

## An Evaluation of the Role of Theatre in Disseminating Information about the Scourge of HIV/AIDS in South Africa (SA)

Chijioke Uwah<sup>1</sup> and Elias R Mathipa<sup>2</sup>

<sup>1</sup>*University of Fort Hare, Department of English and Comparative Literature, University of Fort Hare, Alice South Africa*

<sup>2</sup>*Unisa - College of Education, Box 392, Unisa, 0003, Pretoria, South Africa*

<sup>2</sup>*Telephone: 012-429-3773, <sup>2</sup>Fax: 012- 429-8812*

*E-mail: <sup>1</sup><Chijiokeuwah@gmail.com>, <sup>2</sup><mathier@unisa.ac.za>*

**KEYWORDS** Evaluation. Drama. Dissemination. Scourge. HIV/AIDS

**ABSTRACT** The scourge of Human Immunodeficiency Virus/Acquired Immunodeficiency Disease Syndrome (HIV/AIDS) has continued unabated in most parts of the world. Attempts to stem the tide of the pandemic have not achieved success. Lack of success is seemingly attributed to the non-centrality of theatre in the dissemination of information on HIV/AIDS. In South Africa, two groups came into being, which use theatre to spread information about HIV/AIDS. The theatrical groups formed the focus of a doctoral study by Chijioke Uwah. This paper's aim is the dissemination of his research findings. The two theatre groups' history constitutes the source of the findings and recommendations. The findings include details on how can theatre be used to disseminate HIV/AIDS information to illiterate and semi-literate people. Generations of indigenous people of Africa have used theatre and indigenous artifacts to disseminating information. The qualitative method plus an extensive reading of pertinent literary formed the bedrock of this paper.

### INTRODUCTION

Theatre in Africa has always been used for purposes of bringing people together so as to educate and make them conscious because “a performance that brings the village or community together and involves all in problem solving is likely to be more appropriate than other approaches” (Morrison 2003: 7). Theatre is important because it can dramatize human suffering in the form of HIV/AIDS in a graphic form that captures attention and also makes one want to do something positive. Yuko (2013) argues, “Theatre is the most powerful art that can do more than to entertain us, as it can also inform, engage and challenge our points of view”. Poetry (praise songs and incantations), storytelling, puppetry, songs and dances have been used in many African societies as means of entertainment and education. In pre-colonial days, there were no formal schools in the contemporary sense of the word or systems of formal education and the responsibility to inform and educate the younger generation fell on both parents and elders in the community who utilized theatre and artifacts to achieve their educational goals. To this end, Albright (2007: 4) believes that “without understanding the effects of information on users and their behavior, we have an incomplete picture of how information chang-

es behavior, which is of primary concern in healthcare information in general and for HIV/AIDS specifically.”

Theatre uses instructional approaches that in the main are based on audio-visual techniques that allow both the instructor and the instructed to operate at a proximal level of equality. This form of an educational approach ensures that vital knowledge and values are passed down from generation to generation without difficulty because this approach involves the sensory organs of sight, hearing and touch to communicate effectively and optimally. Theatre is able to pass information from generation to generation because Sharma (2013: 7) argues, “Theatre for me is the mirror of society, which it represents and can relate to the problems of the people directly”. While on the other hand, Okpewho (1992: 115) notes that in traditional African society, there were no schools [such as the contemporary primary, secondary and even universities] “organized for general instructions, information is contained in the various forms of oral literature practiced in the society—songs, narratives, proverbs, riddles, which were delivered privately (for example, mother to child, artist to apprentice) or publicly (for example, in moonlight entertainment or in open performances by skilled artists). Through these media, the young-

er members of society absorb the ideas that will guide them through life...”

Interestingly, theatre has come to be seen as promoting the senses of sight, hearing and common sense, which play an important role in enhancing understanding. In this regard, Ifeanyi (2009: 53) is instructive when saying, “*The functionality of the theatre is no longer in doubt, as many people have come to realize the potency of the theatre in development. It has the power to influence thought and opinion, and can serve as a popular and effective means of political propagation, economic empowerment and cultural diffusion. It is a medium through which the soul of man reaches out beyond itself to transform.*” Theatre portrays a situation in a dramatic fashion that is not easily erased from the memory or easily forgotten. The theatre is more influential because it is entirely based on action, and as is known, actions speak louder than words. Looking at the issue of how HIV/AIDS spreads, Mathipa et al. (2014: 53) point to the role of action that sugar daddies use to attract young girls by arguing that “sugar daddies are all about money and lots of it. They provide all that a girl needs—jewelry, cosmetics, clothes, and they drive expensive German machines to take you everywhere”. The youth belief in action and their lives are also driven by action and adventure. It was with this in mind that the two theatrical groups targeted those who are especially found in the institutions of higher learning where “two thirds of students are sexually active are sexually active. Most of them are involved in risky sexual behavior of having multiple partners and the failure to use condoms” (Nginga-muvumba and Pharaoh (2008: 52).

On the other hand, Kamlongera (1988: 88) also notes, “*It is not a cliché to say that indigenous performances in Africa contain within them some functional elements. In most cases, this takes the form of a didactic statement. Whilst performers might engage in doing spectacular movements and dances, they also carry within the performances special messages or lessons to some members of the audience.*” In other words, the indigenous theatrical performances of the African people were didactical in nature for they conveyed significant messages and lessons that were purposefully and systematically meant to orientate, mold and also inspire particularly the youth to follow in the cultural footsteps of their parents. The two theatrical groups

that this paper is evaluating are pioneers in that they did groundbreaking work that needs to be examined to determine the efficacy or otherwise of the theatre in spreading information about HIV/AIDS to a majority that is mostly illiterate.

In stressing the importance of theatre, Kamlongera (1988: 94) continues by stating that:

*There are many reasons why our forefathers chose to use songs, dance, drums and masks to educate their young, to comment on the social political conditions in their society and to preserve their legends. One of the reasons is that our forefathers realized that one of the most effective methods of education is through audio-visual aids of what was familiar. In other words, our forefathers subscribed to the modern education axiom that says ‘if he sees and hears he remembers’. They also realized that by presenting ideas through a variety of media such as songs, dance, mime, poetic recitals, ordinary narratives and masquerades, one is able to capture the imagination of the people. It was the function of our traditional theatre, not merely to entertain but also to instruct.*

The two theatrical groups have resuscitated the importance of theatre as a medium of instruction in a bid to stem the spread of the HIV/AIDS pandemic. Perhaps, the challenge that still exists is that theatre has neglected the use the cultural norms and beliefs of its target population when communicating information about HIV/AIDS. Otherwise, from what has been said so far, it seems that a return to theatre as a strategy of spreading important information can go a long way in achieving success at behavior change in the same way that it did in the years gone by.

### **The Aim of the Paper**

The aim of this paper is to discuss the findings of the research study that evaluate the efficacy of theatre together with the role played by the incorporated indigenous cultural artifacts in spreading information about the scourge of HIV/AIDS pandemic. To achieve this aim, the actual study undertook to evaluate theatre’s interventionist approaches as utilized by the two identified theatrical groups involved in the fight against HIV/AIDS pandemic in South Africa. Again, the original study also aimed to ascertain the influence of the inclusion of indigenous cultural artifacts in the design of the theatrical plays meant to spread the information about HIV/AIDS.

To carry out the evaluation properly the actual study evaluated and also scrutinized the following:

- ♦ It evaluated the various models and theories used by the two theatre groups involved with the spreading information about the scourge of HIV/AIDS.
- ♦ It also evaluated the extent to which both indigenous culture and tradition were incorporated in the form of indigenous cultural artifacts in the various theatrical performances that were undertaken to spread information about the scourge of HIV/AIDS.

#### **METHODOLOGICAL ACCOUNTABILITY OF THE PAPER**

In this paper, mainly the systematic review method is used and it is based on the descriptive and analytic approaches and not the explanatory or interpretive approach because it seeks to detail what has been done by the two selected theatre groups. The systematic review method “identifies, appraises and synthesizes research evidence from individual studies based on a strict protocol and consequently makes a valuable source of information” (center from reviews and disseminations; retrieved from <http://www.york.ac.uk/inst/crd/fag1.htm> on the 2003/08/29).

Hence, through the analytical approach the contents of many pertinent literary sources were scrutinized that shed light on the topic under study. The descriptive method is used to describe role played by theatre through a long history that covered a period of over a decade.

#### **The Conceptual and Theoretical Frameworks Undergirding the Paper**

The groups involved in this study, namely Arepp: Theatre for Life and DramaiAde, have adopted the theory of social learning as basis for their HIV/AIDS communication. Bilbrough (2008: 53) believes that the social cognitive theory informs and also underlines the role theatre is expected to play as an interventionary strategy designed to spread important information. According to Bandura (1977, 1986, 1997), the social learning theory occurs in a context in which people learn by observing and imitating the behavior and outcomes of behavior of others. In Bandura’s view, social cognitive theory

proposes that there is a reciprocal causal relationship between the environment, the person, and the behavior and that each influences and can influence the other in what he describes as ‘reciprocal determinism’. In a social cognitive sense, people learn by observing the behavior of others and how that behavior interacts with the environment in which it occurs and what that then means for them personally or as a group. This is referred to as ‘observational learning’ (Bandura 1977, 1986, 1992, 1997; Omrod 1999; Steyn 2005). Observational learning occurs through modeling, which can also take place in a theatrical setting.

Many of the theories that underlie theatre’s intervention in South Africa are not contextually relevant. Campbell (2003) believes that “social cognition models are sometimes quite successful in predicting how people behave in carefully controlled academic research studies or in relatively affluent societies”. But in Africa and other third world countries, such successes are rare. Communication models such as the health belief theory, and theory of reasoned behavior are very individualistic and do not speak to the collective nature of South African communities. In the first place, the collective nature of Black South African culture makes it difficult to achieve success with individualistic based theories such as the ones listed above. It is clear from studies conducted and the response gathered in this study that sexual behavior cannot be located at the level of the individual because in Africa, factors beyond the individual affect sexual decisions. The fact that some theatre practitioners in South Africa adopt these theories as basis for their interventions not only shows how the legacies of apartheid have created a cultural chasm between the various cultures in the country but also exposes the unnatural power that intervention agencies wield over their target audiences when it comes identifying and finding solutions to health problems. The groups in this study went to their target audiences with pre-packaged plays with any input from members of the target group. Thus, the health problems and solutions to these problems were designed by the theatre groups.

This brings to focus, the power dynamics that define theatre interventions in South Africa. Communication scholars have conceptualized health communication as a top-down approach with communication flowing from cen-

ters of authority to peripheral locations (Mda 1993; Lupton 1994). Theatre groups that form the focus of this study are dominated by White and Black middle class practitioners based in universities who, for reasons of the cultural division that formed part of the history of this country, as well as the class disparity that have become entrenched in the new dispensation, do not fully comprehend the dynamics of the culture of their target audiences who are Black Africans and who, for economic reasons exist on the periphery of society known in South Africa as *townships* and *informal settlements*. The plays are designed without due involvement of the target audiences who became passive participants of drama performances meant to educate them on the dangers of HIV/AIDS. Thus, the power to define problems of HIV/AIDS and how the solutions should be framed becomes the prerogative of the theatre groups and not the target audiences. Little surprise then, that all the theatre groups (Arepp: Theatre for Life, DramAidE) who form part of this study do not focus on other salient issues that affect the HIV/AIDS prevalence in their target communities. Take structural factors for instance, all the performing groups without exception, failed to deal with this issue in the design of their intervention. Yet poverty, one of the structural factors constitutes a greater part of the causes of HIV/AIDS prevalence in these communities.

A close examination of the plays reveals flaws in the way poverty was presented. Some of the groups notably Arepp: Theatre for Life and DramAidE in their drama performances created female characters who refused to engage in sex with their rich boyfriends in exchange for gifts. Many of the respondents in both Gauteng and KwaZulu-natal provinces, where these plays were performed, picked out this scene as unrealistic representation of the realities of poverty in their communities. They argue that in their communities, young girls struggle for the attention of rich boyfriends as a means out of poverty and there is no way the girls would refuse the men's sexual advances especially if such advances were accompanied with material gifts. One would argue in defense of these theatre groups that the social learning theory, which underlies their interventions, is based on the premise that young people learn from imitating the behavior of positive role models, which the characters in the play represent. However, scholars have stat-

ed that all the health communication theories do not take into account the structural contexts in which behaviors are formed. In the rural areas and townships in South Africa, the fact that the 'sugar daddy' remains the main provider in any relationship undermines the authority of the young women in making sexual decisions that would safeguard their health. Thus, theatre's lack of understanding of cultural as well as structural factors operating in the communities in which they campaign was exposed in these cases.

As a way forward, it is vital that health communication assume a structure-centered approach. Research has indicated that socio-economic inequalities play a critical role in shaping the health of communities, and communities with the greatest inequities of health are also typically the unhealthiest communities (World Health Organization 1998). Given the fact that underserved populations are at maximum risk, it is especially important to orient current and future health communication practice towards such populations. To get individuals to engage in behaviors such as using condoms or any other health behavior, campaign planners need to provide adequate supply of basic resources of food, clothing and shelter. South Africa has a huge backlog in terms of service delivery to the poorest communities. It would be unwise to expect any positive health behavior from people who do not have the basic services at their disposal. As a long-term solution, it would be wise for theatre to work in conjunction with NGO's in an effort to deal with structural issues in communities. In the interim, theoretical approaches to health campaigns ought to locate poverty and the lack of basic resources at the center of human behavior and communicative choice. The focal point of structural approach should not just target the individual but the individual's social network of partners, friends, family members, the infrastructure and the institutions in his or her environment, and the legal, political, and economic realities that encompass his or her life (Sweat and Denison 1995; Senderowitz 2000; The Synergy Project 2002).

Given the levels of poverty and the existing gap between the rich and poor as well as the unequal economic power dynamics that exist between men and women, it is safe to say that too much focus was placed on educating people about HIV/AIDS without taking into account the structural realities that fuel the prevalence

of the pandemic. This lack of sensitivity by theatre groups towards its target audience may be construed to mean that theatre is seemingly not very well informed about salient realities of life of their target communities.

### FINDINGS AND DISCUSSION

To begin with, the principal object of theatre groups was to provide Educational Theatre performances, and training workshops in southern Africa, which raise issues of social concern and relevance related to the mental and physical well-being of the community, and had to be responsive to the educational needs of the communities and society as a whole. The use of theatre, drama, entertainment and puppets specifically, should help break down racial, cultural, language and educational barriers (AREPP 1996a: 4). The involvement of target audiences in the actual performance is of paramount importance and cannot be overemphasized. Stone (1986: 241) argues that one should avoid a situation theatre leads to performers and the audience “thinking of performance in a transactional sense. Like two people pulling at either end of a tug-of-war rope, rather than two people simply standing alone, one part rarely exists without the other”. It will serve as a very useful purpose if the target community has its own people also being involved in the actual performance presented in a theatre format.

In one theatrical show, the play portrayed a Sangoma who was presented as the voice of reason telling the audience that there is no cure for AIDS. But the audience saw loopholes in the presentation of the character of the Sangoma because they argued that the Sangoma was not authentically represented in the play as he sat on a chair and spoke in English. According to the respondents, Sangomas sit on the floor and speak an indigenous language. In another theatrical show, the drama group presented a scene where a Zulu middle-aged boyfriend of a teenage girl went to her home to fetch her. The audience reacted by pointing out that such a scene is not in line with the culture of the people (Zulus). According to them, a man is allowed to visit a girl only after he has paid lobola for her. Thus, the African sees the Western style of living to conflict with that prevailing in African communities. These are things that need to be serious-

ly taken into consideration when theatre is to be used effectively and efficiently.

For instance, in townships, villages and informal settlements around South Africa, there is a strong patriarchal order, which subordinates women and puts men at the apex of the pyramid. Campbell (2003) also describes these parts of South Africa as “strongly patriarchal societies where socialization often encourages men to be macho risk-takers and to crave social power, frequent and unprotected sex with multiple partners. This may be one of the ways in which men can act out their masculinity”. Drama performances need to speak to the issue of patriarchy and subordination of women. Too much attention is paid to issues around HIV/AIDS, such as prevention and care. This is important but equally important are the factors that increase the prevalence of the pandemic. Patriarchy and attendant subordination of women, alcohol and drug abuse as well as unacceptable sexual behaviors should form the subject of design of such interventions.

Importantly, Morrison (2003) is instructive when pointing out that in Burkina Faso theatre forums were developed on the indigenously model that is informed by traditional forms of community problem-solving called the *koteba*. However, the ideas of Augusto Boal (1979) and Paulo Freire (1974) strongly influenced its development. Boal developed this form of theatre as a mechanism for self-liberation of oppressed people in Brazil and Peru, and Freire used this interactive theatre as a process to encourage dialogue in education.

In the first phase of the project, young men in secondary schools were most targeted, but the actual groups were composed of both young men and women. This was important as young men learnt more about themselves in a supportive, non-judgmental environment from their female counterparts. This situation gave the young men an unusual opportunity to be told or advised by the young women concerning certain desirable behaviors. Opportunities were also provided to explore notions of masculinity that are appropriate in a modern world.

Furthermore, a video of a theatre event has been shown to groups of teachers undergoing in-service training. The Facilitator’s Guide outlines ways in which the video can be used to deepen discussion, to analyze dramatic material and to make plays. It also contains ideas for

running workshops using drama-based techniques and background information on HIV/AIDS and gender issues. The resources (video and the guide) generated by the project are available to interested schools.

In the second phase, the mobilization of Young Men to the Program of Care, which targeted Higher Education Institutions, took place. Since 1998, DramAidE has held youth leadership workshops on campuses in every province, and contacts have been established with staff and student AIDS activists. Issues that are explored in workshops include the following:

- ♦ Understanding masculinity and femininity
- ♦ Early conditioning in a patriarchal society
- ♦ Myths and customary beliefs
- ♦ Roles and values
- ♦ Sexual relationships and HIV/AIDS
- ♦ Using condoms

This project has been extended to the current Health Promoters program (Phase 3) on 9 campuses, where young people living with HIV are employed by DramAidE to live on campus and to act as peer educators at the institution. These people are drawn from NAPWA, and show a positive face of living and coping with HIV/AIDS. Their role is to establish support groups on campus, and to provide peer education with special reference to issues of gender, positive living, advocacy, and voluntary counseling and testing (VCT).

The specific objectives of the project were:

- ♦ To organize members of NAPWA (National Association of People With HIV/AIDS) to live and work as health promoters in 9 Tertiary Institutions.
- ♦ To train these health promoters to facilitate workshops on their campuses, dealing with issues of living positively with HIV, voluntary counseling and testing, and gender sensitivity.
- ♦ To create action media and other awareness strategies on their campuses.
- ♦ To integrate the HP activities into existing HIV program structures on each campus.

The project has successfully shown that students respond well to interacting with people living openly with the disease. This has helped other students personalize the risk of HIV infection, demystify AIDS, break stigma, and deal more effectively with health and relationship problems. It has encouraged testing and disclosure on campus, and a number of campus-based

support groups have developed as a result of the project.

Face-to-face dialogue has been the most prevalent activity on campus, although plays have been devised and one was performed at the National Arts Festival. Health promoters have also made use of campus radio stations to promote the project. Evaluation of the project is ongoing, but at this point it is evident that capacity building has taken place with the training of the Health Promoters and other student peer educators.

Training has increased levels of knowledge and skills, and the Health Promoters themselves are resources that are well utilized by students on each of the campuses.

Puppets Against AIDS (PAA), Arepp's first production (in 1988) was presented in the form of a 35-minute, giant (2.5 meter tall) educational puppet show. The production involved six grey (so as not to indicate race) silent puppet characters and a live actor 'doctor' narrator with the intention of communicating basic HIV/AIDS information and delivering prevention messages to large audiences of adults in the general South African population.

The major hindrance to theatre's success and the basis of this paper is that not enough attention has been paid to the centrality of culture in HIV/AIDS interventions. In recent past, communication experts have placed the blame of most failures in HIV intervention to the non-inclusion of cultural norms of target communities. The truth is that the health communication models are designed by people who may not have sufficient knowledge of the cultures of their target audience. It is therefore critical that in order to effectively contain the spread of HIV and AIDS intervention strategies at a global, regional, or national level should be designed on the basis of what is commonly described as "a cultural lens" (Duer 1998; UNPFA 2004). According to Airhihenbuwa (2000: 13), the "campaign planners need a greater understanding of their 'target audience', which often belongs to a culture and a social class different from theirs."

The use of participatory strategies as part of a dialogue-based approach seems to positively impact the quality of the discourse between communicator, message and recipient. Consultation and pre-testing are often cited components of this process.

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

A participatory strategy in which the target audience becomes involved in the construction of message, activities (such as development of clubs, events and participatory theatre and performance) and the research process is valuable. It ensures that the intervention is pitched appropriately for peoples' needs, involving them in owning processes and developing their capacity to sustain health initiatives. This helps motivate sustainable positive behavior on an incremental continuum.

To conclude, an evaluation conducted by Ms Lee Sutherland from the University of Zululand report the following findings:

1. Parents, educators and learners have all indicated a positive response to the 'unusual' participatory and experiential methods (learning through games and dramatization) used by DramAidE. These differ markedly from 'traditional' teaching methods to which many of the learners have been accustomed.
2. The establishment of the health promotion clubs has been instrumental in raising levels of awareness around HIV/AIDS and in promoting general hygiene in schools.
3. The cascade effect is seen in the transmission of information from parents to learners, from learners to parents, from learners to other learners, and from educators to learners.

### CONCLUSION

Theatre and the involvement of indigenous artifacts, values and beliefs cannot go a long way in spreading the HIV/AIDS message because most South Africans are either illiterate or semi-literate due the circumstances beyond their control in most cases. Since, theatre, song and dance have been used by African people for generations, it is only wise to use it to communicate messages about the HIV/AIDS pandemic.

This project has brought before the important information about how to use theatre to inform the nations how dangerous it is to practice unsafe sexuality nowadays.

### RECOMMENDATIONS

The need to attain success in theatre interventions in HIV/AIDS in South Africa has become crucial given the rising prevalence levels of the pandemic. The following recommendations will serve as the way forward in the campaign against HIV/AIDS.

It is suggested that future HIV/AIDS campaigns must be anchored on the cultural norms of the target population. In South Africa, the highest incidence of the pandemic occurs in the Black population, and youth and adults who live in townships, villages, and informal settlements. The cultural dynamics of this group of people are markedly different from the more affluent middle class or upper class sections of the population.

Forum theatre presents an opportunity for people's voices to be heard, as well as a feeling of contributing in community problem-solving. The elements of dialogue, feedback, and sharing, which are hallmarks of forum theatre are missing in the intervention projects on HIV/AIDS studied in this project. Forum theatre provides an opportunity for dialogue between people who are powerful and powerless, educated and uneducated, urban and rural and this is a necessary step for progress towards eradicating HIV/AIDS.

Again, it is proposed that theatre must also take into account the fact that the notion of community is still very strong in Africa. The group still takes preference over the individual. At the village level, many problems are solved communally. In South Africa, the concept of indaba is widely used to describe group meetings in indigenous African culture where people get together to sort out the problems that affect them all, where everyone has a voice and where there is an attempt to find a common mind or story that everyone is able to tell when they go away from the indaba.

In addition, it is suggested that performers should adopt the indaba format where post performance discussions operate at a level of proximal equality between the community members and the theatre facilitators. The impression

is that the post-performance discussions are conducted quite hurriedly at every occasion and takes the question and answer format. Such forum should be a discussion where learners and teachers are given an opportunity to discuss both how the play was dramatized as well as issues raised in the play and suggest solutions. Once again, forum theatre techniques will facilitate this process successfully.

It is also proposed that theatre interventions must as a matter of urgency start by conducting a "needs assessments program" of the communities where they have been invited to perform. The needs assessments programs should be sensitive to the experiences of and the risks faced by priority populations. Such assessments include epidemiological analysis of behavioral correlates and sociological analysis of resources and capacity of the community. This implies that distinct priority population may require different combinations of interventions to change health behavior. Needs assessment is necessary to gauge important needs of target communities. This way theatre would avoid the pitfalls of dealing with issues that are not of priority issues to target audiences.

For instance, the findings in this study have indicated that theatre groups in South Africa do not take cognizance of structural factors in the design of their intervention models. The theatre groups studied do not fully appreciate the economic dynamics of their target communities. Issues of poverty were not realistically presented in the drama performances. Some of the drama performances presented characters on a high moral ground that refuses monetary and other forms of gifts despite the poor economic status of the character. Many of the audiences in the schools where research was conducted saw through this facade and responded that that scene is not a realistic presentation of life in their communities. It is the absence of wrong methodology such as needs assessment that led to such situations. South Africa is still struggling with service delivery in many communities. Until service delivery is achieved, poverty and its attendant need for survival must be presented realistically in drama performances.

Finally, the need for theatre groups to either perform regularly at specified communities or create structures that can continue the intervention within that community is an issue theatre needs to address urgently. Many of the respon-

dents expressed the need for the groups to perform regularly at their schools because they believe the group can go a long way in changing people's behavior around HIV/AIDS. The on-off performances do not leave a lasting impression in the minds of target audiences. The researchers would recommend that the groups empower target audiences through workshops on community theatre and HIV/AIDS in order to sustain the messages produced by the theatre groups. Many theatre groups might argue that this is an expensive venture and they are right. However, this important segment should be zeroed into their budget application. In case donor agencies consider theatre as an effective intervention strategy, then they must prioritize it and also fund it.

## REFERENCES

- African Research and Educational Puppetry Programme (AREPP) 1994b. *Why Puppetry in Education*. Johannesburg: AREPP: Theatre for Life. Unpublished.
- African Research and Educational Puppetry Programme (AREPP) 1996a. *AREPP Review '95-'96*. Cape Town: AREPP: Theatre for Life. Unpublished.
- African Research and Educational Puppetry Programme (AREPP) 1996b. *Why Puppetry?* Cape Town: AREPP: Theatre for Life. Unpublished.
- Albright K 2007. HIV/AIDS Information Seeking and Healthcare Communication in Sub-Saharan Africa. In: 3<sup>rd</sup> IFLA General Conference and Council Organized by World Library and Information Congress, held in Durban, 9-23 August. From <<http://www.ifla.org/iv/ifla73/index.htm>> (Retrieved on 10<sup>th</sup> May 2009).
- AREPP Educational Trust 2003. *2002 Narrative Report*. Cape Town: AREPP: Theatre for Life. Unpublished.
- AREPP: Theatre for Life 2004. *2003 Narrative Report*. Cape Town: AREPP: Theatre for Life. Unpublished.
- AREPP: Theatre for Life 2005a. *2004 Narrative Report*. Cape Town: AREPP: Theatre for Life. Unpublished.
- AREPP: Theatre for Life 2006b. Who Are We? From <<http://www.arepp.org.za/>> (Retrieved on 19 August 2008).
- AREPP: Theatre for Life 2007c. *General Proposal 2008*. Cape Town: AREPP: Theatre for Life. Unpublished.
- AREPP: Theatre for Life 2008b. *2007 Narrative Report*. Cape Town: AREPP: Theatre for Life. Unpublished.
- Bandura A 1977. *Social Learning Theory*. New Jersey: Prentice Hall.
- Bandura A 1992. *A Social Cognitive Approach to the Exercise of Self Control Over AIDS Infection*. Newbury Park: Sage.
- Bandura A 1997. *Self-efficacy: The Exercise of Self-control*. New York: Freeman.



- Bilbrough G 2008. *Playing for Keep: An Examination of AREPP: Theatre for Life's Applied Theatre Pedagogy with Regard to Adolescent Sexuality*. MA Thesis. Cape Town: University of Cape Town.
- Boal A 1979. *Theatre of the Oppressed*. London: Pluto Press.
- Campbell C 2003. *Letting Them Die: How HIV/AIDS Prevention Programmes Fail*. Oxford: James Currey.
- Department of Health 2011. *National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa, 2010-2011*. South Africa: Department of Health.
- DramAidE 2007/2008. *Annual Report*. KwaZulu-Natal, Durban: University of KwaZulu-Natal.
- Duer K 1998. *Culture and Sustainable Development: A Framework for Action*. Washington: World Bank.
- Ifeanyi O 2009. *The Medium of Theatre as an Alternative Resolution Mechanism: A Case for Nigeria Delta*. Lagos: University Press.
- Kamlongera C 1988. *Theatre for Development in Africa with Case Studies from Malawi and Zambia*. Bonn, Federal Republic of Germany: German Foundation for International Development.
- Lupton D 1994. *Medicine as Culture: Illness, Diseases and the Body in Western Societies*. London: SAGE.
- Kelly K, Parker W 2001. Re-conceptualising behaviour change in HIV/AIDS context. In: C Stones (Ed.): *Socio-political and Psychological Perspectives on South Africa*. London: Nova Science.
- Mda Z 1993. *When People Play People: Development Communication Through Theatre*. Johannesburg: Witwatersrand University Press.
- Mathipa, ER, Ntsane K, Maile S 2014. Factors contributing to the rising HIV/AIDS infection rate among Soshanguve School girls in the FET Band. *J Hum Ecol*, 45: 49-59.
- Morrison J 2003. AIDS Education in Africa: The Uses of Traditional Performance. Presented at the *Media in Africa Conference* in Stellenbosch University, 12-14 January, 2003, Stellenbosch, South Africa.
- Nginga-Muvumba G, Pharaoh R 2008. *HIV/AIDS and Society in South Africa: Scottville Cape Town*. Kwa-Zulu Natal: University of Kwa-Zulu Natal.
- Okpewho I 1992. *African Oral Literature: Backgrounds, Character and Continuity*. Bloomington and Indianapolis: Indiana University Press.
- Omrod JE 1999. *Human Learning*. 3<sup>rd</sup> Edition. Upper Saddle River, NJ: Merrill/ Prentice Hall.
- Senderowitz J 2000. A Review of Program Approaches to Adolescent Reproductive Health. From <[http://www.poptechproject.com/pdf/review06\\_00pdf](http://www.poptechproject.com/pdf/review06_00pdf)> (Retrieved on 17 June 2011).
- Sharma S 2013. *Theatre For Me is the Mirror of Society*. New York: Routledge.
- Skinner D, Metcalf CA, Seager JR, De Swardt JS, Laubsher JA 1991. An evaluation of an educational programme on HIV infection using puppetry and street theatre. *AIDS Care*, 3(3): 317-329.
- States B 1985. *Great Reckonings in Little Rooms: On the Phenomenology of the Theatre*. Berkeley, London: University of California Press.
- Stevens J 1997. 'Advocates for Youth' Peer Education: *Promoting Health Behaviours*. Washington DC: Johns Hopkins Bloomberg.
- Stone R 1986. African music performed. In: P Martin, P Meara (Eds.): *Africa*. 2<sup>nd</sup> Edition. Bloomington: Indiana Press, pp. 233-248.
- Steyn P 2005. The use of health behavioural theories in health production and education. *Obstetrics and Gynecology Forum*, 15(1): 23-27.
- Sweat M, Denison JA 1995. Reducing HIV incidence in developing countries with structural and environmental interventions. *AIDS*, 9(suppl. A): 251-257.
- The Synergy Project 2002. *Room for Change: Preventing HIV Transmission in Brothels*. University of Washington Centre for Health Education and Research.
- Tufte T 2001. Entertainment-education and participation – assessing the communication strategy of soul city. *Journal of International Communication*, 7(2): 25-51.
- UNFPA 2004. *Culture Matters: Working with Communities and Faith-based Organizations*. UNFPA: New York.