

## Creating a Culturally Inclusive Intervention Mechanism for HIV/AIDS Education in South Africa

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**ABSTRACT** With HIV/AIDS prevalence levels reaching catastrophic levels in South Africa, the need to articulate effective intervention mechanism cannot be over-emphasised. Research has revealed that theatre's intervention in South Africa has achieved very little success in changing people's behaviour towards the pandemic. Scholars have attributed this lack of success to theatre practitioner's failure to centralise culture in the design of the performances. Many theatre groups go into communities with pre-packaged plays which do not incorporate essential aspects of target audiences cultural norms and beliefs. Communication scholars have reiterated that any message delivered outside the cultural norms and values of any given population will achieve very little success at changing the behaviour of such population. This paper examines the results of a three-year research conducted in South Africa which examined the cultural content of HIV/AIDS performances by prominent theatre groups in their campaign against HIV/AIDS. The findings indicate that while the groups made considerable impact on the target audiences, the impact was not enough to achieve the desired behaviour change because, key aspects of the communities cultural norms and beliefs were overlooked in the design of the performances.

### INTRODUCTION

The Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome (HIV/AIDS) has become a scourge around the world. In the United States of America alone, where cancer, heart disease, homicides and suicides are traditional killers, Steinfatt (2002), states that AIDS has become a leading cause of death among Americans between the ages of 25 and 44. In Thailand, the first case of AIDS to be diagnosed occurred in 1985 with the first indigenous transmission recorded in 1987. AIDS in much of South East Asia has already reached epidemic proportions with Thailand as one of the three countries in Asia in which deaths due to AIDS have been so high in number that future population projections have been forced to take their effect into account. Commercial sex has been identified as the biggest catalyst in the rise of HIV/AIDS infections in Thailand (Steinfatt 2002). To control the spread of the pandemic, traditional Thai theatre has been used to communicate HIV/AIDS messages to mostly rural communities. The use of traditional theatre is necessary in order to include cultural dynamics of the rural population and therefore make the message more meaningful (Lyttleton 2002).

In some countries within the Southern African region, such as Swaziland, Lesotho and Botswana where the HIV/AIDS prevalence lev-

els are equally high, theatre has been active in trying to curb the threat of the pandemic. In Lesotho, the National University of Lesotho theatre Group, was given a mandate by the then Vice Chancellor, Professor R.I.M. Moletsane to produce a play that will carry an effective message about AIDS. In 1998, the theatre group came up with a play titled, "Flesh to Flesh; Dust to Dust" devised and directed by Patrick Ebewo. The group performed to target audiences from members of Parliament to school children in rural communities. Presently the University of Lesotho theatre group in conjunction with Drama for Life of University of Witswatersrand have improved their methodology and have achieved many successes in HIV/AIDS communication around Lesotho.

Many other theatre groups such as the *Meso Theatre*, *The Maseru Players*, *Nala Theatre group*, *Dukuzu ka Macu Theatre group*, *Limakatso Theatre group* have been actively involved in using theatre to spread the message about HIV/AIDS in Lesotho (Ebewo 2003). In Swaziland, the *Community Youth Theatre Project* empowers young people in communities with theatrical skills who then use these skills to educate their peers on issues of abuse and HIV/AIDS. Another group called *Sibahle Nje* mounted a production under the umbrella of *Theatre under the Trees*, performed around the country targeting the youth of Swaziland with messages about HIV/AIDS (Hall 2002).

Unfortunately, despite theatres' well-intentioned motives, many of their campaigns against HIV/AIDs in South as well as Southern Africa have not achieved the desired results.

### Theoretical Framework

The rising prevalence rates of HIV/AIDS in South Africa make the need for the theatre to adopt culture sensitive models/theories in its health communication drive, vital. Albright (2007) reports that while there have been success stories in countries such as Uganda, "most continue to report increasing rates of new infections and deaths, despite the targeted effects of information and technology campaign." Buseh et al. (2000) asked the question: "why is it so difficult to reduce the development of new HIV/AIDS cases in South Africa?" The scholars, in response to that question contend that HIV/AIDS intervention "requires the knowledge of the traditional and cultural factors that must be considered when designing Africa's health promotions programmes." Airhihenbuwa (2004) agrees and states that:

*much of the theorising about Africa has been done through principles that have been framed in non-African cultural, geopolitical and historical spaces. Indeed the language of the universality that assumes that theoretical truths, deployed through the prism of psychologism and anthropologism are universal truths. This has led to the design and implementation of interventions designed to offer solutions at the exclusions of identity in whose contexts problems and solutions are best understood.*

Critics believe that many health communication projects failed principally because the facilitators of those projects possessed very little understanding of the cultural norms of their target communities, and this contributes negatively to the education process. South Africa is a country made up of diverse racial groups, each operating a different set of cultural rules. It is important that any intervention targeted at these racial groups must have the correct set of cultural norms for effective communication. It is also important that the cultural beliefs regarding diseases be taken into account.

Green (1999) argues that "those involved in promoting public health in Africa should take the trouble to learn about existing traditional medical system before trying to supplant them

with what sounds to most Africans like western scientific *mumbo jumbo*." Also, McElroy and Townsend (1996) in arguing the need for the centrality of cultural norms in AIDS education contend that "if evil eye or witchcraft or soul loss is a major component of culture's explanatory model of illness, it is less likely that a person from that culture will believe that one can control the disease through pragmatic preventive measures."

Green (1999) further opines that "if there are to be effective interventions, it is more important than ever to understand how Africans (and others) understand contagious diseases." For instance, "In central Mozambique, as well as Bangladesh for instance, several kinds of children's diarrhoea and/or dehydration are believed to be caused by contact with polluting essences. One source of pollution that may appear mystical is unfaithful behaviour on the part of the parents; if a mother or father commits adultery, he/she acquires a contaminating essence that makes the child sick. The immediate cause is physical contact with the child." (Green 1999)

Green (1999) believes that to ignore a basic cultural belief such as the one mentioned above, offends members of such communities. When practitioners design health communication programmes that offend the cultural sensibilities of their target audience, there is every possibility that they will achieve zero success in their quest to change the behaviour of such target audience.

A clear understanding of the cultural dynamic of any given target population is crucial to the success of any HIV/AIDS communication. Van Dyk (2001) believes that "many western based AIDS education have failed dismally in Africa and they may only succeed if indigenous African beliefs are taken into account." Cultural sensitivity is therefore crucial to a successful HIV/AIDS intervention. Resnicow et al. (2008) define cultural sensitivity as the "extent to which ethnic/cultural characteristics, experiences and beliefs of a priority population as well as relevant historical, environmental and social forces are incorporated in the design, delivery and evaluation of targeted health materials and programmes. For instance, many western AIDS educators have long assumed that the lack of consistent condom use by Africans means that they are promiscuous, lack morals and religious values. The fact that the use of condoms is not very

popular in Africa has a cultural explanation. Taylor (1990) discovered that in Rwanda the lack of condom use has nothing to do with ignorance, but with a specific social and cultural dimension of Rwandan cultural view on sexuality. According to him, Rwandans believe that the flow of fluids involved in sexual intercourse and reproduction represent the exchange of the "gift of self" which they see as important in a relationship. The use of condoms will therefore block this exchange between two partners and may consequently block the flow of fertility and cause all kinds of sickness. Consequently, many Rwandan women fear that the condom may remain in the vagina after intercourse and that they risk being "blocked beings" (Taylor 1990). In a culture where sexual intercourse is perceived in terms of "flow" and "blockage", it is understandable why women would imagine a healthy device such as condoms to constitute a blocking device. It is therefore clear that any preventive message that has condom use in it will not sit well with Rwandans if their cultural beliefs are anything to go by. Van Dyk (2001) therefore advises that any health preventive programme should rather look at other ways to prevent the spread of HIV. For instance, Taylor (1990) described a safe but exotic form of sexual intercourse practiced by Rwandans called *Kunyaza* where the focus is on heightening both partners sexual pleasure while keeping penetration to a minimum. Safe sexual behaviours like this could be identified and encouraged. There is also a widespread belief in Zaire, and among the Zulus in South Africa that repeated contributions of male semen are needed to form or "ripen" the growing foetus in the womb and thus condoms therefore interfere in the process of natural development. It is also believed that semen contains important vitamins which are necessary for the continued physical and mental health, beauty and future fertility of women (Ngubane 1977; Schoepf 1992; Heald 1995). It is a well-known fact that African culture operates on a communal level. Important beliefs such as the ones stated above affects everyone living within the sphere of influence. People are governed by the dictates of their cultural norms unlike in the western hemisphere where people are governed by their individual rationalisations. It goes without saying therefore that AIDS message in Africa must take the cultural dynamics into ac-

count if the desired success at behaviour change is to be realised.

The use of top-down communication strategies as well as theories of health communication that have no relevance to African culture and worldview also constitute a major impediment to HIV/AIDS communication in South Africa by theatre groups involved in HIV/AIDS campaigns. Theories of health communication such as the Health Belief Model, Theory of Social Learning, Theory of Reasoned Behaviour are some of the theories on which interventions in South Africa are based. Without fully understanding the dynamics of African culture, many AIDS educators run campaigns aimed at behaviour change and go away feeling that they have accomplished major successes because the local people listen politely and go back to their "old ways" once their backs are turned. Dudley (1993) describes villagers' resistance to an imposed idea using the term "abandoned house." According to him, "when villagers feel offended about an imposed idea, they politely participate while the facilitators are around but abandon the idea as soon as the facilitators leave." Models of health communication are created outside of the sphere of African influence and worldview and then imposed on the local people their input, experiences, notwithstanding. Airhihenbuwa (2007) in opposing the use of western theories in health communication in Africa, contends that "the fact that there are challenging health issues and seemingly intractable problems in African countries that deserve immediate and long term solutions is without debate. What has been, is, and remains an issue, is on whose experience and in whose tradition of knowledge production should the solutions to these issues and problems be anchored".

Gould (2007), in supporting a cultural approach to HIV/AIDS intervention, states that "the most powerful examples of a cultural approach to HIV/AIDS can be seen in development communication programmes. These include projects using radio drama to communicate health information; theatre for development projects where audiences witness or participate in performances and film projects designed to create compelling stories". She further contends that "as people are entangled in different cultural webs, to be affected by a message, people have to hear it in a way that has cultural significance for them and which connects with their

experience of life. Culture has a potential to connect with people and affect them on different levels. However, communication programmes have tended to focus largely on one level of behaviour change.”

A cultural approach offers a chance to improve the effectiveness of global HIV/ AIDS strategy and rebuild the trust of communities through more sensitive modes of engagement. In so far as a cultural approach allows prevention and care methods to come from within the culture, it “maintains socio-cultural ownership and credibility” (Somma and Bodiang 2003). Local community-based approaches driven by “community work” and “social activism” will remain the most important means of influencing people (Lynn 2004).

“It is therefore crucial,” says Aihihenbuwa (2004), that in the design of health communication programmes on the continent, “the African identity of target audience occupies a central position. There is also a need to deconstruct conventional assumptions and theories that have been used to frame public health issues and solutions in the continent. Equally important is the need to insist that culture be central to how issues of health and behaviour are formulated.”

### Context for the Study

Between May 2010 and March 2012, the researcher, as a non-participant observer, travelled with the three major theatre groups in South Africa on HIV/AIDS campaign on tour of three provinces across the country. The Provinces are Gauteng, Kwa Zulu Natal and the Western Cape.

For ethical reasons the groups will be known as Group A, Group B, and Group C. The tours took us to a total of 9 schools and three provinces. In each of the schools the groups performed to a large audience of teachers and learners. The researcher’s intention was to observe the drama groups performances in order to find out the extent to which the cultural values of target communities were encapsulated in the dramatic performances and how these influenced the learners’ understanding of the groups’ messages.

Qualitative methodology involving the use of interviews and focus group sessions were used to collect data for this study.

### Demographical Information on Respondents

This section represents the demographical information on respondents. It details the distribution of the respondents by provinces and schools. Tables 1 and 2 represent these distributions:

As stated earlier and as the Table 1 shows, the total number of respondents in the three provinces covered in this study is 73. In Gauteng, the total number of respondents is 24. The breakdown for Gauteng is as follows: 18 primary school learners who form the focus group category, 3 performer-educators and 3 Life Skills teachers. The same figures apply to Kwa-Zulu-Natal but in the Western Cape the number is higher at 25. This is because unlike theatre groups from Gauteng and Kwa Zulu-Natal with 3 performer-educators, the Group from Western Cape has 4 performer-educators. It must be not-

**Table 1: Distribution of respondents by province**

Province	Number of participants			
	Total number of participants in focus groups	Total number of life skills teachers	Total number of performer-educators	Total
Gauteng	18	3	3	24
Kwa-Zulu-Natal	18	3	3	24
Western Cape	18	3	4	25
Total	54	9	10	73

**Table 2: Provinces and schools visited for research**

Provinces	Gauteng	Kwa Zulu Natal	Western Cape
<b>Schools</b>	Tshimollo Primary School Rekopantse Primary School Bohlabatsatsi Primary School	Siyanda High School Ikusaselihle High School Willowfontein High School	Hawston High School Kleinmond Secondary School Gansbaai High School

ed that unlike Gauteng, the learners from the other two provinces were high school students. Once in the schools, the list of life skills teachers and learners was made available. The lists was then subjected to systematic sampling, for instance, from the list, an idea of the number of students coming to watch the performance became obvious and from this number one third was selected as the study population (Table 2).

The policy of most schools is that the time for activities like this performance must not interfere with normal class times and so the plays were performed during the break period about 10 am. The plays lasted a maximum of 30 minutes and post-performance discussions lasted 25-30 minutes. Based on the arrangements made with the respective school authorities, the individual interviews with the performers took place immediately after each performance for about 30-45 minutes. The focus group interviews took place thereafter with 6 learners per school and lasted for about 60 minutes. The individual interviews with the Life-Skills teachers followed and lasted about 30 minute (Table 3).

The following questions were asked:

**Table 3: Sample questions for focus groups and individual interview**

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What is your impression of the play you have just seen?
Tell me what aspects of your culture are represented in the play?
What do you think about the way the play presents the realities of HIV/AIDS in your community?
How well did the play highlight factors that contribute to HIV/AIDs in your community?
How do you feel about the group repeating this performance in your school?
What do you think of the idea of working with the group in writing the play?

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From the questions asked, the following themes and categories were derived. However, some of the themes and categories that form the basis for the analysis are derived from Resnicow et al.'s (2000) definition of cultural sensitivity, which includes (1) Peripheral linguistic strategy that refers to language and culturally sensitive scripts and contexts (2) Socio-cultural strategy which refers 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 (Table 4) .

**Table 4: Themes and categories for focus group and individual interviews**

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

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## FINDINGS

The results of the focus group and individual interviews sessions revealed that not enough of the audiences' cultural norms and values were encapsulated in the plays. For instance, in Gauteng province where theatre Group A performed, there was a scene in the play where a *sangoma* (traditional healer) was presented and in that scene she was supposed emphasize the point that AIDS has no cure. The respondents in the focus group session commented that while the presence of the *sangoma* represented their culture, the *sangoma* was not realistically portrayed. They claim the *sangoma* spoke in English and not in vernacular as is usually the case:

*All the sangomas speak the native language but this one spoke English. I find it strange to see a sangoma speaking in English and sitting on a chair and not the floor (Respondent 5)*

*The woman in the play is not real sangoma; she is not (Respondent 6)*

*This sangoma spoke English; they usually speak Xhosa (Respondent 4)*

The group argued that if the *sangoma* was presented in the way they did; speaking English and sitting on a chair, then they would rather the *sangoma* was not presented at all.

The group was also not happy with the way the group dramatized the issue of respect. They argued that there was no reflection of the African cultural values in the way the characters behaved on stage. They singled out the young boy Thabiso in the play who displayed abso-

lute lack of respect for his mother in the manner in which he spoke to her. His mother in trying to protect his feelings had lied to him that his brother who was dying of AIDS had gone to America. The truth came out that Thabiso's brother was actually lying in hospital gravely ill with AIDS. Thabiso was furious and shouted obscenities at his mother. As some of them put it:

*Thabiso did not respect his mother in the way he shouted at her (3)*

*Thabiso did not respect his mother by shouting at her. My mother will beat me if I did that (Respondent 4).*

*Look at the scene where the character was angry with his mother for lying to him about his brother. He was shouting at his mother saying 'I hate you'. There is no way a 13 year old African boy would address his mother like that (Respondent 1)*

When probed further, they said that the dictates of African culture does not permit children to address their mother in that manner and that they were horrified by that scene. In their daily lives, Black South Africans place a high premium on respect. In their culture a child is not permitted to make eye contact with an adult during conversation. To do this would be considered disrespectful. This is why the respondents were horrified by the character's outburst against his mother. The scene represents an affront on cultural convention which offended the respondents and therefore negatively affected their understanding of the message of the play. It was not only the play performed by Group A that did not fit in with cultural expectations.

The play performed by Group B also fell short on culture, especially with regards to respect. According to respondents in the focus group sessions, Tshepo the central character went to visit Pinky his lover and tried to force her to go out with him. In Zulu culture a young man is not allowed to visit his lover at home without having paid lobola (bride price) and even then he still has to go there with presents for the parents as a mark of respect. But the play presented Tshepo going to visit Pinky and even arguing with her at her home! As one of the respondents questioned:

*How can Tshepo go to Pinky's house to take her by force when he hasn't paid ilobola. This is not allowed.*

Of the three groups under study, only group B performed well with regards to language. The other two failed to deal efficiently with language

of communication. Some of the respondents interviewed said the play performed by Group A was not delivered in a language everybody could understand:

*Many of the learners in the audience did not understand the American English and kept asking what the characters were saying (Respondent 1).*

In the course of the discussion, it became clear that even though the learners admired the American accent used by the performers, they did not fully grasp what they were saying and this affected their understanding of major issues raised by the play.

In the Western Cape Group C took their performance to a school of mixed race (Black, Whites and Coloured) and performed in Afrikaans which was the language spoken by a sizeable number of the population in the province. The group assumed that everyone in the school understood Afrikaans language. Unfortunately, the Black children in this particular school did not Afrikaans language and therefore could not understand the message in the play. According to one respondent:

*Not all cultures were represented in this play (Respondent 6).*

*Language was a problem. I don't speak Afrikaans so I didn't understand what they were saying. There are so many black children in the audience who did not understand what was going on. They should have at least used English (Respondent 1)*

*I am Xhosa speaking and I don't understand Afrikaans language so I didn't understand the play. (Respondent 4).*

## DISCUSSION

There is no doubt that the theatre groups involved in this project have succeeded to a certain extent in creating awareness of HIV/AIDS through its campaigns in schools. Many of the respondents believe that the play was very informative and admitted to having learned useful lessons about AIDS from the performances. However, as statistics in this study have shown, 63% of all respondents said the play did not address the issue of HIV/AIDS in a manner that is culturally appropriate to the audience. There is a strong possibility that a lot of the message was lost to the audience because of the failure of the group to adapt key aspects of the culture

of the target group such as language and their belief in the sanctity of the *sangoma* as well as respect.

For instance, one of the key messages that Group A wanted to communicate was that everyone even children deserve respect but this message was not communicated in a way that is culturally appropriate to the African belief system. For example, Thabiso's mother lied to him about his sibling's health condition and in this way disrespected the child but Thabiso's reaction was against the dictates of African culture. Thabiso's outburst at his mother was very disrespectful in African culture and the audience members (learners) felt the issue of respect was not adequately treated from a cultural standpoint.

Another message which was not properly communicated is the fact that HIV/AIDS has no cure. This message was delivered using the *sangoma* character whom the audience regarded as non-authentic as far cultural representation is concerned. According to the learners, the fact that the *sangoma* was presented in a non-authentic manner eroded their confidence in him and anything that came from him was not taken seriously. The researcher is of the opinion that Group A's lack of understanding of cultural norms and beliefs of their target communities lost them a golden opportunity to fully utilize an important cultural artifact such as the *sangoma* or native doctor to address the HIV/AIDS issue in this community. Scholars such as Van Dyk (2001) have emphasised the need for AIDS education to incorporate traditional healers in their HIV/AIDS campaigns, given the level of respect traditional healers have among indigenous African communities.

The fact that only 41.67% of all the respondents in the province of Kwa Zulu-Natal, believe that cultural norms and values were not sufficiently reflected in the play means that Group B made considerable efforts to incorporate the cultural norms of the people in their performance. While this is a good sign of the group's seriousness in their HIV/AIDS campaign drive, there is still a long way to go before total success is achieved. However small the percentage may be, the respondents' views cannot be ignored. The respondents' opinions show that the group tried to compromise African norms and values by the inclusion of certain western values and in this way undermined respect which is key to African culture, the Zulus included. The Zulus regard respect as central to their cul-

ture. In their daily lives, Zulus place a high value on showing respect to others (Ndlovu 2008).

The combination of Western cultural infusion and African values in this play did not sit well with the audience who believe that the character of Tshepo was very disrespectful to the parent of the girl by going to her house and demanding to see her. The theatre group was trying to present the reality of modern culture in a community where people are still tied to their traditional culture and this did very little to communicate the message to the audience. It is also clear from the data that the Group B, which means the interventions in Kwa Zulu-Natal relied on top down communication that did not involve the target communities in the design of their material.

Due to this lapse, key aspects of their messages were lost on the audience, for instance, an important part of their message is 'Get tested' which the audience failed to internalise because the main character, Tshepo did not get tested throughout the play and no punishment was meted out to him for his sexual recklessness. Another key message was that young girls should not accept gifts from men in exchange for sex. This message was also lost because the respondents say the play did not reflect the realities of poverty in their communities. In real life, it is the girls who go after rich men for financial gratification in exchange for sex.

Finally, the groups involved must be commended for their efforts at educating the South African populace on the dangers of HIV/AIDS. It is clear from the results of the study that in order for theatre to achieve maximum success in their campaigns, a lot of work need to be done.

## CONCLUSION

The results of this study have revealed that in order for theatre to succeed as an intervention agent in the fight against HIV/AIDS, key aspects of the cultural norms of its target population must be taken into account in the design of their drama performances. The fight against HIV/AIDS in South Africa is one that requires every intervention apparatus to operate at a high level of efficiency. It is therefore crucial that theatre recognizes the need to adapt its performances to suit the cultural norms and beliefs of the target population and adopt a full participatory strategy.

This will ensure greater success at behavior change regarding HIV/AIDS in the country.

### 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:

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; 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. 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. 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 behaviours should form the subject of design of such interventions.

The technique of presentation also needs to be re-examined. The researcher would like to suggest that forum theatre be used in all HIV/AIDS interventions in South Africa. 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 were 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.

Theatre must also take into account the fact that the notion that African societies operate on a communal level. Solutions to problems are pursued collectively. Any performance that does not take this cultural dynamic seriously runs the risk of isolating a large number its target audi-

ence. In South Africa, the concept of *indaba* is widely used describe group meetings in traditional 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*.

Performances should take the same format as *indaba*. My impression is that the post-performance discussions is 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.

The involvement of target audiences in the actual performance cannot be over-emphasised. One of the major handicaps to successful health communication is that intervention is usually based on top-down communication where interventionists (theatre in this case) approach communities with the mind-set that the people are ignorant and need to be educated. The use of cultural artefacts such as music, dance, song, folk narrative should not be ruled out as these artefacts speak to the heart of the African community. Theatre need tap into this cultural resources if it wants to make an impression in the minds of its African audiences.

Theatre interventions must as a matter of urgency start by conducting a needs assessments programme of the communities where they have been invited to perform. The needs assessments, simply put imply the theatre group going into their target communities to conduct research aimed at discovering key areas of need of these communities. During the individual interviews in the Western Cape, many teachers commented that the group did not deal with issues that contribute to HIV/AIDS such as alcoholism, drug abuse among others. Needs assessment is necessary to gauge important need of target communities. This way theatre would avoid the pitfalls of dealing with issues that are not priority issues of target audiences.

For instance, the findings in this study have indicated that theatre groups in South Africa do not take cognisance 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 are not realistically presented in the drama performances. Some of the drama per-



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 “façade” and responded that that scene is not a realistic presentation of life in their communities. It is the absence of useful methodology such as needs assessment that led to such situations.

In the Western Cape, the fact that the group used a language that was not spoken by many members of the audience, prevented a smooth flow of communication. Many of the learners who participated in the focus group session said they did not understand what was going on in the play. Language as an important part of culture cannot be ignored in HIV/AIDS communication.

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 respondents expressed the need for the groups to perform regularly at their schools because they believe the group can make impact on their behaviour around HIV/AIDS. The once-off performances do not leave lasting impression in the minds of target audiences. The researcher 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. If donor agencies consider successful intervention a priority, they would consider funding it.

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