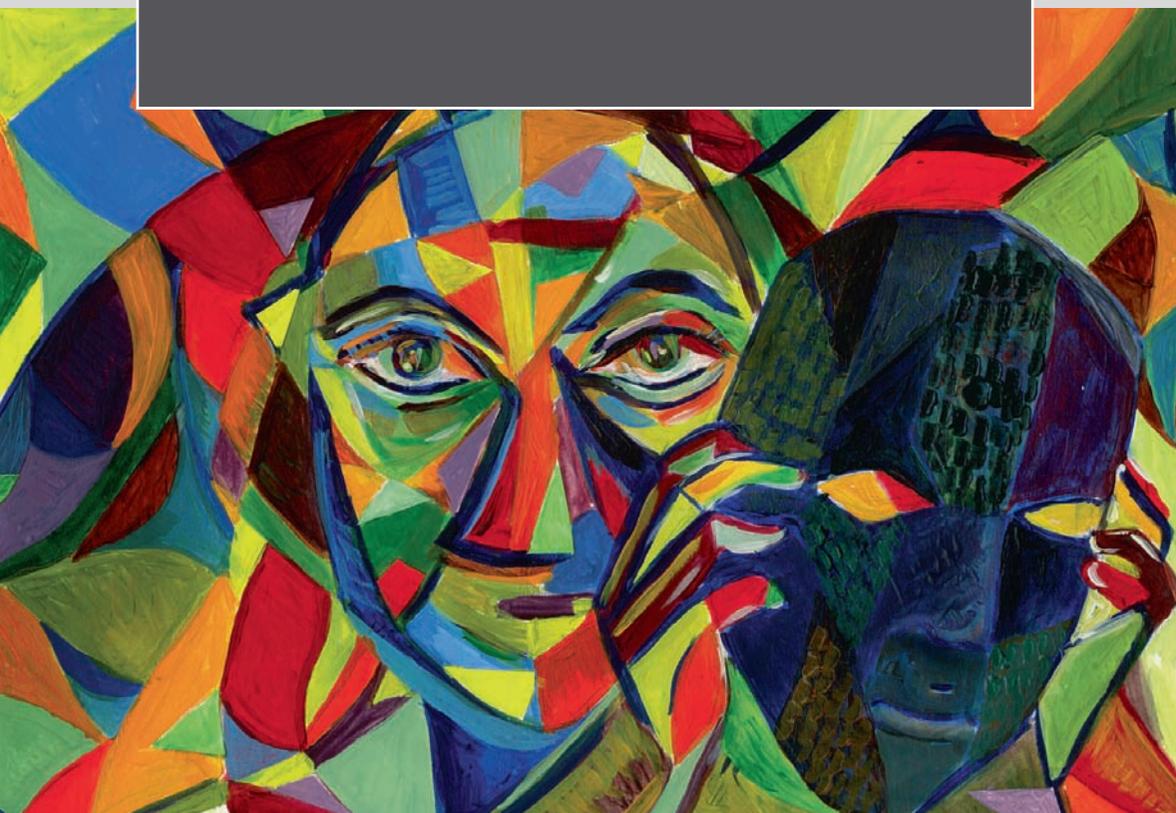


Acting on HIV

Using Drama to Create Possibilities
for Change

Edited by Dennis A. Francis



SensePublishers

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University of the Free State, South Africa



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TABLE OF CONTENTS

Editorial	vii
Participatory HIV/AIDS Theatre in South Africa <i>Emma Durden</i>	1
Using Forum Theatre to Engage Youth in Sexuality, Relationship and HIV Education <i>Dennis A. Francis</i>	15
Understanding Role in HIV/AIDS Interventions: A Case Study of Themba Interactive (TI) <i>Remo Chipatiso & Eric M. Richardson</i>	29
Stories Gogo Never Told <i>Lorraine Singh</i>	43
The Elephant in the Room: Talking, Teaching, and Learning about HIV/AIDS in the Drama Classroom <i>Tanya van der Walt</i>	55
Theatre as a Laboratory for HIV/AIDS Education: The Case of Amakhosi Theatre's Play, Vikela <i>Kennedy C. Chinyowa</i>	67
Real Men, Sick Wives and Others; Dramatic Explorations of Men and Their Potential as Caregivers in the Context of HIV/AIDS in Rural Kwazulu Natal <i>Rob Pattman, Annette Kezaabu & Yvonne Slied</i>	79
Use of Participatory Forum Theatre to Explore HIV and AIDS Issues in the Workplace <i>Emma Durden & Dominique Nduhura</i>	91
Acting out HIV/AIDS behind Bars: The Appropriation of Theatre for Social Change in the Renegotiation of Behaviours around HIV/AIDS <i>Miranda Young-Jahangeer</i>	103

TABLE OF CONTENTS

Negotiating Prejudice and Creating Hope: A Case Study of Making Plays about HIV/AIDS with Male Offenders in a Maximum-Security Correction Centre <i>Christopher John</i>	119
Mapping Ethics in Applied Drama and Theatre <i>Hazel Barnes</i>	131
Acting on HIV <i>Dennis Francis, Fumane Khanare & Christa Beyers</i>	145
Contributor Biographies	151

EDITORIAL

Nowhere in the world is the HIV/AIDS epidemic more prevalent than South Africa. South Africa has the largest number of people living with HIV in the world, with an estimated 5.7 million HIV positive people in 2007(UNAIDS, 2008). The UNAIDS report confirms that while the epidemic might be stabilising, there seems to be no major change in HIV related behaviour. Amongst the youth in South Africa, there are particularly high levels of HIV despite sound levels of knowledge about sexual health risks (Reproductive and Health Research Unit, 2004). The high prevalence of sexually transmitted diseases and the high rate of adolescent pregnancy confirm the existence of a pattern of early onset of sexual intercourse, multiple partners and a low incidence of condom use (Francis & Zisser, 2006). Confronted by such a context, HIV prevention programmes have been drawing on all possible methods, including drama, to engage the attention of those unwilling or unable to see themselves at risk and the possibility of their addressing it in a useful way.

Can drama be useful in promoting behaviour change in a context of HIV? There is ample evidence from literature that drama can create possibilities for change. Drama has the capacity to help participants, on one hand, to externalise their systems of belief and on the other to step back from it so that they may gain perspective. O'Neill (1996: 145), for example, argues that "drama has the power to enlarge our frames of reference and to emancipate us from rigid ways of thinking and perceiving". There is a tension between the whole use of drama for behaviour change – the language is that of determined outcomes and suggests instrumentalism – and the use of drama for 'enlarging our frames of reference'. This tension is implicit and acknowledged within the book as a whole. The first takes as its starting point that the pandemic will not end until people change their behaviour in specified ways. The second takes the pandemic as the point for exploring a whole range of issues connected to it – sexuality, gender, power, learning, and so on.

The last two decades have seen a constant increase in the use of drama to raise awareness of HIV and AIDS in schools, prisons, community groups, workplaces and a range of other settings. In fact, the use of drama as a strategy for HIV prevention is well documented (Glik, Nowak, Valente, & Martin, 2002; Harvey, Stuart, & Swan, 2000; Kamo, Carlson, Brennan, & Earls, 2008; Kuhn, Steinberg, & Matthews, 1994; Middlekoop, Myer, Smit, Wood, & Bekker, 2006; Mwansa & Bergman, 2003). Even in very closed societies, drama has proved to be a useful and dynamic vehicle for bringing up issues related to sexuality and HIV (Mwansa & Bergman, 2003). *Acting on HIV: using drama to create possibilities for change* explores what it means to use drama in a context of HIV from a number of different perspectives and contexts, and provides an opportunity to open dialogue relating to issues about behaviour change, gender, culture, identity and sexuality.

Acting on HIV: using drama to create possibilities for change is a collaborative effort by authors who are academics, researchers, teacher educators and community practitioners in South Africa. The overall objective is to put their work 'in the spotlight' in relation to the social, bio-medical, and pedagogical aspects of

HIV & AIDS. The contributing authors whose work is included in this book all have a critical orientation and therefore share key values such as a commitment to addressing imbalances of power and exploring possibilities for change in the context of HIV. They problematise some of the prevailing assumptions that frame this genre with the aim of making visible the limitations of drama and performance, while demonstrating its potential for reshaping our conceptions of the social and cultural representations of HIV. In doing so, they redefine the construction of HIV by responding to, reflecting and provoking the society in which it exists. What the authors signal for us is that audiences are no longer looking to be transported into some fantasy world but want to be positioned as protagonists who grapple with emergent challenges associated with HIV. With this in mind, the book is organised in three sections:

Drama as dialogue explores what is distinctive about those traditions (notably that of Augusto Boal) that aim to enable learning. Drama as dialogue transgresses the relationship between actor and spectator; in so doing it confronts them with questions that have the potential to bring about a deeper level of learning. What are we learning about the strengths and limitations of using this approach to address HIV/AIDS?

Drama, gender and HIV/AIDS foregrounds a gender perspective on the disease. It is well documented how patterns of gender interaction have created the conditions in which the disease spreads. By bringing into critical scrutiny the assumptions and practices of gender relations, drama aims to create the conditions for young people to renegotiate relationships from an informed perspective.

Drama and the tension of institutional settings explores the use of drama in institutions characterised by control and authority – in these cases a factory and a prison. The tension that these papers address is that between such control and authority on one hand and the liberatory ethos of the forms of drama. Given that those in these institutions are typically those with high vulnerability to the disease, and thus likely to be targeted through educational programmes, the tension is important to address.

The specific chapters are as follows:

DRAMA AS DIALOGUE

In chapter one, **Emma Durden** provides a theoretical discussion on the field of development communication and how theatre fits into four distinct paradigms of development communication, citing examples and experiences of South African HIV and AIDS theatre projects. Durden explores the concept of participation in theatre and provides a motivation for the use of more participatory theatre in the field of HIV/AIDS interventions to bring about the necessary behaviour change that is vital in reducing the HIV prevalence in South Africa. She also identifies critical questions over the nature and limitations of participation,

In chapter two, **Dennis Francis** examines how drama, in the Boal tradition, was used for communication about HIV at a school in KwaZulu Natal, South Africa.

Working with the assumption that youth participation and agency is key to halting the rising infection rates in young people, he shows that drama provides an opportunity for participants to express their own feelings and opinions, in a way that is not possible in traditional theatre. Drawing on the youths' participation in drama, he elaborates on some of the critical incidents that emerged and conclude with some implications for practice. He argues that drama, in the Boal tradition, has the unique ability to help participants to externalise their views on sexuality and HIV, to step back from the disease and so gain perspective on it. While this has obvious benefits for the participants themselves, the process is not without its own constraints and complexities.

Similarly, **Remo Chipatiso** and **Eric Richardson**, in chapter three, explore how Themba uses role in its interventions to engage with spectators. Themba Interactive provides knowledge and skills to help people to delay their first sexual encounter, engage in safer sex, or abstain altogether. It does this through the use of live interactive performances that promote dialogue and influence behaviour change amongst people so as to prevent the spread of HIV/AIDS. Most importantly, Themba uses "role" as a significant element in its applied drama and theatre approach. They argue that by appealing to the self, role becomes an approach that can be used in dealing with HIV/AIDS issues. Chipatiso and Richardson conclude that the role technique adopted by Themba gives room for the interaction of the self and the other; a suitable framework that can address the complex relationships between actors, facilitators, and the community in behaviour change.

Lorraine Singh chronicles a workshop theatre undertaking by second year drama education students in chapter four. Students have openly expressed disdain and lack of interest in the topic – there appears to be 'AIDS fatigue'. This project aimed at re-kindling sensitivity and a sense of responsibility through involvement in research and the creation of a performance piece. There were two goals to the workshop: first to immerse students in the workshop process to learn the method by experiencing it, and second to challenge and extend their understandings of HIV/AIDS and its associated stigmas and myths. The methodology explores the use of narrative in applied drama as a means of creating coherent and compelling theatre. Data was reconstructed as stories which formed the basis for performance.

In chapter five, **Tanya Van der Walt** contends that in South Africa today, there is an imperative to integrate teaching and learning about HIV/AIDS into the curriculum. Within a university context the challenge when dealing with HIV/AIDS, is to do so in ways that actually engage the students, rather than alienating or boring them. Her manuscript comprises a discussion of a performance project carried out by students at the Durban University of Technology (DUT), under the auspices of the DUT HIV/AIDS centre, and the AAA-HA! Project. Tanya focuses on how the lessons learnt in the process of this project can be integrated into a curriculum development approach. The challenge lies in finding ways to impart both theoretical and practical theatrical skills, and also to allow students to engage dynamically with the topic of HIV/AIDS within their own context. Her essay interrogates the learning processes implicit in the project, to see how these can be more deeply integrated into the teaching and learning of courses like this one.

DRAMA, GENDER AND HIV/AIDS

Kennedy Chinyowa, in chapter six, uses the case study of an African popular theatre performance to show that play devices such as freedom, paradox, make-believe and symbolic inversion function to transform the theatre into an experimental laboratory for deconstructing what culture states to be the reality. The chapter also argues that the sanctity of the theatrical space enables African popular theatre to transcend cultural barriers such as patriarchy to address sensitive issues associated with gender and sexuality in the fight against HIV/AIDS.

In chapter seven, **Rob Pattman**, **Annette Kezaabu** and **Yvonne Sliet** deal with the burden of care and support for those infected and affected by HIV/AIDS in sub-Saharan Africa which overwhelmingly falls on women. In their chapter, they argue for interventions which involve boys and men as well as girls and women, and which aim to promote forms of communication between males and females and critical self reflection. They focus on one such intervention which is currently being deployed in a rural community in KwaZulu-Natal, and which draws on participatory drama as a medium for exploring gender roles and relations. In this intervention volunteer carers working in the community (all of them women) construct, improvise and enact short sketches on problems they encounter in their work, such as stigma to people with AIDS, and lack of care and support. These sketches have generated discussions about gender, culture and identity, and about various ways of being young, black Zulu men and women, among the (male and female) members of the community who attended them. Informed by versions of post-structuralist feminist theory, the authors argue that health and education interventions should promote more integrated and less polarized identities and relations around gender. They suggest that participatory drama may be effective in encouraging men and women to reflect upon their gendered identities and their relations with the opposite sex, and to explore different ways of being men and women in specific contexts and situations.

DRAMA AND THE TENSION OF INSTITUTIONAL SETTINGS

Emma Durden and **Dominique Nduhura** in chapter eight address the pressure on employers to confront the disease amongst their employees. Industrial theatre, already recognised as a tool for training and development, is now being used to educate about HIV/AIDS. The authors provide an account of a project that has specific learning outcomes, but that also draws on Forum Theatre, in inviting spectators to volunteer for a specific role in which they could assert their own understandings. The process was seen as involving, entertaining and effective, but also exposed questions about gender and about the limits of such work in a context of managerial control.

In chapter nine, **Miranda Young** explores through the narratives of women at the Women's Correctional Centre at Westville how theatre for social change – has, and in some cases has not – assisted them in the imaginative explorations of alternatives in relation to HIV/AIDS. In 1996 the Department of Correctional Services opened up recreational activities in the Prisons for the first time. This opened up possibilities for practitioners to partner with the prison in the

exploration of creative activities such as theatre – and more specifically theatre for social change. Correctional Facilities in South Africa have statistically high rates of HIV/AIDS; by 2010 45,000 people are projected to die while incarcerated. In facilitating theatre for social change projects at the prison since 2000, Miranda Young found that inmates have tended to appropriate the theatre more frequently to discuss issues of HIV/AIDS than any other issue. It has been used to renegotiate institutional practice in dealing with the disease, social stigma and personal identity. These of course are also feminist concerns since HIV/AIDS cannot be seen outside of gender power relations.

Also working with inmates, **Chris John**, in chapter ten, describes the making of a play titled *Lisekhon' Ithemba* (There is Still Hope) with offenders at Medium B Correction Centre (a men's maximum-security correction centre) within Westville Prison in Durban. The audiences for each performance worked in groups to create Image Theatre to depicting expressions of prejudice followed by images of pro-social alternatives. These theatre techniques, based on the work of Augusto Boal, were combined with Zulu performance aesthetics that originate in the *ibutho* (Zulu military regiments). The impact of the project was explored using Grounded Theory and found that the offenders used the play to create a safe space to criticize the behaviour of correctional staff, and to problem solve some healthcare issues, and to challenge the authority of the numbers gangs. The play opened communication across gang structures. These findings add to debates about the potential for theatre to effect systemic change within the correctional system

Hazel Barnes, in chapter eleven, questions why applied drama and theatre practitioners should be concerned with ethics. Barnes engages with this question from an African perspective, interrogating the writings and practice of African theatre and drama practitioners, with a specific emphasis on those represented in the Drama for Life Programme. As the practice of applied theatre and drama has established itself within Southern Africa, the need to interrogate and define ethical practice has arisen. Barnes reports a conference which addressed the ethical implications of such work, leading to a possible Ethics Charter for applied theatre and drama practitioners within the SADC region. Ethics in research is receiving increasing scrutiny within the research and academic communities and practitioners are increasingly required to justify their practice. This has a particular poignancy in the third world where exploitation has on occasion occurred inadvertently, placing further emphasis on the integrity of the practitioner.

A valuable aspect of the book is the inclusion of chapter twelve, which provides a selected biography of drama and HIV. This bibliography, by **Dennis Francis**, **Fumane Khanare** and **Christa Beyers** represents the kinds of texts and references that informed the development of the authors' thinking and writings about the fields they have engaged with during producing their research. These references have been grouped into appropriate clusters to facilitate dialogues that draw on different texts in this emerging field of research.

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EMMA DURDEN

PARTICIPATORY HIV/AIDS THEATRE IN SOUTH AFRICA

A motivation to inspire practice

INTRODUCTION

There is no doubt that HIV and AIDS has escalated from being a health problem to a multi-faceted issue that permeates all levels of South African society. As well as sexual behaviour, political, social and biological factors all feed the epidemic. Petifor et al. (2008) argue that AIDS in South Africa poses a complex problem that requires a more nuanced response.

The epidemic has already increased government spending, reduced efficiency and brought about changes to the fabric of South African society, affecting governance, stability and social cohesion (Barnett, & Whiteside, 2003). With young people and socially productive adults as the most affected age groups, HIV and AIDS has an affect on the economy, on society, on the way that families are structured, on the provision and uptake of education and on the labour sector.

It is in this context that communication about HIV and AIDS should be revisited. While there is a high level of awareness about HIV and AIDS (Desmond, & Gow, 2002) the continuously high prevalence figures suggest that this awareness has not always translated into behaviour change. The key to reducing HIV prevalence is to encourage people to adopt behaviours that put them at less risk from infection. According to Mitchell et al. (2001) behaviour change interventions offer the best chance of preventing the further spread of HIV and AIDS in developing countries.

HIV and AIDS awareness campaigns that provide information are not sufficient to reduce the risk of HIV infection, as access to information alone does not bring about behaviour change (Francis, & Rimensberger, 2005). This failing points to a need for communication about HIV to focus overtly on behaviour change. The primary focus of these behaviour change interventions should be to ensure that the audience has the necessary information, motivation and access to resources to change their sexual behaviour and thus reduce the likelihood of HIV transmission. Theatre, with its ability to engage people on a personal level, may be a suitable medium strategy for such communication. Since 1990, there has been a growth in the popularity of theatre and drama-based methodologies for HIV and AIDS awareness in schools, prisons, community groups, workplaces and a range of other settings.

There are differences between the form and approach that can be applied to this theatre. At one end of the continuum we see an interventionist didactic theatre that calls for specific behaviour change, and at the other we see theatre for development which aims to build consciousness and bring about self-directed change within the

community. This chapter explores some of these differences, exploring examples of South African HIV and AIDS theatre projects against the framework of development communications theory.

THEATRE AND BEHAVIOUR CHANGE

Falling within the broad field of Entertainment Education (EE) theatre has the ability to attract large audiences who rate what they see as both enjoyable and entertaining. Studies show that audience members are able to recall specific messages from plays both immediately after the shows and some time later, suggesting that theatre is a popular medium that is both understood and remembered by its audiences (Mitchell et al., 2001).

While acknowledging theatre as an effective medium to transmit information, there has been some scepticism about the ability of theatre to have a significant impact on attitudes, and risk behaviour, particularly early on in the epidemic (Elliot et al., 1996). A number of other scholars have found that interactive theatre in particular can effectively be used to engage audiences with regards to their attitudes about people with HIV, and their own beliefs with regards to their susceptibility to HIV (Dalrymple, 2006; Treder-Wolff, 1993; Denman et al., 1995). The impact of this theatre may be determined by the form that the intervention takes.

As well as having the potential to change attitudes, theatre can influence people into taking action. Treder-Wolff proposes that interactive or participatory theatre “adds the personal and group learning dimension that has the potential to turn awareness into action” (1993: 338). This concept of turning awareness into action is a vital step in changing behaviour. This is the missing link for many HIV and AIDS communication campaigns and poses a challenge for theatre practitioners.

Theatre and other communication strategies are generally informed by a theoretical approach towards behaviour change (Singhal, & Rogers, 1999; Piotrow et al., 1997). Changing an audience’s behaviour necessitates a call for audience members to take specific steps to action. Based on a persuasive communication approach, most communication about HIV and AIDS prevention in South Africa has been reliant on the ABC approach (Abstain, Be faithful, Condomise). Message recipients have been encouraged to abstain from sex, to be faithful to one uninfected partner, or to use condoms.

However, the efficacy of the ABC approach in South Africa as well as other contexts has been questioned in the light of increasing HIV prevalence rates over the past 15 years (Murphy et al., 2006; Ackermann, & De Klerk, 2002). This approach is seen as a top-down solution to a complex problem. It has been criticised widely as being too simplistic, confusing, and not context specific and culturally appropriate (Murphy et al., 2006; Green, 2003; Klugman, 2000).

The ABC approach and other interventions that highlight individual behaviour change have come in for criticism when applied in non-western contexts, where the demographics of the HIV epidemic are different because of social circumstances (Thompson, 2009; Ankomah et al., 2004). The social conditions in these contexts often determine that individuals do not have the personal power or efficacy to carry out decisions that they have made on an individual level.

A further criticism of the individual behaviour change theories is that they are not appropriate in an African context that places greater emphasis on the concept of the community than on that of the individual. Notions of health in many African cultures are more closely tied to the health of the community than to individual health (Airhihenbuwa, & Obregon, 2000). A campaign that is centred on individual behaviour change will therefore be inappropriate in these contexts, and theatre or any other intervention must take the local context into account.

Communication campaigns created without reference to the culture of the target community may encourage individuals to adopt beliefs and behaviours that are in conflict with the dominant beliefs held by the rest of the community. Newly adopted behaviours are then difficult to sustain.

Further to this, Parker et al. (2007) finds that communication efforts have been hindered by the fact that the concept of behaviour and behaviour change are poorly defined and explained in HIV prevention efforts. Assuming that changing behaviour is the only way to reduce the risk of infection with HIV, this is then an area that needs to be addressed. Communication campaigns need to talk not only about what behaviours are risky or healthy, but also explicitly about how to change those behaviours.

HIV and AIDS campaigns in general, and theatre in particular, have previously taken a didactic approach to behaviour change messaging, providing 'solutions' to the 'problem' of HIV without explicitly exploring behaviour change. A new focus presents arguments for approaching HIV and AIDS as a development issue with its focus on people rather than issues (Jackson, 2002). This shift in focus necessitates providing more choices and greater freedom of choice to individuals about how to live their lives (see Boon, & Plastow, 2004; Narayan, 2002; Sen, 1993).

This creates a dilemma for health communicators and theatre practitioners. On one hand campaigns are driven by medical imperatives and the need to use persuasive communication to encourage life-saving change. On the other hand, a focus on development requires that practitioners open up the discussion around HIV and AIDS and facilitate participation to bring about development. A number of critics argue that without the groundwork of development and social change having been laid, the individual changes required for healthier behaviour cannot be made (Bartholomew et al., 2001; Parker et al., 2007).

This development approach to HIV and AIDS messaging then suggests that didactic top-down theatre will be less effective than participatory communication efforts. The way that HIV and AIDS messages are conceptualised, framed and delivered are influenced by the approach to communicating about and for development.

THEATRE AND PARADIGMS OF DEVELOPMENT COMMUNICATION

Tomaselli (2001) and Servaes (1995, 1999) recognise four distinct paradigms of development communication. These can be categorised as modernisation theory, dependency theory, development support communication and 'another development' (participation). The discussion that follows explores how these paradigms have influenced approaches to communication and the use of theatre for HIV and AIDS campaigns.

Modernisation theory and theatre

Modernisation is characterised by a top-down approach, where it is assumed that through the input of information and technology, underdeveloped communities will advance to the level of the western world. The approach uses persuasive communication and social marketing strategies to sell a message to an audience, thus (hopefully) bringing about development.

Modernisation often involves the use of high-profile campaigns, driven from the top down. The profile and culture of target audiences are seldom taken into account in message and campaign design, and audience members are alienated from what they see (Tomaselli, 1997). This results in their being no sense of ownership of the intervention, and no subsequent personal investment on the part of the target community. The intervention is seen as a product with outcomes that are pre-determined at source, and individual community members have no say in their own development.

In the case of epidemics and other public health crises, quick top-down solutions may be better placed to achieve positive results (Waisbord, 2000). In these cases, the transmission of facts and knowledge becomes paramount, and this argument has been used to justify the modernization approach to communicating about HIV and AIDS.

Sarafina II provides an example of this type of top-down theatre intervention for HIV and AIDS awareness, perhaps one of the more controversial ones that we have encountered locally. In 1995, the Department of Health awarded a contract worth R14.27 million to the playwright Mbongeni Ngema to create a high-profile AIDS-based musical to travel throughout the country. This was the start of a debacle that rocked the local HIV/AIDS community, predominantly because of the enormous sum of money allocated to a single project and questions regarding the tender process and funding source (Tomaselli, 1996). There were also concerns raised about the content of the messages in the play, suggesting that there had been no consultation with AIDS organisations regarding appropriate messaging (Nattrass, 2004). Further reports suggested that the play was derogatory about women and did not have the capacity to change behaviour (Mutumi, 1996; Phila Legislative Update, 1996).

A musical such as the proposed *Sarafina II* could have the potential to combine the best of spectacle and didactic theatre; however, reports suggest that it fell short of this goal. While the initial proposal was for the production to be seen by eight million people, the reach of the project was reportedly limited, the show being seen by just 5000 audience members before closing down (Crewe, 2000). The show was to be created to appeal to all. This conceptualisation of a broad based audience is typical of a mass media approach, which simply cannot always appeal to everybody. However, in performance, the content was directed predominantly at young township men, and so was not always appropriate or acceptable to other audience members. All of the investigations into the project were into financial misconduct, and therefore there are no impact evaluations that suggest how the message was received, understood and remembered once the tour bus had left a particular community.

Sarafina II is a classic example of how a top-down, big-budget approach is applied to a small medium and how this kind of quick-fix solution can ensure the failure of an otherwise useful strategy. This failure was a landmark in the local

AIDS landscape, with Mary Crewe suggesting that “South Africa has never recovered from the vengeance of the Sarafina response – it brought to the surface the simmering tensions between the government and AIDS NGOs and CBOs” (2000: 28).

Such plays are an example of *drama as didactic* (Francis, 2008). Here the emphasis is on giving information about HIV and AIDS, with an eye to persuading audiences to change their behaviour. This is the preferred mode in many educational settings and in the practice of industrial theatre and some community theatre, and is often the result of top-down message creation processes. Without consultation and the involvement of the target community, the communication may be irrelevant, insensitive to local custom, and may miss its intended mark. Audiences for this type of theatre usually come away with increased knowledge, but have not gone through the necessary processes to translate this into behaviour change.

However, such didactic work may also have benefits. The well-known satirist Pieter Dirk Uys has been widely praised for having “done more to prevent AIDS than any other single person in South Africa” (*The Saturday Star*, 10 June 2007). His monologue *For Facts Sake* has toured schools throughout the country since 2002, and is estimated to have reached more than 1.7 million children.

Uys’ work is broadly accessible and acceptable to his audiences, who rate him highly. He is an outspoken critic, and audiences love him. Presenting his opinions through straight-talking monologues, his work is received and understood by the audience in the way it was intended. While Uys’s work is didactic, there are few who would criticise him for this, as his work is a good example of how didactic theatre can also be popular and entertaining.

Dependency theory and theatre

Dependency theory grew out of a Marxist critique of modernisation theory, suggesting that interventions informed by this paradigm serve to dis-empower communities and restrict development (Servaes, 1995). As a means of self-empowerment, dependency theory communication typically involves radical sloganeering, resistance and critique.

This style of communication is apparent in the communication by activist groupings such as the Treatment Action Campaign (TAC). The TAC relies heavily on the inheritance of the South African Anti-Apartheid movement trade union based practices of marches, rallies, posters and pamphleteering. These campaigns are well-supported and mobilise large numbers of people, and do serve a purpose of conscientising the masses, and challenging the status quo. However, the extent to which they bring about development may be questioned.

Theatre has been popular medium for addressing social issues in South Africa, with history of anti-apartheid theatre, worker theatre and other theatre created as a means of resistance and mobilisation (Marlin-Curiel, 2004). It is therefore not unexpected that AIDS organisations and concerned community groups alike have turned to theatre as a means of exploring HIV and AIDS issues.

Community-generated HIV and AIDS plays are often an example of this paradigm of development communication. An example of this model is AIDS ACT, the theatre group established by student peer educators at the University of the Western Cape (UWC HIV and AIDS programme, 2010). This theatre group

consists of untrained student volunteers who workshop short skits for performance to fellow university students. These skits are based on “observations, experiences and perceptions of campus life” (UWC, 2010). Although as peer educators those involved in the plays may have a greater knowledge of HIV and AIDS issues than their peers have, they are very much a part of the community that they perform to.

Zakes Mda (1993) suggests that practitioners of community generated theatre do not always have the advantage that outsiders have, of applying a critical consciousness to the problems faced by the community. However, in the case of AIDS ACT, one can assume that these peer educators do have this consciousness as a result of their training, and that this is what motivates them to create and perform their plays to other students.

Development support communication theory and theatre

Development support communication (DSC) places greater emphasis on a two-way communication process and takes into account cultural multiplicity (Servaes, 1995; 1999). This allows for “multidimensionality, horizontality, deprofessionalisation and diachronic communication exchange” (Servaes, 1999: 84).

The diffusion of innovation theory, using local role models to influence and communicate messages to audiences, is typical of DSC. Apart from the targeted innovators, identified as gatekeepers into the community, the remainder of the audience is expected to be passive recipients of information, and is persuaded to adopt new behaviours. The process is thus not entirely community-based. Although local culture and context is taken into account for development programmes, the messages still come from the outside. This practice has been criticised as being ‘cultural engineering’, where indigenous culture is used as a vehicle for development communication, and for ‘selling’ development strategies (Kerr, 1997).

Much of the early practice of HIV and AIDS theatre in South Africa falls within the paradigm of development support communication, where accepted groups are sent out to the people with the aim of involving them in HIV and AIDS plays and interventions. However, these projects have been criticized for not being truly participatory, and instead for being paternalistic, and “a smokescreen for domestication” (Kerr, 1995).

The Sinolwazi Drama Group of the South African Clothing and Textile Workers Union (SACTWU) AIDS Project is one such example. This project recruited retrenched factory workers to participate in a long-term process which involved training and the performance of HIV and AIDS plays in clothing factories throughout Durban and KwaZulu-Natal. While these ‘actors’ are representative of the target audience, the plays themselves are created by a professional script-writer, based on a brief from the SACTWU HIV and AIDS desk and specific messages. As such, the plays take into account the local culture of the factories and the concerns that the workers face with regards to HIV and AIDS. However, as the ‘targeted innovators’ do not input into the script-creation processes, the solutions proposed to problems are not generated within the audience community, and therefore cannot be seen to be inspired by a participatory development ethos.

This dilemma has been reported throughout the history of theatre for development in Southern Africa (Kidd, 1983; Kerr, 1985). Although the intentions of the agents of change in such programmes were to enhance ‘development’ in the target

communities, the actual experience was not empowering for these communities. The outcomes of the development are pre-determined by the intervention team, usually “in the service of the dominant ideology” (Coplan, 1987: 9).

Theatre scholars Chris Kamlongera (1998) and Zakes Mda (1993), among others, argue that for real conscientisation and development to occur, the target community needs to be involved at all levels of decision-making in the project. As such, HIV and AIDS interventions should rather be developed as a process with the people, where communities are encouraged to articulate their own needs in their own way.

Participation theory and theatre

The notion of participation is emphasised in the paradigm of *another development*. This is based on the premise that individual communities know best where and how they need assistance, and how to develop this. The community members themselves become the agents of change, rather than being led by outside agents (Servaes, 1995).

The communication model utilised in participation allows for dialogue and the negotiation of meaning where participants can share ideas and come to a consensus as to what they understand by the concepts being explored. Questions about what participants understand as development, where they see a need for it, and how they can implement changes that will bring about that development can be addressed through participation.

The pedagogy of Brazilian educationalist Paulo Freire (1985, 1987, 2000) has influenced participatory approaches to HIV and AIDS education. Freire suggested re-viewing education as a participatory facilitated process, whereby learners build on their own prior knowledge and experience to develop a conscious and critical view of the world. For Freire, the processes of education and communication are seen as democratic and participatory.

This approach suggests that for people to have a better understanding of HIV and AIDS, they should be encouraged to take a step back from their circumstances and to examine them objectively in order to develop a critical consciousness of what they see. This reflection offers the perspective and strength to then re-engage in action to change these circumstances, and the cycle continues.

Theatre seems to lend itself to this action-reflection praxis. A picture of reality can be presented on stage, seen and analysed by the audience, who then recreate this reality. This recreation can be done literally on stage by re-staging the drama, as in the practice of simultaneous dramaturgy, made popular by Brazilian theatre practitioner August Boal (1989).

Such programmes are an example of *drama as process*, where there is greater emphasis on participatory communication and the creation of meaning and shared understandings of HIV and AIDS. The Problem Solving Theatre (PST) Project provides an example of a participatory approach, where factory workers were engaged in Boalian forum theatre (Durden, & Nduhura, 2007). In this experience, the audience was engaged in the process, enjoyed the play, and felt that it had increased their awareness about HIV and AIDS and given them greater confidence to talk about it. However, the factory environment was found to be unsuitable for forum theatre, as participation was hindered due to the restrictive nature of the environment.

Developing fertile ground for participation and the open discussion that may bring about development is a challenge for such projects. Participation may challenge customary beliefs and power structures, creating ‘unrest’ in a community. For this reason, genuine participation is often kept in check, as was the case in the PST Project experience.

DramAidE (Drama in AIDS Education) provides further examples of participatory theatre for HIV and AIDS education. DramAidE’s Act Alive project in schools includes interactive workshops on HIV and AIDS, followed by the presentation of plays created by the school students themselves for their peers and other members of the community (DramAidE, 2010).

Through creating their own plays, learners have found appropriate ways to engage with HIV/AIDS issues, and have been able to genuinely express themselves “in ways that they found authentic and culturally relevant” (Dalrymple, 2006: 210). As co-producers of the message through a negotiated process of workshops and rehearsals, there is little doubt that the target audiences understood the message. Programme evaluations suggest that these messages were retained and that DramAidE has had a lasting impact on improving the social and physical conditions within the schools and the broader community (Frizelle, 2003).

However, there are still some practices which hinder full participation. Overall content and messages of these locally generated plays are suggested by the objectives of the project, which are to reduce HIV infection through encouraging behaviour change. Too often we see a reliance on the ABC approach, and the community-generated plays themselves use the same slogans and calls. Although the plays may be participatory, the process is instigated by an outside agency with a particular agenda, and the end product is still didactic.

If we accept that development is about the opening up of freedoms, and allowing greater freedom of choice, then the target community in such programmes should have the freedom to choose how they participate in theatre for HIV and AIDS awareness, and what the messages should be. Mda (1993) however, stresses the need for some form of outside intervention, arguing that if all of the answers were held by the community, then the community would not be in need of development.

Current practice suggests that there are different levels of participation, and where an outside agency is involved, there will always be an element of modernisation in the development process. I would argue that for change to come about, good communication is important, participation is vital, and some external intervention or expert opinion is necessary to bring new information into the target community. However, this outside input must be balanced with input from the local community. Blumberg (1997) argues that HIV and AIDS communication in particular has been inappropriately dictated by those in power, and marginalised certain voices in the process. Participation must therefore include these previously unheard voices.

Just how participatory is participatory practice?

While participation is a much-banded about concept, there is ongoing debate about what is participatory and what is not. Participatory theories are elaborated at a theoretical level and do not provide specific guidelines for interventions

(Waisbord, 2003). This leaves the practitioner, along with the community, to decide how participation should be implemented. The discussion of the examples mentioned above suggests that participatory theatre projects for HIV and AIDS can be at a range of levels, these are discussed below.

• ***Participation in decision-making about the use of the form of the theatre***

Zakes Mda (1993) argues that theatre has the potential to be a democratic medium that integrates indigenous and popular modes of communication for both the production and distribution of messages. However, participation in participatory projects cannot be imposed, but is a voluntary activity. In schools, work-places and prisons, theatre is often presented as a compulsory activity, and this element of choice is not available to the participants. Theatre is often introduced into a community by the outside intervention team, and the decision to use theatre has been made by the funders or project team, and the target audience itself is seldom included in this decision. This may be a result of the fact that theatre is seen as requiring ‘expert’ knowledge.

There has been criticism of this practice as ‘cultural engineering’, where the local cultural practices are harnessed by outside agencies. Instead of outsiders using the local culture, cultural mobilisation should be seen to be in the hands of the community itself, where local communities are encouraged to “revitalise their own cultural forms, in order to understand, negotiate, and promote social innovation and change” (Kerr, 1997: 68).

• ***Participation in the process of creating the script and the content of the theatre***

Where theatre or development companies engage with a community and impose HIV and AIDS as the topic for the theatre intervention, then this removes another element of choice for the participants. Although HIV and AIDS are prevalent and an issue of concern for many South African communities, this may not always be the primary issue of concern. Malibo (2008) finds that community groups preferred to address cattle theft and other instances of crime and unsanctioned behaviour rather than the project organizers selected issue during an HIV and AIDS project in Lesotho.

However, if an issue is of relevance and significant concern to community members, and participants can clearly identify a problem, draw links between it and themselves, and see the possibility for solutions, then participation is more likely. Where the participants choose their own content for theatre interventions, it is likely that the end result will be more relevant to the target audience and have a greater impact.

Because understandings and beliefs about HIV and AIDS are generated at a local or micro-level (Parker et al., 2007), solutions should also be generated at this level. Lynn Dalrymple (1997) argues that it is particularly useful in the case of the HIV and AIDS epidemic, to tap into locally produced knowledge and to allow people to speak for themselves about their experiences, problems and solutions through theatre.

• ***Participation in the audience watching a performance***

Participating in a project as an audience member only is the lowest level of participation in a theatre project. However, exposure to the theatre performance can have a profound effect on the audience. Thomas Tufte (2003) argues that television audiences can identify with plot and character and that the character's stories validate the stories of those watching them. A similar process can happen for those watching theatre, where audiences identify with the behaviours and choices that they see, and can choose to emulate or reject these. The theatre performance can provide a way of modelling the behaviour change that is sought. However, where this change is proposed by the outside intervention team, this becomes a practice of modernisation and may not always be acceptable to the audience.

• ***Participation in the performance as a performer***

Many participatory theatre projects, such as the examples of DramAidE and SACTWU mentioned earlier, involve the target community in performance. This participation, often known as *process drama*, takes the performers through a transformational experience that may have a profound impact on both the performer and the audience (Schechner, 2003). While this process may result in behaviour change for these performers, the end result of the theatre may have a less profound impact on the audience. Alex Mavrocordatos (2003) argues that there are times where this kind of participatory performance has a 'home-movie' effect, where only those who are related to the performers are engaged by the performance, and other audience members are left unmoved. To counter this, the performers must be polished and present believable characters and situations that engage and move the audience.

• ***Participation in discussion following the performance (as either audience or performer)***

EE theory argues that some kind of prologue is an important part of any intervention, in that it summarises the learnings of the intervention and reiterates the call for action (Piotrow et al., 1997). This prologue could provide clarification for the call for behaviour change. Discussion following a performance can allow audiences (or performers) to discuss the problems and solutions that they have seen on stage and explore how these are applicable in their own contexts. This kind of participation could be the link that has been missing in many theatre interventions. Post-performance discussion can allow for a more detailed exploration of the need for behaviour change and the challenges that may be faced in bringing about this change. It can provide an opportunity for community members to negotiate what they mean by change, and how they can access the resources necessary to make change happen. I would argue that a well-facilitated discussion can be a powerful way to encourage participation and ensure that all audience members are engaged in actively thinking about behaviour change.

• ***Participation in action and activities following the performance project***

Follow-up activities can also engage the theatre audience and other community members directly in the process of thinking about change. One of the criticisms of theatre for HIV and AIDS is that it is often a one-hit approach. Where the performance happens in isolation, the audience is often not empowered to make the desired behaviour changes.

Turning *awareness* created through the theatre intervention into *action* is a vital step in changing behaviour. The concept of *self-efficacy* accounts for the confidence that a person has in their own ability to take such action. For an audience to heed the behaviour change messages, this element of confidence must be built among the audience (Bandura, 1995).

Involving the target group in post-performance activities surrounding the theatre project may build participants' self esteem and give them assertiveness skills to be able to cope with peer pressure and bring about change in their own behaviours. The claim that participants in participatory theatre projects learn such essential life-skills is supported by a number of authors (Bolton, 1985; Jackson, 1993; Dalrymple, 2006).

Theatre combined with ongoing training and information, increased access to services that support behaviour change, and a concerted effort to keep these issues top-of-mind in the community is likely to succeed in promoting long-term change. The theatre itself serves to inspire individuals, and to be a public showcase of the possibilities of change, whilst other activities support this initial intervention. This idea of integrating theatre into other long-term programmes should become a best-practice model adopted in the field.

• ***Participation in evaluating the project and its impact***

The participatory paradigm calls for the inclusion of those who are traditionally voice-less. As primary stake-holders in the project, the target community should be included in evaluating the theatre project. Ailish Byrne (2007) argues that evaluation must be seen as part of the project process, where participants are encouraged to "ask their own questions, share experience and learn from each other on a more equitable basis" (2007: Section 2).

This involvement in the evaluation process can further build commitment and investment in the project by the community. Encouraging this participation in evaluation allows a bigger picture of the project by drawing on different ideas and also in deepening the understanding of the local community about the project and the process of change. This can build a sense of ownership and ensure that projects are sustainable for a greater period.

CONCLUSION

There is a strong argument that participatory theatre projects have a greater impact on behaviour change than theatre that is simply presented to an audience. Although participatory health education through theatre is a popular concept, the extent to which the practice can be truly participatory is questionable when donor funding determines specific outcomes, and 'expert' western medical knowledge and

solutions are seen as more valuable and appropriate than traditional cultural beliefs and practices.

Boon and Plastow (2004) suggest that because genuine participation means that everybody involved must be “open, flexible and continually willing to learn” (2004: 3), this can undermine the status of experts and authority figures. Participatory practices are in essence subversive of the systems of power, and the establishments that support them, and therefore may not be embraced by the authorities.

Where participation is ‘allowed’, a further draw-back is that it is time consuming and may be taxing on the resources of that community. Where community members have the freedom to choose whether or not to participate, then these consequences are generally accepted. The benefits of participation in building confidence and efficacy and a sense of power and ownership may outweigh any negative consequences.

Didactic theatre is a useful strategy for creating awareness, transmitting information, for challenging stigma and discrimination and for challenging the culture of silence around HIV and AIDS. However, participatory process theatre may be a more useful way to ensure that audiences are consciously thinking about behaviour change.

To be effective in bringing about change, theatre should consist of more than information about the epidemic and a demonstration of how people feel about it. While these factors may encourage individuals to make changes in their own lives, this change needs to be socially supported and sustained. Theatre should therefore create a forum for discussion and debate that leads to community action and social change. Theatre can thus be seen as a catalyst for change rather than an end-point to the process.

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DENNIS A. FRANCIS

USING FORUM THEATRE TO ENGAGE YOUTH IN SEXUALITY, RELATIONSHIP AND HIV EDUCATION*

INTRODUCTION

Can drama be useful in promoting behaviour change in a context of HIV? There is ample evidence from literature that drama can create possibilities for change (Boal, 1979, 1995, 1996; Osterlind, 2008). O'Neill (1996), for example, argues that "drama has the power to enlarge our frames of reference and to emancipate us from rigid ways of thinking and perceiving". The unique ability of drama to help participants, on one hand, to externalise their systems of belief and on the other to step back from it so that they may gain perspective on it, has obvious benefits for the participants themselves. This paper draws on my experience as a community development drama practitioner and researcher working with youth in a project aimed at increasing openness and communication about AIDS at a school in Mpumalanga Township, KwaZulu Natal. More specifically, through the use of Forum Theatre (FT), a modality of Boal's Theatre of the Oppressed (TO), I set out to understand how youth at Thabo Luthuli School talk to each other about friendship, love, sex and HIV/AIDS; where they get their information about friendship, love, sex and HIV/AIDS; what are the ways in which they respond to the challenges of HIV/AIDS; where and how they acquire the tools and incentives to adopt safe behaviours; and what motivates these responses.

It is not my intention in this paper to analyse the content of the performances or discussions, but rather to explore how Forum Theatre can be used to increase openness and communication about HIV, and what the implications of its use may be.

In South Africa, there are particularly high levels of HIV amongst young people, despite sound levels of knowledge about sexual health risks (Campbell, & MacPhail, 2002; MacPhail, & Campbell, 2001; Reproductive and Health Research Unit, 2004). The province of KwaZulu-Natal has the highest prevalence of HIV infection amongst 15-24 year olds at 14.1% (Pettifor et al., 2004). The high prevalence of sexually transmitted diseases and the high rate of adolescent pregnancy confirm the existence of a pattern of early onset of sexual intercourse, multiple partners and a low incidence of condom use (Harvey, Stuart, & Swan 2000). There is thus an urgent need to reduce the spread of HIV among young people and to involve them as protagonists in HIV/AIDS prevention.

I intend in this article to do four things. I begin by providing an analysis of the literature on how drama has been used to address sexuality and HIV-related issues, and within that identify three contrasting approaches. I contend that many of the

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interventions using drama that seek to address HIV are based on an assumption that transmitting knowledge about HIV will lead to behaviour change. Secondly, I examine how drama, in the Boal tradition, can be used to increase openness and communication about AIDS. I then turn to the theatre pieces constructed by the young participants at Thabo Luthuli school, and the subsequent discussions. I conclude with a discussion and some implications for practice.

THE USE OF DRAMA AS A STRATEGY IN HIV/AIDS PREVENTION

There are numerous programmes that have been designed to create awareness of the disease, utilising a variety of strategies that range from straightforward educational messages in magazines, billboards and radio/TV broadcasts, to more creative or artistic approaches in media such as film, drama, music, art and crafts (see Marschall 2004; Francis, & Hemson 2006; Mwansa, & Bergman 2003). The use of drama as a strategy for HIV prevention is well documented (Harvey, Stuart, & Swan, 2000; Kamo et al., 2008; Middlekoop et al., 2006; Kuhn, Steinberg, & Matthews, 1994; Mwansa, & Bergman, 2003; Glik et al., 2002; Moletsane et al., 2002). Even in very closed societies drama has proved to be a useful and dynamic vehicle for bringing up sensitive issues (Mwansa, & Bergman, 2003; Kidd, 2002, 1994). Based on a desk-review of the literature on how drama has been used to engage with issues related to HIV, I identify three broad strategies: (1) *drama as didactic* (2) *drama as spectacle* and (3) *drama as process*.

In *drama as didactic*, the message is more important than the spectacle. Performers use minimal props and settings and use their own physical and emotional resources to create a sketch that carry the message (Mwansa, & Bergman, 2003). Examples of this form include plays about HIV/AIDS that are presented as once-off events by youth groups and small scale theatre companies in schools and industries. Pieter Dirk Uys's production Foreign AIDS which involves the teaching of AIDS awareness and education in the use of condoms is another example of *drama as didactic* (A.R.T., 2004). Such programmes, however, may seem more concerned with transmitting HIV knowledge and less so with enabling behaviour change. In Freirean terms, this translates into the 'banking system' in which the performers are making 'deposits' in the spectators (Freire, 1970).

Unlike drama as didactic, drama as spectacle is not staged with the sole purpose of conveying knowledge related to HIV. The main emphasis is on the presentation of a product, a ready-made play for consumption by the audience (Mwansa, & Bergman, 2003). Theatricality and entertainment, and not teaching, drive the process. Because of this, performances draw large audiences together and are more likely to attract generous funding from government and non-government agencies. Harding (1998) writes that productions such as these are judged successful if the "audience numbers are high enough". Its weakness is that the performances are controlled and executed by outsiders, who put high premium on the visual and physical and less on the emotional and cognitive part of human life (Mwansa, & Bergman, 2003). Mbongeni Ngema's Sarafina 2, a government-sanctioned R14.27 million production about HIV aimed at youth is an example of drama as spectacle. Glik et al. (2002) argue that drama as spectacle or entertainment education actively seeks to change audience members' knowledge, attitudes, intentions and behaviours with respect to an issue. While drama as spectacle has worthy aims, it works from the assumption that 'one size fits all'.

Thirdly, in sharp contrast to the other two trends, drama as process aims at working together with young people to develop context and age appropriate strategies for negotiating love and sex in the age of AIDS. It is not a didactic or entertaining once-off performance but is rather a participatory theatre form that encourages improvisation and discussion, and allows opportunities for members from the audience to participate in the drama (Mwansa, & Bergman, 2003). Ross Kidd (1994, 2002) writes that theatre for development, in the style of drama as process, is divided into four activities. First, gaining entrée to communities in which cultural activities such as songs, dance and plays are used to develop contact with the community. Second, identifying the issues by encouraging people to talk about their experiences and concerns through interviews, observations and role plays. Third, designing the performance through group discussion, audience participation and discussion built into the drama. And finally, the performance and discussion, which consist of the stating of the problem, quick discussions with the audience, reworking scenes or improvising scenes, more discussion and reworking, and longer critical discussion in groups.

As can be discerned from Kidd's description of the process, drama as process requires more time, is participatory and provides opportunity for collective problem solving. Unlike drama as didactic and drama as spectacle, drama as process allows the participants opportunities to dialogue, share ideas and learn from each other. There is a deliberate effort to involve the target group in the identification of problems or issues, analysis, play making, post performance discussions and follow up. DramAidE (Drama in AIDS Education), an AIDS and sexuality education programme operating in KwaZulu-Natal since 1991, finds its rationale in this framework. Using familiar cultural activities including the performance of song, dance, poetry and plays, DramAidE employs a participatory, learner-centred approach to enable young people to "personalize the the risk of AIDS in their communities, and to develop the skills to cope with the epidemic" (Nduhura, 2004). Researchers (Harvey, Stuart, & Swan, 2000; Moletsane et al., 2002) have studied the effect this style of drama has on learning by examining whether drama can advance the transmission of HIV knowledge. Harvey et al. (2000), for example, conducted an evaluation of the effectiveness of the fist project undertaken by DramAidE in KwaZulu-Natal. They undertook a randomised trial to compare changes in knowledge, attitudes and behaviour in seven pairs of schools receiving the drama in education programme with schools receiving written information alone. Harvey et al. concluded that there were significant improvements in knowledge ($p=0.0002$) and attitudes ($p<0.00001$) about HIV/AIDS amongst the pupils at schools receiving the DramAidE programme when compared to pupils receiving written information alone (2000). In many ways, the work of DramAidE is grounded in Augusto Boal's methodology in terms of raising awareness, changing attitudes and "engaging participants in problem solving" (Dalrymple & Preston-White, 1994).

In presenting these three strategies it is not my intention to suggest that they function independently from each other. Rather, there are many instances where theatre projects such as DramAidE and arepp: Theatre for Life¹ operate as multifaceted theatre projects that draw on aspects of all three strategies (arepp,

¹ Arepp: Theatre for Life, who use dramatic theatre shows and puppetry focusing on HIV/AIDS, sex, sexuality and relationship to school-going youth.

2006; Dalrymple, & Preston-White, 1994). All three strategies are equally productive and safe spaces that have all sorts of possibilities. At the same time, while each has its strength, it also has a corresponding inability to do specific things. The challenge is to explore a more comprehensive framework that includes all three without being overly critical of any one of them. In the next section I will highlight the ways in which Boal's Theatre of the Oppressed (TO) can provide a useful starting point for youth to act and use drama to express their own feelings and opinions, in a way that is not possible in *drama as spectacle* or *didactic* or even in traditional theatre forms.

APPROACH AND METHODOLOGY: AUGUSTO BOAL AND THEATRE OF THE OPPRESSED

Brazilian theatre director and writer Augusto Boal developed Theatre of the Oppressed (TO), a participatory theatre to increase people's freedom to act and make changes. The agenda of TO is not simply to represent the world on stage but to transform it. It aims to offer tools for liberation by using theatre methods to examine social justice, power relations and oppression, and to experiment with problem-solving on societal, group and individual levels (Osterlind, 2008). To achieve this, Boal developed several forms of theatre under the umbrella of TO, for example Legislative Theatre (LT), Forum Theatre (FT), Image Theatre (IT) and Rainbow of Desire (RD) (Boal, 1979, 1995, 1998).

FT is designed to bring the audience into an active relationship with the performed event. It offers an action space for youth to grapple with concerns that are not easy to put into words but, once expressed through movement and voice, can pave the way for further reflection and for taking action.

Unlike traditional theatre, Boal collapses the divide between performer and spectator and encourages the audience to take on the role as reactors to the performance. FT allows the spectator to stop the action, raise questions and tell or show the actors how to change the dramatic action. For Boal, this was the birth of the *spect-actor*. Thus, instead of remaining passive recipients, the audience becomes active "spect-actors" who now create alternative solutions and control the dramatic action (The Theatre of the Oppressed Laboratory, n.d.).

FT takes the form of short scenes that range from two to five minutes in length. The scenes are acted out once and then the spectators are given a chance to intervene and suggest different actions for the character dealing with an issue or to change the direction of the scene. Where an idea fails or is not deemed as the correct progression by the spectators, another one is proposed, and yet another, and so the work proceeds (O'Sullivan, 2001). The sharing of ideas in response to a presented stimulus is a characteristic of FT and the goal is not necessarily to find the correct solution but rather to explore and rehearse a multiplicity of possible solutions as Boal points out:

... the most important effect of Forum Theatre is not the solutions that it can find at the end, but the process of thinking. Because what I believe is that in the normal theater, there is a paralysis: the spectator paralyzes his power of action and he is suffering the empathy of the character and, for some time, he's only answering. He is only doing what the actor does, only feeling what the actor feels, the character feels. And what is important for me is not

exactly the solution that we found, [but] the process of criticizing, observing and trying to find solutions. (Paterson, & Weinberg, 2002)

FT is designed to be dialectic, taking into consideration opposing arguments, rather than *drama as didactic* in which the argument is one-sided and received by a passive audience with no chance to respond. This process challenges the participants in the forum not only to write, rehearse and perform a scene, but to improvise in-character responses in reaction to the new ideas and strategies performed by the spect-actors.

I move now to report how a concrete expression of this process was realised in a programme at Thabo Luthuli School in KwaZulu-Natal, where I employed FT as an action space for youth to engage in performance and discussion of a complex and stigmatised topic.

THE SCHOOL, THE CLASS, AND THE DRAMA

Thabo Luthuli School, situated in Mpumalanga Township, KwaZulu-Natal, was harshly affected during the transition from apartheid into a democratic dispensation. Hundreds were displaced, their houses burnt down and their family members 'necklaced'² in the conflict between ANC and Inkatha supporters. Since then political violence has ceased, though criminal violence is an ever-present problem.

There are currently 1238 learners attending Thabo Luthuli School. These learners are taught by 37 permanent and two temporary teachers. Drama, music and visual arts are not offered as subjects in the curriculum. Arts and Culture, however, is taught in grades eight to nine.

In August 2006, I was invited to the school to talk about HIV-related stigma. Instead of presenting a talk, I used games and FT methods to engage the students in a discussion about HIV-related stigma. After the presentation, many of the students stayed behind to talk about HIV and the drama techniques I had used. I chatted briefly about the work of Boal and the students seemed very interested and wanted to know more about his methods. Before I was about to leave, one of the students asked me whether I would be interested in teaching them aspects of TO. I did not make any commitment at that stage as I did not know how the school management and teachers would feel about that. The following week the Arts and Culture teacher, also responsible for cultural activities at the school, asked me if I would help the students form a drama group. As a former teacher of drama and someone who remains passionate about drama, I agreed to work with the group every Thursday between 14:30 and 16:00. Although at times an hour and a half seemed too short, and interrupted the enthusiastic dialogue, the purpose of FT is the generation of ideas rather than problem solving (Boal, 1995). At an initial meeting, I consulted the participants about the topics the drama would focus on to ensure that the programme represented their interests.

As almost any space can be used for FT, we used one of the large rooms used for Mathematics teaching. The room, approximately five by three metres, with a concrete floor, had a large chalkboard on the front wall, and the two side walls

² During apartheid, those considered traitors were sometimes killed by placing car tyres with petrol around their necks. This was known as necklacing.

consisted of windows. The furniture consisted of a number of desks and chairs and every week before we started students pushed these to the back of the room in order to create an action space.

Only Grade Tens and Elevens (mostly 16-17 year olds) were allowed to participate in the drama group. The coordinating teacher informed me that learners in grades below Grade Ten were too young to participate and Grade Twelves were busy preparing for Matriculation trials. Twenty one students joined the group and attendance throughout the two months was excellent. Even though no register was taken, students were punctual and the space was always prepared before I arrived. No information on the participating students was available prior to the intervention, making it impossible to judge how they may have changed.

Data collection for this paper took the following forms: I kept a detailed descriptive journal throughout the two months and all the FT scenes were videotaped. At the completion of the programme, I conducted three focus group interviews with the 21 participants. The purpose was to understand how the youth, who were well positioned to serve as key informants about their experiences over the past two months, experienced the drama and discussion sessions and the meaning they made of that experience. Open-ended questions were used during the interview as this ensured a conversational dialogue between the participants and me. All interviews were audio recorded and transcribed verbatim by a professional transcriber. I sought and gained permission from the students whose performance scenes and discussions I report. In order to protect the identity of the individuals involved, all names used in this article, including that of the school, are pseudonyms.

During the analysis, data from the audio recorded transcripts of the focus group interviews, my research journal and video were triangulated. The data was then transformed into a logical and manageable structure that attempted to address the research agenda posed by this paper.

FINDINGS AND DISCUSSION

Although the tone of this paper and the themes discussed are formal, I do not want to suggest that the sessions with the participants were staid. All the participants were new to drama and there were many times when the youth missed lines, created characters that were amusing and funny, made up expressions that were hilarious and at times just goofed about as young people do. The participants designed, acted out and interacted in discussion on their understanding of sexuality and how they experience the realities of HIV. Through both drama and discussion, they also communicated how they believed HIV prevention should be dealt with.

In their school curriculum, the young participants have never used drama as a medium to explore sex education. In the discussions, the youth recalled how they learnt about sex and HIV transmission in their school curriculum.

Thula: Our biology teacher told us about how reproduction takes place. He showed us the reproductive organs of the males and females on the models. He then read from the text book about reproduction and then the lesson ended.

Gugu: I was too shy to ask any questions in case my mam would think I was having sex ... She might even ask me why I am being so inquisitive and asking so many questions.

Zweli: We did not talk about other things when he spoke about sex. He (teacher) spoke about the basics ... just about how it's done.

Gugu: We spoke about how you do sex but we were not talking about love and relationship and important stuff like that.

What is missing in the participants' description are issues such as confidence, self esteem, non-sexual ways of showing affection, and the pleasurable, emotional and complex aspects of sexuality. The participant's comments about how sex education is conducted at Thabo Luthuli School are in line with other young people's description of sex education as overemphasising of the mechanics of sexual intercourse and reproduction (see Aggleton, & Campbell, 2000; Morrell, 2003).

Another reading of the participants' statements would be that they point to the need for more time and discussion on sexuality education, given that research (Francis, & Zisser, 2006; Francis, & Rimmensberger, 2008) shows that young people are more likely to speak about sex and HIV to teachers than to parents and friends.

Within the context of the FT, the participants were able to use the stage creatively to address the questions which they did not feel sufficiently comfortable to address in their class:

Zweli: In the scenes I could use the characters and pretend that the characters wanted to know more questions about sex without everyone thinking that I Bongi wanted to know the answers ... Yes, I, Bongi, wanted to know.

Thula: In the scene, I was asking him the same question over and over again "Can you be a one woman man?" I wanted to know how he (male participant) would answer.

Whether such openness would have emerged without the use of the drama is hard to determine. What the drama did was move the focus away from the person and perhaps facilitated more openness on the issues. In contrast to the Biology and Life Orientation classes described above, FT provided a more practical and interactive approach to addressing sexuality. As one young woman participant put it: 'sex is not something we talk about, it's something we do'. If practical experience is young people's preference for learning, then sexuality education that addresses experience is more likely to engage them with its messages (Allen, 2005). In this way, drama has the potential to play in that it positions young people to engage more actively with the realities of HIV and their own sexual health.

The programme also highlighted the challenges of putting into practice Boal's FT in a real life setting. Among the unique qualities of Boal's theatre is the 'discovery of the right to speak, the ability to articulate a point of view and through performing, the freedom to reveal the self' (Harding, 1998). The conditions under which this programme was run were in sharp contrast with these principles. It fell under the strict supervision of the Arts and Culture teacher. Learners from the lower grades and teachers often peered through the windows along the two walls. This, at times, created a particular dynamic as the performers began to involve them as the spectators and they responded accordingly. As the performers became

familiar with their characters they started to use language they were more comfortable with. In one scene, a character referred to his penis and how it looked when he used a condom. He referred to his penis as his “shlong”. The first time he used the term he received great applause from those outside. The Arts and Culture teacher, who was also watching through the window, stepped into the room and reprimanded the student for his “inappropriate use of language”.

The response from the participants, after the teacher left was silence. There was a sense of despondency, and students commented on the difficulties of participating under such restrictions. However, I shifted the discussion into how people were feeling about the intervention, and what the change of language would mean: How can we then talk about sex? How can we talk about how we talk about sex without using those terms? The compromise that the students made was to use euphemisms such as ‘stick’ for ‘penis’. This language prompted titters of embarrassment – perhaps recognition of the inauthenticity of such language that masks the shameless reality of the colloquial terms. The teacher’s intrusion, albeit disturbing, did offer the participants an opportunity to role play how they would respond to such a situation if they experienced this in real life.

The conditions at Thabo Luthuli School were not those that are proposed for FT. However, accommodating FT to those conditions (the intrusion by the teacher) was one way forward that preserves the authenticity of the process. Possibly Boal was able to use FT in contexts in which such restrictions were not as intense. So, while FT provides a space for youth to talk openly and use language they can relate to, the contexts in which FT operates may well be rigid and restrictive. In such contexts, the operation of FT may be at odds to the Boalian principles, as people who are not part of the process have the potential to determine how the process is run.

Implementing FT brought into play a range of other challenges. A noticeable feature of the performance was that the participants often slipped into rhetoric about the HIV virus and how it is transmitted. Even though this may not have been the focus of the scene, participants felt it necessary to communicate to the audience that they knew how HIV was transmitted. This communication took the form of lengthy monologues.

Zweli: ... You see HIV is caused in this way ... you see the HI Virus can be spread from one person to another when they are having sex ... or when they are taking the drugs by injecting themselves ... That’s how the virus is transmitted. It (HIV) can only enter your body through an open wound. Like this one (shows bruise on his leg to the audience) or through the genitals when the sex is taking place (points to his genitals). I repeat ...

Bhekani: The (HI) virus can be transmitted through sex in the anus and vagina ... The virus can also be transmitted through oral sex Yes ... you can even get the virus through oral sex ... You cannot get the virus from someone’s spit (saliva) or from hugging someone ...

When other performers or spectators tried to interrupt the HIV-transmission speech, the performer either side-stepped the intrusion or merely continued with the monologue after the interruption. Such monologues were frequent and parallel Campbell and Macphail’s (2002) description of the content peer educators used. In

their study of peer educators in a South African township school, the peer educators' lessons were

... framed in terms of a biomedical discourse about sexual health risks. Lessons focussed on factual information about the HIV virus, how it was transmitted through the exchange of bodily fluids and so on. Question and answer sessions following the peer educators formal lessons tended to continue in this mould. (Campbell, & MacPhail, 2002)

Like the peer educators in Campbell and Macphail's (2002) study, for most part, the participants at Thabo Luthuli School ignored the social context of sexuality within the performance pieces. Such a tendency to use the biomedical monologue is contrary to the approach advocated by Boal. In fact, Boal makes explicit that "... Forum Theatre is not propaganda theatre; it is not the old didactic theatre" (Boal, 1992). Instead, Boal's theatre is designed to break down the barrier between audience and performer, and to be dialectic. The forum is there for problem solving to take place without performers pushing one-sided moral arguments that do not allow the audience to respond. The forum "is pedagogical in the sense that we all learn together, actors and audience" (Boal, 1992).

Several possible reasons can account for why there was a need to include such biomedical information in the scenes. Campbell and Macphail (2002) argue that participants in their study lacked both the critical thinking skills, as well as the social insights, to promote discussions of the kind that form the basis of critical action. This may well be the case at Thabo Luthuli School. My view is that the participants seem to have appropriated the dialogue of *drama as didactic* and *drama as spectacle*, which focus largely on knowledge of HIV transmission. Furthermore, high school students have been well schooled on the biomedical aspects of HIV. The participants retreated from the possibilities provided by FT, perhaps to meet some assumed expectation that the audience 'should' be hearing the information about HIV.

Despite displaying a basic understanding of HIV/AIDS transmission, many of the young participants used the forum to speak in ways which suggested that HIV/AIDS is "out there" and separate from their own lives.

Themba: ... It's hard finding the right one. How will I know that she is not loose and infected with the virus.

Yolisa: You can never know. It's out there and you cannot tell who will have it. That is why when you are serious you must go for the VCT. You can never know whether she will be positive or negative.

Gugu: But sometimes they won't want to go for the VCT. Then what will you do? What if she says 'I don't want to go for the VCT'. What will you do? Then you must do the right thing and not go with her.

Giving advice seemed to be easy, but taking it and applying it themselves was hard:

Gugu: Then if she does not want to go for VCT then you must use a condom.

Themba: (to Gugu) You are correct.

Bongiwe: Have you been for VCT?

Gugu: No I haven't!

Bongiwe: So are you using a condom then?

Gugu: No I don't ... My boyfriend says our love is forever. Together forever!

The participants' scenes constructed HIV as a phenomenon located outside and far from their own realities, something other people are affected by.

A closer reading of the first dialogue conversation also reveals the participants' stereotypical view of who will be HIV positive. While Themba links 'infected' with being 'loose', in some of the scenes girls who were suspected of being HIV positive were depicted as smokers, wore their skirts really short, and came across as sexually aggressive. For example:

Sthe: (character who in the scene is suspected of being HIV positive) Where you going honeyboy? Want to have some fun?

Themba: (nervously) Sawubona

Sthe: (taking a long drag of her cigarette) So where you off to? ... Want to join me for some loving?

The assumption in such scenes suggests that young people living with HIV/AIDS have been or are immoral and/or sexually deviant. This assumption is also reflected in the literature globally where powerful imagery, metaphors and euphemisms are used to describe people who are HIV positive as a stereotyped other (UNICEF, 2001; Francis, 2004; Skinner, & Mfecane, 2004; Rule, & John, 2008). The danger is that such enactment by the participants has the potential to reinforce such stereotypes. Boal argues that the

stereotype is a part of the picture, but depending on the people gathered to discuss the theme, the problem, we can go beyond stereotype... We develop techniques, but the important thing is who is going to use that technique and how strong is the desire to find something by the people? (Paterson, & Weinberg, 2002)

For Boal, it is through the debunking of the stereotypes that the audience learn about the situation. "They really have to discover what it is about, what they've done that might be a stereotype. It's up to them to discover that, rather than for you" (Paterson, & Weinberg, 2002). I can accept Boal's reasoning but I must, at the same time, note that these enactments were stereotypical and as such indicate a potential limitation to Boal's approach. The need within FT to enable easy recognition by the audience of social groups does lead to stereotyped portrayals. Although the forum also allows discussion that has the potential to expose these rigid characterisations, there is the potential danger, especially in a context with such high prevalence of stigmatised attitudes, that such characterisation may reinforce such misinformation about people living with HIV.

And finally, the readiness of participants to pose problems was not always there. Initially, participants were reticent in their role as spectators. Boal's approach was new to them, and it seemed difficult to expect that the participants would have known how to pose the right questions about their social reality. At times I had to intervene to encourage the spectators to participate in the scenes. The assumption that all participants will pose problems and more importantly challenge the

prevalent attitudes depicted in the scenes is something that is taken for granted by Boal. As participants, in the focus group interviews, pointed out:

Bongiwe: I felt uncomfortable in the first few sessions...because I did not know how they (the other participants) would react if I said anything.

Weli: I wasn't sure if I would say something and the drama will go somewhere else ... I was not feeling very confident to say what I was thinking.

Jabu: It was difficult to argue with them (the actors) ... When they were saying it is difficult to discuss sex topics with the parents ... I also will find it difficult to talk with my parents about such things and so for me not to talk to my parents is something that is correct ... I don't want to change that ... I would not know how to start to talk to parents about sex ... so I froze on stage because I accept that it is difficult to change that.

The posing of questions can thus pose a crisis to a participant. The challenge remains of finding ways that enable each participant to feel sufficiently safe to speak up and participate in the ways intended within the drama. Perhaps Boal's use of the workshop context, and setting aside specific sessions to deal with such issues as exclusion and involvement, can be useful to addressing this. In our programme time was limited.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

This article has examined the particular force of drama to raise questions about how young people talk about sexuality in a context of HIV. Education will continue to be an essential component in any strategy to deal with rising infection rates. Although my intention in the drama work was not to provide a factual presentation, I believe that information sharing did occur through the participatory process of FT. Within this context, the participants drew on their own indigenous understanding of the issues to create performance pieces that depicted their understanding of the social context of HIV/AIDS. FT served to stimulate useful discussions on HIV/AIDS as many of the students shared their own thoughts on the pandemic and their own ideas as to what form prevention should take. Perhaps this informal approach to addressing issues of HIV can be explored in similar student spaces outside the classroom.

I began this paper with a question. Can drama be useful to promote behaviour change in a context of HIV? In some ways, there is a contradiction in taking the stance that a participatory and experiential method such as Boal's would lead to, 'behaviour change', usually understood as having one partner at a time, using condoms or abstaining. The right behaviour has been determined. My point is that FT cannot aim to deliver a predetermined outcome. What I can assert is that FT will bring about learning at a deeper and more holistic level than other methods such as *drama as didactic* or *drama as spectacle*. I have demonstrated the ways in which FT can involve spectactors more holistically, and be more challenging, not least because it is more open to revealing and confronting resistance than the other two approaches. Enthusiasm for a participatory approach should not lead one to assume that this process will deliver the 'deliverables' of the other two methods. The approach requires that we trust the process, and trust that self-affirmation leads

to decisions based on hope and a commitment to preserving one's life. Such an approach is inherently open-ended, because it enhances the sense of agency and responsibility of those involved in it.

FT provided an opportunity for the development of more critical understandings, in ways that are similar to the use of Freirean 'codes'. The 'codes' are a representation of the local reality developed through the interaction of educator and student. While there are some differences in my approach, I see the use of FT to foreground and explore issues as part of this tradition. As Freire stated, "Reading the codification leads people to have a perception of the former perception of the reality. That is, in some moment I perceive as I was perceiving before, the same reality that now is being represented in the codification. In doing that, maybe I change my perception" (Horton and Freire 1990). Through such reflection, participants were able to analyse their own dramatisation of issues and through the process identify their own problems and pose further questions.

This paper also revealed some limitations of FT. A key constraint in this context was that on some issues the spectators were locked into a naturalised discourse that things must be the way they were, and they were not ready to take the drama in a different direction. At such points, the role of the facilitator or difficultator as Boal puts it, as critical commentator became crucial, in realising that even within FT, spectators were deferring to unspoken messages about saying the 'right thing' rather than taking the opportunity to explore and confront. Beyond this realisation, I needed to act to bring to the surface the contradictions that I saw as present. This suggests that FT can never simply be a method that does not depend also on the critically informed and questioning role of a facilitator. Furthermore, using FT did not miraculously end the stereotyping by participants of those who are living with HIV. Unless the facilitator intervenes to ensure that discussion questions such as misinformation, there is the danger that FT may reinforce such stereotypes.

My reading of this is that FT can never be applied in a 'technical' way, purely as process. The constraints I point to may not appear in a different context, and further research may reveal whether these limitations apply elsewhere as well. Attention by the facilitator to the contextual issues, and to the particular silencing and rigidities of that context, and how these impact on the use of FT, will I believe always be needed. Whatever these constraints, FT offers significant possibilities as a method to increase openness and communication about AIDS in a context of HIV.

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