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PROBLEM SOLVING THEATRE:

A case study of the use of participatory forum theatre to explore HIV/AIDS issues in the workplace.

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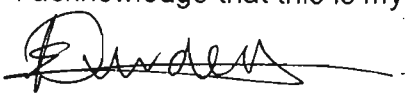
I acknowledge that this is my own work and duly referenced.



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Abstract

This thesis examines the use of the participatory forum theatre methodology for HIV/AIDS education in a factory setting in Durban, 2003. The paper explores the field of Entertainment Education (EE), which is the strategic use of entertainment forms for health education and behaviour change. This thesis offers an overview of some of the modern theories of behaviour change and how EE is used in development communication. I investigate participatory communication theory; the work of Brazilian educationalist Paulo Freire, and the principles that inform Augusto Boal's forum theatre methodology.

EE strategies and communication and behavioural change theories inform the design and practice of the PST (problem solving theatre) project, which is the case study for this thesis.

This thesis outlines the process of the PST project, researching the environment at the chosen factory site, and the prevailing knowledge and attitudes towards HIV/AIDS, the creation of an appropriate forum theatre play, as well as observations and comments on the performance at the factory. Final summative research investigates the impact that the forum theatre had on the audience. The conclusion points to the tensions in theory and practice that were highlighted through the PST project; and suggests how forum theatre, as an EE strategy, can be further used in a factory setting.

Imagine a show in which we, the artists would present our world view in the first half, and in the second half the audience would create a new world, invent their own future by trying out their own options. Let us, we and they, create it first in theatre, in fiction, to be better prepared to create it outside afterwards, to extrapolate into our real life.

Augusto Boal

CONTENTS:

LIST OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
EE	Entertainment education
FGD	Focus group discussion
HIV	Human immuno virus
NGO	Non-governmental organisation
PST	Problem solving theatre
TIE	Theatre in education
TFD	Theatre for development
TOP	Theatre of the oppressed
VCT	Voluntary counselling and testing

CHAPTER 1
INTRODUCTION

As the HIV/AIDS epidemic continues to spread in Sub-Saharan Africa, so the need for continued health-promotion and disease–prevention programmes increases. Even though the South African government has introduced steps to enable access to anti-retroviral drugs, the emphasis of information campaigns should still remain on the prevention of HIV infection and related issues such as stigmatisation and non-discrimination, care and support for those who are already infected.

The epidemic impacts heavily on South Africa's progress and development both now and into the future. Governments that have been slow to respond to the epidemic (such as ours) will bear the brunt of increased government spending, reduced efficiency and changes to the very fabric of society that will affect governance, stability and social cohesion (Barnett and Whiteside, 2003). The far-reaching effects of the epidemic determine that the response to it must be multi-sectoral, which includes heavier involvement of the private sector.

It is in this context that this thesis explores the use of participatory theatre as a private sector intervention for HIV/AIDS awareness in a Durban-based factory in 2003.

The intervention falls within the field of entertainment education (EE), which is the strategic use of entertaining media as a vehicle for health promotion messages (Coleman, 1999, Singhal and Rogers, 1999, Piotrow *et al*, 1997). Most EE interventions are theory based, and this thesis will include an overview and brief analysis of some of the theories and models most commonly used in health promotion campaigns. This includes an exploration of the concepts of behaviour change and communication for development and change.

Theatre, as an emotive and appealing medium, can be used effectively to bring about change, and I outline some of the experiences of using theatre for education and development in Africa. African practitioners have recommended the utilisation of participatory theatre methodologies (Mda, 1993, Kerr, 1995), and in particular the participatory forum theatre methodology of Brazilian Augusto Boal (1979, 1995, 2002), influenced by the liberatory pedagogy of Paulo Freire (1983, 1985, 1987). Forum theatre involves the performance of an unfinished play, where the actors invite the audience to participate in concluding the action and finding solutions to problems posed in the play.

I then briefly explore the need for companies within the private sector to respond to the HIV/AIDS pandemic in South Africa, and how industrial theatre has been used in the private sector in recent years. I argue that the workplace may be seen as a community, and that it has the capacity to provide a supportive environment in which individual behaviour change and social change may occur.

I will then describe how these experiences and theoretical models informed the design and implementation of the Problem Solving Theatre (PST) project, which is the case study for this thesis. The PST project uses participatory forum theatre for HIV/AIDS awareness, and challenges the audience to seek workable solutions to the problems that HIV/AIDS poses in their environment.

The process of the PST project is presented in three sections: formative research with the audience (factory workers and management) to determine the prevailing attitudes towards HIV/AIDS; the informed creation and performance of the forum theatre model; and summative research to determine the effectiveness of the intervention.

Through this research I analyse whether the PST project intervention is relevant and context appropriate, and whether the participatory theatre process allows the group to engage with and own the posed problems. I hope to discover

whether forum theatre clarifies issues for the workforce, and is an effective tool for posing and solving problems related to HIV/AIDS in the workplace.

The nature of South African business means that there is often an existing tension between employers and staff with regards to communication needs and goals (Tomaselli 1992; Baker 2002). Although to some extent employers do pay for services such as workplace theatre out of an altruistic sense of development, more often than not it is in order to meet a communication need of their own. Forum theatre is intended as a liberatory and empowering practice. Some questions may arise as to whether or not employers, working within the hierarchical structures of industry, will accept (and pay for) this dialogic approach, where they are not in a position to determine the outcome of the theatre process. This thesis will attempt to explore this contradiction, and ascertain whether this essentially democratic technique is a feasible one and can be used to the benefit of both workers and management.

For the purposes of this thesis, I have used the term *empowerment* to mean the transference of knowledge, skills and resources that enable individuals to take action and responsibility, and the removal of obstacles that may have, in the past, hampered this. I have used the term *development* to mean the growth and advancement of both individuals and communities. These are key concepts and the end-goal of liberatory theatre practices such as forum theatre.

CHAPTER 2
CONCEPTUAL FRAMEWORK

Entertainment education

Entertainment education (EE) is defined as:

> The process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favourable attitudes and change overt behaviour. This strategy uses the universal appeal of entertainment to show individuals how they can live safer, healthier and happier lives. (Singhal and Rogers, 1999:9)

EE strategies have been used consciously in the last fifty years, but the practice of combining entertainment and education is not new. Numerous societies have used entertainment media and traditional cultural forms for instruction, to pass down knowledge and community norms (Singhal and Rogers, 1999). EE has recently risen to prominence in academic study and has been harnessed by health communication campaigners who have made use of a wide variety of media to communicate health messages. As well as using mass media such as television and radio, EE makes use of smaller, more culturally specific media, including popular or folk theatre, story telling, mime, puppetry, folk dances, songs and music.

EE interventions that are based on theory are more likely to have a positive effect on audiences (Singhal and Rogers, 1999). The theories that provide the foundation for EE communication programmes include marketing principles, persuasive communication theory; play theory and social learning theory.

Marketing theory, upon which commercial advertising is based, involves an investigation of the elements of product, price, promotion and placement. In the

context of health promotion, this practice is known as 'social marketing' (Piotrow *et al*, 1997). Marketing theory contributes "product definition, analysis of consumer behaviour, needs, desires and characteristics" (Coleman, 1999:76). In EE programmes, the consumer is the audience, and an understanding of that audience should inform the content and delivery style of the entertaining medium (the *promotion* element). Marketing places emphasis on the segmentation of audiences, and the creation of messages that have direct appeal to targeted 'niche markets' (the notion of *placement*). The *product* that is being sold is an idea or a message that is marketed within the context of the EE campaign. The element of *price* is the personal or psychological cost to an individual of adopting the promoted healthy behaviour. Marketing also emphasises the importance of strategy, planning and feedback in the communication campaign.

Persuasive communication relates to the concept of education as instruction, where a pre-determined message is delivered or 'taught' to an audience. Persuasive communication theory suggests that for an audience to respond to an appeal, it must be rational and/or emotional. To be effective in engaging the attention of audience members, and persuading them to change their behaviour, the content of the entertainment should appeal to both the hearts and minds of the audience. A number of heuristic factors shed light on the basis on which an audience accepts or rejects a message. The credibility, attractiveness and power of the message source, and the message placement, are key indicators of how and why audiences will respond to one campaign over another (McGuire, 2001).

Play theory suggests that entertainment and pleasure are legitimate pastimes that allow for individual growth and learning through interaction with others (Coleman, 1999; Stephenson, 1988). Play is closely associated with art, and in terms of the psychoanalytic theory of 20th Century analysts such as Sigmund Freud and Karl Jung, play and art are seen to have therapeutic benefits in terms of relaxation, reflection and recreation (Courtney, 1974). Audience members

relax and enjoy the entertainment medium, while reflecting on its content and recreating the message in terms of their own circumstances. One of the key functions of EE programmes is to entertain the audience and to relieve what is often seen as the tedium of learning. The entertaining medium is commonly used to sugar-coat the 'bitter pill' of the educational content of the message. This gives rise to the ethical dilemma of oblique persuasion, where audience members are 'hoodwinked' into accepting a message that is attractively couched (Singhal and Rogers, 1999).

Social learning theory, as outlined by the contemporary American psychologist Albert Bandura (1995, 1997), suggests that people learn through watching the actions of others. Viewing a television or theatre programme can allow insight into the lives, actions and emotions of others, and a viewer can choose to adopt or avoid the behaviours shown. Audiences should be able to recognise and relate to role models through this process and emulate or model their behaviour (Bouman, 1998). Self-efficacy is a related concept, which involves an individuals' belief in him or herself to perform the same actions as depicted in the media (Bandura, 1995). The process of observation and modelling, combined with self-efficacy, may lead to behaviour change.

EE programmes aim to encourage not only individual behaviour change, but also to contribute to social change, where an alteration occurs in the structure and function of the social system. Social change can occur at the level of the individual, organisation or society (Singhal and Rogers, 1999). Recent research into the benefits of using EE strategies have emphasised this element of social change, suggesting that individual behaviour change can only happen in a context of broader social change (Singhal and Rogers, 1999; Papa *et al*, 2000; Tufte, 2002). Social change and behaviour change should be viewed as long-term processes that happen over many years of diverse strategies and interventions (Parker, Dalrymple and Durden, 1998).

Behaviour change theories

A number of theories have been elaborated to explain the process that drives an individual to adopt or change behaviour. These theories attempt to address the debates that surround the nature of behaviour change. At the heart of these debates are questions about how the individual operates in society, and how that society influences the individual's behaviour.

Behaviour change theories can be divided into three broad categories that address these debates. These categories can be broadly defined as dealing with psychological processes, the community processes and the social environment. These look at the individual's nature of change, societal (community) change, and at broad social change, respectively.

For an individual to change behaviour, that person must be enabled, through knowledge or otherwise, to make the necessary changes. This notion of ability or empowerment is at the core of behaviour change theory. The definition of the enabling factors marks the difference between the three categories of behaviour change theory.

Individual behaviour change theories suggest that the components necessary for an individual to change behaviour include an exploration of personal attitudes, beliefs and intentions; an understanding of personal risk; and the knowledge and opportunity to practice skills that will reduce the possibility of risk and the practice of risk-taking behaviours (UNAIDS, 1999). These theories are strongly rooted in psychology and emphasise the cognitive, rational thought processes of the individual in changing or adopting new behaviour patterns.

Theories of individual behaviour change were recognised as useful at the beginning of the HIV/AIDS epidemic, predominantly in the United States and Europe, where individual behaviours were associated with higher rates of HIV transmission (UNAIDS, 1999). They have, however, come in for criticism when

applied in non-western contexts, where the demographics of the HIV epidemic are very different. Social conditions in these contexts often determine that individuals do not have the personal power or efficacy to carry out decisions that they might have made on an individual level. In the South African context, barriers to self-efficacy may include "poverty, limited access to health and social services, labour migration, urbanisation, unemployment, poor education, the inferior social position of women, diversities in language and culture amongst others" (Kelly, Parker and Lewis, 2001:2).

A further criticism of these rational theories is that sex (the most common route of HIV transmission in South Africa) is seldom a rational activity. The "heat of the moment" nature of sex, suggests that rational analysis and thought may not be as easy to practice as it is to theorise (Govender, 2003). An additional problem is that sex in South Africa is often not consensual. Where rape is common, an individual has no power to protect him or herself from HIV infection.

In non-western contexts, notions of health are more closely tied to the health of the community than that of the individual. In African and Asian countries, cultural concepts of health, the family, the community and the self may be different from accepted western notions. These understandings need to be taken into account, "particularly in the context of behaviours that may predispose people to HIV/AIDS" (Airhihenbuwa and Obregon 2000:6). The cultural relevance of the health-related intervention plays an important role in its success. Where a communication campaign is based on western bio-medical beliefs that may be oppositional to the beliefs held by a community, the target community may not see the relevance of such a campaign. Campaigns designed without reference to the target community's context may encourage individuals to adopt beliefs and behaviours that are in conflict with the dominant beliefs held by the rest of the society in which they live.

Social behaviour change theories address some of the concerns raised by the inadequacies of the individual models, and place more emphasis on "the interactive relationship of behaviour in its social, cultural and economic dimension" (UNAIDS, 1999:8). These theories recognise the role that societal norms play in determining an individual's behaviour, and view the individual in the context of a particular community. These theories argue that to change the behaviour of the individual, the behaviour of the entire community needs to change, to ensure group support for individuals who wish to adopt new behaviours.

Social learning theory takes into account the social nature of individual behaviour change, where individuals learn through observing and emulating others (Bandura, 1995). The *diffusion of innovation theory* (Ryan and Gross, 1943 in Rogers, 1983) proposes that gatekeepers and opinion leaders in a particular community may have the power to influence the behaviour of others. This implies that an innovation (the new behaviour) can be filtered down to community members through the social system over time. This is an essentially prescriptive model, based on persuasive communication. It may meet the need to include wider social groups in the adoption of new behaviours, but does not necessarily empower individuals within the group to take action.

This theory has been expanded on by other scholars, and has evolved into the convergence concept of communication:

> In an informationally closed social system in which communication among members is unrestricted, the system as a whole will tend to converge over time towards a collective pattern of thought and behaviour of greater uniformity. (Kincaid, 2001:144)

The *convergence theory* identifies five steps involved in the adoption of behaviour change: individual perception, interpretation, mutual understanding, mutual agreement and collective action. It combines individual cognitive

processes with social processes, allowing for group negotiation and decision-making regarding new behaviours.

Although entertainment education interventions based on the social models go further to encourage behaviour change, full support for these changes can only be enjoyed when society at a broader level has embraced them. The structural and environmental factors that undermine or support behaviour change need to be addressed to ensure healthy communities. The notion of *collective efficacy*, an extension of Bandura's (1995) concept of self-efficacy, defines a group's belief in their collective ability to work together to achieve change. The collective efficacy of a group may be influenced by the constraints under which they are operating.

This problem has given rise to a third category of more participatory theories that contextualise the individual within society, and see human behaviour as dependant on the social, political and economic environment. These approaches recognise "the relationship between social structure and health", and that "lasting change is a process that initiates from within a community" (UNAIDS, 1999:20). These models tend to take a problem-solving approach to behaviour change, and involve community participation. They encourage personal, organisational and community change. Individuals within a supportive environment are able to realise their own agency and power to act through improved access to resources and an empowering socio-political system.

Human beings operate on a number of levels including: the individual, groups or the interpersonal environment, organisations to which the individual belongs, communities, and society or government. An intervention at any level may have effects at other levels (Bartholomew *et al,* 2001). Where an individual may have the intention to practice a healthy behaviour, and is not backed up by community and society, a breakdown in the inter-functioning of these levels occurs. In the field of HIV/AIDS, this becomes problematic "when the ability of one party to fulfil the social contract fails, because of the influence of the

sociality sub-system on the functioning of the communality sub-system, or because of contradictions within the communality sub-system itself" (Kelly, Parker and Lewis, 2001:6).

An overview of behaviour change theories highlights the need for an understanding of the context in which any behaviour change intervention is to take place. The social context should be well researched, taking into account the interplay between the different levels of operation of individuals within the social system, in order to understand what may support or inhibit an individual's intention to change behaviour.

In the context of the case study for this thesis, the factory workers exposed to an intervention operate as individuals, as members of the factory, as family-members and community members. They may transmit the information that they have received to their peers and families (the diffusion of innovation), and may be motivated to mobilise their social, familial or working groups into action regarding a particular issue, impacting on workplace and national policy. Their individual power and efficacy is, however, affected by the decisions regarding their access to HIV/AIDS information and resources, which is regulated by both factory management and government. Where the subsystem of sociality (the government) fails to provide recommendations or support to the system of communality (the workplace), individuals may fail to adopt changed behaviours.

A number of commentators on HIV/AIDS behaviour change interventions agree that behaviour change can only happen in a supportive context where individuals are empowered to act within the group (Tomaselli, 1997; Airhihenbuwa and Obregon, 2000; Papa *et al*, 2000; Kelly, Parker and Lewis, 2001; Tufte, 2002).

Based on one or more of these theories, EE programmes make use of entertaining media and traditional cultural forms to communicate a health message, with behavioural change as an end goal.

Entertaining media and traditional cultural forms

The use of traditional cultural forms of performance allows audiences and participants to identify and represent their own identities in terms of worldviews and values, knowledge, traditions, customs, beliefs and symbols. Audiences are more able to understand and make meaning from new information that is couched in a familiar form (Bennet, 1990; Malan, 1998; Counsell and Wolf, 2001).

To a certain degree, the medium chosen as the vehicle for the message determines how the spectator will understand its content. This concept is translated by media and cultural studies scholar Marshall McLuhan (1964) into the adage 'the medium is the message'.

Familiar cultural forms can be used by outside agencies to introduce new messages into a specific community, or they can be harnessed as a way for those community members to express themselves. In this way, cultural expression can be used to generate social change.

While EE practitioners and development organisations may have the best interests of the target community at heart in the design and use of these traditional forms, the practice has come in for criticism. Traditionally, the purpose of these traditional cultural forms is "expression, relationship, communion, escape, fantasy, beauty, poetry, worship" (UNESCO, 1995:83). Where folk media is used to manipulate and change the target group's way of thinking, feeling and behaving, the ethical dilemma of oblique persuasion arises (Singhal and Rogers, 1999).

To a large degree, cultural forms have been an integral part of ritual and religion in many societies, but the use of media such as theatre for instruction has also long been documented.

Theatre and education

Theatre may be seen as both a product and a process. Where the aim of theatre is to transmit facts or knowledge, the emphasis is predominantly on the theatre product - the performance. This learning through observation is often the focus of theatre in education (TIE). Where the focus is more on the process of learning through the activity of drama - learning through doing – this is known as drama in education (DIE), or more recently, theatre for development (TFD). Here, the focus is on developing and empowering individuals through the process of drama.

The concept of learning through the emotionally engaging medium of theatre forms the basis of much modern study, reflection and criticism. Theatre may fulfil one of the primary social process of communication, reflecting the life and thought of the community:

> With its roots in religion and ritual, early drama may be seen an attempt at communication with the gods, while in modern times it is a communication between actor and audience, and, as the psychoanalysts suggest, between the unconscious of the artist and the unconscious of the audience. (Courtney, 1974:156)

The essential instructional or educational role of theatre was documented by Aristotle in his *Poetics*, which served as a guideline as to how drama can and should be created and utilised in society (Halliwell, 1987). For Aristotle, the aim of drama was the "arousal of pity and fear, effecting the *katharsis* of such emotions" (Aristotle: 6). The audience develops empathy for the protagonist of the play, and feels pity when a tragic fate befalls him or her. The observation of *mimesis* (the enactment of action), and identification with the character, provides us with an opportunity to learn. This notion is realised in modern social learning theory (Bandura, 1995, 1997).

In Africa, the use of theatre for instructional purposes in traditional society, and it's modern application, has been investigated by the likes of Christopher Kamlongera (1998), Zakes Mda (1993), Lynn Dalrymple (1995, 1997), David Coplan (1997), David Kerr (1995, 1997) and Ross Kidd (1983):

> It is not a cliché to say that indigenous performances in Africa contain within them some functional element. In most cases this takes the form of a didactic statement. Whilst performers might engage in doing spectacular movements and dances, they might also carry within the performances special messages or lessons to some members of their audience. (Kamlongera, 1998:88)

In the African context, traditions of story-telling, dance and praise poetry have been used dramatically, combined with narrative as a comment and reflection on everyday life. Where drama is so closely linked to everyday reality, performance becomes "continuous with experience and material consequence" (Coplan, 1987:8).

As a communication strategy, theatre can provide information, increase awareness of and sensitise people towards an issue, change the audience's attitudes, and assist in skills development. Theatre has the capacity to make abstract concepts more concrete, and to give audience members a personal connection to what is happening on stage. Theatre can present ideas and events in terms of real people who are deeply and personally affected by those events. Where audience members see the effects of the actions and choices of the characters on stage, they can identify with these characters and assess the possible application of the relevant staged problems to their own lives (O'Toole, 1992; Selman, n.d.).

The impact of theatre on individuals is often instantly observable; audience members laugh, cry, and applaud. Although their experience of watching the theatre performance may bring about some individual decision-making and

even intent to change behaviour, the challenge for meaningful theatre is to bring about change on a greater scale in the community. Trying to find and strengthen the links between the individual and the communal experience ensures interaction between the individual 'micro-response' to theatre and the communal 'macro-response' (Kershaw, 1992). This interaction may go some way to bridging the divide between individual behaviour change and social change.

This harnessing of theatre for social and political change was the goal of, amongst others, the German theatre practitioner Bertolt Brecht (1896-1956) and Brazilian Augusto Boal (1931-).

Theatre for development

There are advantages to the use of the performing arts as a medium for encouraging social change and development. Theatre has appeal as an entertaining form; it can easily make use of local languages, idiom and other familiar cultural forms such as song and dance, and can encourage debate and participation amongst the audience. The effects of this are dependant on how theatre is used, and the over-arching development paradigm that informs its use.

This section explores how experiences of the use of theatre for education and development in Africa have been informed by different development paradigms. There are four distinct paradigms of development communication (Tomaselli, 2001; Servaes, 1995; 1999). These can be categorised as modernisation theory, dependency theory, development support communication and 'another development' (participation).

Modernisation is characterised by a top-down approach, where it is assumed that through the input of information and technology, underdeveloped communities will advance to the level of the western world. The approach uses

persuasive communication and social marketing strategies to sell a message to an audience, thus (hopefully) bringing about development.

Modernisation often involves high-profile campaigns, driven from the top down. Communication is typically based on the unidirectional communicator-message-receiver model. The profile and culture of target audiences is not taken into account in message and campaign design, and audience members are alienated from what they see (Tomaselli, 1997). There is no sense of ownership of the intervention, and no subsequent personal investment on the part of the target community. The intervention is seen as a product and not as a process. Its outcomes are pre-determined at source, and individual community members have no say in their own development.

The way in which theatre has been used as a civilising mechanism in Africa is typical of this approach (Kamlongera, 1998). HIV/AIDS theatre in particular has been inappropriately staged by those in power, and certain voices are marginalised in the process (Blumberg, 1997). Without consultation and the involvement of the target community, the theatre product may be irrelevant, insensitive to local custom, and may miss its intended mark.

Dependency theory grew out of a Marxist critique of modernisation theory, suggesting that interventions informed by this paradigm serve to disempower communities and restrict development (Servaes, 1995).

As a means of self-empowerment, dependency theory communication typically involves radical sloganeering, resistance and critique. This style of communication was apparent in plays of the South African Anti-Apartheid movement of the 1980s and the trade union based practice of workers' theatre. Workers' theatre has at its heart the aim of conscientising the masses, and alerting them to urgent issues of the day. To a large extent, these communications are also product-orientated (Baxter, 1992). The theatre is a

means to an end and persuasive communication is used, albeit from within the community itself.

Development support communication (DSC) and *another development* (participation) place greater emphasis on a two-way communication process and takes into account cultural multiplicity (Servaes, 1995; 1999). These theories allow for "multidimensionality, horizontality, deprofessionalisation and diachronic communication exchange" (Servaes, 1999:84).

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

Much of the early practice of theatre for development in Africa falls within the paradigm of development support communication, such as the Botswanan *Laedza Batanani* experience in the 1970s, where groups were sent into rural communities with the aim of involving villagers in the production of popular theatre (Kerr, 1995, Mda, 1993). Participants in the programme were introduced to the notion of popular theatre and to performance skills, and prepared performances for other community members. The community members themselves did not choose the topics for these performances. The skills that were transferred were professional theatre skills that emanated from the universities, and were not always appropriate. Far from being the revolutionary participatory experience that they had hoped, the *Laedza Batanani* project was criticised as being paternalistic, and "a smokescreen for

domestication". Village politics ensured that those in power in the villages had the say as to who and what was included in performances, and the project had to conform to the hegemonic norms of the Botswanan government (Kerr, 1995; Kidd, 1983).

Although the intentions of the agents of change in such programmes were to enhance 'development' in the target communities, the actual experience of the programme was not empowering. The outcomes of the development were pre-determined by the intervention team, with a "pre-packaged radical social message" (Kerr, 1997:67). This benevolent imposition seldom leads to real development (Kamlongera, 1998; Mda, 1993).

The use of traditional forms and themes in these instances has been tokenistic, and there has been little attempt to incorporate local knowledge and to learn from the contemporary experiences of the audiences themselves. In South Africa, the government and commercial interests have exploited the use of traditional cultural forms "in the service of the dominant ideology" (Coplan, 1987:9). In these instances, theatre is seen as a product made *for the people*.

For real conscientisation and development to occur, the target community needs to be involved at all levels of decision-making in the project. Theatre should rather be developed as a process *with the people*, where communities are encouraged to articulate their own needs in their own way (Kerr, 1995; Kamlongera, 1998). Theatre used in this way has participation and development as its primary goals.

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

The communication model utilised in participation allows for dialogue and the negotiation of meaning. Participants can share ideas and come to a consensus as to what they understand by the concepts being explored. Questions about what participants understand as development, where they see a need for it, and how they can implement changes that will bring about that development can be addressed through participation. Where communication is democratised, and all participants are equal in the communication process; clarity, understanding and subsequent empowerment are likely to follow.

The pedagogy of Brazilian educationalist Paulo Freire (1983, 1985, 1987) has influenced notions of participation and the practice of adult education.

Participation, development and Paulo Freire

Freire's critique of education in 1970s Brazil suggested that the 'banking' concept of learning, where learners are empty vessels to be filled with knowledge, was both inappropriate and ineffective, particularly with adult learners. He suggested re-viewing education as a participatory facilitated process, whereby learners build on their own prior knowledge and experience to develop a conscious and critical view of the world (Freire, 1983). This dialectical theory of knowledge is based on the belief that:

> Knowledge is not acquired merely through abstract, rational thought (idealism) but by experiencing, interacting and reflecting on the material world in which we live. (Kane, 2001:13)

The Freireian concept of 'critical consciousness' is defined as "the awareness of knowing little... and knowing that they know little, people are prepared to know more" (Taylor, 1993:52). The process of empowerment education involves an *action-reflection praxis* where participants are encouraged to take a step back from their circumstances and to examine them objectively in order to develop a critical consciousness of what they see. This reflection offers the perspective

and strength to then re-engage in action to change these circumstances, and the cycle continues.

In this methodology, dialogue is seen as an inherent human phenomenon, and "the encounter in which the united reflection and action of the dialoguers are addressed to the world which is to be transformed and humanised" (Freire, 1983:61). The processes of education and communication are seen as democratic and participatory.

Participatory methodologies have become popular because they are rooted in the interests and the struggle of the ordinary people, are overtly political and critical of the status quo, and are committed to progressive social and political change. Freire's pedagogy evolved out of a context of group empowerment and mobilisation. His more recent writings have questioned this notion in contexts where emphasis falls on individual liberation as opposed to group liberation (Taylor, 1993).

To encourage participation, individuals need to feel that they have a stake in the process of the development programme, and that the outcomes will be of some benefit to them both individually and as members of the group. Participation cannot be imposed, but is a voluntary activity. If an issue is of relevance and significant concern to community members, and participants can clearly identify a problem, draw links between it and themselves, and see the possibility for solutions, then participation is likely. Inhibiting factors, such as threats of punishment for participation, must be eliminated from the environment.

Participation and popular education aim to reduce dependence on outside expert opinion. Freire (1983) believes that knowledge is produced socially, and acquired through social interaction. The premise of participation is that through dialogue, the sharing of ideas and experience, knowledge will grow.

In Freire's analysis, knowledge that is deemed to be scientific, academic or technical is seen as belonging to the dominant classes (Kane, 2001). To a certain degree, the sub classes may distrust this information, precisely because it emanates from such a source. Local knowledge has often been undervalued by the dominant discourses (Melkote and Steeves, 2001). Where this has been the case, and sub classes have been rendered voiceless, participation allows individuals to voice and to meet their own needs (Servaes, 1999). It is useful, in the case of the HIV/AIDS epidemic, to tap into locally produced knowledge and to allow people to speak for themselves about their experiences, problems and solutions, as participatory theatre projects such as DramAidE does (Dalrymple, 1995).

Participation emphasises the local rather then the national community (Servaes, 1999). The cultural identity of participants is recognised as key in the making of meaning in projects that fall within the participatory development paradigm. Instead of outsiders using the local culture, cultural mobilisation is seen to be in the hands of the community itself, and there is an emphasis on encouraging communities to "revitalise their own cultural forms, in order to understand, negotiate, and promote social innovation and change" (Kerr, 1997:68).

Although participation is the preferred paradigm for current development programmes, it has been the focus of recent criticism. Participatory theories are elaborated at a theoretical level and do not provide specific guidelines for interventions (Waisbord, 2003). Participation at all stages in a programme does not have similar relevance. In cases where decisions are made outside of the community, but the community is actively involved in the programme implementation, participation is limited to instances that depend on the imposed decisions.

In some cases, such as epidemics and other public health crises, quick top-down solutions may be better placed to achieve positive results. In these cases, the transmission of facts and knowledge becomes paramount.

Participation may challenge customary beliefs and power structures, creating 'unrest' in a community. The reconstruction process may be time consuming and taxing on the resources of that community. Participatory communication ignores the fact that expediency may also positively contribute to the development and health of a community (Waisbord, 2003).

Although participatory health education through theatre is a popular concept, the extent to which the practice can be truly participatory is questionable when donor funding determines specific outcomes, and 'expert' western medical knowledge and solutions are seen as more valuable and appropriate than traditional cultural beliefs and practices.

Through the shift from the paternalistic modernisation approach to more participatory theatre practices, theatre for development (TFD) becomes a powerful tool. The development of critical consciousness amongst community members, an awareness of the problems that hinder their development and possible solutions to these problems may "[help] the masses in Africa come to terms with their environment and the onus of improving their lot culturally, educationally, politically, economically and socially" (Kamlongera, 1998:88).

One of the shortcomings of the early TFD practices in Africa has been the focus on issue-oriented problem solving campaigns, where there is no evaluation of the circumstances that give rise to that issue (Kerr, 1995). Participatory TFD can "promote confidence in the community's capacity for analysis of their own situation" (Baxter, 1992:51). The participatory theatre process encourages participants to develop a critical consciousness and identify the political conditions that give rise to their immediate problems. This contrasts with top-down programmes that "result in the working class receiving blame for their own exploitation instead of pointing to the structural causes of their oppression" (Baxter, 1992:19).

One method to ensure that this politicisation and conscientisation does happen is to use the Theatre of the Oppressed (TOP) methods of Brazilian theatre practitioner Augusto Boal. These techniques involve the audience in the action and dialogue of the theatre performance, circumventing the problem that "if people are left out of the action and dialogue in the play it's difficult to turn them on like a tap when it's all over" (Kidd, 1983).

Participatory theatre and Augusto Boal

Participatory education methods form the basis for Augusto Boal's methodologies in his *Theatre of the Oppressed* (1979). The theatre of the oppressed (TOP) methodology is essentially political, and sets out to explicitly change society, rather than simply reflecting or interpreting it. The Freireian notions of critical consciousness, and an awareness of the forces of oppression, are key in Boal's work. TOP challenges the practice of the use of theatre as a tool for social control, and suggests a new way of conceptualising theatre, its function and its forms.

Boal (1979) asserts that drama is a natural activity and that theatre should be the domain of the populace at large. He suggests that theatre did start as such, "free people singing in the open air" (1979:119), but changed as the ruling classes took possession of the theatre and developed a separation between actor and audience.

In conventional theatre practices, the audience is passive, required only to view the action on stage, and to live vicariously through the hero, allowing the hero to make mistakes and create solutions. The solutions given are those imposed by the dramatist, and the audience "relinquishes his power of decision to the image" (Boal, 1979:113). This process paralyses the audience. This tradition becomes "a model for the ruling structure, where there are few in power who do, and many who watch" (Paterson and Weinberg 1996:1). In TOP

methodology, the spectators take control, and suggest and rehearse their own solutions to the problems depicted on stage.

The TOP system is a series of exercises and techniques whose goal is "to turn the practice of theatre into an effective tool for the comprehension of social and personal problems and the search for their solutions" (Boal, 1995:15). Theatre is seen as training for real action, and a "rehearsal for revolution" (Boal, 1979:122).

The TOP methodology ensures that audiences are active in the theatre process, that they develop a critical consciousness of the world that they are confronted with, and are encouraged to change it. Passive spectators transform into active agents, themselves transforming the dramatic action on stage. The method of *forum theatre* breaks down the traditional barriers between audience and actors, and Boal develops the notion of the *spect-actor,* who plays dual roles of spectator and actor. This role-shift changes the nature of the theatre experience altogether.

In the practice of forum theatre, professional actors perform a short scene, the *model.* In this model, the action is stopped as it reaches a climax or crisis, where the protagonist has to make a major decision. The audience are then encouraged to take on the roles of the key protagonists and to make decisions that will change the direction and the outcome of the action. This process of simultaneous dramaturgy can be repeated any number of times, until participants in the process are satisfied with what they see represented on stage.

Spect-actors are encouraged to reflect on the themes presented (generally their own oppression or problem situations) and to analyse the issues at stake. This analysis involves trying to understand the motivations and actions of the characters portrayed, which leads to a better understanding of society. Spect-actors then make decisions as to how to respond to this society and its agents,

and they immediately observe the consequences of these responses. They try out new strategies in familiar situations and are given the opportunity to practice new skills in a safe environment.

The Freireian notion of knowledge and lived experience is played out in forum theatre: "when the spectator herself comes on stage and carries out the action she has in mind, she does it in a manner which is personal, unique and non-transferable, as she alone can do it" (Boal, 1995:7). Although forum theatre involves individuals taking roles and making decisions, the experience is about collective learning.

Theatre, by its inferential nature, can give rise to a multiplicity of meanings (O'Toole, 1992). Encouraging dialogue and negotiation amongst audience members can ensure that inferred meanings are discussed and clarified through the viewing process. Real participation in the theatre process allows participants to come to agreement as to the nature of the meaning implied by the theatre product. In forum theatre, meaning is recognised as social and collective in nature, and is negotiated amongst participants. Knowledge and understanding are shared. Forum theatre encourages collective problem solving for collective action, and serves to build a sense of community amongst the audience members.

Historically, theatre in Africa was an essentially collective experience, where "common experience and perceptions based upon shared values and understandings provide the context within which any performance becomes aesthetically, emotionally and socially meaningful" (Coplan, 1987:13). Forum theatre marks a return to this tradition, where the theatre is relevant to all participants in the process.

A *joker*, known in other participatory education practices as the *animateur*, facilitates the process of forum theatre. This facilitator ensures that the

audience knows the structure and rules of the game (the theatre process) and eases the transition for the spect-actors from audience to stage (Boal, 2002).

These jokers ensure that the participation and problem solving process of the forum is authentic. The audience is asked by the joker to comment on the feasibility of the decisions and actions of the spect-actor, and approval from the audience reinforces the appropriateness of the behaviour. In this manner, new behaviours are negotiated, modelled, observed, and subsequently adopted.

TOP contrasts with other educational theatre, in that it is deliberately not didactic. Didactic theatre, based on persuasive communication, depends on the notion of 'banking' education, where the role of the audience is as listeners and consumers of advice. The audience members are not required to question what they see. TOP methods mark a defined departure from the persuasive communication tradition and techniques regularly utilised in theatre for education and development; Boal states "we don't bring the message. We bring the methods, not the message" (Paterson and Weinberg, 1996:5).

Forum theatre differs from TIE and entertainment theatre in that it is not a commodity, and the product of the performance is less important than the process of audience members sharing information. The forum theatre model is an unfinished product which stops mid-action, to ask the audience for a solution. Many different solutions may be put forward and investigated. The process only ends when the audience is satisfied that the solutions posed are found to be viable and realistic in their own context.

Where there are time-constraints on an intervention, forum theatre can be an expedient tool that retains the important elements of participation:

> It is probably the best method in those instances where there are constraints of time and manpower, and the catalysts are unable to stay with the villagers and create theatre with them. Participatory

> agitprop can meet the immediate communicational needs of the extension workers, while a long-term theatre-for conscientisation takes place at its own pace in the villages. (Mda, 1993:183)

In environments where time is an issue, institutions such as schools and workplaces, time restrictions often mean that solutions are not reached through the forum theatre process. In this case, the forum becomes more of a problem posing and conscientisation exercise than a problem-solving one (Ball, 1995).

Where an audience does not reach solutions, the forum may nevertheless have provided a worthwhile analysis of the issue at hand, "it is more important to achieve a good debate than good solutions" (Boal, 2002:259). The most important effect of forum theatre is not the solutions found and synthesised, but the "process of thinking" (Paterson and Weinberg, 1996:6). This process may have high impact with regards to empowering individuals, allowing them to analyse their situation and to think through the options available to them.

In experiences using forum theatre to address HIV/AIDS, where no perfect resolution has been found for the conflict depicted, this may be reflective of the personalised and emotion-charged nature of HIV/AIDS issues which cannot be reduced to simple oppressions and solutions (Frizelle, 2003). This highlights the need to view forum theatre as a process that does not produce a final product.

Forum theatre is often used in settings where participants form a recognised community, identify themselves as oppressed in some way, and share a common oppression. It is predominantly used where the community or group might benefit from this essentially political tool of analysis that acts as a catalyst for action, resulting in the group's development. In the PST project case study, forum theatre is used in a workplace setting. This is not a conventional area for empowering development activities. The use of theatre in an industrial setting will be addressed in the next chapter.

CHAPTER 3
CONTEXT FOR THE CASE STUDY

HIV/AIDS in the workplace

As HIV prevalence continues to rise in South Africa, even in the wake of expensive government and NGO-driven mass media campaigns, more and more private companies are seeing a need to address related issues in the workplace. These initiatives are driven by economic necessity as the current HIV prevalence rate stands at 15.6% amongst the key economically active age group of 15-49 year olds (Shisana, 2002).

Businesses that have a high number of HIV-positive employees can expect reduced productivity, increased operating costs, a loss of trained and experienced workers, and depressed profits. Absenteeism escalates as workers take time off to attend to their own health needs, as well as to care for sick family members and attend funerals. At present it is estimated that 14% of employee deaths in the private sector can be ascribed to HIV/AIDS, and 15.8% of compassionate leave granted to employees is HIV/AIDS-related (Deloitte and Touche, 2002). Employees who are sick may work more slowly, and a rise in accidents in the workplace may be expected due to fatigue and stress. Morale within the company will be low; as employees see their colleagues become ill and, eventually, die. As deceased and retired workers are replaced, the average age and level of experience of the workforce decreases, and the company is forced to bear the cost of employing and training new employees. Health care and medical aid costs rise, and communities surrounding the affected company need support to be able to cope with the effects of HIV/AIDS (Barnett and Whiteside, 2002).

This grim picture has driven a number of South African businesses to develop strategies to minimise the impact of HIV/AIDS, and to develop comprehensive programmes to address HIV infection amongst the workforce. A surveyed 80%

of businesses recognise HIV/AIDS as a "moderate" or "extreme" problem, yet only 72% of them offer HIV/AIDS awareness programmes to their staff, and only 47% of these programmes are compulsory (Deloitte and Touche, 2002).

The South African Department of Labour has issued a guide to good practice on key aspects of HIV/AIDS and employment (Government Gazette 426, 2000). This document sets out guidelines for managing HIV/AIDS within the workplace through the development of policy and programmes. These guidelines explicitly recommend education and training on HIV/AIDS issues.

Workplace-based initiatives can and have helped to change the sexual behaviour of members of the workforce (Williams and Ray, 1993). Many of the educational programmes that have been instituted in the private sector have, however, been inadequate where companies have "taken cheap and easy steps rather than those known to be effective" (Keeton, 2003). This method of papering over the cracks may suggest a lack of commitment on the part of company management, which is an issue that I explore later in the experiences of the PST project.

The workplace as community

The workplace has become a powerful influence on social attitudes, values and behaviour, including sexual behaviour. Workers spend approximately forty hours a week in the workplace, and are exposed to the views, opinions and attitudes of their fellow workers. The factory floor is a place of social interaction, where people exchange ideas and may influence each other, thus determining what people believe and how they behave. Convergence theories of communication suggest, "one's perceptions and behaviour are influenced by the perceptions and behaviour of members of groups to which one belongs ... where people rely on the opinions of others" (Piotrow *et al*, 1997:22). To harness this effect, factories should be seen as more than simply sites for production, but also as sites for attitudinal change (Adkins, 2002).

Peer group pressure at work impacts on the job at hand, and may influence the social attitudes and the behaviour of workers outside the workplace. Through working and, in some cases, socialising together, workers develop a sense of "shared identity and mutual responsibility, in other words, a sense of community" (Williams and Ray, 1993:16). There is potential for this community to be mobilised, as any other, in support of health-related programmes. The community should be organised to determine what the direct health issues facing them are, and should engage in collective action to address these issues (Beeker *et al*, 1998).

It is important to differentiate between the notion of 'community' in the sense of a rural village setting, which is often the target for development programmes, and the notion of the workplace as community. In an industrialised context, workers may be drawn from different home communities, with differing belief systems. The workplace community is likely to be less homogenous than a village community, and individuals within it may be less likely to feel a common bond and feel supported by their co-workers, than they would in a village setting. Where unions exist in the workplace, they may counteract this fragmentation and give rise to organisation and empowerment.

The notion of agency, or empowerment, is vital to the adoption of behaviour change. Where company policy and practices do not allow for this agency, workers efforts to change may be thwarted. Company HIV/AIDS policies may become a divisive mechanism of control and governance, and "reproduce the existing relations of power and disempower those groups most directly affected by HIV/AIDS" (Adkins, 2002). If such policies become a regulating practice, workers are more likely to unite in opposition to management, and not constructively in effecting health-related changes.

Communication in the workplace

A contemporary understanding of the process of communication recognises the role of ideology and culture in the encoding and decoding of messages (Tomaselli, 1992; Parker, Dalrymple and Durden, 1998; Mersham and Baker, 2002). The making of meaning is seen as an interactive, dialogic process of translation, where the receiver of the message is an active participant in its decoding (Hall, 1997; Tomaselli, 1988; Hall *et al*, 1980).

Reception theory (Iser, 1978; Bennett, 1990) asserts that the meanings inferred by the message recipients are many, and that the message itself (the *text*) is polysemic and may hold multiple meanings. The concept of the subjective interpretation of meaning suggests that without the cyclical free-flow of information between the communicator and receiver of the message, no agreement on meaning or the construction of a mutual reality will be reached.

In a workplace setting, an agreement of meaning may be reached and adhered to in the workplace, but individuals may experience a different reality and understand a different meaning of the same concept in their lives after work. Where a workplace holds people from different cultures and backgrounds, the agreement of meaning on an issue like the HIV/AIDS epidemic is important if all stakeholders are to agree and 'buy-in' to an HIV/AIDS policy or programme.

The recognition of this need for sharing and negotiating meaning and related values reduces boundaries and hierarchies within an organisation, and typifies the shift in business from old-style 'fission' to new-style 'fusion' management (Verwey, 1998). *Fission* is characterised by formal hierarchies and measures of authority and control, where workers and management are alienated from each other, and *fusion* is "the integration of the individual with the collective" (Verwey, 1998:27).

As business moves into the twenty-first century, more emphasis has been placed on viewing the workforce as an integral and valuable part of the company. What is known as the *new organisational paradigm* suggests that business should be playing a positive social role, developing and empowering the workforce (Verwey, 1998). To a large extent, this development hinges on communication, where management needs to explore the facilitation of dialogue and participation to encourage change (Agunga, 1998; Stroh, 1998).

Many South African companies view employees as "the most important group to whom communication [is] directed", (Hugo-Burrows, 1998). Companies, however, continue to allocate the bulk of internal communications budgets to top-down communication, while employees indicate a preference for communication from the bottom-up. The communication process between employers and employees may be viewed as bi-directional, but in practice often involves the unidirectional issuing of directives from management to workers.

While the shift from fission to fusion management may be desired by organisational communication experts, and may even be true for small businesses and in countries where the divisions between labour and capital are less marked, I would argue that many South African businesses, and factories in particular, have escaped this paradigm shift.

Understanding communication as a dialogical negotiated act involves a levelling out of the terrain on which all participants are standing. In the workplace setting, this means "to lose direct authoritarian control over subordinates" (Tomaselli, 1992:17).

The negotiation that is a necessary part of dialogue is seldom allowed on the factory floor, and Tomaselli suggests that managers, along with other bureaucrats, prefer the simple communicator-message-receiver model that does not allow for the voicing of dissent. Where this model is used, the communication attempts within the workplace are little better than persuasion or

propaganda, "deliberate attempts to instil, control and effect messages designed to bring about a specific effect planned by the communicator on the recipient" (Tomaselli, 1992:19).

This unidirectional communication may be seen as expedient for communicating regarding the operation of machinery or other technical information that is important to running an industrial process. Simply put, some aspects of factory practice do not call for negotiation. Social processes and human relations are, however, different, and require a different style of communication. In more participatory forms of communication, the meaning of the message is less highly controlled. Receivers have the space to determine their own understanding of what is being said, and are more likely to be engaged by and involved in the issue under discussion.

Historically, management and workers in South African factories have not communicated effectively. This has been attributed to the problems of apartheid, language barriers, widespread illiteracy, a high level of mistrust between predominantly white management and predominantly black workforce, and the traditional antagonistic relationship between labour and capital (Mersham and Baker, 2002). Industrial theatre can be used as an appropriate medium to overcome these barriers (Hugo-Burrows, 1998; Mersham and Baker, 2002).

Theatre in the workplace

Industrial theatre is the term commonly used to describe the use of theatre in the workplace.

Industrial theatre is deemed by South African human resource managers to be "an appropriate training and development method" (Maritz, De Beer and Du Plessis, 2003:2). Theatre is found to be captivating and compelling, effective in encouraging audiences to challenge their own attitudes and behaviour "for the purpose of growth and learning" (Maritz *et al*, 2003:2). The goals of the theatre intervention need to be clearly defined in order for the intervention to be successful. If these goals are clear, the medium can be used to address any issue within the workplace environment.

Industrial theatre has been used effectively to bring about behaviour change amongst workers in Zimbabwean factories (Williams and Ray, 1993). In South Africa, recent studies on the use of industrial theatre for HIV/AIDS prevention suggest that it is a widely usable and feasible communication medium, although it is not given sufficient credit (AngloGold, 2003; Van Rheede van Oudsthoorn *et al*, 2003; Becker, 2001; Kruger, 2000).

Industrial theatre has been found to be "the most appropriate medium" to address HIV/AIDS issues in a way that aids the decoding and uptake of communication messages (van Rheede van Oudsthoorn *et al*, 2003). It allows for the synthesis of the background of the audience (receivers) and the communicative intent of the message senders. Theatre is particularly appealing when it is based on traditional or folk media familiar to the audience, and makes use of cultural narratives and artefacts.

As part of an integrated campaign, industrial theatre can be used "not only to raise awareness but to trigger and support behaviour change modifications regarding HIV/AIDS at the workplace" (Becker, 2001:3). It is also used as a

non-threatening medium to address gender issues and encourage men to adopt "responsible and respectful sexual behaviour" (Becker, 2001:10).

The "intense and emotional experience" of HIV/AIDS industrial theatre encourages audience members to re-examine their own attitudes and sexual behaviours, and commit themselves to actively participate in "the fight against HIV and AIDS" (Kruger, 2000:2).

For industrial theatre to do more than simply introduce knowledge and heighten awareness amongst audiences, but also to be effective in bringing about change, it must be rooted in theory. A review of contemporary industrial theatre practitioners in South Africa suggests that many of them do not consciously base their interventions on theory (Durden, 2003).

If we take cognisance of dynamic communication models (Mersham and Baker, 2002), and meaning-making theory (Hall, 1998; Tomaselli, 1997), it becomes apparent that a prior understanding of the industrial theatre audience is important for conceptualising how they are to make sense of the message encoded in the theatre performance. This understanding is vital in the design of EE campaigns:

> Attitudes and predispositions - even the thought processes - of potential audiences need to be taken into account for audiences to interpret messages as intended by the message creators.
> (Piotrow *et al*, 1997:18).

Time and access to employees (future audiences) in the workplace are often limited for industrial theatre practitioners. Currently, research tends to be a briefing with company management or, at most, a site visit conducted to gauge the prevailing atmosphere in the workplace (Durden, 2003). Comprehensive pre-intervention research with prospective audience members is uncommon. Although industrial theatre is often well-received and enjoyed by audiences, its

long term effects on attitudes and behaviour may be lessened due to the lack of baseline or formative research. In addition to this lack of audience research, few industrial theatre practitioners take cognisance of the theory underpinning EE, which may be useful in designing more effective industrial theatre interventions (Durden, 2003).

Assessment and evaluation of the effectiveness of industrial theatre has also been limited. Apart from some of the projects mentioned above, few industrial theatre practitioners have done any detailed post-exposure evaluation and research (Durden, 2003). Most rely on the audience's laughter, the applause barometer and comments from management to gauge the effectiveness of an intervention. Until practitioners take a more consistent and strategic approach to the design, implementation and evaluation of industrial theatre, it will remain in a theory-free void, and will not receive the credit and recognition that Van Rheede van Oudsthoorn *et al* (2003) suggest that it deserves.

CHAPTER 4
CASE STUDY: THE PST PROJECT

The Problem Solving Theatre (PST) project that this research investigates uses forum theatre to explore issues around HIV and AIDS in the workplace.

Based on theories and models of communication and behaviour change, theatre was chosen as a non-threatening medium to explore the sensitive issue of HIV/AIDS in the target factory. Using theatre in a participatory and experiential manner "provides a broad framework in which to explore ideas from a range of different perspectives" (Dalrymple, 1997:84).

The aim of the PST project was to explore practical, personal solutions to the problems that HIV/AIDS poses for employees both in their personal lives and in the work environment. This exploration was facilitated through a series of three scenarios that formed the basis of an HIV/AIDS awareness forum theatre play, presented to factory workers.

Broad topics for these scenarios included: HIV/AIDS in the workplace, talking to family and friends about HIV/AIDS and knowing your HIV status. The specific content for each scenario was based on the findings from formative research done with the target audience.

Choosing to use a participatory methodology in a traditionally repressive environment was somewhat of an experiment, in an attempt to involve the workforce directly in taking responsibility for addressing HIV/AIDS issues in the factory. Traditional African practices determine that decisions that affect the well being of the community are made through the communal process of the *indaba*, or group discussion. This draws on the concept of common humanism, *ubuntu* (Dandala, 1996). To some extent, the participatory nature of forum theatre can be seen as an extension of this process, encouraging learning, sharing and a sense of community in the workplace. This should lead to a

greater sense of collective efficacy, and bring about a sense of responsibility and accountability amongst the group (Dandala, 1996).

Project Site

The site chosen for the PST project was the Dairybelle factory in Pinetown, in KwaZulu-Natal. I approached a number of companies in an attempt to find a site for the research, and Dairybelle were the first to respond favourably. The factory has approximately 50 employees. The company has a contract with the health care provider Afrox, who supply nursing staff for an on-site occupational health clinic that is open for two hours daily. The company risk manager is responsible for health and safety issues at the factory, and was my initial point of contact for this research.

Formative research at the site (as detailed later) suggests that levels of exposure to information about HIV/AIDS were low, and there was a high level of denial and fear amongst employees. A small number of employees have tested HIV positive, but details regarding this are confidential, and known only to the factory's occupational health clinic sister. There may be a number of others who are not aware of their HIV status. There is no company policy on HIV/AIDS. The two factors of low exposure to interventions and lack of policy made this an ideal site, as the audience would be likely to be receptive to new information, and may be empowered to become involved in the process of determining company policy on HIV/AIDS.

prevailingly low level of competence in English, and it was decided that it would be better to conduct a focus group discussion based on the original questionnaire. One of the respondents effectively operated as a translator for those who felt that they could not express themselves competently in English. Their comments, when translated back to the researcher, may have been mediated by the translator, who had fairly strong ideas on the subjects discussed.

Because of the last minute change in the research technique, this research took longer than originally expected and planned for, and the factory management asked for the workers to return to their machines before the discussion was satisfactorily concluded. Although the researcher had asked all of the devised questions, and these had been answered, the workers did not have sufficient time to express their individual concerns and questions that had arisen as a result of the focused questions. This may have affected their perception of their participation in and ownership of the process as a whole.

Management perspective: research results and comment

Questions for the management interviews centred on workplace policy and practices with regards to HIV/AIDS issues, estimated HIV prevalence levels amongst the workforce, and their perceptions of the level of knowledge and attitudes amongst the workforce.

The factory has no HIV/AIDS policy. The risk manager explained that this was because they were a subsidiary company of a larger holding group and that they were waiting for the group to take a decision regarding policy on a national level. They have had one previous HIV/AIDS intervention, an information session which was reported as being boring, and was attended only by black factory workers, resulting in the feeling amongst black employees that they had been singled out for attention. This relates to the ethical dilemma of audience segmentation, where groups may feel that their practices are identified as

'wrong' and in need of change (Singhal and Rogers, 1999). It also feeds racism, stigmatisation and the psychological avoidance tactic of 'othering' of the disease.

Both the risk manager and the clinic sister felt that there was a high prevalence of HIV amongst the workforce (although only a few medically confirmed cases that they were aware of). This is not spoken about openly in the factory, which they attribute to a pervasive attitude of denial about HIV/AIDS issues amongst the workforce. The clinic sister suggested that knowledge levels are relatively high, but that workers did not see themselves at risk from HIV. She commented:

> You know they talk, if they believe that there is someone else around they say "yes, AIDS, you've got to be careful", but on a one to one basis they don't believe that AIDS is going to be there for them, for everybody else, but not for them. (Clinic sister, 2003)

Both respondents were white, and seemed to take the view that workers (predominantly black Africans) were at risk because of their behavioural practices. The clinic sister suggested that the practice of polygamy by workers contributes towards continued risk of HIV infection:

> When you speak to them about their wives and their girlfriends... they say that "traditionally we are men that have many women" and that sort of thing. (Clinic sister, 2003)

There is a danger in this viewing of culture as a barrier to behaviour change (Airhihenbuwa and Obregon, 2000). Context appropriate interventions should view the positive elements of these cultural practices, rather than criticising them and risking alienating the target audience.

Both respondents felt that the factory workers could benefit from an intervention that addressed HIV/AIDS. The risk manager was particularly interested in the proposed use of theatre, commenting: "when there is training and there's no entertainment, it's actually very boring" (risk manager, 2003). Industrial theatre was recognised as a viable and valuable solution. It was suggested that the PST project be part of a continuous strategy, "it's no good giving them a little lecture or a little play and then waltzing off never to be seen again" (clinic sister, 2003). Continuous, integrated campaigns are more likely to effect behaviour change than isolated interventions (Parker, Dalrymple and Durden, 1998; Tomaselli, Shepperson and Parker, 2002).

The clinic sister commented on the failure of top-down approaches to health education, and suggested a participatory intervention where solutions come from the recipients. Her perspective was that workers needed to be involved in their own education on this issue:

> You must get input from them first, ask them how they perceive – because their perceptions are very strange and difficult ... I would reverse the role slightly and say right, we want to hear what you think about it, and take it from there, rather than it being a one-way issue. (Clinic sister, 2003)

The use of a participatory approach, based on the local knowledge and experiences of the audience encourages ownership in the programme (Freire, 1985).

The risk manager was concerned about using a participatory approach, and thought that an open forum discussion would lead to grievances being aired by workers. This fear of participation leading to revolution (as recommended by Freire, Boal and other exponents of the methodology) is not unusual in a repressive factory environment (Tomaselli, 1992). Forum theatre, as a method of presenting and confronting socio-political issues, and allowing people to

share experiences and envision change, may be seen as a threat to the status quo: "controlling institutions don't like forum theatre" (Hickson, 1995:103).

Workers perspective: research questions, results and comment

The focus group discussion conducted with factory workers centred on a series of seven questions dealing with their knowledge of HIV/AIDS, perceptions of personal risk, stigma and discrimination, and the company policy on HIV/AIDS.

The first question explored the respondents' concept of HIV/AIDS as a life-threatening disease. None of the respondents believed that doctors could cure HIV/AIDS, but rather that once infected, you die.

The second question explored the routes of HIV transmission. The group focussed on the sexual transmission of HIV, commenting that condom use was the only way to avoid infection. Asked for their comments on abstinence from sex or sticking to one uninfected partner, they said that abstinence is a difficult practice for young people given their social context. However, none of the group members themselves fall into this category of 'young people'. Respondents did not make a connection between the notion of abstinence and their own practices. They suggested that monogamy was unrealistic, as the practice of taking more than one sexual partner was determined by cultural norms. They particularly commented on the history of violence in South Africa, and Zulu men's responsibility to take care of the wives of their brothers in case of death.

The third question centred on responses to infected people in their own social circles. Only one respondent said he knew an infected person, and that he avoided any physical contact with that person. This suggests that there is still suspicion and fear that HIV may be transmitted through casual contact.

The fourth question probed what respondents would do if their partners tested HIV positive. All the respondents replied that they would adopt appropriate behaviour, avoiding unprotected sexual intercourse. There was no mention of either leaving or supporting the infected partner.

The fifth question explored perceptions around how the company deals with people infected with HIV/AIDS. None of the respondents were aware of any case of a colleague infected with HIV/AIDS in the company, or any related company policy.

The sixth question explored the issue of testing for HIV. Only one respondent had been for a test, saying that his wife had asked him to go. He commented that although you may feel afraid before testing, once you've done it, you know your status and can plan accordingly. There was a high level of fear of testing amongst the other respondents. They commented that they would prefer not to know if they had HIV, and thought that they would not be able to cope with a positive result. They were also afraid of stigma in their communities, and not being able to continue at work.

The final question asked respondents what information they would like to know about HIV/AIDS, and what they would like included in the proposed theatre intervention. Respondents were unclear about the transmission of HIV, and particular questions were raised about infection via mosquitoes and kissing. Other questions revolved around government policy and anti-retroviral treatment.

Individual interview:

The individual interview with the quality controller confirmed these responses and attitudes. When asked what she thought would be important to include in the play, she suggested that it was important to encourage couples in

relationships to talk about HIV/AIDS, and to empower women to be able to negotiate condom use:

> You must show them. They must know that if they are going to do sex with someone then they must talk to their partner. They must teach them and tell them ...what to use to avoid that thing. If another person doesn't believe about that, I have to take responsibility for myself. Like the lady condoms, I must use them, but I must tell him about it, we must talk and I must decide. He can't force me. (Quality controller, 2003)

The quality controller felt that although she was clear on the modes of transmission of HIV, there were many in the factory that were not, and that further education and information was necessary. She suggested that it was best for outsiders to come in to talk about HIV/AIDS, and that it was difficult to address the issues internally:

> It is easier if you come and talk about it because they know if you were here and came from the other side ... I work together with them but we don't talk about it. How can I approach him or her? (Quality controller, May 2003)

Conclusions

This formative research points to some of the problems and needs related to HIV/AIDS at the target site, and raises a number of contradictions. Knowledge regarding the sexual transmission of the virus is high, but there is some confusion regarding other modes of transmission, and common myths (such as infection by mosquitoes) persist.

Fear regarding possible infection through casual contact overrides the knowledge that respondents have regarding infection via bodily fluids. Fear of

stigmatisation and discrimination hinders openness in talking about the disease and testing for HIV, and there is also a great deal of fear of death, coupled with low-level knowledge around the progress of the disease and treatment options. Theatre, a medium that appeals to the emotions, may be a good way to address this fear.

Not knowing of any infected colleagues is indicative of the silence surrounding the disease at the factory. Confusion regarding their chances of continued employment if found to be HIV positive is widespread. This results in employees preferring not to know their own HIV status. The lack of a company HIV/AIDS policy and clear procedures feeds the pervasive ignorance and fear regarding the disease.

There is a powerful sense of 'othering' of the disease and denial that HIV/AIDS may be a real personal threat, combined, with the seemingly contradictory desire for more information. This suggests that although not willing to publicly acknowledge its presence, people are aware of the disease and do wish to be better informed. There is a recognised need for an HIV/AIDS intervention that is participatory, but driven by an outside group, who are more likely to be seen as a credible source.

In summary, this formative research suggests that the PST project intervention is both timeous and appropriate for factory workers who have had little exposure to HIV/AIDS information at work, and no opportunity to engage with the subject in a meaningful way. This intervention should be informed by the research and be designed to suit employees' needs.

The process of formative research determined the specific focus and outcomes for the PST project forum theatre performance.

These defined outcomes were to:

- Create appropriate and realistic scenarios that would bring HIV/AIDS issues closer to the lives of the audience
- Clarify the modes of transmission of HIV
- Encourage dialogue and openness about HIV/AIDS
- Promote the concept of Voluntary Counselling and Testing (VCT) and the idea that an HIV positive diagnosis does not signal the end of an active and healthy life
- Encourage individuals to take action in their own lives with regard to HIV/AIDS
- Encourage involvement and participation in the development of HIV/AIDS policy and programmes in the workplace

CREATION OF THE FORUM MODEL AND SCRIPT SYNOPSIS

The final forum theatre script was informed by the formative research conducted in the factory, and based on behaviour change and communication theory. A number of programme-specific factors influence the success of an entertainment education intervention and should be taken into account in its design (Singhal and Rogers, 1999). These include the choice of language for the intervention, the choice of format, the ability of the creative team, the degree of theory-based message construction, realism and message repetition, and the use of celebrity figures and epilogue.

The PST project creative team was comprised of three professional actors and a scriptwriter, who have worked together on a number of industrial theatre performances. The team drew on their experiences as theatre practitioners in South Africa, as well as the dramaturgy of Augusto Boal and the TOP methodology.

The practice of forum theatre in Latin America, where it originated, was predominantly in workshop situations, where the small homogenous audience ensured that the conditions were conducive to full participation. Only on extension of these methods into Europe did Boal (2002) begin to use forum theatre as a performance, which is what the PST project attempts to do.

Audiences should be made aware of what is expected of them from the outset of the forum theatre process, and should be warmed-up sufficiently to be able to participate in the forum (Ball, 1995; Magill, 1995). Games and exercises involve participants physically and vocally, and prepare them for the performance. They serve to release inhibitions as well as to develop the notion that all participants are part of the action, and that performance is not a sacred art reserved for professionals (Boal, 2000). The warm-up process may work dialectically, "as a means to manufacture consent, and as the audience's expression of consent to participate in the performance" (Buthelezi and Hurst, 2003:9).

The PST project used a warm-up song to manufacture consent and encourage participation. The informal mingling of the actors with the audience as they took their seats in the factory, as well as a more formal introduction to each of the actors and to the process of the forum theatre performance served to break down the traditional actor-audience barriers.

Although forum theatre is more concerned with the process of sharing experiences and understanding than with the theatre product (of the play itself), the forum theatre model should be well constructed and offer aesthetic pleasure, or audiences will not be stimulated to participate (Boal, 1995; 2002). The theatre model can be in any genre appropriate and recognisable to the audience.

The forum theatre text should clearly delineate the nature and ideology of each character portrayed, so that the audience can identify and recognise them

(Boal, 2002). Characters should be visually represented by an item of clothing or prop that can be adopted by spectactors who take over these roles. These characters should propose a solution to the problem posed in the play that is in some way flawed, and which can be analysed by the audience in the forum session.

The characters depicted in the theatre model should be consistent and easily identified by the audience. Protagonists should appear realistically as the oppressed, and Boal (1995) recommends that oppressors be concretised and personified. To some extent, the characters shown in the forum model may be portrayed as stereotypes, but analysis of these characters should go deeper, so that they become more three-dimensional through the forum process. The goal of the forum process is to understand what lies behind the stereotype.

Three key characters were chosen for the PST project, all of whom were portrayed as workers in the target factory. Characters names were chosen to be fairly generic, and typical of personality types, to make them instantly recognisable to the audience. The sensible and well-informed supervisor was named Mafuta ('the fat one'), the young, volatile character was Spigili ('the spike') and the lovable womaniser was Makeke ('sweet cakes'). Other incidental characters included Sdudula, one of Makeke's girlfriends, and Mafuta's teenage son. The use of realistic and likeable characters in drama facilitates the social learning that may take place, where audiences model their own behaviour on what they see punished or rewarded in the drama.

The conflict between these characters is vital to encourage participation in the forum. Realistic and dramatic events, with serious consequences for the lives of the protagonists (and, by association, the audience) should be shown. The oppression or conflict on stage must be one where there is an opportunity for the oppressed characters to liberate themselves; there must be some alternative course of action (Boal, 2002). Oppression is defined as "any situation in which A objectively exploits B, or hinders his pursuit of self-

affirmation as a responsible person" (Otty, 1995:87). The oppressions showed in the PST project were those created in relationships by ignorance, fear, and gender power relations.

The themes and events that are shown in the forum model should be broadly accessible to the audience so that they can identify and apply the lessons learnt from the theatre to their own lives (Boal, 2002). The individual experience of the protagonist is made symbolic, and personal experience becomes universally applicable to the community. The social reality must be shown in order to stimulate critical consciousness of the conditions in which the audience members find themselves. This reality can be transformed or perpetuated.

The performance script for the PST project was divided into three key scenes. Each scene posed a particular problem or related set of problems, and was left open-ended for audience members to suggest solutions to that problem, through both discussion and actual role-play. These scenes were based on themes that arose out of the formative research. The first scene was lengthier than the subsequent two, in order to familiarise the audience with the theatre process and firmly establish both character and situation.

The first scene of the performance explored the relationships between the factory workers. The key problems addressed were HIV transmission, and discrimination in the workplace. Mafuta informed Spigili about HIV infection. Spigili's immediate response to this information was to presume that Makeke "had AIDS" because of his numerous girlfriends and a persistent cough. Spigili avoided any contact with Makeke at the factory. When Makeke was injured by a malfunctioning machine, Spigili ignored Mafuta's call to help him, as he was afraid of contracting HIV. The actors stopped performing at this point and the participatory forum process ensued.

The second scene explored VCT and knowing your HIV status, as well as the difficulties inherent in communicating about HIV/AIDS in relationships. It

involved Makeke approaching his girlfriend, Sdudula, to raise the idea of going for an HIV test. Sdudula was angry and upset at the suggestion, deducing that Makeke was only raising the subject as he had been unfaithful. Questions of trust and monogamy are commonly raised in HIV/AIDS discussions in relationships, and research has shown that partners in longer-term relationships develop a reduced perception of risk (UNAIDS, 1999). Sdudula suggested that she didn't need to go for a test, as she did not believe that AIDS was a real problem. This raised the issue of denial that was referred to in the formative research interviews. At this point the actors stopped the performance, and the forum followed.

The third scene involved Mafuta attempting to talk to his son about HIV/AIDS and sex. Much of the social marketing and communication aimed at adults in South Africa encourages parents to talk to their children about these issues, but very few of these adults are equipped to do this. Mafuta, armed with a book entitled *Khuluma nomtanakho* (*Talk to your children*), tried to raise the subject with his son, but could not bring himself to do so. The action stopped here and the audience were asked for assistance through the forum process.

Songs that had been specifically composed to relate to the performance context linked the scenes. Some referred to the factory, others were traditional wedding songs that the majority of the audience would be familiar with. Participation in song and dance is typical of Zulu ceremonies and social gatherings, and this tradition serves the forum theatre process well, transforming passive spectators into active spect-actors (Buthelezi and Hurst, 2003). The use of these familiar songs and dances is common in community theatre and theatre for development practices (Dalrymple, 1995).

The greater the identification between the audience and the actors or themes presented, the more effective the theatre will be (Sood, 2002). Dramatic devices used to ensure audience attention and identification included the establishment of familiar environments, including a taxi rank and the waiting

room of a clinic. The use of specific names of the road in which the factory is situated, the names of the security guards with whom they check in every morning, and reference to the factory's occupational health nurse increased the likelihood of recognition and identification.

The script and the use of these devices were created through a week-long rehearsal process where the team worked to fine-tune the performance. Through this process they also explored the HIV/AIDS related issues covered in the script, and grappled with the role of the joker and the process of facilitating the forum.

A final rehearsal with an audience of occupational health nurses and human resource managers as well as other forum theatre practitioners and university students served as a pre-testing of the methodology. This process was particularly useful with regards to facilitating the forum, and comments from the rehearsal audience led to final changes to the script. The team also developed a more vigilant consciousness of ensuring that the jokers were allowing for true dialogue to happen, and not anticipating suggestions or attempting to lead spect-actors to particular solutions. An epilogue was also added after this pre-test, to ensure a clear summary of suggestions and solutions that would be offered throughout the forum process.

This pre-test was invaluable and prepared the team for the performance at the target factory. Through further repetition of the methodology and experience, the forum theatre process will become smoother and more effective. Boal himself suggests that the methodology is in its infancy and that "much research and experimentation will be required before this new form reaches its full maturity" (Boal, 2002: 253).

PERFORMANCE: OBSERVATIONS AND ANALYSIS

A note on terminology:

I use the conventional terms *audience* to describe those watching the play, and *actor* for those performing. Where an audience member takes to the stage to participate as a character in the play, I use Augusto Boal's term *spect-actor*. I use Boal's term *the joker* to describe the actor that facilitates the forum discussion.

Methodology

This report was written on the basis of observation of the performance, the forum and the audience at the factory, as well as viewing the video-recorded proceedings to confirm observations and notice details of the audience response to the piece.

Performance date and time

The performance of the PST forum play was held at the factory in Pinetown on 3 June 2003. A midweek day was chosen so as not to interfere with production, which is busier at the beginning and end of each week. The performance started at 2.30 pm, after most of the production for the day was finished. Workers would be free to leave the factory after the performance. The timing of the performance affects audience reception and involvement in the forum theatre piece. At the end of the day workers are tired and concentration is flagging, which makes it imperative that the performance is stimulating and high in energy, and makes warm-ups for the audience important. The fact that workers leave the factory directly after the performance may mean that they talk about it on the way home, and that it is top of mind when they get home and may discuss it with their families. This relates directly to the theory of the diffusion of innovation, where targeted individuals filter information through into

the community. Theories of collective efficacy and convergence communication would, however, suggest that a performance at the start of the day may have more effect, as workers are then together for the rest of the day and can discuss issues raised in their natural working groups and consolidate lessons learned.

The audience

The audience consisted of 45 employees. This included factory workers and supervisors, cleaning staff, the factory manager and company risk manager. The majority of the audience was *isiZulu*-speaking, and around 60% of them male. There were six English first-language speakers. Based on formative research with the risk manager, it was suggested that the performance would be predominantly in English, with key points repeated in *isiZulu*. Research with the workers, however, suggested otherwise, and the team was prepared to be flexible on this. When the actors started to interact with the audience, and realised the number of older men in the group, they switched to *isiZulu* as the predominant language, both as a sign of respect to the elders, and to ensure that those with lower levels of English competency would not be excluded or alienated from the performance. English was used to highlight and reiterate key points in the play, and the joker translated all of the spect-actors dialogue as well as audience comments into English.

This emphasises the need for professionalism and flexibility by the actors. It also raises some questions about audience segmentation. If the audience had been monolingual, perhaps the discussion would have been more free-flowing. On the other hand, if we segment *isiZulu* speakers from English speakers, the question of racism is raised. This was raised as an issue in the formative research, and has been recognised as a common problem with HIV/AIDS education in this country, resulting in the 'othering' of the disease that feeds denial and personal belief in risk vulnerability.

Venue and stage space

The venue was the factory storehouse, chosen over the more intimidating and out-of-the-ordinary training room, to ensure that the audience was familiar with, and comfortable in the space. This is an important factor in the staging of forum theatre, as the audience are more likely to feel empowered and at ease with participation in an environment with which they are familiar.

The audience sat at the same level as the performers, on packing crates on the two open sides of the stage, allowing for good visibility and contact with the actors, as well as easy accessibility to the stage space. These three elements help to create an intimacy that is key to ensuring that audience members feel connected to each other and the performers.

The level of noise from machines at the other end of the factory was fairly high, and although the actors were able to project above this and were audible, the comments and suggestions from the audience, as well as the role-playing by the spect-actors was at times not clearly discernable. It was necessary for the joker facilitating each scene to repeat and translate each of the interjections, which may have stilted the flow of the discussion to some degree.

The performance and forum

The audience responded well to the introduction, and enthusiastically joined in with the warm-up song. The joker and other actors spent five minutes warming up the group. Their success in encouraging participation was proven when, once the play started, two audience members spontaneously took to the stage singing and dancing during the opening song.

In the first interactive piece of the play, when actors find audience members to join their 'taxi' to work, two audience members joined in with energy and enthusiasm. Although this involvement is not a part of the problem-solving

process, this device was useful in familiarising the audience with the process of getting up and involved in the action, and feeling comfortable with being on stage.

The audience responded well to the humour in the play and vocalised their agreement or disagreement with what was presented. The first forum moment was marked by the character Mafuta, asking for advice on where to seek treatment for STDs. The audience responded that he could go to a clinic or hospital. The joker enquired about the procedure, and audience members mentioned that you could get pills or an injection. When questioned further, they also suggested that you could be treated by a sangoma (traditional healer) although they did not expand on this point. A number of people were actively involved in this discussion, and others agreed with the points raised, nodding their heads or commenting to their neighbours.

Action resumed after this discussion, and the second forum commenced when the character Makeke was injured and needed help. The joker asked the audience for assistance, and they responded that they should not touch Makeke without using latex gloves. When the joker asked what could be done if you did not have gloves, they responded that you could use plastic bags. The joker added that it is also safe to use condoms pulled over your hands. When the joker asked for help from the audience to do this, one audience member came into the action, as a spect-actor, put on a latex glove, and assisted Mafuta to lift up Makeke. After thanking him, the action resumed.

The third forum activity was introduced when the joker called "stop" to halt the action between the characters Sdudula and Makeke, in their discussion about testing for HIV. The joker asked the audience what they saw happening. They responded that Makeke was not approaching his girlfriend in the 'correct' manner, and that his arguments were weak. When the joker asked the audience to explain the benefits of testing, they suggested that knowing your status could lead to making lifestyle and dietary improvements, and mentioned

support groups as a useful resource. The joker then invited a spect-actor onto stage to convince Sdudula to go for a test. The spect-actor who took the role of Makeke spoke to Sdudula gently, and through promises of gifts and declarations of love, managed to raise the subject of testing with her. To avoid accusations of infidelity, he used the argument that at work there may be risk of exposure to the virus through occupational injury, and that it had been recommended that employees get tested. The audience accepted this treatment of the subject. They were not concerned with addressing or countering the original arguments of trust and fidelity. To some extent this may be a failure on the part of the joker to re-introduce these issues. It may also suggest that the audience was happy to accept a simple solution to the problem that avoids deeper analysis and investigation of their own sexual behaviours. This may be culturally bound, as it is not common to talk about personal relationships within Zulu culture, as is the case with many customary societies.

Action continued after this forum piece, with the father-son scene, where Mafuta attempts to talk to his son about sex and HIV/AIDS. When the joker stopped the action to ask the audience their opinion on it, they commented that the father was not communicating well with his son. Although the audience was vocal about what was wrong in the scene, it was difficult for the joker to find a spect-actor to take on the role. This may have been because audience attention was waning (the forum had been running for 45 minutes by this point), or it may point to the difficulty that people have in dealing with this topic.

Most of the men in the audience were over forty-five, and their own children would most likely be adults, with children of their own, so it is possible that they felt unqualified to take this role, due to the perceived generation gap. Although a number of the women in the group were younger, the joker did not make use of them, which was an oversight on the part of the creative team. None of the women, however, volunteered their services, probably because the character to be replaced was a man. The audience called for one particular audience member (one of the most senior men in the group) to take this role. When he

did come up to take the role, he suggested: "I must show my son the right direction in life so that he knows about these things", and although he was in role for this statement, he did not engage with 'his' son to actually do this. Although this sentiment was applauded and agreed to by the rest of the audience, the action did not go any further, and so the actors thanked the spectactor for his contribution and summed up the posed solutions.

Forum theatre should be based on physical action and not abstract discussion (Boal, 2002). Viewing the consequences of an actual physical happening are more likely to affect behaviour than hearing ideas put forward in a discussion. In this case, however, enforcing the 'rule' of action would have been counter-productive. Where audience members are used to being passive, it is an achievement to even get them talking.

In an epilogue, to bring the performance to a close, the final joker asked the audience what they felt they could do in the factory to ensure that they remembered what had arisen through the forum process. One audience member responded that there should be more awareness programmes at work, but did not go into detail. Another suggested that they could ask to have voluntary HIV testing available on site, either at the factory clinic, or by inviting a mobile clinic to the site. It was not suggested who should take up these challenges, which would have been useful at this point. Company management commented on the suggestions after the performance, and thought that they could be taken further at the monthly factory forum meeting.

Summary

If we refer to Singhal and Rogers' (1999) checklist of specific factors contributing to the success of an EE intervention outlined earlier in this chapter, we see that a number of those were met by the performance. Language use was appropriate, making use of *isiZulu* and translating key points into English. The choice of drama was an engaging medium, and forum theatre a useful

vehicle for encouraging audience participation and negotiating a collective meaning about the disease and its effects. The theatre portrayed realistic situations, and the jokers repeated the important points to ensure message retention. A closing epilogue was used to sum up the key learning points of the play and the suggestions for future action. An experienced and flexible creative team was involved in the design of the intervention, and this design was based on theory.

Observation of the performance suggests that the entertainment level and audience enjoyment of the forum theatre piece was high. The piece did serve to challenge the audience to think and talk about some of the problems associated with HIV/AIDS. The audience did engage with the posed questions and participation in the role-plays was good, although perhaps to some degree lacking in depth. From the researchers' point of view, more time for this process would have allowed the further development of a relationship of trust between the actors and the audience, and amongst audience members themselves. This could have further empowered people to participate, and allowed for more depth in investigating each of the problems solved. A smaller audience group may also have facilitated this. The summative evaluation with the audience will answer further questions about the efficacy of this method of problem solving.

SUMMATIVE RESEARCH

Communication campaign evaluation represents an exciting and challenging field of research that provides the opportunity to improve programmes and conduct theoretically interesting research. Summative research consists of those activities conducted to measure the programme's impact and determines the lessons learned from the study and may suggest potential changes and areas for improvement (Valente, 2001).

Methodology

The summative evaluation was conducted with workers and management two days after the forum theatre performance. To obtain different views and confirm the data collected, two separate focus group interviews were held with workers randomly selected from the factory. Each group consisted of four people. Although this is a smaller group than traditional focus groups, the factory production cycle determined that only eight people could be released from machines for this purpose (please see comment on this under limitations of the research). The focus groups were based on a series of open-ended questions designed to elicit honest opinion about the performance. Through these focus groups we hoped to discover whether the specific objectives of the PST project had been met.

Informal interviews with both the risk manager and the clinic sister provided views on the success of the PST project from a management perspective.

Limitations of this research

A focus group that consists of less than five respondents may be characterised by stilted dialogue and discomfort (Gilliam, 1991). Although this summative research was conducted with groups of only four respondents each, the level of participation was high and conversation free flowing. Women made up the

majority of respondents, and each focus group had only one male participant. This was as a result of the factory's production cycle. The men in both groups were less vocal than the women, and the results of this research are thus generated from a female subject position.

The clinic sister was rushed in our penultimate interview, and the quality of the data is poor. A repeat visit to both the clinic sister and the risk manager three months after the intervention did not yield much more. This may reflect the single-intervention nature of the performance as opposed to an ongoing project that may have generated greater commitment.

Management perspective: results and comment

Both respondents showed a favourable attitude and an appreciation of the performance. Although the clinic sister had not attended the performance, she had received feedback from both management and workers, and commented:

> I have had very good reports from management at the factory, they were very happy with the theatre. It was discussed at the health and safety meeting and they were very impressed. (Clinic sister, 2003b)

The risk manager commented that the performance had been both entertaining and informative; he added: "the play was well appreciated and also seemed to generate some camaraderie" (risk manager, 2003b). It was reported that workers were singing songs from the play in the factory the day after the performance. This may suggest that the intervention served to strengthen links between the workers, increasing collective efficacy and contributing towards a convergence of views and behaviours, as suggested by convergence communication theory.

With regards to the implementation of the suggestions made by the workers in the forum theatre process, the risk manager thought that some of them could be

put into practice. The effect that forum theatre has on instigating action is important to note. A final interview with the risk manager, three months after the intervention, indicated that none of the suggestions had been implemented. This was explained as the result of other day-to-day issues in the factory being more pressing, and overshadowing HIV/AIDS issues (risk manager, 2003c).

The clinic sister reported that there had been an increase in activity at the clinic, and that workers had come to her with specific questions around HIV/AIDS. This suggests that the intervention had spurred participants into individual action and taking responsibility for finding out more information about HIV/AIDS, and may point towards an intention to adopt healthy behaviours.

To some extent the success of an intervention can be judged on the desire to reproduce that intervention, and the Afrox regional doctor has recommended that the play be performed at other Afrox occupational health clinics attached to factories in the area. This clearly suggests that the intervention was seen as a valuable one.

Workers perspective: results and comment

All respondents said they enjoyed the performance, and their comments on it included "funny", "nice", "relevant" and "important" (focus group discussion (FGD) respondents, 2003).

Recall of the events of the play was high, and the respondents agreed that they had understood what had happened. Asked whether they thought that the play was useful and realistic, they agreed: "It was our pure reality...all that happened in the play is what we face every day in our families or our neighbours" (FGD respondent, 2003).

Realistic theatre, dealing with pertinent issues, is more likely to have some impact on behaviour change than theatre that deals with abstract issues and concepts.

The discussion revealed that the respondents had learned a lot from the play, particularly with regards to preventing transmission of the virus through the use of latex gloves, or (in their absence) plastic bags or condoms. They also commented on the fact that the play had addressed fear of testing:

> Well, we learned much because we were taught about AIDS, that we should go for testing. In most cases, we as women are scared and not ready enough to confront AIDS, but we were told that we should not be scared, that instead we should face it courageously. (FGD respondent, 2003)

Respondents commented that the forum play had made them resolve to adopt certain new behaviours with regards to HIV/AIDS. This included a consciousness of talking about related issues, and all respondents replied that they had talked about the play to their children, husbands or neighbours after watching it. One particular comment suggested that the play had increased the respondents' confidence to address these issues: "We used to fright to talk to our children about AIDS, but now I have that confidence to talk to her [my daughter]" (FGD respondent, 2003).

Some respondents, however, still felt that it was difficult to talk about AIDS in the workplace, "It is difficult to talk about it to the staff, it is better when somebody comes from outside to talk to us" (FGD respondent, 2003). This suggests that workers may have been empowered in their capacity as individuals within their home and social environments, but not as members of the workplace community.

The question of participation in the forum theatre was raised in the focus groups. Women in the focus group felt that although given the chance to air their views in the forum discussion, there was no space for them to actively participate on stage in offering alternatives to what they saw. One respondent commented:

> In most cases, only men were needed. We participated in singing and clapping... but for example when the guy was discussing with his wife, only a man was needed to go and convince her...Or when the man was talking to his son, they called another man, not a woman, to come and show ...Actually, I think that we didn't participate because roles were basically created for men. (FGD respondent, 2003)

In visualising the forum theatre, we expected that spect-actors would be drawn from both genders, and that the audience would be sufficiently empowered to add comments where they felt appropriate, without the roles being seen as gender-specific. The alienation of women from the forum was entirely unintended, and an oversight in the theatre creation and facilitation process.

Another reason that respondents gave for not participating is that they were afraid of what their peers would think and say, as evidenced by the following comment: "Sometimes, we fright to talk with all the people...when the people are together they think that you are better than the other people [if you participate]" (FGD respondent, June 2003).

This is typical of the 'tall poppy syndrome' where members of the group fear recrimination from their peers or management if they are seen to be different from the rest of the group. This phenomenon has been noted in other forum theatre interventions that take place in restrictive settings: "in the context of the prison, hierarchies of power were likely to reduce public critical debate because only certain people would be able to speak out in public" (Buthelezi and Hurst, 2003:11). This is an environmental factor

that can perhaps only be counteracted through the development of trust and respect amongst members of the audience.

Participation can also sometimes be hindered by the lack of urgency felt by the group in relation to the issue at hand. If the oppression is difficult to identify, participants may not be stirred to resist the oppressor (Ferrand, 1995; Boal, 2002). The PST project forum theatre model did not identify individuals as oppressors, but rather identified a disease that oppresses individuals.

Summary

In summary, we can say that the forum theatre performance was successful in the view of the target audience, and in meeting the identified goals stated at the outset of the project. Appropriate and realistic scenarios brought HIV/AIDS issues to the fore. The performance was seen as entertaining and enjoyable, and there was high recall of the events depicted in the play. Respondents suggested that it had increased their knowledge about HIV prevention and had challenged attitudes towards people with HIV, and the notion of VCT. The participatory approach was useful in encouraging dialogue and openness about the disease. Motivating behaviour change in terms of talking to other people about HIV/AIDS was a particular success of the project. However, some weaknesses were observed pertaining to audience involvement in the forum theatre process.

As in other interventions where forum theatre has been used for HIV/AIDS issues, the theatre has "initiated a process of active reflection and practical problem solving" (Frizelle, 2003). According to Freire (1985), critical consciousness must lead to action. Individual audience members took action in talking to family members and friends about HIV/AIDS, but there has been no further action in the factory environment itself, which is a shortcoming of the intervention.

FINDINGS

It can be concluded, through this research, that forum theatre is an appropriate participatory methodology for addressing issues arising from popular perceptions of HIV and AIDS. The forum theatre intervention allowed audience members to raise questions and issues regarding HIV/AIDS, and to negotiate solutions to the posed problems. The PST project was successful in the application of EE strategy, and informed by theory. It did meet its stated objectives in terms of increasing knowledge amongst audience members, and finding solutions to the realistic problems of talking about HIV/AIDS and coping with related issues. These effects of the intervention are, however, difficult to quantify.

Perhaps one of the most useful aspects of the PST project and this research is that it highlights a number of areas that could be suggested to the factory as recommendations for the future. As well as being a problem-solving methodology, the project has also become a problem-posing one. Participants became aware of the limitations of the context in which they found themselves, developing a critical consciousness of their conditions.

This awareness points to a need for companies to develop HIV/AIDS policies for the workplace. Research with workers suggests that the current lack of policy results in confusion, and that they believed they would lose their jobs if it became known that they were HIV positive. This may hinder their efforts to seek help and make use of VCT services. An interview with the Afrox doctor responsible for occupational health clinics in the region suggested that the management of the factory in question lacked commitment to HIV/AIDS issues. This is evidenced by their reticence to contract service-providers to perform more varied health-related functions (Afrox doctor, 2003). Without full commitment from the company, no outside agency can effect real change.

Management attitude towards workers, and their assumptions about the practices and behaviours of the workers does need to be challenged if the company wishes to address stigma and discrimination in the workplace. As long as 'us and them' attitudes prevail, where predominantly white management has pre-determined and unsubstantiated opinions about the knowledge and practices of the black workers, the factory will continue to be a breeding ground for myths, misinformation and suspicion.

At present, the target factory management identifies three groups within the factory. The first group is described as those who are HIV positive, know their status, but are silent about it. The second group consists of those people who are infected, unwell, and ignorant of their HIV status. The third group are those who are uninfected and take precautions to remain so (risk manager, 2003c). Employees who fall in the first and second groups will benefit greatly from a more pro-active approach to HIV/AIDS issues on the part of factory management.

Factory staff would benefit from ongoing education on HIV/AIDS related issues, and this should include a skills component. A focus on living and coping with HIV/AIDS and caring for those who are infected would be a logical second step after this initial intervention. The PST project experience suggests that a follow-up session to the theatre, where specific questions can be asked and answered, may also be useful. Perhaps Waisbord's (2003) comment on the need for top-down solutions is justifiable, and some expert opinion is needed to dispel myths about HIV transmission and the accompanying fear and stigma.

Recommendations for the further use of the forum theatre methodology in a factory setting would include the need to set aside more time for the intervention, and to facilitate it with a more intimate group. These are factors that are determined by the factory's production cycles, and may be difficult to control. To some extent, the rigid structures of a factory do not make it an environment conducive to participatory methodologies, but perhaps this is a

motivating factor for ensuring that these methods are used in such an environment. This is particularly pertinent when dealing with health issues where behaviour-change theory suggests that people will only adopt new behaviours if they feel empowered to do so, and feel that they are in a supportive environment. Both the factory environment and their home environment should be supportive of change. This points to the need for complimentary interventions to be conducted in workers' home communities at the same time as an intervention in the factory.

Although factory workers who were involved in the formative research process were able to voice their opinions about what should be included in the forum theatre play, the decision for the play to be presented had been made by the factory risk manager. The manager had had the idea approved by a democratic forum after the research team had approached him and the decision was taken. Although a participatory method of communication was used, the decision to use this form was taken by one individual in a position of power.

PST repeat performance: testing the hypothesis

Two weeks after the conclusion of the research into the PST project at the factory site, the performers were asked to present the first scene of the play at a conference for occupational health nurses. This second performance presented an opportunity to test the conclusions made based on the factory experience. In particular, we wanted to see whether what had been identified as the three key problems limiting audience participation; time, trust and gender-specificity; could be overcome.

The second performance was to an audience of one hundred people, double the size of the factory performance. Around eighty percent of this audience was made up of women. We were given twenty minutes in which to present the forum model (almost a quarter of the time spent at the factory). There was no formative research conducted before the performance. We had been informed,

however, that the majority of the audience were nurses or human resources practitioners with large companies, and we therefore considered it safe to assume that they would be dealing with HIV/AIDS issues on a daily basis.

The performance started with the same warm-up song. Audience members had been standing outside the performance venue, and the song was used as a means of gathering them into the venue. All of the audience members were thus physically engaged and had to move into the new room.

The actors launched immediately into the performance model, without introducing the concept of simultaneous dramaturgy and audience involvement. This is contrary to the standard forum theatre practice of explaining the process to the audience (Ball, 1995).

What had, in the factory performance, been a minor interaction with the audience as to where to receive treatment for STDs, became a major focus of this performance, and took fifteen minutes to address. Audience members were keen to participate and debate became heated. Two of the actors took the roles of jokers for this involvement, as the room was large and the audience spread out. Although participants did not come onto stage, they actively contributed to the debate raised from where they were seated. No final solution was reached, but a great deal of ground was covered with what turned out to be a contentious issue of traditional African healers versus conventional western medical treatment.

The forum theatre model was highly successful in generating this debate, participation was high, and involved mostly women, although it was the same three male actors that had posed the problem. An essential difference in process between the forums was that at the factory, audiences had been asked to take roles; whereas in this instance, audience members were simply asked to give comment.

To some degree the audience may have felt more comfortable participating as the relationship with the actors had been set up with the physical movement into the venue. More specifically, this relationship was an equitable one. There were no power relations at play in the process. Both actors and audience were seen as equally knowledgeable, whereas in the factory performance, the actors may have been seen as a team of outside experts. Furthermore, representatives of factory management were part of the factory audience, and may have been a hindrance to participation. There were no identifiable authority figures in the conference audience.

A final point of difference is that the conference audience members were all involved in health education issues to some degree. The topic was well within their area of expertise. Their passion and desire to find solutions to the posed problems was obvious in their participation in the forum. This element of desire drives audiences to seek solutions (Boal, 2002). Without it, the use of forum theatre is simply a well-meaning tool to involve participants in a process that they feel does not affect their lives directly.

CHAPTER 5
CONCLUSION

The PST project has brought to light a number of contradictions and debates that are inherent in much of the theory that this thesis explores. The field of entertainment education explores the use of entertaining media, such as theatre, to increase knowledge, challenge attitudes and change behaviour with regards to health issues (Singhal and Rogers, 1999; Piotrow *et al*, 1997). These three goals should be further unpacked in order to understand how best to meet them.

Increasing knowledge involves passing on facts and information. Challenging attitudes involves an exploration and adjustment of people's belief systems. Changing behaviour necessitates empowering individuals to take action and adopt new practices. Making use of different communication strategies may ensure that each of these three separate but equally important goals are met.

Knowledge, facts and information fall into the realm of education, adult education and theatre for education (TIE). Knowledge may be defined as "beliefs which are true, reasonably representative and validly based on adequate grounds" (Bright, 1989:185). *Education* may be seen as the transmission of new information and the establishment of beliefs, and *adult education* as enhancing knowledge or changing these beliefs. To some extent, knowledge may be seen as a commodity or product that is transferred from one person to another. This transfer can be adequately achieved through top-down communication strategies.

Attitudes are closely held opinions and ways of thinking about an issue. These may have a strong emotional link to a person's belief system. A subject such as HIV/AIDS, with its associations with sex and death, both culturally bound and often taboo subjects, is a heightened example. To address these issues, sensitive and context-appropriate communication strategies should be

employed. Theatre is recognised as an appropriate medium for this (O'Toole, 1992; Selman, n.d.).

Behavioural change, by necessity, involves the belief in an individual's own capacity to make that change (Bandura, 1995; 1997). A number of different theories examine the nature of behaviour change (UNAIDS, 1999). These theories focus on the individual, social and societal process that influence change. To effect long-term sustainable change, community support for the individual is vital (Kelly, Parker and Lewis, 2001).

The key element of agency or empowerment that initiates change can best be brought about through involving individuals in determining how to make those changes (Servaes, 1995; 1999). Empowerment involves transferring skills, resources and authority to a target group, which enables those individuals to take power and responsibility over their own lives. This empowerment can lead to development in terms of both personal and community growth and advancement. The PST project has empowerment as a key objective.

The PST project attempts to address the three elements of knowledge, attitude and behaviour in a single EE intervention that combines expert knowledge with the emotionally engaging medium of theatre in an empowering and participatory manner. The PST project adapts TFD practices, focussing on the process of empowerment and development, while at the same time drawing on the more product-oriented field of adult education and TIE. There is a gap between these two practices that this intervention has tried to bridge.

Industrial theatre practices in South Africa tend to fall into the category of instruction, where a message is transmitted to audiences via a top-down approach. This practice makes use of persuasive communication, as do many EE interventions (Coleman, 1999). Persuasive communication can be manipulative and ultimately disempowering. Experience in the health education field points to the fact that individuals will learn and understand more if they are

actively involved in the learning process (Dalrymple, 1997). The PST project attempts to combine participation and local knowledge with instruction to enable effective learning to take place.

The use of expert knowledge is contrary to the philosophy behind participatory education, but can be included in a participatory manner. The combination of both expert opinion and participatory methodologies could ensure a diversity of outcomes, allowing for both the intended learning encouraged by instructional strategies, and the collateral learning (unsolicited additional learning processes) encouraged by participatory education.

Another tension exists between the concepts of participation as means to an end and participation as an end in itself. *Participation as means to an end* involves getting co-operation from recipients in a development programme with a fixed end goal. This may range from being a coercive practice, to being somewhat empowering. *Participation as an end* suggests that participation is a human right. The end goal of such programmes is to recognise this right to self-determination, along with the contributions of all individuals (Melkote and Steeves, 2001). This differentiation echoes the distinctions made by Kerr (1995) and Kamlongera (1998) between theatre as a product (theatre for the people) and theatre as a process (theatre with the people). Theatre as a process is likely to be more empowering than theatre as a product with its pre-determined messages and goals.

Active involvement in the theatre process facilitates a re-thinking of assumptions and may change both belief and behaviours (Dalrymple and Preston-Whyte, 1995). The rehearsal of choices and their consequences through forum theatre enables individuals to make changes in their own lives. The process encourages the forethought and planning necessary for motivation and adaptation, which are the keys to self-efficacy (Bandura, 1995). This suggests that participatory theatre methodologies, such as forum theatre, can bring about effective behaviour change in a health-related intervention. Further

longitudinal studies would be necessary to investigate the sustainability of these changes.

Forum theatre invites audience members to participate in the process, but only on the terms laid out by the actors (and by the methodology itself). The level and depth of participation may be determined by practicalities, the participants' belief systems and social structures. It may not be feasible (due to time and space constraints, for example) for all participants to participate equally in a programme. Belief systems may dictate that certain members of a community are not allowed to participate. For example, sexual issues may be seen as appropriate for discussion by men only, and women may not be given voice on the topic. The social structure of that community may support those beliefs. If for example, men are working and more mobile than women in a community, they will be the ones with access to the intervention and more opportunity to participate in it.

A number of these constraints arose in the process of the PST forum at the factory. Women felt that they were not enabled to participate fully in the forum, and older men were encouraged to take to the stage over younger men. These point to the widely held belief in traditional Zulu society, that men, and particularly older men, are the keepers of knowledge and wisdom, and that others should defer to their opinions. In the second performance of the PST forum, the audience of professional health care workers, who have received more formal education than the factory workers, may conceivably be more removed from those traditions. This second audience was intrinsically more empowered and able to participate fully, and the experience was very different.

The 'tall poppy' syndrome, where individuals are afraid to be singled out as either more informed or more inquisitive than others, is less likely to occur in an atmosphere of equality. This points to the difficulty in using participatory methodologies in an environment where equality and equal participation are unfamiliar concepts. In the context of an industrial factory, with legacies of

apartheid capitalism, workers who speak up and participate may be seen as instigators or troublemakers.

Although the methodology itself should go some way to addressing this passivity, neither Augusto Boal (1979, 1995, 2002) nor Paulo Freire (1983, 1985) defines the extent to which participation can be facilitated. Perhaps this is a philosophical question that lies beyond the scope of this research, but it is certainly one that bears thinking about for future research into the use of participatory forum theatre.

A further question raised by the PST project is that of long-term commitment to sustaining action and change. Collective commitment to an issue raised through theatre can only be secured when each "spectator decides that the performance is of central significance to his or her ideology" (Kershaw, 1992:29). To some extent, comprehensive formative research should uncover topics of importance for the audience. Imposed solutions often do not work, and similarly, imposed topics fall flat. Where the process of the intervention is participatory from start to finish, and audiences themselves determine the topic for the forum theatre, it is more likely to be a success. This would be a truly empowering Freireian approach to health education.

This suggests that the need for a workplace intervention must come from the workers themselves. This would mark a genuine shift from top-down to participatory and empowering education, where "one is no longer attempting to create a need for the information one is disseminating, but one is disseminating information for which there is a need" (Servaes, 1994:46). This necessitates negotiation regarding on-site education and interventions by management, workers and trade unions (where they exist).

Development practices often concern themselves with close-knit target communities who are recognisably disadvantaged by a specific problem or oppression. A workplace differs from these communities, in that workers may

come from different backgrounds and geographical areas, and may hold different beliefs. They may also not identify wholly with their colleagues, and choose not to organise and mobilise together for want of a common goal. This study shows that romantic notions of community have no place in the fragmented, industrialised context of Pinetown in 2003.

The time frame for this study was too short to put to the test the convergence theory of communication with its assertion that communities converge towards similar patterns of thought and behaviour over time (Kincaid, 2001). Further ongoing research in factories may be useful to explore this.

The use of participatory methodologies has the potential to encourage the growth of a social movement, where a collective identity is forged amongst a target community and drives forward the decisions and ideas of the group (Parker, Dalrymple and Durden, 1998; Tomaselli, Shepperson and Parker, 2002). Participation is a part of the process of empowering the group, but the end point of methodologies such as forum theatre is to generate action and change. This potential was not realised in the PST project intervention, but can be successful with the sufficient commitment and backing of both the workforce and management. Individual change is unlikely to be sustained unless the context in which it occurs is supportive of those changes.

Empowerment for change involves the removal of certain constraints that inhibit those changes. These may include factors that inhibit an individuals' willingness to plan into the future, an inability to relate newly learnt knowledge with personal lived experience, and institutional influences that curtail freedom and disallow the airing and rehearsal of new ideas and practices.

For real change to be effective, a number of substantive changes would need to be made in the power relations in the factory, allowing workers more agency and opportunity to take forward the programme:

> Collaborating with labour can appear to hamper the process of programme development but it is essential in order to develop the trust required to obtain higher levels of behaviour change and programme uptake. (AngloGold, 2003:n.p.)

For a workplace-based intervention such as the PST project to be effective, the workplace management would need to commit to making and enabling such changes that are suggested as necessary through the forum theatre process. When individuals band together as a community behind an issue, their collective efficacy ensures that behaviour change and social change are likely outcomes (Bandura, 1997).

In conclusion, the use of the forum theatre methodology is effective in posing problems and clarifying some issues about HIV/AIDS. Based on theory and formative research, the PST project team created a relevant and context appropriate forum theatre model. Participants were able to air their own opinions, share their understandings of HIV/AIDS issues and to give meaning to the concepts addressed in the forum.

Audiences were actively engaged in the process of making meaning through the forum, and negotiating relevant and feasible solutions. The summative research of the case study shows that forum theatre is an effective way of solving problems. Workers did take ownership of the problems and solutions put forward, although these were reportedly lived out in their personal lives only, and did not spill over into the workplace community after the theatre performance.

For the PST project to be more effective, it should be seen as an ongoing project with multiple interventions, and not a single performance. The continued presence of the team in the factory would keep the issue top-of-mind, and both workers and management would be supported in their efforts.

Both the factory environment and workers' home environments need to be supportive of the intention to change, enabling new behaviours. Workers should also have access to resources that make these changes possible. With regards to HIV/AIDS related behaviours, this means ensuring access to condoms, information and VCT in both the workplace and the community.

Workplace interventions should be in line with community-based programmes to ensure that no conflicting beliefs exist, and that there is an overall movement towards a change in the current social context that gives rise to increasing HIV prevalence. Co-ordinated efforts between businesses, NGOs and local and national government may go some way to addressing this need.

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(c) September, 2003: personal interview

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September 2003, personal interview

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Factory workers

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APPENDIX A:

Questions for formative research

Interviews with factory management included the following questions:

What is the composition of staff at DB?
Is there a trade union to which workers are affiliated?
Is there a good relationship between management and staff?
Have you made use of industrial theatre before?
Have you done an HIV prevalence survey?
Do you have an estimate of how many people might be HIV positive?
What happens at the occupational health clinic?
Do workers have access to VCT?
Could we encourage workers to go for testing off-site?
Should we get details of a local clinic and get people to go on their own time?
Do you think that there is talk about HIV/AIDS on the factory floor?
What is the procedure for people who are too sick to work?
Have you had any previous HIV/AIDS training interventions?
Is there any factory-based peer education programme or support group?
What access and policies do workers have to medical aid, pension plans and funerals?
Have you thought about an AIDS specific policy for the workplace?

Interviews with factory workers included the following questions:

Is HIV/AIDS a curable disease?
Do you think you can avoid it?
Have you seen any person infected with HIV/AIDS?
If yes, how do/did you treat him/her?
What would you do if your partner tested HIV positive?
How does your company deal with people infected with HIV/AIDS?
Have you ever undergone voluntary HIV testing?
If yes, what did you learn from it?
If no, why not?
What are the problems that you face with regards to HIV/AIDS?
What do you think you still would like to learn about HIV/AIDS?

APPENDIX B:

Questions for summative research:

Questions for factory management:

Do you think that the forum theatre intervention was effective?
Have you noticed increased discussion on the factory floor regarding HIV/AIDS?
Have numbers of individuals reporting at the clinic increased?
Has this been a useful exercise in the view of factory management?
Would you have allowed more time for increased involvement in the intervention?
How do you feel about the solutions put forward in the forum?
Is it possible to implement these solutions?
Have workers taken any action with regards to related issues?
Do you see changes being made with regard to policy and practice at the factory?
Do you see space for follow-up with the group?
Are there any other issues that you would like to raise?

Questions for focus groups with factory workers:

What did you get from the play?
Did you participate in the discussion in the play? Why / why not?
Have you talked about the play since you watched it?
Did the play make you think about HIV/AIDS at work or at home?
Did the play cover issues that were important to you?
Did you see realistic things happen in the play?
Does the play help you to talk about HIV/AIDS?
When the character Makeke fell down in the play, what happened?
Was there a solution to this problem?
When the character Makeke tried to talk to his girlfriend about an HIV test, what happened?
Was there a solution to this problem?
When the father was talking to his son, what happened?
Was there a solution to this problem?
What can we do at the factory to keep ourselves healthy and aware about HIV/AIDS?
Is there anything else that you would like to say?

APPENDIX C:

PST PROJECT SCRIPT

Characters:	Actors:
Mafuta, the factory supervisor:	Sduduzo Khawula
Makeke, the factory worker/the lover:	Bheki Khabela
Spikili, the factory worker/ discriminator:	Bhekani Shabalala
Sdudula, Makeke's girlfriend:	Sduduzo Khawula
Father:	Sduduzo Khawula
Son:	Bhekani Shabalala

SCENE 1

The actors talk informally with audience, individually making connections with people, help set out seats etc.

Introduction to the performers and the forum.

Warm-up for audience: Energetic song – "Shosholoza" to start
Get audience clapping and joining in

Opening song by the performers:

Woza – come and listen
Let us talk together
Come and learn
Woza xcoxcenathi

Mafuta and Spikili are waiting at the taxi rank:
Makeke arrives late – running

Spikili: Hey man why are you always late?

Makeke: I'm a busy man you know, I was very late night last night, and then in the mornings it is very difficult to take myself away from that beautiful girl, uNomsa!

Spikili: Ya and one day you are going to be so late that you miss this taxi altogether, and then there is real trouble hey!

Taxi arrives – the actors get other audience members to come in too

Spikili: Hey – come on, you work at Dairybelle don't you? Well, you better hurry up – get in!

Actors fit extra people in and get them to jive in the taxi on the way to work. Arrive at work and everybody gets out, audience goes back to their seats.

Makeke: Where is Claudette from Security? Ah there you are ... good-morning!

Get audience member up to play security and stand with a tray of condoms.

Mafuta: Oh yes, condoms, I need one of these – no, not for me! Its for my brother – you know, the oldest one, and another one for my other brother- the younger one, oh and my neighbour wanted one too. Thanks!

Audience member sits down again.
Makeke waits on side- standing with a "girl-friend" from the audience
Mafuta and Spikili get into their white overalls

Mafuta: Hey where is that guy Makeke? Late for the taxi, late for work, I don't know what he does all the time.

Spikili: It's girls man, he has a girl everywhere he goes, one in Claremont, one in Pinetown, one in Marianhill, two in Umlazi, and those are just the ones that I know about...

Mafuta: He must be careful hey – all those girls, and if he is sleeping with all of them you know what happens?

Spikili: Lots of babies!

Mafuta: Not just lots of babies, but also lots of opportunity to catch those sexually transmitted diseases.

Spikili: Ow! Like what

Mafuta: You know, like herpes and the drop...

Spikili: The drop – does that mean that it drops off!

Mafuta: No, I don't think so, but still I hear that it's bad. You need to ask sister Eve, at the clinic, or ask them....

Spikili Asks the audience for advice on STDs – where you can go for treatment, what the procedure is etc.

Mafuta: And then there is also HIV.

Spikili: HIV?

Mafuta: Yes, the virus that causes AIDS.

Spikili: Ingulaza?

Mafuta: Yebo. If you have sex with a person who has the virus, and you don't use a condom every time, then you will get that HIV and after some time, you will start to get sick with AIDS.

Spikili: But how do I know if a person has the virus or not? Where do I look? What colour is this virus?

Mafuta: You can't tell by just looking. If a person is very sick with AIDS, they might be thin, and have a cough, but usually there are no symptoms. The only way that you know if you have the virus or not is to have a test for HIV. A blood test.

Spikili: So when I meet a beautiful girl in the canteen. Who says "Hey nice, shirt, nice jeans", I just need to say, hey baby, just before you start saying things like that, you must quickly run down to the clinic and have a blood test, just so we can be sure – then we can start to talk!

Mafuta: Well, it's obviously better to know if you have both been tested, but if you don't know then you can use a condom.

Spikili: A condom prevents the spread of this virus?

Mafuta: Yes, if you use a condom correctly, and every time, then you will be fine. Safe!

Makeke walks past with the girl – takes her back to her seat

Makeke: Bye baby – see you later my sweet!

He goes to put on his overall

Spikili: Hey man, what about him? Do you think he uses condoms with all of his girls?

Mafuta: I don't know, you never know another man's business.

Makeke coughs ...

Spikili: Hey – listen to that cough. Maybe Makeke has AIDS! That sounds like an AIDS cough.

Mafuta: You can't just guess these things. You will only know that if he has had a test for HIV, and if he tells you the results of that test.

Spikili: Ya, but look at the number of girls he has – I'm going to stay away from him, just to be safe.

Makeke approaches

Makeke: Hey guys, where are we starting this morning?

Spikili: Hey man, get away from me.

Makeke: Why, what's the problem?

Spikili: I think you are sick man, and I don't want to catch anything from you.

Makeke: Catch what?

Spikili: This HIV virus, this thing that causes AIDS

Mafuta: But you can't catch it just like that ...

Makeke approaches Spikili, he moves away.

Makeke: Hey – what's wrong with you?

Spikili: What's wrong with me? What's wrong with you?

Spikili walks away.
Makeke and Mafuta start to work at a machine.
Makeke gets his arm caught in the machine and he falls to the floor in pain.

Mafuta: Help – somebody, quick, help me – he's bleeding, we need to get him out of here!

Spikili: Not me, man, I'm not going near him.

Mafuta asks the audience for help –
He steps out of role and becomes the joker – leading the discussion that follows about how to deal with this situation – that of an injured / bleeding colleague
He asks for volunteers to come up and offer a solution.
When this forum is over, they continue...

Mafuta: Safe! Now lets get back to work!

They use the latex gloves etc to make udders, and the actors become cows ...mooing as they walk off accompanied by a herd boy song

Song:

Zinkomo zingababa
Hambani neyedairybelle
Niyokwakha amasi, ubisi, nesaqeqe

SCENE 2

Makeke and his girlfriend, Sdudula (in a wig).

Song:
Hello intombazana – kunjani na?
I have been wanting to talk to you
Close the door, and we can talk ...

Makeke: So my sweetheart, I think it is better that we go for a test. We have been talking about this virus at work, and if we want to sleep together with peace in our hearts, then we should know first that we do not have this virus.

Sdudula: But you have never wanted to do this before... why now? Don't you trust me? Or is it you, you are sleeping around with other girls .... That Nomsa, I knew it!

Makeke: It's not about that, of course I trust you, and I love you, but we need to know...

Sdudula: Know what?

Makeke: We need to know about this virus, this HIV and AIDS

Sdudula: AIDS, I don't believe that it exists – that whole idea is just rubbish

Sdudula gets a bit hysterical and tries to leave, Makeke tries to calm her down.

The joker comes forward to ask the audience why they think this is happening, and to suggest a way to solve this problem.
He asks someone to come up and play the role.
When the audience is satisfied, the original Makeke and Sdudula get together again: they are waiting in a queue at the clinic.

Voice: Next!

Sdudula: No, Makeke, now I am getting scared – what happens if we are positive, what will happen to us?

Makeke: I don't know what will happen, what to expect...

The joker comes back on, and asks the audience what will happen to them if they are HIV positive. Will they receive support from their community? Will they receive medical assistance? Can they do anything to maintain their health? This discussion is facilitated with the audience.

Song: (Traditional Zulu wedding song)

Sduludla, Sdudula, hamba Sdudula, wena Sdudula

SCENE 3

Father and son

Father: Well, my son, as you are becoming a man, there are some things that you should know.

Son: Like what?

Father: Well, things about growing up, becoming a man, let us consult this book... um. It says here that condoms...

Son: Condoms?

Father: No, no you are too young for that! It says here that when a boy and a girl...

Son: Girlfriends?

Father: No no, you are still at school, there is no time for that! What I mean to say is here, it says ... when the body changes...

Son: Let me read that book for you ...

Father: It is not so much about reading; it is about how to put it ... I am not used to talking about these things.

He is making a mess of things, too embarrassed to continue.
The joker breaks the action, and asks the audience to comment on what they see happening.
Volunteers from the audience are invited to come up and offer a different way to talk to the son.

Epilogue:

The three actor/jokers come to the front of the stage to sum up what has been talked about, and to ask for comments and specific activities / ideas about how to take this further, how to ensure that the issue stays alive at the factory and in their personal lives.

Final song and end...