J Communication, 6(1): 145-151 (2015)
PRINT: ISSN 0976-691X ONLINE: ISSN 2456-6586 DOI: 10.31901/24566586.2015/06.01.07

Misplaced Theories (?): Applied Theatre Intervention in the Fight against HIV/AIDS in South Africa

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KEYWORDS Theatre. HIV/AIDS. Health Communication Theories. Structural Factors. Gender

ABSTRACT The present study sets out to critically examine theatre's approach in the fight against HIV/AIDS by highlighting the efforts of two major theatre groups, one based in Johannesburg and the other, a Kwa Zulu-Natal based theatre group involved in the campaign against HIV/AIDS in the country. This research argued that the application of contextually inappropriate health communication theories as well as the very limited emphasis paid to cultural norms and the determinants of sex and sexuality of the target community by theatre groups involved in the HIV/AIDS campaign in the country are responsible for the lack of success in the campaign against HIV/AIDS. The research drawn from a qualitative study (focus group sessions, individual interviews) conducted in six schools in both the Pretoria South district of Gauteng province and the Sweet Water district of Pietermaritzburg of Kwa Zulu Natal with learners, life skills teachers, and performer-educators. The aim of the study is to prove that relying on communication models that have no relevance to the African situation as well as lack of centrality of cultural norms of target communities negatively affects theatre's efficacy in the fight against HIV/AIDS in South Africa.

INTRODUCTION

The Mail and Guardian newspaper, in its World's AIDS Day edition of December 2006 painted a grim picture of the impact of AIDS on the South African society. According to the statistics reflected in the newspaper. "South Africa has between 5 million and 6 million or about 11 percent of HIV-infected citizens. The department of health estimated in 2005 that a gradual increase in pregnant women living with HIV/AIDS should be expected. Studies have shown that there are high levels of HIV infection among people aged between 15 and 24, about 20 percent. There is also a high prevalence in men aged between 50 years and older. These damning statistics reflected one of the reasons for the declining average life span of South Africans which currently sits at 35 years of age. The HIV prevalence is extremely high in urban informal settlements with the prevalence estimated at 25.8 percent. South Africa is home to one quarter of all people receiving anti-retroviral therapy in Sub-Saharan Africa. At the end of 2005, 190,000 people were receiving anti-retroviral. The current death rate of adults means that in just one year, there are about 200,000 children who are orphaned." According to the newspaper report, this grim picture is, further, highlighted by Macharia Kamau from UNICEF head office in Pretoria, who in analysing the consequences of HIV-related deaths in the country states that "the consequence of this rate of orphanhood is historically unprecedented. Today, there are 2.2 million orphans and by 2010 there will be 5.5 million orphans who will need love care and support". The newspaper's report on the aftermath of HIV on children is equally shocking "Each year, about 300,000 HIV-infected mothers give birth and about 85,000 babies are born HIV-positive. About 100,000 babies will test positive every year if prevention of mother-child transmission (PMTCT) programs are not effective. Another 20,000 children will be infected with the virus through breast milk. Evidence showed that (PMTCT) programs are not working effectively in South Africa because too few women get tested for HIV, receive anti-retroviral or practice exclusive breastfeeding."

On the economic front, the newspaper's report is equally damning. "Businesses and consequently South Africa' economy lose big money each year to HIV and AIDS. A study commissioned by AIC Insurance last year showed that South Africa loses about 12 billion rands a year because of workplace absenteeism, of which 2.2 billion could be attributed to HIV and AIDS. Further, it is also worrying that, as according to Actuarial Society of South Africa, close to one in five South Africans between the ages of 20 and 64 are infected with HIV, a large part of South Africa's work force. Thus, for many companies, looking after their HIV-positive employees has become a necessity. HIV has become the new

brain-drain. HIV primarily affected people of working age. According to South African experts, the country's annual 4 percent GDP (Gross Domestic Product) will be unsustainable if the infection rate continues to increase" (Daniel 2006).

The more recent statistics also painted a grim picture of the devastation caused by HIV/AIDS in South Africa. According to 2010 statistics released by the Department of Health which is based on the sample of 32,225 women attending 1,424 antenatal clinics across all nine South African provinces, it is estimated that 30.2 percent of pregnant women (aged 15-49) were living with HIV in 2010. The provinces that recorded the highest rates were Kwa Zulu-Natal (39.5%), Mpumalanga (35.1%), Free State (30.6%) and Gauteng (30.4%). The Northern Cape and Western Cape recorded the lowest prevalence at 18.4 percent and 18.5 percent respectively. In November 2010, Statistics South Africa (StatSA) published the report "Mortality and Causes of Death" in South Africa. Disturbingly, the report revealed that the annual number of deaths rose by 93 percent between 1997 and 2006. UNAIDS estimated that AIDS claimed 310,000 lives in 2009. Translated, this accounts for almost 850 deaths daily. Based on a wide range of data including the household and antenatal studies, UNAIDS estimated that HIV prevalence was 17.8 percent among 15-49 year olds at the end of 2009. According to their own estimate of total population, this implies that about 5.6 million South Africans were living with HIV at the end of 2009, including 300,000 children under 15 years old.

The above-mentioned statistics underlie the very urgent need to re-examine the approaches used in interventionist campaigns against HIV/AIDS in South Africa.

The theatre has always been at the forefront of education in South Africa. This is, especially, true in the dark years of apartheid when theatre led the way in creating awareness in what was known as protest theatre. In recent years the AIDS pandemic has become a subject of serious concern in South Africa.

Theatre's involvement in health related issues began seriously in 1996, when the South African government under former President Nelson Mandela, realizing the catastrophic consequences of HIV/AIDS, invited theatre to join the fight against HIV/AIDS with the award of a 14 million rand funding to prominent South African playwright Mbongeni Ngema and his group *The Committed Artists* to spread awareness about the dangers of HIV/AIDS. The project named Sarafina2 drew international attention, unfortunately, not because of its contribution to AIDS but as a result of the misuse of donor funding (Powell 1996). This setback did not deter theatre from its role of spreading awareness about HIV/AIDS. Groups like Hecate, Dramaide and Arepp: Theatre for Life among other groups, have been actively involved in the fight against HIV/AIDS in the country.

Theoretical Framework

While there is enough evidence of theatre's involvement in health issues in South Africa, it can be safely said that the outbreak of HIV/AIDS jump started theatre's hyperactive involvement in health-related matters. Despite the initial failed attempt of *Sarafina 11*, theatre groups have shown great commitment in the fight against HIV/AIDS.

The research indicated that despite theatre's well intentioned attempts to fight the HIV/AIDS pandemic, several large scale HIV/AIDS communication campaigns have failed to achieve the kind of behavior change required to effectively address the pandemic (Parker 2006; Swanepoel 2005). One of the main reasons for this lack of success is the complexity of the behavior these interventions are trying to change (Perloff 2001). Somma and Bodiang (2003) stated that "Throughout years of prevention efforts, it has become increasingly clear that conventional public health awareness campaigns are largely unsuccessful at eliciting behavior change where sexuality is concerned. In part this is because behavior patterns are not only influenced by individual decisions but also deeply embedded within collective cultural norms that are inherited". Many of the theories/models that underlie theatre's intervention in South Africa are not contextually relevant. In other words, these theories were designed in foreign cultural spaces (Western countries) and applied to Africa without taking into account the African cultural dynamics. This has been the norm as far as development projects in Africa is concerned where the West imposes its models of development on Africa without due consideration for the salient aspects of African cultural dynamics. According to Morrison (2003):

In Africa, social development projects, usually designed by "western experts" are continually being implemented. In these projects, there is usually communication support designed to inform and persuade the beneficia-

ries of this development. The support frequently uses top-down communication models, with the state or agency as the source sending a message to a specific group of the population….

Theatre's interventions in HIV/AIDS campaign in South Africa have adopted this top down communication strategy. Airhihenbuwa and Obregon (2000) argued that many of the theories and models used in Africa are not evaluated for their relevance in project implementation. In his words "commonly used communication strategies often attempt to fit implementation processes into the rules of a dominant theory or model in social psychology rather than allowing the field experience to shape its own framework." The "field experience" that Airhihenbuwa and Obregon referred to is the cultural contexts acting as determinants of theory and not the theory being structured into a cultural context that may not accommodate such theory. Africa has a unique worldview which is markedly different from the western culture. In Africa, writes Morrison (2003), "The notion of community is very important. The group still takes general preference over the individual. At the village level, many problems are solved communally. A performance that brings together the village and involves all in problem solving is likely to be more appropriate than other approaches (p.5)" Many of theatre's intervention fail to take this important notion of African cultural norm into consideration. By imposing western style theories on African contexts, theatre demonstrates one of the major hindrances to HIV/AIDS interventions namely, the power dynamics which places power at the hands of agencies of intervention rather than the target population. Wilkins and Mody (2001) describe this as the 'ability to shape social contexts'. The power imbalance that exists in health communication affords the interventionist the prerogative to determine how problems are defined and how solutions are framed (Mody 2000; Wilkins and Mody 2001). In South Africa the apartheid regime created a legacy of cultural separation that is still in existence today. Different race groups live in carefully demarcated boundaries without much access to one another's cultural norms and values. Africans of European descent in South Africa who are in charge of some of these theatre groups that campaign against HIV/AIDS have very little understanding of the socio-cultural dynamics of the Black population who live in designated areas called *townships*. The high prevalence of HIV/AIDS in these townships makes them natural target audiences for these interventions. Unfortunately, the lack of understanding of the socio-cultural and economic realities of these marginalized Black population means that theatre interventions do not achieve the desired success rate that the groups anticipate. Most theatre groups in South Africa use as basis for their campaigns one or more of the major theories of health communication such as the Health Belief theory, the theory of social learning, and theory of Reasoned behavior among others. They use these theories under the assumption that what operates successfully in western contexts would find similar resonance in Africa. This assumption constituted one of the major drawbacks to successful health communication in South Africa. Leading scholars in health communication have reiterated the point that because of the cultural difference between the west and Africa, theories developed in the west cannot be successfully applied to Africa. Dutta-Bergman (2003) believed that the theories of communication are based on the individualistic culture of the west and therefore cannot be applicable to the collectivist cultures of the African contexts. Airhihenbuwa and Obregon (2000) agreed and stated that "the health belief Model and other models and theories with similar principles were designed to address health prevention from an individual, linear and rational perspective". He believed that "although, these theories and models have proven effective in certain societies for addressing certain diseases, they seem inadequate for communicating HIV/AIDS prevention and care messages in Africa, Latin America and the Caribbean". "In these regions, continue Airhihenbuwa and Obregon, family and community are more central to the construction of health and well-being than the individual, even though the individual is always recognized as an important part of the cultural context. Further, in these cultures, individuals are less likely also to express themselves and less likely to articulate their level of well-being from the standpoint of 'ego' (the 'I'). It is the state of well-being of the family and community that regulates how individuals measure their state of health".

Context for the Study

The present study was conducted between May 2010 and April 2011 in two provinces of South Africa (Gauteng and Kwa Zulu Natal) with two theatre groups based in these provinces.

For ethical reasons, the names of these groups will not be revealed. For the purpose of this paper, the names of the groups will be Theatre Group A and Theatre Group B. The research was conducted in 6 schools across the respective provinces. A total of 48 respondents which included learners, life Skills teachers and performers for the respective theatre groups participated in the research. Qualitative methodology involving the use of interviews and focus group sessions were used to collect data.

After each performance focus group sessions as well as individual interviews were conducted with select members of the target audience. The focus group sessions took place with 12 learners, while the individual interviews took place with 6 life skills teachers, and 6 performer educators.

The themes and categories that form the basis for the analysis are derived from Resnicow et al. (2000) definition of cultural sensitivity, which included (1) Peripheral linguistic strategy that refers to language and culturally sensitive scripts and contexts (2) Socio-cultural strategy which referred to context, experiences, values, beliefs and norms of priority population and (3) Constituent Strategy which refers to active participation of members of the cultural group of interest in the design of the play . The themes and categories from these sessions are presented in the Table 1:

Table 1: Themes and categories for focus group and individual interviews

Themes	*Categories*
Socio-cultural Strategy	Cultural beliefs and norms.
Peripheral Linguistic Strategy	Language Idioms Folklore Praise poetry Music and dance
Constituent Strategy	Audience interactivity Audience participation
Sustainable Intervention Structures	Intervention frequency Building of structures to sustain gains of intervention
Perception of the Play	HIV/AIDS education Dramatic presentation Non- representation of socio-economic realities

FINDINGS AND DISCUSSION

Based on the statistics and the views of the respondents provided in this study, there is no doubt that Theatre Groups A and B have made significant impact on HIV/AIDS awareness campaign in South Africa. The work of the two groups in question have confirmed some of the assertions made by theatre practitioners and scholars about the relative efficacy of the medium in conscientising both rural and urban population and, especially, children on the dangers of HIV/AIDS and the need to adopt behaviour regarding the pandemic. Malamah (1998) had commented that "If used properly, it (theatre) can perhaps be the most efficacious instrument for conscientising and enabling the masses and for propagating development messages using people's language, idioms and art forms". However, given the ever-increasing prevalence levels of HIV/AIDS in South Africa especially in Kwa-ZuluNatal which the highest prevalence levels at 39.5 percent for 2011, theatre need to do a lot more to sustain the awareness levels created by interventions such as the one described in this study.

The theatre groups in this study Theatre Group A and Theatre Group B have as their communication theory, the Social Learning theory. This theory is based on the principle that people learn not only from their own experiences, but by observing the actions of others and the benefits of those actions. Their performances presented model characters whose behaviour the groups hoped would inspire the audience to imitate and their achieve behaviour change. But this did not achieve the desired result because the respondents felt the characters did not represent the socio-economic realities of their respective communities. This showed that the theatre groups did not have sufficient knowledge of their target community's structural realities. In Gauteng, the focus groups as well as the individual interviews revealed that the group's presentation of a scene in which the female character (x) accepted gifts from her boyfriend (K) and refused to sleep with him is not in line with the realities of life in their community. They argued that in their community, it is the girls who seek out men with financial muscle so that they can benefit materially from them. They argued that the female character on stage does not exist in their community and described her as a figment of the writer's imagination. Based on the theory of Social learning, the group's intentions was to present an ideal character who would serve as role model for the female learners. Further, there

is a problem with this scenario. In the first place, the groups did not involve the community in the creation of the plays. Involving the community would have revealed the fact that poverty is a central issue in the lives of these people. What Theatre group A wanted to impress upon the audience is the fact that it is wrong for young girls to accept gifts from men in return for sexual favour, but this message was lost on the audience who are more in touch with their community's economic realities than the group. According to a life skills teacher:

Look, many women here are not economically strong enough to refuse gifts from men (Respondent 3)

Another Life Skills teacher:

The issue of poverty need to be addressed realistically in the play. I bought myself a new car so obviously this girl is going to fall in love. In the play, the girl said no to the guy but in real life, she will not say no.

These responses seem to highlight the group's lack of knowledge of the structural realities of their target communities. The group had gone to the community with pre-packaged play which left the audience out of the creative process. Again their reliance on the theory of social learning which focuses on learning by imitation had blinded them to the realities of poverty and its impact on sexual behaviour. Statistics have indicated that 41 percent of South Africa's population do not have R322 (about USD 43) for essential food items (Yu 2008). Dutta-Bergman (2003) stressed the connection between poverty and safe sex behaviour. According to him, "health decisions might be located in the capability of community members to gain access to some of the primary resources of life such as food, clothing and shelter. In the face of the absence of these resources, engaging in higher order health behaviours such as safe sex might seem irrelevant."

In Kwa Zulu Natal, where theatre Group B took their HIV/AIDS campaigns to schools in the townships and rural communities of Sweet River, the respondents reacted in a similar way as the respondents in Gauteng. The Gauteng and Kwa Zulu Natal groups presented different plays but coincidentally, both plays contain similar scenes where a young girl turns down material gifts from her boyfriend who demanded sex as pay back. The respondents in the focus groups in Kwa Zulu Natal were of the opinion that such refusal by the character would not happen in their community. They stated that the impact of poverty in their community is too great for a girl to turn down such opportunity:

Pinky did not accept Tshepo's gift in the play. Girls here demanded these gifts and even offer sex in return (Respondent 1).

Who are they trying to fool? Girls here are looking for rich guys to give them gifts (Respondent 4)

The opinions of the respondents in the two provinces underlie theatre's lack of engagement with target audience in the creation of their plays. It is clear that the groups' reliance on the Social Learning theory have prevented them from appreciating the impact that poverty has on sexual behaviour. Poverty is a major reality in African societies and this created a survivalist culture where people are not afraid to use whatever means at their disposal to survive. This is particularly applicable to women on the African continent. Studies have shown that many women in Africa are economically dependent on men and this to a large extent influences the way in which AIDS affected women (Hoosen and Collins 2001). Poverty in Africa has placed women at greater risk of contracting HIV as they need to exchange sex to meet their needs and the needs of their families. Many women in impoverished communities perceive sexual relationship as a means of income or sustained livelihood, and in many African cultures, men are expected to provide material support to their wives and girlfriends (McGrath et al. 1993; Summerton 2001).

Zakes Mda (1994:142), in discussing the weaknesses of theatre-in-education remarked that:

In many theatre-in-education projects, the play is the creation of a playwright, and is then performed by a group of teacher-actors for an audience of students. The actors' contribution to the script is limited to the dynamics of motivation and acting, not creation. The playwright and teacher-actors impart knowledge to the students, as opposed to the creation of a critical awareness in the developmental theatre of the marginalized. After each performance, the teacher-actors conduct post-performance discussions and workshops. The play is created from the perspective of the playwright, and secondly from that of the actor-teachers. The students become consumers of a finished product.

The post-performance discussions are more likely to reinforce preconceived ideas than induce critical thinking among the students, who do not play an active role in the creation and distribution of their own messages.

He concluded by saying that an ideal form of theatre-in-education does not need actor-teachers but the teachers who are animators. It views students as potential agents of change who should be active participants in their own learning (Mda 1994: 145).

CONCLUSION

The results of the study has revealed that theatre's campaign against HIV/AIDS in South Africa can achieve greater success if less emphasis is paid to health communication theories. Instead, a culture centred approach will be more appropriate because, in a collectivist context such as South Africa in which an individual decision is a reflection of the cultural norms and values, appropriate emphasis on cultural beliefs will achieve the desired behaviour change regarding HIV/AIDS.

RECOMMENDATIONS

The success of any theatre-in-education's intervention into health related matters can only achieve maximum success if there is a full participatory mechanism put in place. The full participatory mechanism must include what that needs assessment. According to these scholars, needs assessment included "epidemiological analyses of behavioural and environmental causes of a health problem, psychological analysis of behavioural correlated and sociological analyses of the resources or capacity of the community." The notion of taking pre-packaged plays into communities without an adequate analysis of the communities' socio-economic and even cultural needs is one that would not augur well in the fight against HIV/AIDS given the extremely high prevalence levels as suggested by recent statistics. The need to have culture as a central focus in the design of intervention models will go a long way in boosting the success level of theatre's intervention programs. Another important area that deserves attention is structural factors which relates to the economic levels of target communities. The impact of unemployment and poverty on sexual decision making in South African villages and townships must not be overlooked in the design of theatre's campaign instrument.

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