything starts with a circle and we couldn't even get our participants into a circle. So this time around, I must say, I haven't, I haven't used much music, but it's just because we've been, we've been on the back foot trying to figure out how to, so we, we just jumped into straight, straight into trying to, particularly with the adolescence, just throw them into an imaginary world as quickly as possible. So, um, as they entered the space, we invited them into an imaginary world and that's how we got buy-in and it worked for a little while, but then it started to kind of fizzle out eventually.

Researcher: Thanks. Um, okay. The next question. Um, and I guess this is for everybody, uh, have you ever used music to explore specifically sexual and reproductive health? Um, Ray Doe, you did speak to this a bit um, but yeah, if so, how? And, and we will get more into this later when, when we talk about the, the programme. Um, but yeah, just maybe if we focus just on that first part of the question, have you ever used music to explore sexual and reproductive health and maybe was it, was it important work? Was it successful?

Ray Doe: So something I've, I've done, which I think could work in, in this, um, sort of field in this is to, I, I got, um, the older teenagers at the children's home to bring a song that they feel very close to and play it to us and then talk about it. So it wasn't specifically about, um, you know, sexual health or anything, but I think it could be very useful. And the, the one thing I've noticed, you know, especially dealing with the older boys is they listen to a lot of hip hop, and they listen to the, the really hardcore stuff, which is very sexist, it's, you know,

it's, it's aggressive it's and, um, I think, you know, maybe a discussion around some of that stuff could be quite useful, you know? And in fact, never, ever telling them it's bad or anything because their, their identity is built on this, this music. But I think that is a very good way to open a discussion, bringing in songs, maybe about gender, maybe about sexual issues that, that they, songs that they like and then discuss that.

Researcher: Absolutely. Um, I think there was one of the, in, in my literature review, um, one of the, the studies I looked at, um, it was done in Jamaica and it was basically looking at, um, the music, there's a specific type of music. I can't remember what it's called now, but, um, a specific type of music that, uh, Jamaican and adolescences really enjoy. And I think that the, the study was just saying, why aren't we using music like this, um, to open the conversation because the kids are listening to it anyway. And of course, sexual and reproductive health conversations are so often uncomfortable. And like, let's talk about sex. Um, but rather maybe using a, a song. And it's actually, I'll, I'll show you a bit later there's, I dunno if you know that song, let's talk about sex baby, let's talk about you and me. Um, I thought of using that in the introduction to this programme, just to kind of open the platform and like, hey, let's talk about it. Um, so yeah, I think, I think that idea of using songs, even, you know, those very explicit songs like WAP, um, using those songs that kids are listening to anyway, just to go, what do you think? What is this about?

Um, thanks, Ray Doe. Billy, it looked like you had something to say,

Billy: I could just say, yeah, I, I worked with kids having AIDS, which was quite a thing because they were, they had this, um, attitude of I'm dying anyway, kind of thing. So, uh, my focus was not on sexual health, not necessarily, but on health and how important it was to look and take care of themselves and take their medication and blah, blah, blah. And that is obviously also a starting point. If you start with general health and, and respecting yourself and your body, et cetera, but, um, that, that recipe, uh, Ray Doe you've mentioned it, and Jenny you've got it already, I think, is, is using their music. And, um, I think what is the, the most difficult part is for us to kind of listen to that stuff with them and discuss it without getting all, um, uh, authoritative or this is wrong, or that is not good, et cetera. I think that is the main thing. So, if they can feel that they can bring their songs and not be judged and then your song and then your song, and now what about my song, to kind of bring, to be part of the group and, and just do it in a slow manner. Um, creating songs as well was one of my tricks in terms of health and hygiene, whatever, uh, and, uh, you know, hygiene is used for all kinds of things, sleep hygiene, music, hygiene. Um, so you can actually, that's a different kind of, um, topic that you can kind of wrap this around, but sjoe, you're taking me back. This

is 15 years ago.

Researcher: Fantastic. Thank you Billy. Um, okay, so going on, I just, I want to talk to you about the, the scoping review I did. Um, and I did the scoping review, as I say, to, to find out more about sexual and reproductive health programmes that are happening. Um, but of course, because I looked at the academic literature, um, I didn't really get a full view of, of what is being done. I'm sure there are so, so many programmes that are being run that haven't been studied. Um, but really what I was looking for is what are people doing and, and what seems to make for a successful programme and, and what seems to, to not. Um, and as I say, the scoping review in no way gave me like a, this is how you make a successful programme. Um, I think so, so many of the studies that I included in the scoping review, they spoke more about the study than about the actual programme, which was frustrating for me, cause I wanted to learn about the programmes and I was hearing more about the, the methodology of the study, um, the participants of the study rather than the participants of the programme and how it was facilitated and, um, and delivered. Um, but I did, I did learn a lot about the sexual and reproductive health programmes that have been studied. And I think I was able to collect some ideas, which I just wanna show to you.

Um, so firstly, in terms of the participants, um, the, the programmes that were included in the study, um, they were generally, there was a huge range in overall. Um, but most of the programmes were aimed at older adolescents and this, I mean, it seems to make sense, cause you'd think that older adolescents are probably more likely to be sexually active. Um, but you know, in South Africa it's legal for a 12 year old to have sex. Um, just as long as their, their partners not younger than them or more than two years older than them. But more than that, um, I think the sexual and reproductive health challenges that goes beyond just, you know, sexual relationships, um, and the programmes that did accommodate younger adolescents often identified this as a strength. Um, so for example, there was a, a programme on gender, um, and it was offered to kind of older adolescent boys. Um, and the, the study mentioned that it could have been more helpful to do it with, with younger adolescent boys, you know, before they really have kind of set attitudes and before they've been exposed to years and years of these gender stereotypes. So I think, um, it's important to try and accommodate younger adolescents also.

Um, in terms of gender, the majority accommodated, both males and females, but there were, there were programmes that were specifically for males or for females and these often really focused on gender issues.

Then the inclusion of non-adolescent participants. So there were some studies that, or some programmes that included either workshops or even the whole programme was for

caregivers and adolescents. Um, and of course in, in these programmes, they really focused on things like communication, sexual and reproductive health communication, um, the relationships between caregivers and adolescents. And then they also included things like, um, monitoring of adolescent behaviours and emotions for the, the caregivers. Um, so I think these, these were useful, uh, because they, they provided the opportunity for, for the adolescences, um, and caregivers to develop a relationship and also for that monitoring kind of to happen. Um, and I think this, this holds potential not only for those things, but also to change the level of impact of the programme from kind of the individual adolescent to a more relational or even systemic kind of impact. Um, a few of the reviewed programmes, not only included caregivers, but they further expanded their impact by, um, including the, the one included Life Orientation teachers and they provided some more training for those teachers. Um, one of the other programmes actually included healthcare systems and partner organizations. And this is so important. I mean, so many of our healthcare systems don't actually offer adolescent or youth friendly services. And so many of them are actually working outside of the law and demanding parental consent for certain things. So I think, um, being able to address kind of those systemic impacts or effects on the individuals is so important.

Um, then going on, in terms of programme delivery, um, the majority of the programmes did use group sessions and this was always identified as a strength because of course within the group, the, the adolescents felt connected, they felt supported. Um, and of course there's also potential for social learning to happen there.

Um, but there were many programmes that were focusing more on mobile or online delivery. And this was actually also always identified as a strength, um, the, the programmes that, that used this, um, identified having 24 7 access to this, whatever it was, this intervention, this was a strength. Um, also the participants felt like this was a space where it was non-judgmental, it was safe, they could be anonymous. Um, and they could, in some of the cases also connect to others. There was one that was a, it was like a social networking platform, something like Facebook, but it was HIV dedicated, and so here they could discuss things, um, and they, they felt supported and connected to others. Uh, there was something else that was really cool about that specific programme. And that was that it offered a, a platform for educators and, and health services to, to provide information. Um, and the information there was not just sexual and reproductive health, but it was also kind of scholarships and careers, and looking at the child more as a whole, kind of giving them hope for the, this future that was worth protecting. Um, the mobile platforms obviously have some limitations. And I think particularly, you know, your participants are gonna need to have access to internet, to a phone, to a computer, whichever, and that kind of decreases the, the reach of a

programme like that. Um, but also depending on how it's done you risk spreading inaccurate information. Um, and also the users might be, um, open to cyber bullying and even cyber predators.

The length of the programmes. So the length of these programmes, um, varied greatly. The, there were shorter term programmes that were definitely more intensive. Um, those generally just ran for a few days and it was the whole day. Then there were kind of medium-term programmes, which were a couple of months, and those were generally 90 to 120 minute long sessions. And then the, the kind of long-term programmes, which were often the school year, these often took place at schools in like extracurricular clubs um, and these were just short kind of 30 minute, um, sessions. But again, from the scoping review, it's really not clear kind of what length of programme has more impact. Um, but certainly I think the feasibility for a long programme is much more difficult than for a shorter programme.

Um, and then going to facilitation of these programmes, this was quite frustrating. Uh, the studies that I looked at really didn't give much information about who was facilitating. Um, but many of the programmes did make use of peer facilitation, or there were some that had mentors and mentees. Um, and mostly this was identified as a strength. There was one programme that used peer facilitators, and it didn't seem to be successful at all. Um, in this programme, the peer facilitators delivered basically life orientation lessons. It was at school and it was curriculum based. Um, and this was not done successfully. Um, and the study identified that this is may be because peer facilitation could be less effective in these resource constrained schools or kind of environments, um, particularly because here adolescents are heavily impacted by community and systemic factors. Um, but in the successful peer facilitated programmes, it was identified that the relationship between facilitator and, um, participant was a strength, the facilitators were people that they feel that they could look up to, they could relate to them, they didn't feel judged by them, they could share openly. So that was definitely a strength. Um, in terms of facilitation on, in other programmes, they were often facilitated by project staff, whatever that means, um, or community members, um, sometimes volunteer teachers. And I there was one study that, that used community members to facilitate the programme. And they said this was a strength because they, they didn't rely on having, um, somebody who was, you know, an expert in some kind of health service, uh, which makes it less feasible. Um, so that's kind of online with my thinking of creating a programme that can be facilitated by non-music therapists. Um, also there, there were a few programmes that included sessions that were delivered by either health service providers, or there was one that, that included, um, the justice services. So I thought that was a really nice way of kind of linking the adolescence with somebody

from the community or, you know, specific service providers, just so that they, they know more about the services that are offered to them.

Um, methods and techniques of delivery. Of course, I think with a programme like this, education is normally seen as important, and most of the programmes aimed to educate or share information. Um, there was just one programme that didn't, and this was more of a kind of research programme than a, than an educational programme at all. Um, this used body mapping and that's a, an arts tool, um, and what they were, they were trying to see where the body mapping could successfully be used to collect data about the sexual and reproductive health vulnerabilities and risks of the group. And they found that it, that they could successfully use body mapping to collect the data. But on top of this, the, the participants in the group spoke about how, um, it gave them the, the opportunity to, to really talk about their experiences and see that they weren't alone in their experiences. They felt connected to the other members of the group. Um, they were able to explore their own lives and, and gain insight. So even though this wasn't an educational programme, um, the participants really felt that they, they benefited from it. Um, also in this programme, the study identified, um, as a, a risk to sexual and reproductive health, that many participants in this programme, they, they didn't feel supported. Um, they felt that there was a lack of, of role models, a lack of support and mentorship from adults. And so this, this is potentially a risk factor that makes kids vulnerable. Um, they also identified that there's a real disconnect between their experiences and their realities and the sexual and reproductive health kind of educational information that they're generally exposed to. So I think that's also quite important just to consider that, you know, we try to give information, um, but it's not necessarily, um, perceived as relevant to these kids. Um, I think also if I think about the, the general literature, there's very little evidence that, that educational sexual and reproductive health interventions actually impact behavior change. So this was actually shown in one of the, actually, maybe two of the, um, studies in my scoping review where they, they measured both, um, sexual and reproductive health knowledge, and behaviour outcomes, like condom use, um, the number of sexual partners, sexual debut. And although they found that the sexual and reproductive health knowledge had increased, it had no impact on sexual debut, no impact on condom use etcetera. So it seems to me really important that, um, programmes like this, aren't just, here's the education, here's what you need to know, but have some element of kind of behaviour involved. Um, and one way I think programmes are doing this is that they make use of entertainment. So it's kind of education framed in an entertaining way, um, which I think often just makes the, the information more. It, it makes it feel more applicable to the participants' lives. It's not just something academic out there, it's something that they can maybe identify with. Um, so most of the, the programmes, even the,

the educational ones, um, on top of things like, you know, curriculums and magazines and books and things that they, they provided they also tried to use things like role plays and lots of group discussions and, um, just ways of making it more entertaining.

In terms of, um, sports or art based activities. Um, there were two programmes that, that used sport, specifically soccer, and this was identified as a strength. Of course, this is something fun. Um, it seems to increase programme uptake. You know, they're going to, to go to play soccer and it's exciting. Um, but in the one soccer programmes, they, they observed that the facilitators didn't actually include soccer in every, um, in every session, it was supposed to be, but it wasn't. And they observed that this might have been because the facilitators didn't actually have technical training in soccer. So they might not have felt comfortable, you know, using, um, the sport. And so I think we can carry this over into any art based or music type of activities. If the facilitators don't feel comfortable in the medium, they're unlikely to use it properly or as much. So that can be a, a bit of a challenge.

Um, social learning, as I said, many of the programmes did use some form of peer facilitation or mentors. Um, but this generally was a common approach having group discussions, um, running clubs, having some area where there was learning happening within the group. Um, programme aims and content.

Um, of course in South Africa, we have such a problem with, with HIV and it's been devastating. Um, you know, I think particularly in children's homes, many of these kids have lost parents to HIV or themselves might have HIV. Um, so it's really not surprising that most of the programmes were some kind of HIV prevention programme, um, after HIV, the next most common kind of focus was gender, um, specifically in the, the programmes that were, you know, female only, or male only, this was very much, um, a, a common topic that came up. Uh, what was interesting to me was that in the gender, in the, the female only, or male only programmes, um, when they were delivering to females only, it was very much about, you know, empowerment and know your sexual and reproductive health rights and, um, more, very much empowering, uh, whereas for the, the male adolescent groups, um, where it was only males, it was very much kind of challenging stereotypes and trying to, trying to change attitudes that were held. Um, so you can see here, I think the topics are general sexual reproductive health topics, nothing too, um, shocking there, it's kind of the normal stuff.

Um, but I think in general, even, even the programmes that did have one focus, they did provide some kind of holistic programme because of course, sexual reproductive health challenges are so interlinked. Um, so it really does need to be done holistically. And I think what I also realized from this is that, um, you, you don't need to only focus on the challenges

and the risks, but I think there needs to be some element of, you know, this is, these are the supporting elements, here's your resilience, where can you draw and strength from? And I think that it’s important for that to be explored. Um, and I think ultimately also just to empower participants by giving them that hope for a bright future, you know something, you have a, a life that is going somewhere and that place is attainable and that is what's worth protecting, it's your future that, you know, that exciting, wonderful future that needs protecting, not just here are the scary sexual and reproductive health challenges that you have.

OK. So just to sum that up, um, the, the strengths of the programmes were generally something about the nature of the space being non-judgmental, um, connecting people, feeling supported. And then of course, that facilitator participant relationship, um, that often came up as a strength, um, also in the delivery, the, the use of sports, entertainment, art, um, the use of mobile, online technology, um, inclusion of caregivers and other kind of members of, of the systems, and then peer mentors. I put peer mentor small because it was mostly identified as a strength, but there were programmes where it seemed to not be successful.

And then the, the limitations of these programmes, and the biggest one here was that some of these programmes didn't seem to influence the, the participants' environments. So for example, the kids might have had knowledge about, you know, the, the sexual and reproductive health services that were offered to them, but then they went to the clinic and, um, the clinic didn't have youth friendly services and they felt judged by the, the nurses, and so they didn't actually uptake the services. So I think that's quite an important one. Um, the other ones, of course some of the programmes were inconsistently implemented. Um, often it was identified that the programme length was too short, but I think that might have just been a way of saying, you know, we were kind of unsuccessful, maybe if it was longer, we would've done better. Um, and then the facilitators, maybe not having the, the appropriate skills or the, the technical training to facilitate. Um, and then of course the, the issues surrounding mobile platforms, like technical issues or cyber bullying.

Um, okay. So that is the end of part one. I think if you want 10 or 15 minutes just to stretch your legs, grab a cup of tea or coffee. Um, and then in this next part, we are really going to do a lot more discussion of the programme that I've thought about. Thanks guys.

TEA BREAK

Researcher: Um, okay, so I'm going to, to show you kind of what I've had in mind. Um, but yeah, please, please feel free that this is just a working kind of outline of what I've got in mind. So I really want you to offer any new ideas or, or challenge, whatever I've, um, had in mind. Um, so maybe just also having a, an idea of, of what the scoping review, um, kind of showed me, and then just remembering that, of course this programme is to promote good sexual and reproductive health and wellbeing. And then of course, I think in any programme it's important to consider feasibility and uptake and then impact.

Okay. Um, so my thinking, um, was a kind of nine session programme, um, with a performance event at the end. And I thought this could maybe be a part of the kind of incentive: you're gonna have some kind of performance. So really drawing kind of on community music therapy practices. Yeah. Um, I wanted it to be available to, to the whole kind of spectrum of adolescents. So 10- to 19-year-olds, um, of course, for adolescents in the children's home. So there would be kids who are there, but I thought 10 to 19. Um, and what I thought of doing was having maybe two separate groups, uh, where an older group has a longer session, maybe a two hour session. And the last 40 minutes of each session was used for that older group to really plan the younger group session and then step in as the kind of peer facilitators of a younger group. Um, so I thought of peer facilitation and just its potential for, you know, firstly for the older adolescents, um, who maybe become peer facilitators, this might have an impact on their behaviour because they go, wow, um, you know, I've got this, this position as a role model, so I need to, to do what I'm talking about, um, and also it just creates that, that space for the younger kids to have role models and to feel connected and, and to, to feel supported in their, their health. Um, so I dunno about the feasibility of that. We'll get to it in a bit, but I, I thought maybe for the younger group an hour-long session and for the older group, maybe a two-hour session in which the last 40 minutes was to discuss how they were going to, to run this programme. And of course I thought, uh, for the, for the second session for the younger adolescents, um, a facilitator should still be present to, you know, an adult facilitator.

Um, again, just remembering that this should not be depended on facilitation by music therapists. So using music, and informed by kind of music therapy, but no music therapists necessarily, um, present.

In terms of the, the programme. Sorry, I'm looking this side, cause' I've got a second screen. Um, the, the first session I wanted to be kind of an introductory session where we use that song, *Let's Talk About Sex Baby*; um, maybe just start off kind of jamming, have the facilitators, get up and jam, play the song, have the kids join in dance a bit and then give the kids the lyrics and go, so what do you think this is about? And maybe have a big piece of flip

chart where they then brainstorm what they might be doing in this programme. Um, inviting any, you know, questions that they have on each topic. And this could then become something that gets used throughout the programme. This big piece of flip chart that can be referred back to, um. The second session I thought of doing gender, um. Session three, I thought quite a lot about, um, I wanted to explore HIV and particularly try to reduce the stigma. Um, so I've called it high five. If you look at HI, like high and then the V as a Roman numeral, it's like high five. And I just thought, um, I will play for you a little song I kind of wrote, um, using clapping and I thought, you know, the kind of symbolism of, of touching, um, and the spread of HIV, but reducing stigma. So, you know, it's okay to touch. It's okay to clap. We, we don't need to be so afraid of HIV. We need to get tested and take treatment. Um, sessions four and five, I thought would be about relationships and communication. Um, and here potentially have a session with a caregiver or maybe a separate session, like a workshop for caregivers, and then include them in a session with the, the adolescents. Um, session six, I thought would be about health providers and health seeking, maybe here linking a health service provider to, to the, the home, um, session seven, My future. I also thought here, we could include something about maybe the future of this programme also, um. At the, the end of the, the facilitated programme, how could we make this programme, maybe, uh, a club that was peer facilitated. So there's still a space for this type of conversation and topics to be explored, um, without facilitators. So how can we extend the future of this kind of space? Um, session eight, I thought of having a creative reflection on the topics, um, and with, with a, a performance in mind, um, being able to, to come up with something that then gets rehearsed in the next session and then gets performed at the end of the programme in this kind of graduation performance.

So firstly, um, can you offer your opinions on the content that has been included in this programme? Is there anybody? I'll just step back one slide just to there.

Ray Doe: Okay. I'll, I'll jump in again. Firstly con, congratulations. This is fantastic. It's absolutely wonderful. I really like what you've done there. Um, I, you know, I just think the, the one thing is, and I, I think the information is amazing. I think that these have to be quite, there need to be a lot of structured activities as, as part of this. I think because I mean, I, you know, I only have experience from working at this one children's home, but I find it, allowing freedom with these kids that they can completely get out of hand and, and sitting, expecting them to sit and listen to a talk is very, very difficult as well. You know? So there've gotta be things that are engaging them quite a bit, I think. But I, I actually, I think this is so beautiful what you've done there. I think it's really a start of something great.

Researcher: Thanks Ray Doe. Uh, we'll get, um, in a few slides we'll get to more of the kind of content of how we're going to do it, or how I'm thinking of doing it. Um, but for now, yeah. Is there anything that you feel should, like be included that's not, or any topics kind of broadly on the content?

Lulu: Yeah Jen, I'm just gonna piggyback off what Ray Doe said in that. Firstly, it is gonna have to be very experiential for them and they are going to have to almost facilitate their own group, with the facilitator just kind of steering them in the right direction. Um, but very, very experiential, I think for the older age group, two hours is a very long time. Um, when I was running groups for a similar sort of age groups in the, in the clinics, I think for the younger group, we said 45 minutes and for the older group was a maximum of 75 minutes. Okay. After that you've lost them. Um, and also for them to do either experience or, or to sit and listen, it, it, it gets too much. Um, so I dunno if you wanna just look at your timeframes.

Researcher: Yeah, definitely. We'll get, um, in a few more slides, we're gonna talk more about the actual delivery. Um, yeah. So don't worry. We, uh, I really want all of this feedback from you about your thoughts about the, the time and how we do it, the actual how, um, yeah, but just yeah. In terms of the content, Billy?

Billy: Jenny, um, yeah, I think the content is gonna be your hardest work. This is, you know, your structure looks great. I dunno if I'm over critical, but I would maybe swap around, and not start necessarily with, let's talk about sex, but the second one, let's talk about you and me, you know, and gender and there you can bring in, that's something I missed kind of, but it fits perfectly into session two is gender violence, gender based violence, which is such a, an important part of this whole, uh, programme. So it's just, just an idea to kind of, and maybe even bring up my future a little bit earlier in, in the programme so that they, I don't know, have motivation to, to, you know, be positive about talking about sex and changing behaviour et cetera. Because that's the point I want to change their behaviour, right? Or I want them to change their behaviour. Okay. But phew lots of work already. Great stuff.

Researcher: Thanks Billy.

Sharon: Yeah. I was also gonna mention the, the future thing possibly coming a little bit earlier. And um, the other thing that I, I people with, might have some different, different opinions to me. Um, but I, I liked your idea of like the flip chart, like what's this gonna be about? It says something refer back to, and I wondered if, (bad connection for a moment) to also ask them what they want to learn, you know, something that might be useful

Lulu: Sharon you are cutting out, yeah, little bit, but you're back now? um, yeah, I completely agree with that. So my, my thinking for that first, um, session we'll, we'll get to that. I'll get to that at the, in a future slide. Um, but I like those ideas. I think I, I agree maybe, maybe even starting kind of more with the my future. Um, maybe that's a good entry point and then going to the, so this is a sexual and reproductive health programme, what's it gonna be? Um, thanks. Okay. Excellent. Um, so going on, so this is, this was tricky for me to, to really structure just because, um, of course, so many of the things will impact on the other things. So you know, who your participants are, it gonna impact on programme delivery. Um, but I thought I'd, I'd kind of start here with just the participants. Um, so firstly, how, how do you perceive the potential of that running of two groups where you maybe have an older group, um, who are acting as facilitators for your younger group? Can anybody speak to that?

Billy: I think it can work well. Positive.

Ray Doe: I, I, yeah. Also I think it's a great idea. Um, it, it needs to be well managed, but I've actually seen at the home there, there are times when the older boys work with the little boys and it makes such a huge impact in the music room. Like I'll get one guy showing another one how to play the drums or something and the and those little kids, you know, they're the, they're the role model. So yeah, if you can get that, I think that's brilliant. Mm.

Lulu: I think it also depends on, um, who your participants are and who your peer facilitators ar. Are they known to the younger kids? Um, if they’re strangers, meh, I haven't found it kind of works that way just because they’re of in a similar circumstances. Um, so it's very much, you know, where do they fit in, in the lives of the littler ones in general?

Researcher: I think, um, at least with, with the SOS Children's Village, that's the experience I have. They, they all live kind of in their little homes, but they, they know each other. Um, so yeah, I, I thought this was potentially a way to just have that multidirectional, some influence on the older ones because they now, you know, they're being the role models and they need to, to behave that way. And then also for the little ones, um, I also thought about this, should it be like, do I speak to the group or, or the facilitators speak to the group and, and the group plans about how the facilitation, this peer facilitation should be done. Um, are there specific peer facilitators chosen or is it the whole group? Um, but I thought this would be a, a nice way to make it peer or participant led where they can make those decisions. Um, but I, I also thought maybe having that time for the, the older kids to, to then plan the session for the younger kids. Um, I thought it was a nice way for, for the older kids to kind of reflect on what

they had done in their session. And now how can we think about this? And, um, I thought it had potential there, so, okay.

Lulu: Um, I hear what you're saying there, my one concern with that being without sort of, um, I wanna say vetting your peer facilitator very carefully is remember that peer facilitators also bringing their experiences in. Is that younger person gonna trigger anything for the older person, for that peer facilitator within the group, that they are A) gonna be able to handle, recognize that they've been triggered and then seek,

Researcher: Right

Lulu: Do you hear what I'm?

Researcher: I hear. Yeah.

Lulu: So, so there's, although it, there's great potential, there's also potential for that, for that peer facilitator to kind of, uh, derail the younger ones as well, because of their own lived experiences and something being triggered.

Researcher: Right.

Lulu: So what are they gonna, so without vetting them and saying, right, you've, you've been through something, you've come through the other side, you're very aware of yourself and all of that, this is how you facilitate a group… is that facilitator gonna be A), be able to recognize something that's triggered in themselves and B) recognize something that's triggered in one of the group participants? That might need to further follow on.

Researcher: Do you think that, um, by having the, the adult or, you know, the actual programme facilitators, um, present at both, you know, of course they'll be present at the older, um, group. Do you think having those facilitators present at the younger group would help mitigate that at all?

Lulu: Yeah. Again, depending on the, the facilitator that you've got and their level of experience, um, you know, you, you're bringing young people into a group talking about some really difficult topics for them.

Researcher: Yeah.

Lulu: Even though you're making it fun. There can be triggers. Um, and are we able to contain that and manage them either within the group, or recognize that they need to be contained outside of the group?

Researcher: Sure.

Lulu: But just something to keep…

Researcher: Yeah. I had, um, in kind of this planning, for each session, I'd written a list of kind of questions that, that the, the adult facilitator could go through with the, the, um, potential peer facilitators, um, not, not for them to use with the next group, but kind of questions, like what is appropriate on this topic of let's say HIV, uh, what, what is appropriate to, to share with this age group? Or, um, how, how do we keep this a safe space? Just some questions for the older facilitator or the, sorry, the peer facilitators to consider before going in. Do you think this could, could also maybe potentially mitigate that at all? If, if those questions were really well designed to kind of perceive, um, what problems might come up before they even happen?

Lulu: It could, but it can also open Pandora's box

Researcher: It could,

Lulu: Um, you know, and sorry, now I'm gonna put another spanner in your works, um,

Researcher: Go for it

Lulu: With the HIV. Um, I know they're all in children's home, but have all the kids been disclosed to. So again, you're gonna have to look at, have these children, do they know their HIV status? Have they been disclosed to, um, and how well was that disclosure done? Are they in denial about their HIV? You know, have they come to terms with it? Those kind of questions before HIV topics that could then make that child sit back and go, well, hang on,

I'm taking medication once or twice a day. Um, you know, um, you know, could I have, and, and fall apart.

Researcher: Um, thank you. These are so, so important. Um, do you think that maybe that then a programme like this would really need to engage with the, the home beforehand to find out all this information?

Lulu: Yeah. Yeah. So before you, and then you gotta, is this gonna be an open group or a closed group?

Researcher: Mm-hmm

Lulu: Um, are you gonna allow people in and out or is it gonna be just those particular participants, um, and then engagement with the group at the, the home to find out the background, have they been disclosed to, what do they know? What is their history, you know, have they had any significant sexual trauma in their, in their history, um, that could bring up, um, unresolved issues or, or continuing trauma.

Researcher: Right. I think this, this population is a, a really difficult one to

Billy: It's a very vulnerable population.

Researcher: It's a, yeah, it's a very vulnerable

Billy: I, I completely agree with Lulu. I actually took it for granted that it would, would be a closed group. And when we talk about the older one facilitating, I would never, not me, I would never try this without an adult, at least, uh, in the know, plus you can use this as an incentive, Lulu you were talking about that, you know, if we have the older one facilitating, there's kind of a, a motivation on the behaviour, et cetera. But the, these finer details are definitely, it's, it's non-negotiable. You will have to make sure everybody is on the same page with everything.

Researcher: Right. Um, so in terms of the, the open closed group, um, I guess my, my thinking was this would be a programme that, you know, the, the homes kind of, we want to run this programme. Um, so the homes kind of welcomed this in, and then it was, um, delivered. And I would think that it would be a, a group, I'm not sure on the sizes of, of the different homes, but at least, um, with SOS children's village, I think there were a huge

amount of, of adolescents. Um, I just had specific ones who were chosen for my group. So I think, how, do you think this should be something available to, you know, all the adolescents in the, in a children's home or how would they then say we think this group would benefit from it, or, and then I guess we'll get facilitation a bit later….

Lulu: I think, because it's such a good programme, I think it needs to be open to everybody mm-hmm , but in terms of having them all at once, or whether you do 12 at a time,

Researcher: Right.

Lulu: You know, run the course, so that each is in their own special kind of group. Um, you know, cause' I think for an inexperienced facilitator to run a group of more than 12, you're gonna miss things.

Researcher: Right.

Lulu: Um, and then things are gonna be missed and then is it, you know, is that really helpful? Or is it more damaging?

Researcher: Yeah. Right. Thank you. Um, and yes,

Billy: I, I think that's, that should be your starting point, you know, to try to develop this programme for a specific facility where there are, for example, 10 kids in a house or in a home and five are the older ones and five are, so the groups are small. I think it's a, you know, it's a given. And then, um, I would just say if once your programme is kind of out there to, to give it to the caregivers or whomever is in charge of that hope to check if they would prefer and if they don't have some suggestions in terms of what should be, um..

Researcher: Absolutely

Billy: … facilitated.

Researcher: I, I should have mentioned it. Um, of course this, this is just for my thesis. Um, and yeah, it's just kind of developing this programme based on the scoping review and this focus discussion. Um, but of course in my conclusion and in my limitations, I'll talk about how before this would ever then actually be used as a programme. Um, I would run focus group discussions with, um, with adolescents. I think we're missing the voice of the major

stakeholder here. So it would be, um, adolescents in their own focus group. And then also another one with maybe people who work in children's homes. So this is at the stage very kind of theoretical, academic, if I was to ever do a doctorate, not saying, not even thinking about it. Um, but or if somebody else wanted to use this, um, to then take forward, it would definitely, it has a long way to go before it would ever be used. Um, the next question, considering the content of the programme, um, you know, the topics that I've included, what age groups should this programme aim to explore sexual and reproductive health with? And I think, here if we, if we are thinking about including two groups, maybe with peer facilitators, um, what age groups do you think would be good for those two different groups?

Lulu: So I would go 10 to 13 and then 14 to 16.

Researcher: Okay. And not, and, cause I, I have said up to 19 year olds, but I think the difference between a 14 year old and a 19 year old can be huge. So,

Lulu: Then I would have three, I would go 10 to 13, 14 to 16, 17 to 19.

Researcher: Okay.

Lulu: Uh, just to keep developmentally appropriate. Um, as well, um, and chances are yeah, 15 year old and an 18 year old are gonna have vastly different experiences.

Researcher: Right. Thanks Lulu anybody else?

Billy: I agree.

Ray Doe: I, I wonder if you shouldn't have a programme for younger kids too, because I mean, we've been seeing kids, you know, talking and acting out sexually who are younger than 10, 8, 9 year olds. Um, and maybe, you know, getting in early is actually a valuable thing. I don't know, just to think about. Yeah,

Researcher: I think so. In terms of the, the programmes I looked at, um, there were few that offered to younger than 10. Um, but I think it's, if you can lay those kind of foundations, it can only be positive I'd think. Um, okay. Um, how could this programme include both male and female participants while still providing a non-judgmental safe space where participants feel safe to explore sensitive topics? Um, I guess this, we don't need to spend too long on this. My, my thinking was that for certain sessions where maybe there is sensitive, um, material

specifically around gender, you could obviously break up into girls and boys. Um, does everybody agree with this or any other ideas? Okay.

Lulu: I would ask the participants,

Researcher: Pardon?

Lulu: I would ask the participants what they wanted to do. Um, I have very strong feelings on keeping them together because I think it's important that we hear from each other's perspectives.

Researcher: Yes.

Lulu: Um, and by separating them, we are just hearing from our own perspective and our agenda perspective rather than hearing from each other and having that healthy debate and that healthy discussion.

Researcher: Right.

Lulu: But again, I would ask the, the participants and say, what would you like to do in the circumstance? Would you like to girls go this way and boys go that way or would you like to stay together?

Researcher: Okay. I, I agree. And my thinking, um, for, for the second session was to, to break into groups, um, and then do an, an activity and then come back and have a full group discussion where actually what was done in the activity was then kind of ex, um, presented by the girls, to the boys and by the boys, to the girls. Um, so maybe, but I think offering that, let's do it all together, what would you guys like to do? Or we could break apart. I think that's good idea. Um, I

Billy: I wanted, I wanted to say something about that whole gender session because that is Pandora's, you know, gender is not boy and girl.

Researcher: Yeah.

Billy: So you need to be very careful there to not judge and to exclude somebody who wants rather to be in the other group, et cetera. So I think that is one of the sessions where it's very important to have them together so that they can learn what gender means and not to judge each other. And that's the only way they will also be able to be honest about how they feel in terms of their genders. That is a big thing nowadays.

Researcher: Yep. I, I so agree with you that Billy and, and I have thought about it. Does that belong, like of course that's a part of sexual health, that's a part of identity. Um, I just, we have so many things in gender that, that are challenges, um, gender-based violence and, you know, inequality, and there's so many challenges, um, that I've kind of not really thought about, including things around, um, gender identity and, you know, homosexuality. And of course these are so important. Do you think maybe that gender would need two sessions or do you think all of these things could be done in one session?

Billy: Well, how deep you wanna dig, dig? You know, this is about nonjudgment, this is about knowledge well the two go together, I think. And, um, and understanding each other. So when there's knowledge, there's understanding, then there won't be judgment and let's leave it there. So, because this is my identity. So I don't know what are the, what do the others think? I think, uh, if you plan it carefully, you can do it in one session because, but you'll, you'll, uh, label it differently. Identity. Who am I and, and what fits in this who am I picture and how does it fit in?

Lulu: I tend to think it's gonna depend on your participants. You know, one group you might have, you know, need to use two sessions because they just talk and talk and talk and discuss and discuss and discuss, and others are gonna be a little bit quiet and kind of stick within the parameters. So I think be flexible enough so that there can be a continuation, um, but plan for plan for one session with the flexibility for two.

Researcher: Okay, great. Thanks. Um, going on, what are your thoughts on this programme, including non adolescent participants with the aim of having some kind of impact on the system?

Lulu: Jen, can you give an example?

Researcher: Sure. Like having the caregivers come in for a session on, um, communication, um, or having maybe for in that session where we discuss health services and, um, health seeking, having somebody from a, a clinic or something come and be a part of it.

Lulu: I think it's great, if it's consistent. Um, but first of all clinics to get them to come anywhere, it's like hitting your head with a brick wall. Um, they'll say they come, then they don't turn up and then they do. And then the next one they don't. And then what, what is the plan? Um, so just weigh that up.

Researcher: Yeah, maybe not feasible. And having the, the caregivers, um, maybe Sharon and speaker 4 having worked in, in homes…

Ray Doe: I, I think that could, um, inhibit the kids a little bit from opening up, um, having the caregivers there and also having, you know, outsiders come, it can, I mean, it, it takes a lot to develop trust with these kids. So I think the consistency of the same people being there is quite important. Um, that said, you know, having a, some fun person come and give a, a demonstration of whatever to something could, could be fun, but for discussion groups and the, the, the, the really deep stuff, I think that consistency for, for me, I would imagine it's is important.

Sharon: Yeah. And I'm not sure what it's like at other children's homes, but what I've noticed is that, um, At [anonymised], often the caregivers change in the cottages. And so you might not even have the same caregiver there on a regular basis. Um, so yeah, I don't know. I mean, week to week it can be somewhat different.

Researcher: Okay, um, then would you, I, I think I would like, I'd like a programme like this to at least engage maybe in a completely separate group. Maybe it just run a workshop for the, the, the caregivers to maybe discuss monitoring, um, and, you know, discuss if they are talking about sex with the kids, that that stay with them?

Sharon: Um, is there not, is there not an opportunity if there's gonna be a performance of, um, conclusion to let that be the entrance into that in some kind of way?

Researcher: Mm-hmm

Sharon: And maybe even the entrance into a, a bit of a bigger discussion or. (pause)

Researcher: Definitely. Okay, cool. Um, so here, methods and techniques of delivery. Um, this first question I think is quite broad, but. I'd like to know, just what, if any, do you think are the advantages of providing an explorative space rather than kind of focusing on sexual and reproductive health education?

Ray Doe: Oh, I mean, I think it's essential for them to engage with the, the topics rather than just sit there and, and listen to something, you know, they, education is a dirty word for these kids. They don't, a lot of them hate school, it’s like, you know, and a workshop, oh my God, it's another workshop, you know? It's, yeah, so it's definitely gotta be something that engages them, I think. Yeah.

Lulu: You know, they don't need another teacher coming in to tell them what to do, and how to do it. So I think if it's child led and participant led, they'll send you in all sorts of directions that are not necessarily on your script, but can fit in within their topic. Um, and that's the way I'd go.

Researcher: Okay, great.

Sharon: Yeah, I was struck by, I was struck by cause I was also, even before you mentioned the body mapping, I was thinking about how body map mapping could be so useful for something like this. And I was struck by when you did actually talk about it, how even though it was supposed to be just a research tool that it actually did invite from the participants, you know, um, vulnerability and, and also create a space that they felt comfortable to be vulnerable in somehow. Um, because I don't know if anyone has engaged in any body mapping activities I randomly did, did a body map just a couple of days ago with someone

unexpectedly. And it was suddenly such an intimate experience wasn't expecting it, you know, but it can be, yeah, it can really, uh, you know, um, things can bubble up, you know? Um, so yeah, I think it's, I think it's important because otherwise, yeah, when, as, as mentioned already just, uh, their voices really need to kind of engage in it, you know? Um, yeah.

Researcher: Thanks. And yeah, also that, so many of the, the, um, studies that were included in my scoping review really just felt more kind of education based or, um, and that body mapping one, I so enjoyed reading because it was qualitative, and of course the, the participants really spoke about just, or having the platform to, to explore their own experiences. And it gave them so much insight. And, um, they made this, this group of participants made a rule that, you know, at the end of each day they would discuss the body maps, and they made a rule that if there was anything on the, the art, um, no other group members should ask about it. The, whoever wants to talk about it, or the, the person who belongs to should be able to speak about it. And I thought that was quite interesting. Um, but they did, they, they felt very safe talking about their experiences.

Um, I think this is really at the, the core of, um, this programme. And the question is, do you think music holds potential to explore sexual and reproductive health with this population? And if so why?

Billy: I think it goes without saying Jenny, otherwise you would not have been doing this project. The reason I would say, you know, these kids, they identify with music, they identify through music, they speak, it becomes their mouthpiece. Um, so, um, that's, I certainly think it has potential. And I certainly, that's my reason, it's a population that holds on to music to identify with or to, to create their own identities. That I, I think it's important. Never mind potential.

Researcher: Thanks.

Ray Doe: Yeah, absolutely. That's I, I totally agree, but it must be their music. That's that's the important thing, you know, is yeah, that, you know, there's no, we have, we, if you're, if you're 25 years old, you're already too old, you know, so you don't know their music, so you've gotta somehow tap into it and allow them to bring stuff in, I think.

Lulu: Yeah. So I agree with everyone and, and say it's about the facilitator and, and bringing, coming down onto their level. Um, and where they at with the music. Um, and it also allows them to, I think, engage with the topics without thinking that they're learning something, that they're being taught, something that they've been spoken at. Um, so it, you know, it just confuddles them, um, in a good way.

Researcher: Okay. Um, so here I want some specific ideas and I'll, I'll move on to the next slide, which is, um, that programme outline again. Um, but yeah, for the, the topics that, that I have in that outline, I'm just wondering if, if you can offer any specific ideas of how music could be used to explore the topics. Um, and of course this is for everybody, not just the, the music therapists. Um, and I think I want to invite also any kind of creative ideas. It doesn't need to only be music. Um, so I wanted to just play you a bit of the, the song that I thought could be used to kind of set the space and, um, maybe do a lyric analysis of the song after just bringing the kids in dancing, jamming, of course the facilitators would need to be comfortable with just letting loose, let's listen to the song and dance. Um, so I thought, let me just play a few minutes of it. (plays *Lets Talk About Sex Baby)*

Okay, so, um, my thinking was that, that could kind of open the, the programme. Um, you give the kids, uh, the, a copy of the lyrics and then you get them to create some big mind map on a big piece of flip charts, which as I said, can be used for the rest of the, the, um, programme and any questions that they have, anything kind of start it with what do you think that this programmes about, and they write on this, um, mind map, what they think it's gonna be, and then you invite them to add any questions. And then the facilitators come in and say, okay, yes, we're gonna be talking about this and we're gonna be talking about this and anything extra, um, I thought could kind of get explored or discussed in one of those last two sessions where there's maybe a bit of time. Um, so any questions and things. And that was essentially the first session was just around this song. Um, we have spoken a lot about it, how it's important for them to bring their own music in. So I thought on top of that, um, we could kind of do a game of, so what songs do you guys listen to that are about sex? Um, let's write them all down and make sure that in each session. If there's time, a song that they listen to about sex gets listened to, discussed, so, or like maybe in the gender session, do you guys know any songs about gender that you like you want to discuss in this session? Um, so that kind of stays on that big piece of flip chart that gets brought into each session and can always just be, let's go back to that or let's cover that topic. Um, and then this, uh, I thought of this is my high five song, um, which I just used, you know, the cup song. Um, I

thought maybe, uh, having a nice rhythm that they could clap. And then I wrote, I just changed the lyrics a bit. Um, and my friends helped me record it. So let me just play this for you. (plays video of HIV song)

And, um, so my thinking here was that this could be brought into the, the HIV session. Um, and as I said, I really wanted the session to kind of work with combating stigma and then this could then be developed by the group, should we add anything else, are there any other, um, lyrics or like, can we make this into some kind of dance between the full group? Um, so yeah, those are the kind of ideas that I have in mind. I can scrap both of these ideas. Um, but I just wanna know in terms of like each session, is there anything that you're like, oh, we could do that and that would be a great idea?

Lulu: Jen, sorry. I love your HIV song by the way. It's brilliant. Um, but *Let's Talk About Sex,* So I've used that as well. What I found with the adolescents, they really don't know it, so they don't jam at all to it. Um, and I'm the one that looks like an arse standing up there. So I'm wondering if, as you've said before, make it relevant to them, pick a song that they possibly would know. Um, you know, if you think, like that song is so old, um, and, um, and even the lyrics pick up the needle, I mean, they're not gonna know what picking up the needle is, you know, off the LP kind of track , um, turn table thing. So maybe picking a song that they possibly would have heard would relax them more into the session as well. Okay. Thank you. I think, yeah, that's a very good, very good point it is a very old song.

Billy: On the other hand, on the other hand, if this is your icebreaker, and if you say let's talk about sex, baby, you'll have them, you'll have them for the session. Even if that’s it and you know, and you play the first, what six lines or whatever before you get to the needle. but, um, yeah, it's, I think it could work as a, as a, like Sharon said earlier, to start the session, not necessarily the whole song, not necessarily an analysis of the lyrics, but just to get their buy in for the, for the topic.

Researcher: Mm thanks.

Billy: But sure. Surely there's other songs.

Researcher: Mm. Yeah.

Ray Doe: Um, I think the HIV song is, is lovely for younger kids. I think teenagers, you're not gonna get them to do that if I, well, if I think of the kids that I work with, like 14, 15 upwards, they're too shy. They're too cool to, to, to do that. They'd rather do something that's I think a little bit more self-driven perhaps that they come up with.

Researcher: Okay, okay.

Ray Doe: Um, a lot of them do freestyle rap, the kids that I do, like, you know, so, so rapping about topics, you know, where you, you throw them a topic and let them just,

Researcher: Okay.

Ray Doe: Rap could be quite fun as well. Yeah.

Researcher: Do the, um, I'm just wondering here, is that more, um, the boys or do girls also

Ray Doe: More the boys, there are couple of girls who, who do participate as well. So you need to get, I mean, if you go on YouTube and you just, um, look for any current hip hop thing and type instrumental, you'll find a, like a backing track.

Researcher: Okay, cool. Yeah. Nice. Okay. Any, any ideas for the other sessions? Um, I had an idea for, for the second session. Um, I didn't include it cause I wasn't really sure, but I thought about doing some kind of, um, what's it, a Sonic sketch. So a Sonic sketch is where you have lots of different pieces of music, um, that are very different in kind of feel, um, made into kind of an eight minute song. So it's maybe 30 seconds or 50 seconds of each song and you, you give them a big piece of paper and they can draw and, and write or whatever on this big piece of paper altogether. And I, my idea was to, to do, to divide into boys and girls um, and then do a Sonic sketch. The boys do a Sonic sketch about, with kind of the title of being male. And then they do another one with the title being female, and the girls do the same, and then they present, they present their sketches to each other and that kind of leads into a, a discussion. Um, do you think something like that could work?

Billy: I think it could work. Um, I use Sonic sketches quite often and I do it in dialogue. So I draw no topic it's completely free. And when the music changes, I give it to you. And in the end, after eight minutes or 10 or 12, we have 12 different things. Or do we have a whole, or what do we have and what does this say about me and you?

Researcher: Okay. Interesting.

Billy: So you know, um, sometimes you get them, you know, kind of like that. And sometimes you get people who just, they just go crazy over and around each other. And it's beautiful. And there's always a great discussion about boundaries, about identity, about, you know, what was fun, what was not. So they get to know themselves as well without, um, having given them a specific topic, but that, it's just an idea.

Researcher: Hmm. I like that idea maybe that could then be done with, with groups of boys and girls. Um, if it's maybe a smaller group and then they, they can discuss at the end and we, we kind of bring it, you know, I don't know how you'd make that into some kind of gender themed. Um, but if it's about identity, I'm sure themes around gender will, will come out. Okay. Um, any ideas for any…

Billy: Sorry. It is more about identity, which will then lead into gender again.

Researcher: Yeah. Any ideas for any of these other sessions? I'll give you a minute to, to just look at them.

Ray Doe: Um, for the relationships. I mean, we did, myself and [anonymised], the drama therapist did, uh, a sort of a continue, where people continue the story. So we started it about a bully, um, and this bully was bullying everybody and like whatever in the school. And then the next person has to continue this and it, we kept it about the, the same person. We, we, we kind of steered the, the thing a little bit. And when it was finished, [anonymised] came back in character as this bully, and then the kids got to engage with her and ask her

questions about why she did that. Mm. So that was quite a, quite a nice thing. It, it, it was, yeah, quite a lot of interesting things came up from that.

Researcher: That sounds really interesting.

Billy: Um, in terms of respect, specifically, one could work on, um, character strengths, you know, like resilience, or a sense of humor or, um, accountability, relatedness, you know, those words when, well, how do they understand that? And how does it tie in with, um, what do you call it? Um, respect or, or, and relationships, of course. And, um, if you have a list of those words and you ask them, particularly if they know each other, of course, to, um, assign one of those qualities to each other. And you know, I do that into music and there's a tree. Each one has a tree and everyone goes, and they pluck all those little qualities on your tree, in the next tree and the next tree. And it's, it's a surprise cause you're doing your tree and all the trees are out there, and now those little things happen and you go back to your tree and you've got all these, um, qualities it's quite, um, humbling. And it's, it opens up for great conversation.

Researcher: Qualit-trees. That's beautiful. Thanks

Billy: There. You've got it. Qualit-trees. And then of course those pieces of paper are cut into the shape of leaves. So you've got a tree full of leaves at the end.

Researcher: I guess that's something that could maybe go throughout the, the programme. Um, or come back a few times, we could do similar things with the, my future. Um, you know, maybe in terms of kind of what, what do you see yourself becoming, or, you know, what what's important to you in your future? Um, and then the kids might be able to hold onto something at the end of it. That just reminds them. Okay. Should I give some more time, or do you think all the ideas you have are revealed?

Ray Doe: I'm struggling to be creative at this point in the day.

Researcher: I hear you. I hear you. Well, you can always come back to me with any ideas.

Um, I want to pose this question to the music therapists, um, and that, that is what do you feel needs to be present in a programme like this, for it to be considered a music therapy informed programme?

Billy: Without having to be very what you call it, academic or whatever, if as long as it's creative, um, and music is added and be it's, remember music therapy is not about skill. So if they can use music to elicit or to uplift, anything, you've got it. Um, I wanted to still say with the respect thing, even a simple, um, oh man, drumming group, you know, to learn how to lead, to learn, how to follow, to learn, to respect each other's ideas, um, to add words to it, to add, um, whatever, what do you call these things body percussion? I'm also tired Ray Doe. I can't think this time of the evening. But, um, to say it is music therapy informed, um, I would almost be careful to label it like that because then you have to kind of, they, you're gonna be told, but then there must be a music therapist, a trained music therapist in the room or whatever. So, um, but music is such a facilitator. It is such a container. It is such a creator. Um, like any arts really. I mean, whether it's drawing the tree or whether it's dancing, you know, movement as well. So as, as soon as one of those, um, qualities are added to your session. I suppose you could call it arts therapy informed. I don't know, Ray Doe, I'm, this is not academic at all, but that's I don't think we need to go there. I don't think you should go there. That's, that's my opinion.

Researcher: Perfect.

Ray Doe: Yeah. I mean, you know, the music is an important part of it in that, yeah, it’s, it's facilitating a lot of engagement and, you know, as Billy was saying like a drumming circle, I think, you know, is essential and there's so many things you can do with it as well. Um, so I suppose music therapy informed is saying that, yeah, it's been informed by music therapy, it's not necessarily a music therapy programme. I don't know. What is your thinking in, in using the, that term?

Researcher: Um, my thinking was that I see potential for music to be used, um, to explore sexual and reproductive health. And I see, I see potential that I think doesn't necessarily need to rely on a music therapist. So that's what, that's why I chose for it to be music therapy informed, just because I want, if this programme does ever really, um, become anything if it is created, uh, I wouldn't want people who don't have access to a music therapist or homes

that don't have access to a music therapist to, to not be able to include it in their homes, just because there isn't a music therapist in town or because, you know, music therapist is too expensive. Um, so I thought for me it was more kind of, I have been training as a music therapist. What can I offer, um, from something music therapy-ish, to create something that could do good and maybe extend its reach.

Ray Doe: Yeah. I mean, the kids obviously respond amazingly to music and dance and a lot of the arts, but yeah. I, I mean, I, yeah, I don't think it's necessary to call it music therapy informed.

Billy: Yeah. Mm-hmm yeah.

Researcher: Music programme.

Ray Doe: Yeah, something

Billy: Music centred. You know, music is in the center of it, or is part of it, but it's not necessarily, I think we're all on the same page there stay away from the academic language almost. I know this is for your master's degree, so maybe you must put it in there for now, but, but once it flies just call it music centered or music, music informed or music, whatever, arts based, but the word therapy is… I would be scared.

Researcher: Yeah, I hear you. I am. Um, okay. So thinking about the, the performance at the end, um, how do you perceive the impact and feasibility of putting on a performance at the end of a programme like this?

Lulu and Billy at the same time:

Lulu: So I would, I would

Billy: I think it’s a fantastic idea, you’d have to be…. You go Lulu.

Lulu: Sorry. I think I like the idea, but for whose benefit is it, um, is it a performance to, for outside of the group or to remain inside the group as a, as a, um, termination, as a closure of the group, um, to say goodbye to one another, or is this a performance for outside the group?

Researcher: So my next question is, is kind of on that. Should it be, should it be performed to an audience? Should it, um, I, I thought maybe of, you know, trying to reach the system somehow, maybe performing it to the caregivers or maybe performing it at a clinic or something, um, thing.

Lulu: Um, but then it goes back to your aim of the group. What is your aim of this group? What is it that you're trying to get out of it? Um, and you know, is a performance going be beneficial for help to contribute to the aim of that group in terms of what you want these adolescents to get out of it? Um, I don't, so I'm maybe cause I'm not in the music and drama side of things, I don't kind of see where that kind of fits in, in what do the, what do the, the participants get out of it? What, what benefit is it for them?

(Billy turns on mic)

Sharon: One, uh, Billy go for it. (Billy gestures for Sharon to continue)

Oh. Well, one thing I was just thinking was, although this kind of does, um, go a little bit against how you've structured it at the moment, but one thing that you, what it could be of benefit for is if you, um, used your peer facilitation idea as almost as a way of bringing in the next group of participants. So the performance is like, um, the, the culmination that gets performed for the, the, the, the next, well, not the next group, but in order to bring in the next group for the, the project, if that makes sense. Um, yeah, it might, I'm not sure if it would look different then, but that was just an idea.

Researcher: Hmm. I like that idea. So almost like the, so the, maybe let's say the older adolescents finished their group, they perform something to the younger group, um, who then come to watch this performance and see their role models. And, and then they enter into the next stage where they become peer facilitators to the next group. Okay.

Billy and Ray Doe at the same time:

Billy: Okay, it's me now.

Ray Doe: I say… oh, sorry. Sorry. Billy.

Billy: So sorry. Oh, I was just so taken back to the time when I worked with those, um, HIV positive kids, um, the performance is the one thing that stays with me till today. Um, it's it certainly solidifies whatever the programme has done for them. And, but there are, I want to say one thing, you need to be so, so open minded because they come with the most scary ideas and you have to say, it's okay If they want, and then the second important thing is they need to decide who they want to do it for. Do they want to, for example, in these homes, do they want to do it for each other? Do they want to do it for their parents, do they want to do parents in terms of yes, the caregivers, do they want to take it to school? You have to be open for that. Or do they want to record it? And then they have a little video for the rest of their lives. It is amazing what it means to them because they are then creating something from what they've learned and it, it really solidifies. And that just that's just my experience, but I would definitely go for it. Keeping in mind, they decide what to do and to who and for whom they are doing it. Yep.

Researcher: Thanks Billy. Ray Doe?

Ray Doe: Yeah. Um, I agree. Um, I think that performance is very affirming thing. I, and I've seen it with these kids. It's, it's amazing to see these kids on stage. Um, it, there's this real sense of pride that they've achieved something that they can do something and they're telling other people about, yeah, they're sharing it. It, and not only that, but it, it affects the people watching them. They see, they view them differently. They see this different human being on stage in a way, you know, I think it's a very important thing.

Researcher: Mm-hmm, um, I'm just wondering, of course this, um, Lulu, I think community music therapy has kind of looked at at, at music and, and therapy, obviously, which traditionally takes place behind walls and is, um, you know, ethically, you can't share and it's, it's all secret. Um, and, I think community music therapists have gone wait there's there's potential for healing to happen through performance. And I think that's my thinking here and what, what Billy and, and Ray Doe are speaking of. Um, and I'm, I was just wondering, maybe in terms of also that incentive and increasing uptake, um, if this programme was not presented, firstly, as we’re putting on a, a presentation, ah a performance, we're going to do

a music performance, um, and this is what it's gonna be about, sex and it's gonna be about relationships and all of these things. Maybe that's kind of the starting point of getting the kids involved and maybe each, each topic that gets discussed. Um, maybe that's a nice way of having a participant led also, kind of like, okay, how could we, what do you guys know about, um, HIV or what do you know about gender? How can we put on a performance about this? Or how can we include this into a performance? Um, what do you think about that? If, if we kind of made the performance, the whole aim of the programme in some ways?

Lulu: Yeah. So I love the idea of the performance mm-hmm I'm just here to play devil's advocate.

Researcher: Absolutely.

Lulu: So then my other question would be there's confidentiality issues. Um, and POPI. Okay. So everybody would have to consent to the performance to either being recorded, photographed, um, it would have to be a unanimous thing. And then with the younger ones, you'd have to get the caregivers, guardians consent as well in terms of POPI. So just things to keep in mind.

Researcher: Right. I know, even with, um, when I was working at SOS Children's Village, I, yeah, it was, there were some difficulties. Um, I was able to record my sessions, but of course there's a lot to think about there. But I think there are, there are ways around it. Um, there are certainly music therapy, uh, community music therapists who are working in this way.

Billy: I would find out.

Lulu: So, and then in terms of group, do these kids want other people to know that they've been part of this group? And yes, the performance, you know, they do get a lot out of it and, and it's a wonderful thing. Um, and, you know, just keep in mind, confidentiality as well.

Researcher: Mm absolutely.

Billy: Remember the performance, like any, like any performance on stage is. Is art. It's not me. I'm playing a character. It's not me. So that is something one needs to take into consideration, but that's also why I said right at the start, it has to come from them.They decide. And then, yeah, of course you need to go the right route, but remember performance is, is acting. It's not me. So that is one way of, of explaining it. You know, it's not, we are not sharing confidential stuff here, but still they, they decide and I, I promise you you'll get the buy in.

Researcher: Okay. Um, we are coming to the end shortly. Um, I think we will be finished in the next 15, 20 minutes. Thanks everybody. Um, so the, this next question I've just added in there because there's so many programme s that did have an online component. Um, so really just your, your views regarding the necessity or feasibility of including an online or mobile element. Um, should I be doing this? Should I be attempting to.

Ray Doe: [Anonymised] children's home internet is terrible. Kids don't have a lot of access, it's, it would be pointless for for them. I don't know about other, other homes though.

Researcher: That’s my feeling, okay.

Billy: For me, there is where the POPI act comes in. There's no ways in which you can, um, ensure that the wrong people don't see or, uh, access the wrong things. I wouldn't go that route for my own sake, my own protection and theirs.

Lulu: Um, just, we at the school that I'm based at have something called the Guardian App. So it's an anonymized, um, app, and then there are, um, overseers of the app. So like I'm one of them and some of the teachers are, and the kids can anonymously come and make complaints or ask questions or whatever and then then it gets, um. It starts off really well. And then I think I haven't had a single question in the last six months put though onto the app. So it's a lot of money to spend on something that is not necessarily gonna get taken up on. And again, it relies on internet. It relies on data. It relies on, do I have the money for the data? Um, and even the ones that are free that you don't. I mean, there are ones that you don't need data. Um, they're offline kind of things, eeh, you know, again, who's responding

to it and who's managing it. Um, and you know, all those questions against POPI and confidentiality. Is it anonymous? What happens if you get a disclosure on, on there? How are you going to follow? It's the mind field that I would stay clear if I could.

Researcher: Okay.

Billy: Maybe you can do that for your PHD.

Researcher: Maybe…. Um, so this, back to, I think we've spoken a bit about this, but, um, just about the, the perceived programme length, um, nine sessions with a, a performance at the end. Um, and then how long do you feel is needed for each session? Lulu, uh, you said for younger 45 minutes and for older 75, I, I hear that. Does anybody else have any comments about that? (Participants shake heads) Okay. Um/

Billy: You must remember this is a pilot study. You know, it's a pilot programme. Let's call it that, so this is what you're aiming for. So it doesn't have to be cast in stone, but I think Lulu's idea about the 45 minutes and 70, 75 minutes is spot on. Their span is not as long.

Researcher: Yeah. Yeah. Um, and then just my idea of, of making something that hopefully becomes sustainable without actual facilitation or the, the, the programme ends and you try to encourage some kind of club or something that just allows, um, conversation. Uh, what, what do you think about that idea?

Ray Doe: Again, working from one, from my experience at exactly one home, it, it would never work. It's, life is too chaotic for, for those kinds of groups to, to form, I, I can't see it working there.

Billy: In my opinion, that shouldn't be part of your problem. You are creating this programme and what happens to it and with it and in the home around it afterwards is I think it's a bit much, it's a, it's another PhD for you there.

Lulu: Well, I think Jen absolutely don't make it your problem. Um, from somebody who's run programme and groups in numerous facilities, the minute I've stepped out of there and not leading it and driving it, it kind of fizzles out and goes bleh. You know, as, as good as the programme is, um, you know, you really need buy in from every single place that you go into with that one person driving it. And if there's no one driving it, then it kind of, it's not sort of self-sustainable.

Researcher: Okay. Okay. Thanks. Um, so we're getting to the facilitation issue here. Um, and I want to condense this a bit, um, cause really this, this comes down to is this whole music therapy informed idea a good one or does it really need to be a music therapist who is there delivering sessions? Um, so I guess my, my questions here are for the, maybe we can start with the non-music therapists. Um, would you feel comfortable working with a music programme like this? Like would this be something that, that you think, um, you can do as, I mean you are trained and I guess also, do you think, what do you think needs to go into to finding facilitators? Could these be people who are community members? Could they be people who don't have training, um, specifically in facilitating programmes or groups?

Lulu: I would feel very comfortable doing it, being trained, um, and I think it's great, and it would be, you know, just sort of another modality to add. Um, I would worry about community members. Again, if you’re making it purely an educational group, then community members with a bit of training on how to facilitate would be good. If you are having a little bit of that therapeutic the psychoeducational into it, then I would want somebody, you know, whether it be a, um, an auxiliary social worker or somebody who could pick up where there might be issues.

Researcher: Sure.

Lulu: Um, and I dunno how good a community member would be in doing that

Researcher: Lulu I'm kind of feeling more and more that way that, um, that this would need to be somebody like a social worker or, um, do you think a teacher would be able to facilitate this?

Lulu: Uh, yeah. Given the right training on the package, and the programme, yeah. Um, I think teachers are quite good at kind of picking out problems. Um, so they're used to kind of zoning in, um, but there would have to be somebody in the background that they would be able to turn to.

Researcher: Okay. Okay. So, so hopefully somebody with some kind of, um, psychology training, or somebody who is used to running lessons or, or groups of kids.

Lulu: Yeah. Well, just think about this, you know, you're in the middle of the group talking about it and, and one of the kids makes a disclosure. Um, you know, and then what does that non-trained person do with that information, if you don't know what to do? Um, or if there's not somebody to say, listen, this kid's made a disclosure and the processes need to take to take place. So it's just kind of those, those sort of things.

Researcher: Okay. Thanks.

Sharon: I concur.

Researcher: Fantastic. And, um, and then the, the last question there, um, for Ray Doe and Billy, um, how, how do you feel about the use of music in a sexual and reproductive health programme that isn't facilitated by music therapists?

(Pause, Billy and Ray Doe start to laugh)

Billy: We're watching each other's microphones here. I think it is high time that us music therapists get off our high horses and allow community music therapy to grow. Amen.

Researcher: Amen.

Ray Doe: When I started my masters, I was like, very, yeah, I'm gonna be a music therapist. And then, then I thought it actually doesn't matter what I am. And yeah, I totally agree. You

know, music is such a wonderful tool. You, anyone must, everyone must use it. So I wish everyone would. Yeah.

Researcher: Okay, great. Thank you. Um, okay, so we are almost at the end, so this is just kind of generally, um, and we can match these into one question, but what about this programme, do you think holds potential, um, to enhance its participant's sexual and reproductive health, um, and what difficulties do you foresee in the implementation of this programme? And since we have, I mean, we've spoken a lot about, you know, what might be difficult and, um, so this generally, if there's anything else that you really think I should be considering, or like things that you're like, yes, um, now's the time.

Billy: I think it goes without saying that it holds potential because it's music driven and because adolescents speak through music so well, and so clearly, provided, as Ray Doe said, a million times, it's their music that in itself is a difficulty, um, in terms of the facilitators and the judgment, and the knowledge of today's music, et cetera, et cetera. But, um, that, I would not have that stop me. If you, you know, we can't, you can foresee problems, I suppose so with, you know, implementation, but you, if you don't try, you'll never know. So I would not have that stop me. There's a lot of potential. And, um, there's so much you can do with music and with the other arts and with creative thinking and with creative kids, um, it would be a shame if you don't give it a go and tackle the, the difficulties when they, when they appear. I know I'm always seeing the silver lining, but see the silver lining. It's a very broad lining.

Researcher: Thanks Billy.

Lulu: For all my doom saying throughout this thing, I think it is a very good programme and I think you've gotta go for it. And I think you can't foresee all the problems. I mean, problems are gonna crop up that you can, you would never have imagined would've come. And I think, you know, go for it and, and see what happens. Um, you know, and who knows, it could be a roaring success and we could see it implemented countrywide.

Researcher: Okay.

Sharon: I think it looks lovely. Um, I think the only thing that's just sticking with me is I, I, I, for me, the facilitator thing is just, um, I can't, I'm struggling to imagine it beyond you or like someone that you train. Um, so that's the only thing that's still just sticking in my head is just this idea of if it is in a, you know, on a country wide scale, you know, just, yeah, who's leading it and how are they trained to lead it? But besides that…

Billy: Yeah, I suppose that's where the music therapists come in with their you know, I know what I'm doing, because we've, we've trained and, and we can't, uh, undo that. It's very important. Um, just as an example, example, I just marked, uh, a, a master's degree, positive psychology with a programme for addiction, and it's six or eight workshops and it's beautiful, but once it's okayed, people will have to take training to facilitate it. So I think that is something that you might build in, that this is here's the programme, and I will develop a training manual, or I will do the training or whatever the case may be. And even, you know, start an NGO and do that so that it can become a, a Countrywide thing. But, um, I, I agree with Sharon, this is very, this is a very difficult topic pick and things can be disclosed at any moment by any kid of any age and yeah then you have to, you know, you have to have someone in the room that can handle it always. Yeah.

Researcher: Absolutely.

Ray Doe: Yeah. I mean, I think it is much needed. Um, it definitely is. And, uh, I think you've done an amazing job. I think, um, I really look forward to, to seeing how you develop this further. I think it's beautiful.

Sharon: So you look forward to implementing it at [anonymised] Ray Doe?

Ray Doe: I actually do, you know? Yeah. We, I mean, [anonymised] and I have really been trying so many different things and, um, yeah, I think this, this has already given me some ideas, by the way, I might steal some. Right.

Researcher: Awesome. Well, Ray Doe, we can hand it on to you and you can get your doctorate, cause I don’t know that I can.

Ray Doe (laughing): No thanks.

Researcher: Oh, okay. Um, thank you everybody. Thank you so, so much. Uh, I just wanna say again that, of course this is just kind of, for my master's degree, it's it's academic. Um, and if it was to ever go further, of course, I, I have to come up with some kind of programme and that is gonna be based on, on everything that, that we've spoken about tonight, so thank you so much, um, but before going any further, I would of course run more focus groups of adolescents and of adolescents in children's homes and, you know, just try and get a lot more information about what, what is wanted and what is needed and how are we going to get them to actually get on board and enjoy this programme? Um, But, yes. Thank you so much. Thank you. I will, I'll send you all copies of the programme. You won't have to read through my full dissertation. Um but thank you for your ideas and just for your feedback. Um, yeah, I think I've got a lot to, to work with, so thank you so, so much. Enjoy your evening. Um, yeah, half an hour earlier than I expected, so excellent.

Billy: Good luck, Jenny, good luck. Yeah.

Sharon: Thank you so much.

Billy: And, and congratulations on your time. Keeping it is absolutely fantastic.

Ray Doe: Yeah.

Researcher: Thanks guys. Thank you everybody. Have a good evening, everyone. Goodbye.

APPENDIX E: Level-one coding

Transcribed speech	Codes
Researcher: Um, I think most of you have worked with adolescents. So what difficulties have you experienced working with adolescents or particularly adolescents in children's homes, if you have that experience and what are some methods that you have used that have been successful in overcoming these difficulties?	
Ray Doe: Did, did you wanna, should we chat about this now? Is this..	
Researcher: Yeah, this is the first little question.	
Ray Doe: Okay. So I mean, I, I can speak and I'm, and I'm sure, um, Sharon has come across this. The, the kids we are working with, there are a lot of issues.	Adolescents in children's home have complex needs
So for instance, this last couple of weeks, I do, um, some group work	MT's approach in children's home: group work
once a week where I do quite free play with the kids.	MT's approach in children's home: free play
I, we've got drum kits, guitars, bass, all kinds of things.	Resources used in children's home by MT: instruments
And the kids come in and out of the music room as they please. I've, I've left that part of it.	Group participants in children's home have freedom to attend MT session or not
I do two kinds of work there. So the one kind is completely free.	Some MT groups in children's home completely open
And what I found is one boy in particular has just been in girls' faces, groping them, um, pushing them, teasing them,	Bullying of girls by male participant in children's home
and he will not listen to reason. And that has been really, really difficult.	Uncooperative behaviour from adolescent in children's home: will not listen to reason
And actually, um, it, it got to a point where I've had to keep him out of the music room. It's, it's just gotten so bad.	MT deals with uncooperative behaviour in children's home by excluding participant from music therapy group
And he also has, um, what's it? Oppositional defiance, um, disorder. So, I mean, he will not ah, there are times when he's the wonderful, sweet little kid, he's about, I think he's 14, um,	Behavioural disorder of participant in children's home: ODD

and there are other times when he is just absolutely unmanageable.	Difficulties of MT to manage group member's behaviour in children's home
And the really scary thing about this as well is that he, the other kids look up to him. So the boys are learning this kind of behaviour, and these are their, you know, these are their male role models are the older boys, the little boys. And I think that's one of the, the toughest things. Um, these are the people they're closest to, so that's been very tough.	Pressing issues faced by adolescents in children's homes: lack of positive role models for younger male adolescents
So that said, um, I work, uh, with, a, drama therapist, I think you said she was gonna be part of this, um, [anonymised], who is, um, also at the children's home.	Collaboration between arts therapists in children's home
And we've started implementing workshops where we, we are doing a cottage at a time. And the eight-week workshops, we are busy with our second group at the moment,	Workshops in children's home: 8 weeks
and our plan was particularly to deal with identity and deal with issues around gender and also sexual issues.	Workshop in children's home: content around gender, identity, sexual issues
Um, however, it's been impossible. Um, these children are not children that will easily, they're unpredictable, that, completely unpredictable.	Difficulty running workshops in children's home due to unpredictable behaviour from participants
So the workshops have turned out to be quite a lot of improvisation	Workshop approach in children's home: improvisation
and a lot of changing plans and things,	Workshop in children's home: required flexibility from therapists
the latest thing we've done, um, we got the, we're working with, um, five little boys at the moment who are between,	Workshop in children's home: five participants in group (example)
I think they're about eight to 12 years old.	Workshop in children's home: group participants 8 – 12-year-olds (example)
And what we've done now is we started working on, um, a thing around their body talking about what's acceptable, what, what's, you know, asking them questions. What's comfortable to touch? What's feels uncomfortable? What is, you are allowed to? And actually opening these discussions.	Workshop in children's home: content around exploration of the body and consent
They don't always go very far, um, with discussions.	Low viability for discussions in children's home
So we then turned this into a song so, I can play it to you just now, if you want, um, I've got a rough mix of it,	Use of music in children's home: song writing
so basically a song about my body and each kid got a, a little, um, chance to say what they like about their body and what they don't like people doing to them.	Content of song writing in children's home: body positivity and unacceptable treatment of the body by others

Um, so that's what we are working on at the moment, this kind of thing. But as I say, we don't have a particular methodology because things are just, things are quite chaotic in that space.	Lack of specific method to overcome environmental and behavioural difficulties in children's home
Um, we have kids who leave the session, um, in the middle of a session, they, they just suddenly start sulking, something little goes wrong,	Participants in children's home difficulty in regulating emotions causes them to leave sessions
and then they're gone and they might not come back again the next week or they might.	Participants in children's home inconsistent attendance of sessions
So there are a lot of issues. I think this, this particular group of people is very difficult because there are so many issues, you know, with these kids?	Therapist experiences difficulty working because of complex needs of adolescents in children's home
So dealing with anything to do with sort of sexuality and, you know, sexual reproductive health, you, you're talking about something on top of more pressing issues for them:	Potential difficulties running a SRH programme in children's homes: adolescents have more pressing issues
bullying,	Pressing issues faced by adolescents in children's homes: bullying
jealousy,	Pressing issues faced by adolescents in children's homes: jealousy
loneliness, you know? All kinds of things like that. So, yeah. Sorry, I've rambled a little bit.	Pressing issues faced by adolescents in children's homes: loneliness
Researcher: No, thanks, Ray Doe. That's perfect. Thank you. I think, um, yeah, I think I've, I've experienced similar things, um, in my placement. And I think what I'm hearing is, it's things around behaviour and peer pressure. Um, and then just really, I think for, for me at least, um, so many of these kids, they don't, they don't have much hope for their future. So there, there, isn't this kind of, well, I know if I, if I participate now and, and do well, I'm going, I'm gonna go places. Um, so it's, I think it's really difficult for them to, to kind of find benefit…	
Ray Doe: That, that brings to mind, another thing is quite a few of them have asked if they're gonna do this workshop, what are they gonna get?	Expectations held by adolescents in children's homes of tangible incentives for participation
Are there gonna be sweets? Are there gonna be, you know? Um, so yeah, you're absolutely right.	Example of incentives adolescents in children's home desire: sweets
Even the, the, the, you know, excitement and fun that they have,	MT perceives adolescents in children's home to find music therapy exciting and fun

they still actually want something for doing this. They feel like they need a reward.	Expectations held by adolescents in children's home of tangible incentives for participation
Researcher: Yeah. And it's something, like a reward that, a tangible thing that they can get now, which is, I think understandable. Great. Thanks Ray Doe. Um, does anybody else have anything to add to, to what Ray Doe said?	
Lulu: (social worker and play therapist) Um, yeah, Jenny, sorry. So from working in the communities and in the clinics, and running the groups there that I did on, on this particular topic, but the, the main problem that I had there was, ah, getting the kids to attend, um, for them to, to turn up when they had all agreed that this was great, and this is what they wanted and they were coming.	Difficulties with low attendance at SRH groups run for adolescents in communities and clinics
And then one comes, two come. Sometimes they do. Sometimes they don't.	Inconsistent attendance of SRH groups run for adolescents in communities and clinics despite interest communicated by adolescents
Incentives was a big thing. And I looked at big time at, into the ethics of kind of giving incentives while providing a service. And actually at the end of it, I just thought well screw this, they're getting incentives. If it gets them to go to the group and hopefully something sticks, then that's what I will do.	Use of incentives for participants of SRH groups in communities and clinics to increase attendance
Um, and then we had a much better uptake, cause the kids, as you said, saw an instant reward.	Incentives successfully increased uptake of SRH groups in communities and clinics
And actually the information that you're giving is probably only gonna be planting seeds for them. Um, little seeds that we hope will grow,	Social worker perceives the information given by SRH programmes as having little immediate impact, but holding potential for future impact
but the, the incentive or the sweets or the apples, or the, whatever that was provided was the, the here and now.	Adolescent group participants desire instant gratification by means of tangible incentives
So, um, and they could, and they could get that. So my early morning groups in winter used to get hot chocolate and, and a hot dog afterwards.	Examples of incentives given to adolescents who attended SRH groups in communities or clinics: hot chocolate and hot dogs
Um, you know, and which also made them feel a bit special. You know, you know? I'm special and I'm appreciated. Yeah. So maybe taking that into account as well.	Social workers perception that incentives made community/clinic SRH group participants feel special and appreciated
Researcher: Mm-hmm thanks. Um, so this, this next question, I think, is more for	

the non-music therapists in the group, um, and that is how, how do you, or how have you, if ever, used music when working with adolescents, um, and how have you found the use of music to be helpful when working with adolescents?	
Lulu: So I take it that would be me?	
Researcher: Yes. You and Sharon.	
Lulu: Sorry. So I've in, within my play therapy, I've got, obviously all the music equipment, I've got keyboard, I've got drums, I've got shakers and, and all the rest of it, what I've found with a 10 to 12 range is the noise, they can't, sensory is just, it's too much for them in a small space. Um, and the adolescents are too embarrassed. Um, so, but we'll sit and we'll, they'll do, you know, tap their fingers on the drums, um, which is fine. But other than that, they kind of, it's too embarrassing. They're not gonna, they're not gonna try it. Um, which is what I found. So mainly it's just the sensory issues that I found, um, in my practice.	Music resources used by play therapist: instruments Play therapist's experience of using instruments with 10 – 12 years olds: sensory discomfort in small space Play therapist's experience of using music with older adolescents: too embarrassed Play therapist's experience of using music with older adolescents: do not fully engage with musical instruments due to embarrassment
Researcher: Thanks, Lulu. Sharon, do you ever use music?	
Sharon: Um, well, in, in drama therapy, we do use quite a lot of, um, songs either to begin or end a session. Um, in my, I haven't done a lot of work with adolescents outside of this placement and I, I only worked with, I had a, we had a very, I had a very tough group experience. So, um, we didn't actually use much music, uh, during this I think, yeah, I mean, we couldn't even get our, I mean, circles are like the, the fundamental, that's where any drama therapy, any drama anything starts with a circle and we couldn't even get our participants into a circle. So this time around, I must say, I haven't, I haven't used much music, but it's just because we've been, we've been on the back foot trying to figure out how to,	Drama therapists often use songs to begin or end sessions DT student experienced group at children's home as difficult to work with DT student unable to use music in groups at children's home because of difficulty managing participants Uncooperative behaviour from adolescents in children's home: did not follow DT students' instructions Use of music by DT student's not viable with groups at children's home because of difficulty managing participants

so we, we just jumped into straight, straight into trying to, particularly with the adolescence, just throw them into an imaginary world as quickly as possible. So, um, as they entered the space, we invited them into an imaginary world and that's how we got buy-in	DT student's approach at children's home: engage with imaginary world as quickly as possible to draw in participants
and it worked for a little while, but then it started to kind of fizzle out eventually.	DT student's use of imaginary world with groups in children's home not sustainably effective at encouraging participation
Researcher: Thanks. Um, okay. The next question. Um, and I guess this is for everybody, uh, have you ever used music to explore specifically sexual and reproductive health? Um, Ray Doe, you did speak to this a bit um, but yeah, if so, how? And, and we will get more into this later when, when we talk about the, the programme. Um, but yeah, just maybe if we focus just on that first part of the question, have you ever used music to explore sexual and reproductive health and maybe was it, was it important work? Was it successful?	
Ray Doe: So something I've, I've done, which I think could work in, in this, um, sort of field in this is to, I, I got, um, the older teenagers at the children's home to bring a song that they feel very close to and play it to us and then talk about it.	MT's approach using music with adolescents in children's home: invited older teenagers to share a song of their preference and then discuss it
So it wasn't specifically about, um, you know, sexual health or anything, but I think it could be very useful.	Idea for using music to explore SRH with adolescents: participants choose a song of their preference to bring in and discuss with the group.
And the, the one thing I've noticed, you know, especially dealing with the older boys is they listen to a lot of hip hop,	Genre of music that adolescents (especially older boys) in children's homes often listen to: hip-hop
and they listen to the, the really hardcore stuff, which is very sexist, it's, you know,	Content of music that adolescents in children's homes often listen to: sexist content
it's, it's aggressive it's and, um, I think, you know,	Content of music that adolescents in children's homes often listen to: aggressive content
maybe a discussion around some of that stuff could be quite useful, you know?	Discussions of sexist or aggressive content of songs that adolescents listen to could hold potential for useful discussion
And in fact, never, ever telling them it's bad or anything	Advise from music therapist not to judge content of songs when discussing adolescents' music
because their, their identity is built on this, this music.	Acknowledgement from music therapist that adolescent identity is

	attached to music preferences
But I think that is a very good way to open a discussion, bringing in songs, maybe about gender, maybe about sexual issues that, that they, songs that they like and then discuss that.	Idea for using music to explore SRH with adolescents: identifying participants' song preferences with topics around gender or sexual issues to discuss
Researcher: Absolutely. Um, I think there was one of the, in, in my literature review, um, one of the, the studies I looked at, um, it was done in Jamaica and it was basically looking at, um, the music, there's a specific type of music. I can't remember what it's called now, but, um, a specific type of music that, uh, Jamaican and adolescences really enjoy. And I think that the, the study was just saying, why aren't we using music like this, um, to open the conversation because the kids are listening to it anyway. And of course, sexual and reproductive health conversations are so often uncomfortable. And like, let's talk about sex. Um, but rather maybe using a, a song. And it's actually, I'll, I'll show you a bit later there's, I dunno if you know that song, let's talk about sex baby, let's talk about you and me. Um, I thought of using that in the introduction to this programme, just to kind of open the platform and like, hey, let's talk about it. Um, so yeah, I think, I think that idea of using songs, even, you know, those very explicit songs like WAP, um, using those songs that kids are listening to anyway, just to go, what do you think? What is this about? Um, thanks, Ray Doe. Billy, it looked like you had something to say,	
Billy: I could just say, yeah, I, I worked with kids having AIDS, which was quite a thing because they were, they had this, um, attitude of I'm dying anyway, kind of thing.	Experience of MT working with adolescents with HIV: feelings of hopelessness from adolescents
So, uh, my focus was not on sexual health, not necessarily, but on health and how	MT focus on health promotion for adolescents with HIV
important it was to look and take care of themselves	Health promotion content for adolescents with HIV: taking care of self
and take their medication and blah, blah, blah.	Health promotion content for adolescents with HIV: taking medication
And that is obviously also a starting point. If you start with general health and, and	Idea for starting point to explore SRH with adolescents: start with general health
respecting yourself and your body,	Idea for starting point to explore SRH with adolescents: start with respect for the self and the body
et cetera, but, um, that, that recipe, uh, Ray Doe you've mentioned it, and Jenny you've got it already, I think, is, is using their music.	Use of participants' preferred music is seen as important by MT. Potential difficulty for facilitator/therapist to not be

And, um, I think what is the, the most difficult part is for us to kind of listen to that stuff with them and discuss it without getting all, um, uh, authoritative or this is wrong, or that is not good, et cetera. I think that is the main thing. So, if they can feel that they can bring their songs and not be judged and then your song and then your song, and now what about my song, to kind of bring, to be part of the group and, and just do it in a slow manner. Um, creating songs as well was one of my tricks in terms of health and hygiene, whatever, uh, and, uh, you know, hygiene is used for all kinds of things, sleep hygiene, music hygiene. Um, so you can actually, that's a different kind of, um, topic that you can kind of wrap this around, but sjoe, you're taking me back. This is 15 years ago.	judgemental of adolescent's music Non-judgemental acceptance of adolescent's music is seen as important by MT Idea for using music to explore SRH with adolescents: each member of the group including the facilitator/therapist can bring in a song of their preference to discuss without judgement MT's approach using music to explore SRH with adolescents: creating songs Topics of song created by MT with adolescents with HIV: health and hygiene Idea from MT to possibly use the topic of hygiene in different forms with adolescents
Presentation of scoping review	
Tea break	
Introduction of music therapy informed programme	
Researcher: So firstly, um, can you offer your opinions on the content that has been included in this programme? Is there anybody? I'll just step back one slide just to there.	
Ray Doe: Okay. I'll, I'll jump in again. Firstly con, congratulations. This is fantastic. It's absolutely wonderful. I really like what you've done there. Um, I, you know, I just think the, the one thing is, and I, I think the information is amazing. I think that these have to be quite, there need to be a lot of structured activities as, as part of this. I think because I mean, I, you know, I only have experience from working at this one children's home, but I find it, allowing freedom with these kids that they can completely get out of hand and, and sitting, expecting them to sit and listen to a talk is very, very difficult as well. You know?	Programme framework positively perceived Recommendation for programme: structured activities necessary to keep group behaviour manageable Experience of working in children's homes: allowing freedom creates potential for unmanageable circumstance Experience of working in children's homes: expecting participants to sit and listen and discuss is not viable

So there've gotta be things that are engaging them quite a bit, I think. But I, I actually, I think this is so beautiful what you've done there. I think it's really a start of something great.	Recommendation for programme: engaging activities necessary to keep group's attention Programme framework perceived as a having potential
Researcher: Thanks Ray Doe. Uh, we'll get, um, in a few slides we'll get to more of the kind of content of how we're going to do it, or how I'm thinking of doing it. Um, but for now, yeah. Is there anything that you feel should, like be included that's not, or any topics kind of broadly on the content?	
Lulu: Yeah Jen, I'm just gonna piggyback off what Ray Doe said in that. Firstly, it is gonna have to be very experiential for them and they are going to have to almost facilitate their own group, with the facilitator just kind of steering them in the right direction. Um, but very, very experiential. I think for the older age group, two hours is a very long time. Um, when I was running groups for a similar sort of age groups in the, in the clinics, I think for the younger group, we said 45 minutes and for the older group was a maximum of 75 minutes. Okay. After that you've lost them. Um, and also for them to do either experience or, or to sit and listen, it, it, it gets too much. Um, so I dunno if you wanna just look at your timeframes.	Recommendation for programme: experiential approach necessary Recommendation for programme: participant-led approach necessary Recommendation for programme: facilitator acts as guide rather than leader Advice for programme: experiential approach necessary Perception of programme: 2 hours is too long for older group Recommendation for programme: younger group's session length should be maximum 45 minutes Recommendation for programme: older group's session length should be maximum 75 minutes Experience working with adolescents: participants not capable of long periods of engagement
Researcher: Yeah, definitely. We'll get, um, in a few more slides, we're gonna talk more about the actual delivery. Um, yeah. So don't worry. We, uh, I really want all of this feedback from you about your thoughts about the, the time and how we do it, the actual how, um, yeah, but just yeah. In terms of the content, Billy?	
Billy: Jenny, um, yeah, I think the content is gonna be your hardest work.	Perception of programme: content is going to be the most difficult to plan

This is, you know, your structure looks great. I dunno if I'm over critical, but I would maybe swap around, and not start necessarily with, let's talk about sex, but the second one, let's talk about you and me, you know, and gender and there you can bring in, that's something I missed kind of, but it fits perfectly into session two is gender violence, gender based violence, which is such a, an important part of this whole, uh, programme. So it's just, just an idea to kind of, and maybe even bring up my future a little bit earlier in, in the programme so that they, I don't know, have motivation to, to, you know, be positive about talking about sex and changing behaviour et cetera. Because that's the point I want to change their behaviour, right? Or I want them to change their behaviour. Okay. But phew lots of work already. Great	Perception of programme: good structure Recommendation for programme: review order of topics and start with gender Recommendation for programme: include gender-based violence in the gender session Recommendation for programme: 'my future' topic should be explored early in the programme to increase participant motivation Perception of aim of programme: motivate participants to change behaviours
Researcher: Thanks Billy.	
Sharon: Yeah. I was also gonna mention the, the future thing possibly coming a little bit earlier. And um, the other thing that I, I people with, might have some different, different opinions to me. Um, but I, I liked your idea of like the flip chart, like what's this gonna be about? It says something refer back to, and I wondered if, (bad connection for a moment) to also ask them what they want to learn, you know, something that might be useful	Recommendation for programme: 'my future' topic should be explored early in the programme Positive reception of using a page of flip chart to explore the idea of SRH with participants that can be referred back to throughout programme Recommendation for programme: ask participants what they want to learn
Researcher: Sharon you are cutting out, yeah, little bit, but you're back now? um, yeah, I completely agree with that. So my, my thinking for that first, um, session we'll, we'll get to that. I'll get to that at the, in a future slide. Um, but I like those ideas. I think I, I agree maybe, maybe even starting kind of more with the my future. Um, maybe that's a good entry point and then going to the, so this is a sexual and reproductive health programme, what's it gonna be? Um, thanks. Okay. Excellent. Um, so going on, so this is, this was tricky for me to, to really structure just because, um, of course, so many of the things will impact on the other things. So you know, who your participants are, it gonna impact on programme delivery. Um, but I thought I'd, I'd kind of start here with just the participants. Um, so firstly, how, how do you perceive the potential of that running of two groups where you maybe have an older group, um, who are acting as facilitators for your younger group? Can anybody speak to that?	

Billy: I think it can work well. Positive.	Positive reception of programme being delivered to 2 groups with older group participants acting as peer facilitators for younger group
Ray Doe: I, I, yeah. Also I think it's a great idea.	Positive reception of programme being delivered to 2 groups with older group participants acting as peer facilitators for younger group
Um, it, it needs to be well managed,	Recommendation that a peer-facilitated programme would need to be well managed
but I've actually seen at the home there, there are times when the older boys work with the little boys and it makes such a huge impact in the music room.	Experience of MT in children's home: older boys working with the younger boys makes huge impact
Like I'll get one guy showing another one how to play the drums or something and the and those little kids, you know, they're the, they're the role model.	Experience of MT in children's home: older boys serve as role models for younger boys
So yeah, if you can get that, I think that's brilliant. Mm.	Using peer-facilitators could be impactful since older adolescents serve as role models for younger adolescents
Lulu: I think it also depends on, um, who your participants are and who your peer facilitators are. Are they known to the younger kids? Um, if they're strangers, meh, I haven't found it kind of works that way just because they're of in a similar circumstances.	If older peer-facilitators aren't known to younger adolescents, peer-facilitation loses impact
Um, so it's very much, you know, where do they fit in, in the lives of the littler ones in general?	Consideration of who the peer-facilitators are in the lives of the younger adolescents is important
Researcher: I think, um, at least with, with the SOS Children's Village, that's the experience I have. They, they all live kind of in their little homes, but they, they know each other. Um, so yeah, I, I thought this was potentially a way to just have that multidirectional, some influence on the older ones because they now, you know, they're being the role models and they need to, to behave that way. And then also for the little ones, um, I also thought about this, should it be like, do I speak to the group or, or the facilitators speak to the group and, and the group plans about how the facilitation, this peer facilitation should be done. Um, are there specific peer facilitators chosen or is it the whole group? Um, but I thought this would be a, a nice way to make it peer or participant led where they can make those decisions. Um, but I, I also thought maybe having that time for the, the older kids to, to then plan the session for the younger kids. Um, I thought it was a nice way for, for the older kids to kind of reflect on what they had done in their session. And now how can we think about this? And, um, I thought it had potential there, so, okay.	

Lulu: Um, I hear what you're saying there, my one concern with that being without sort of, um, I wanna say vetting your peer facilitator very carefully is remember that peer facilitators also bringing their experiences in. Is that younger person gonna trigger anything for the older person, for that peer facilitator within the group, that they are A) gonna be able to handle, recognize that they've been triggered and then seek,	Peer-facilitators bring in their own experiences which might trigger group members it would be necessary to vet peer-facilitators carefully Peer-facilitators might be triggered by group members Peer facilitators might not have the skills to recognize that they have been triggered and then seek help
Researcher: Right	
Lulu: Do you hear what I'm?	
Researcher: I hear. Yeah.	
Lulu: So, so there's, although it, there's great potential, there's also potential for that, for that peer facilitator to kind of, uh, derail the younger ones as well, because of their own lived experiences and something being triggered.	Perception that peer-facilitation holds positive potential but can also be potentially harmful for both peer-facilitators and group
Researcher: Right.	
Lulu: So what are they gonna, so without vetting them and saying, right, you've, you've been through something, you've come through the other side, you're very aware of yourself and all of that, this is how you facilitate a group… is that facilitator gonna be A), be able to recognize something that's triggered in themselves and B) recognize something that's triggered in one of the group participants That might need to further follow on?	If peer-facilitators are not vetted they may not be aware of how their experiences might be triggered and how this will affect their facilitation of the group Untrained peer-facilitators might not know how to facilitate a group It is important that peer-facilitators are able to recognise when something in them has been triggered It is important that peer-facilitators are able to recognise when a group member has been triggered It is important that peer-facilitators are able to follow up with and address

	anything that is triggered in themselves or in a group member
Researcher: Do you think that, um, by having the, the adult or, you know, the actual programme facilitators, um, present at both, you know, of course they'll be present at the older, um, group. Do you think having those facilitators present at the younger group would help mitigate that at all?	
Lulu: Yeah. Again, depending on the, the facilitator that you've got and their level of experience, um, you know, you, you're bringing young people into a group talking about some really difficult topics for them.	Having an adult programme facilitator present may help to mitigate the potential difficulties of using peer-facilitators but this depends on the facilitators level of experience The topics of the programme are sensitive and difficult for young people
Researcher: Yeah.	
Lulu: Even though you're making it fun. There can be triggers. Um, and are we able to contain that and manage them either within the group, or recognize that they need to be contained outside of the group?	Perception that delivering a fun programme does not necessarily mitigate the potential for participants to be triggered by the sensitive nature of the content It is important that any experiences that are triggering for participants are managed and contained by the programme facilitators
Researcher: Sure.	
Lulu: But just something to keep…	
Researcher: Yeah. I had, um, in kind of this planning, for each session, I'd written a list of kind of questions that, that the, the adult facilitator could go through with the, the, um, potential peer facilitators, um, not, not for them to use with the next group, but kind of questions, like what is appropriate on this topic of let's say HIV, uh, what, what is appropriate to, to share with this age group? Or, um, how, how do we keep this a safe space? Just some questions for the older facilitator or the, sorry, the peer facilitators to consider before going in. Do you think this could, could also maybe potentially mitigate that at all? If, if those questions were really well designed to kind of perceive, um, what problems might come up before they even happen?	

Lulu: It could, but it can also open Pandora's box	Tyring to prepare peer-facilitators to be aware of problems that might arise in the group session might help mitigate difficulties, but could also be harmful
Researcher: It could,	
Lulu: Um, you know, and sorry, now I'm gonna put another spanner in your works, um,	
Researcher: Go for it	
Lulu: with the HIV. Um, I know they're all in children's home, but have all the kids been disclosed to. So again, you're gonna have to look at, have these children, do they know their HIV status?	Programme participants might be HIV positive and not know their statuses
Have they been disclosed to, um, and how well was that disclosure done?	Programme participants who are HIV positive might not have been disclosed to sensitively
Are they in denial about their HIV? You know, have they come to terms with it?	Programme participants who are HIV positive might not be accepting of their status
Those kind of questions before HIV topics that could then make that child sit back and go, well, hang on, I'm taking medication once or twice a day. Um, you know, um, you know, could I have, and, and fall apart.	If programme participants are unaware of their HIV status, the HIV content of the programme might cause them to question their status and incite fear
Researcher: Um, thank you. These are so, so important. Um, do you think that maybe that then a programme like this would really need to engage with the, the home beforehand to find out all this information?	
Lulu: Yeah. Yeah. So before you,	Recommendation that before the programme is run facilitators need to be aware if participants have been disclosed to and if they are accepting of their status
and then you gotta, is this gonna be an open group or a closed group?	It is important to decide if programme groups will be open or closed
Researcher: Mm-hmm	
Lulu: Um, are you gonna allow people in and out or is it gonna be just	Recommendation: programme facilitators need to be aware of participants backgrounds

those particular participants, um, and then engagement with the group at the, the home to find out the background, have they been disclosed to, what do they know? What is their history, you know, have they had any significant sexual trauma in their, in their history, um, that could bring up, um, unresolved issues or, or continuing trauma.	Recommendation: programme facilitators need to be aware if participants have been disclosed to and what they know about their status Recommendation: programme facilitators must be aware of participants' history of sexual trauma The programme could be triggering for participants who have experienced sexual trauma
Researcher: Right. I think this, this population is a, a really difficult one to	
Billy: It's a very vulnerable population.	Children's home residents are a vulnerable population
Researcher: It's a, yeah, it's a very vulnerable	
Billy: I, I completely agree with Lulu. I actually took it for granted that it would, would be a closed group. And when we talk about the older one facilitating, I would never, not me, I would never try this without an adult, at least, uh, in the know, plus you can use this as an incentive, Lulu you were talking about that, you know, if we have the older one facilitating, there's kind of a, a motivation on the behaviour, et cetera. But the, these finer details are definitely, it's, it's non-negotiable. You will have to make sure everybody is on the same page with everything.	Recommendation for programme: groups should be closed groups If peer-facilitation is used, an adult facilitator must be present The use of peer-facilitation might be an incentive for adolescents who want to be peer-facilitators Peer-facilitation might increase motivation to improve behaviour It is vital that programme facilitators work with the homes to know details pertaining to participants backgrounds and knowledge of HIV status
Researcher: Right. Um, so in terms of the, the open closed group, um, I guess my, my thinking was this would be a programme that, you know, the, the homes kind of, we want to run this programme. Um, so the homes kind of welcomed this in, and then it was, um, delivered. And I would think that it would be a, a group, I'm not sure on the sizes of, of the different homes, but at least, um, with SOS children's village, I think there were a huge amount of, of adolescents. Um, I just had specific ones who were chosen for my group. So I think, how, do you think this should be something available to, you know, all the adolescents in the, in a children's	

home or how would they then say we think this group would benefit from it, or, and then I guess we'll get to facilitation a bit later….	
Lulu: I think, because it's such a good programme, I think it needs to be open to everybody, but in terms of having them all at once, or whether you do 12 at a time, you know, run the course, so that each is in their own special kind of group. Um, you know, cause' I think for an inexperienced facilitator to run a group of more than 12, you're gonna miss things.	Recommendation for programme: should be open to all adolescents in home Programme could be delivered to groups of 12 participants Groups of more than 12 participants may be difficult for programme facilitators to run effectively
Researcher: Right.	
Lulu: Um, and then things are gonna be missed and then is it, you know, is that really helpful? Or is it more damaging?	The potential for the programme to cause harm increases with bigger groups where facilitators might miss things
Researcher: Yeah. Right. Thank you. Um, and yes,	
Billy: I, I think that's, that should be your starting point, you know, to try to develop this programme for a specific facility where there are, for example, 10 kids in a house or in a home and five are the older ones and five are, so the groups are small. I think it's a, you know, it's a given. And then, um, I would just say if once your programme is kind of out there to, to give it to the caregivers or whomever is in charge of that home to check if they would prefer and if they don't have some suggestions in terms of what should be, um, facilitated.	Recommendation for programme development: start by developing programme for a specific facility that has a small number of residents Recommendation for programme development: include caregivers or children's home management to find out if they have preferences or suggestions
Researcher: I, I should have mentioned it. Um, of course this, this is just for my thesis. Um, and yeah, it's just kind of developing this programme based on the scoping review and this focus discussion. Um, but of course in my conclusion and in my limitations, I'll talk about how before this would ever then actually be used as a programme. Um, I would run focus group discussions with, um, with adolescents. I think we're missing the voice of the major stakeholder here. So it would be, um, adolescents in their own focus group. And then also another one with maybe people who work in children's homes. So this is at the stage very kind of theoretical, academic, if I was to ever do a doctorate, not saying, not even thinking about it. Um, but or if somebody else wanted to use this, um, to then take forward, it would definitely, it has a long way to go before it would ever be used. Um, the next question, considering the content of the programme, um, you know, the topics that I've included, what age groups should this programme aim to explore sexual and reproductive	

health with? And I think, here if we, if we are thinking about including two groups, maybe with peer facilitators, um, what age groups do you think would be good for those two different groups?	
Lulu: So I would go 10 to 13 and then 14 to 16.	Recommendation for programme to be delivered in different groups according to age: 10 – 13 year olds and 14 – 16 year olds.
Researcher: Okay. And not, and, cause I, I have said up to 19 year olds, but I think the difference between a 14 year old and a 19 year old can be huge. So,	
Lulu: Then I would have three, I would go 10 to 13, 14 to 16, 17 to 19. Uh, just to keep developmentally appropriate. Um, as well, um, and chances are yeah, 15 year old and an 18 year old are gonna have vastly different experiences.	Developmental appropriateness is an important consideration of grouping participants Recommendation for programme to be delivered in different groups according to age: 10 – 13 year olds and 14 – 16 year old and 17 – 19 year olds Adolescent of different ages will have different SRH experiences
Researcher: Right. Thanks Lulu anybody else?	
Billy: I agree.	
Ray Doe: I, I wonder if you shouldn't have a programme for younger kids too, because I mean, we've been seeing kids, you know, talking and acting out sexually who are younger than 10, 8, 9 year olds. Um, and maybe, you know, getting in early is actually a valuable thing. I don't know, just to think about. Yeah,	Recommendation for the programme to include a group for younger adolescents MTs experience at children's home: 8 – 9 year olds engaging in sexually oriented talk and behaviour Inclusion of younger participants perceived as valuable
Researcher: I think so. In terms of the, the programmes I looked at, um, there were few that offered to younger than 10. Um, but I think it's, if you can lay those kind of foundations, it can only be positive I'd think. Um, okay. Um, how could this programme include both male and female participants while still providing a non-judgmental safe space where participants feel safe to explore sensitive topics? Um, I guess this, we don't need to spend too long on this. My, my thinking was that for certain sessions where maybe there is sensitive, um, material specifically around gender, you could obviously break up into girls and boys. Um, does everybody agree with this or any other ideas? Okay.	
Lulu: I would ask the participants what they wanted to do.	Recommendation that programme participants are asked whether they would like to be in mixed or single sex groups.

Um, I have very strong feelings on keeping them together because I think it's important that we hear from each other's perspectives.	Perception that working in mixed groups allows for participants to learn from each other's perspectives
Researcher: Yes.	
Lulu: Um, and by separating them, we are just hearing from our own perspective and our gender perspective rather than hearing from each other and having that healthy debate and that healthy discussion.	Perception that single sex groups reinforces gender perspectives Perception that mixed sex groups promotes healthy discussion and debate
Researcher: Right.	
Lulu: But again, I would ask the, the participants and say, what would you like to do in the circumstance? Would you like to girls go this way and boys go that way or would you like to stay together?	Recommendation that programme participants are offered the choice to work in single or mixed sex groups in different circumstances
Researcher: Okay. I, I agree. And my thinking, um, for, for the second session was to, to break into groups, um, and then do an, an activity and then come back and have a full group discussion where actually what was done in the activity was then kind of ex, um, presented by the girls, to the boys and by the boys, to the girls. Um, so maybe, but I think offering that, let's do it all together, what would you guys like to do? Or we could break apart. I think that's good idea. Um, I	
Billy: I wanted, I wanted to say something about that whole gender session because that is Pandora's box, you know, gender is not boy and girl.	Perception that the gender session might be complex because of difference in assigned sex at birth and gender
Researcher: Yeah.	
Billy: So you need to be very careful there to not judge and to exclude somebody who wants rather to be in the other group, et cetera. So I think that is one of the sessions where it's very important to have them together so that they can learn what gender means and not to judge each other.	Recommendation that facilitators are sensitive to gender fluidity and are not judgemental or prescriptive by assigning gender Recommendation to work in mixed sex groups for gender session Perception that working in mixed sex groups holds potential for participants to learn about gender Perception that working in mixed sex groups holds potential for participants to learn to not be judgemental regarding gender issues

And that's the only way they will also be able to be honest about how they feel in terms of their genders. That is a big thing nowadays.	Perception that learning about gender and learning not to be judgemental promotes honest gender expression
Researcher: Yep. I, I so agree with you that Billy and, and I have thought about it. Does that belong, like of course that's a part of sexual health, that's a part of identity. Um, I just, we have so many things in gender that, that are challenges, um, gender-based violence and, you know, inequality, and there's so many challenges, um, that I've kind of not really thought about, including things around, um, gender identity and, you know, homosexuality. And of course these are so important. Do you think maybe that gender would need two sessions or do you think all of these things could be done in one session?	
Billy: Well, how deep you wanna dig, dig? You know, this is about nonjudgment, this is about knowledge well the two go together, I think. And, um, and understanding each other. So when there's knowledge, there's understanding, then there won't be judgment and let's leave it there. So, because this is my identity. So I don't know what are the, what do the others think? I think, uh, if you plan it carefully, you can do it in one session because, but you'll, you'll, uh, label it differently. Identity. Who am I and, and what fits in this who am I picture and how does it fit in?	It is important for the gender session to provide knowledge and understanding about gender differences as well encourage acceptance of different expressions of gender Perception that with knowledge and understanding of gender, acceptance increases Gender and gender expression plays an important part in identity Recommendation that gender can be dealt with in one session but could be labelled and explored in terms of identity
Lulu: I tend to think it's gonna depend on your participants. You know, one group you might have, you know, need to use two sessions because they just talk and talk and talk and discuss and discuss and discuss, and others are gonna be a little bit quiet and kind of stick within the parameters. So I think be flexible enough so that there can be a continuation, um, but plan for plan for one session with the flexibility for two.	Recommendation that the programme schedule is flexible to allow for continuation of topics into the following session as different groups engagement with topics may vary Recommendation that gender session is planned for delivery in one session Recommendation that the programme schedule is flexible and allows for continuation of the topic in the next session if necessary.
Researcher:	

Okay, great. Thanks. Um, going on, what are your thoughts on this programme, including non-adolescent participants with the aim of having some kind of impact on the system?	
Lulu: Jen, can you give an example?	
Researcher: Sure. Like having the caregivers come in for a session on, um, communication, um, or having maybe for in that session where we discuss health services and, um, health seeking, having somebody from a, a clinic or something come and be a part of it.	
Lulu: I think it's great, if it's consistent. Um, but first of all clinics to get them to come anywhere, it's like hitting your head with a brick wall. Um, they'll say they come, then they don't turn up and then they do. And then the next one they don't. And then what, what is the plan? Um, so just weigh that up.	Inclusion of non-adolescent participants in programme positively perceived if it can be done consistently. Experience of working alongside clinics: extreme difficulty getting them to commit Experience of working alongside clinics: inconsistent commitment to arrangements
Researcher: Yeah, maybe not feasible. And having the, the caregivers, um, maybe Sharon and Ray Doe having worked in, in homes…	
Ray Doe: I, I think that could, um, inhibit the kids a little bit from opening up, um, having the caregivers there and also having, you know, outsiders come, it can, I mean, it, it takes a lot to develop trust with these kids. So I think the consistency of the same people being there is quite important. Um, that said, you know, having a, some fun person come and give a, a demonstration of whatever to something could, could be fun, but for discussion groups and the, the, the, the really deep stuff, I think that consistency for, for me, I would imagine it's is important.	Perception of including non-adolescent participants (including caregivers): could inhibit adolescents' participation Perception of including non-adolescent participants (including caregivers): could negatively impact adolescent participants' perception of a trusting space Perception that consistency of session attendance by the same people is important for developing trust Positive potential perceived in having someone come in to deliver a fun demonstration or presentation Perception that consistency of group participants and facilitators is important for deep work
Sharon:	Experience of working at children's home: caregivers

Yeah. And I'm not sure what it's like at other children's homes, but what I've noticed is that, um, at [anonymised], often the caregivers change in the cottages. And so you might not even have the same caregiver there on a regular basis. Um, so yeah, I don't know. I mean, week to week it can be somewhat different.	are not consistent parental figures as they change cottages frequently
Researcher: Okay, um, then would you, I, I think I would like, I'd like a programme like this to at least engage maybe in a completely separate group. Maybe it just run a workshop for the, the, the caregivers to maybe discuss monitoring, um, and, you know, discuss if they are talking about sex with the kids, that that stay with them?	
Sharon: Um, is there not, is there not an opportunity if there's gonna be a performance of, um, conclusion to let that be the entrance into that in some kind of way? And maybe even the entrance into a, a bit of a bigger discussion or. (pause)	Perceived potential for programme performance to provide the opportunity to enter into an engagement with caregivers
Researcher: Definitely. (pause) Okay, cool. Um, so here, methods and techniques of delivery. Um, this first question I think is quite broad, but. I'd like to know, just what, if any, do you think are the advantages of providing an explorative space rather than kind of focusing on sexual and reproductive health education?	
Ray Doe: Oh, I mean, I think it's essential for them to engage with the, the topics rather than just sit there and, and listen to something, you know, they, education is a dirty word for these kids. They don't, a lot of them hate school, it's like, you know, and a workshop, oh my God, it's another workshop, you know? It's, yeah, so it's definitely gotta be something that engages them, I think. Yeah.	It is important that the participants are actively engaged with the topics rather than having topics delivered to them Experience working at children's home: children's home residents dislike formal education Recommendation for programme to engage participants actively
Lulu: You know, they don't need another teacher coming in to tell them what to do, and how to do it. So I think if it's child led and participant led, they'll send you in all sorts of directions that are not necessarily on your script, but can fit in within their topic.	Perception that delivering topics to participants will not be effective Perception that allowing participants to lead might defer from the programme script,

Um, and that's the way I'd go.	Perception that allowing participants to lead will allow the programme to serve their needs Recommendation that programme is participant led
Researcher: Okay, great.	
Sharon: Yeah, I was struck by, I was struck by cause I was also, even before you mentioned the body mapping, I was thinking about how body map mapping could be so useful for something like this. And I was struck by when you did actually talk about it, how even though it was supposed to be just a research tool that it actually did invite from the participants, you know, um, vulnerability and, and also create a space that they felt comfortable to be vulnerable in somehow. Um, because I don't know if anyone has engaged in any body mapping activities I randomly did, did a body map just a couple of days ago with someone unexpectedly. And it was suddenly such an intimate experience wasn't expecting it, you know, but it can be, yeah, it can really, uh, you know, um, things can bubble up, you know? Um, so yeah, I think it's, I think it's important because otherwise, yeah, when, as, as mentioned already just, uh, their voices really need to kind of engage in it, you know? Um, yeah.	Use of body mapping perceived as holding potential for SRH exploration Body mapping perceived as a useful tool for expression and gaining insight Important for adolescents to actively engage In topics
Researcher: Thanks. And yeah, also that, so many of the, the, um, studies that were included in my scoping review really just felt more kind of education based or, um, and that body mapping one, I so enjoyed reading because it was qualitative, and of course the, the participants really spoke about just, or having the platform to, to explore their own experiences. And it gave them so much insight. And, um, they made this, this group of participants made a rule that, you know, at the end of each day they would discuss the body maps, and they made a rule that if there was anything on the, the art, um, no other group members should ask about it. The, whoever wants to talk about it, or the, the person who belongs to should be able to speak about it. And I thought that was quite interesting. Um, but they did, they, they felt very safe talking about their experiences. Um, I think this is really at the, the core of, um, this programme. And the question is, do you think music holds potential to explore sexual and reproductive health with this population? And if so why?	
Billy: I think it goes without saying Jenny, otherwise you would not have been doing this project.	Music perceived as holding potential for exploring SRH in children's homes

The reason I would say, you know, these kids, they identify with music, they identify through music, they speak, it becomes their mouthpiece. Um, so, um, that's, I certainly think it has potential. And I certainly, that's my reason, it's a population that holds on to music to identify with or to, to create their own identities. That I, I think it's important. Never mind potential.	Music perceived as a medium that adolescents identify with Music perceived as a part of adolescents' identities Music perceived as a medium through which adolescent's communicate Music perceived as medium in which adolescents' can create their own identities
Researcher: Thanks.	
Ray Doe: yeah, absolutely. That's I, I totally agree, but it must be their music. That's that's the important thing, you know, is yeah, that, you know, there's no, we have, we, if you're, if you're 25 years old, you're already too old, you know, so you don't know their music, so you've gotta somehow tap into it and allow them to bring stuff in, I think.	Music perceived as holding potential for exploring SRH in children's homes if it is their music Recommendation to access participants' preferred music as not all music will be effective Recommendation to invite participants to bring their music into the programme
Lulu: Yeah. So I agree with everyone and, and say it's about the facilitator and, and bringing, coming down onto their level. Um, and where they're at with the music. Um, and it also allows them to, I think, engage with the topics without thinking that they're learning something that they're being taught something, that they're being spoken at. Um, so it, you know, it just confuddles them, um, in a good way.	Important for programme facilitators to meet participants at their level Important for programme facilitators to use participants music Perception that music holds the potential to invite participants into engagement with topics without feeling like they're being taught
Researcher: Okay. Um, so here I want some specific ideas and I'll, I'll move on to the next slide, which is, um, that programme outline again. Um, but yeah, for the, the topics that, that I have in that outline, I'm just wondering if, if you can offer any specific ideas of how music could be used to explore the topics. Um, and of course this is for everybody, not just the, the music therapists. Um, and I think I want to invite also any kind of creative ideas. It doesn't need to only be music. Um, so I wanted to just play you a bit of the, the song that I thought could be used to kind of set the space and, um, maybe do a lyric analysis of the song after just bringing the kids in dancing, jamming, of course the facilitators would need to be comfortable with just letting loose, let's listen to the song and dance. Um, so I	

thought, let me just play a few minutes of it. (plays *Lets Talk About Sex Baby)* Okay, so, um, my thinking was that, that could kind of open the, the programme. Um, you give the kids, uh, the, a copy of the lyrics and then you get them to create some big mind map on a big piece of flip charts, which as I said, can be used for the rest of the, the, um, programme and any questions that they have, anything kind of start it with what do you think that this programmes about, and they write on this, um, mind map, what they think it's gonna be, and then you invite them to add any questions. And then the facilitators come in and say, okay, yes, we're gonna be talking about this and we're gonna be talking about this and anything extra, um, I thought could kind of get explored or discussed in one of those last two sessions where there's maybe a bit of time. Um, so any questions and things. And that was essentially the first session was just around this song. Um, we have spoken a lot about it, how it's important for them to bring their own music in. So I thought on top of that, um, we could kind of do a game of, so what songs do you guys listen to that are about sex? Um, let's write them all down and make sure that in each session. If there's time, a song that they listen to about sex gets listened to, discussed, so, or like maybe in the gender session, do you guys know any songs about gender that you like you want to discuss in this session? Um, so that kind of stays on that big piece of flip chart that gets brought into each session and can always just be, let's go back to that or let's cover that topic. Um, and then this, uh, I thought of this is my high five song, um, which I just used, you know, the cup song. Um, I thought maybe, uh, having a nice rhythm that they could clap. And then I wrote, I just changed the lyrics a bit. Um, and my friends helped me record it. So let me just play this for you. (plays video of HIV song) And, um, so my thinking here was that this could be brought into the, the HIV session. Um, and as I said, I really wanted the session to kind of work with combating stigma and then this could then be developed by the group, should we add anything else, are there any other, um, lyrics or like, can we make this into some kind of dance between the full group? Um, so yeah, those are the kind of ideas that I have in mind. I can scrap both of these ideas. Um, but I just wanna know in terms of like each session, is there anything that you're like, oh, we could do that and that would be a great idea?	
Lulu: Jen, sorry. I love your HIV song by the way. It's brilliant. Um, but *Let's Talk About Sex,* So I've used that as well. What I found with the adolescents, they really don't know it, so they don't jam at all to it. Um, and I'm the one that looks like an arse standing up there. So I'm wondering if, as you've said before, make it relevant to them, pick a song that they possibly would know. Um, you know, if you think, like that song is so old, um, and, um, and even the lyrics pick up the needle, I mean, they're not gonna	Prepared HIV song positively received Experience working with adolescents: *Let's Talk About Sex* is an old song that adolescents don't engage with Recommendation for programme to use songs that are known to adolescents The lyrics of *Let's Talk About Sex* are not relevant for adolescents

know what picking up the needle is, you know, off the LP kind of track, um, turn table thing. So maybe picking a song that they possibly would have heard would relax them more into the session as well.	Recommendation to use a song that is relevant for participants rather than *Let's Talk About Sex* Perception that using music that is known by participants is more inviting than unknown music
Researcher: Okay. Thank you. I think, yeah, that's a very good, very good point it is a very old song.	
Billy: On the other hand, on the other hand, if this is your icebreaker, and if you say let's talk about sex, baby, you'll have them, you'll have them for the session. Even if that's it and you know, and you play the first, what six lines or whatever before you get to the needle. but, um, yeah, it's, I think it could work as a, as a, like Sharon said earlier, to start the session, not necessarily the whole song, not necessarily an analysis of the lyrics, but just to get their buy in for the, for the topic.	Perception that the chorus of *Let's Talk About Sex* holds potential to invite engagement from participants, but not the whole song Perception that *Let's Talk About Sex* can successfully be used to open a session to invite participants to engage with the topic Use of full song and lyrical analysis of *Let's Talk About Sex* discouraged
Researcher: Mm thanks.	
Billy: But sure. Surely there's other songs.	Perception that there are songs that are more suitable than *Let's Talk About Sex*
Ray Doe: Um, I think the HIV song is, is lovely for younger kids. I think teenagers, you're not gonna get them to do that if I, well, if I think of the kids that I work with, like 14, 15 upwards, they're too shy. They're too cool to, to, to do that. They'd rather do something that's I think a little bit more self-driven perhaps that they come up with.	Perception of prepared HIV song positive for younger adolescents but not viable for older adolescents Experience working with older adolescents at children's home: older adolescents' high levels of self-consciousness requires consideration when planning musical activities Experience working with older adolescents at children's homes: older adolescents are more motivated by self-driven activities than learning a song written for them
Researcher: Okay, okay.	

Ray Doe: Um, a lot of them do freestyle rap, the kids that I do, like, you know, so, so rapping about topics, you know, where you, you throw them a topic and let them just, Rap could be quite fun as well. Yeah.	Proposed activity for self-driven use of music: freestyle rap Experience working with adolescents at children's homes: many adolescents can do freestyle rap Recommended method of using freestyle rap: give participants a topic and invite them to rap about it Perception that using rap in programme holds potential to be an enjoyable, self-driven way to explore topics for older adolescents
Researcher: Do the, um, I'm just wondering here, is that more, um, the boys or do girls also	
Ray Doe: more the boys, there are couple of girls who, who do participate as well. So you need to get, I mean, if you go on YouTube and you just, um, look for any current hip hop thing and type instrumental, you'll find a, like a backing track.	Experience of MT in children's home: boys engage more with freestyle rap, but some girls do participate Recommended method of using freestyle rap to explore topics with older adolescents: access a backing track of a current hip hop song on YouTube for them to rap over
Researcher: Okay, cool. Yeah. Nice. Okay. Any, any ideas for the other sessions? Um, I had an idea for, for the second session. Um, I didn't include it cause I wasn't really sure, but I thought about doing some kind of, um, what's it, a Sonic sketch. So a Sonic sketch is where you have lots of different pieces of music, um, that are very different in kind of feel, um, made into kind of an eight minute song. So it's maybe 30 seconds or 50 seconds of each song and you, you give them a big piece of paper and they can draw and, and write or whatever on this big piece of paper altogether. And I, my idea was to, to do, to divide into boys and girls um, and then do a Sonic sketch. The boys do a Sonic sketch about, with kind of the title of being male. And then they do another one with the title being female, and the girls do the same, and then they present, they present their sketches to each other and that kind of leads into a, a discussion. Um, do you think something like that could work?	
Billy: I think it could work. Um, I use sonic sketches quite often and I do it in dialogue.	Use of sonic sketch in gender session positively received MTs experience using sonic sketches in dialogue (dyads)

So I draw, no topic, it's completely free. And when the music changes, I give it to you. And in the end, after eight minutes or 10 or 12, we have 12 different things. Or do we have a whole, or what do we have and what does this say about me and you?	MT's approach to using sonic sketches: no topic, completely free MT's approach to using sonic sketches: group split into dyads, paper is passed each time the music changes MT's approach to using sonic sketches: after activity the contents of the art are processed in terms of what it says about the individual, and the relationship
Researcher: Okay. Interesting.	
Billy: So you know, um, sometimes you get them, you know, kind of like that. And sometimes you get people who just, they just go crazy over and around each other. And it's beautiful. And there's always a great discussion about boundaries, about identity, about, you know, what was fun, what was not. So they get to know themselves as well without, um, having given them a specific topic, but that, it's just an idea.	MTs experience using sonic sketches: varied response from participants in terms of where and how they express on the paper MTs experience using sonic sketches: holds potential for discussion around identity and boundaries MTs experience using sonic sketches: holds potential for participants to gain insight into the self
Researcher: Hmm. I like that idea maybe that could then be done with, with groups of boys and girls. Um, if it's maybe a smaller group and then they, they can discuss at the end and we, we kind of bring it, you know, I don't know how you'd make that into some kind of gender themed. Um, but if it's about identity, I'm sure themes around gender will, will come out. Okay. Um, any ideas for any…	
Billy: Sorry. It is more about identity, which will then lead into gender again.	Perception that the use of sonic sketches holds potential to reveal something about participants identity which includes gender
Researcher: Yeah. Any ideas for any of these other sessions? I'll give you a minute to, to just look at them.	
Ray Doe: Um, for the relationships. I mean, we did, myself and [anonymised], the drama therapist did, uh, a sort of a continue, where people continue the story. So we started it about a bully, um, and this bully was bullying everybody and like whatever in the school. And then	Proposed activity for relationships session: a 'continue the story' activity Activity used by MT and DT together in children's home: 'continue the story' activity about bullying

the next person has to continue this and it, we kept it about the, the same person. We, we, we kind of steered the, the thing a little bit. And when it was finished, [anonymised] came back in character as this bully, and then the kids got to engage with her and ask her questions about why she did that. So that was quite a, quite a nice thing. It, it, it was, yeah, quite a lot of interesting things came up from that.	'Continue the story' activity used by MT and DT in children's home: therapists steered the story a bit Conclusion to 'continue the story' activity used by MT and DT in home: DT took on the role of the bully and participants were invited to engage with the character by asking questions 'Continue the story'activity holds potential to reveal interesting material
Researcher: That sounds really interesting.	
Billy: Um, in terms of respect, specifically, one could work on, um, character strengths, you know, like resilience, or a sense of humour or, um, accountability, relatedness, you know, those words when, well, how do they understand that? And how does it tie in with, um, what do you call it? Um, respect or, or, and relationships, of course. And, um, if you have a list of those words and you ask them, particularly if they know each other, of course, to, um, assign one of those qualities to each other. And you know, I do that into music and there's a tree. Each one has a tree and everyone goes, and they pluck all those little qualities on your tree, in the next tree and the next tree. And it's, it's a surprise cause you're doing your tree and all the trees are out there, and now those little things happen and you go back to your tree and you've got all these, um, qualities it's quite, um, humbling. And it's, it opens up for great conversation.	Proposed idea to explore character strengths in relationship session: resilience Proposed idea to explore character strengths in relationship session: sense of humour Proposed idea to explore character strengths in relationship session: accountability Proposed idea to explore character strengths in relationship session: relatedness Proposed idea to explore how character strengths tie in with relationships Proposed activity for relationship session: quailt-tree activity to music Activity used by MT: qualit-tree activity with music Qualit-tree activity: participants have a picture of a tree on which other participants stick character strengths onto Quailit-tree activity perceived by MT as humbling for participants Quailit-tree activity perceived by MT as good for opening conversations
Researcher:	

Qualit-trees. That's beautiful. Thanks	
Billy: There. You've got it. Qualit-trees. And then of course those pieces of paper are cut into the shape of leaves. So you've got a tree full of leaves at the end.	Qualit-tree activity: character strengths written on paper leaves and stuck to tree resulting in a tree with leaves
Researcher: I guess that's something that could maybe go throughout the, the programme. Um, or come back a few times, we could do similar things with the, my future. Um, you know, maybe in terms of kind of what, what do you see yourself becoming, or, you know, what what's important to you in your future? Um, and then the kids might be able to hold onto something at the end of it. That just reminds them. Okay. Should I give some more time, or do you think all the ideas you have are revealed?	
Ray Doe: I'm struggling to be creative at this point in the day.	
Researcher: I hear you. I hear you. Well, you can always come back to me with any ideas. Um, I want to pose this question to the music therapists, um, and that, that is what do you feel needs to be present in a programme like this, for it to be considered a music therapy informed programme?	
Billy: Without having to be very what you call it, academic or whatever, if as long as it's creative, um, and music is added and, because remember music therapy is not about skill. So if they can use music to elicit or to uplift, anything, you've got it. Um, I wanted to still say with the respect thing, even a simple, um, oh man, drumming group, you know, to learn how to lead, to learn, how to follow, to learn, to respect each other's ideas, um, to add words to it, to add, um, whatever, what do you call these things? Body percussion. I'm also tired Ray Doe. I can't think this time of the evening.	For a programme to be considered as informed by music therapy it needs to be creative and include music Music therapy does not require musical skills A music therapy informed programme should use music to elicit or uplift Proposal for exploring respect in relationship session: drumming group Drumming group approach for exploring respect: leading, following, adding words Proposal for exploring respect in relationships session: could use body percussion

But, um, to say it is music therapy informed, um, I would almost be careful to label it like that	Caution expressed on labelling a programme as music therapy informed
because then you have to kind of, they, you're gonna be told, but then there must be a music therapist, a trained music therapist in the room or whatever.	Perception that a programme labelled as music therapy informed should have a trained music therapist present for sessions
So, um, but music is such a facilitator.	Perception that music can serve as a facilitator
It is such a container.	Perception that music can serve as a container
It is such a creator.	Perception that music can facilitate creation
Um, like any arts really.	Art forms have potential to facilitate, contain and create
I mean, whether it's drawing the tree or whether it's dancing, you know,	Drawing, dancing and movement are art forms that have potential to facilitate, contain and create
movement as well.	Perception that a programme that includes music, drawing, dance or movement could be considered arts therapy informed
So as, as soon as one of those, um, qualities are added to your session. I suppose you could call it arts therapy informed.	Recommendation not to label the programme as music therapy informed
I don't know, Ray Doe? I'm, this is not academic at all, but that's I don't think we need to go there. I don't think you should go there. That's, that's my opinion.	
Researcher:	
Perfect.	
Ray Doe:	
Yeah. I mean, you know, the music is an important part of it in that, yeah, it's, it's facilitating a lot of engagement and, you know,	Perception that music holds potential to facilitate engagement
as Billy was saying like a drumming circle, I think, you know, is essential	Recommendation that a drumming circle is essential
and there's so many things you can do with it as well.	Perception that drumming circles are versatile
Um, so I suppose music therapy informed is saying that, yeah, it's been informed by music therapy, it's not necessarily a music therapy programme. I don't know. What is your thinking in, in using the, that term?	Questioning if the use of the term music therapy informed programme explains that the programme is not music therapy, but is informed by music therapy
Researcher:	
Um, my thinking was that I see potential for music to be used, um, to explore sexual and reproductive health. And I see, I see potential that I think doesn't necessarily need to rely on a music therapist. So that's what, that's why I chose for it to be music therapy informed,	

just because I want, if this programme does ever really, um, become anything if it is created, uh, I wouldn't want people who don't have access to a music therapist or homes that don't have access to a music therapist to, to not be able to include it in their homes, just because there isn't a music therapist in town or because, you know, music therapist is too expensive. Um, so I thought for me it was more kind of, I have been training as a music therapist. What can I offer, um, from something music therapy-ish, to create something that could do good and maybe extend its reach.	
Ray Doe: Yeah. I mean, the kids obviously respond amazingly to music and dance and a lot of the arts, but yeah. I, I mean, I, yeah, I don't think it's necessary to call it music therapy informed.	Perception that adolescents respond well to music and other art forms Disputing the necessity to describe the programme as music therapy informed
Billy: Yeah. Mm-hmm yeah.	
Researcher: Music programme?	
Ray Doe: Yeah, something	
Billy: Music centred. You know, music is in the centre of it, or is part of it, but it's not necessarily, I think we're all on the same page there stay away from the academic language almost. I know this is for your master's degree, so maybe you must put it in there for now, but, but once it flies just call it music centred or music, music informed or music, whatever, arts based, but the word therapy is… I would be scared.	Proposal to describe the programme as music-centred Recommendation not to label the programme as music therapy informed Acknowledgement that for the purpose of this study it is necessary to relate the programme to music therapy Proposed terms that could be used to describe the programme: music centred, music, music informed, arts based Recommendation that if this programme was to be used the word 'therapy' should not be included in the description
Researcher: Yeah, I hear you. I am. Um, okay. So thinking about the, the performance at the end, um, how do you perceive the impact and feasibility of putting on a performance at the end of a programme like this?	
Lulu and Billy at the same time:	

Lulu: So I would, I would Billy: I think it's a fantastic idea, you'd have to be…. You go Lulu.	
Lulu: Sorry. I think I like the idea, but for whose benefit is it, um, is it a performance to, for outside of the group or to remain inside the group as a, as a, um, termination, as a closure of the group, um, to say goodbye to one another, or is this a performance for outside the group?	Performance element of programme queried: who does it aim to benefit? Performance element of programme queried: is the performance for an audience? Performance element of programme queried: will the performance be done within the group only as a way of closing the programme?
Researcher: So my next question is, is kind of on that. Should it be, should it be performed to an audience? Should it, um, I, I thought maybe of, you know, trying to reach the system somehow, maybe performing it to the caregivers or maybe performing it at a clinic or something, um, thing.	
Lulu: Um, but then it goes back to your aim of the group. What is your aim of this group? What is it that you're trying to get out of it? Um, and you know, is a performance going be beneficial for, help to contribute to the aim of that group in terms of what you want these adolescents to get out of it? Um, I don't, so I'm maybe cause I'm not in the music and drama side of things, I don't kind of see where that kind of fits in, in what do the, what do the, the participants get out of it? What, what benefit is it for them?	Including a performance element should be considered in context of the aim of the programme Potential for performance element of programme to promote SRH of participants queried by social worker/play therapist
(Billy turns on mic) Sharon: One, uh, Billy go for it. (Billy gestures for Sharon to continue) Oh. Well, one thing I was just thinking was, although this kind of does, um, go a little bit against how you've structured it at the moment, but one thing that you, what it could be of benefit for is if you, um, used your peer facilitation idea as almost as a way of bringing in the next group of participants. So the performance is like, um, the, the culmination that gets performed for the, the, the, the next, well, not the next group, but in order to bring in the next group for the, the project, if that makes sense. Um, yeah, it might, I'm not sure if it would look different then, but that was just an idea.	Proposed idea for groups that have completed the programme to do performances to participants of groups that have not yet started the programme yet Perceived potential for using performances to culminate programme. Perceived potential for using performances to introduce next group to programme
Researcher: Hmm. I like that idea. So almost like the, so the, maybe let's say the older adolescents finished their group, they perform something	

to the younger group, um, who then come to watch this performance and see their role models. And, and then they enter into the next stage where they become peer facilitators to the next group. Okay.	
Billy and Ray Doe at the same time: Billy: Okay, it's me now. Ray Doe: I say… oh, sorry. Sorry. Billy.	
Billy: So sorry. Oh, I was just so taken back to the time when I worked with those, um, HIV positive kids, um, the performance is the one thing that stays with me till today. Um, it's it certainly solidifies whatever the programme has done for them. And, but there are, I want to say one thing, you need to be so, so open minded because they come with the most scary ideas and you have to say, it's okay If they want, and then the second important thing is they need to decide who they want to do it for. Do they want to, for example, in these homes, do they want to do it for each other? Do they want to do it for their parents, do they want to do parents in terms of yes, the caregivers, do they want to take it to school? You have to be open for that. Or do they want to record it? And then they have a little video for the rest of their lives. It is amazing what it means to them because they are then creating something from what they've learned and it, it really solidifies.	MT's experience working with adolescents with HIV: performances were impactful Perception that performances solidify the experience of the programme for participants Performances require facilitators to be open minded Participants may have performance ideas that are overwhelming for facilitators Facilitators need to be open to and accommodating of participants' ideas for performances For a programme performance, it is important that the participants decide who they want to perform to Examples of audiences programme participants might want to perform to: homes, within the group, caregivers, school Facilitators need to be open to the accommodating the audience that the participants want to perform to Participants might want to video record the performance Recorded performances could be given to programme participants to keep Perception that doing a performance is meaningful to participants Perception that performances reinforce the learned content of the programme for participants

And that just that's just my experience, but I would definitely go for it. Keeping in mind, they decide what to do and to who and for whom they are doing it. Yep.	Recommendation to include performance in programme Recommendation that performances need to be participant led in terms of what is performed and to whom
Researcher: Thanks Billy. Ray Doe?	
Ray Doe: Yeah. Um, I agree. Um, I think that performance is very affirming thing. I, and I've seen it with these kids. It's, it's amazing to see these kids on stage. Um, it, there's this real sense of pride that they've achieved something that they can do something and they're telling other people about, yeah, they're sharing it. It, and not only that, but it, it affects the people watching them. They see, they view them differently. They see this different human being on stage in a way, you know, I think it's a very important thing.	Perception that performances are affirming MT's experience working in children's home: performances are affirming for therapist MT's experience working in children's home: performances provide opportunity for participants to feel proud of their achievements MT's experience working in children's home: performances provide opportunity for participants to feel proud of their abilities MT's experience working in children's home: participants communicate their abilities and achievements through performances MT's experience working in children's homes: audiences' perceptions of individuals are impacted by seeing them perform The potential that performances have to change how individuals are viewed by members of the audience is important
Researcher: Mm-hmm, um, I'm just wondering, of course this, um, Lulu, I think community music therapy has kind of looked at at, at music and, and therapy, obviously, which traditionally takes place behind walls and is, um, you know, ethically, you can't share and it's, it's all secret. Um, and, I think community music therapists have gone wait there's there's potential for healing to happen through performance. And I think that's my thinking here and what, what Billy and, and Ray Doe are speaking of. Um, and I'm, I was just wondering,	

maybe in terms of also that incentive and increasing uptake, um, if this programme was not presented, firstly, as we're putting on a, a presentation, ah a performance, we're going to do a music performance, um, and this is what it's gonna be about, sex and it's gonna be about relationships and all of these things. Maybe that's kind of the starting point of getting the kids involved and maybe each, each topic that gets discussed. Um, maybe that's a nice way of having a participant led also ,kind of like, okay, how could we, what do you guys know about, um, HIV or what do you know about gender? How can we put on a performance about this? Or how can we include this into a performance? Um, what do you think about that? If, if we kind of made the performance, the whole aim of the programme in some ways?	
Lulu: Yeah. So I love the idea of the performance I'm just here to play devil's advocate.	
Researcher: Absolutely.	
Lulu: So then my other question would be there's confidentiality issues. Um, and POPI. Okay. So everybody would have to consent to the performance to either being recorded, photographed, um, it would have to be a unanimous thing. And then with the younger ones, you'd have to get the caregiver's, guardian's consent as well in terms of POPI. So just things to keep in mind.	POPI act has implication for programme performances POPI act requires that programme participants would need to consent to be photographed or recorded Programme performances would have to be agreed upon by the whole group in order to abide to the POPI act Performances Under 18s would require consent from a legal guardian to abide to POPI act
Researcher: Right. I know, even with, um, when I was working at SOS Children's Village, I, yeah, it was, there were some difficulties. Um, I was able to record my sessions, but of course there's a lot to think about there. But I think there are, there are ways around it. Um, there are certainly music therapy, uh, community music therapists who are working in this way.	
Lulu: So, and then in terms of group,	
Billy: I would find out,	Recommendation to find out how community music therapists work with regards to POPI act
Lulu: do these kids want other people to know that they've been part of this group? And yes, the performance, you know, they do get a lot	Concern raised about confidentiality issues

out of it and, and it's a wonderful thing. Um, and, you know, just keep in mind, confidentiality as well.	around a programme performance
Researcher: Mm absolutely.	
Billy: Remember the performance, like any, like any performance on stage is. Is art. It's not me. I'm playing a character. It's not me. So that is something one needs to take into consideration, but that's also why I said right at the start, it has to come from them. They decide. And then, yeah, of course you need to go the right route, but remember performance is, is acting. It's not me. So that is one way of, of explaining it. You know, it's not, we are not sharing confidential stuff here, but still they, they decide and I, I promise you you'll get the buy in.	Perception that during a performance, performers are playing a character and so are not portraying themselves Recommendation that programme performances need to be agreed to and decided upon by participants Recommendation that a programme performance needs to be considered in terms of the law and ethics Perception that because performers are playing a character rather than portraying themselves, performances do not infringe on terms of confidentiality Perception that a programme performance will be well received by programme participants
Researcher: Okay. Um, we are coming to the end shortly. Um, I think we will be finished in the next 15, 20 minutes. Thanks everybody. Um, so the, this next question I've just added in there because there's so many programme s that did have an online component. Um, so really just your, your views regarding the necessity or feasibility of including an online or mobile element. Um, should I be doing this? Should I be attempting to.	
Ray Doe: [Anonymised] children's home internet is terrible. Kids don't have a lot of access, it's, it would be pointless for for them. I don't know about other, other homes though.	Experience working at children's home: including an online or mobile phone component of the programme would not be impactful as the home residents do not have sufficient access to devices of internet
Researcher: That's my feeling, okay.	
Billy: For me, there is where the POPI act comes in. There's no ways in which you can, um, ensure that the wrong people don't see or, uh, access the wrong things.	POPI act impacts on the potential inclusion of an online or mobile phone component to programme An online or mobile phone component of the programme could create

	the risk of exposing participants personal details
I wouldn't go that route for my own sake, my own protection and theirs.	Online or mobile phone component of programme not advised
Lulu: Um, just, we at the school that I'm based at have something called the Guardian App. So it's an anonymized, um, app, and then there are, um, overseers of the app.	Social worker/play therapist's experience working with a mobile app at schools: Use of Gaurdian App which is anonymized and overseen by staff members
So like I'm one of them and some of the teachers are, and the kids can anonymously come and make complaints or ask questions or whatever and then then it gets, um.	Social worker/play therapist's experience working with a mobile app at schools: allows students to make complaints or ask questions anonymously
It starts off really well. And then I think I haven't had a single question in the last six months put though onto the app.	Social worker/play therapist's experience working with a mobile app at schools: low use of app by students
So it's a lot of money to spend on something that is not necessarily gonna get taken up on.	The expense of including a mobile or online component needs to be considered as uptake of the component might be low
And again, it relies on internet. It relies on data. It relies on, do I have the money for the data? Um, and even the ones that are free that you don't.	Free apps are available, but programme participants access to data needs to be considered
I mean, there are ones that you don't need data. Um, they're offline kind of things,	Apps that do not require data are available
eeh, you know, again, who's responding to it and who's managing it. Um, and you know,	Inclusion of an online component would need consideration of who manages it and responds to it
all those questions against POPI and confidentiality. Is it anonymous?	Inclusion of an online component would need to consider POPI and confidentiality
What happens if you get a disclosure on, on there? How are you going to follow?	Procedure of how to handle a disclosure made over an online component would need consideration
It's the mind field that I would stay clear if I could.	Recommendation not to include an online or mobile phone component of the programme
Researcher: Okay.	
Billy: Maybe you can do that for your PHD.	

Researcher: Maybe…. Um, so this, back to, I think we've spoken a bit about this, but, um, just about the, the perceived programme length, um, nine sessions with a, a performance at the end. Um, and then how long do you feel is needed for each session? Lulu, uh, you said for younger 45 minutes and for older 75, I, I hear that. Does anybody else have any comments about that? (Participants shake heads) Okay. Um	
Billy: You must remember this is a pilot study. You know, it's a pilot programme. Let's call it that, so this is what you're aiming for. So it doesn't have to be cast in stone, but I think Lulu's idea about the 45 minutes and 70, 75 minutes is spot on. Their span is not as long.	Recommendation for developed programme to acknowledge that since it is a pilot programme particular details might need to be changed or developed Recommendation for sessions for younger adolescents to be 45 minutes long Recommendation for sessions for older adolescents to be 75 minutes long Attention span of participants is an important consideration for session length
Researcher: Yeah. Yeah. Um, and then just my idea of, of making something that hopefully becomes sustainable without actual facilitation or the, the, the programme ends and you try to encourage some kind of club or something that just allows, um, conversation. Uh, what, what do you think about that idea?	
Ray Doe: Again, working from one, from my experience at exactly one home, it, it would never work. It's, life is too chaotic for, for those kinds of groups to, to form, I, I can't see it working there.	Mt's experience at children's home: the chaotic environment makes peer-facilitated clubs unfeasible Proposed idea to encourage the groups to meet as peer-facilitated clubs after programme ends not perceived as feasible
Billy: In my opinion, that shouldn't be part of your problem. You are creating this programme and what happens to it and with it and in the home around it afterwards is I think it's a bit much, it's a, it's another PhD for you there.	Perception that development of this programme should not be concerned with sustainability after a group has ended the programme
Lulu: Well, I think Jen absolutely don't make it your problem.	Perception that development of this programme should not be concerned with sustainability after a group has ended the programme

Um, from somebody who's run programme and groups in numerous facilities, the minute I've stepped out of there and not leading it and driving it, it kind of fizzles out and goes bleh. You know, as, as good as the programme is, um, you know, you really need buy in from every single place that you go into with that one person driving it. And if there's no one driving it, then it kind of, it's not sort of self-sustainable.	Experience running programmes at facilities: sustainability of groups is not successful after the facilitator has ended the programme Programme groups depend on someone to lead them, they are not self-sustainable
Researcher: Okay. Okay. Thanks. Um, so we're getting to the facilitation issue here. Um, and I want to condense this a bit, um, cause really this, this comes down to is this whole music therapy informed idea a good one or does it really need to be a music therapist who is there delivering sessions? Um, so I guess my, my questions here are for the, maybe we can start with the non-music therapists. Um, would you feel comfortable working with a music programme like this? Like would this be something that, that you think, um, you can do as, I mean you are trained and I guess also, do you think, what do you think needs to go into to finding facilitators? Could these be people who are community members? Could they be people who don't have training, um, specifically in facilitating programmes or groups?	
Lulu: I would feel very comfortable doing it, being trained, um, and	Ability to facilitate music therapy informed programme as trained social worker/play therapist expressed
I think it's great, and it would be, you know, just sort of another modality to add.	Perception that having the use of music as a modality to work with would be useful
Um, I would worry about community members. Again, if you're making it purely an educational group,	Use of facilitation by community members not perceived as viable unless the aims of the programme were purely educational.
then community members with a bit of training on how to facilitate would be good.	Community members perceived as capable of running a purely educational programme if training on facilitation is provided
If you are having a little bit of that therapeutic the psychoeducational into it, then I would want somebody, you know,	Recommendation that if the programme aims to be psychoeducational and therapeutic in nature, facilitation by somebody who is trained to pick up on participant issues is necessary
whether it be a, um, an auxiliary social worker or somebody who could pick up where there might be issues.	Example of a professional perceived as capable of facilitating a programme which is psychoeducational: auxiliary social worker

Researcher: Sure.	
Lulu: Um, and I dunno how good a community member would be in doing that	Community member (with no psychology training) perceived as lacking the ability to pick up on participant issues
Researcher: Lulu I'm kind of feeling more and more that way that, um, that this would need to be somebody like a social worker or, um, do you think a teacher would be able to facilitate this?	
Lulu: Uh, yeah. Given the right training on the package, and the programme, yeah. Um, I think teachers are quite good at kind of picking out problems. Um, so they're used to kind of zoning in, um, but there would have to be somebody in the background that they would be able to turn to.	Perception that teachers would be capable of facilitating a psychoeducational programme if they received training on the programme Perception that teachers are capable of picking up on participant issues Requirement for using teachers as facilitators: a person with more training is available if issues arise for participants
Researcher: Okay. Okay. So, so hopefully somebody with some kind of, um, psychology training, or somebody who is used to running lessons or, or groups of kids.	
Lulu: Yeah. Well, just think about this, you know, you're in the middle of the group talking about it and, and one of the kids makes a disclosure. Um, you know, and then what does that non-trained person do with that information, if you don't know what to do? Um, or if there's not somebody to say, listen, this kid's made a disclosure and the processes need to take to take place. So it's just kind of those, those sort of things.	Possibility of participant making a disclosure during a session raised Knowledge of how to proceed if a participant makes a disclosure needs to be considered with regard to who can facilitate the programme If the facilitator is not someone who knows the procedure around participant disclosure, then someone who does must be available for consultation during the programme
Researcher:	

Okay. Thanks.	
Sharon: I concur.	
Researcher: Fantastic. And, um, and then the, the last question there, um, for Ray Doe and Billy, um, how, how do you feel about the use of music in a sexual and reproductive health programme that isn't facilitated by music therapists?	
(Pause, Billy and Ray Doe start to laugh) Billy laughing: We're watching each other's microphones here. I think it is high time that us music therapists get off our high horses and allow community music therapy to grow. Amen.	Perception that music therapists need to be supportive of music being used to achieve non-music goals in community space
Researcher: Amen.	
Ray Doe: When I started my masters, I was like, very, yeah, I'm gonna be a music therapist. And then, then I thought it actually doesn't matter what I am. And yeah, I totally agree. You know, music is such a wonderful tool. You, anyone must, everyone must use it. So I wish everyone would. Yeah.	Perception that music is a useful tool that should not only be used by music therapists
Researcher: Okay, great. Thank you. Um, okay, so we are almost at the end, so this is just kind of generally, um, and we can match these into one question, but what about this programme, do you think holds potential, um, to enhance its participant's sexual and reproductive health, um, and what difficulties do you foresee in the implementation of this programme? And since we have, I mean, we've spoken a lot about, you know, what might be difficult and, um, so this generally, if there's anything else that you really think I should be considering, or like things that you're like, yes, um, now's the time.	
Billy: I think it goes without saying that it holds potential because it's music driven and	The music centred nature of the programme is perceived as a strength of the programme
because adolescents speak through music so well, and so clearly,	The strength of using a music centred programme lies in adolescents' ability to communicate through music
provided, as Ray Doe said, a million times, it's their music	The potential music holds for this programme is not simply due to the modality of music, but is dependent

	on the programme using the participants' music
that in itself is a difficulty, um, in terms of the facilitators and the judgment,	Using participant's music may be difficult because facilitators might be judgemental of it
and the knowledge of today's music, et cetera, et cetera.	Accessing participant's music may be difficult because it is likely unknown to programme developer/facilitators
But, um, that, I would not have that stop me. If you, you know, we can't, you can foresee problems, I suppose so, with, you know, implementation, but you, if you don't try, you'll never know. So I would not have that stop me.	Acknowledgement that unforeseen programme difficulties will arise when programme is implemented
There's a lot of potential. And, um, there's so much you can do with music and with the other arts and with creative thinking and with creative kids, um,	Music and other art forms can be utilised creatively to address many goals
it would be a shame if you don't give it a go and tackle the, the difficulties when they, when they appear. I know I'm always seeing the silver lining, but see the silver lining. It's a very broad lining.	Unforeseen problems that arise should be addressed when the occur
Researcher: Thanks Billy.	
Lulu: For all my doom saying throughout this thing, I think it is a very good programme and I think you've gotta go for it.	Perception that the programme is good and worth developing
And I think you can't foresee all the problems. I mean, problems are gonna crop up that you can, you would never have imagined would've come.	Perception that it is not possible to foresee all the problems
And I think, you know, go for it and, and see what happens. Um, you know, and who knows, it could be a roaring success and we could see it implemented countrywide.	
Researcher: Okay.	
Sharon: I think it looks lovely. Um, I think the only thing that's just sticking with me is I, I, I, for me, the facilitator thing is just, um, I can't, I'm struggling to imagine it beyond	Facilitation of the programme by a non-music therapist is perceived as a potential difficulty
you or like someone that you train. Um, so that's the only thing that's still just sticking in my head is just this idea of if it is in a, you know, on a country wide scale, you know, just, yeah, who's leading it and how are they trained to lead it? But besides that…	Facilitation by a non-music therapist who has not been trained by a music therapist is perceived as a potential difficulty
Billy: Yeah, I suppose that's where the music therapists come in with their you know, I know what I'm doing, because we've, we've trained and, and we can't, uh, undo that. It's very important. Um,	Music therapists are trained to work with the medium of music which is an important

just as an example, example, I just marked, uh, a, a master's degree, positive psychology with a programme for addiction, and it's six or eight workshops and it's beautiful, but once it's okayed, people will have to take training to facilitate it. So I think that is something that you might build in, that this is here's the programme, and I will develop a training manual, or I will do the training or whatever the case may be. And even, you know, start an NGO and do that so that it can become a, a Countrywide thing. But, um, I, I agree with Sharon, this is very, this is a very difficult topic pick and things can be disclosed at any moment by any kid of any age and yeah then you have to, you know, you have to have someone in the room that can handle it always. Yeah.	component of facilitation for this programme Proposal to develop a training manual for programme facilitators Proposal for a music therapist to train programme facilitators The sensitive nature of the content and the potential for participants to disclose sensitive information requires the use of facilitators who have the skills to handle these things
Researcher: Absolutely.	
Ray Doe: Yeah. I mean, I think it is much needed. Um, it definitely is. And, uh, I think you've done an amazing job. I think, um, I really look forward to, to seeing how you develop this further. I think it's beautiful.	Perception that a programme like this is needed
Sharon: So you look forward to implementing it at [anonymised] Ray Doe?	
Ray Doe: I actually do, you know? Yeah. We, I mean, [anonymised] and I have really been trying so many different things and, um, yeah, I think this, this has already given me some ideas, by the way, I might steal some. Right.	MT working in children's home perceives the programme as being useful in their work

APPENDIX F: Data analysis

This table shows the organisation of level-one codes into level-two codes which were then organised into categories. The categories were organised into main categories and finally developed into themes. There are instances where a single level-two code emerged as a category and where a single category emerged as a main category. It is worth noting that although the codes and categories are organised, the overlapping nature of the content could allow for various potential groupings of the data. Thus, the segments of data should be considered in relation to each other.

Theme	Main categories	Categories	Level-two codes	Level-one codes
The importance of skilled and experienced facilitators	Participants' needs and presentations	Complex needs	Adolescents have complex needs and pressing issues	Adolescents in children's home have complex needs
				Behavioural disorder of participant in children's home: ODD
				Pressing issues faced by adolescents in children's homes: lack of positive role models for younger male adolescents
				Pressing issues faced by adolescents in children's homes: jealousy
				Pressing issues faced by adolescents in children's homes: bullying
				Pressing issues faced by adolescents in children's homes: loneliness
				Children's home residents are a vulnerable population
				Experience of MT working with adolescents with HIV: feelings of hopelessness from adolescents
			SRH content is sensitive and may be triggering for participants who have experienced sexual trauma, have HIV, or are part of the LGBTQIA+ community	The topics of the programme are sensitive and difficult for young people
				Perception of programme: content is going to be the most difficult to plan
				Perception that delivering a fun programme does not necessarily mitigate the potential for participants to be triggered by the sensitive nature of the content
				If programme participants are unaware of their HIV status, the HIV content of the programme might cause them to question their status and incite fear
				The programme could be triggering for participants who have experienced sexual trauma
				Perception that the gender session might be complex because of difference in assigned sex at birth and gender
		Behavioural presentations	Adolescents exhibit behaviours that make them difficult to work with	Bullying of girls by male participant in children's home
				Uncooperative behaviour from adolescent in children's home: will not listen to reason
				unpredictable behaviour from workshop participants in children's homes
				Participants in children's home difficulty in regulating emotions causes them to leave sessions
				Experience working at children's home: children's home residents dislike formal education
				Difficulties with low attendance at SRH groups run for adolescents in communities and clinics
				Inconsistent attendance of SRH groups run for adolescents in communities and clinics despite interest communicated by adolescents
				Potential difficulties running a SRH programme in children's homes: adolescents have more pressing issues
				Experience working with adolescents: participants not capable of long periods of engagement
				Participants in children's home: inconsistent attendance of sessions

				Difficulties of MT to manage group member's behaviour in children's home
				Therapists found running workshops in the home difficult
				Therapist experiences difficulty working because of complex needs of adolescents in children's home
				DT student experienced group at children's home as difficult to work with
			Incentives are desired by adolescents and offering incentives increases participation	Expectations held by adolescents in children's homes of tangible incentives for participation
				Example of incentives adolescents in children's home desire: sweets
				Adolescent group participants desire instant gratification by means of tangible incentives
				Use of incentives for participants of SRH groups in communities and clinics to increase attendance
				Incentives successfully increased uptake of SRH groups in communities and clinics
				Examples of incentives given to adolescents who attended SRH groups in communities or clinics: hot chocolate and hot dogs
				Social workers perception that incentives made community/clinic SRH group participants feel special and appreciated
				Expectations held by adolescents in children's home of tangible incentives for participation
	Facilitators' challenges and skills	Challenges	Focus group professionals working with adolescents lack specific methods to overcome behavioural difficulties that hinder their work	MT deals with uncooperative behaviour in children's home by excluding participant from music therapy group
				Lack of specific method to overcome environmental and behavioural difficulties in children's home
		Flexibility and creativity	Professionals working with adolescents need to be flexible and find creative ways of encouraging participation and overcoming behavioural difficulties	Workshop in children's home: required flexibility from therapists
				DT student's approach at children's home: engage with imaginary world as quickly as possible to draw in participants
				DT student's use of imaginary world with groups in children's home not sustainably effective at encouraging participation
		Need for psychology training	Facilitators should have facilitation experience and psychology training that ensures that they can identify difficult situations and know the correct procedure to follow should a sensitive situation occur	It is important that any experiences that are triggering for participants are managed and contained by the programme facilitators
				Knowledge of how to proceed if a participant makes a disclosure needs to be considered with regard to who can facilitate the programme
				Use of facilitation by community members not perceived as viable unless the aims of the programme were purely educational.
				Community members perceived as capable of running a purely educational programme if training on facilitation is provided

				Community member (with no psychology training) perceived as lacking the ability to pick up on participant issues
				Recommendation that if the programme aims to be psychoeducational and therapeutic in nature, facilitation by somebody who is trained to pick up on participant issues is necessary
				Example of a professional perceived as capable of facilitating a programme which is psychoeducational: auxiliary social worker
				Perception that teachers would be capable of facilitating a psychoeducational programme if they received training on the programme
				Perception that teachers are capable of picking up on participant issues
				Requirement for using teachers as facilitators: a person with more training is available if issues arise for participants
				Possibility of participant making a disclosure during a session raised
				If the facilitator is not someone who knows the procedure around participant disclosure, then someone who does must be available for consultation during the programme
				The sensitive nature of the content and the potential for participants to disclose sensitive information requires the use of facilitators who have the skills to handle these things
		Non-music therapist facilitators	The use of music by non-music therapist facilitators is perceived as possible and useful	Ability to facilitate music therapy informed programme as trained social worker/play therapist expressed
				Perception that having the use of music as a modality to work with would be useful
				Perception that music is a useful tool that should not only be used by music therapists
				Perception that music therapists need to be supportive of music being used to achieve non-music goals in community space
				Music therapy is not dependent on musical skills
			Music is used not only by music therapists but also by play therapists and drama therapists	Drama therapists often use songs to begin or end sessions
				Music resources used by play therapist: instruments
			Non music therapy professionals have difficulty using music with adolescents because of perceived sensory discomfort, participant embarrassment and difficulty managing group	Play therapist's experience of using instruments with 10 – 12 years olds: sensory discomfort in small space
				Play therapist's experience of using music with older adolescents: do not fully engage with musical instruments due to embarrassment
				DT student unable to use music in groups at children's home because of difficulty managing participants
			The use of music is an important component of the facilitation of this programme	Facilitation of the programme by a non-music therapist is perceived as a potential difficulty
				Music therapists are trained to work with the medium of music which is an important component of facilitation for this programme

			and thus programme facilitators should receive training by a music therapist	Facilitation by a non-music therapist who has not been trained by a music therapist is perceived as a potential difficulty
				Proposal to develop a training manual for programme facilitators
				Proposal for a music therapist to train programme facilitators
		Peer facilitators	The use of older peer facilitators working with programme facilitators to deliver sessions holds positive potential for both peer facilitators and younger adolescents	Positive reception of programme being delivered to 2 groups with older group participants acting as peer facilitators for younger group
				Positive reception of programme being delivered to 2 groups with older group participants acting as peer facilitators for younger group
				Using peer-facilitators could be impactful since older adolescents serve as role models for younger adolescents
				The use of peer-facilitation might be an incentive for adolescents who want to be peer-facilitators
				Peer-facilitation might increase motivation to improve behaviour
				Experience of MT in children's home: older boys working with the younger boys makes huge impact
				Experience of MT in children's home: older boys serve as role models for younger boys
			The use of peer facilitators could be harmful for both peer facilitators and participants as they may be unaware of the occurrence of triggers nor know how to proceed when such circumstances occur	Peer-facilitators bring in their own experiences which might trigger group members
				Peer-facilitators might be triggered by group members
				Peer facilitators might not have the skills to recognize that they have been triggered and then seek help
				Perception that peer-facilitation holds positive potential but can also be potentially harmful for both peer-facilitators and group
				If peer-facilitators are not vetted they may not be aware of how their experiences might be triggered and how this will affect their facilitation of the group
				Untrained peer-facilitators might not know how to facilitate a group
			The use of peer facilitators would require vetting potential peer facilitators, training of peer-facilitators, and an experienced adult programme facilitator who is able to manage the group	Recommendation that a peer-facilitated programme would need to be well managed
				If older peer-facilitators aren't known to younger adolescents, peer-facilitation loses impact
				it would be necessary to vet peer-facilitators carefully
				Consideration of who the peer-facilitators are in the lives of the younger adolescents is important
				It is important that peer-facilitators are able to recognise when something in them has been triggered
				It is important that peer-facilitators are able to recognise when a group member has been triggered
				It is important that peer-facilitators are able to follow up with and address anything that is triggered in themselves or in a group member

				Having an adult programme facilitator present may help to mitigate the potential difficulties of using peer-facilitators but this depends on the facilitators level of experience
				Tyring to prepare peer-facilitators to be aware of problems that might arise in the group session might help mitigate difficulties, but could also be harmful
				If peer-facilitation is used, an adult facilitator must be present
		Necessity of awareness of participants' backgrounds	Facilitators should be aware of the homes' approach to caring for HIV positive residents, as well as details pertaining to all participants' HIV status	Programme participants might be HIV positive and not know their statuses
				Programme participants who are HIV positive might not have been disclosed to sensitively
				Recommendation that before the programme is run facilitators need to be aware if participants have been disclosed to and if they are accepting of their status
				Recommendation: programme facilitators need to be aware if participants have been disclosed to and what they know about their status
				It is vital that programme facilitators work with the homes to know details pertaining to participants backgrounds and knowledge of HIV status
			Facilitators should be aware of participants' backgrounds, particularly pertaining to history of sexual trauma	Recommendation: programme facilitators need to be aware of participants backgrounds
				Recommendation: programme facilitators must be aware of participants' history of sexual trauma
The importance of structure	Group structure	Participant age and gender	The programme should be available to a wide age range and delivered to distinct, narrow aged groups that account for developmental appropriateness: 8 – 9 year olds, 10 – 13 year olds, 14 – 16 year olds and 17 – 19 year olds	Recommendation for programme: should be open to all adolescents in home
				Developmental appropriateness is an important consideration of grouping participants
				Recommendation for programme to be delivered in different groups according to age: 10 – 13 year olds and 14 – 16 year olds.
				Recommendation for programme to be delivered in different groups according to age: 10 – 13 year olds and 14 – 16 year old and 17 – 19 year olds
				Adolescent of different ages will have different SRH experiences
				Recommendation for the programme to include a group for younger adolescents
				Inclusion of younger participants perceived as valuable
				MTs experience at children's home: 8 – 9 year olds engaging in sexually oriented talk and behaviour
			The delivery of the programme to mixed sex groups is perceived as holding potential for social learning, healthy discussion and debate, particularly with	Perception that working in mixed sex groups holds potential for participants to learn to not be judgemental regarding gender issues
				Perception that working in mixed groups allows for participants to learn from each other's perspectives
				Perception that single sex groups reinforce gender perspectives
				Perception that mixed sex groups promotes healthy discussion and debate

			regard to content around gender.	Perception that working in mixed sex groups holds potential for participants to learn about gender and (gender fluidity?)
				Recommendation to work in mixed sex groups for gender session
			It is recommended that participants be given the option to work in single or mixed sex groups in different circumstances	Recommendation that programme participants are offered the choice to work in single or mixed sex groups in different circumstances
				Recommendation that programme participants are asked whether they would like to be in mixed or single sex groups.
			The inclusion of non-adolescent participants (caregivers or health service providers) is likely to inhibit adolescent participation and impede on development of trust	Inclusion of non-adolescent participants in programme positively perceived if it can be done consistently.
				Perception of including non-adolescent participants (including caregivers): could inhibit adolescents' participation
				Perception of including non-adolescent participants (including caregivers): could negatively impact adolescent participants' perception of a trusting space
				Experience of working alongside clinics: extreme difficulty getting them to commit
				Experience of working alongside clinics: inconsistent commitment to arrangements
				Experience of working at children's home: caregivers are not consistent parental figures as they change cottages frequently
				Positive potential perceived in having someone come in to deliver a fun demonstration or presentation
		Group size and nature	Groups of up to 12 participants are perceived as manageable for facilitators to run effectively	Programme could be delivered to groups of 12 participants
				Groups of more than 12 participants may be difficult for programme facilitators to run effectively
				The potential for the programme to cause harm increases with bigger groups where facilitators might miss things
			Closed groups are perceived as important in creating a trusting and effective environment for work	Perception that consistency of session attendance by the same people is important for developing trust
				Perception that consistency of group participants and facilitators is important for deep work
				It is important to decide if programme groups will be open or closed
				Recommendation for programme: groups should be closed groups
	Programme structure	Schedule	The potential for peer facilitated clubs to meet to discuss SRH after the programme has ended is perceived as unfeasible and should not be an aim of the programme	Mt's experience at children's home: the chaotic environment makes peer-facilitated clubs unfeasible
				Proposed idea to encourage the groups to meet as peer-facilitated clubs after programme ends not perceived as feasible
				Perception that development of this programme should not be concerned with sustainability after a group has ended the programme
				Perception that development of this programme should not be concerned with sustainability after a group has ended the programme

				Experience running programmes at facilities: sustainability of groups is not successful after the facilitator has ended the programme
				Programme groups depend on someone to lead them, they are not self-sustainable
			Scheduling the length of sessions needs to take into account the attention span of participants and thus sessions should be 45 minutes for younger adolescents and 75 minutes for older adolescents	Perception of programme: 2 hours is too long for older group
				Recommendation for programme: younger group's session length should be maximum 45 minutes
				Recommendation for programme: older group's session length should be maximum 75 minutes
				Recommendation for sessions for younger adolescents to be 45 minutes long
				Recommendation for sessions for older adolescents to be 75 minutes long
				Attention span of participants is an important consideration for session length
		Content	Content related to gender could be explored in terms of identity, should be inclusive and respectful of non-typical gender expression and sexuality, should include content about GBV and should be explored early in the programme	It is important for the gender session to provide knowledge and understanding about gender differences as well encourage acceptance of different expressions of gender
				Recommendation that gender can be dealt with in one session but could be labelled and explored in terms of identity
				Recommendation that gender session is planned for delivery in one session
				Recommendation for programme: review order of topics and start with gender
				Recommendation for programme: include gender-based violence in the gender session
				Perception that with knowledge and understanding of gender, acceptance increases
				Perception that learning about gender and learning not to be judgemental promotes honest gender expression
				Gender and gender expression plays an important part in identity
			Focus on participants' potentials and futures is important and should be done early in the programme to increase participant motivation	Recommendation for programme: 'my future' topic should be explored early in the programme to increase participant motivation
				Recommendation for programme: 'my future' topic should be explored early in the programme
			Content around general health, hygiene and respect for the body are recommended as good starting points	Idea for starting point to explore SRH with adolescents: start with respect for the self and the body
				Idea for starting point to explore SRH with adolescents: start with general health
				Idea from MT to possibly use the topic of hygiene in different forms with adolescents
			The inclusion of an online element in this programme is	Experience working at children's home: including an online or mobile phone component of the programme would not be impactful as the home residents do not have sufficient access to devices or internet

			perceived as unnecessary since children's homes residents are unlikely to have regular access to devices or the internet thus a potentially expensive and difficult to manage online element is not warranted	The expense of including a mobile or online component needs to be considered as uptake of the component might be low
				POPI act impacts on the potential inclusion of an online or mobile phone component to programme
				An online or mobile phone component of the programme could create the risk of exposing participants personal details
				Free apps are available, but programme participants access to data needs to be considered
				Apps that do not require data are available
				Inclusion of an online component would need consideration of who manages it and responds to it
				Inclusion of an online component would need to consider POPI and confidentiality
				Procedure of how to handle a disclosure made over an online component would need consideration
				Online or mobile phone component of programme not advised
				Recommendation not to include an online or mobile phone component of the programme
				Social worker/play therapist's experience working with a mobile app at schools: Use of Gaurdian App which is anonymized and overseen by staff members
				Social worker/play therapist's experience working with a mobile app at schools: allows students to make complaints or ask questions anonymously
				Social worker/play therapist's experience working with a mobile app at schools: low use of app by students
	Structured and experiential activities	The value of structured and experiential activities	Using structured activities increases manageability of adolescent groups	Experience of working in children's homes: allowing freedom creates potential for unmanageable circumstance
				Recommendation for programme: structured activities necessary to keep group behaviour manageable
			Using an experiential approach that actively involves participants will increase participation and serve participants' needs	Recommendation for programme: experiential approach necessary
				Advice for programme: experiential approach necessary
				It is important that the participants are actively engaged with the topics rather than having topics delivered to them
				Recommendation for programme to engage participants actively
				Social worker perceives the information given by SRH programmes as having little immediate impact, but holding potential for future impact
				Recommendation for programme: engaging activities necessary to keep group's attention
			The inclusion of a performance element to the	Performance element of programme queried: who does it aim to benefit?
				Performance element of programme queried: is the performance for an audience?

		Inclusion of performance element	programme needs to be of benefit for programme participants to warrant inclusion	Performance element of programme queried: will the performance be done within the group only as a way of closing the programme?
				Including a performance element should be considered in context of the aim of the programme
				Potential for performance element of programme to promote SRH of participants queried by social worker/play therapist
			Inclusion of performances are recommended by music therapists who view performances as affirming experiences with potential to reinforce learned content whilst having an impact on how performing individuals are perceived by both audience members and themselves	MT's experience working with adolescents with HIV: performances were impactful
				Perception that performances solidify the experience of the programme for participants
				Perception that doing a performance is meaningful to participants
				Perception that performances reinforce the learned content of the programme for participants
				Perception that performances are affirming
				MT's experience working in children's home: performances are affirming for therapist
				MT's experience working in children's home: performances provide opportunity for participants to feel proud of their achievements
				MT's experience working in children's home: performances provide opportunity for participants to feel proud of their abilities
				MT's experience working in children's home: participants communicate their abilities and achievements through performances
				MT's experience working in children's homes: audiences' perceptions of individuals are impacted by seeing them perform
				The potential that performances have to change how individuals are viewed by members of the audience is important
				Perception that a programme performance will be well received by programme participants
				Recommendation to include performance in programme
			Performances in this programme have potential to act as culmination events for ending groups, introductory events for new groups (watching other groups perform) and could also be performed to caregivers as a way of opening engagement about SRH between adolescents and caregivers	Perceived potential for programme performance to provide the opportunity to enter into an engagement with caregivers
				Proposed idea for groups that have completed the programme to do performances to participants of groups that have not yet started the programme yet
				Perceived potential for using performances to culminate programme.
				Perceived potential for using performances to introduce next group to programme
				POPI act has implication for programme performances

			Inclusion of a performance element in a programme should take into consideration POPI act and community music therapists should be consulted to discover how they maintain POPI standards when doing performances	POPI act requires that programme participants would need to consent to be photographed or recorded
				Programme performances would have to be agreed upon by the whole group in order to abide to the POPI act
				Performances Under 18s would require consent from a legal guardian to abide to POPI act
				Concern raised about confidentiality issues around a programme performance
				Perception that during a performance, performers are playing a character and so are not portraying themselves
				Perception that because performers are playing a character rather than portraying themselves, performances do not infringe on terms of confidentiality
				Recommendation to find out how community music therapists work with regards to POPI act
				Recommendation that a programme performance needs to be considered in terms of the law and ethics
		Potential experiential activities	Collaborating arts therapists make use of a structured 'continue the story' activity to explore the topic of bullying with adolescents	Activity used by MT and DT together in children's home: 'continue the story' activity about bullying
				'Continue the story' activity used by MT and DT in children's home: therapists steered the story a bit
				Conclusion to 'continue the story' activity used by MT and DT in home: DT took on the role of the bully and participants were invited to engage with the character by asking questions
			Using a piece of flip chart for participants to brainstorm programme content which can be referred back to throughout the programme was perceived as useful	Positive reception of using a page of flip chart to explore the idea of SRH with participants that can be referred back to throughout programme
			The use of a sonic sketch activity (drawing to contrasting music excerpts) is perceived as holding potential to explore and discuss identity including gender	Use of sonic sketch in gender session positively received
				MTs experience using sonic sketches in dialogue (dyads)
				MT's approach to using sonic sketches: no topic, completely free
				MT's approach to using sonic sketches: group split into dyads, paper is passed each time the music changes
				MT's approach to using sonic sketches: after activity the contents of the art are processed in terms of what it says about the individual, and the relationship
				MTs experience using sonic sketches: varied response from participants in terms of where and how they express on the paper
				MTs experience using sonic sketches: holds potential for discussion around identity and
				Perception that the use of sonic sketches holds potential to reveal something about participants identity which includes gender
				Proposal for exploring respect in relationship session: drumming group

			Drumming circles and body percussion activities that invite participants to lead and follow are perceived as holding potential to explore relationships and respect	Proposal for exploring respect in relationships session: could use body percussion
				Drumming group approach for exploring respect: leading, following, adding words
				Recommendation that a drumming circle is essential
				Perception that drumming circles are versatile
			Body mapping is perceived as a useful tool through which participants can be expressive about, and gain insight into their SRH	Use of body mapping perceived as holding potential for SRH exploration
				Body mapping perceived as a useful tool for expression and gaining insight
			A 'continue the story' activity holds potential for use in exploring relationships as it has potential to reveal interesting material	Proposed activity for relationships session: a 'continue the story' activity
				'Continue the story' activity holds potential to reveal interesting material
			A 'qualit-tree' activity in which participants acknowledge each other's strengths was recommended to be used in the exploration of relationships as it is perceived as a humbling activity which is good for opening conversations	Proposed idea to explore character strengths in relationship session: resilience
				Proposed idea to explore character strengths in relationship session: sense of humour
				Proposed idea to explore character strengths in relationship session: accountability
				Proposed idea to explore character strengths in relationship session: relatedness
				Proposed idea to explore how character strengths tie in with relationships
				Proposed activity for relationship session: quailt-tree activity to music
				Activity used by MT: qualit-tree activity with music
				Qualit-tree activity: participants have a picture of a tree on which other participants stick character strengths onto
				Qualit-tree activity perceived by MT as humbling for participants
				Qualit-tree activity perceived by MT as good for opening conversations
				Qualit-tree activity: character strengths written on paper leaves and stuck to tree resulting in a tree with leaves
The value of a participant-led approach	Participant-led groups	Facilitation of participant-led groups	The role of the facilitator is one of guidance rather than leadership and facilitators must ensure that they are not judgemental or prescriptive in terms of participant identity, participant music and	Recommendation for programme: facilitator acts as guide rather than leader
				Important for programme facilitators to meet participants at their level
				Recommendation that facilitators are sensitive to gender fluidity and are not judgemental or prescriptive by assigning gender
				Advise from music therapist not to judge content of songs when discussing adolescents' music
				Potential difficulty for facilitator/therapist to not be judgemental of adolescent's music

			participants' performance ideas	Using participant's music may be difficult because facilitators might be judgemental of it
				Participants may have performance ideas that are overwhelming for facilitators
				Facilitators need to be open to and accommodating of participants' ideas for performances
				Facilitators need to be open to the accommodating the audience that the participants want to perform to
				Non-judgemental acceptance of adolescent's music is seen as important by MT
			Professionals working with adolescents make use of unstructured groups and free play	MT's approach in children's home: group work
				MT's approach in children's home: free play
				Group participants in children's home have freedom to attend MT session or not
				Some MT groups in children's home completely open
			Facilitators should take into account differences in group engagement with the topics and be flexible to allow for a participant-led approach	Perception that allowing participants to lead might defer from the programme script
				Recommendation that the programme schedule is flexible to allow for continuation of topics into the following session as different groups engagement with topics may vary
				Recommendation that the programme schedule is flexible and allows for continuation of the topic in the next session if necessary
				Recommendation for programme: ask participants what they want to learn
		Necessity for participant-led approach	Adolescent groups are unlikely to listen to lectures and engage in group discussions of topics	Experience of working in children's homes: expecting participants to sit and listen and discuss is not viable
				Low viability for discussions in children's home
			Using a participant-led approach that actively involves participants will increase participation and serve participants' needs	Recommendation for programme: participant-led approach necessary
				Perception that allowing participants to lead will allow the programme to serve their needs
				Perception that delivering topics to participants will not be effective
				Recommendation that programme is participant-led
				Important for adolescents to actively engage In topics
	Participant-led activities	Use of participants' music	Self-driven musical activities such as inviting participants to choose music to share and discuss, or providing a backing for participants to do freestyle rap over are recommended, particularly for older adolescents	Experience working with older adolescents at children's homes: older adolescents are more motivated by self-driven activities than learning a song written for them
				Proposed activity for self-driven use of music: freestyle rap
				Recommended method of using freestyle rap: give participants a topic and invite them to rap about it
				Perception that using rap in programme holds potential to be an enjoyable, self-driven way to explore topics for older adolescents

				Recommended method of using freestyle rap to explore topics with older adolescents: access a backing track of a current hip hop song on YouTube for them to rap over
				Idea for using music to explore SRH with adolescents: participants choose a song of their preference to bring in and discuss with the group.
				Perception of prepared HIV song: positive for younger adolescents, but not viable for older adolescents
				Idea for using music to explore SRH with adolescents: each member of the group including the facilitator/therapist can bring in a song of their preference to discuss without judgement
			The potential for music to be successfully used in this programme is dependent on the use of the participants' known or preferred music, including hip-hop and rap, and may be music that is unknown to the programme developer and facilitators	Genre of music that adolescents (especially older boys) in children's homes often listen to: hip-hop
				Experience working with adolescents at children's homes: many adolescents can do freestyle rap
				Use of participants' preferred music is seen as important by MT
				Music perceived as holding potential for exploring SRH in children's homes if it is their music
				Recommendation to access participants' preferred music as not all music will be effective
				Important for programme facilitators to use participants music
				Perception that using music that is known by participants is more inviting than unknown music
				Accessing participant's music may be difficult because it is likely unknown to programme developer/facilitators
				Recommendation for programme to use songs that are known to adolescents
				The potential music holds for this programme is not simply due to the modality of music, but is dependent on the programme using the participants' music
				Experience working with adolescents: *Let's Talk About Sex* is an old song that adolescents don't engage with
				The lyrics of *Let's Talk About Sex* are not relevant for adolescents
				Recommendation to use a song that is relevant for participants rather than *Let's Talk About Sex*
				Recommendation to invite participants to bring their music into the programme
				Use of full song and lyrical analysis of *Let's Talk About Sex* discouraged
			Non-judgemental discussions about the lyrical content of songs holds potential to invite participants to engage with SRH topics, particularly if the songs are chosen by the participants	Discussions of sexist or aggressive content of songs that adolescents listen to could hold potential for useful discussion
				Idea for using music to explore SRH with adolescents: identifying participants' song preferences with topics around gender or sexual issues to discuss
				Content of music that adolescents in children's homes often listen to: sexist content
				Content of music that adolescents in children's homes often listen to: aggressive content

				Perception that the chorus of *Let's Talk About Sex* holds potential to invite engagement from participants, but not the whole song
				Perception that *Let's Talk About Sex* can successfully be used to open a session to invite participants to engage with the topic
				Prepared HIV song positively received
			Music therapists working with adolescents invite participants to bring in their preferred songs, use song writing, and invite participants to do freestyle rap	Resources used in children's home by MT: instruments
				Use of music in children's home: song writing
				MT's approach using music with adolescents in children's home: invited older teenagers to share a song of their preference and then discuss it
				Experience of MT in children's home: boys engage more with freestyle rap, but some girls do participate
		Performance	Programme participants must lead the performance process and the performance decision making processes	For a programme performance, it is important that the participants decide who they want to perform to
				Examples of audiences programme participants might want to perform to: homes, within the group, caregivers, school
				Participants might want to video record the performance
				Recorded performances could be given to programme participants to keep
				Recommendation that performances need to be participant-led in terms of what is performed and to whom
				Recommendation that programme performances need to be agreed to and decided upon by participants
The value of music for adolescents and SRH promotion	Using music with adolescents	Natural connection to music	Music is regarded as an enjoyable and important medium through which adolescents identify, communicate, and create.	MT perceives adolescents in children's home to find music therapy exciting and fun
				Acknowledgement from music therapist that adolescent identity is attached to music preferences
				Music perceived as a medium that adolescents identify with
				Music perceived as a part of adolescents' identities
				Music perceived as a medium through which adolescent's communicate
				Music perceived as medium in which adolescents' can create their own identities
				The strength of using a music centred programme lies in adolescents' ability to communicate through music
				Perception that adolescents respond well to music and other art forms
		Challenges using music with adolescents	Adolescents' high levels of self-consciousness need to be taken into consideration when planning musical activities	Play therapist's experience of using music with older adolescents: too embarrassed
				Experience working with older adolescents at children's home: older adolescents' high levels of self-consciousness requires consideration when planning musical activities
		Perceived potential		Music perceived as holding potential for exploring SRH in children's homes

	The value of music for SRH promotion		Music and other arts are perceived as holding potential for exploring SRH with adolescents	Perception that music holds the potential to invite participants into engagement with topics without feeling like they're being taught
				Perception that music can serve as a facilitator
				Perception that music can serve as a container
				Perception that music can facilitate creation
				Perception that music holds potential to facilitate engagement
				Art forms have potential to facilitate, contain and create
				Drawing, dancing and movement are art forms that have potential to facilitate, contain and create
				Music and other art forms can be utilised creatively to address many goals
				The music centred nature of the programme is perceived as a strength of the programme
		Current work	Music therapists use song writing with themes of body positivity, autonomy, health and hygiene with adolescents to explore SRH	Content of song writing in children's home: body positivity and unacceptable treatment of the body by others
				MT's approach using music to explore SRH with adolescents: creating songs
				Topics of song created by MT with adolescents with HIV: health and hygiene
			Eight-week arts therapy workshop delivered in children's home with SRH content	Workshops in children's home: 8 weeks
				Workshop in children's home: content around gender, identity, sexual issues
				Workshop approach in children's home: improvisation
				Workshop in children's home: five participants in group (example)
				Workshop in children's home: group participants 8 – 12-year-olds (example)
				Workshop in children's home: content around exploration of the body and consent
			Music therapist working with adolescents with HIV focussed on health promotion	MT focus on health promotion for adolescents with HIV
				Health promotion content for adolescents with HIV: taking care of self
				Health promotion content for adolescents with HIV: taking medication
Necessary next steps in programme development	Perceptions of the programme	Perceived potential	The music therapy informed SRH programme is perceived as necessary and worth developing	Perception that the programme is good and worth developing
				MT working in children's home perceives the programme as being useful in their work
				Perception that a programme like this is needed
			The potential of the presented programme framework is positively perceived by relevant professionals	Programme framework positively perceived
				Programme framework perceived as a having potential
				Perception of programme: good structure

		Use of the term 'music therapy informed'	It is perceived that for a programme to be considered as informed by music therapy the programme must include the use of music with participants and a music therapist should be present at sessions	Perception that a programme labelled as music therapy informed should have a trained music therapist present for sessions
				For a programme to be considered as informed by music therapy it needs to be creative and include music
				A music therapy informed programme should use music to elicit or uplift
				Perception that a programme that includes music, drawing, dance or movement could be considered arts therapy informed
		Change label of programme	The term 'music therapy informed' is not perceived by music therapists as sufficiently explaining that the programme is not a music therapy programme	Caution expressed on labelling a programme as music therapy informed
				Recommendation not to label the programme as music therapy informed
				Questioning if the use of the term music therapy informed programme explains that the programme is not music therapy, but is informed by music therapy
				Disputing the necessity to describe the programme as music therapy informed
				Proposal to describe the programme as music-centred
				Recommendation not to label the programme as music therapy informed
				Acknowledgement that for the purpose of this study it is necessary to relate the programme to music therapy
				Proposed terms that could be used to describe the programme: music centred, music, music informed, arts based
				Recommendation that if this programme was to be used the word 'therapy' should not be included in the description
	Further stakeholder engagement and experience gain necessary	Further stakeholder engagement and experience gain necessary	It is recommended that the developer proceed by implementing the programme at a specific facility where caregivers and home managers are consulted	Recommendation for programme development: start by developing programme for a specific facility that has a small number of residents
				Recommendation for developed programme to acknowledge that since it is a pilot programme particular details might need to be changed or developed
				Acknowledgement that unforeseen programme difficulties will arise when programme is implemented
				Unforeseen problems that arise should be addressed when the occur
				Perception that it is not possible to foresee all the problems
				Recommendation for programme development: include caregivers or children's home management to find out if they have preferences or suggestions

APPENDIX G: Suggested programme activities

- Continue the story: Collaborating arts therapists made use of a ‘continue the story’ activity to explore the topic of bullying with adolescents in a children’s home. The story was steered by the therapists. The activity concluded with one of the therapists taking on the role of the bully whilst participants were invited to ask the character questions. It was suggested that this activity could be used to explore relationships as it holds potential to reveal interesting material.
- SRH brainstorming mind map: In the introductory session participants could be invited to brainstorm SRH content and titles of songs that they know that include themes around gender, sex or SRH on a piece of flip chart. This could be added to and referred to throughout the programme.
- Sonic sketch: This involves the group drawing on a large single piece of paper whilst listening to a single track of contrasting excerpts of music, moving to a different point on the page each time the music changes. The activity can be concluded by discussing the contents of the art in terms of what it says about the individuals and the relationship between them. This was discussed as holding potential to explore identity, gender, and relationships.
- Drumming circles or body percussion: Drumming or body percussion activities that involve leading and following were recommended to explore respect and relationships. Words can also be added to the activities.
- Body Mapping: Participants create maps of their bodies using drawing or painting. Colour, words and other visual media can be added to the maps to represent aspects of participant’s lives and experiences. This activity was perceived as a useful expressive tool which reveals insights.
- Quality trees: This activity involves each participant receiving a stack of individually cut out paper leaves. They assign one leaf to each other member of the group and write on it a strength that they identify in that person. Each participant designs and draws a tree on a large piece of paper. One by one the group members stick the ‘strength-leaves’ on to each other’s trees. This was activity was suggested for use in exploration of character strengths. This activity could be used to explore how character strengths tie in with relationships.
- Freestyle rap: This activity involves giving participants a topic and inviting them to rap over backing tracks. Backing tracks of current hip hop songs are accessible on YouTube.

- Song writing: Song writing was used by music therapists to explore body positivity, health and hygiene, and unacceptable treatment of the body by others.
- Sharing and discussing songs: Participants are invited to bring in their preferred songs. The group listens to the songs and then discusses them. Non-judgemental discussions about the lyrical content of songs holds potential to invite participants into engagement with SRH topics.