
Title: PARTICIPATORY FORUM THEATRE FOR AIDS EDUCATION

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Abstract:

This paper 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 educational purposes, and how EE is used in development communication. We investigate participatory communication theory, the work of Brazilian educationalist Paulo Freire, and the principles that inform Augusto Boal's forum theatre methodology practice.

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 research project.

This paper outlines the process of the PST project, investigating 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, and our conclusion suggests how forum theatre, as an EE strategy, can be further used in a factory setting.

THEORETICAL FRAMEWORK

An introduction to Entertainment-Education

The theoretical framework for this study is that of Entertainment Education (EE). The EE field is viewed 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 behaviours.
>
> (Singhal & Rogers, 1999:9)

Singhal & Rogers state that EE programs aim to encourage not only individual behaviour change, but also to contribute to social change, which is defined as the process in which an alteration occurs in the structure and function of a social system. They suggest that social change can occur at the level of the individual, community, organization or society. Parker *et al.* (1998) suggest that social change and behaviour change should be viewed as a long-term process that happens over many years of diverse strategies and interventions.

EE strategies have been used consciously in the last fifty years, but the practice of combining entertainment and education is not new. Singhal and Rogers suggest that entertainment media traditions such as music, drama, and print have been utilised for the purposes of instruction for centuries (1999). Numerous societies have used entertainment and traditional cultural forms to pass down knowledge and community norms. EE has recently risen to prominence and been harnessed by health communication campaigners, who have made use of a wide variety of different media to communicate health messages. These media include television, radio, print media, music, drama, and cartoons. EE strategy has been recently developed to a large degree by communication scholars at the Johns Hopkins University's (JHU) School of Hygiene and Public Health's Centre for Communication Programs (CCP), who provided funding for this project.

The four key factors underlying the philosophy of EE are: marketing, persuasive communication, play and social learning/self-efficacy. Patrick Coleman Of the JHU CCP broadly defines these as follows:

Marketing: This concept contributes product definition, analysis of consumer behaviour, needs, desires and characteristics that lead to audience definition and selection. It also emphasises planning and feedback.

Persuasive communication: This theory underlines the need to develop messages and programmes that provide rational and/or emotional appeals. In addition, it points to heuristic factors such as source, credibility and placement as key indicators of how and why people decide to accept or reject a particular message. Persuasive communication relates to the concept of education as rhetoric, where a pre-determined message is taught to an audience.

Play theory: This theory depicts pleasure as a legitimate form of escapism and provides people with information and para-social interaction. Entertainment also may influence peer group behaviour.

Social learning/self efficacy: These two theories stress the impact of modelling behaviours and the belief in the ability for people to make changes that are in their own interests. It also emphasises that people can join together for collective efficacy efforts (Coleman,1999:76).

EE programmes are often designed with these theoretical underpinnings in mind. From the point of implementation, the CCP suggests that EE is an effective tool in promoting healthy choices, practices and lifestyles because it is:

Pervasive: EE occurs everywhere, even in underdeveloped areas that are not globally connected through television, radio, cinema or the Internet; we find songs, drama and storytelling.

Popular: People like and enjoy entertainment. They seek it and are enthralled by it.

Personal: It enables individuals to identify with the depicted characters. The audience feels and shares the thoughts and actions of the characters.

Participatory: People can join in the entertainment, through songs, dances and stories. People follow experiences of the characters and discuss them with families, colleagues, and community members.

Passionate: Entertainment evokes emotions that may help people to remember information and act accordingly. When emotions are involved, people tend to want to talk about the issues raised, and this may lead to behaviour change.

Persuasive: Role models help to demonstrate behaviours that audiences are encouraged to emulate. They see for themselves the consequences of unhealthy behaviour.

Proven effective: Evaluations throughout the world show that EE approaches really do influence people's attitudes, intentions and behaviours (Coleman: 78).

Although these factors motivate strongly for the application of EE programmes, the latter do need to be designed strategically and carefully to have effect. Experience, research and a strong theoretical foundation can combine to ensure that an EE intervention is successful.

Entertainment Education theories and models

It has been suggested that the use of EE strategies for HIV/AIDS communication in Africa and other Third World countries has not always been successful because they have been based on Western theories and models of behaviour change that are applied in contexts for which they were not designed. Airhihenbuwa (2000) suggests that this has resulted in programmes where local cultures were not recognised as central to planning, implementation and evaluation. These programmes have instead viewed local culture and practices as a barrier to health communication, and have not been able to adapt to local conditions.

An overview of the key theories and models that have been used in the design of EE campaigns includes the following: the Health Belief Model, the theory of reasoned action, diffusion of innovation, social learning/ cognitive theory and social marketing (Airhihenbuwa, 2000). In brief, these theories can be defined as follows:

Glanz and Rimer's Health Belief Model (1995) predicts individual response to, and utilisation of, screening and other preventive health services. Accordingly, the response and utilization of disease prevention programs will be predicated on an individual's perceived seriousness of the disease.

Fishbein and Ajzen's theory of reasoned action (1975) predicts individual behaviour by examining attitudes, beliefs, behavioural intentions, and the observed expressed acts.

Bandura's social learning/ cognitive theory (1986) postulates that an individual's behaviour is the result of the interaction among cognition, environment and physiology and suggests that the individual is expected to imitate the behaviour of viewed role models.

Rogers' diffusion of innovation theory (1983) focuses on the communication process by which group or community leaders influence the uptake of a new idea or product by other people in a given population.

Social marketing is an organized approach to promoting the acceptability of a social idea (all cited in Airhihenbuwa, 2000).

Airhihenbuwa suggests that many of those theories and models were designed to address health prevention from an individual, linear and rational perspective. Although in some cases they have proven effective, they seem to be inappropriate for communicating HIV/AIDS prevention and care messages in Africa, Asia, Latin America and the Caribbean (2000). Waisbord (2003) adds that the highly individualistic perspective of these theories ignores the social conditions that facilitate and encourage unhealthy behaviours, and that they do not take into account the social context (with its issues such as poverty and racism) in which individual health behaviours take place.

Other perhaps more useful theories that do take environmental factors and group norms into account are those of convergence communication and collective efficacy. The convergence theory of communication suggests that:

> 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)

Collective efficacy, developed as an extension to Bandura's social learning theory, suggests that through discussion and sharing of ideas, a group may become aware of their own efficacy and be empowered to act to make changes.

These behaviour change theories have been incorporated into development communication strategies in a number of different ways. We will now provide an overview of development communication theory in order to contextualise the PST project.

Development communication

It is widely accepted that there are four distinct paradigms of development communication (Tomaselli 2001, Servaes 1995, 1999). These can broadly be categorised as modernisation theory, dependency theory, development support communication and another development.

The Modernisation paradigm arose after the Second World War, as the United States and other world powers embarked on foreign aid programmes for the transfer of technology and

subsequent development of third world countries. This development was characterised by a top-down approach, where it was assumed that through the input of information and technology, underdeveloped countries would advance to the level of the western world.

The communication typical of this paradigm includes an over reliance on the mass media, with the assumption that ideas and thus development would, through the diffusion of innovation, result in a trickle-down effect. This type of communication assumes that there are local cultural barriers to be broken down before the target audience will respond to message content and develop accordingly. There is a reliance on the form (medium) of the message over the content, and experts and celebrities are used to influence the audience reception of that message. This strategy uses persuasive communication and social marketing techniques to sell a message to an audience. The modernisation theory has been criticised as a failure in African countries, as it does not take into account any local expertise, culture or understanding, as well as the complexities of change (Tomaselli 2001). Many educational plays fit into this paradigm, such as Mbongeni Ngema's *Sarafina 2*, commissioned by the Department of Health in 1995.

Dependency theory grew out of a growing desire for self-determination amongst developing countries (predominantly Latin American) and a Marxist critique of modernisation theory. This theory suggests that development leads to further under-development of the third world as the aid offered by powerful countries operates in such a way as to restrict economic growth and self-determination of those countries that it purports to uplift. The communication typical of this theory involves radical sloganeering, resistance and critique, much like that used by the South African Anti-Apartheid movement of the 1980s and the trade-union based practice of workers' theatre.

Servaes comments on the shift from these extremes to what he calls the "more normative and holistic approaches" of 'development support communication' (DSC) and 'another development', which take into account cultural multiplicity (1995, 40).

Tomaselli (2001) suggests that DSC emerged during the 1970s as a mid-way option between modernisation and dependency theories. DSC relies on small media as a communication strategy between the support agencies and local communities. Communication still tends to be top-down (embodying foreign and 'expert' assumptions), but does take local culture and other considerations into account. Donors define projects and their objectives, but local communities do participate to some degree in the development

programmes. The diffusion of innovation theory, using local role models to influence and communicate messages to audiences, is typical of this paradigm.

The paradigm of 'another development' (popularised by the Swedish Dag Hammerskjold foundation) is far more participatory in nature. It suggests that individual communities themselves know best where and how they need assistance, and how to develop this. There is a strong emphasis on local frames of reference, knowledge and experience; and beneficiaries are equal participants in the development process. The content of such programmes is subject-generated, and communication is dialogic. This is the currently preferred academic paradigm, and it is commonly asserted that communication based in this paradigm is the communication that will have the greatest effect on an audience.

Participatory communication has, however, been the focus of recent criticism. Waisbord (2003) suggests that participatory theories are elaborated at a theoretical level and do not provide specific guidelines for interventions. He adds that it is not clear, in participatory models, that communities need to be involved for certain results to be achieved, and that in some cases, such as epidemics and other public health crises, quick top-down solutions may be better placed to achieve positive results. He criticises the notion that participatory communication ignores the fact that expediency may also positively contribute to development.

Waisbord also suggests that participation at all stages in a programme does not have similar relevance, and that in the case 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 these imposed decisions.

These criticisms are important to note. Although participatory health education 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 holds sway. The value of this expert knowledge is overtly dismissed by Brazilian educationalist Paulo Freire, upon whose pedagogy much of participatory communication theory is based.

Paulo Freire and participation

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 a reviewing of education as a

participative facilitated process, whereby learners build on prior knowledge and experience to develop a conscious and critical view of the world. 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)

Freire suggests that "Knowledge begins with the awareness of knowing little… and knowing that they know little, people are prepared to know more" (in Taylor, 1993). This concept, defined as 'critical consciousness', is at the basis of the popular education movement of Latin America, and had inspired participatory communication and education internationally.

The process of Freire's methodology is 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. There is a strong emphasis on the dialogical nature of communication and education, where dialogue is recognised 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 humanized" (Freire 1982:61).

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.

Servaes (1999) suggests four key factors that define the participatory model of communication:

1) It views ordinary people as key agents of change and focuses on their aspirations and strengths, emancipating them to meet their basic needs.
2) It sees people as the nucleus of development, educating and stimulating them to be active in self and communal improvements.
3) It emphasises local community rather than national initiatives.
4) It involves strengthening the democratic processes and institutions at a community level and explores the redistribution of power.

These concepts and the work of Paulo Freire in particular have informed the development of the dramaturgy and practices of Brazilian theatre practitioner Augusto Boal.

Augusto Boal and forum theatre

Boal describes his dramaturgy as the "*poetics of the oppressed";* a direct critique of the Greek philosopher Aristotle's own widely accepted *Poetics,* that define the purpose and practice of theatre in society. Boal challenges the practice of the use of the theatre as a tool for social control, and suggests a new way of conceptualising theatre, its function and its forms. He talks of the innate human desire to act and perform and the need to democratise the theatre, and developed his methodology of forum theatre to enable this.

Forum theatre is based on the premise that participation and the action-reflection praxis are vital to empowerment and liberation.

> Man can see himself in the act of seeing, in the act of acting, in the act of feeling, the act of thinking. Feel himself feeling, think himself thinking.[1]
>
> (Boal 1995: 13)

He suggests that through participation in the theatre process, participants can develop a critical consciousness of their collective situation and be inspired to action. To ensure this participation, his forum theatre methodology breaks down the traditional theatre barriers between audience and actors, and encourages audience to become part of the theatre process. Audience members are simultaneously spectators and actors, and Boal coins the term "spect-actor" to describe them.

In practice, professional actors perform a short scene, and the action is stopped as it reaches a climax or crisis. The audience are then encouraged to take on the roles of the key protagonists and to change the direction and the outcome of the action. This allows them to challenge what they see, to relate it to their own specific circumstances, and to rehearse real-life solutions to known oppressions. This process is facilitated by a 'joker', Boal's term for what is known in other participatory education practices as the 'animateur'. 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).

The practice of forum theatre is recognised as a useful tool in participatory and liberatory education. The opportunity for concrete learning is high, as spect-actors are encouraged to reflect on the themes presented (generally their oppression or a problem situation), to analyse the issues at stake, to make decisions and immediately observe the consequences of these, to try out new strategies in familiar situations and to practice new skills in a safe environment. Forum theatre encourages collective problem solving for collective action, and serves to build a sense of community amongst the audience members.

EE theorists, Singhal and Rogers, suggest that the future of entertainment education is in the use of more participatory communication approaches, and refer specifically to the work of August Boal and theatre of the oppressed, where "audiences become empowered to not only imagine change, but also to actually – and collectively – practice it" (2002, 133).

The forum theatre methodology is distinct from the practice of Theatre for Development used by the HIV/AIDS organisation DramAidE and other development organisations throughout Africa. This process involves communities in the creation of their own theatre and other cultural forms of expression to bring about empowerment and change. This process is well documented in Africa by David Kerr (1995, 1997), Christopher Kamlongera (1988), Zakes Mda (1993) and Lynn Dalrymple (1995,1997). The practice is proven to be highly effective, but, as with most capacity building exercises, is a time-consuming long-term approach. Forum theatre is an example of a more short-term participatory intervention, although its effects can be equally far-reaching.

[1] In his earlier writings, including *Theatre of the Oppressed*, Boal uses only masculine pronouns. In later works he apologises for this and uses gender neutral terminology.

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. Forum theatre allows the audience to watch a play and then to change the ending, creating for themselves credible and practical solutions to problems posed in the play.

The project team consisted of three actors, Sduduzo Khawula, Bheki Khabela and Bhekani Shabalala, as well as the researchers Emma Durden and Dominique Nduhura.

The aim of the project was to explore practical and personal solutions to the problems that 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.

Experience in the field suggested that broad topics for these scenarios would include: HIV/AIDS in the workplace, talking to family and friends about HIV/AIDS and knowing your HIV status. The specific content for each scenario would be based on the findings from a formative evaluation done with the target audience.

Objectives

The overall objective of the project was to investigate the suitability of forum theatre in the workplace as a tool for the exploration of HIV/AIDS related issues.

Specific objectives of this research project included:

- Formative research with the target audience into prevailing attitudes towards HIV/AIDS.
- The creation of entertaining and thought-provoking scenarios for performance
- Involvement of the audience in solving problems posed in the forum theatre
- Summative research with the target audience to determine the effectiveness of the strategy

Project Site

The site chosen for the PST project was a factory in Pinetown, in the greater Durban area. The factory has approximately 50 employees. Formative research at the site (as detailed

later in this paper) suggests that levels of exposure to information on HIV/AIDS are low, and there is a high level of denial and fear amongst employees. A small number of employees are HIV positive, but details on this are confidential, and known only to the clinic sister. 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.

The following section presents the results of the formative research, the process of creating the forum theatre scenarios based on this information and communication and behaviour change theories, an observation of the forum theatre process, and the response of the target audience to the intervention.

FORMATIVE RESEARCH

Formative research was conducted with both management and workers at the factory to ascertain the levels of exposure to other HIV/AIDS interventions and to gain an understanding of the workplace policy on AIDS, any specific problems that they face in this regard, as well as attitudes and knowledge about HIV/AIDS issues.

Methodology:

It was decided that in-depth semi-structured interviews with employees would give the most relevant information for the purposes of the climate survey, allowing for explanations and expansions on a number of set questions.

Interviews were conducted, with the following personnel:

- The company risk manager (health and safety) for the factory
- The Afrox Occupational Health Clinic Sister at the factory
- A quality controller at the factory
- A randomly selected group of 10 workers from the factory.

For the purposes of this report we have collated and grouped together the responses from management (the risk manager and clinic sister) and the workers (the quality controller and the focus group).

Limitations of this research:

The research with the group of factory workers was originally planned as a structured questionnaire. The group that arrived for the research meeting (randomly called away from their machines by the factory supervisor) had a 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 questions that had been devised for the 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 subject.

Because of the last minute change in the research technique, this research took longer than expected, 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 questions that we had devised, we feel that the workers did not have enough time to express their individual concerns and questions that had arisen as a result of our focused questions.

Management perspective: research results and comment

Questions for the management interviews centred on workplace policy and practices with regards to HIV/AIDS issues, expected prevalence levels amongst the workforce, and their perceptions of the level of knowledge and attitudes amongst the workforce. (For specific questions, see appendix A.)

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.

Both the risk manager and the clinic sister felt that there was a high prevalence of HIV (although only a few medically confirmed cases that they were aware of) amongst the workforce. 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.
>
> (Interview, May 2003)

Both respondents were white, and seemed to take the view that workers (predominantly black African) were at risk because of their 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.
>
> (Interview, May 2003)

Both respondents felt that the factory workers could benefit from an intervention that addressed HIV/AIDS. The risk manager was particularly interested in the PST projects' proposed use of theatre, commenting: "when there is training and there's no entertainment, it's actually very boring" (interview, May 2003). 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" (interview, May 2003).

Interestingly, 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.
>
> (Interview, May 2003)

Concerns that the risk manager had with the participatory approach were that an open forum discussion would lead to grievances being aired by workers. This fear of participation leading to revolution (as recommended by Freire and Boal) is perhaps not unusual in a repressive factory environment.

Workers perspective: research questions, results and comment

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

Q.1. Do you think that HIV/AIDS is a curable disease?
None of the respondents believed that doctors could cure HIV/AIDS, but rather that once you get infected you die.

Q.2. How do you think you can avoid HIV/AIDS?
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. 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.

Q.3. How would you treat an infected person in your family or your neighbourhood?
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.

Q.4. What would you do if your partner 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.

Q.5. How does your company deal 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.

Q.6. Have you ever had a test 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.

Q.7. What information would you like about HIV/AIDS?
Respondents were unclear about the transmission of HIV; 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.
>
> (Interview, May 2003)

She felt that although she was clear on the modes of transmission of HIV, there were many in the factory who 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?
>
> (Interview, May 2003)

Conclusions:

This formative research allowed us to identify some of the problems and needs related to HIV/AIDS at the target site. The research made evident the following:

- A pervasive sense of 'othering' of the disease and denial that HIV/AIDS may be a real personal threat
- Some confusion and myths surrounding transmission of the virus
- Fear of stigmatisation and discrimination that hinders openness in talking about the disease and testing for HIV
- Fear of death and low-level knowledge around the progress of the disease and treatment options
- A lack of clarity around workplace policy and procedures should one be HIV positive
- A recognition for the need for an HIV/AIDS intervention that was participatory, but driven by an outside group.

In summary, this research suggests that the PST project intervention is both timeous and appropriate for factory workers who have had little exposure to 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.

This process of 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

THEATRE CREATION AND SCRIPT SYNOPSIS

This section of the report describes the final forum theatre script, as informed by the formative research conducted in the factory, and based on behaviour change and communication theory. In their paper on the lessons learned from experience in EE, Singhal and Rogers (1999) suggest a number of programme-specific factors that influence success of an intervention and should be taken into account in its design.

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. A consciousness of these factors informed the choices made for the PST project. The PST creative team was comprised of three professional actors and a scriptwriter, all of whom 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 Boal's dramaturgy.

Boal's practice of forum theatre in Latin America was predominantly in workshop situations, where the small homogenous audience ensured that the conditions were conducive to full participation. Only on extension of his methods into Europe did he begin to use forum theatre as a performance, which is what the PST project attempts to do. Boal suggests that the staging of the piece can be in any genre appropriate and recognisable to the audience.

Boal (2002) suggests that the theatre text should clearly delineate the nature of each character, identifying them precisely so that that the audience can recognise their ideology. 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 spectactors should be spurred into finding better solutions to the problem.

Boal stresses that audiences should be made aware of what is expected of them from the outset of the performance, and should be warmed-up sufficiently to be able to participate in the forum. They should be comfortable with the stage space, and free to approach it. The PST project did this through the informal mingling of the actors with the audience as they took their seats in the warehouse, as well as a more formal introduction to each of the actors and to the process of the theatre performance and forum.

The performance script 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. 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.

Although broad themes for the scenes had been pre-determined by the creative team, the details were informed by the formative research findings.

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'). 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 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 and AIDS infection. Spigili's immediate response to this information was to presume that Makeke had AIDS because of his numerous girlfriends and a persistent cough. When Makeke was injured at work, Spigili ignored Mafuta's call for help, as he was afraid of touching Makeke and 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 in her community. 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.

The scenes were linked by songs that had been specifically composed to relate to the audience, some referred specifically to the factory, others were traditional wedding songs that the majority of the audience would be familiar with. The use of these familiar cultural forms is common in community theatre and theatre for development practices (Dalrymple 1995).

Other dramatic devices used to ensure audience attention included the establishment of familiar environments, including a taxi-rank and the waiting-room of a clinic, and 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.

The script and the use of these devices were created through a weeklong rehearsal process where the team worked to fine-tune the performance. Through this process we also explored the HIV/AIDS related issues raised 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 risk 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 particular 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" (2002, 253). For the full script, please see Appendix C.

PERFORMANCE OF FORUM THEATRE: 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 a 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 may affect 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. 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 Zulu-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 accessibility to the stage space for entering into the performance. These three elements help to create an intimacy that is key to ensuring that audience members feel connected to each other and the performance.

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 the group up. 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 elucidate on this point. A number of people were actively involved in this discussion**,** and others agreed with the comments, nodding their heads or talking 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, 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 right 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 may have been an oversight. 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 the 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.

The final joker posed the question “What can you at the factory do to make sure that you remember what we have discussed today?” 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 that they 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, however, company management after the performance commented on the suggestions and thought that they could be taken further at the monthly factory forum meeting.

Summary:

If we refer to Singhal and Rogers' checklist of specific factors contributing to the success of an EE intervention outlined earlier in this paper, we see that a number of those were met by the performance. Language use was appropriate, the choice of drama was an engaging medium and the forum a useful vehicle for encouraging audience participation. The theatre portrayed realistic situations, and the jokers repeated the messages. 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 this 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 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 programs 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 drama was performed. 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 forum theatre performance had been met. (For this list of questions, please see Appendix B.)

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:

It has been suggested that a focus group that consists of less that five respondents may be characterised by stilted dialogue and discomfort (Gilliam 1991). Although there were only four respondents in each group, 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 when we had our final interview, and the quality of the data that we hoped for on clinic visits subsequent to the performance is poor. This is an aspect of the research that will be repeated at a later date.

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.
>
> (Interview June 2003)

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” (interview, June 2003). It was reported that workers were singing songs from the play in the factory the day after the performance. This may suggest that the forum 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 researchers intend to return to the site later in the year to follow up on this. The effect that forum theatre has on instigating action is important to note.

The clinic sister reported that there had been an increase in activity at the clinic, and specific questions around HIV/AIDS. This suggests that the intervention has 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 clinic sister has asked that the play be performed at all of the AFROX occupational health clinics attached to factories in the area. This clearly suggests that the intervention was seen as a valuable one by health workers and management.

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 interviews June 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. One respondent commented:

> It was our pure reality…all that happened in the play is what we face every day in our families or our neighbours.
>
> (Interview, June 2003)

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.
>
> (Interview, June 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 either their children, husbands or neighbours after watching it. One particular comment suggested that the play had increased their 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)
>
> (Interview, June 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
>
> (Interview, June 2003)

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.
>
> (Interview, June 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).
>
> (Interview, 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 is an environmental factor that can perhaps only be counteracted through the development of trust and respect amongst members of the audience, something that would take more time than we were allowed for the performance. Boal's use of forum theatre techniques in a workshop setting, where days are set aside to deal with specific issues, would allow for this, but the limited time set aside for this performance denied this opportunity.

In summary, we can say that the play was successful in the view of the target audience. The participatory approach was particularly useful in encouraging dialogue. 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. Motivating behaviour change in terms of talking to other people about HIV/AIDS was a particular success of the project. However, some weaknesses in were observed pertaining to audience involvement.

CONCLUSIONS AND RECOMMENDATIONS

It can be concluded, through this research, that forum theatre is an appropriate participatory methodology for investigating issues around HIV and AIDS. We feel that 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.

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, and participants became aware of the limitations of the context in which they found themselves (developing critical consciousness).

One recommendation would be that the company develop and publicise an HIV/AIDS policy 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.

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 these “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.

Factory staff would benefit from ongoing education on HIV/AIDS related issues, and this should include a skills component. Our experiences suggest that a follow-up session to the

theatre, where specific questions can be asked and answered, may be useful. Perhaps to some extent Waisbord's theory on the need for top-down solutions is justifiable (2003). Some expert opinion is needed to dispel myths about HIV transmission and the accompanying fear and stigma. This can, however be done in a participatory manner through a workshop process. The combination of both expert opinion and participatory methodologies would ensure a diversity of outcomes, allowing for both the intended learning encouraged by rhetoric strategies, and the collateral learning (unsolicited additional learning processes) encouraged by participatory education.

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.

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. Audience members were invited to participate in the forum theatre process, but only on the terms laid out by the actors (and by the methodology itself). Neither Augusto Boal nor Paulo Freire 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.

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