

Using participatory media to explore gender relations and HIV/AIDS amongst South African youth: The example of DramAidE.

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Learning and empowerment: key issues in strategies for HIV/AIDS prevention

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Abstract:

This paper outlines the context in South Africa, in which DramAidE is working, and some of the challenges faced when working with young people in a multi-cultural and often divided society. It outlines the history of DramAidE, and explores the approaches that DramAidE has used in an attempt to reduce risk of HIV infection amongst young people, and to sensitise them to issues of gender, culture and tradition.

The paper focuses on two specific materials development projects: Woza Nazo and Mobilising Young Men to Care. These projects are run in disadvantaged secondary and tertiary institutions. The projects focus on using peer education and new materials that are developed in a participatory manner with the target group. This paper details some of the successes of these two projects, as well as some of the challenges that DramAidE faces, and ideas on how to overcome these and move forward.

1: THE SOUTH AFRICAN CONTEXT:

South Africa is celebrating ten years of democracy this year. A number of challenges to development and real democracy do, however, remain. The legacy of apartheid is strongly felt, with low standards of education, high crime and unemployment and widespread poverty. These issues fuel the rising rate of HIV/AIDS prevalence.

According to Census 2001, the South African population stands at 44.8 million people. In racial terms, the composition of society reflects 79% blacks, 9,6% whites, 8,9% coloureds and 2,6% Indians. Unemployment is officially rated as 29,4%, while less conservative estimates place it at 41,9%. 28% of households earn less than R670 per month, and around 22 million people have an income of less than R144 per month (Du Plessis, 2003).

It is difficult to predict the precise national HIV prevalence. The University of South Africa's Bureau of Market Research puts the 2003 HIV prevalence rate at 14.87%. The 2002 antenatal survey shows that 26,5% of pregnant women were HIV positive in 2002 (Cullinan, 2004). UNAIDS estimates that it is over 20%, and suggests that South Africa is one of the countries most hard-hit by the epidemic.

Dr Fareed Abdullah (Deputy Provincial Director-General of Health for the Western Cape) predicts that five million South Africans will die of AIDS in the next eight to ten years unless universal anti-retroviral treatment begins soon (Du Plessis, 2003).

The South African government has called HIV/AIDS a disease of apartheid. While colonialism, segregation and decades of human rights violations have left a legacy of difficult social and economic factors that do contribute to the high prevalence rate, the government's equivocal stance on HIV/AIDS issues has not helped to control the epidemic.

Until 2003, the South African president was a follower of the dissident theories that HIV does not cause AIDS. His public announcements shocked the international medical community, and caused confusion amongst citizens at home. The Minister of Health declared that anti-retroviral (ARV) treatment was too toxic for the government to inflict on the population.

Seemingly contrary to these public announcements, the Government is into the third year of its five-year strategic HIV/AIDS plan. The plan rests on four pillars: prevention; treatment and care; human and legal rights and monitoring, research and surveillance (SA Cabinet, 2003).

Prevention efforts focus on condom distribution and education programmes aimed at reducing the number of HIV infections, promoted largely through the schools life-skills programmes and public awareness campaigns.

Key treatment challenges include treating opportunistic infections such as tuberculosis and sexually transmitted diseases. Only in November 2003 did the government announce its ARV policy and willingness to treat those with diminished CD4 counts.

A recent survey of public clinics points to generally poor uptake of HIV counselling and testing services. There has also been a mixed response to the prevention of mother-to-child HIV transmission programme, with fewer women than expected taking advantage of this. (Cullinan, 2004).

While South Africa has a constitution that makes it illegal to discriminate against people with HIV/AIDS, stigma and discrimination continue to flourish. The government has created a strategic plan to address stigma and discrimination. This strategic plan also points to the importance of social programmes that aim to reduce poverty, improve education and bring about moral renewal, as well as promoting a climate of community awareness and acceptance of those people infected and affected by HIV and AIDS.

Of utmost urgency are programmes to address the social context in which South Africans find themselves. Patriarchy, traditional cultural beliefs and practices and strong conservative religious influences prevent open discussion about HIV/AIDS and may contribute to increased infection rates.

HIV/AIDS threatens accepted concepts of 'masculine' and 'feminine' roles and calls into question traditional cultural roles. Caught between modern and traditional 'norms' some men are uncertain as to the roles and behaviours expected of them. This often manifests itself in aggressive assertion of masculine dominance expressed through violence against women. This violence often manifests as rape, and is a key factor in exacerbating the spread of the epidemic.

Gender responsibility in sexual behaviour and in HIV/AIDS prevention is inextricably linked. Issues around male and female sexuality and power need to be addressed if the spread of HIV/AIDS is to be curbed in South Africa.

Open and equal channels of communication between men and women are not always considered culturally acceptable and this compounds the challenge of encouraging men and women to express themselves without fear of stigma and retribution. The stigma of HIV/AIDS has further developed a culture of fear, and many live in denial of personal risk.

It is within this climate of fear, denial, violence and poverty that the DramAidE (Drama in AIDS Education) programme operates in an attempt to empower young people to address issues of gender and HIV/AIDS through participatory media strategies.

2: DRAMAIDE

DramAidE was established in 1992. The project uses drama methodologies to critically engage young people to communicate effectively about issues relating to sex, sexuality and HIV/AIDS. DramAidE is based in KwaZulu Natal (KZN), the province with the highest HIV prevalence rate in South Africa. It originated at the University of Zululand (UZ), as a project within the Department of Drama. It is now a unit in the Department of Arts and Culture at UZ and in the Centre for Communication, Cultural and Media Studies at the University of KwaZulu-Natal (UKZN).

DramAidE aims to equip young people with increased knowledge about HIV/AIDS and the skills to inform and communicate with others about sexual health. The goal is to create a network of peer educators that practice safer sex and other positive behaviours, and initiate a social movement that promotes healthy lifestyles. These peer educators are organised into clubs. These clubs provide a platform for them to undertake health promoting communication campaigns through generating 'action media' and undertaking health promoting projects more broadly in their communities. 'Action media' are plays, posters, songs and dances that have been created by young people through a participatory process.

DramAidE initially focussed on education within secondary schools, reaching a total of 772 schools in eight regions of KZN between 1992 and 1996. Teachers at these schools were trained in basic HIV/AIDS information, and given skills to be able to communicate openly with their students about related issues. Over six hundred thousand school learners were reached directly by DramAidE in this period, through exposure to HIV/AIDS awareness plays and participatory workshops at the schools. Their parents, younger siblings and other community members were reached through attendance at health festivals arranged by the schools, where learners presented their own AIDS plays, songs and dances.

The DramAidE programme has extended its scope since its inception, and has also worked in primary schools, in an attempt to reach younger learners with vital HIV/AIDS information before they become sexually active. At present, this *Act Alive* project targets around 40 schools annually, reaching an average of one thousand learners at each school.

DramAidE has also offered peer based education in previously disadvantaged tertiary education institutions since 2001. This programme, *Mobilising Young Men To Care*, has reached nine Institutions of Higher Education where health promoters and peer educator teams have been set up, involving approximately 100 students. Their programmes have indirectly reached an estimated average of 10 thousand students, through events organised on the campuses.

A further project, the *Drama AIDS Education Team* has trained 200 unemployed youth as peer educators to work in the semi-rural area of the Valley of a Thousand Hills. 30 training workshops have been conducted with the Department of Education, and 40 peer educators trained in the *Working for Water* project. These peer educators reach hundreds of others in their daily work.

The *Woza Nazo* project, is a project that involved research, developing and disseminating culturally appropriate and gender sensitive life-skills materials for schools. The project has reached over 150 school teachers, peer educators and community educators and impacted on the school communities in the target region in Northern KZN.

Funding for DramAidE has come from tenders awarded by the KZN and National Departments of Health and Education, for life skills training and communication campaigns. Grants from the African Medical Research Foundation [AMREF], Johns Hopkins University Population Communications Services [JHU/PCS], the Norwegian Students Academy International Helpfund [SAIH], and Richards Bay Minerals support and the DramAidE projects. All salaries, travel and administration costs are paid from the funds raised.

DramAidE has offices at both the University of Zululand and the University of KwaZulu- Natal. These offices are administrative centres, as all of DramAidE's work is done in educational institutions and the areas in which they are situated.

DramAidE employs 16 staff members, 8 male and 8 female. It is DramAidE policy to employ graduates from the previously disadvantaged University of Zululand, and to provide additional training for all staff members. Five staff members are currently registered for part-time MA degrees, with a focus on researching DramAidE projects.

The DramAidE Board includes academics from the Universities of Zululand, KwaZulu-Natal and Johns Hopkins, USA. It also includes representatives from AMREF, from the National Association of People living with HIV/AIDS (NAPWA), the Provincial Government Department of Education and Culture, and the Department of Health.

3: DRAMAIDE AND EMPOWERMENT

Empowerment

For the purposes of this paper, we use the term *empowerment* to mean the transference of knowledge, skills and resources that enable individuals to take action and responsibility, and the removal of obstacles that may have, in the past, hampered this. We use the term *development* to mean the growth and advancement of both individuals and communities (Durden, 2003). These are key concepts and the end-goal of the DramAidE programmes.

Maximum participation by the target audience is a key requirement for any programme to be truly empowering. The community members themselves become the agents of change, rather than being led by outside agents (Servaes, 1995).

The DramAidE project was developed through participatory action research. This concept focuses on interacting with the target group and empowering people to become key agents of change.

The four main principles of participatory communication involve:

- a) Viewing ordinary people as agents of change with a view to liberation and emancipation within a framework of respect for local cultures.
- b) Seeing people as the nucleus of development – allowing programmes to develop rather than initiating and controlling them.
- c) Placing emphasis on the local community and engaging in dialogue rather than monologue.
- d) Strengthening democratic processes and institutions (Tufte, 2001:22).

DramAidE methodology is informed by Paulo Freire's (1983) theory of critical consciousness. Freire contends that people need to be critical and conscious of the

world rather than arrested by the circumstances of their lives. Freire's notion of critical consciousness involves fostering an intellectual understanding of the way in which social conditions have resulted in situations of disadvantage. Critical consciousness opens up possibilities and opportunities for change. The DramAidE approach is about questioning a situation with a view to taking action. In this way people stop being apathetic and fatalistic. Instead, they seek to become initiators of change.

Participatory strategies

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

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

A participatory strategy in which the target audience becomes involved in the construction of messages, 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 people's needs, involving them in owning processes and developing their capacity to sustain health initiatives. This helps to motivate sustainable positive behaviour on an incremental continuum.

The DramAidE approach

The approach that DramAidE uses is the key to its ability to empower project participants. An understanding of the goals of the project is crucial background information for understanding the appropriateness of the approach.

The overall goals of the project are to:

- Reduce the infection rate of HIV among South African youth
- Promote gender awareness and an understanding of equity and human rights contextualised within the reality of modern perceptions of traditional culture.
- Promote critical consciousness in making choices pertaining to relationships and health.

DramAidE aims to assist in the better management of the epidemic by young people by:

- Reducing stigma and discrimination about HIV/AIDS
- Addressing gender issues and how they relate to HIV/AIDS
- Initiating and establishing clubs and support groups
- Promoting health behaviours such as VCT.

Key elements of the project are drawn from social learning theory (Bandura, 1997). Social learning theory suggests that individuals learn and copy behaviours from observing others. To this end, peer educators and health promoters are used in many DramAidE projects, to model healthy behaviours.

Peer educators mobilise advocacy as positive role models. They demonstrate that they are able to practice healthy behaviours and coping skills in their own lives, whether infected or affected by HIV/AIDS. In addition they provide leadership and assist in the diffusion of innovation of new ideas around gender and positive living (Rogers, 1983).

Central to fulfilling this role is the belief that as individuals, they have control over the way in which they choose to deal with the situations that HIV/AIDS forces them to confront. Self-efficacy and group efficacy are integrally related and individual contributions are important in supporting group efforts to make changes.

Through workshops that develop self-esteem and other life skills, DramAidE encourages young people to realise their own efficacy and to take action to maintain their own positive health as well as to encourage others to do the same, creating a groundswell or social movement.

DramAidE uses a workshop methodology that includes drama-based activities to pose problems creatively. Facilitators stimulate interactive engagement amongst the

participants using problem-posing techniques. Workshops provide safe environments for sharing information, simulating HIV/AIDS risk situations and finding practical ways to cope with or counteract these issues. Drama and other participatory techniques are used for deepening discussions and facilitating critical awareness. The workshops provide a platform for the sharing of information and skills development. The participants often apply these ideas and skills outside of the workshop environs.

Therapeutic aspects of the training include the use of narrative techniques that enable participants to retell their own personal HIV/AIDS stories. Group work enables problem sharing and facilitates face-to-face 'counselling like' situations. This methodology develops group efficacy in co-operative task related activities. A sense of support, belonging, and group appreciation of each individual's uniqueness contribute to building self-efficacy and self-esteem.

The use of this methodology helps the individual in a group context to counter traditionally social negative ideation regarding gender constructs, and the dichotomy of human rights in a society in transition severely impacted by HIV. It creates opportunities for individual and group norms of meaning to be communally constructed. This approach is appropriate for African contexts in which western theories of preventative strategies are strongly individualistic and self-reflexive biases, and have been found to be lacking (Stein, 1996:6).

The group processes forms an important component in developing skills and confidence to enable the individuals (and group) to take control of the factors that determine their health and their lives (Werner, 1997 cited in UNAIDS, 1999).

Peer education

In South Africa young people learn about sex mainly from their peers, older siblings and infrequently from their parents (Kelly and Parker, 2001). The similarities in age and stages of growth and the fact that they share similar life experiences make it possible for them to speak about sex amongst one another. Studies show that young people who believe their peers are practising safe sex are more likely to be influenced to do the same. Young people who perceive their peer norms to support condom use are 2-3 times more likely to consistently use condoms than teens who don't think their peers use condoms (Stevens, 1997). It seems evident that peer-

based programmes to promote sexual health would thus be appropriate in the South African context.

Peer education is a communication approach that involves training and supporting members of a given group to effect change among members of the same group. It can also effect change at the group or societal level by modifying norms and stimulating collective action.

Peer education is a process whereby trained supervisors assist a group of young people to educate their peers in a structured manner; to role-model healthy behaviour; to recognise youth in need of help and refer them for assistance; and to advocate for services and resources for themselves and their peers (Rutanang, 2002).

Target Groups for DramAidE

The target group of the DramAidE projects is young people from previously disadvantaged backgrounds. This means that the bulk of the work is done in primary, secondary and tertiary institutions where black learners predominate.

South African youth may have fatalistic perceptions of contracting HIV/AIDS and often fall prey to pessimistic media imaging. The belief in the inevitability of AIDS and death have mitigated against ideas of living positively (or of even coping) with HIV/AIDS (Kelly and Parker, 2001). Given the lack of positive living role models and the sense of fatalism associated with HIV/AIDS, responses to HIV are often characterised by denial, depression, withdrawal, lack of confidence and sometimes self-destructive tendencies. It is hardly surprising that responses given in a context of high stigma and discrimination (and where access to treatment is limited) reflect prevalent feelings of helplessness and fatalism. As opposed to this fatalism, some young people believe that they are invincible and not vulnerable to HIV infection (Mlungwana, 2003). This state of denial leads them to ignore safer sex practices.

The DramAidE projects are often carried out in rural areas. Learners from rural areas are at higher risk of HIV infection because of low self esteem, lack of belief in their ability to have control over their own lives, belief in notions of invulnerability to HIV infection, and status-seeking that may lead to transactional sex for cell-phones, money or clothes (Mlungwana, 2003). Traditional cultural beliefs regarding polygamy

and gender roles are also more entrenched in rural areas, making HIV/AIDS related work difficult.

Specific activities

For the purposes of this paper, we explore just two of DramAidE's current projects: *Mobilising Young Men To Care*, and the materials development project *Woza Nazo*. Both of these projects show how DramAidE serves to empower target communities by transferring knowledge and skills, and working in a participatory manner to develop resources that can be used by the communities in a sustained long-term way.

Mobilising Young Men to Care

This project, supported by JHU/PCS has seen the development of a series of workshops, a video and a guidebook that provides facilitators with insightful ways of working with both men and women around issues of masculinity, femininity and gender.

Young men need to understand their early conditioning in a patriarchal society and that there are different ways of understanding masculinity. The same applies to notions of femininity. The aim is to create a revised vision of gender relations in which men learn to share power in the family, support women's rights, become good communicators, especially good listeners and not respond violently. Women need to learn how to assert themselves effectively and relate to men as equal partners.

Phase 1 of the project was targeted at young men in secondary schools. The groups were, however, composed of both young men and women. This is important as young men can learn about themselves in a supportive, non-judgmental environment from their female counterparts. This gives them an unusual opportunity to be told or advised by the young women concerning certain desirable behaviours. Opportunities were also provided to explore notions of masculinity that are appropriate in a modern world.

Rural schools in Amatikulu and Hlabisa in KwaZulu-Natal were identified for this project. A series of 12 gender awareness workshops was run in schools, followed by 12 playmaking workshops. A play made by Ikusasaletu High School learners was presented to the community as interactive forum theatre. The experience was recorded on video, and a video and Facilitator's Guide have been made, these are called *See you at 7*.

The video of the 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 analyse 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.

Phase 2 of *Mobilising Young Men To Care* targeted Higher Education Institutions. 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 into the current Health Promoters programme (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 counselling and testing (VCT).

The chosen health promoters were trained by DramAidE in a series of workshops. These workshops aimed to allow health promoters to develop effective communication strategies such as workshops, dramas, talks and face-to-face dialogue.

The specific objectives of the project were:

- To organise members of NAPWA (National Association of People With HIV/AIDS) 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 counselling and testing, and gender sensitivity.
- To create action media and other awareness strategies on their campuses
- To integrate the HP activities into existing HIV programme 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 to personalise 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 utilised by students on each of the campuses.

Woza Nazo

The *Woza Nazo* project involves the development of information, education and communication (IEC) materials for life-skills education in schools. The particular target area is schools in rural KwaZulu-Natal. The project was run in conjunction with AMREF, and included local teachers, community educators and peer educators from secondary schools.

The project grew out of a recognised need for culturally appropriate life-skills education in the rural areas, where traditional Zulu customs are regularly practised, and sometimes are conflicting with human rights. It involved reviewing currently available life-skills material, and the impact of these in schools, and the development of new interventions and materials that would fill the existing gaps. These materials were developed in consultation with the target group.

Materials developed included a guidebook for educators using both English and isiZulu and providing guidelines to facilitators for teaching life-skills. Other resources included a set of role-play cards and character cards that were developed for use in interactive workshops, a set of stimulus cards around which students would create debate, and a set of posters. A specially made bag comes with each set of materials.

The materials developed are different from existing materials both in content and style. The content covers issues of gender, culture and religion from a modern perspective, while acknowledging the influence that traditional values have on the lives and decisions of the young people in the rural areas. Pictures and cartoons depict the rural way of life in a user-friendly and accessible way. Use of local language and traditional songs and games make the lessons outlined in the guidebook especially appealing (Sutherland, 2003).

The methodology suggested by the guidebook is consistent with the DramAidE approach, using active learning and techniques such as drama role-play, games, and brainstorming. The introduction to the guide includes ideas as to how to facilitate the workshops, effective use of time, resources and techniques, assessment methods for each lesson, and how to incorporate Outcomes Based Education (OBE), which is the current education system in South African schools.

Once the materials had been developed, DramAidE facilitated a series of separate four-day workshops with 75 teachers, 48 peer educators and 48 community educators. These workshops involved discussion around the concepts explored in the guidebook; those of gender, culture, traditional values, sexuality and community mobilisation, as well as practical demonstrations of the methodologies suggested by the materials and discussion around the needs of young people in schools and communities with regards to gender and sexuality training.

The overall evaluation of the project suggests that the development of materials was a timely exercise, carried out in a participatory way based on research in rural areas. The testing of materials with local educators allowed for fine-tuning of both content and style of the materials. The workshops training educators in the use of the materials were empowering, and have resulted in the transfer of knowledge, skills and resources, which can be used in the local communities. *Woza Nazo* has certainly built capacity in the areas of Mtubatuba and Phinda, where the project has been based.

4: Major achievements and challenges

Materials developed

The materials developed for both *Mobilising Young Men to Care* and *Woza Nazo* were based on a thorough knowledge of the risk factors that faced the target group, the target audience themselves, and the behaviour change required to reduce risk of infection from HIV, with a particular focus on gender awareness.

Dr Alessio Panza (UNESCO, 2002) outlines UNESCO's "7C's" criteria to assess the quality of IEC materials. These include:

- That materials are **captivating**, colourful and "sexy"
- They **clarify** the benefits of changing behaviour
- They are **comprehensive**
- Information is **correct**
- Materials are **clear**, unambiguous and detailed
- They are **culturally appropriate**
- They **care** for women

DramAidE has developed close partnerships with professional organisations to make sure that production standards are high and the artwork for facilitators' guides and the *See you at 7* video are captivating. The materials clearly explain how healthy behaviours can prolong life in the midst of the HIV/AIDS pandemic, with information that is accurate and detailed. The materials have been specifically developed for use in KwaZulu-Natal, in consultation with the target audience, and are thus culturally appropriate. Both projects have gender sensitivity and awareness as key aims, and materials correspondingly care for women, as well as for men. These materials meet all the requirements of the "7C's".

Responses from teachers to the *Mobilising Young Men to Care/See you at 7* materials was very positive and included the following:

- The video is an effective discussion starter for gender issues.
- The video can be used to deepen the level of discussion about HIV/AIDS.
- Forum theatre is a useful technique that is well demonstrated by the video.

- It is interesting that young people are able to make and present their own plays and this idea can be utilised more often and more effectively than 'sketches'.

The *Woza Nazo* materials were equally well received. Evaluation of the material showed that the workshop participants felt strongly that the materials addressed the needs of young people in schools. They were very positive about the materials, and suggested that they had dealt acceptably with issues of gender, religion, stereotyping and tradition. Participants indicated that the materials would assist them in becoming peer educators, and teachers felt that they would be beneficial to their work teaching Life Orientation (LO) in the classroom (Sutherland, 2003).

Comments from respondents who were asked to evaluate the materials include the following:

“The material is very good, it makes facilitation easy”

“They made me realise how easy and fun it can be to teach LO”

“We as educators and even learners will gain a lot”

“The material is appropriate and attractive ... it will make the learning and teaching conducive to everyone“

(Respondents, 2003)

Empowerment and skills development

Mobilising Young Men to Care (Phase 1) achieved specific aims in challenging the way that young people approach issues of gender and HIV/AIDS. An independent researcher identified the following outcomes of the project:

- Young men indicated that they were willing to take a proactive stance in curbing the spread of HIV / AIDS
- They expressed their willingness to change their own lives
- They expressed the willingness to become fully involved in advocacy work in the community
- Young women demonstrated an ability to speak out about their thoughts and feelings (Sutherland, 2000).

The researcher commented that the above are strong indicators of change. She further noted that the intervention had a significant impact on the lives, values and thinking of the both the target group and the young women who took part in the workshops. The mode of delivery (forum theatre) was most appropriate to the issues being discussed, as well as to the age and maturity of the participants.

Participants in Phases 2 (the workshops) and 3 (the Health Promoters programme) at tertiary institutions comment that receiving training in the DramAidE methodology has given them confidence and skills to prepare and implement their own workshops on campus. The training and experiences of the project have impacted significantly on the self-efficacy, self-esteem and confidence of most of the participants, and individuals have also benefited on a personal level (Botha, 2003).

Some comments from participants include the following:

“Though I get ill sometimes, I am very healthy because of the positive mindset and the fact that I am helping others to cope with their challenge” (Health promoter, 2003).

“[Being a peer educator] challenges me into becoming the best person I ever dreamt to be” (Peer educator, 2003).

Some of the highlights mentioned by Health Promoters are as follows:

- Meeting high profile people
- Gaining exposure at the institutions and in their communities
- Being employed and earning a salary
- Improving skills and developing knowledge
- Forming support groups
- Getting support from the tertiary institution management
- Visualising a positive future
- Being acknowledged, supported and made to feel good by those who empathise
- Making a difference in the lives of others by sharing their own stories

(Botha, 2003)

The skills training component of the *Woza Nazo* project, where educators were trained in the use of the new materials, was well received. Participants felt that the workshops had been highly beneficial (Sutherland, 2003). Comments include:

“It was very much eye-opening, resourceful and empowering. Thank you”

“The training was good and helpful to us. Now we are confident to go to the learners”

“It equipped us with all the necessary skills to handle LO sessions in schools”

(Respondents, 2003)

DramAidE is proud of these achievements, and both projects have been seen as a remarkable success, creating useful and interesting materials and developing skills so that teachers, peer educators and community educators can use them confidently and to good end in their own specific communities, ensuring that health promotion and gender awareness projects are sustained.

Challenges

Both general and specific challenges have been experienced in both projects. The general challenges that are prevalent in any HIV/AIDS work in South Africa include barriers to belief in the epidemic, its prevention and treatment. This is a result of cultural beliefs with regards to a clash between western bio-medical and local African medical traditions, as well as patriarchy, gender stereotyping and traditional sexual / marital practices (Gumede, 2003). Other specific factors that affect adolescent attitudes include violence, a disregard for authority, collapse of the family structure, a dysfunctional school system, poor standards of education, chauvinism, a lack of recreational opportunities and limited disposable income with high material aspirations (Maart, 2003).

Mobilising Young Men to Care challenges:

Phase 3 of the project brought about the greatest number of challenges for DramAidE. These included: a number of issues regarding contracts and working conditions on different campuses, which became a burden on both time and financial resources of the organisation. Reporting from health promoters and supervisors was often inconsistent and incomplete. These issues arose from trying to co-ordinate and manage the projects at each of the 9 campuses from a distance. Through time, they

have been ironed out, and the health promoters went into the second quarter of the project better equipped to cope with these challenges.

Woza Nazo challenges:

Participant evaluation after the training workshops showed that some educators were not entirely confident to use the new stop-start drama techniques that had been introduced during training. Further follow-up training could counteract this, as well as offering educators alternative methods and techniques.

Some of the educators felt that they would not be able to answer questions raised by their students or peers in workshops. This points to a need for a broader knowledge base and, again, extended training.

Future plans:

The *Mobilising Young Men to Care* project has been extended, and will run at 27 tertiary institution campuses in 2004. This poses a challenge to DramAidE in terms of administration and co-ordination. More people will need to be drawn into working on the project, to ensure its continued efficacy.

Follow-up workshops for the *Woza Nazo* project are planned, to reinforce and strengthen the knowledge base and skills of trained educators. It has been recommended that the training be extended to school principals and heads of departments, and that the project be extended to other provinces. The materials should be made available to a wider audience, should funding for this become available.

A shift in focus:

Throughout its eleven years of operation, DramAidE has shifted from a focus on transferring knowledge and challenging attitudes through participatory workshops, to a more specific focus on developing skills and materials. This ensures that capacity is built in previously disadvantaged areas, and that participants in the DramAidE programmes are able to sustain health-promotion projects in their own communities. The development of peer education programmes enhances this.

5: Application to other contexts:

A number of lessons can be learned from the DramAidE experience, and be applied to other contexts. Perhaps the most important of these is that participation by the target community should not be only in the intervention itself, but also in the planning and conceptual phases during the initiation of the project.

Participation by target community in conceptualising the materials development project and the materials to be developed, as well as involvement in the research and testing phases means that the materials will be appropriate to the context of their end use. They will also be accessible and pitched correctly for use by educators in the area.

The participatory workshops that DramAidE offers educators in the use of the new materials allows them to familiarise themselves with the materials and the facilitation styles best suited to exploring the issues covered. These training workshops also educators to ask questions and to experiment, so that they are adequately equipped to deal with real-life situations that may arise in their classrooms or communities.

The DramAidE approach is participatory and low-tech. Using drama and other participatory approaches does not require access to expensive technology. Young people are excited to participate in the programmes, and life-skills such as self-esteem are developed, ensuring that participants are confident to take the programme further in their communities. This means that a small organisation, such as DramAidE, can have an enormous reach. Establishing clubs, support groups and other peer-driven programmes means that the goal of spearheading a social movement for positive health behaviour may be reachable, even in a country where the HIV/AIDS epidemic is so severe.

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