

# **Communication to societies that hold multiple belief systems: an experience from KwaZulu-Natal**

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## Declaration

I, Mkhonzeni Lancelotte Gumede (202524252) declare that this thesis is my own original work and that where use has been made of the work of others, it has been duly acknowledged in the text. It is submitted in partial fulfillment for the Master of Arts degree in the Centre for Communication and Society (CCMS), University of KwaZulu-Natal. Durban, South Africa.

It has not been submitted before for any degree or examination, or to any other university.

Signature.....Date.....

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I dedicate this thesis to my parents, Khonjiwe Gumede and Vusumuzi Gumede who helped lay the early foundations of my life. I thank my father for having taught me the importance of education. My mother continues to inspire me with her tenacity, perseverance and steadfastness.

## **Abstract**

Geertz's (1994) asserts that man is an animal suspended in webs of significance represented by culture. Culture, education, Christianity, self concept and context are some of the webs of significance that Geertz (1994) refers to. We are always spinning on these webs and sometimes it is difficult to predict responses to new information as we are continuously suspended on these webs.

Presented in a narrative framework, using an autoethnographic approach, this is a story about self in relation to the contextual landscape that I continue to interact with which is mediated by family, culture, Christianity, education (academic discipline) and my experience of working for DramAidE. The aim is to understand DramAidE's practice and investigate ways of improving communication strategies in public health.

This story discusses the complex interaction between belief, identity and context in mediating responses to public health communication. Using Act Alive as a case study, I explore how people receive information about HIV/AIDS and how this information is interpreted and applied.

Key words: HIV/AIDS; PAR; culture; autoethnography.

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## **Chapter One: Setting the scene**

### **‘Kwasukasukela’ (Once upon a time)**

*Kwasukasukela* is the call of the storyteller. Come and listen, or in this case, read my story. It begins when I joined DramAidE (Drama in Aids Education) in 1993 after graduating from the University of Zululand. In 1997 I became the Project Manager of DramAidE and have been working in this organization for 15 years. It was a new programme when I joined and I was instrumental in developing and establishing Act Alive, which is one of the DramAidE projects. This story is about the influence of my background and education on the way Act Alive was developed and sustained. It explores the ways in which young people receive and interpret information about health, risk and the dangers of contracting a sexually transmitted disease such as HIV/AIDS. I begin with some background information about DramAidE and HIV/AIDS.

### **DramAidE**

The advent of AIDS in South Africa challenged the government to develop an appropriate response to prevent infection with HIV/AIDS and manage its impact. The need to create awareness of HIV placed strategies for communication under the spotlight. DramAidE is one such project that was developed by the University of Zululand's Drama Department in partnership with the then erstwhile KwaZulu Department of Health to use innovative communication techniques to create awareness about HIV/AIDS.<sup>1</sup>

DramAidE is a story of a community action communication model initiated at a rural university and sustained and developed over fifteen years. There are a number of different projects that make up the overall DramAidE programme. I have chosen Act Alive as a case study because it is a school-based project that has allowed us to implement most, but not all, of the principles of participatory action research (PAR) as will be discussed as the story progresses. Although DramAidE runs a number of

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<sup>1</sup> The KwaZulu-Natal Department of Health continued to support DramAidE after the new government was installed in 1994.



different projects the difference is one of focus and not of ethos and the vision of integrating communication and participation remains the same for all projects.

DramAidE's mission was from the outset the prevention of the spread of HIV and was defined in 2001 as follows:

Informed by action-research DramAidE strives to facilitate critical awareness, provide information and develop the skills to build a social movement towards an education that acknowledges the right to health and well being for everyone.

To this end, we recognise that in the face of the HIV/AIDS pandemic, life skills have become survival skills, and our mission is to develop an ethos that promotes health in all its aspects. There is a need to shift beyond awareness of the epidemic to an approach that stimulates the entire community and their leaders to take action for sustained healthy living. We envisage empowered communities with the capacity to take action and provide care and support for those infected and affected by HIV/AIDS.

Our mission includes networking and collaborating with other key players in the field in order to provide coherent and sustainable interventions. (Annual Report, 2000)

In this study I do not focus on an evaluation of how effectively this mission was carried out, or what impact it has had, but instead provide a critical reflection based on my own participation in one of its projects.<sup>2</sup> Adopting an autoethnographic approach, this study is a collection of impressions about the genesis of Act Alive as a DramAidE project, and the way it developed and changed to meet the needs of young people in KwaZulu-Natal.

During my student life at the University, I belonged to SANSCO (South African Students Congress) which aimed to advance the political interests of students aligned to the African National Congress. I am conscious of adopting this standpoint and the influence that this may have on my interpretation of events and my views about the development of DramAidE. However, the reflexive analytical approach that I have adopted allows me to reflect on my thoughts on the one hand and to question my interpretation of events on the other. DramAidE has a deliberate policy of being non-aligned to political parties. This is not therefore a story of political struggle but of

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<sup>2</sup> See appendix 1 for a list of DramAidE evaluations undertaken about Act Alive and Forum Theatre.

the struggle against a new and devastating disease. Nevertheless, opposition or support for government's principles and policies is inextricably bound up with culture and has a profound influence on the beliefs, values and cultural practices that I will describe.

## **Understanding the HIV/AIDS problem in South Africa**

HIV prevalence in 1991 stood at 1.7 percent and rose to 27.9 percent in 2003 (Abdool Karim et al., 2005). It is estimated that there were 160 000 people living with HIV/AIDS in South Africa in 1991 and in 2007 there were 5.4 million people living with HIV/AIDS (UNAIDS, 2007). It is further estimated that there are 30.3 – 36.1 million people living with HIV/AIDS in the world (UNAIDS, 2007). DramAidE was developed and continues to implement its projects within this context of high rates of infection.

The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey 2008, made the following findings:

- HIV prevalence at a national level has decreased among children aged 2-14, from 5.6% in 2002 to 2.5% in 2008.
- HIV prevalence has decreased among youth aged 15-24 from 10.3% in 2005 to 8.6% in 2008.
- There was a substantial decrease of prevalence among the 15-20 year old age group in 2008 in comparison to 2005 and 2002, especially for the single age groups 15, 16, 17, 18 and 19 (Shisana et al., 2009).

The above findings point to a declining prevalence among the 2-14 and 15-20 age groups. However, the rates are still very high and still present a very high disease burden for our health care system. This is a good indicator that communication programmes are beginning to have a quantifiable effect (see findings by Shisana et al., 2009 above). Even though it is not possible to attribute this success to a single programme, it is hoped that DramAidE in its own way has contributed to this decline. This is not the time to take the foot off the pedal but to work harder and make the

most of that which works. This study is an attempt to reflect on the various aspects of DramAidE in order to understand how it was developed and sustained.

The same survey however found that there are other areas of the South African HIV/AIDS response that require serious attention. There are segments of the population which are presenting with consistently high prevalence rates. The following are some of the findings that require our intensified efforts:

- HIV prevalence remains high for females compared to males and peaks at (32.7%) for the 25 – 29 age groups.
- Sexual debut before the age of 15 among males 15–24 years has declined from 13.1% in 2002 to 11.3% in 2008, but among females 15–24 years, 8.9% had had sex before the age of 15 in 2002, with 8.5% reporting having had sex before age 15 in 2008
- Among people aged 15–49, the number of sexual partners reported in the past year has increased slightly since 2002, where 9.4% reported two or more partners in comparison to 10.6% in 2008.
- There was a substantive increase of people having sexual partners that were 5 or more years older than themselves, from 9.6% in 2005 to 14.5% in 2008. (Shisana et al., 2009)

These findings underscore the need to address contextual mediators that moderate outcomes of efforts against HIV infection. The high prevalence amongst females compared to males points to relationships where women may not be able to negotiate condom use and ensure protection of their reproductive rights especially intergenerational sex has been blamed for the disparity in infection rates between boys and girls; young women are supposedly having sex with older men (Leclerc-Madlala, 2008, 2009). Issues of gender equality, human rights and culture are important to consider in our HIV prevention communication campaigns. These points are discussed in detail in Chapter Five.

Shisana et al. (2009) consider the increase in partner turnover and increase in multiple concurrent partnerships among 15-24 male age groups as disturbing because it increases the likelihood of infection in a generalized epidemic such as the

South African. When I grew up, multiple concurrent partnerships were encouraged for young men.<sup>3</sup> It was a sign of sexual prowess. Bhana et al. (2007) note that some definitions of masculinity equate multiple partners with sexual prowess. Such a man was called *isoka* (a man with many sexual partners). This behaviour was not a preserve of the Zulus only but was a reflection of the patriarchal system that exists to this day. For women, multiple concurrent partnerships were discouraged and women who had multiple concurrent partners were called *iziifebe*<sup>4</sup>. Notions of sexuality in Africa are influenced by colonialism and the history of missionary work. Bhana et al. (2007:132) note that “Christianity and Islam introduced views about sex that were moralistic and controlling and provided a justification for the superiority of men over women. The feminist movement promotes celebration of sexuality for women and considers sexual control for women as discriminatory and denying women opportunities to express their sexuality by being honest with their bodies. The key consideration should be about finding safe spaces for both women and men to celebrate their sexuality without the risk of infection with HIV and unwanted pregnancy (Unterhalter et al., 2004:66).

It is interesting that multiple concurrent partnerships among young males in the 15-24 age group is high compared to any other age group and to women of the same age (Shisana et al., 2009). Intergenerational sex where one partner is older may compromise equality in that relationship and limit the potential of the junior partner to exercise his/her sexual health choice (Lerclerc-Madlala, 2009). The decline in the

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<sup>3</sup> The cultural practice of socializing young men into regarding multiple concurrent partnerships as a sign of male prowess can be harmful and lead to HIV infection. New definitions of positive masculinity have emerged that stress responsibility and caring for your partner as a response to HIV infection (Deevia et al., 2007). Whilst multiple concurrent partners were encouraged during my upbringing, this was oppositional to the moralistic views of sexuality that were promoted by the church at the same time. Whilst this may seem oppositional, on closer inspection the moralistic views of the church and the cultural view of masculinity were complimentary. Even though men were encouraged to have multiple partners, they were not expected to have penetrative sex with them and protection of virginity was a key consideration in these relationships. I can see that my cultural and Christian beliefs played an important role in mediating my responses to sexually healthy choices.

<sup>4</sup> A negative term referring to women who have a high libido and are prepared to sleep with any man to satisfy their sexual appetite. This woman is considered to be inferior. Such women are considered to have *impene* (*high libido*). There are different practices to reduce high libido in women so that they can control themselves sexually. In my community, older women would do a practice called *ukuphehla* to young girls. A stick is inserted in the anus of a woman and turned around to remove what is considered to be the bad blood that causes women to have a high libido (Krige, 1936). This practice seems to have stopped as it is not reported anymore.

age of sexual debut is particularly worrying as teenagers may not fully understand the consequences of their actions and may enter into unhealthy relationships. This is more dangerous because early coital debut is linked to risky sexual practices (Pettifor et al., 2004)

The presence of social structures to control sexuality and rules of behaviour within age sets helped to control sexual debut and sexual expression. Sexual regulation is a discourse established in different ways in most societies. As Foucault (1979) has pointed out in the *History of Sexuality*, this discourse in some societies creates sexual minorities. For example, homosexuality has been criminalized until recently in South Africa.<sup>5</sup> Within our age sets I was taught for instance about *ukusoma* (thigh sex) and the need to respect the virginity of my sexual partner. *Ukusoma* is an example of social control amongst Zulus for protecting virginity. Non penetrative sex offered an opportunity for a positive expression of sexuality and sexual release for men without the dangers associated with penetrative sex such as sexually transmitted infections and unwanted pregnancy. This and other issues relating to how I was socialized in my community are discussed further in Chapter Three.

### **Coming closer to home (KwaZulu- Natal)**

KwaZulu-Natal has long been regarded as the epicentre of the epidemic, consistently showing high rates of infection. In the recent 2008 South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, KwaZulu-Natal was found to have the highest HIV prevalence (Shisana et al., 2009). I was born in KwaZulu-Natal and have lost colleagues and relatives to HIV/AIDS. I have experienced HIV infection indirectly, by providing support to HIV positive people in my family and in the DramAidE Health Promoter project which employs HIV positive people who are positively and openly living with HIV. This project is not part of the Act Alive project and is not under discussion in this thesis. I have also observed the devastating impact of HIV/AIDS. I have seen families losing

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<sup>5</sup> We note in the case of Caster Semenya, a South African athlete the controversy that her sexuality has created because it is outside the South African discourse on sexuality which only recognises that people are either male or female.

breadwinners and the standard of living degenerating to abject poverty with children living on the brink with kind donations of others.

Communication about prevention remains an important intervention to help stem the tide of AIDS because we do not have a vaccine or a cure and there is none foreseen in the near future. Through my narrative, and my experience of working in DramAidE, which interrogates the broader cultural, political and communicative engagement with prevention efforts, I will analyse key aspects of DramAidE's work. This is done in order to investigate the appropriateness and effectiveness of promoting healthy lifestyles amongst the project beneficiaries. DramAidE constitutes an important aspect of my working life. I have been a facilitator and manager in DramAidE. This provided me with an opportunity to teach and learn from DramAidE. As a Participatory Action Research (PAR) programme, DramAidE is self critical of its work and encourages its staff to reflect on its work in order to improve its practice.

Since the early 90s, there have been numerous efforts aimed at reducing and arresting the spread of HIV/AIDS. Activating local responses to HIV/AIDS has been a strong emphasis of the fight against HIV/AIDS worldwide (Kelly, 2004). The guidelines for the development of the Integrated Development Plans for local government provide for incorporation of HIV/AIDS activities although most municipalities seem to lack the capacity to do so (Kelly, 2004; Swartz and Roux, 2004). Almost every public organisation from community-based organizations to big business has an HIV /AIDS policy yet we see that HIV/AIDS continues to spread. DramAidE's Act Alive project is one such small effort.

## **Telling about DramAidE**

In this thesis, I describe DramAidE with specific reference to its Act Alive project and identify the theories that underpin the way it was devised and presented. Act Alive is described as a participatory action research (PAR) intervention, meaning that a researcher or facilitator identifies a problem, works in a team and in partnership with the research community to find a solution (Denzin and Lincoln, 1994; Silverman, 1993; Bryman, 1988). Together the researchers and the subjects of research reflect

on the outcome. The cycle continues in a process of progressive problem solving in an attempt to improve the way issues are addressed.

PAR is a method of research where creating positive social change is the predominant driving force. PAR grew out of social and educational research and exists today as an example of a research method that embraces principles of participation and reflection, and empowerment and emancipation of groups seeking to improve their social situation. Kurt Lewin is credited with the creation of action research (AR) in the 1940's (Holter and Schwartz-Barcott, 1993:298-304; Hughes and Seymour-Rolls, 2000). Since then the practice of action research has changed and developed. The work of Paulo Freire (1970) has had considerable influence on the development of participatory teaching methods and on approaches to research that include building partnership between researchers and those being researched (Minkler et al., 2006).

Act Alive was developed initially as a response to a need to move beyond creating awareness about HIV/AIDS to the adoption of appropriate sexual attitudes and the practice of responsible sexual health behaviour to prevent infection. It is a peer education project that has been offered in previously disadvantaged schools since 1997. It emerged, after reflection, from the first DramAidE project (1993-1996) which was a school-based theatre project with a focus on presenting plays in schools for HIV/AIDS awareness. Although this intervention had a participatory element, the mere provision of information is not enough to change deep seated behaviour patterns (King, 1999; Singhal and Rogers, 2003). At the very least young people need the skills to inform and communicate with others about sexual health. The goal is to create a network of peer educators that practice safe sex and initiate a social movement that promotes healthy life styles. Peer educators are seen as architects of their own development and they are encouraged to act as catalysts for change and the reinforcement of appropriate choices among their peers.

The activities include networking with stakeholders, working with youth-out-of-school (YOS), performance of plays in selected schools, club formation, club workshops, training of peer educators, teacher training, workshops with parents to support the project, campaigns and club launches. Over a period of 11 years from 1997–2008,

the Act Alive project has been offered in over 150 schools (See DramAidE Annual Reports – [www.dramaide.co.za](http://www.dramaide.co.za) ). The main aim of this project is to promote disease prevention and facilitate management of infections by creating a favourable environment for promoting healthy practices to occur within the school. The ultimate aim is for the school community to assume responsibility for its own communal health.

In order to explore the experience of being part of Act Alive, I intend to record my own life story highlighting my cultural background, my role as researcher/facilitator and the people involved. In this story I critically reflect on my work in DramAidE over the past 15 years and my changing understandings and attitudes towards health and education. So I will be using myself as case study. The discussion will include the concepts and theories that inform DramAidE and responses to the Act Alive project. I will also reflect on a workshop and a forum theatre presentation that I facilitated. A recording of the forum theatre is included with this dissertation.

### **My story: early years**

I grew up in a tradition where storytelling is the way in which my community shared its knowledge, history, beliefs and customs across generations. The oral tradition is recognized in the African context as a way of establishing and communicating knowledge through stories (Eskell-Blokland, 2009: 369). I started listening to stories told by my grandparents from an early age. I recall that my first year of schooling occurred in a four cornered mud house with no partitioning, without proper doors, windows or furniture. On cold days in winter, we would bring firewood from home and make a big fire in the centre of the classroom. We would sit around the fire and our teacher would tell us Bible stories about Moses and the Ten Commandments and Jesus Christ and his miracles. During short breaks, old women (*gogos*) from the community would come and sit us down in a circle and tell us stories.

There is a story of a boy and an old man that one *gogo* in particular liked to tell. The story is about a boy who met an old man who could barely walk because of old age. His face was wrinkled and his hair was grey. The boy laughed at this old man



mocking him about his age and his appearance. This boy laughed at this old man but found that he could not stop laughing and he eventually became a cat.

At the time I took the story literally and never mocked old people because I really thought that I would turn into a cat. In hindsight I can see that the story is about the need to respect older people and to be kind to them. The fact that this boy became a cat is also very important. It suggested that something unusual beyond the control of the boy might happen. There is a belief that when old people die, they become ancestors and bring you good or bad luck. Death in this context is conceptualised as *ukudlula* (passing on) which is a transition into the living dead. It is believed that ancestors use their supernatural powers to continue their influence on the community (Mbiti, 1989). They also protect you against bad spirits. Ancestors are understood to have the power to harm or leave one vulnerable to sorcery, diseases and forces of nature such as lightning. When an older person in the family, usually a man, burns *impepho* (incense) and speaks to the ancestors, it represents a convergence of the lived world and the metaphysical world. This is reflective of his belief system and understanding of the interaction of the living and the dead by speaking to the ancestors directly. The belief is that ancestors are part of the community but have made the transition to the metaphysical world. It is therefore important to care for the elderly and respect them because very soon, they will be ancestors and have supernatural powers and will use these powers to return the favour.

We can see from this story that different communities and societies have varied and different notions of reality and view of the external world. As a boy I grew up believing in a version of reality that was challenged and has changed as I became an adult and came face-to-face with different constructions of the view of the external world including a scientific view. Elements of both the transcendental and scientific views of the world coalesce into forming a 'mixed reality of existence'. This complex interaction between these worlds plays itself out in everyday living. For instance, the debate around HIV/AIDS treatment in South Africa epitomises this complex interaction. There is a view that antiretroviral drugs are toxic, and this view favours herbal remedies that are purported to contain antiretroviral properties such as

*ubhejane*<sup>6</sup>, garlic, lemon and *ilabatheka* (African potato). There is another view that favours a medical intervention which includes regular testing to monitor the viral load so that antiretroviral therapy can be initiated to control infection. This leads to confusion to people that are HIV positive as they are sometimes unsure about the best way to manage infection and has often led to the simultaneous use of both the herbal remedies and antiretroviral drugs which may lead to drug interaction rendering both ineffective (Richter, 2003).

These views coexist and are subsumed into everyday decisions I make and my outlook in life. However, the deeply held beliefs from my childhood remain an influential part of the texture of my life which I will explain as my story progresses.

These early experiences of my life suggest that the gap between indigenous knowledge and the new ways of thinking that came with Christian teachings followed by scientific interpretations of the world was to some extent bridged. However, tension remains between oral modes of verifying and perpetuating cultural 'truth' including core values and the 'truth' of the written word superimposed on a traditional culture. The notion "traditional culture" comes from early anthropological definitions which assume a static state of social organisation. This is the view adopted by those who claim "this is my culture" in order to protect a cultural practice such as the killing of a bull with bare hands as is the case in the *Ukweshama* ceremony (Mkhize and Moholoa, 2009).

In my story, I adopt the view that culture is constantly changing and is a way of making sense and negotiating a variety of different meanings (Tomaselli, 2003).<sup>7</sup> There is a tendency in literate societies to value the written word over the spoken word because it is argued that the written word carries a legacy of established knowledge (Canclini, 1995). It is easy and convenient to reject indigenous knowledge as 'unverified' because of the difficulty of proving its basis as most of it is undocumented. Tomaselli (2003:432) points out that a transition into literate society

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<sup>6</sup> A herbal remedy that was developed by Zeblon Gwala a former truck driver and is promoted as an alternative to antiretroviral treatment. Anecdotal evidence suggests that the use of *ubhejane* is widespread especially in Durban and has received support from prominent political leaders (Cullinan, 2006)

<sup>7</sup> Tomaselli (2003) provides a detailed explanation of 'culture' in the article quoted above and in *Rethinking Culture* (1989)

always involves a struggle of that which is 'true' by virtue of authority and that which can be verified because of the massive volume of documented material. Nevertheless, in South Africa, particularly in rural communities, the oral tradition continues to thrive and plays an important role in transmitting information and preserving cultural norms and values such as respect for the elders and the need to care and support one another. It thrives not only because many people are non-literate but because of the sense of authenticity of the spoken word and of well-known stories, chants, rhymes and songs in transmitting cultural norms and values from one generation to the other.

HIV/AIDS communicators are faced with the challenge of finding an appropriate medium to reach audiences with HIV/AIDS messages. Choosing between the spoken word and the written word depends on the target audience for which the communication is intended. Non-literate societies depend on relationships of personal authority and people give credence to those in authority through lineage and patronage (Tomaselli, 2003:431). For such societies, the spoken word may be more appropriate where role models and known community leaders may be used to champion HIV/AIDS communication.

The following is a rhyme that is known in most areas in KwaZulu-Natal. It is called *Nomavila*:

***We Nomavila (This is a name of person called laziness)***

***Kuyalinywa: ngiyafa ngiyafa (When we are plough the fields, Nomavila is sick)***

***Kuyatshalwa: ngiyafa ngiyafa (When we plant seeds, Nomavila is sick)***

***Kuyahlakulwa: ngiyafa ngiyafa (When we clear the weeds, Nomavila is sick)***

***Kuyavunwa: ngiyafa ngiyafa (When we reap the fields, Nomavila is sick)***

***Kuyadliwa: aqhwishi umlenzana (When we eat, Nomavila is well and playing).***

This rhyme about a girl, Nomavila, who provides excuses for not working is aimed at discouraging laziness. This and other rhymes are now part of the Zulu language syllabus in the lower grades in schools.

Stories, rhymes, folklore and customs of an oral tradition provide a rich repertoire for its practitioners to understand and interpret their universe because it is active and

immediate (Samuelson, 1930). The spoken word is an essential element for understanding indigenous philosophies, spirituality and the lived reality of people in these communities. It helps in externalizing inner thoughts, feelings, deeply held beliefs and aspirations.<sup>8</sup> It further assists in negotiating a new reality as we make sense of our environment, the world and the universe.

I grew up in this tradition but have been educated in western ways of knowing and interpreting social systems and physical phenomena. Although I would far rather speak or voice out my experience of working in DramAidE, the university tradition requires me to share the understanding that I have in a conventional written form.<sup>9</sup>

In this chapter, I have provided a rationale for doing this research project. It is about investigating responses to the DramAidE Act Alive project using myself in a reflexive approach to reflect critically on my upbringing and the influence of culture, beliefs, values and choices that are made in relation to sexual health and well being. I reflect on the influence of family, social structures, social hierarchies and education in shaping beliefs and perceptions about health and appropriate life styles.

This is not an anthropological study. It is a study of communication practice that draws on methodologies established in Anthropology, Psychology and Communication. There are, however, a number of anthropological studies such as *The Bantu Speaking Peoples of Southern Africa* (1974) by W. D. Hammond-Tooke , *Zulu thought -Patterns and Symbolism* (1976) by Axel-Ivar Berglund, *The Social System of the Zulus* (1936) by Eileen Krige and *Zulu medicine and medicine-men* (1970) by Bryant A. T. Most of the studies about Zulu culture have been written by outsiders to my community. The tendency has been that outsiders undertake an ethnographic study of a community by observing their cultural practices and everyday life (Krige, 1936; Berglund, 1976; Geertz, 1973). I have not found many anthropological studies written by the Zulus themselves about their culture. This research is an attempt to add to this body of knowledge using an autoethnographic approach.

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<sup>8</sup> The word has been considered a central concept of meaning by various cultural groups across the world. A discussion about meaning and the written and spoken word is beyond the scope of this thesis.

<sup>9</sup> Although I have inherited the oral tradition, I recognise the importance and pleasure of reading and writing.

This study further introduces story telling as an important element of the oral tradition that helps to transmit and promote appropriate values to the young. Using personal narratives as a useful research tool, I write about my early childhood, identifying key moments of significance that contributed to my present sense of self. The narrative is presented as a framework for understanding the subject of investigation (Sandelowski, 1991:163). The key consideration here is that information is created through a social process of inquiry and communication with each other.

In the next chapter (Two) I discuss the methodology that is chosen to investigate the key issues raised in this study. I explain why I chose an autoethnographic approach in which this study is framed; and discuss the advantages and limitations of this approach. Chapter Three is a continuation of my life story where I discuss the transformative spaces of family, schooling and university life and how these three institutions were a site of contestations between westernization and indigenous culture in relation to different ways of making meaning. Chapter Four explains the theories were incorporated into the Act Alive project within the framework of participatory action research. In Chapter Five I explain what DramAidE means by a cultural approach to HIV/AIDS communication, linking my personal experience with the development of its projects, focusing on Act Alive.

Chapter Six discusses the DramAidE methodology in relation to its ability to facilitate authentic dialogue whereby its participants are able to question their beliefs and negotiate new meaning for themselves and the world around them. Chapter Seven is the conclusion of my critical reflections on the application of Act Alive's theories, methodology in the field and responses to the project.

## Chapter Two: An autoethnographic approach

*“Kufanele ume entabeni uma ufuna ukusinga izinyosi”* (IsiZulu proverb) (If you want to see bees stand on top of the hill)

“Researchers are like figures in a landscape; what they see depends on where they are standing” (Sless, 1986:39).

I have chosen autoethnography as a vehicle to explore the ways in which the organization I work for has attempted to communicate information about HIV/AIDS to the kind of communities where I grew up. I regard myself as a bicultural insider/outsider in that I have been educated in western thought through formal schooling but lived and continue to participate in the cultural practices of my community that are regarded as traditional and non western.

The notion of ‘community’ is contested and is a subject of ongoing debate by social theorists. The discussion about the contestations about the concept of community is beyond the scope of this thesis. Arvanitakis (2008:299) suggests that community is established through ‘natural’ formations relying on shared identity, recognition and social formations arising out of mutual beliefs, understandings and practices. In this thesis community refers to a group of people bound together by social identity, shared experience, mutual beliefs and interests as the basis of identification and collective fellowship. As is the case with culture a community, is constantly adjusting to changing social, political and economic realities.<sup>10</sup>

My dual positionality enables me to problematise and seek to understand how modernity and indigenous knowledge play themselves out in everyday decisions that I make and my understanding of the world. The difference may seem superficial but specific experiences are real. My cultural exposition, history and background and present experiences are all subsumed into my personal conceptual framework that informs my world view.

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<sup>10</sup> Raymond Williams (2005) provides an in-depth discussion of the development and meaning of the concept ‘community’ in *New Keywords: a revised vocabulary of culture and society*.

Autoethnography is a form of research and writing that is autobiographical which aims to demonstrate multiple layers of consciousness and the way these layers of consciousness connect the personal to the cultural. Ellis and Bochner, (2000); Bishop, (1998); Tomaselli, (2003) give an in-depth articulation of the nature of auto-ethnographic writing. I have adopted an autoethnographic approach because it enables me to explore and understand the role I have played in establishing and developing DramAidE. I reflect on my involvement in the DramAidE project as a subject of investigation. I reflect on my personal experiences, my thoughts, beliefs and identity in relation to DramAidE as a central focus of this research. This will include interrogating social and cultural aspects of my personal experiences in relation to my beliefs and identity. Whilst these distinctions may fade into each other and lines may become blurred, autoethnographic writing helps to permeate various layers of meaning in order to show the multiple layers of consciousness that exist within us (Ellis and Bochner, 2000:739).

Autoethnographic texts may appear in the form of stories, prose, personal essays, journals, poetry, fiction, novels and fragmented and layered writing. These texts appear as stories influenced by history and culture and carry with them dialogue, feelings and action (Ellis and Bochner, 2000:739). I use stories, articles and reports that I have written as part of my work, examples of workshops that I have conducted and accounts of plays that I have performed for this research.<sup>11</sup> This requires the assumption of different roles during the writing. The process of writing is equally an auto-graphical positioning. These roles constantly merge with each other. I write as a participant researcher by questioning and analyzing different assumptions that may have informed various activities I undertook in implementing DramAidE projects. These are evaluated as evidence with the understanding that the very act of gathering that evidence has aided in its creation (Heitz, 2007:6).

I use myself as a subject of investigation to understand the influence that DramAidE has on my outlook on life with special reference to healthy life choices. I use my

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<sup>11</sup> See appendix 2 for a list of presentations that I made in major conferences and events.

personal experience in DramAidE to conceptualise about the potential influence that DramAidE may have on others who have participated in DramAidE programmes.

Using a reflexive ethnographic approach, I incorporate my personal experiences in implementing and developing DramAidE projects. I start with a brief personal history which helps to explain my connection to the project. I also use personal knowledge to help inform the research process (Ellis and Bochner, 2000:741). A story of one's life in its historical and cultural context is an approach that narrative researchers use to derive meanings that events hold for those who lived through them. The emphasis is not on the historicity of the event but on the representation of the cultural facts and views of daily lives (Chase, 2005:652).

I am interested in finding out if the participatory interpersonal activities such as workshops and forum theatre undertaken as part of the DramAidE Act Alive project facilitate critical thought and adoption of healthy behaviours. As part of this inquiry, this thesis includes examples of a DramAidE workshop that I have facilitated on numerous occasions and an interview that was conducted by Laura Myers with the researcher, the author of the UNESCO manual called *Act Learn and Teach: Theatre, HIV and AIDS Toolkit* for youth in Africa. Ms Meyers observed some of the DramAidE forum theatre presentations where I was acting as well as a joker<sup>12</sup>. These two drama techniques are discussed in Chapter Six which includes an analysis and a critique of these techniques with specific reference to their application in the DramAidE work.

The two examples are used to explore how people receive information about HIV/AIDS and how this information is interpreted and applied. I am questioning the capacity of these participatory techniques to permeate the multiple layers of consciousness and appeal to the different levels of understanding that may be mediated by tradition, belief, history and personal experiences. It is important to establish whether the activities undertaken by DramAidE as part of the Act Alive project resonate with the essential tenets that mediate against or for healthy life choices.

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<sup>12</sup> Augusto Boal (2002) describes a joker as the director, facilitator, referee and workshop leader in the forum theatre who acts as intermediary between the audience and the performers



My understanding of academic writing was that the researcher should step back and take a wide angle view on the phenomenon investigated, be objective and resist the temptation to draw their feelings into the study. This type of writing was meant to be neutral, objective and evidence based. This scholarly discourse discouraged the use of personal narratives where the researcher is able to write in the first person and is a character in the study (Ellis and Bochner, 2000:734).

This discourse may put into question my ability to be objective in this study. It was claimed that writing in the third voice, removes subjectivity and ensures that there is no personal bias (Agger, 1990). This way of thinking has been challenged in post-modern writing which promotes the production of knowledge through reflexivity and deconstructing the very experiences that informs our present thinking. There is an ongoing debate among social scientists about the appropriate way of writing that is accepted within the academic fraternity. Postmodernists reject claims of absolute truth and accept that research is situated within a cultural context, time and other contextual variables (Giangreco and Taylor, 2003; May, 2001; Grbich, 1999).

The key considerations in participatory research are that it is participatory, educational and democratic (Marion, 1996:4). Participatory action research places emphasis on the interests of those participating in it as active subjects of research. It is also about finding the correct balance between the power of the outsiders often cloaked in academic authority and that of the community under inquiry. The researcher becomes a committed participant in a dialogic process of creating meaning<sup>13</sup>. The process of self-introspective appraisal by the research subjects themselves contributes towards critical awareness of the issues that bring about their social circumstances. This experience is liberating and helps the community to carve informed paths for its development. Informed by the work of Paulo Freire participatory research is a useful tool that can lead to critical consciousness (Martin and Koning, 1996:6). The practice of ongoing reflection on our work and implementation of new innovations as we go along helps us to adapt to an ever-changing environment within development. This ensures immediacy and relevance

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<sup>13</sup> See Prentki (2006) for a discussion on the role of Theatre for Development (TfD) in creating a dialogic process. DramidE is situated within the broader framework of Applied Theatre.

of projects. In this way of understanding, process becomes as important as the results. The process becomes an enriching learning experience. The intention is to make DramAidE projects democratic, participatory and adaptive to the context in which they are implemented.

Act Alive is a distinctive project in which a group of peer educators and teachers work together in a democratic and participatory process to influence a school ethos that promotes health. Through workshops with the DramAidE facilitator, they identify advocacy issues such as pregnancy and sexual harassment and undertake campaigns as part of the year long health calendar to promote healthy life styles. An important aspect of these activities is the ability of peer educators to evaluate the implemented campaigns and plan for the new ones. The limitation to this approach is that it relies on the full participation by the teachers and peer educators who do not have sufficient time to undertake all the activities of the Act Alive project. There are other competing activities in schools especially the emphasis placed by the department of education on academics.

In this chapter I have described autoethnography as a research methodology and discussed reasons for choosing an autoethnographic research approach for this thesis. This study will help to contribute to the next cycle of critical reflection of DramAidE work with a view to improving its theories, methodology and practice. This ongoing reflective approach to DramAidE work places this study within an action research framework.

In this study, I assume a participant role and enter into a dialogue between myself as a participant in the DramAidE projects and as a researcher reflecting on my experiences of working for DramAidE. I will use my life story to relive defining events and isolate major narrative discourses that may have contributed to my present identity, beliefs and present world view. This self critical and retrospective approach of investigating and creating meaning by analysing past events may also be transformative for me and contribute to a better understanding of my identity and DramAidE work.

## Chapter Three: A life in review – Telling it as I know it

*“Every human being has a story to tell” (Gcina Mhlophe).*

This chapter provides the context in which HIV/AIDS took hold and spread in KwaZulu-Natal from my perspective. The story that follows is my recollection of important moments and events in my life that influenced my perspective about HI/AIDS and continues to shape my understanding of the world around me.

I am a Zulu and most of the people directly affected in my story are also Zulus. I was born into a society and a country in transition. Even at local level the transitional nature of South African society is evident. On the one hand, it is a highly sophisticated society that has adopted a western health care system based on a scientific understanding of disease and illness (Cameron, 2000:14). In this way of thinking, germs cause some diseases i.e. infection with HIV causes AIDS; a specific parasite causes malaria etc. On the other hand, there is a traditional view about diseases and illnesses and what causes them. This view is part of the traditional knowledge system. According to Edwards (2002:16) who is a former head of the Department of Psychology at the University of Zululand, a typical cosmology of a Zulu community is of an undivided universe, where plants, animals, humans, ancestors, earth, sky and the entire universe all co-exist in varying state of balance between order, disorder, harmony and chaos. This view is not limited to the Zulu cosmology as evidenced by Mbiti (1989), Tempels (1945) and Milingo (1984) and others.<sup>14</sup> In this view diseases may be caused by the ill- will of others, sorcery and forces of nature. They are caused by an interaction of transcendental factors. There is a 'who' behind this phenomena, and not necessarily a 'what'.

These different beliefs have implications for people's response when they are sick. For example, many people attend a medical doctor and a traditional healer for the same illness because traditional healers answer important questions about 'who'. On the experiential level illness is seen as a nexus of a number of spiritual forces hence

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<sup>14</sup> These are well known writers on African spirituality.

the need for divination while the normalised medical practice has a lot to offer but it may not answer the deep questions of who could have caused illness.

In the plays presented by youth clubs involved in the DramAidE Act Alive project, almost inevitably, characters that have contracted HIV and become sick go to the traditional healer first and then consult a medical doctor. The '*sangoma*' and the doctor have become stereotypical images standing for these different health beliefs. The study explores some of the implications of holding these multiple health beliefs and the challenges of communicating to communities that harbor these multiple beliefs. People change their beliefs as they become exposed to competing beliefs and new innovations. A belief system is not static but changes with time the same way that culture is dynamic and not static.<sup>15</sup> Belief systems, like culture, are a constant negotiation between generations, classes, genders, interpretations of histories, cultural values and social norms (Tomaselli, 2003:437). The challenge is for the new information to be incorporated into the prevailing belief system. This will ensure that inherited knowledge and experience is enmeshed with new realities in order to find new ways of making sense.

### **Family and socialization: creating a sense of belonging**

The family<sup>16</sup> is the initial institution through which respect is nurtured and fostered. I was taught to respect the elders, ancestors and the environment. The rules of behaviour were well established and older members of the family upheld them and also observed them. I was taught that I should not speak when the elders were speaking and never to answer back. A sign of respect would be to look down or avoid eye contact when speaking to the elders and to kneel or bend slightly. As a sign of respect for the ancestors, we were taught not to wear a hat in the house. Family plays an important role in the socialisation of children and creates a frame of reference for understanding the world. It creates a constant and well understood

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<sup>15</sup> See Tomaselli for in-depth discussion on culture and the influence of mass media on culture.

<sup>16</sup> There are shifting senses of family. The nature of family is undergoing varying transitions. When I grew up I lived within the extended family where older members of the family took turns in nurturing the young. At the time, it was quite unusual to find child headed households and the extended family units provided a safety net for its members. The extended family is now under strain as life expectancy has decreased in South Africa and many adult members of the society are absent due to migration or morbidity (Barolsky, 2003). The absence of one or both parents has left many children growing up without the nurturing and guidance of their parents.

social framework for nurturing the young until maturity; it establishes a hospitable and forgiving ambience in which the young can safely and securely train for eventual social responsibilities (Abraham, 1992).

The institution of the family also provides a regulated and protective framework for the responsible advancement of sexual life. Girls in particular were taught the importance of preserving their virginity (Lerclerc-Madlala, 2001). It was a taboo for a woman to fall pregnant out of wedlock although there were girls who became pregnant even under such strict control of female sexuality. This policing of girls and the numerous rules of behaviour which girls were expected to follow were not unproblematic.

Traditionally girls were prepared to be future child-bearers and nurturers (Mckee et al., 2004:123). Ceremonies such as *umkhosi womhlanga* (the reed dance) reinforce the notion that young girls should preserve their virginity until they get married (Leclerc – Madlala, 2005). The practice and promotion of virginity testing in Kwa Zulu Natal amongst the Zulus through ceremonies such as the reed dance has been received with mixed reactions from different sections of the society. The South Africa's new Children's Bill outlaws virginity testing for girls below the age of consent (Vincent, 2006). Liberal organizations working within the children sector support this aspect of the bill. Whilst this act was circulated for public debate, political parties such as Inkatha Freedom party and cultural groups such as *Unomkhubulwane*, campaigned against the promulgation of this Bill arguing that it interferes with the cultural rights of the cultural groups where virginity testing is practiced.

In KwaZulu-Natal amongst the Zulu speaking people, virginity testing is seen as a response to HIV/AIDS epidemic (Leclerc-Madlala, 2001:546). It is thought to contribute towards delaying sexual debut and abstinence which is one of the strategies for HIV/AIDS prevention (Halperin et al., 2004:364-365). However, these attempts at the policing of girls may have taken away their initiative to look after themselves. This approach deprives these young women opportunities to develop life skills that help in sustaining healthy relationships. The absence of space for them to express their sexuality often means that these girls are usually not sexually mature enough to enter into meaningful relationships later on in life.

The debate around virginity testing epitomizes the central thesis of this work which is the interface between indigenous cultural practices, heritage and values and the human rights, democracy and the scientific way of making sense of the world. According to George (2007:5) this debate exposes the persistent theoretical and practical tensions between human rights universalism and cultural relativism.

### **Negotiating belief systems**

I was born into a religious family. We went to church almost every Sunday. I went through all the necessary processes to become a member of the church. I observed all the rules of the church and always tried my best to abide by and observe the Ten Commandments. I considered this to be the basis of my religious belief. I saw them as complimenting what I was taught at home. For instance, Commandment Number Five that says, 'respect thy father and thy mother so that you can live longer' went well with the notion that you should respect the elders because when they die, they will be good ancestors to you and bring luck and protection.

Even though this is the case, there is tension between cultural beliefs and Christian beliefs. The cultural belief suggests that people become ancestors after death. These ancestors have supernatural powers and they are capable of bringing luck and protection against sorcery and witchcraft. Ancestors are also believed to be capable of causing harm and illness if they are angry against the living members of the family or community (Crawford and Lipsedge, 2004; Ngubane, 1977; Milingo and Macmillan, 1984). This explains the tendency amongst Zulu people to sometimes think of HIV/AIDS infection as a curse from the ancestors. Those that believe this transcendental causality of diseases are unlikely to seek medical help without consulting with a *sangoma* to establish the reasons for their illness. This tendency is based on the fact that the cosmological perception accommodates two sources of diseases and illnesses which are the mythical (transcendental) source and the physical source that can be explained scientifically. The latter is considered to be an agent of the former.

Orthodox Christians believe that there is life after death and a day of judgment and that the dead have no influence over the living. These belief systems influence the decisions we make as we live our lives. I have observed that many people negotiate the choices they make between different belief systems<sup>17</sup>. For example, care and respect for the elderly is becoming eroded among some communities because belief in the power of the ancestors is diminishing (Mbiti, 1989).

## **Schooling: understanding the world**

In the local high school where I completed my senior grades, I was called Lancelotte by the teachers and all the learners were called by their English names. We all also had Zulu names which in a way indicate the duality of our sense of identity<sup>18</sup>. During this post apartheid era, it is no longer common practice to name children in two languages.

At my school there were learners from the urban areas about thirty kilometres away who also had English names such as Joseph, Princess, Beauty and Getrude. They were attracted to our school because it was regarded as one of the schools that offered quality education because of the pass rate in grade twelve (formerly known as standard ten). These learners brought with them influences that were often viewed with suspicion by some of us because we regarded them as lacking in attitudes and values that define *ubuntu*<sup>19</sup> (humanness) according to our cultural understanding. They looked down upon cultural practices that were part of the extra-mural curriculum. Most of them did not join any of the cultural activities such as *isicathamiya*, traditional dances and Zulu poetry. Instead, they preferred to participate in beauty contests and contemporary dances. They, on the other hand viewed us as backward and lacking the knowledge to survive in the modern world. This tension between modernity and tradition tends to define the ongoing quest to

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<sup>17</sup> See an example of my own negotiations in Chapter Six where on the same day I go to church and then burn *impepho* (incense) with my father to communicate with the ancestors.

<sup>18</sup> Zulu speaking parents felt obliged to name their children in two languages during the colonial era in order to make it easier to get work. When I was at the university I insisted on using my Zulu name which is Mkhonzeni.

<sup>19</sup> The concept of *Ubuntu* is derived from the Zulu saying *Umuntu ngumuntu ngabantu* which loosely translated means 'You are because I am' suggesting that people are interconnected. This translates into an attitude of caring for one another.

understand the human condition and usually plays itself out in the everyday decisions we make. Caught between modern and traditional norms, there is uncertainty about the appropriateness of behaviour that is acceptable in different situations (George, 2007; Vincent, 2006; Canclini, 1995).

Sexually transmitted infections and reproductive health were a challenge even then. Impregnating a woman or girl out of wedlock was a serious offence for which a fine was paid. The rules of behaviour and the accompanying consequences for breaking these rules were a serious deterrent. A boy that had impregnated a woman had to start working and leave school in order to start providing for his child. He was also expected to pay a fine to the girl's family. Failure to do this could result in him being reported to the local chief. Having sex with a woman was a serious undertaking that any young man needed to take very seriously. For women, to be pregnant meant loss of pride and was shameful. Some in my age-group were very much aware of this fact and this influenced directly our choices towards sexual relations. We did not want to drop out of school and jeopardise our opportunity to continue with our studies so that we could live a better life later.

During my later years at high school, some of my peers especially those from the townships had girlfriends. Some had unprotected sex and their girlfriends got pregnant. Delaying sexual debut for me was increasingly challenging. However, there were those who despite having girlfriends did not sleep with them. The normative behaviour at the time was that premarital sex was unacceptable and that a girl should wait until *umemulo* (21<sup>st</sup> birthday) before she could be receptive to sexual advances.

This practice has been under severe strain as many parents do not have the means to arrange this important rite of passage (*umemulo*) for their children. As a result the motivation to wait for this rite of passage for young girls has been lost because it may never happen anyway. The tendency now is for parents to wait until a girl gets a boyfriend who wants to pay *ilobolo* for her and use one of the cows, part of the



*ilobolo*, for *umemulo*<sup>20</sup>. The unintended effect of this has been the loss of impetus for girls to wait until given 'permission' to enter into relationships and start having sex. It will be interesting to investigate this further in order to establish its implications for girls to abstain from sex or delay sexual debut.

## **Social structures: power and domination**

One of the ways in which all the norms and rules of behaviour were observed was through punishment. Deviant behaviour was not tolerated. There were different practices and rituals that were performed which was a reinforcement of these norms.

Our community was organised into different social strata and networks that ensured that different appropriate values were promoted, practiced and prized. These networks define relations of how its new members are to bear to one another, and relations through which their personal growth is to be nurtured and sustained. Members are nurtured on common beliefs, ranges of values, attitudes, and actions, which make life in their society orderly through a process of cultural exposition.

I was born in 1970 in a rural area called Umbumbulu. This area is governed by Umbumbulu tribal authority. The tribal authority has different tiers of governance. There is *isibonda* (This is usually a man who is responsible for the local area). Areas are usually divided according to clans. So *isibonda* is responsible for the affairs of the clan such as disagreements between families, disputes over boundaries and fights between families. Settlement within the clan was according to clan names/surnames (Krige, 1936). I belong to the Gumede clan.

The second tier is *induna* which is a local herdsman to whom all *izibonda* report. *Induna* is responsible for a certain locality bigger than a clan. There would be more than one clan in each locality. The *induna* (headman) reports to the local chief who reports to the king. These structures are assigned different tasks depending on the degree of seriousness and sophistication of the task. For instance, if there is

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<sup>20</sup> This is a cultural ceremony that is organised for the young maiden when it is felt that she is ready to have a partner and start sexual relations. A cow is slaughtered and gifts given to the maiden wishing her well in her future. Once the ceremony has been done, a separate house is built for the girl so that she can have her privacy.

someone that has been accused of witchcraft, this would be reported to *isibonda* who will attempt to resolve the matter or refer it to *induna*. *Induna* could decide on the matter or refer the matter to the chief. The chief usually decides on such matters. If the person is found guilty, that person is usually exiled from that community.<sup>21</sup>

As young boys, we belonged to our group and were assigned older boys that would look after us and teach us survival skills. Most of these were about teaching courage and loyalty to the group by protecting each other and respect for the elders.

This had its challenges because the inherent underlying phenomenon was about domination and power. The lines of authority were often always re-establishing themselves depending on who won the last fight. In this way, power was given, taken and shared whilst at the same time needing to stick together as a group because there were constant threats from other similar groups. Democratic values were not instilled by the practices of this group. In essence, this was a way of socialisation that was a deliberate act of preserving traditional patriarchal ways of organising society (Bhana et al, 2007:135). In this way of thinking, men do not cry and take what they need through violence and domination (Evans and Wallace, 2007). Young boys are taught hunting, stick fighting and other combat activities to demonstrate to them the importance of physical prowess, risk taking and at times violence to get by in life.

The values in these groups were not only about physical prowess, loyalty and superiority over women. They were also about respect and the fact that respect from your peers is earned. I have observed that these traditions have been fractured and are increasingly challenged by modernity. Migration to urban areas in search of jobs and cultural influences brought about by the information highway through television and cell phones have lead to the questioning of these practices. Unfortunately, this has lead to the increase of abuse of women which we have observed in our Act Alive programme.

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<sup>21</sup> I have observed that the traditional governance system is challenged and seems to be diluted by local government structures as there seems to be overlaps between the two systems.

Some national communication strategies that are being implemented [such as Love life] tend to assume a homogenous South African population. The difficulty is to develop a strategy that reflects the ideational or cultural system that guides decisions that are made by the target group. The strategy also needs to show a realistic appreciation of the power relations which control and probably dictate individual action (Preston-Whyte, 1992:22). The research will examine the efficacy of a communication strategy targeted at local level that respects local cultures and examines power relations that impact on issues of making healthy life choices.<sup>22</sup>

## **Qaphela Ingculazi: Dealing with an invisible enemy**

### **Surviving university life**

University life was really challenging. After registering and paying for lodging and tuition, the warden gave me the key to my room. He told me that I would be sharing with another student. As I approached my room there was a deafening sound and when I approached the door, I saw one student lying down on his back on the floor. He was completely drunk. Inside the room there were many more students who were also drunk. I could not speak to anyone because of the noise levels and the fact that they were all inebriated. After sometime, another student came in. He introduced himself as the occupant of this noisy room. He addressed me in Sesotho but changed to English when he realised that I could not speak Sesotho.

He asked his friends to leave so that I could unpack and rest. To my surprise, they were very respectful and not rude at all. As I was beginning to unpack I heard a screeching sound of rubber and high engine revs. It was a car spinning in the open circle just below my window. Very soon everybody was looking outside their windows and they began to whistle and all of a sudden there was a deafening noise and smell

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<sup>22</sup> Johns Hopkins Health and Education South Africa (A South African organization) in partnership with other organizations is implementing a project called Brothers For Life. This is a national campaign aimed at promoting positive masculinities among men. Its main focus is to encourage men to care for their health and their partners. This new definition of masculinity has emerged in response to gender based violence and HIV/AIDS.

I have observed through participating in media broadcasts as part of this campaign that some men especially from the rural areas question this concept of 'caring'. Bhana et al. (2007) suggests that some definitions of masculinity equate multiple partners with sexual prowess. There seems to be confusion among men about the appropriate ways to show responsibility by supporting and protecting their partners.

of rubber. The car did its rounds and drove off at a very high speed. Thinking that was it for the day, a contest about who could say obscene vulgar language started. I had never heard that type of vulgar language in my entire life. Part of the Christian teaching that I was exposed to in my early life was the importance of using respectful language and not to swear at others.

They were calling each other by their mother's names using really foul language. By this time I tried to block my ears from what was said but it did not help. The contest was between inhabitants of 'New York' which is a name for one of the hostel and M hostel and in Zulu this language is very insulting and degrading.

M hostel: *Sanibonani we M madlebe kanyoko.* (Hello you mother's ears)

New York: *Awusiyeke wena msunu wenja.* (Leave us alone you dog's ass)

M: *Heyi anisiyeke nina. Lenzalo yohlanya nesifebe.* (You must also leave us alone you offspring of a lunatic and a prostitute)

And so it went.

This discursive environment where overt language was used in reference to private parts and constant reference to words such as *isifebe* (prostitute) and *msunu* (vagina) was in sharp contrast to what I was taught at home.

Social structures to control sexual expression were not prioritized at the university. This was in contrast to my early life as previously discussed where social hierarchies were used to teach appropriate values and regulate individual behaviour. Even though there were different hostels for males and females, students mixed freely in the hostels. The rules governing visits were difficult to enforce. The cut off time for visitors to leave was 22h00. There was no way to check that every visitor had left before closing the doors. So there was a lot of sleeping over for those involved in relationships. When I left University, there were mixed hostels for both males and females. This environment provided a fertile ground for HIV/AIDS to spread. Michael Kelly (2003:10) views the residential university environment as a high-risk environment for the transmission of HIV.

Two students occupied each room. For those in relationships, it was difficult to have one's partner staying over for the night. Under such circumstances, the other

roommate would have to go and sleep with his friends. This happened to me. One day, my roommate asked if I could go and sleep with my friends because he wanted to spend the night with his girlfriend. I agreed and tried to hide my frustration that I had to find alternative accommodation for that night. We used to call this '*i*-shower' (This meant that you have been forced to sleep in the bathroom or to take a shower for the whole night. This phenomenon has different names in different universities. Other universities call it 'camping'). When this happened, you would be the laughing stock for the week. It also meant that you did not have a girlfriend because under such circumstances, you would simply visit your girlfriend and spend a night with her. This put pressure on those students who were celibate to enter into sexual relationships and avoid the embarrassment of '*i*-shower'. I did not choose to enter into sexual relationships. Instead I became active in student politics and sports. I also became an active member of the Student Christian Movement.

## **Peer Pressure**

We were divided into two major groups. Those with girlfriends were called 'Romans' and those without girlfriends were called 'Arabs'. I am not sure how these names came about. I was classified as an Arab because I did not have a girlfriend on campus. This placed me under tremendous pressure from my peers who could not understand why I did not have a girlfriend on campus. This prevalent sub-culture helped to perpetuate stereotypical sexual expectations of students at the university residences and provided impetus to risky sexual behaviour as those that did not have girlfriends felt pressured to enter into relationships prematurely.

Senior students would usually target first year students because they were known to be inexperienced and impressionable. This phenomenon is known as 'gold mining' in Zambia. As a result, most girls that became pregnant were first year students. People of the same age have a powerful influence on one another. This influence can be positive or negative. Peer education exploits this potential influence that peers have on each other by role modelling good behaviour and use selected influential peers to champion and promote appropriate behaviour and discourage risky behaviour. Peer educators begin to introduce positive group norms.

Young people arrive at the University and find that they are confronted by a new way of living. Away from the watchful eye of their parents, some students start experimenting with different lifestyles often pushing the boundaries of what they were taught at home (Kelly, 2003:10).

Peer pressure to conform to new ways of behaviour becomes very powerful. Life in the university with the absence of social hierarchies that regulate behaviour and without the watchful eye of their parents provides a good opportunity for students to explore new things. There is peer pressure to experiment with alcohol, sex and sometimes drugs. These students indulge in these practices in order to conform to group norms and belong to a subculture. Not all peer pressure is negative. Students sometimes influence one another to practice positive lifestyles such as playing sport, attending church and avoiding risky behaviour. For this reason, peer education becomes an important consideration that can be used as a tool to promote healthy life choices and model healthy behaviours which I discuss later.

Young people will always explore and experiment with new things. The challenge is to create a safe environment for young people to grow. Values and norms that they carry with them from childhood and their sense of responsibility help to create a benchmark of what they can do and cannot do. Bhana et al. (2007:135) suggest that cultural norms and traditions are used to coerce men and women (boys and girls) to behave in a 'culturally acceptable' way. My early life and how I was socialized created a sense in me that life is structured and is governed by rules of behaviour and this stood me in good stead when I had to make personal decisions.

I considered myself as representative of my family values and practices and wanted to uphold a good name for my family. A society is made up of communities and communities are made up of families. Families are important in nurturing the young and promote appropriate values that directly play themselves out in public and influence the kind of a society that we want to see. Viable and functional families are key to the socialization of the young. They help provide a good grounding and backdrop against which its members are enabled to negotiate their space in the world (Barolsky, 2003:14). As we have seen in my story, a strong family background enabled me to withstand many challenges that the university life brought with it.

I remember the day when my friends were drinking alcohol for the first time. We were at the beach in Richards Bay and students from the University of Turfloop (now known as the University of Limpopo) had come to visit. The mood was jovial and alcohol was in abundance. I told my friends that I did not want to drink because nobody at home at the time took alcohol and I was not going to be the first. They taunted me and said I was boring but I stood my ground. As we were driving back to the university from the beach, one of my friends started vomiting all over himself and on the seats of the car. He also urinated in his pants.<sup>23</sup> I was glad I did not try alcohol because I would have been very embarrassed had the same thing happened to me.<sup>24</sup> This made me stay away from alcohol until today. Respect played an important part in regulating my behaviour at the university and later on in life. The need to respect myself and those around me promoted in my childhood provided impetus for me to live a healthy life.

## **Notions of HIV/AIDS**

During my time at the university, between 1988 to 1992, there were no visible communication reproductive health programmes available to students. There is a clinic within campus that students consulted for sexually transmitted infections (STIs), contraception and other general illnesses. At that time our clinic was not even distributing condoms to students. As discussed above, unplanned pregnancy was a problem. Pregnancy was often concealed from the authorities as it was grounds for suspension. As a result, young pregnant women had no support and were denied access to services. Some of these pregnancies ended in abortion. It was rumoured from time to time that dead foetuses were found in the women's residences. Those that did not abort often had to drop out of school much to the disappointment of their families and it would be difficult for them to continue with their studies because of the pressures of raising a baby and study at the same time. This seemed to indicate that

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<sup>23</sup> Unfortunately, this reinforces the stereotype of Zulu men as drunken, rowdy and fighting over women killing each other as described by Epstein in her book *The Invisible Cure* (2007: 141). I think this is an unfortunate colonial generalisation about Zulu men which is untrue which made me angry when I read it.

<sup>24</sup> The fact that at the time no one at home drank alcohol enabled me to resist taking alcohol. This was further strengthened by the bad experience of a student vomiting and urinating on himself. The broader issue is the role of family in promoting positive self esteem, responsibility and resilience to young people (Howard and Bruce, 2001).

students were having unprotected sex. Notwithstanding the potential deferment of their dreams because of their inability to finish their degrees, they also exposed themselves to the threat of HIV infection. Even though HIV prevalence was low between 1988 and 1992, there were signs that it was beginning to take root (Abdool Karim et al., 2005:33).<sup>25</sup>

## **The coming of HIV**

In conversation with my inner thoughts fears and prejudice, I wrote this poem for my dear friend Paulos Dladla (May his soul rest in peace) who is the first HIV positive person I met. This was in February in 1993 at the University of Zululand when I joined DramAidE.

## **The person I met**

For the first time in 1992, I met an HIV positive person.  
He bore little semblance to my mental image of an HIV positive person  
Coughing all the time, I did not expect to touch him  
Covered with mouth sores, he spoke with difficulty.  
Collapsed lungs visible between the spaces of his ribs, breathing was a mission  
Hair and weight loss defined the contours of his image.  
His spirit thoroughly defeated he had no hope  
Constantly looking down to the ground he wanted to bury his head in shame.  
A map of worry clearly defined by the contours of his frowns, he could not smile.  
Staring into space, he lost touch with reality,  
Living on the fringes of insanity, nothing made sense.  
The person I did not meet.

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<sup>25</sup> There are no statistics for HIV prevalence at Universities at this time because testing was unacceptable to students and staff. Prevalence was estimated by extrapolating figures from the antenatal surveys undertaken in the region.



This was the impression I had about an HIV positive person and about HIV in general. It was fraught with prejudice and fear<sup>26</sup>. I never thought that I would be working in the HIV/AIDS field as long as I have.

Student life as described above was a fertile hotbed for the spread of HIV (Kelly, 2001). University life represented a total breakdown of social structures that I grew under in my early years of socialization. The shift to the new social structures of the University is too sudden for many students and adjusting to them is fraught with confusion and is littered with many mistakes. These include drug taking, unwanted pregnancy for girls, HIV infection, drop out and others. This remains a challenge for young people as they enter university life presently. This puts to question the effectiveness of measures that are there to prepare new university entrants staying in residences. The attitude of the university about HIV/AIDS at the time was casual. There were no HIV prevention programmes for students and no policy to guide the university's response to HIV/AIDS (Kelly, 2001). This was not surprising at the time as there were few known cases of HIV/AIDS. It is reported that senior management were dismissive of the need to start prevention programmes (Dalrymple, discussion 1995). I do not have any recollections of a public lecture, campaign or meeting about HIV during my time at the university.

When HIV/AIDS was first reported, there was confusion about what it means. The acronym, AIDS which stands for Acquired Immuno Deficiency Syndrome was interpreted to, mean 'American Idea to Discourage Sex' in some of the rural schools where DramAide worked. Many HIV/AIDS programmes dedicated time in their campaigns to explain what the acronym means. In DramAidE various plays included this explanation and charts were used to further explain the meaning and

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<sup>26</sup> I have observed that prejudice and fear cause stigma. When I started working for DramAidE in 1992 I was told in workshops and community meetings about stories of HIV positive people who were left to die because those close to them feared that they would be infected if they touched them. Many HIV/positive people died in silence and alone. In 1999, DramAidE started an AIDS memorial quilt project to remember and celebrate lives of countless HIV positive people who died under the thick cloud of stigma. Stories from the AIDS memorial quilt project remind us about denial, blame, fear and stigma that surround this epidemic. I have also observed that people who are more stigmatizing are less knowledgeable about HIV/AIDS. People with increased information about HIV are less stigmatizing. This means that efforts aimed at increasing people's knowledge of the epidemic are worthwhile.

consequences of becoming infected. Few at the time foresaw the devastating impact that HIV infection would have twenty years later. Calling AIDS 'an American Idea to Discourage Sex' was seen as resistance by many South Africans against the imperial tendencies of the First World (a phenomenon that was not solely South African but was common in other countries as well- see [www.avert.org](http://www.avert.org)). This was an attempt to politicise HIV/AIDS even at that time. This has unfortunately led to a delayed response to HIV/AIDS in South Africa. At an individual level, this was seen as denial and resistance to adopting externally developed ways and technologies such as condoms. This locally coined interpretation of AIDS was seen as a rejection of even the existence of HIV/AIDS. During this time, there were very few people that were infected and presenting with AIDS symptoms which made it difficult to explain HIV infection

HIV/AIDS continues to be a contested political terrain even today. In *AIDS in South Africa*, Abdool Karim (2005) discusses the contestations with regards to the South African response to HIV/AIDS. He suggests that the South African response to the epidemic was initially slow. The epidemic was initially seen as a gay disease in the mid -1980s and confined to select high risk groups such as prostitutes especially along the truck routes. When the new democratic government took power in 1994, there was a high expectation for a comprehensive response by government to HIV /AIDS. Unfortunately, during the Mbeki era there was denialism and confusion in the government approach to HIV/AIDS (Epstein, 2007 and see also Cullinan, 2003).

Speaking during the opening ceremony of the XV111 International AIDS conference held in Durban (AIDS 2000) Thabo Mbeki, the President of South Africa at the time, who took over the presidency from Mandela said defensively, "... there is no substance to the allegation that there is any hesitation on the part of our government to confront the challenge of HIV-AIDS". Abdool Karim et al. (2005:35) suggest that the South African response to the epidemic was characterized by denialism in the highest echelons of power especially during Thabo Mbeki's reign. The creation of the AIDS advisory panel which included AIDS researchers and AIDS denialists was seen as a low point in the South African response to HIV/AIDS and lead to confusion

about the science of HIV/AIDS, (that HIV causes AIDS) and showed lack of political commitment to managing HIV/AIDS.

The suggestion that the collapse of the immune system cannot be attributed to a single virus and that anti- retroviral treatment is toxic pointed to a faltering response (Cameron, 2000:13). Consequently, this led to a delayed introduction of HIV treatment within the public sector. In his opening address to the delegates attending AIDS 2000 conference Mbeki said, “the collapse of immune systems among millions of our people, such that their bodies have no natural defence against attack by many viruses and bacteria... it seemed to me that we could not blame everything on a single virus.” (Mbeki, 2000: online).

I have provided a glimpse into my early life and cultural heritage in order to provide the context in which DramAidE developed its theory based projects. The key points raised in this chapter are that the Zulu social system was traditionally hierarchical and stratified according to seniority and status meaning that it was highly regulated with normative patterns of behaviour observed and promoted with respect for this social system. It was through this system of respect that behaviour was regulated and the young were guided through different stages of physical development. It was the family that established rules of behaviour and nurtured the young in appropriate values such as those of respect for self and others and developed *ubuntu*. Knowing and understanding your place in the family provided a sense of belonging that developed a sense of identity as an individual. This sense of belonging is as important to a sense of identity as the sense of being an individual. Traditional ways of knowing and understanding the meaning of life are breaking down under the pressure of rapid urbanization and as a legacy of colonization and apartheid. This is particularly evident when young people leave home and stay in residences at university.

The temptation to push the boundaries of appropriate healthy behaviour is real and difficult to resist. Clearly peer pressure plays an important part in students experimenting with alcohol and exploiting opportunities to have sex. The response to information about HIV was fraught with suspicion and denial in this sector of South Africans. As the Act Alive project evolved and changed, this context profoundly

affected the theory and methodology that became part of the DramAidE approach. In fact it is true to say that Act Alive is a product of this cultural heritage.

In the next chapter I explain some of the theories and methodologies that were part of the broad spectrum of communication prevention practices and identify those that DramAidE adopted.

## **Chapter Four: exploring the theories that inform DramAidE**

“She believed in the theory that you catch more flies with honey than with vinegar”  
(*Encarta* online English dictionary).

Over the fifteen years of its existence DramAidE has incorporated a range of theories or models within the broad framework of Participatory Action Research (PAR). Adopting a theory-based approach is important for replicating, scaling up and evaluating projects. Projects that are not based on theory run the risk of losing their direction along the way and it may be difficult to ascertain their outcomes. Theory is a consciously organized system of accepted knowledge. Theories and models provide a roadmap for developing and sustaining a project (Fishbein, 2000:273). Making use of a theory is like using honey for catching flies and not wasting your time with vinegar. In this chapter, I will discuss some of the theories that inform DramAidE’s Act Alive project.

Initially, DramAidE based its work on theories of educational drama and theatre for development (TfD). These theories claim that drama and theatre can be used for education or propaganda, as therapy or participatory tools in development projects.

### **Using theatre and the arts for HIV awareness**

DramAidE started in 1993 as a project of the drama department at the University of Zululand. The aim of the project was to create awareness about HIV/AIDS using the arts, in particular drama and theatre. As noted earlier in the discussion about the distinction between disease and illness, HIV was not a disease then because those who were infected had not started to show clinical manifestation of infection. This made it difficult for non-medical people to comprehend this new sickness. Creating awareness about HIV was therefore a challenge and continues to be the case even today. Two doctors who were working for the then KwaZulu Department of Health approached the drama department at the University of Zululand to assist in creating awareness about HIV/AIDS. These doctors believed that theatre and drama would be useful tools of engagement because they believed in the power of the arts. They

also saw theatre and drama as tools that can be used to demonstrate intricate medical processes and terms such as the body's response to HIV infection and transmission. The first DramAidE plays incorporated a visual representation of the technical process of infection as it occurs in the body. Using costume and other elements of drama, this scene was designed to stimulate the imagination of the audience by simulating a technical process of the function of the immune system. Theatre was used as a tool to demonstrate the reality of HIV/AIDS. At the time HIV was unknown and the aim of the theatre programme was to educate people about the reality of becoming infected with HIV. Theatre enables the issues to be crystallised and consequences imagined.

Berthold Brecht and Augusto Boal argue that theatre can achieve conscientisation - moments of insight (especially political) or alternatively that theatre reinforces the status quo (through catharsis). They used theatre as a tool to conscientize their audiences against social injustice. They rejected the notion that the audience should be passive participants in the play. They argued that empathy and catharsis perpetuate the status quo by overwhelming the audience with emotions and limiting their ability to think (Boal, 1995:71-72). Brecht (1964) saw empathy as a means to perpetuate exploitation. Plays directed by Brecht's offered moments of insight wherein the characters reveal themselves and through narration and songs the actors question what the characters do and are critical of their actions in the play. Boal on the other hand built on this further and invited his audience to invade the stage and work out different solutions to the issues presented in his plays. His audience was not mere spectators that watched from a distance. They became spect-actors in that they physically came on stage and acted out different scenarios to challenge what was displayed on stage if they did not like its ending.

Even though they were able to animate their plays via encouraging participation, they do not make claims about 'behaviour change' as such. This means that the effectiveness of these forms of intervention is very difficult to measure. They do, however, view theatre as a tool for political activism. Brecht used theatre as a commentary on the German political system and his plays such as *The Caucasian Chalk Circle* served to conscientise his audiences to rise against injustice. Brecht

(1964) suggested that theatre should have a social function and an educational function while remaining entertaining.

Many practitioners consider drama as an art form that should be appreciated for its aesthetics and should not be didactic or openly communicate messages (Baxter, 2008 and Bundy, 2003). This thinking has been challenged by other practitioners who consider drama as a communication tool that can be applied in development projects. There is a growing body of evidence where drama has been applied in development projects (Kerr, 1995; 1997; Kidd, 1979; 1983; 1984; Mda, 1983). The field of applied arts has rapidly developed and includes theatre for development, educational drama and the use of a wide range of art forms as communication tools for social change (Taylor, 2003). DramAidE is one such example and uses drama, song and dance, poetry and the visual arts to communicate messages about healthy lifestyles. When DramAidE started focusing on the field of communication, various communication theories and methods were explored.

### **A brief look at theories of communication**

Communicator-message-receiver [CMR] theories of communication are pervasive in the design and implementation of South African campaigns and interventions (Parker, 2005). This is because they have a common sense appeal in that they endorse the notion that communication is about how effectively a communicator transfers a message to a receiver i.e. the communicator is the key factor in the communication process (Dalrymple, 1997). The use of CMR models within health promotion contexts typically incorporates expert-led message development with contextual evaluation. Such approaches may also include pre-testing with representatives of intended audiences. Conventional CMR approaches emphasise how meaning is made, rather than how messages are understood by ordinary people. (Parker, 1997) They are often referred to as top-down approaches.

## **Applying psychological models of behaviour change to DramAidE work**

As DramAidE developed its programmes there was a need to introduce psychological theories for purposes of evaluation and replication and to ensure that the work was responsive to changing patterns in the epidemic.

As a result, the DramAidE approach incorporated some psychological theories of behaviour change especially Fishbein and Ajzen's (1975) 'Theory of Reasoned Action' that claims that a change of knowledge and attitudes will result in a change of practice or behaviour (KAPB studies). This linear model with some adaptations is now a 'common sense' model in South Africa among health professionals and it underpins the majority of behaviour change studies that have been undertaken (Parker, 2005).

The major psychological theories of behaviour change can be broadly divided into three categories. These theories are derived from social psychology and communications. They were also borrowed from family planning and were adapted to inform HIV/AIDS prevention programming (Airhihenbuwa et al., 2000). The most prominent theories that have dominated AIDS communication discourse are; the theory of reasoned action, health belief model, social learning theory and diffusion of innovation. The AIDS risk reduction model is the only theory that was developed specifically for HIV/AIDS prevention (King, 1999:6).

This model uses aspects of the health belief model, diffusion of innovation theory and the social cognitive theory to explain the process that individuals/people go through to change their behaviour to avoid the risk of infection. It identifies three stages that a person should go through in order to reduce risk of infection. They include naming or labelling the behaviour that makes the individual susceptible to risk, commitment to change, and taking action to minimise or eliminate risk of HIV/AIDS infection (UNAIDS, 1999). In many instances this may mean, reducing the number of partners or using a condom consistently and correctly all the time when having sex. Another risk factor that is a focus of HIV communication campaigns in South Africa currently is alcohol abuse and transactional sex.



Even though the DramAidE approach incorporated psychological theories of behaviour change, it was much broader. It became evident that many factors including a lack of life skills and the cultural, social and economic context of people's lives meant that individual behaviour change on its own is not really feasible and so there are arguments for participatory interventions, structural change and social change including human rights - 'awareness' and 'beyond awareness' where we still seem to be located. Some theories or models relate directly to evaluation which is often short- term whereas structural and social change is actually a long term goal but in the meantime people are dying and there are no easy solutions to the problem (Parker, 2004).

## **Discussion of the key behaviour change theories**

The application of these psychological theories to HIV/AIDS prevention has raised some questions and also been rejected by scholars that suggest a more inclusive approach to HIV prevention. They argue that behaviour is induced by a multiplicity of factors some of which are beyond the control of the individual.

In African societies the application of behaviour change theories in prevention programmes premised on the assumption that people have choice and are able to exercise this choice and their individual liberties has been challenged. Their suitability to the South African context where patriarchy and gender violence continues to exist has been questioned (Parker, 2004). Airhihenbuwa et al. (2000) suggest that theories based on the individual that may be effective in the western context, have lesser relevance and may not be suitable for cultures where family and community are more central to the construction of health and well-being than the individual. King (1999:6) suggests that 'these theories and models generally do not consider the interaction of social, cultural and environmental issues as independent of individual factors'.

In traditional societies, as is the case in rural KwaZulu-Natal, most women find it difficult to negotiate condom use with their husbands. They are also unable to leave those relationships because they will be frowned upon by that community as having

failed in marriage. Their sense of obligation to the marriage is also hard to betray because of the cultural expectations that go with *ilobolo*. This is even more so in instances where these women are uneducated and unemployed but dependent on their husbands who provide for them and their children. Their sense of confidence and independence is compromised and they usually lack the means to effect changes in their lives. Leaving their husbands may be at the expense of their livelihood and the well-being of their children. The circumstances become too much and these women may lack the confidence to confront their situation. They may end up staying in such relationships even though they pose a real risk of HIV/AIDS infection.

These women are in an ongoing quest to negotiate a better life but are caught between the horns of a dilemma. Staying in these relationships may mean running the risk of infection whilst leaving may mean knocking at the door of starvation. In such instances, it will take much more than the appreciation of risk to change behaviour. In this situation their circumstances are induced by factors beyond their control where it is difficult to exercise choice. In these instances it will take much more than the individual to change the circumstances. It requires interventions at the level of the community by challenging practices that deny women the space to exercise their reproductive rights and choose a sexual life that is safe (Kelly, 2000).

This is not to say that individuals do not have capacity to change their own circumstances, but that there is a very real sense in which the capacity to change is dependant and interlinked with particular kinds of pre-conditions or predispositions being fulfilled. It may be more appropriate to focus on changing an individual's socio-economic circumstances, amongst other contextual factors, than to focus on the specific sexual practices that are a product of those circumstances (Parker, 2004:3).

These theories place emphasis on the individual and attempt to explain and predict the behaviour of the individual. Knowledge, attitude, practice and behaviour (KAPB) theories assume that if you provide knowledge to the individual, this knowledge should lead to healthy attitudes and these attitudes should lead to healthy practices which in turn should lead to appropriate behaviour change (Parker, 2004:3). This domino effect expectation for these steps to chronologically follow does not always

happen. Providing knowledge and attempting to change attitudes, may not be adequate for changing and maintaining complex life-long behaviours. Whilst individuals may identify the risk factors and see that they have to change in order to avoid risk, they often find that this is in conflict with their cultural beliefs and community expectations.

Behaviour change communication that is essentially directed at the individual invariably fails to recognise the collective consciousness of the community and the powerful effect that the cultural context has on the individual. Communication programs cannot succeed if they do not focus on how audiences interpret their worlds and live and struggle in the complexes of social networks and everyday experiences that bind them (Rice and Atkins 2001:72). This has raised questions about the efficacy of the communication prevention strategies that are currently implemented. It further poses doubt in the minds of many on whether prevention works.

Uganda is one of the countries in the world to have reduced HIV/AIDS infection substantially amongst its population (Singhal and Rogers, 2003). Some attributed this to the fact that those who were infected had died and so the epidemic was taking its natural course. Others attributed this to the communication campaigns implemented there. Every public space was dominated by AIDS messaging from the Presidency to the local herdsman with their slogan of “Zero grazing” and “Love carefully” Epstein (2007:162) suggests that the epidemic declined in Uganda because of what she terms “collective efficacy” - the ability of people to join together and help one another which is the collective action, mutual aid, a spirit that is rooted in a sense of compassion and common humanity. Singhal and Rogers, (2003:314) describe collective efficacy as “the degree to which the member’s of a system believe they have the ability to organise and execute actions required to produce desired results”. Even though there are various interpretations of what may have led to the decrease of infection, Uganda provides a useful example of a country’s effort to reduce infection and provides important lessons for South Africa where the rate of infection is still very high.

Critics of behaviour change communication have called for a shift in approach towards social change communication arguing that HIV/AIDS communication should take into account the wider context in which HIV occurs and the effect that this context has in mitigating responses by individuals (Mckee et al., 2004:42-43). The Ugandan case is a useful example of how the communication campaign implemented there was able to harness the collective fellowship of all the Ugandans to fight stigma and prevent infections (Epstein, 2007:134).

### **Diffusion of Innovations: Role modeling and community leaders/celebrities breaking the silence**

Diffusion of innovations is another theory that is part of the DramAidE conceptual framework. Diffusion of Innovations describes a communication process through which an idea (innovation) is disseminated and adopted in the community (Airihenbuwa et al., 2000:7). This theory was developed by Rogers (1995) and many HIV prevention communication programmes have applied it in the design of their campaigns.

Public figures such as politicians and celebrities such as musicians and sports personalities are co-opted as campaign ambassadors and patrons. They are asked to endorse the campaign and make public statements in support of the campaign. It is assumed that their fans are likely to adopt the innovations that are proposed by them. There are numerous examples of public figures leading campaigns against HIV/AIDS. Philly Lutaaya who was a popular Ugandan musician was the first celebrity to disclose his status in 1989 and warned his people about the dangers of having unprotected sex. In South Africa, various HIV campaigns such as 'Know your Status' run by New Start<sup>27</sup> use soccer players and other celebrities to promote VCT. These celebrities are asked to take an HIV test in public. Singhal and Rogers (2003:90) suggest that celebrities have the power to promote preventive health behaviour because of their position in the public eye.

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<sup>27</sup> A South African NGO that works to promote (VCT) Voluntary Counselling and Testing.

## A call to participate

DramAidE has not applied communication as a top down approach where the sender sees the audience as objects to persuade. Rather, the audience is seen as subjects with whom information can be collectively exchanged through a social process of dialogue using drama, songs, storytelling, folklore and other forms of local media. The aim is to start a social interaction whereby meaning is produced and exchanged (Prentki, 2003:3).

In his MA thesis 'Freirean pedagogy as applied by DramAidE for HIV/AIDS education', Nduhura (2004:67) suggests that project beneficiaries are sometimes not consulted during the design of the project and that the Freirean action reflection approach is applied *mutatis mutandis* in DramAidE projects. Later on in his thesis, he suggests that DramAidE is aware that it does not apply all the Freirean principles. Freire himself (1970) cautions against applying his educational principles as they are without due consideration for the context in which they are applied.

The challenge in Nduhura's thesis is to recognize that DramAidE developed its approach over a period of 12 years using PAR as a framework and based on Freirian principles. However, in the Nduhura's case study there is a tendency to flatten out this time span. For example on page 68 in the conclusion to the dissertation, he quotes Dalrymple and Preston Whyte (1994), to support an argument that generally DramAidE does not consult with schools and communities prior to an intervention. It is argued that this constitutes a serious failure in the application of Freirean principles. This may be true of the approach in 1994 but subsequently from 1998 onwards, DramAidE has consulted with schools to set up the Act Alive project. It is true that time restrictions imposed by donors limit the depth of consultation and planning that ideally should take place with schools and communities within the framework of PAR<sup>28</sup>.

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<sup>28</sup> In her essay, 'A Comparative Analysis of the Efficacy of a Once-Off Forum Theatre Intervention and Weekly Ongoing Workshops used by DramAidE' Magenda argues that DramAidE knows how to achieve sustainability, one of the core principles of Theatre for Development (Prentki, 2006:1), but is not always able to implement this knowledge due to financial restraints. The problem then lies not with the project itself or the methods it uses, but rather in how to access funds that would allow DramAidE to work to its full potential.

Tufte identifies the four main principles of participatory communication as:

- a) viewing ordinary people as agents of change with a view to liberation and emancipation and respecting local cultures.
- b) seeing people as the nucleus of development
- c) allowing programmes to develop rather than initiating and controlling them.
- d) placing emphasis on the local community and engaging in dialogue rather than monologue.
- e) strengthening democratic processes and institutions (Tufte, 2001:22).

The Act Alive project utilises entertainment in the form of dramas, songs and dances as tools to empower participants to create their own realities and responses to HIV/AIDS prevention as part of its communication strategy.

DramAidE was conceived within the framework of participatory action research and uses participatory communication techniques. These techniques are interpersonal and culturally sensitive. They encourage a democratic process of learning where different views are encouraged and reflected on. This encourages equality and ownership for a learning experience. Participants are empowered through providing a platform and space for their voices to be heard in the production of meaning. For instance, the first DramAidE project was a three phase intervention and when the next phase was planned all the facilitators met to discuss improvement for the next project and Act Alive was devised after taking into account feedback from teachers and learners. In the PAR cycle, a change was made from the three phase intervention to Act Alive.

DramAidE does not use the top down approach to communication but strives to promote and frames its communication approach in terms of bottom up communication. In developing media products to support its campaigns, DramAidE uses a PAR approach where participants are encouraged to interpret messages from their point of view and construct their meaning and express it through the arts. They are encouraged to draw on the local arts and folklore to develop media products that promote health. Such products include praise poetry, gumboot dance, traditional dance, *isicathamiya* and other local cultural arts media products (Panford et al., 2001). Parker (1997:10) calls this methodology 'action media' and argues that this

process integrates the interests of both the communicator and representatives of target audiences within a health promotion context. Such a process is democratic, interactive and empowering for the participants. This reflective and expressive approach to communication is a key consideration in DramAidE's work.<sup>29</sup>

The important benefits for using participatory approaches in development communication is that it can help to legitimize decision making processes and can assist in drawing in local knowledge thereby establishing equal partnership between external agencies and local communities (Blackmore, 2006:3). Participatory approaches, however, are not without shortcomings. They can be manipulated by external agencies to influence decision-making. External agencies may use different participatory tools to influence thought in a subtle but persuasive manner to 'legitimize' their agenda and get local communities to adopt their innovation. In its use of participatory methodologies, DramAidE is aware that the tools of engagement that it uses such as role plays, games, songs and other applied art forms have the potential of sugar-coating messages because of the focus on their entertainment value. It may seem that the audience has been persuaded to accept messages about changing risky sexual behaviour without questioning when in fact this 'seeming acceptance' is superficial. Any behaviour change that might occur is often not sustained. As a result, DramAidE states its agenda upfront and invites its participants to question the status quo and negotiate new meanings and ways of responding for themselves. The Act Alive project includes workshops and activities that take place over several months and is not a once - off road show. A critique of participatory approaches is further discussed in Chapter Seven.

In this chapter I have discussed the development of DramAidE, especially the theories that inform DramAidE. I have discussed the fact that DramAidE uses participatory communication where it sees its participants as agents of change and the nucleus of development. DramAidE does not believe in the top down approach to

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<sup>29</sup> At a roundtable discussion organized by HEARD (Health Economics and HIV/Aids Research Division) in 2009 Parker questioned the current rhetoric on AIDS in Africa, arguing that it was devoid of the voices of those most affected. He questioned the dominant, powerful ideas about HIV and AIDS as being coherent yet simplistic, and as crowding out the experiences of those most infected and affected by HIV and AIDS. [www.heard.org.za/downloads/roundtable-report.pdf](http://www.heard.org.za/downloads/roundtable-report.pdf) It is DramAidE's approach to make spaces for these voices to be heard.

communication but works to facilitate a democratic process where its participants determine the change that they desire through a participatory communication process.

I have also further discussed the psychological theories of behaviour change emphasizing the point that, even though they have limitations, they are useful to consider. They continue to be used in the DramAidE Act Alive project particularly in life skills aspect of its work.

The theory of diffusion of innovations that is discussed in this chapter informs the peer education project that DramAidE runs as part of its Act Alive project. Using celebrities to promote health messages and organizing events wherein the community discusses healthy life choices is some of the ways that DramAidE uses to disseminate information (diffuse innovations). These models were explored within the context of participatory research as I have described in Chapters One and Three. The next chapter is a discussion of what is meant by a adopting a cultural approach to prevention communication.



## Chapter Five: A cultural approach to HIV/AIDS prevention

*“Asenzi kanje lana. Lolu akulona usikompilo lwethu”* (IsiZulu saying). (We do not do things this way in my culture. This is not part of our culture).

After the passing away of my cousin in 2006, I raised my objection about the washing of the corpse before burial because of the potential risk of infection (It was suspected that she was infected with HIV/AIDS). I was told that the washing of the corpse is part of our culture and it must be done. After a lot of persuasion we agreed that this practice should continue but those that are washing the body should wear gloves. In this way we were able to reconcile the need to perform this ritual whilst preventing infection. This incident demonstrates that it is possible to retain cultural practices that are important to people yet make small shifts in response to scientific information about improving health.

There are various interpretations of culture and what it means. Our cultural heritage, symbols and artefacts are ways in which we make meaning and understand the world (Tomaselli, 1988:51). Likewise, communication programmes need to take into account the importance of culture in mediating meaning and the reception of messages that they promote. Communication programmes should consider the prevailing systems of making sense in choosing communication tools to be used in campaigns.

‘Culture’ is a term that has different meanings. In this chapter I explore what it means to adopt a cultural approach to HIV/AIDS communication (See Chapter One). In DramAidE we have claimed from the outset that our methodology is sensitive to its cultural environment and in the section that follows I explore some of the discussions relating to a cultural approach within Communication Studies. I then describe the ideas, beliefs and values as well as some of the practices that characterize my understanding of Zulu culture based on my personal experience.

A key point emerging from the narrative of my life in review is the importance of reconciling local knowledge with established scientific knowledge. Similarly, certain

cultural practices are no longer compatible with the human rights culture that South Africa has defined in its constitution. This means that social change is taking place and in the Act Alive project the intention is to promote change that will lead to a healthy society that recognizes human rights. These changes such as wearing gloves when preparing a body for burial or more sweeping such as the 'Zero grazing' campaign in Uganda may be small but still significant. In Act Alive a cultural approach to communication means understanding:

- beliefs such as notions of illness and reasons for getting sick
- the appropriate use of language
- social systems in relation to peer influence
- social systems in relation to gender and human rights
- creative expression through art forms such as song, dance and poetry.

This simplified discussion of a highly complex topic allows me to explore what is meant by a cultural approach from the perspective of a Zulu male socialised in a Zulu family educated at a university and then working for DramAidE.

For this analysis I have adapted and further simplified an approach adopted by Geertz (1973:331) in his analysis of the culture of the Balinese. In order to discuss aspects of Zulu culture relevant to the Act Alive project, I have focused on some parts of the Zulu belief system and of the social system. However, these strands of culture are not separate but interwoven in the fabric of the culture. Jan Servaes (2002:64-65) argues that the social reality should be seen as a reality constituted and cultivated on the basis of particular values, a reality in which the value system and the social system are completely interwoven and imbued with the activity of each other. The approach that I have adopted helps in discussing the various aspects of culture as it relates to this study. In reality, ideas, beliefs and the social system are not separate but manifestations of each other. I hope to draw these strands together in the conclusion to this study.

## Ideas about Culture

“Culture is the fabric of meaning in terms of which human beings interpret their experience and guide action” (Geertz, 1973:145). The concept of culture that informs this study is that it is not fixed but dynamic and that it is a process which informs the way meanings and definitions are socially constructed and historically transformed by the actors themselves. It is about what we do today to make sense of the world we live in. It is the storehouse of ways in which we create meaning (Tomaselli, 1988:38). Geertz (1994) believes that man is an animal suspended in webs of significance he himself has spun and he suggests that culture represents those webs.<sup>30</sup> These webs of significance are our socialisation, religion, rituals, symbols and traditional values that shape the way we make sense of the world around us. The key consideration is that culture constitutes a bedrock and context in which to understand the world. It is not only the foundation and context for negotiating meaning but we are also part of culture and it is part of us. Separating people from their culture would be short-sighted and ill conceived. The identity of an individual is shaped by his/her culture the same way that the individual shapes his/her culture.

Airhihenbuwa et al. (2000:106) suggest that culture is a collective consciousness of people expressed through the lived reality of their lives. It consists of values, beliefs, practices and norms that begin to define the essence and psychology of a community. Some of these norms and beliefs tend to stay over time whilst others change as society changes. It is culture that determines the way people interact with each other, create gender roles and bring up their children in families and extended families. A dominant value in most western cultures is to establish nuclear families and to understand the sense of self as a characteristic of separate and independent individuals. The self is seen as the product of the individual. In this way of thinking, each person is seen as a unique and worthwhile individual separate from everyone else and exists independent of others. The state is expected to guarantee individual liberties and provide access to resources for this individual to live. When this

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<sup>30</sup>In isiZulu, to call a person an animal is an insult. In this quotation, Geertz uses a metaphor of an animal (insect) trapped in a spider web and spinning in it. He views human beings as suspended on the cultural webs that informs their identity. It is not a reference to human beings being animals.

Individual reaches the age of consent, he is expected to find alternative accommodation away from home and live independently from his parents.

Many other cultures especially the African cultures view the self as a product of the family, the environment and that the self is predetermined by supernatural forces (Airhihebuwa et al, 2000:107). Traditional Zulu culture sees the self as a product of family and community and other environmental influences. This value is captured in the concept '*umuntu ngumuntu ngabantu*' ('You are because we are'). In the African context, being a collective community is promoted and this is subsumed in the understanding of *Ubuntu*.

A human being is thought of as a complex whole of various constituents derived from the mother, the father, the clan, and the Supreme Being. Some of these constituents outline his/her personality, character and his/her destiny. This premises the way some societies view the world and provides a potential recourse for interpreting the world. Many development practitioners view culture as a barrier in development and find people to be hiding behind a fictitious phenomenon called "my culture" that cannot be personalised. It is important to understand that even the notions of belief are deeply embedded in the cultural exposition of an individual. It is for instance true that the causes of diseases are not only understood logically but that diseases are caused by other factors and display themselves in inexplicable diseases like AIDS.

South Africa is a society that is in transition and constantly adjusting to the expectations of the rapidly changing world within the context of globalisation. On one hand, it is a highly sophisticated society that is constantly modernising itself and home to the influences of Europe and America. On the other hand, South African society includes an expansive wealth of African cultures. This inherent contradiction makes South Africa a complex and sophisticated society.

Adopting a cultural approach means that the cultural references and resources of a community informs and underlines project planning and activities. It is important in building a framework for intervention. These key strategies also serve as a resource and basis for building a relevant response and sustainable action for prevention and

care thereby reducing rates of infection and help mitigate its impact. (UNESCO, 2001)

When UNAIDS (United Nations program on HIV/AIDS) was established in 1994, it was charged with the responsibility of finding new and innovative ways to curb the spread of HIV/AIDS and collaborate with national governments to co-ordinate a global response to HIV/AIDS. The submission made by UNESCO's culture sector to the UNAIDS in 1998 recommended that UNAIDS adopts a cultural approach to HIV/AIDS prevention (UNESCO, 2001). In 1998 a joint project between UNESCO and UNAIDS called "A Cultural Approach to HIV/AIDS Prevention and Care", was started. Different roundtable discussions, workshops, conferences and studies were held and continue to be held. There is a growing convergence of the practitioners working in the field that adopting a cultural approach to HIV/AIDS prevention will greatly benefit the effort against HIV/AIDS even though it is challenged by the widely practiced bio-medical approach to HIV/AIDS communication that is generally accepted.

### **Culture, health and illness**

Young people have been educated about the basics of maintaining good health but these ideas are sometimes not always integrated with their indigenous understanding of well-being. Brown et al. (1988) make a distinction between illness and disease although they view both conditions as constituting sickness. Disease refers to the outward clinical manifestation of infection whilst illness encompasses the human experience and perceptions of a changed health status informed by a broader social and cultural meaning.

People have been educated about the basics of maintaining good health but these ideas sometimes rest on a deeper, more entrenched indigenous understanding of well being. Although bio-medical approaches are recognised and even understood, they may still be regarded with suspicion. According to the online medical dictionary, a bio medical approach is a medical framework that considers illness to be caused by identifiable agents such as germs. On the other hand there is a traditional view

about illnesses and what causes them. This view is part of a traditional knowledge system.

According to this way of thinking, the world is thought of as basically good with people and ecology blending together in harmony, and all things being equal people get the necessary blessings from the ancestors to enable them to maintain the balance in their lives. There are different sacrifices that Zulu people, in particular, perform to ask for protection and blessings from the ancestors. If these have not been performed, they are believed to be able to cause illness and death (Ngubane, 1977:68). In this view diseases may be caused by the ill- will of others, sorcery and forces of nature such as anger from the ancestors.

Brown et al. (1988:11) suggest that sickness is an inclusive term that includes all the unwanted variations in the physical, social and psychological dimensions of health. It is usually assigned to a human condition signifying complex interactions between human biology and culture. A purely clinical explanation about being infected with HIV without physical symptoms may not be sufficient in explaining the sickness that a person may be having. When a person is sick without clearly understood causes as they relate to broader social and cultural understanding of what causes illness, the tendency in the African context of health and healing is to seek counsel from the diviner. It is estimated that 80% of the people in Sub Sahara consult traditional healers for their illnesses even though a high percentage of such people visit hospitals as well (Richter, 2003:10). This raises questions about the complex relationship between Western and non- Western medical systems and begins to introduce notions of beliefs and practices related to the aetiology of diseases.

The prevailing belief is that such illness is caused by ancestors who may be angry or induced by sorcery through evil spirits. (Ngubane, 1977 and Milingo and Macmillan, 1984) In explaining medical pluralism, Brown et, al(1998) suggest that health belief systems fall into two categories: (1) 'personal' belief systems that suggest that sickness is caused by a supernatural force directed at a patient either through an angry spirit or by sorcery and , (2) naturalistic belief systems that suggest that sickness is caused by natural forces such as germs. Indigenous South Africans have adopted a plural approach to medical health and well being. These two categories

seem to inform people's responses to illness and well-being. This impacts heavily on the way that the epidemic is managed in the South African context. The core consideration here is that traditional notions of health and well being should not be viewed as oppositional to biomedical approaches to health. Both are mutually beneficial to the patient and should be accorded equal consideration in dealing with sickness especially for traditional societies.

In my community it is common for individuals to consult both a traditional healer and a medical doctor for a similar illness. The need to consult traditional healers seems to be necessitated by the fact that the bio-medical explanation of the causes of their sickness addresses the disease they have and not the illness. In cases where people present with AIDS defining illness HIV/ADS communication practitioners tend to view this as a sign of denial and non acceptance of an HIV positive status. Health workers are likely to suggest counselling in order for the patient to accept his/her disease and there is little consideration for placing the disease within the cultural understanding of the aetiology of diseases.

At the core of this, is the interplay between the western notions of health and the traditional knowledge systems. It goes deeper to the cosmological conception of how disease and illness are caused; causality is seen in terms of who and not what. The former is dependent on a web that links mythical causality to actual experiences (however subjective); the latter sees disease as a result of pathogenic exposure. This has implications on how new information, such as that HIV causes AIDS, will be received and acted on and therefore on the development of appropriate communication strategies. The challenge for health communicators is to merge the cultural understanding of what causes illness with science. This places even more emphasis on the need to understand the centrality of the cultural context rather than simply individual beliefs in developing communication campaigns (King, 1999). I am suggesting that communication efforts be enshrined in deeper cosmological understandings in order to balance a western approach to a traditional worldview.

My narrative in the previous chapter has illustrated how new sets of ideas or 'rules' determine responses to new information. Culture is often seen as a barrier to achieving social learning and change. However, culture is not static but dynamic and

ever changing and it is not necessarily a barrier to adapting to change. There is suspicion of western ideas among many Africans because of colonialism and the consequent loss of power and the fear of the loss of identity (Zook, 2006:101-102). There is also the fear that an erosion of social hierarchies will lead to the undermining of value systems. It is therefore important for communication practitioners to understand the world view and value systems of the communities where they work and factor this understanding in their campaigns. Communication practitioners should always be aware that their messages resonate with the value system of their target audiences and recognize that their messages will be interpreted from the cultural perspective that defines a community. This means encouraging a community to identify for itself those cultural practices that are conducive to its wellbeing and those that are harmful.

### **Rejecting harmful cultural practices**

Culture provides a framework for understanding the world and responding to new information. Social hierarchies that are in place are helpful in protecting young girls and boys from sexual exploitation by older and mature members of the community. The rules of behaviour help to create structure and order. It is not permissible for instance in Zulu traditional culture for men to rape women or other men for that matter. A man who was found guilty would be censured by the community and heavily fined.

However, in the rural community of Ndwedwe, outside Durban, teachers are reporting to the DramAidE facilitators that young girls sometimes do not finish school because of the cultural practice called *ukuthwala*. This is a Zulu cultural practice whereby a girl would plot with her new lover to be kidnapped and taken to her lover's house. Her boyfriend would then go to the girl's home the following day and tell them that the girl is not lost but is with him in his home. He would then offer cattle and ask the girl's family to allow them to get married. This practice has been abused by young males to force girls to marry them even if they do not want to do so. This is now tantamount to kidnapping. In other instances *ukuthwala* happens with the consent of the girl but the boy does not go to the girl's family to pay *ilobolo* and ask



to be married. Instead the tendency is to take the girl over to the boy's house and cohabit without the consent of the parents.<sup>31</sup>

In my experience of growing up in KwaZulu-Natal, I remember a similar incident which took place in my community a long time ago. We woke up to screams of a woman who was running away frantically as though she was possessed. Behind her were two men who were hot on her heels. She tried her best to run as fast as she could but could not outpace them. That is when she started screaming asking for help. Everybody went out to look to see what was happening. When they eventually caught up with her, she started fighting them, kicking and throwing anything she could find at them. They closed in on her and started beating her. They carried her high on their shoulders whilst she was kicking and screaming. Nobody came to her rescue. Everybody just looked approvingly and did nothing. I remember then saying to myself that I would never allow that to happen to any of my sisters or my daughter.

This cultural practice has been exploited by unscrupulous males to force girls into relationships that they do not want. Traditionally, the boy was not allowed to sleep with the girl until her family had been told and accepted the boy's offer. Evidence suggests that *ukuthwala* still continues in rural areas of KwaZulu-Natal (Phasha, 2009). Once the girl has been taken over to the boy's house, she is forced to sleep with the boy much against her will (Wood, 2005:313). Condom use and abstinence becomes impossible under such circumstances.

Clearly, some cultural sexual practices can be harmful and contribute to HIV infection whilst others may provide impetus to HIV prevention. Wife inheritance, for example, can lead to cross infection in cases where the deceased brother may have died of AIDS-related diseases. In instances where a cultural practice is harmful, it is important for the community to review such a practice and make it appropriate and relevant to the present context. Whilst these cultural practices may have been there

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<sup>31</sup> In the western culture there were ceremonies for the 'coming out' of young girls in the upper classes. This happened in the 19<sup>th</sup> and 20<sup>th</sup> century where the young woman was declared ready for marriage at functions such as debutante's balls. The aim was to find a good husband. She was always chaperoned. Young women were never left alone in most societies. Today, women are left alone to make their choices.

to serve a social function, their exercise should not threaten the wellbeing and health of their participants.

Preserving virginity by abstaining from sex for young maidens is one of the prized values of many traditional societies. This cultural practice can contribute to HIV prevention for young girls although its practice may be viewed by others with suspicion because girls could still get pregnant even though practising *ukusoma*. When DramAidE started in 1993, one of the key messages that it promoted was *ukusoma* (traditional thigh sex). This was an attempt to recognise the cultural context in which the programme was implemented. *Ukusoma* also provided an alternative form of sexual release for men compared to actual unprotected sexual penetration. Understanding the culture of a community where communication campaigns are held is a key factor in effective communication.

## **Gender, human rights and culture**

The transformation of the South African society into a democratic state with more emphasis on individual liberties has led to a state of flux wherein local ethnic communities are caught between modernity and tradition. It has increasingly become difficult to reconcile traditional values with the human rights culture that emphasizes the individual more than the group. This emphasis on the individual challenges the African notion of the collective and the powerful influence that the group has on the individual. The Zulu saying for instance that says *Ingane yakho ngeyami* (*your child is my child*) recognises the collective responsibility of the community for its well being and nurturing of the young.

Even at a personal level, individuals assume different images of themselves depending on the environment and context. I have observed that this is particularly true for Zulu professional women who may hold high positions at work and wear modern clothes that are 'revealing' but change completely when they are visiting their families or in-laws. These women behave differently when they are at work. They display an empowered and assertive image of themselves. When they are within a traditional setting, which is regulated by family hierarchy and unspoken rules of behaviour, these women adapt in order to be accepted in this group. Whilst on

the outside, individuals may display an image of themselves that is modern in order to fit in the modern world, they still harbour in the fibre of their beings, traditional values and mores that inform their thinking and actions. This representation of their identities in multiple images may be confusing. In this context, it is particularly hard to work out what equality means when it comes to gender, because the power dynamics are ever shifting and re-negotiated.

This is further compounded by the fact that the South African constitution is based on human rights, guaranteeing individual liberties of South Africans whilst at the same time recognising customary law. For instance, the constitution recognises polygamy. It is permissible for men to marry more than one wife and these marriages are registered under customary law. The inherent contradiction in our constitution of recognising customary law whilst promoting human rights plays itself out in relationships between men and women.

In all patriarchal societies women have little or no say over reproduction and are regarded as possessions for men and their families (Chakravarti, 1993:579). This leads to abuse, and poor and disadvantaged women suffer the most. Although South Africa has a constitution and a bill of rights that protect women, and many advances have been made, this remains a contested terrain. Human Rights Watch which is one of the world's leading independent organizations dedicated to defending and protecting human rights, argues that whilst customs are important to community identities, this cannot be at the expense of women's and girls' rights and health. South Africa seems to be struggling as a society to understand how to bring about fairness and well-being in the context of conflicts between gender, culture and rights (Enslin, 2001:284).

### **Meaning lost in translation: the use of language in HIV prevention projects**

Culture should be understood as an ideational system in which meaning is expressed in symbolic form (Preston-Whyte, 1992:20). A communications framework suggested by UNAIDS (2000) in factoring a cultural approach to communication, recommends that the style and use of language should be understood for application

in communication projects particularly at an interpersonal level. Some languages use parables, stories and idiomatic expressions to convey messages.

The use of oral culture for instance ensures the currency of the message and that the learning experience is dialogic and participatory. Oral culture remains a potent and widely used method of communication. The use of local media ensures that the immediacy and relevance of arts items used and that the subtlety of language is understood.

Throughout my upbringing cultural norms and values have found expression through language. The choice of words and the tone associated with a language is indicative of the cultural group from which it comes (Geertz, 1994). As is the case in most languages, in isiZulu the use of vulgar language is considered impolite and rude. This is the reason I was surprised to hear students on my first day at University hurling insults at one another, using vulgar language. In the same manner, calling private parts by their actual name is considered impolite and vulgar. In conversation, reference to private parts is implied and they are not called by their real names. For instance, the real name in isiZulu for penis is *ipipi* but in my area it is usually referred to as *ugwayi* (cigarette) for an older male and *itotozi* (small penis) for a child.

Against this background, in constructing communication and educational campaigns on HIV/AIDS, it would be problematic to use the real Zulu names for private parts, as the socially constructed meaning behind the words communicates a message contrary to the intended message. The biological explanation of how HIV is transmitted and the need to teach about sexually transmitted infections with often explicit graphic pictures to make it real poses problems with the reception of this information within the cultural context. Airhihenbuwa and Obregon (2000:12) advise that cultural sensitivity should be central to health communication and practice.

It is very possible for meaning to be lost in translation and communication programmes should use local language and idioms in communicating messages. For instance AIDS is called *ingculazi* in IsiZulu. This word was coined by Thokozani Nene, a radio presenter from Ukhozi FM in the early 90's. He equated HIV to a sexually transmitted infection (STI) that Zulus called *ugcusula*. Initially, I did not

associate the two words to mean the same disease. The underlying message in the word *gcusula* is the fact that it is a disease that kills as a result of infection with an STI whilst HIV/AIDS is an abbreviated medical explanation of infection with HIV. The different contextual meanings of HIV/AIDS and *ingculazi* point to the different world views that inform our understanding of health and disease causation.

I have a fifteen year old daughter. One day we decided with my wife to teach her about sexuality and sexually transmitted infections (STIs). Responding to a call within HIV/AIDS prevention discourse for parents to talk to their children, we thought that we should try and talk to our daughter. One morning, we called her in and started talking to her about STIs. She sat there and just buried her head between her knees in embarrassment. I could see that she could not wait to get out of the room. We used both IsiZulu and English in talking to her. We also had an STI chart which made it easy to for us because we would simply ask her to look at the chart for things that we found difficult to explain. For instance, when we came to STIs we simply showed her the chart as some of the STIs were too uncomfortable to discuss with her. This experience was too contrived and not comfortable for both my daughter and us. When we asked her afterwards about the fact that we were discussing intimate matters of sexual health, she said: "I found the experience scary and traumatizing but I appreciate the educational aspect of it. Our teachers tell us about these things at school and I discuss these things with my friends all the time. But I appreciate the fact that my parents were talking to me about these matters because I trust what my parents are telling me whereas my friends sometimes lie".

In talking about sexuality to my daughter, discussing physical anatomy was much easier when English language was used to refer to private parts. Zulu words for private parts and other words associated with these parts are usually difficult to say as saying these words is regarded a taboo. Language is an important tool that provides concepts and a framework of meaning. The cultural understanding of what stages of development mean in Zulu is different from the western understanding which usually refers to the technical biological changes as defined by body changes. Vergnani and Frank (1998:12) point out that sexuality education should be about morals and values. It includes feelings and emotions as well as caring and respect for one's body and those of others.

Against this understanding we can see that sexuality goes beyond the physical and includes the social, emotional and intellectual aspect of being a male and female. These aspects are based upon a cultural understanding obtained within a cultural group. The way that we socialize and express ourselves is informed by our cultural understanding of the world. When we spoke to our daughter, the discussion was mostly technical about what sexuality is. We missed an opportunity to explain what it means in our cultural context.<sup>32</sup>

In the Zulu cultural tradition, for instance, a girl was not allowed to do chores and cook food when menstruating (Ngubane, 1977:78). This was because there were no sanitary pads and tampons to prevent spillage of blood. This is practical but people outside the culture have put a political spin to it. Some feminists view this as discrimination against women as they are seen as dirty and unclean during this period (Golub, 1983:27).

As noted in my narrative about my life at school in the previous chapter, it is important to note that the dimensions that some problems take on within societies cannot be explained or resolved completely through local customs, operating in isolation, and without beneficial infusions from other cultures. However, an understanding of the influence of culture on behaviour is significant in developing an appropriate communication approach to healthy life choices.

## **Reflecting on the context in which HIV took hold in South Africa and prevention strategies developed**

In the modern world, it is not uncommon for young men to impregnate a woman and not take responsibility thereafter. The Zulu traditional rules of behaviour about sex and sexuality are challenged and often confused by different practices to a point that the parameters of 'appropriate' behaviour seem to be fading away. As traditional

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<sup>32</sup> When I was growing up it was improper for me to play with my father and I would have minimal interactions with him. (See further discussion of this point in Chapter six) It is worth noting that in my family I make an effort to develop an open relationship with my children where we are able to talk and play. In this instance, we were talking about sex and sexuality which is often difficult for parents to talk to their children about. I also found it very difficult and uncomfortable. Even though I used teaching aids that I borrowed from DramAidE to facilitate the discussion, it ended up too much of "telling".

norms and cultural practice fade, they evolve as they integrate with other systems of making meaning of the world. The concept of culture is multidimensional. Cocks (2006:191) suggests that culture is a dynamic process of transcultural exchange where the 'modern' fails to 'substitute' for the 'traditional resulting in critical and complex processes of 'intercultural hybridization'.

This is consistent with the global movement in modern democracies where communal values and the sense of community are threatened by the demands of living in a democratic state where there is more emphasis on individual liberties and human rights. George (2007:1450) notes that South Africa has the difficult task of balancing cultural rights with other human rights because its constitution commits its citizens to both equality and the preservation of the customary values and traditional practices within the country.

For instance, the practice of virginity testing in KwaZulu-Natal is threatened by the new Children's Bill that outlaws virginity testing for girls below the age of consent (Vincent, 2009). The virginity testing debate as it has been engaged in South Africa exposes the persistent theoretical and practical tensions between human rights universalism and cultural relativism (George, 2007). The need to abide by the South African constitution which is a modern constitution premised on human rights and liberal values challenges indigenous communities especially in rural parts of South Africa to re-think their cultural practices and values.

In South Africa, the kinship system is challenged. We are increasingly seeing that people in townships are settled according to the housing allocation list which is largely based on 'first come first served basis' and not on kinship or similar surnames<sup>33</sup>.

There exists a plethora of media influences through the digital media and the information highway is open to all. Modern means of communication have a wider reach and traditional cultures are not able to insulate their people and hold exclusive

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<sup>33</sup> One of the main negatives of communal African social system is the clustering of clans and tribes to the exclusion of others. In spite of the influences of township life similar surnames continue to be the pillar upon which people come together and fulfill the need for communal bonding

sway over them. Through the continued practice of cultural ceremonies and rites, people in the rural areas continue to conduct their lives against the background of their traditional cultures even though media is pervasive (Abraham, 1992:15). Media brings with it influences from around the world and young people as consumers of these media products find themselves having to negotiate better ways of understanding the world and constantly interrogate their own attitudes towards these media influences. Whilst these media influences are more of proxies and generally reflective of the cultural contact that young people are exposed to, their influence should not be underestimated.

## **Respecting social structures and traditions**

The question is to what extent can young people participating in the Act Alive project interrogate customs and traditions, or the 'rules' of their local culture, and bring about social change. It is also about the ability of these youth clubs to negotiate around the contextual mediators such as local culture, gender and socio-economic status in order to bring about behaviour change.

Within the Zulu social system young girls were organized into groups in different localities. These girls were led by a mentor called *iqhikiza*. The role of *iqhikiza* was to monitor their sexual activities and guide them when they were ready to enter into relationships. According to this system, *iqhikiza* even had the authority to forbid certain relationships if she thought they were not appropriate. A girl was not allowed to enter into a relationship before *umemulo* was held for her.<sup>34</sup> She was also forbidden to enter into multiple sexual relationships. When a girl wanted to enter into a relationship with a young man, she would need permission from her mentor, *iqhikiza*.

The feminists have challenged this practice as they view it as another form of denying women their gender rights and opportunity to express and celebrate their sexuality freely (Morrell et al., 2009). It places the responsibility of sexual health on women and less so on men. This practice is also challenged by the changes in how

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<sup>34</sup>Not all the parents could afford *umemulo*. See the discussion about *umemulo* in Chapter Three.



society is organized. We are increasingly seeing many people moving to urban areas such as townships and squatter areas in search of better livelihoods. This and other factors make it difficult for this practice to be upheld. As a result, it has been eroded and cannot hold.

Public health communication programmes have recognized the value of guiding young girls and boys as they form concepts of themselves and form relationships with each other and their environment. Peer education has been proposed and promoted in a variety of settings as a strategy to guide and help with socialization of youth to adopt healthy lifestyles. Such programmes can benefit by examining aspects of the Zulu social system that are positive and incorporate them in their peer education programmes especially in rural South Africa. There are very few peer education programmes that incorporate mentorship which seems to have been a useful aspect of *iqhikiza* approach.

### **Promoting respect and human rights through peer educators**

Peer education has been proposed and promoted in a variety of settings as a strategy to guide and help with socialization of youth to adopt healthy lifestyles (Campbell, 2004:197-198). Peer Education is a method that is used worldwide in HIV/AIDS prevention to encourage young people to promote healthy lifestyle practices amongst one another (UNAIDS, 1999). Many HIV prevention programmes use peer education as a strategy to maximise impact of their programmes. Research shows that young people learn about sex mainly from their peers, older siblings and infrequently from their parents (Kelly and Parker, 2001:2). In this way they begin to influence each other negatively or positively. Through this approach messages are diffused through social networks in a way that is culturally acceptable within the subcultures that exist within the school setting.

Peer education is a communication approach that involves training and supporting members of a given group to effect change among members of the same group. It can also effect change at the group or societal level by modifying norms and stimulating collective action (Ogewu, 2009 and UN, 2006). The National Department of Health, South Africa has adopted a working definition of peer education which

stipulates that peer education is a process whereby trained supervisors assist a group of suitable young people to: educate their peers in a structured manner; informally role-model healthy behaviour; recognise youth in need of additional help and refer them for assistance; and advocate for services and resources for themselves and their peers (Rutanang, 2002:37).

Peer education is one of the activities used by DramAidE as part of the Act Alive project to communicate messages about healthy lifestyles and promote the implementation of health promoting projects in their schools. Act Alive makes a distinction between peer education and peer counselling. Act Alive peer educators undertake activities to promote healthy life styles and do less of counselling. When presented with a problem on one on one situation, they do not intervene and provide counselling, instead they ask questions to clarify the problem and refer that individual to appropriate services.

It is important to select peer educators within the subcultures that are obtained within a particular context in order to ensure that the project appeals to all the sub groups within the school. Peer education facilitators often view peer educators as a homogenous group that should be able to work together, think alike and promote similar values. There is limited attention paid to the fact that there are sub cultures that exist within these peer education groups and they are at times so divergent that they are hard to reconcile. Time and effort should be dedicated to promoting group cohesion and common values that determine the ability of the peer education groups to work together.

Research indicates that background similarities between the source and the recipient increase the persuasiveness of the message (Wolf et al., 2000:62). The similarities in age and stages of growth and the fact that they share similar life experiences make it possible for them to speak about sex amongst one another. Studies show that young people who believe their peers are practicing safe sex are more likely to be influenced to do the same. Young people who perceive their peer norms to support condom use are 2-3 times more likely to consistently use condoms than teens who don't think their peers use condoms (Stevens, 1997).

Peer education is a cost effective way of reaching young people relative to other interventions that require professional personnel. It seems evident that health communicators should exploit this fact and introduce peer-based programmes to promote sexual health. A peer education approach is premised on the theory that a small group of people adopt an innovation and work out strategies to disseminate it and influence others to adopt it as well (Singhal and Rodgers, 2003:167). Peer education is premised on the understanding that a group of peers adopt an idea and work out strategies to promote it amongst their peers. DramAidE in its peer education programme works with peer leaders in schools to promote healthy lifestyles amongst fellow learners.

### **Role modelling and identifying with peer leaders**

Identification is the process through which an individual takes on a model's behaviour and/or personality patterns in some form (Singhal and Rogers, 1999:65). Studies relating to the impact of entertainment education explore the ways in which fictional characters may influence the behaviour of theatre or TV audiences (Singhal and Rogers, 1999). The concept of peer educators as role models both in their everyday life and in the roles they portray in fictional dramas is important. The expectation of peer educators to be role models has been questioned. There are those who feel that peer educators live amongst their peers. They are confronted by the same challenges as their peers and make mistakes in their personal lives. They are therefore seen as initiators of change and not necessarily as role models. Those that question role modelling for peer educators argue that this expectation is not realistic as it does not reflect the everyday struggles of interpreting and acting in the world that everybody is confronted with.

On the other hand, there is an expectation for peer educators to be exemplary. They are seen as knowledgeable about sexual health matters. They are also trained in life skills and should be able to predict the results of their actions. These life skills should enable them to negotiate themselves away from risky situations and avoid unwanted pregnancy, STIs and HIV/AIDS. This view is predicated on the assumption that peer educators cannot expect their fellow peers to adopt new behaviours if they fail to

lead by example. This view further asserts that peer educators should be able to practice what they teach.

Campbell and MacPhail (2002:333) have argued that the identities of individuals should be understood against the background of ever shifting social identities within the ambit of social constructs from one setting to the other. Identities are constructed and re-constructed within a range of structural and symbolic constraints that often place limits on the extent to which people are able to construct images of themselves that adequately reflect their potentials and interests (Campbell C and MacPhail C, 2002:333). This impacts on the way youth form a concept of themselves. Both role-play and theatre, with their constructs of fictional worlds, provide space for these different identities to be played out with a focus on the consequences of different actions. This and other related theories will be examined in order to determine the usefulness of the Act Alive project with its focus on entertainment-education and the use of drama and theatre for change.

Social learning theories (Bandura, 1997) assert that societal norms and gender power relations infuse meaning into behaviour, enabling positive and negative changes. They further assert that effective prevention efforts should develop strategies that can enlist community mobilisation to support positive changes. These will include the theory for individual and social change and the social inoculation theory. The theory of individual and social change suggests that change happens through dialogue that is aimed at building a critical perception of the social, cultural, political and economic forces that are oppressive and acting against them. The social inoculation theory, on the other hand, is informed by the perception that youth engage in behaviours including early sexual activity partly because of general societal influences (UNAIDS, 2001).

This research will examine the social and contextual theories of behaviour in relation to the educational drama approach adopted by Act Alive.

## **Cultural expressions through performance**

DramAidE, in its work, uses expressive arts as a vehicle to advocate for healthy life choices amongst its target group. The art forms include *isicathamiya*, gumboot dance, folklore, praise poetry, forum theatre and games. The traditional forms of oral expressions such as praise poetry, folklore, *isicathamiya* are part of the cultural heritage of the Zulus (Turner, 2005).

DramAidE works with the local community to adapt health messages in these art forms and include messages about health. They are encouraged to re-interpret messages and express them in local languages and media. The essential elements of these art forms are left unchanged. This enhances the delivery of messages because audiences identify with the cultural products used. Local performers find it easy to express their thoughts and feelings through popular arts which are part of their heritage.

On the other hand this may be viewed as sugar-coating messages to enhance their appeal. Messages are superimposed on an art form to suit external motives of the facilitators. There are instances where traditional dance forms have been used to promote responsible sexual behaviour. A closer look at these dance forms reveals that they are expressions of sexuality for young women. The underlying message when young women dance bare breasted, dressed in traditional clothing which is often revealing for girls is that they are ready for sex. The sexual appeal of these dances may contradict messages that are promoted. In this case, it is very likely that messages can be misconstrued and lead to confusion. An unintended effect may be that celebration of sexuality may be viewed as the eroticisation of the practice.

In DramAidE we have observed instances where women have joined a group of men and danced a traditional male dance in male costumes. This could be viewed as an act of defying gender roles and an expression of an aspiration for an equal society. So, it is important for the facilitators to always consider the cultural context and occasions where these dances are performed before they are used for health promotion.

## Summary

The key points raised in this chapter are:

- The value of adopting a cultural approach to HIV/AIDS communication which recognises the centrality of the cultural context in understanding disease and illness and what people do when they are sick can benefit HIV/AIDS prevention efforts. The core message here is that science and culture are not mutually exclusive and that culture can be a useful resource for HIV/AIDS communication.
- The interplay between human rights, gender and culture should not disadvantage women and increase their vulnerability to HIV infection. Culture should not be used as an excuse to perpetuate patriarchal practices and similarly human rights should not be used to contest useful cultural values such as respect and affinity to a community that helps to build a caring and peaceful society.
- Language should not be used as rhetoric to promote western thought about disease causation and prevention because this may lead to the rejection of such projects. Language should be used to tap into local indigenous knowledge whilst introducing major ideas about how to prevent HIV/AIDS. Language should be used as a tool to facilitate authentic dialogue and not merely the transmission of messages.
- Peer education is a useful approach that has been used worldwide to facilitate public health communication and prevent infection with HIV. It was an integral part of the traditional Zulu social system. Young people talk to each other anyway. It is important to ensure that peer educators transmit correct information to one another about sexual reproductive health.
- Peer education should be adapted to existing social structures and draw from the cultural heritage useful values such as respect and the sense of belonging to a community.

The next chapter illustrates the methodologies used by DramAidE when working in the field. I will provide a detailed description and critique of two workshops that are typical of the approach used in the Act Alive project when working with learners and teachers.

## Chapter Six: The Methodology

*“Siyayihlahlela siyikhipha ngononina”* (Dissecting the octopus).

Like the octopus which is known for its problem solving skills, DramAidE is a project that uses a range of interactive methodologies to help its participants to solve real life problems. DramAidE uses a range of participatory tools of engagement to facilitate dialogue and learning for its participants. In this chapter, I will discuss the DramAidE methodology using forum theatre and a drama workshop as examples. These examples are used to reflect on the aspects of the DramAidE methodology that help its participants to question the status quo and initiate steps towards their development.

### **Workshop process**

The DramAidE methodology used in the Act Alive project is informed by Paulo Freire’s principles of dialogue, interaction, problem-posing, reflection and conscientization (Singhal et al., 2004). Freire’s theory of conscientization suggests that people need to be critical and conscious of the world rather than arrested by the circumstances of their lives (Freire, 1970:60). Conscientization or developing a critical consciousness involves fostering recognition and understanding of the way in which political and social conditions have resulted in situations of disadvantage. Acquiring a critical consciousness opens up possibilities and opportunities for change. The Act Alive approach is about questioning a situation with a view to taking action. In this way people stop being apathetic and fatalistic. Instead, they seek to become initiators of change.

Informed by Paulo Freire’s methodology of problem posing, DramAidE has developed a five step method for deepening discussion. A key element for using this approach is trust. The facilitator generates an atmosphere of trust by making a contract with the participants in the workshop. Everyone enters into an agreement that binds them to certain codes of conduct or rules. There are a number of games and bonding exercises that involve some risk taking and help to build trust in the

members of the group and strengthen their ability to openly express their thoughts and feelings. The key point about trust is that it alters power relations. The shift is towards openness and democratic practice. A productive and creative environment built on trust does not mean there will necessarily always be agreement. On the contrary, in a trusting environment the participants acknowledge the need for debate, and generosity in acknowledging different points of view.

The workshop space is used as a platform for sharing of information and for learning to occur. The facilitator takes the participants through a journey of discovery and sensitively guides them towards liberating learning and innovation.

## **Example 1**

### **Man and a woman on the road of life.**

The following is an example of a DramAidE workshop that I facilitated as part of the Act Alive project. This workshop is based on the work of Paulo Freire who although not a theatre practitioner himself, influenced the development of a theatre practice called Theatre of the Oppressed by Augusto Boal. In 'Theatre of the Oppressed', Augusto Boal develops a series of theatre games and role plays aimed at challenging the conditioning and mental shackles that prevent people from taking action in matters relating to their personal lives (Boal, 1985). One of the key features of Boal's work is image theatre. Image theatre uses the human body as a tool to represent feelings, ideas, aspirations and relationships. The body is used as a site for learning and investigating new possibilities. Through sculpting others or using our own body to demonstrate a body position, an action reflective cycle is enacted whereby impression of a situation or oppression is analysed, and causes of it fully explored with an aim of working through difficult problems and finding solutions (Paterson, 1995:1).

Through this process participants not only adapt their environment, they also transform it. The marginalised find new ways of expressing their inner most feelings and aspirations (giving voice). An enabling and affirming environment is created wherein the oppressed can tell their stories, present issues and address real problems (McCarthy and Galvao, 2002:7).The main objective of his work is to



empower people to fight political oppression. In the Act Alive project these games and ideas have been adapted for use in situations relating to health and healthy life choices with the aim of achieving individual and social change.

Using the five step method of deepening discussion, the participants were taken through a process of learning using the Freirian method of problem posing to create critical consciousness. I asked two volunteers to come in front. Using props which were an umbrella, stick, big bag, a doll and a hand bag, and costumes which were a doek, hat, pinafore, and baby blanket, I asked the participants to create a frozen picture of a man and woman on the road of life. I helped them to create the picture and directed its formation. The picture was of a man standing in front of his wife wearing a hat and carrying a stick in his hand. He stood confidently and looked straight ahead. The wife stood behind the man. She was wearing a headscarf and her long pinafore that covers her legs. She was carrying a huge bag and balancing it on her head and a baby on her back. With her right hand she was shielding the sun with an umbrella. She also had a small handbag on her hand and pressed tightly under her armpit was a big towel that she used to wipe sweat from her face from time to time.

### **Describing the picture (Step 1)**

Facilitator: What do you see?

*(This is an important question that helps to establish the common premise from which the workshop proceeds. The image is a representation of a phenomenon that may be real in the minds of the participants and they may have different representations of the actual image on stage)*

Participant 1: I see a tall and well built Zulu rural man that is very proud and aggressive.

Participant 2: I see a rural uneducated married woman that is very submissive and burdened yet very respectable.

The workshop agrees that this is an image of a man and woman on the road of life.

Facilitator: Let us speak about what their baggage may symbolise

Participant 3: The baggage that the woman is carrying symbolizes all the household chores that she does whilst he sits and does not help.

Participant 4: For me, it represents oppression by the patriarchal nature of their relationship whereby she should submit and serve her husband. Lack of equality in their relationship creates an imbalance that leads to exploitation. I say shame to her husband. This picture is a reflection of the status of women in society.

Facilitator: What about the man?

Participant 8: The man is carrying a stick which represents protection and this is the expectation that man should protect their families from intruders. This is a symbol of power and control.

Facilitator: What about the baby. What does the baby symbolise?

Participant 10: This child is an outcome of their relationship. It symbolizes love between them.

Participant 11: On the other hand this child may be viewed as a burden to this relationship. For instance, they may be pre-occupied with raising the child and end up neglecting their relationship. Raising a child is an undertaking that requires the co-operation of this couple. So this child may end up being a test of their ability to raise children and maintain a healthy family.

### **Relating it to real life (step2)**

Facilitator: Have you ever seen this man and woman in real life?

*(This question challenges the participants to relate the image to what is obtained in their context).*

Participant 9: I see this picture every day. There is a lot that I can identify with in this picture. It reminds me of my father. He does not do any of the house chores. My mother does everything. She cleans the house, cooks and does the washing for the whole family. My father on the other hand goes to work and when he comes back, he just sits there and watches television whilst he is waiting for my mother to give him food.

Facilitator: Is there anything wrong with that. I suppose your father is tired after a long day at work and deserves a rest.

Participant 9: Yes but he could be more supportive. He could smile and talk to my mother affectionately. He is always frowning and wants us to be quiet around him and well behaved. He is boring. My mother too does not bother him. She just leaves him alone.

Participant 13: It has been hard for me to comment all along because I do not know my father that well. He works in the mines and is away a lot. He comes back just before Christmas and leaves just after the New Year's Eve. When he is around on odd occasions, he is very supportive to my mother. I wonder though what it would be like if we were living with him every day.

Participant 8: My father died when I was still very young. I do not remember my father. My mother always tells me that he was very strict. *(She pauses and starts stammering a bit. This is an emotional issue to her).* My picture does not include my father. I am used to my mother doing everything for us. I am helping her in whatever way I can but I know that I cannot replace my father. I also wish I had a father sometimes that I can look up to. I do not like it when other learners in the school call me an orphan.

### **Understanding root causes (step 3)**

Facilitator: What do you think are the root causes of this?

*(Understanding the root causes of the problem helps the participants to look beyond the manifestation of the issue. This ensures that the solutions that are suggested in the following step address the causes of the problem and not the symptoms.)*

Participant 5: There is no love in this relationship. If they loved each other, they would at least look at each other with affection and they would care for each other.

Facilitator: But he is carrying a stick and walking in front to protect her and the baby against danger such as snakes. Surely he is doing this because he does not want anything to happen to his family.

Participant 6: But we live in the modern world where the traditional ways of doing things and acting have changed. We now use cars and many paths have turned into highways for us to connect to each other and travel further in search of our true identities. There is enough space for them to walk side by side.

Participant 15: I can see your point (*referring to participants 6*). However, we should not lose sight of the fact that there are still many more people that still regard the man as the head of the family and still seek permission from their husbands to implement major decisions at home. I have often heard my mother saying that she cannot agree to our requests until our father has given her a go ahead.

Facilitator: What about the woman. How do you think her community expects her to behave?

Participant 7: Even though she is carrying a lot, she does not seem to be complaining. I think that she understands that it is the responsibility of women to look after children especially when they are this young and need to be breastfed. In any case men do not have breasts.

The expectation of society for women to fulfill their perceived gender roles based on the patriarchal understanding of the world makes it difficult for women to redefine their roles and responsibilities. Women bear the brunt of HIV infection by caring for those that are sick. They are also expected to look after children and keep families together in the face of extreme hardships.

We see from the workshops such as this that the internalized image of self that is subservient and lacks agency to rise against oppression is problematic. Oppression is extremely dangerous when it is deeply ingrained in the psyche of the oppressed because it stops to be a problem. In such instances, the oppressed is a problem to her. Advocating for liberation under such circumstances is fraught with resistance from the very same people that are oppressed because the path to their liberation starts with questioning the very tenets that define the present image of themselves and their roles.

Facilitator: Why do you think this father behaves in this way?

Participant 12: My father is very approachable. We play with him and are free to be ourselves around him. I see though that other members of the community think that he is soft and tease him as though he is less of a man.

Facilitator: There is a difference between fathering and fatherhood. The socio-economic expectations for men to provide labour and often having to leave their homes and migrate to areas of work have left men wanting in their roles of fatherhood. My father is working as a teacher. Ever since I have known him, he leaves home on Sunday and comes back on Fridays every week. Fathers such as my father miss out on the opportunity to bond with their children and contribute to their socialization. The absence of my father due to migrant labour robbed my mother of his support in raising us. When I was young, my mother would often say that she would report me to my father if I did not behave.

In my community, the father represents strict family control and an expression of authority and discipline. He is not expected to play with his children and show his

affection to his wife in public.<sup>35</sup> Acts of affection, if they happen at all, are reserved for the bedroom. I have seen how approachable some fathers are when they are drunk and let their guard down. This cultural expectation prevents fathers from playing with their children, holding hands with their wives and taking direct interest in the day to day needs of their children. It is not surprising that this man in the image that we created does not seem to be showing affection to his wife by walking side by side and helping with the child.

The recent comments suggest that this image of a man is socially constructed and the concept of masculinity is socially defined. In traditional societies such as the one where this man and woman come from, a man (real man) is defined by his sense of bravery, fearlessness and his ability to have multiple sexual partners. In this way of thinking, it becomes difficult for this man to commit emotionally to one partner. Caring for his wife by helping her with the luggage and looking at his wife affectionately is considered an act of weakness.

In our deconstruction of this image, we have seen how the socio economic context has impacted on the ability of men to be with their families and play their role as fathers. The physical distance caused by living apart due to men having to migrate and live in hostels and other makeshift housing around their areas of work has led into many families having absent fathers. These fathers find it difficult to adjust to family life and play their roles of being fathers. They are often confused about the best way to do so and often resort to abusive behaviour in order to exert their authority and show that they are still the head of the family and not competing with their wives. This is further exacerbated by patriarchy and the cultural expectation that prescribes that the man is superior and acts of caring and affection towards his wife and children are regarded as a weakness. This has left men wanting in their ability to maintain healthy relationships between themselves and their wives.

*(Facilitator summarises key points)*

We have seen also how this image of a woman is socially constructed. The goal is to challenge these stereotypes in our personal lives. We also need to explore potential

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<sup>35</sup> Research shows that parents in indigenous societies do not play with their children (Nielsen and Tomaselli, 2009).

avenues in which the man and the woman can be set on a path that will liberate them from oppression and self oppression for men. The perceived loss of power for men with the disintegration of a patriarchal society challenges men to find alternative ways to express their manhood. Whilst fathering a child symbolizes sexual virility for men, fulfilling the social role of fatherhood to this child is challenging. This man in the image does not know how to look after the baby. The responsibility of looking after the baby is left to the woman.

### **Working out solutions (Step 4)**

*(This step is about investigating possible scenarios for overcoming the oppression.)*

Facilitator: What do you think can be done to change this situation? I am going to ask you to come up and sculpture this into an ideal picture, bearing in mind the discussions that we had thus far. You can also remove some of the items but you will have to motivate first. If the workshop agrees, you can then remove part of the picture.

Participant 15: *(Removes the stick and holding it in his hand)* I would like to remove the stick because for me it symbolizes violence and is a symbol of oppression.

Facilitator: What about the fact that this leaves his family vulnerable to other threats such as crime. Surely, it is every man's duty to protect his family.

Participant 15: The most important protection that men should provide to their families is against HIV/AIDS. I would rather that his stick had a condom on, and then it will not harm his wife. The other forms of protection should be provided by the appropriate authorities and agencies in the society such as the police. (The workshop allows him to remove the stick)

Participant 15: *(Removing the baby and holding her in her arms)* I would like to remove the baby because it is an extra burden in this family. It is really burdening the woman. She will be free if we remove the baby and she will not be tied to this man because of the baby.

Participant 12: I do not agree with this suggestion. Firstly, I do not support abortion in this case because the baby was born in a contract relationship but feel that families should be allowed to have children. We do not need to take away the baby but promote sharing of the responsibility of raising the child. Fatherhood is as important as motherhood. This child should be an expression of union for this couple the celebration of parenthood. (*The workshop agrees that the baby should stay*)

Facilitator: Raising a child is an important responsibility that should be taken seriously. Child abuse and child neglect are becoming common in our society. We are also beginning to see many more homes with single parents and others headed by grannies. Child headed households due to both parents dying mainly from HIV/AIDS are increasing. The aim is to protect the institution of the family so that we can provide a safe environment to nurture our children and transmit appropriate values, norms and skills. This is key to the development of a rounded person that is properly grounded in the core foundations of life and properly orientated to the intricacies of living and being.

Facilitator: How should they carry the baby though?

Participant 9: (*He makes them stand side by side and places the baby in the hands of the mother. He wraps the hands of the man around the woman and makes him look at the mother and the baby affectionately. As he is doing this, participant 4 joins him and they both work together to change the picture. They make the man and the woman smile and the man opens the umbrella and holds it above the woman and the child. He helps to provide protection against the sun*). The workshop accepts this picture.

### **Finding solutions: (step 5)**

(*In this step the aim is to explore possible solutions to the problem. The facilitator continues to problematise these solutions so that the participants are realistic in their suggestions. It is important to recognize that these solutions may not work for everyone. They begin to suggest possible answers to the issue under discussion*).



Facilitator: I see that you all accept this picture but what will it take for this woman to overcome this oppression. Confronted with this oppressive relationship, what will you do as a woman? For men, what will it take for you to care?

Participant 4: Men will not voluntarily give up power. Whilst not suggesting confrontation, I think that persuasion by putting facts on the table will persuade many men to see the need for women's rights to be observed and promoted.

Participant 1: We cannot leave the success of the empowerment of women process to the willingness of men. Women need to find space to exercise their rights.

Participant 6: Culture plays an important role in guaranteeing gender equality. It starts in our homes. Boys and girls should be taught that gender roles are socially constructed. House chores should be shared between males and females. Many women are trapped in the culturally provided ways of behaviour which usually view men as superior to women. Women need to break loose from this entrapment.

Facilitator: How do they break loose?

Participant 15: Women need to be empowered with life skills such as assertiveness, communication and decision making so that they can begin to negotiate for more equitable and healthy relationships.

Participant 4: Life skills are not enough. We need to build consciousness in women, especially rural women so that they can fully appreciate causes of their oppression. Some of this oppression is self perpetuated because some women do not know any other way of doing things.

## **Discussion of theories applied**

The five step methodology of deepening discussion embodies the PAR Approach of action reflection. The participants were asked to form an image of gender inequality using their bodies (action). They were then asked to observe the image and reflect

on it. The essence of the workshop involves changing the picture and reflecting on the changes made.

The process of PAR is thought to involve the following sequence of steps:

- Planning a change;
- Acting and observing the process and consequences of the change;
- Reflecting on the process and consequences;
- Re-planning.
- Acting and observing again
- Reflecting again and so on...

This self reflective critical practice reveals the way in which power is used and underlying intervening factors that bring about disadvantage and oppression. As participants contribute in this process of broad social analysis, they recognize the power of the collective and work to transform their reality and improve their living conditions (Kemmis and Mc Taggart, 2005). The process of forming an image, observing and then changing it creates a communicative space wherein issues can be analysed critically with an aim of finding solutions and raising further questions. This is a dialogic process wherein information is given and shared as they come on stage to change the image to suit their needs and thoughts.

This communicative process is participatory and is likely to lead to greater consciousness and integral involvement in the process of social change. Rooted in the action reflection cycle of PAR, this is a cyclical communicative process whose aim is to investigate ways of overcoming oppression and injustice and create a new reality for the participants. The solutions developed during this process are true and authentic for the participants and therefore likely to be adopted and implemented. By participating in the process of shaping a new reality for themselves, they develop confidence in the future.

The role of the facilitator is crucial for this to happen. In the above workshop, the facilitator takes the participants through the journey of self discovery. He questions and 'problematizes' the solutions posed by the participants in order to create a

deeper understanding of the issue. By asking the why questions, participants engage critically and are led to appreciate the underlying factors that characterise and inform the image of gender imbalance.

The role of the facilitator in a PAR process has been questioned. There is tension between the facilitator as a researcher and the facilitator as a person guiding the learning process. DramAidE facilitators have often raised the challenges of having to empathise with project beneficiaries in many acts of injustice and exploitation that they observe in the field. They have often asked how far they should be involved in the everyday struggles of the project beneficiaries. In my role as manager of DramAidE I have said that the role of facilitators is to facilitate learning and create critical consciousness. The next step of rising against oppression is a necessary step that the oppressed should be self motivated to take. The facilitator should not fight the battles for their participants but should work with them to face their fears and fight their own battles.

Some DramAidE facilitators have viewed this suggestion with suspicion as they are involved anyway as these struggles are not different from their own personal struggles. A facilitator who comes across child abuse in a school may take this personally if she/he has a child in the same school. For him/her, this issue may be too personal and may abandon empathy and get involved. Facilitators are networked in their communities and have access to resources. DramAidE facilitators have cell phones, drive cars and are based at a university. They are regarded by their communities as having access to power and resources. Non- participation by these facilitators in community campaigns against issues of social injustice and oppression may be viewed as a betrayal of the ideals of the very projects that they help to implement.

The key question here is whether the facilitator should be neutral or partisan. There are those who view the facilitator as a process consultant whose role is technical. Kemmis et al. (2005: 569) state that, “conceptualising facilitation as a neutral or merely technical activity denies the social responsibility of the facilitator in making or assisting social change”.

Within a workshop situation such as in the example above, a facilitator should be a skilled individual who is able to guide participants through a process of self discovery. Such a facilitator should be patient and not impose his ideas and agenda on the participants. He should be democratic and allow space for different views to emerge. A workshop process should provide open and free space where the voices of the participants are heard; an honest process that promotes authentic dialogue. In the above example, the facilitator takes his participants through a cyclical process of action reflection.

## **Moments of learning**

In the above workshop, participants were taken through an in-depth process of learning. This learning process highlights the importance of the following principles which are key for learning to occur.

- Using a problem-posing approach to learning
- Learning as experiential
- Using a PAR approach to achieve critical thought.

Application of these principles in a learning process helps the participants to deepen discussion, critically appraise the conditions that bring about a situation of disadvantage and initiate movement towards their emancipation.

## **Problem posing**

DramAidE uses a problem posing approach in its work which encourages participants to seek to amplify circumstances that bring about injustice and oppression. This helps in situating their position of disadvantage within their ability to transform it. DramAidE facilitators may have an idea of an appropriate thing to do but individual participants may choose different pathways to action that are usually defined by their perceived ability or inability to change intervening factors that are uniquely different for each case.

Through questioning their circumstance, participants are enabled to understand the issue more clearly. It allows for a better perspective about the problem and an

understanding of how it manifests itself. They are encouraged to label it thereby isolating trees from the woods which help to identify that which they can do rather than becoming overwhelmed by the magnitude of the problem. They are able to deduce facts from their personal feelings and are encouraged to assess their capacity to effect change. In instances where there is capacity but lack of agency to effect change, participants are challenged even further about their determination and commitment to change.

This approach is different from problem solving. Problem solving premises its motivation from the fact that there is a problem and the facilitator knows what the problem is and how it manifests itself for the participants. In the case of HIV/AIDS an assumption is that young people take risks and lack the capacity to foresee consequences of their actions. This leads to them having multiple concurrent partners, not abstaining from sex, not using condoms, not testing for HIV and not wanting to be there in 2010. Ways to address their problem include creating awareness about HIV/AIDS, (promoting **A**bstinence, **B**eing faithful to one partner and correct and consistent **C**ondom use) the difficulty of living with HIV/AIDS and encouraging testing.

This is prescriptive and may be counterproductive. Participants may feel disempowered and feel that these programmes are 'about' them and 'for' them and not 'by' them 'with' them. These programmes run a risk of being rejected by the target audiences as they may feel that they typecast them into a homogeneous population which may not be representative of their aspirations and identity.

## **Experiential learning**

This workshop provides space for the participants to explore different solutions to the issue. It calls on the participants to use their analytical skills by relating the image to real life situations in order to discover what the symbolism of oppression represents for them. Education is not the transfer of information from the teacher to the learner only. In this case, participants are given space to contribute to the learning experience. Their thoughts and feelings are invited and used in the resolution of the

issue under discussion. Views by participants are encouraged and used to deepen discussion and explore different alternatives.

This type of learning is the opposite of what Paulo Freire calls banking. In banking education, participants are viewed as empty vessels. The teacher has all the information and deposits it in the minds of the learners (Freire, 1970:54). This way of education does not provide opportunities for learners to process information and explore its application in their real life situations. This is rote learning which places emphasis on information and less on skills. There is little emphasis placed on the understanding and interpretation of this information. The emphasis is on how well the learners can regurgitate what they have been taught. In HIV/AIDS communication we have seen that the high levels of information has not necessarily translated to changed behaviour.

## **Example 2 – Forum theatre**

“Now, when so many uncertainties have become so many doubts, when so many dreams have withered on exposure to sunlight and so many hopes have become as many deceptions - now that we are living through times and situations of great perplexity, full of doubts and uncertainties, now more than ever I believe it is time for a theatre which, at its best, will ask the questions at the right times” (Boal, 1992:276)

In DramAidE, forum theatre practice has become an important part of its work. DramAidE performances draw on the problem posing, interactive and participatory aspects of forum theatre and this has become a dominant feature of DramAidE plays. DramAidE continues to provide training for other organizations on how to perform forum theatre plays and has written numerous forum theatre scripts.

## **Understanding forum theatre**

There are different types of forums today. They range from people meeting under a tree or community halls in rural areas to discuss development issues to web-based interest group forums. A forum is a public space where people meet to discuss

issues of importance to them and their community. This is also the key consideration in the Forum theatre presentations. The main aim of forum theatre is to raise issues of importance to the community through a presentation of an open ended theatrical piece that questions the status quo and invites the audience to work out different solutions to the problem. According to Seguin and Rancourt (1996:65), the goal of forum theatre is not to discover optimum solutions but to produce a variety of options.

The solutions suggested by the protagonist should contain a social/political error in order to provoke interventions by the audience later on when the play is analysed during the forum. The original play (before forum) should present a mistake or failure, so that spect-actors will be encouraged to make a greater effort in finding solutions and suggest new ways of confronting oppression (Boal, 2002:242). Through the play, the audience is presented with an opportunity to see alternatives to choices made and participate in investigating the different layers of the problem thereby revealing the different representation of the issue and its manifestation. The play should contain a political or social error.

Warren Linds (1998:5) observes that there are three basic types of characters in a forum play who are in conflict with each other over a particular issue/problem. These characters are the protagonist, the antagonist and the powerless observers. The protagonist (the oppressed) is in constant struggle with the antagonist (oppressor) with the powerless observers linked to the issue through connected conflicts. The play is a series of events where these characters show the problem and take actions to resolve it. During the forum, powerless observers are in fact provided with an opportunity to wrestle power from the antagonist. They work with the protagonist to challenge oppression by suggesting alternative ways of dealing with the oppressor. The protagonist is not left alone. He finds strength from the community of spect-actors who are working with him to challenge the oppressor. When the spect-actors suggest alternative solutions and come on stage to try them, they are in fact joining the struggles of the poor and the oppressed and participate in creating a different society. They take it upon themselves to change the conditions that bring about oppression and work to change them.

An early form of forum theatre is invisible theatre. Invisible theatre uses spontaneity and surprise to raise issues. The spectators are lured into a pre planned performance which is presented as a reality. The spectator in this form of theatre is transformed into a protagonist in the action without being ever aware of it. He is the protagonist of the reality he sees without being aware of its fictitious nature and the fact that he himself is acting (Boal, 2002:241).

I have facilitated numerous DramAidE forum theatre presentations. Included with this thesis is a copy of a DVD which contains a recording of a forum theatre presentation that was done by DramAidE in Durban in 2006 during the national workshop for Health Promoters and Supervisors as part of its Health Promoter project. This recording also contains an interview that I did with Laura Myers who is a former DramAidE intern and is now working as an independent consultant. This interview is about forum theatre and is part of a manual called Act, Learn and Teach: Theatre, HIV and AIDS toolkit for youth in Africa that Laura authored for UNESCO.

This interview demonstrates how the audience is prepared and enrolled as spectators in the forum theatre using games and songs. It also includes a discussion about the role of the joker with regards to his/her ability to facilitate discussion whilst raising difficult issues.

### **Interview with Laura Myers (See DVD)**

The following is a transcript of that interview that reveals the major thoughts that I hold about forum theatre and the role of a 'joker' in managing a forum theatre presentation and facilitating critical awareness and advocacy.

### **Warming up the audience**

Laura: "How do you warm up your audience?"

Mkhonzeni: "To warm up the audience requires the joker to be 'alive' and not 'dead', cracking a few jokes and playing games with the audience before you ask them to come on stage and be on the spot. Most of it depends on the joker being lively,



charismatic and able to engage the audience and encourage their participation in the process. Warming up the audience is done to prepare the audience/spect – actors for the forum. Different games can be played to encourage the audience to participate. The audience is introduced to the rules of the game such as shouting 'stop' and giving each other space to talk. Forum theatre itself is a game”.

### **Raising difficult issues**

Laura: “How can you address cultural taboos within a forum theatre presentation?”

Mkhonzeni: “The best way to deal with those difficult issues that are often difficult to talk about is in the approach that you use in talking about them. If you are problem solving which, means that you see them as an impediment to discussion, the audience is going to feel that and may shy away or become resistant to discussing those issues. If you come with a problem posing approach of asking them what they think should be done about those issues, you are likely to find more responses to them. And so the best way is not for you to think that you have an answer. It is for them to identify first that these issues are a problem and that they would want to talk about them.

Once you go over that hurdle, you may find that it becomes possible for your audience to talk about these issues. It does help if you are using a particular methodology. You see, if you are using talk and chalk or PowerPoint and ask people to ask questions afterwards, they may not talk. But if you are using participatory methodologies, opening up possibilities for dialogue, asking appropriate questions, you may find that they may talk about the difficult cultural taboos within that context because they can see that these issues are important and want to discuss them.

The issue for instance..., maybe..., suppose you are speaking in a church and you say, I know that there are people in this church that are having sex and not using condoms. You see; that may be a fact but how do you raise it in such a way that people in the church start talking about it. But if you ask ‘it seems there are different ways to get infected with HIV. Are they open to discuss these ways and see what they can do to deal with these things so that nobody can get HIV? Then maybe

people are going open up and discuss these issues from their own perspective and come up with suggestions that are appropriate for their circumstances.

Dealing with issues that are difficult and detrimental and go against the issues of justice can be very difficult. My own advice is that where there has been injustice, there has been injustice and you can't shy away from that. Where peoples' rights have been violated, there is a certain way of responding to that. The law must take its course. Where acts of injustice have occurred, they must be dealt with by the law. Criminals belong in jail. You can't negotiate with a criminal. When a person rapes a virgin because he believes that he will be cured of HIV, that person is a criminal and cannot be dealt with through a workshop. As a public communication message, yes, but not with a person who has committed that crime. And people must know that if you interfere with and deprive a person of their rights because of your own beliefs, then that is not acceptable. Because here in South Africa, the benchmark must be our own constitution and the rights of people, and that supersedes everything else. As much as we work in the field of public health communication, we are aware that we are dealing with peoples' rights and they are very important".

*End of interview*

## **Main points from the interview**

The above interview raises a few points about forum theatre and its usefulness in public health communication. Forum theatre is an important tool that provides a regulated and controlled platform wherein issues of sex and sexuality are discussed in depth, taking into consideration the context that mediates their successful application in promoting healthy relationships and preventing HIV/AIDS infection.

## **Synopsis of the play**

Below is a synopsis of the forum theatre play that was presented in 2006 in Durban as part of the national workshop for the Health Promoter project, which is one of DramAidE projects.

Thando is showing off in his new car. He gives a ride to his group of friends and they drive around in high speed, playing loud music. They stop to talk amongst themselves. Thando tells his friends that he is HIV positive. Before he tells them, he tells them that they should stick together and always be friends. He tells his friends that he is going to spread it to a lot of girls. They leave seeking a nice time with girls.

One of his friends who is friends with his girlfriend decides to tell his steady partner, Mandy that Thando is cheating on her. Mandy does not believe him and chases him away. When Thando comes home, Mandy asks him whether he is cheating on her. Thando denies cheating on Mandy and Mandy seems to accept this. They kiss and make up.

She sits Thando down and tells him that she has been to the clinic and discovered that she has a sexually transmitted infection. She then asks Thando to go as well and get tested. Thando does not want to go. Although he starts blaming his girlfriend for cheating on him, the real reason for him not wanting to go and have an HIV test is because he already knows his status. They argue until Thando loses his patience with Mandy and starts beating her. The joker stops the play at this point.

In his discussion of forum theatre, Augusto Boal raises twenty fundamental topics that are important in understanding forum theatre (Boal, 2002: 254 – 275). For the purposes of this study, I will discuss a few of these key issues that can determine the success of a forum theatre presentation.

### **What makes a good forum?**

A theatre director devising a forum theatre play is always concerned about its effectiveness in raising issues successfully and in its ability to influence its spectators to rise up against oppression. In the synopsis of the play above the audience especially female audience members took serious offence at what Thando was doing by cheating on his girlfriend. They did not hesitate to come on stage and challenge Thando.

The above play used elements of poor theatre and watered down theatricality in it. This was done in order to avoid the possibility of disarming the audience through the aesthetic appeal. The aim is to avoid catharsis which may be entertaining and lead to emotional release. This therapeutic aspect of performance may not be inviting for the audience to be part of the action on stage. The style should therefore be challenging the audience to question the status quo and rise up against oppression.

### **Role of a joker**

In the play described above I was a joker and I was always conscious not to allow my audience to enjoy the oppression that they saw on stage. I was constantly 'problematizing' the issues that were raised by the characters during the replay of the forum scene in order to challenge the audience to action. A joker is an influential person in forum theatre. Augusto Boal (2002:262) likens a joker to a midwife who assists spect-actors in giving birth to ideas. My role as a joker was to help spect-actors explore different alternatives for solving issues presented in the forum theatre. Spect-actors were led through an interactive process where they were challenged to reflect critically on their responses in a quest to find authentic alternatives that work. As a joker I was guiding spect-actors through a process of self discovery without imposing my agenda.

However, a joker also has the power to manipulate the audience in her/his way of thinking and this is one of the difficulties that I faced. I was tempted on a number of occasions to use the power that I had to influence audience responses in line with my thoughts. When I take the role of the joker I declare my position but still understand that I am in a position of power. Nevertheless there will be an influence because of the power a joker has within the forum. It is tempting to be a dictator but forum theatre is a democratic participatory platform to pose questions and not 'tell'. Otherwise, the purpose will be defeated if the joker uses his/her power to decide for the spect-actors. I have played this role on numerous occasions and find that I am always moderating my influence by framing my responses in a questioning mode rather than leading the spect-actors into the 'right answer'.

In her PhD thesis, Veronica Baxter (2008:158) suggests that the joker in the forum theatre should be a 'difficultator' rather than a facilitator. I agree that the Joker and the facilitator require different types of skills. Facilitation is a democratic function aimed at facilitating learning. The facilitator should be caring and nurturing for education to occur. Whilst the Joker, is also a facilitator, Forum theatre by its very nature is political and the Joker encourages people to think about the situation with an aim to change it. There will be a time when the Joker needs to be challenging and not accept 'magical' solutions. When a woman who decided to go back to her abusive partner for the sake of her children and her marriage vows, I was tempted to accept this solution because it seemed the right thing to do for her. However, we replayed the scene and I challenged her to explore other options as her initial solution seemed to perpetuate oppression.

The key points raised in this chapter are:

- Participatory techniques are less effective when they are used to manipulate communities to advance the needs of the facilitators and those of the funders.
- It is essential for the project to allow space for the participants to determine their future. Facilitators should not be afraid of giving power to the participants and feel comfortable with the end result that may be different from what they set out to achieve.
- It is important for the project participants to appreciate the structural causes that bring about the situation of disadvantage
- Critical consciousness should lead to take practical steps that address oppression

The next chapter is a conclusion which summarises key points raised in this thesis.

## **Chapter Seven: Conclusion**

### **Siphetha Imbenge: (Covering up)**

This study is undertaken in order to understand DramAidE's practice and investigate ways of improving it. In Chapter One, I introduce the need for this study and explain the context in which DramAidE developed and continues to operate.

This study is framed within PAR as discussed in Chapters One and Two. Within this framework, the aim is to improve DramAidE practice and add to better understanding of strategies in public health communication. DramAidE itself has been described as a PAR project, meaning that it has always been self critical of its practice. DramAidE encourages facilitators to question their work and always draw their participants within the learning experience where information can be exchanged with a view to solve real life problems and improve understanding about the issue under inquiry.

In implementing the Act Alive project, it is sometimes difficult to apply all the principles of participatory research. Application of the PAR cycle in particular requires commitment and availability of all the stakeholders for it to work. Teachers in particular have a number of activities that they are required to undertake in schools. They pay less attention to activities that are extracurricular such as the Act Alive project. As a result it is difficult to implement all the aspects of the PAR cycle but the key principles of reflection, planning, action with observation and reflection before further planning have been incorporated in this project.

In Chapter Two, I explained the autoethnographic approach as the research methodology that I have chosen for this study. I continue in this mode in this chapter which is self reflexive and allows space for me to question the views that I have about health promotion. Observation and reflection are some of the important steps in PAR. This retrospective observation of my upbringing allows me to reflect on important defining moments in my life that may have informed my present world view about HIV/AIDS. PAR recognises that people learn through the active adaptation of their existing knowledge in response to their experiences with other people and their

environment. Drawing from my experience of observing the HIV/AIDS virus coming into KwaZulu Natal in the early 80s and growing into an epidemic that it is today, I am able to use this insight to understand the context in which HIV/AIDS took hold in my community.

Community structures such as the traditional authorities represented by *amakhosi* (local chiefs), local councillors and other government officials can become gate-keepers if they are not consulted in an appropriate way about the project. Understanding the culture of the communities where Act Alive is implemented enhances the implementation of the project in these communities. Understanding the need to observe appropriate community protocols to access the community helps to facilitate acceptance of the projects.

I have encouraged my female colleagues to wear skirts if we are going to have a meeting with members of the traditional authority so that they are easily accepted in the community. Even though there are some areas where women wear trousers, this is still a contentious matter in some communities. I am also careful to speak 'proper' isiZulu and not mix it with English terms and the urban lingo spoken in townships. Such small considerations can be the difference between rejection and acceptance of projects in the community.

At the level of workshops, the insight that I have about my community and the issues that lead to under development helps me to ask appropriate questions that challenge participants to reflect critically on their circumstances. I know for instance that within the Zulu cultural context, it is difficult for married women to divorce their husbands and not have anything to do with their in-laws. Therefore, when a woman participant says that she is going to leave her husband, I am able to question her about the cultural obligations that may make it difficult for her to leave. Within the workshop situation, my insight about these issues helps to deepen discussions and lead to realistic choices.

## **From awareness to behaviour change**

Within public health communication, various initiatives were started to respond to the new threat that would later turn into an epidemic with KwaZulu Natal reported to be one of the provinces in South Africa with the highest HIV/AIDS prevalence (Shisana et al. 2009:32). These initiatives were premised on the need to understand human behaviour and introduce programmes that would encourage society to change risky behaviour and adopt healthy life style practices. These programmes were premised on the assumption that accurate information about HIV/AIDS and fear of death would lead to appropriate behaviour.

When DramAidE was initiated, various psychological theories were proposed for explaining aspects of human behaviour and different intervention points were identified for changing behaviour. Whereas these theories were initially developed for family planning, they provided insight in terms of intervention points for HIV/AIDS communicators (Piotrow et al., 1997:21).

DramAidE is one such programme where these theories were adopted for use in its communication projects. The effectiveness of these forms of intervention is very difficult to measure. In order to do that, we had to turn to psychological theories such as the theory of reasoned action and the health belief model. These theories were developed in communication studies by Johns Hopkins and others - first in relation to family planning and then for the prevention of HIV infection. We, along with others, found that the behaviour change theories had limitations (Parker et al, 2000). It became evident that many factors including a lack of life skills and recognition of the cultural, social and economic context of people's lives meant that individual behaviour change on its own is not really feasible and so there are arguments for participatory interventions, structural change and social change including human rights. So theories or models relate directly to evaluation which is often short term whereas as structural and social change is actually a long term goal but in the meantime people are dying and there are no easy solutions to the problem.

We also found that theatre and drama theories had their own limitations. There are different understandings of theatre and performance. Within the traditional Zulu



cultural context, there is a general sense that the stage is not preserved for expert performers. Even though there are occasions where different groups perform during cultural occasions such as the reed dance, audience members are free to invade the stage and offer impromptu performances adding to the spirit of the dance. Performances are not watched with a clear distinction between the performers and the audience. Audience members are either, clapping hands, adding rhythm, or singing along, whilst those on stage are dancing. Performances may be punctuated by the ululation of women truly creating a cultural spectacle and harnessing the collective spirit from all present towards common fellowship. In other words at these events the audience expects to participate and does not sit back and critically watch or judge the performers.

DramAidE has tried to capture this in its festivals and club launches by making them a celebration of culture whilst remaining educational. The strict school time table and time constraints associated with it has made it difficult to make these events truly cultural and are watered down in order to accommodate this. This may discourage some audience members from being involved thereby limiting the potential impact of these events.

Further, it is doubtful that performances teach life skills that are necessary for individuals to implement the decisions they have made. Life skills in themselves may not be enough as circumstances may be too much for one individual to change.

DramAidE plays are usually structured in such a way that they are easy to tour schools. Even the number of actors within the plays is determined by factors such as budget, the type of car available and distance to be travelled and less by the script. These considerations can limit the theatricality in these plays thereby compromising their impact. In schools, DramAidE uses theatre as a tool to start a dialogue and create a reference point for further engagement. There is recognition in the Act Alive approach that in order to achieve depth, plays need to be complemented with workshops and campaigns.

Social theories assert that effective prevention efforts should develop strategies that can enlist community mobilisation to support positive changes. These include the

theory for individual and social change and the social inoculation theory. The theory of individual and social change suggests that change happens through dialogue that is aimed at building a critical perception of the social, cultural, political and economic forces that are oppressive and acting against them. The social inoculation theory, on the other hand, is informed by the perception that youth engage in behaviours including early sexual activity partly because of general societal influences (UNAIDS, 2001).

Very often, the structural imperatives which cause a situation of disadvantage usually need a concerted effort from many to change and this usually takes time. Unless such projects are embedded in a life skills approach and are placed within an allowing support system, it may be difficult to move from 'awareness' to 'beyond awareness' and create a social movement where behaviour change is likely to occur.

The Act Alive project is often described as a life skills project using peer educators to transmit information to other learners at school. There is a recognition of the influence of the broader context on the ability of these peer educators to carry out their activities. This context includes the patriarchal system that is still prevalent in the areas where we work, cultural practices such as *ukuthwala* which is described in Chapter Three and the general ethos in these areas that does not appreciate human rights. The extent to which the Act Alive project is able to address this context effectively in such a way that social change takes place requires further investigation and is beyond the scope of this research. Further, the structural challenges such as levels of literacy, unemployment and poverty underlie most of the development challenges facing poor communities and these are beyond the scope of the Act Alive project.

## **Participation and Involvement?**

The practice of using games and other cultural forms of expression in communication projects is well established. There is a long tradition of using drama, theatre, folklore and other forms of expressive arts as a vehicle for communication (Dalrymple, 1997). Participatory communication projects draw on the cultural forms of communication and use expressive arts to encourage participation by its

audience. These projects use theatre, drama, storytelling and arts in general. DramAidE is one such programme.

These participatory techniques are less effective when they are used to manipulate communities to advance the needs of the facilitators and those of the funders. It is beneficial to the project to allow space for the participants to determine their future. Facilitators should not be afraid of giving power to the participants and feel comfortable with the end result that may be different from what they set out to achieve. In this way power is given and shared.

An important aspect of DramAidE's work is participatory communication. Using games and asking participants questions for the sake of it may not be enough. Participants in DramAidE workshops and campaigns are lead into a democratic process whereby they actively enter into search for meaning and alternative ways of doing things. True participation goes beyond the achievement of project outcomes to social and political action (Melkote and Steeves, 2001:339). Advocacy is an important aspect of the work and DramAidE approach is to work with its participants to appreciate the structural causes that bring about the situation of disadvantage and challenges them to take practical steps to address their situation. One of the underlying aims of forum theatre for instance is social and political action. Even though DramAidE is an apolitical organisation, applying principles of Augusto Boal's theatre of the oppressed and working to create critical consciousness is likely to result into political action.

It is important for development projects to be fully integrated to the communal life otherwise these projects run the risk of being rejected by the communities for whom they are intended. Doing projects with the community and not for the community enables project participants to derive benefit from such projects on their own terms in accordance with what works in their locality. In this approach participants own the project and determine the direction, pace and outcomes. Such an approach allows for authentic dialogue to occur and projects benefit from the social capital obtained in the project area. Such projects are able to harness indigenous knowledge and enhance their depth and impact. In this way, the probability for success and sustainability is maximised.

However, development projects are usually funded by international agencies that want to see a return on their investments. These donors set time frames and deliverables for projects. Sometimes, it is difficult to make projects truly participatory whilst fulfilling the needs of the funders. The tension is usually about implementing projects within set time frames and the community that may take time to adopt the project and needing to influence the implementation plan (Melkote and Steeves, 2001:351). The consultative process, especially with the traditional leadership structure, may be time consuming and also obstructive to the project schedules. These challenges are real and need to be negotiated all the time.

### **Adopting a Cultural approach**

Some programmes are more effective than others when dealing with prevention of infection among young people and it seems that consideration must be given to several factors that are important for HIV/AIDS communication programmes to consider. A key point emerging from the narrative of my life in review is the importance of reconciling local knowledge with universal forms of knowledge. There is a need to link the local to the universal and the objective to the specific, thereby creating a 'glocal culture'.

A cultural approach means adapting aspects of culture that are positive and merge them with scientific knowledge. This does not mean that the culture is dying. It means that we are trying to find a way of living that works for us today. Culture is not static but ever shifting and changing. Science and indigenous knowledge are not mutually exclusive. Culture and scientific knowledge should complement each other for the common good of others. For instance, it should be possible for young Xhosa men to still observe an important cultural rite of going to the mountain and be circumcised by a medical officer using modern surgical instruments. These small steps can be a difference between life and death.

## **Culture and Identity**

The identity of an individual is shaped by his/her culture in the same way that the individual shapes his/her culture. Campbell and MacPhail (2002:333) have argued that the identities of individuals should be understood against the background of ever shifting social identities within the ambit of social constructs from one setting to the other. Identities are constructed and re-constructed within a range of structural and symbolic constraints that often place limits on the extent to which people are able to construct images of themselves that adequately reflect their potentials and interests.

The Zulu social system classifies people into different social groups according to age, gender and their role in society. There are groups of young women called *amatshitshi* (young girls), married women called *amakhosikazi* (married women), and young unmarried men called *izinsizwa* (young men), and so on. Different social structures are accorded different status according to the level of importance that society places on the function/role that they play/fulfil. These groups are expected to behave in a certain way and even dress in a certain manner. The rules of behaviour within these groups are determined by the cultural expectations that define the group. These rules of behaviour are internalised through socialisation and are followed unconsciously without question as they are regarded as a 'common sense' way of doing things. They are part of the cultural heritage and the young are socialised into these practices. Nowadays these differences of dress and behaviour are evident in cultural events but not in everyday life. This kind of contradiction makes it difficult for the women rights culture to be entrenched.

Socialisation of the young includes influences from other cultures as there are no communities that are closed and insulated from outside influences. This fact is demonstrated by my life in review in Chapter Three where I discuss the influences of my family upbringing that are challenged by influences from my schooling when I was introduced to other cultures and western education, my university life that included influences from other ethnic groups, working for DramAidE and this research that requires me to question my identity and my beliefs about health and well being. These shifts in culture are unavoidable as the world has become a global village. It is important to know and respect traditions. To try and romanticise the past

and not recognise that we are living in a changing society is 'back to *bheshu* thinking' that signifies lack of appreciation of what is needed to live meaningfully in the modern era. In other words very few people seriously want to go back and live a 19<sup>th</sup> century lifestyle.

In Chapter Five I discuss Clifford Geertz's (1994) assertion that man is an animal suspended in webs of significance represented by culture. Doing this research has challenged me to ask myself what my 'real' belief is. I am a Christian and I hold an important position in my church. This suggests that I try and live my life according to Christian principles and values. On the other hand, I am a Zulu and still consider my cultural heritage and my cultural identity very important. This qualifies who I am and distinguishes me from other Christians from other cultural groups.

One Sunday morning, I was asked by my father to come home and be present when he burns *impepho* to report to the ancestors developments in the family and ask for progress and protection against diseases and evil spirits. This happened before I went to church and therefore I went to *umsamo* wearing my full church uniform. This incident demonstrates what is at the core of this research. It epitomises the complex interaction between belief, identity, education and well-being. I often have to question my belief and find that my responses and approach to life are mediated by these deeply entrenched beliefs which may not come to our minds as beliefs but as thoughts.

Culture, Christianity, education, self concept and context are some of the webs of significance that Geertz (1994) refers to. We are always spinning on these webs and sometimes it is difficult to predict responses to new information as we are continuously suspended on these webs.

The concept of culture should not be taken lightly. In South Africa' under the apartheid system, ethnicity and culture was used to discriminate against Africans, Indians and Coloureds. Black people, in particular used culture as a tool to galvanise their struggles to resist colonialism and apartheid. They used culture as a way to reclaim their identity. The Black Consciousness Movement that was pioneered by Steve Biko is about black people taking pride in being black and reclaiming their

identity. The Inkatha Freedom Party started as a cultural group to promote and celebrate Zulu culture. This use of culture to resist western domination may have led to some in these cultural groups regarding western science with suspicion and feeling hesitant to adopt new innovations such as family planning and western medicine in general. I have often heard people saying “it is not my culture” or “according to my culture”. Culture is like a shield that protects individuals from onslaughts on their sense of identity. Once this shield is raised, responses may not be predicated on logic.

## **Language and Logic**

The tendency of development projects purporting to be using a cultural approach to communication is to use local idioms and languages to communicate essentially an externally constructed message and thereby defeating the very attempt to make their projects culturally appropriate. This juxtaposition of local language and idioms is inadequate and may not appeal to beliefs and values of the local communities. It does not recognise the depth and richness of local indigenous knowledge systems.

One of the considerations in communicating new ideas and thought is the relationship between logic and language. Logic is a cultural product and not universal and differs from culture to culture. The logical and the rhetorical framework of a culture influences the manner in which that culture perceives and employs language and communication as well as what constitutes knowledge.

A truly authentic approach requires such projects to go beyond the mere translation of messages into local language. They need to interpret these messages in terms of what they mean in the local context and relate them to the norms and beliefs of the local community. Language is not used as a mere expression of ideas only. It plays a key role in deconstructing the messages promoted and re-interpreting them in a meaningful way for their local context (UNESCO, 2006). It will benefit communication campaigns to use local language and observe the codes and rules of local language not only to pass on the information and message but also to create a space for dialogue wherein new information can be created. This helps in facilitating critical thought that is likely to result to ownership of the process and action. In this way

communication is not used as a means to an end to support an external conceived and driven agenda, but is used to enhance a mutually beneficial process that is empowering and participative.

### **Giving a voice**

Through my narrative in this thesis I have told my story. All that I needed was space to tell my story and in the process recreate my world. Melkote and Steeves (2001:355) state that “people’s right to communicate their stories should be at the heart of participatory strategies leading to empowerment”. I hope that communication projects such as DramAidE will always consider the importance of situating projects within the local context and give a voice to the project participants to tell their stories thereby reliving and recreating their world. Using myself as a case study, I have highlighted the contradictions of living in the changing world whereby I have been raised in a Zulu family and way of life that respects *amadlozi* (ancestors) yet Christian and educated in western science and ways of understanding the world. These worlds co-exist within me and I unconsciously draw upon them in making sense of the world and making decisions about my life. The contradictions may be subtle and superfluous yet their application in reality may be the difference between life and death. Likewise, HIV/AIDS communication projects need to consider the importance the interaction of these belief systems and their influence in mediating meaning and responses to new information.

I hope that we were able to learn from this story and are able to tell our own stories.

**Cosi cosi yaphela**  
**(The end)**



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## **Interviews**

DramAidE Director, Prof Dalrymple  
November, 2009: personal interview



## Appendix 1

### Evaluations of Act Alive and Forum Theatre

Evaluation is integral to the development and sustainability of the DramAidE programmes. Since DramAidE's inception in 1993, independent evaluators have provided evaluations of the various DramAidE programmes and projects. The following is a list of evaluations of ACT Alive and Forum Theatre undertaken in DramAidE.

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## **Appendix 2**

### **Presentations at conferences Mkhonzeni**

Gumede, M. (1990) 'Story telling'. Workshop at the South African association for Drama and Youth Theatre (SAADYT) conference.

Gumede, M. (1995) 'Using Drama based techniques for HIV/AIDS education'. Workshops on Drama in Aids Education at the International Drama in Education Conference (IDEA). Queensland University, Brisbane, Australia.

Gumede, M. (1998) Drama in AIDS Education. Workshops for conference delegates at the 12<sup>th</sup> World Aids Conference, Switzerland.

Dalrymple, L. and Gumede, M. (2000) 'Mobilising Youth in Tertiary Institutions through Interactive Campaigns'. Poster presentation. X111 International AIDS Conference, Durban.

Gumede, M. and Mlungwana, J. (2003) 'Life Skills Materials with reference to Gender and Cultural Practices.' Forum Theatre and workshop (2003). Fifth Anniversary of OXFAM International. Conference held in Dublin, Ireland.

Gumede, M, Mlungwana, J and Ndaba, T. (2004) Forum theatre and workshop. International Entertainment Education Conference (EE4), Cape Town.

Gumede, M. (2006) 'Using participatory techniques for Education'. Workshop for conference delegates. SAIH conference, Oslo, Norway.

Gumede, M. (2008) 'Understanding DramAidE ACT Alive project'. Paper presentation to Botswana Department of Education delegation. Tropicana Hotel, Durban.