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of HIV/AIDS: A case study of Durban University of Technology  
(Steve Biko, Ritson, M.L Sultan, and City campuses).  
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## **Declaration**

I hereby declare that the work presented in this research study is my own. Any work done by others has been duly acknowledged.

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Heavenly Father God- for all things are possible through Him!

## **Abstract**

*The paper investigates the role of theatre in the prevention of HIV/AIDS: A case study of Durban University of Technology (Steve Biko, ML. Sultan and City campuses). Currently there are numerous HIV/AIDS prevention programs being offered at DUT i.e. Peer Education Program for the students which aim at promoting awareness and prevention activities. These programs have proved to have very little effect as the number of infected as well as affected students is increasing (Centre for HIV/AIDS DUT, 2009). The paper outlines the development of the HIV/AIDS awareness and prevention theatre campaigns being offered at the Durban University of Technology (DUT), and investigates the prevailing knowledge and attitudes towards HIV/AIDS amongst students.*

*The study analyzes students' perceptions of theatre for HIV/AIDS prevention, ascertains to what extent theatre assists in the prevention of HIV/AIDS and identifies the messages being communicated through theatre. A three-campus study design was used to investigate the students' perceptions of theatre and the role of theatre in the prevention of HIV/AIDS; both qualitative and quantitative methods were employed in the study i.e. in-depth interview, focus groups, documented information, observations as well as questionnaires.*

*The main paradigm guiding the study is Development for Social Change (DFSC) complemented by Peer Education theory. The usefulness of DFSC in the study is mainly on the emphasis of students being agents of their own change; the theater is done by students for students to effect behavioral change. Anecdotal evidence has shown that young persons' peer group has a great influence on the way he or she behaves ( Turner & Sheperd, 1999) this is true of both risky and safe behavior. Peer education makes use of peer influence in a positive way (Turner & Sheperd, 1999).*

*Keywords: Communication for Social Change, Peer Education, perceptions, HIV/AIDS.*

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## **Chapter One: Introduction and Background**

According to the Joint United Nations Program on HIV/AIDS' (UNAIDS) 2008 Report on the Global AIDS Epidemic, there are almost 33 million people living with HIV/AIDS worldwide with 25 million people having died from HIV- related causes since the beginning of the epidemic. The report further states that South Africa has the largest HIV pandemic in the world with an estimated 5.7 million people living with HIV in 2007. Hence the reality is that programs aimed at preventing HIV/AIDS infection are not sufficient anymore; there certainly is a calamitous need for programs that will help people to live positively with HIV/AIDS. In a country like South Africa where people living with HIV/AIDS still suffer discrimination, in order to sensitize people towards the problem of HIV/AIDS, we need attractive non-traditional ways of communication to foster an attitude of living together without fear and strengthen solidarity.

### **HIV/AIDS in Institutions of Higher Learning**

The KwaZulu-Natal Regional Tertiary Institutions of Higher Education HIV/AIDS Forum has noted that KwaZulu-Natal (KZN) is at the epicentre of the HIV/AIDS pandemic in South Africa with the Institutions of Higher Education students having fallen within the most vulnerable age group of ages between 16 and 26 years for new infections. This then calls for an urgent need to address the effects of HIV/AIDS within Institutions of Higher Education and broader community as well as the need to develop and advance a sectoral response to HIV/AIDS within the tertiary Institutions of Higher Learning in KZN. There is also a need to create a podium to share institutional knowledge and experiences so as to learn from one another to better the situation. HIV/AIDS continues to pose a serious threat to the progress of skilled and professional graduates who are central to meeting the socio-economic and developmental challenges faced by South Africa and the Sub-Saharan region as a whole. HIV/AIDS further poses threat to Institutions of Higher Educations' service delivery as members of staff are also infected at collaborating institutions. The KwaZulu-Natal Regional Tertiary Institutions of Higher Education Forum recognizes that HIV/AIDS related activities and interventions at the six Institutions of Higher Education in the KZN province are largely uncoordinated and economically wasteful (<http://www.ukzn.ac.za/aidsprogramme/kzn.htm>).

### **Research aims and objectives**

This research study aims to investigate the role of participatory theatre in the prevention and awareness of HIV/AIDS placing emphasis on the Durban University of Technology's (DUT)

HIV/AIDS awareness theatre campaigns which took place at the Steve Biko, ML Sultan and City campuses. The study aims to explore and analyze the role of theatre in HIV/AIDS awareness, explore students' perceptions of their risky behaviors after viewing theatre for HIV/AIDS awareness offered at DUT. Furthermore it aims to ascertain the extent through which theatre assists in the awareness of HIV/AIDS and understanding the messages being communicated through theatre. The paradigm guiding the study is Communication for Social Change (CFSC) complemented by Peer Education approach. CFSC will be discussed in the context of the study as the study encompasses the key components of CFSC being empowerment, sustainability, and agent of change.

### **Research Questions**

The research aimed to answer the following questions:

1. What significant role does theatre play in the prevention and awareness of HIV/AIDS?
2. What are the students' perceptions of their risky sexual behavior after viewing theatre for HIV/AIDS?
3. To what extent does theatre assists in raising awareness and prevention of HIV/AIDS?
4. What are the prevention messages about HIV/AIDS being communicated through theatre?

### **Scope of the Study**

The study encompasses a sub-set of the student population from the Durban University of Technology. In essence I will be investigating the role of theatre in the awareness of HIV/AIDS by exploring the students' perceptions of their risky sexual behaviors after viewing theatre for HIV/AIDS awareness, this will be done using both qualitative and quantitative methods of research, this will be elaborated on in the methodology chapter of the research.

### **Significance of the Study**

The study is significant because HIV/AIDS poses serious threat to the South African economy. The pandemic disproportionately affects the poor; people get sick therefore cannot work therefore causing severe tension to the South African economy. As a result there is a dire need for effective, traditional methods/interventions of creating awareness and prevention about HIV/AIDS. There are many challenges in HIV/AIDS communication,

numerous interventions have proved to be inactive and ineffective, therefore there is serious a need to introduce and explore other means of communication such as theatre. The study proposes some possible HIV/AIDS communication strategy which could be of great significant and use.

## **Chapter Two: Literature Review**

### **Introduction**

This section will discuss and explore literature on HIV/AIDS prevalence among the youth especially those at South African Institutions of Higher Learning i.e. universities, technikons. Moreover it will critically analyze and discuss literature on theatre, and how theatre can be a useful tool in addressing the social problem of HIV/AIDS. The literature reviewed in this chapter is literature published between 1970 and 2009. The literature reviewed will also inform the main questions the research attempts to answer.

### **HIV/AIDS at Institutions of Higher Learning**

The social problem of HIV/AIDS continues to affect communities in South Africa and globally since its discovery in the early 1980's as discussed in the introduction. Despite the massive interventions and campaigns aimed at prevention and awareness, the epidemic is still an immense problem. Statistics have clearly indicated that the African continent, our homeland, is the most affected in the Sub-Saharan region in the whole world (Katjavivi and Otaala, 2004). According to the World Health Organization (WHO) and Joint United Nations Programme for HIV/AIDS (UNAIDS) (2007) report South Africa has the highest number of infections in the world. South Africa has spent millions of funds in programmes and interventions geared to curb the spread of AIDS i.e. in 1996 the Minister of Health (Nkosazane Dlamini-Zuma) at the time was rebuked for a R14 million project to create a theatrical production called Sarafina II which was aimed at raising awareness about AIDS (Phila Legislative Update, 2000). Despite all the monies being spent, the country still suffers increasing infections, this is evidence that not enough is being done about HIV/AIDS.

Universities and tertiary institutions are most affected by the Aids pandemic. A survey of HIV prevalence among college students conducted at the University of KwaZulu- Natal (former University of Durban-Westville) revealed infection rates of 26 percent in women and 12 percent in men between the ages of 20-24 in the year 2000 (Stremlau and Nkosi, 2001). Furthermore Dube and Ocholla (2005) revealed in their study that South African university

and technikon students have the highest HIV incidence because infections are more severe in ages between 16-30 years. A report compiled by Professor Micheal Kelly also confirmed that HIV has a fatal impact on the pecuniary situation of the universities in much the same way as it does on other institutions (Katjavivi and Otaala, 2004: 579). Institutions of higher learning have the liability to rapidly come up with an action plan to fight the scourge of HIV/AIDS. The deadly HIV/AIDS pandemic continues to pose a serious threat to the development of skilled and professional graduates who are central to meeting the socio-economic and developmental challenges faced by South Africa and the region as a whole (<http://www.ukzn.ac.za/aidsprogramme/kzn.htm>).

Universities and institutions of higher learning are susceptible to numerous unpleasant effects of HIV/AIDS i.e. that of sugar-daddy practices , prostitution on campuses, experimentation with sex, multiple sexual partners and other high risk activities alike are all evident to a high or lesser degree (Katjavivi and Otaala, 2004: 579). Lovell (2002:3) convoluted on the subject of sugar-daddies by firmly stating that the lives of young women are lessened through sex which is frequently unintentional but relatively forced, pressurized or substituted with “sugar-daddy gifts”. Since there is no treatment or cure for AIDS, the South African governments strategy hubs on prevention of the disease by encouraging public consciousness and rendering life skills and HIV/AIDS education (Gazu et. al. 2008). Katjavivi and Otaala (2004: 578) dispute by stating, “As long as there is no cure for HIV/AIDS, one of the most important lines of battle against the pandemic is effective HIV/AIDS education.”

### **Introduction to Theatre in Education**

Theatre in education (TIE) has its origin in 1965 at the Belgrade Theatre, Coventry, where a number of pilot projects at schools established strongly the significance of theatre as an educational method (Jackson, 1993:3). Hence TIE seeks to connect the techniques and imaginative effectiveness of theatre in the service of education. Jackson further explains that TIE branches from a numerous distinct but related developments in theatre and in education.

Theatre in Education both as a movement and as a theatrical method represents one of the most important developments in contemporary theatre (Jackson, 1993). In its short past it has managed to motivate and inspire actors and teachers alike and has also presented a significant bridge between theatre and education. Connecting the techniques and creative potential of TIE can provide an intensely absorbing and challenging experience, and a stimulus for further

work on a chosen subject, be it local history, language learning or health (Jackson, 1993). The practice of TIE was adapted in South Africa to some extent with the hope of developing critical thinking or conscientizing the participants (Dalrymple, 2006:206).

### **Theatre for Development**

According to Durden and Nduhura (2003) there are numerous advantages of using the performing arts, theatre in particular as a tool for encouraging social change and development. The advantage with using theatre is the fact that it easily makes use of local languages and other cultural forms such as song and dance which can encourage debate and participation amongst the audience (Durden and Nduhura, 2003). The traditions of theatre in Africa are prosperous and diverse, amongst them are storytelling, poetry, children's plays and dance drama. In various African customs, theatre has been used for reasons beyond leisure and entertainment, i.e. conveying religious, educational, political, social or economic messages (UNESCO, 2006). A major influence in theatre was Brazilian cultural and educational theorist and practitioner, Paulo Freire. Freire (1972, 1993) who made the assumption that the people (especially those who were oppressed and marginalized) contain knowledge through their own life experiences, but are swayed by the oppressor to believe that knowledge is extraneous and that they themselves are uninformed. Subsequently the education system at the time had become a process of banking knowledge that serves the privileged rather than all people. Freire (1972) believed that education should help people trust their own perceptions. This is done through dialogue that is people-oriented. The inspiration of people to become conscious of what they know and to generate knowledge in their own interests is what Freire referred to as the pedagogy of the oppressed.

According to Servaes (1995, 1999) there are four diverse paradigms in development communication which can be classified as modernization theory, Dependency/Dissociation theory, Development Support Communication and Another Development/Multiplicity/Participatory theory. Kamlongera (1998) suggests that the use of theatre in Africa as a developing practice is characteristic of the modernization approach to development. The modernization approach to development typically entails high profile campaigns, usually driven from the top-down; and communication is usually based on the unidirectional communicator-message-receiver model which does not encourage active participation (Durden and Nduhura, 2003). Usually the nature and culture of the target

audience/community is unconsidered in the designing of the campaigns and messages causing audience members to be alienated from what they are viewing (Tomaselli, 1997). The target community/audience does not receive any personal enrichment. The intervention is seen as a product and not as a process, and there is no evidence of ownership in the intervention. The outcomes are prearranged in the beginning, resulting in the individual community members to have no say in their own development (Durden and Nduhura, 2003). Blumberg (1997) remarks that theatre aimed at HIV/AIDS has been wrongly staged by authorities and certain voices are marginalized in the process. The involvement and consultation of the target community is extremely crucial in the process of development, without it the theatre product may be insignificant, tactless to local tradition and may simply miss its intended purpose (Durden and Nduhura, 2003).

Whilst modernization is driven from top-down Development Support Communication (DSC) and another development (participatory) place immense emphasis on a two-way communication process which encourages active participation and puts into account the cultural diversity of the targeted audience/community (Servaes, 1995, 1999). These development theories allow for “multidimensionality, horizontality, de-professionalism and diachronic communication exchange” (Servaes, 1999:34). The diffusion of innovation theory is characteristic of DSC as it makes use of local role models to communicate and influence development messages to audiences. Although the targeted innovators are recognized as gatekeepers to the community, the remaining members of the audience are expected to be passive recipients of information, and are swayed into adopting new behaviours (Durden and Nduhura, 2003). Thus the process is not fully participatory, even though the local culture and context are considered for development programmes, the messages still come from the outside. Kerr (1997) criticizes this approach by referring to it as “cultural engineering” meaning that indigenous culture was used as a vehicle for development communication, or for “selling” development strategies.

Another/Multiplicity/Participatory paradigm emphasizes participation, it is people-centred and pluralistic (Govender et. al., 2009). Govender (et. al., 2009) further explain that this paradigm is good at making community needs acknowledged, and it is successful in addressing small scale initiatives which require small scale initiatives. The community members themselves turn out to be agents of their own change (Servaes, 1995). The communication model employed in participation stresses the significance of cultural identity

of local communities and of democratisation and participation at all levels international, national, local and individual (Hehne, 1995) . Paulo Friere (1983: 76) refers to this as the right of all people to individually and collectively speak their word, ‘This is not the privilege of some few men, but the right of every man. Consequently, no one can say a true word alone nor can he say it for another, in a perspective act which robs others of their words’. What all this simply signifies is that the use of theatre-for-development must firstly; assist individuals to identify the causes of poverty and underdevelopment, and, secondly explore ways and means of how such causes can be eliminated. The follow up action should be the strategies to eliminate such causes (Mda, 1993).

### **Participatory Theatre**

When constructing a theatrical production for the people there is the assumption that the people are devoid of any theatre experience. Theatre practitioners have recognized that it is fundamental to the development of the people’s culture to be with the people in creating theatre (Mda, 1993).

Creating theatre for the people is not sufficient by itself. In fact it is not very different from simply touring foreign plays among the people. Whilst the plays may veer towards African experience there has to be sufficient effort to identify an appropriate way of presenting it. (Kamlongera, 1989:70)

Kamlongera denotes that progress in contemporary years show that a way has been discovered of recognizing a strictly African theatre. This alter came about when practitioners shifted from the practice of treating the audience as separate from the performers (Mda, 1993). Practitioners are now making (participatory) theatre with the people, as exemplified by the work of Drama in AIDS education (DramAidE). DramAidE uses drama methodologies to critically engage young people to communicate effectively about issues relating to sex, sexuality and HIV/AIDS (DramAidE Annual Report, 2008/2009).

Adult educators such as Paulo Freire, Augusto Boal, Ross Kidd and Micheal Etherton formed the foundation of participatory methods, conscientization, and development. Although Paulo Freire’s work does not deal with theatre at all Boal and other adult practitioners and intellectuals such as Christopher Kamlongera (1989) and David Kerr (1981) saw that theatre can offer a method of executing Freire’s ideas on raising the essential awareness of the underprivileged people in society so that they will be able to recognize their problems as consequences of a certain social order (Mda, 1993). Mda (1993) explains that for theatre to

act as a medium for raising significant awareness, or conscientization, the target communities should be active participants not only in the performance of the plays, but in the actual arrangement and agenda, the selection of the content and Kamlongera (1989) takes it even further to say, even in the picking of medium of expression. Theatre should encourage a continued dialogue towards solving the problems of the community (Mda, 1993:23).

### **Using theatre to raise awareness about HIV/AIDS**

The use of theatre to raise awareness about sensitive issues such as HIV/AIDS can be challenging yet effective. First of all theatre creates space and distance, allowing sensitive subjects like sexuality to be dealt with indirectly. Some subjects feel too close and difficult to tackle in public, and theatre enables people to explore personal issues firmly and outside taboos. By discussing characters and their inspiration one can express their own ideas without feeling exposed and with confidence (Dalrymple & Preston-Whyte, 1994: 116). Participatory theatre creates an intermediary space where one can be able to safely attempt different roles and experiment new ways of behaving before using them in actual life (Boal, 1979). Participatory theatre can also help make sense of the world around.

Organizations such as DramAidE make use of theatre to raise awareness about HIV/AIDS. DramAidE is an organization which was established in 1992 at the University of Zululand (UZ), as a project within the Department of Drama (DramAidE annual Report, 2007/2008). The organisation currently operates as a unit attached to the University of Zululand and is also affiliated to the Centre for Communication and Media Studies (CCMS) at the University of KwaZulu-Natal. As previously discussed that DramAidE uses drama methodologies to critically engage young people to communicate effectively about issues relating to sex, sexuality and HIV/AIDS (DramAidE Annual Report, 2008/2009). The organization also aims to provide young people with enhanced understanding about HIV/AIDS as well as the skills to enlighten and communicate with others regarding sexual health (DramAidE Annual Report, 2008/2009). Assessments have been conducted to evaluate the achievements of DramAidE and the results commend the accomplishment of DramAidE's methodology anchored in Freirean pedagogy and Boalean dramaturgy in raising awareness and changing attitudes and beliefs (Sondergaard, 2000; Kelly, 2002; 2001; Seidel, 1995; Dalrymple, 1995).

## **Conclusion**

The literature reviewed in this chapter has strived to address the main focus issues that the study aims to investigate. The literature has also revealed that information and education aimed at HIV/AIDS prevention are often not enough to provide incentive for behavioral change; this is an indication that there is still a serious gap in the HIV/AIDS communication strategies being used in South Africa, hence there is a dire need for new methods of communication to be explored and tested. As Blumberg (2007) affirms this by stating that theatre aimed at HIV/AIDS has been incorrectly staged by those in power, causing certain voices to be marginalized. The literature reviewed has also indicated that cultural activities such as participatory theatre workshops can play an extremely important role in stimulating community, affirming the value of safer sexual practices, and providing a context for a positive collective response to the HIV/AIDS epidemic. The next chapter will focus on the theoretical framework for the study.

## **Chapter Three: Theoretical Framework**

### **Introduction**

The objective of this chapter is to introduce the two theories guiding the study, to be exact Communication for Social Change theory complemented by the Peer Education theory/approach. A review of Communication for Social change theory will form the basis of the study before the Peer Education approach is explored. The main variables of the Communication for social Change theory will be examined for the purpose of this study. The chapter will discuss both theories within the context of the study. In South Africa there are numerous development and communication initiatives, but hardly any reflect the horizontal flow of communication, which allows the inclusion of grassroots communities in communication processes, which is one of Communication for Social Changes main objective (Moodley, 2007).

### **Communication for Social Change (CFSC) in the context of the study**

Communication for Social Change (CFSC) emerges from decades of theory and practices across a variety of fields concerned with communication such as social marketing and Communication for Development. The reason for opting Communication for Social Change theory to guide the study is simply because it appeared the most credible theory in that it uses a multiplicity of communication tools, techniques and media that serve as catalysts in participatory information transfer. The other relevancies of this theory will be highlighted as

CFSC is being discussed. In 1997, the Rockefeller Foundation hosted a series of international meetings and launched publications to explore and articulate a new function for communication in development (Reardon, 2003). The affiliates of these meetings defined Communication for Social Change as:

A process of public and private dialogue through which people define who they are, what they want, what they need and how they can act collectively to meet those needs and improve their lives. It supports processes of community-based decision making and collective action to make communities more effective and it builds more empowering communication environments (Gray-Felder and Deane, 1999: 15).

These series of meetings clarified the main important questions and allowed for the suitable perception for an all inclusive and participatory model of change, but did not indicate any particular model (Gumucio, 2001). Nevertheless, an agreement was reached in these series of meetings regarding the key components of such a model. It was agreed that the sustainability of social change is more likely to occur if individuals and communities most affected take control of the process and content of communication in other words they are responsible for their own communal change. This is one of the essential relevance for using CFSC to guide the study, as the study involves the use of theatre developed by students to communicate HIV/AIDS awareness messages to other student population, this means that the students themselves are responsible for their own communal change. CFSC covers a variety of concepts and strategies such as communication development, development communications, social marketing, 'edutainment, 'infotainment' or enter-educate, participatory communication, etc. In essence, CFSC surfaces the significance of effective communication in social change; a process by which alteration occurs in the structure of the social system (see Rogers and Burgd, 1972). With the understanding that a society compiles of different ecological levels, social change, as defined by Singhal and Rogers (1999) may occur at four levels; namely the individual, community, organisational and society level (McLeroy K.R., Bibeau D.at. al., 1988).

Communication for Social Change should be empowering, horizontal, give a voice to the previously unheard members of the community, and be biased towards local content and ownership ( Gray-Felder, 1999; UNFPA, 2002; Readon, 2003; Waisbord, 2001; Servaes & Malikhao, 2004; Singhal, 2001). This is another relation that CFSC contains with the study, the study encourages a horizontal flow of communication, as there is dialogue amongst the students as they collectively develop and expand their ideas of creating an effective theatre

piece that would impact possible behavioral change. The students are also empowered in the process as they are in total control of the condition. Communities should be agents of their own change (theatre done by students for other students) and emphasis should shift from persuasion and the transmission of information from outside technical expert to dialogue or two way communication. Whilst debate and negotiation on issues that resonate with members of the community is highly encouraged. It is within these CFSC fundamentals that the study is based upon, the emphasis is placed on the students being agents of their own change (campaigns done by students to affect change in other students) the students are also free to debate and negotiate problems that resonate the student population especially issues of HIV/AIDS. A consensus was reached that emphasis on outcomes should go past individual behavior to social norms, policies, culture and the supporting environment (Figueroa, Kincaid et al., 2002).

The John Hopkins University Center for Communication Programs, at the request of the Rockefeller Foundation has developed a report, *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes*, this report is aimed at providing an empirical resource for community organizations, communication professionals and social change activists working in development projects that they can use for assessing progress and the effects of their programs (Figueroa, Kincaid et al., 2002).

Rather than trying to provide a definition that satisfies every purpose, the Communication for Social Change Model focuses on the process by which dialogue, as a participatory form of communication is related to collective action (Gray-Felder, 1999). The Communication for Social Change model further holds that only by limiting the notion to a specific, concrete process is it possible to develop a set of workable indicators that can be used by practitioners and still correspond to existing theories of communication and social change (Rockefeller Foundation, 2001) . Although the concept of social change is relatively extensive, it covers several social problems; the CFSC model is limited to examples of problems related to health. An example of such problems is the UNAIDS Framework for HIV/AIDS Communication which will be discussed further on. The CFSC model is relatively comprehensive, however, and can be voluntarily applied to any social problem that requires enhancing a community's capacity to solve its own problems. The model includes individual behavioral outcomes as well as social-change outcomes, and thus attempts to integrate the two paradigms of development communication that sometimes compete with one another

(Figueroa & Kincaid et al., 2002). The CFSC model is a move away from the linear flow of communication and places emphasis on a cynical process, which promotes information sharing (Figueroa, et al 2002).

### **UNAIDS Framework for HIV/AIDS communication-A CFSC initiative**

As previously discussed that the Communication for Social Change model is limited to examples of problems related to health, an example is the UNAIDS Framework for HIV/AIDS Communication. The framework is the result of a two- year long discussion process with HIV/AIDS practitioners globally. During these discussions, UNAIDS developed a framework/support structure that addressed critiques to existing HIV/AIDS communication practices, while incorporating a CFSC perspective (UNAIDS, 1999).

The framework sets out five interconnected domains (UNAIDS, 1999, Airhihenbuwa *et al.*, 2000) firstly: the government policy, which acknowledges that government policy and law play an important role in programs aiming to control HIV/AIDS. Secondly the socioeconomic status which acknowledges that poorer socioeconomic status makes a group more vulnerable to HIV/AIDS and that people in poor health communities have been shown to be more likely to develop AIDS sooner after infection with HIV than those in better health. The third inter-related domain is the notion of culture; as the critical consciousness of a community. There is no correct or incorrect culture, regardless of diverse communication codes and meanings. The fourth inter-related domain being gender, which involves the, opportunities, roles, relationships and social ranking a society prescribes as proper for men and women. While sex is biologically determined, gender is socially constructed (Cardey, 2006). The last domain is spirituality which encompasses belief and value systems, both within religious institutions, and in the form of individual and collective values that represent principles for creating meaning. There is increasing evidence of the link between spirituality and positive health behavior (Cardey, 2006).

Through the above mentioned domains, the framework seeks to draw attention to the significance of dealing with the context of HIV/AIDS that had been lacking in previous approaches to HIV/AIDS communication (Singhal, 2001). There are some notable examples of successes in several domains (see Singhal, 2001; Cardey, 2006). This example illustrates how the CFSC approach critiques the existing HIV/AIDS communication practices and attempts to attain solutions to the problems presented by these practices.

## **Critiques of Communication for Social Change**

The Communication for Social Change model is saluted for its effort to look further than the abstract and isolated individual to processes of social change. However according to Airhihenbuwa & Obregon (2000) there are issues with the way the model/framework looks at community, power, and the processes of social change. There are numerous critiques of the CFSC model but only a fraction of these critiques will be discussed. Considering a contribution by Rob Vincent (2003) to a Communication Initiative discussion (<http://www.comminit.com/majordomo/cfscindicators/threads.html>) one can notice that the framework raises a number of fundamental and ‘thorny’ issues, numerous concerns and disagreement can be identified in the CFSC model. Some of these concerns are related to enduring standing issues in development work broadly whilst others are more recent. Critiques of CFSC include the over-emphasis on internet based tools for social change as opposed to other mediums such as community radio, puppets, theatre, video etc. According to Dagon (2001) this is especially important given the high illiteracy rates in developing countries. The lack of Information Communication Technologies (ICTs) is another problem noted, though it is not clear if this access will contribute to social change (Dagon, 2001:29). Another serious concern of CFSC is the extent to which the cultural values of different collective groups are put into consideration in diagnosis, implementation, evaluation and monitoring processes.

According to Vincent (2003) in terms of the community the different kinds of community acknowledged in the framework, from the geographically located to the identity-based or virtual, have intensely diverse uniqueness in terms of what constitutes and drives them to processes of change. “The framework does not give consideration at this and appears to treat local communities as restricted and relatively preserved from the outside (with the frequent imposition of ‘change agents’)” (Vincent, 2003). Appaduria (1996) acknowledges that a range of sociological and anthropological work on understanding the links between the global and local questions the validity of treating communities and individuals within them as bounded in this way. Similarly ethnographic work has shown how boundaries, even for geographically isolated localities, are relational and vibrant. It could not be possible to resolve or measure this boundary issue for communities (Vincent, 2003).

### **Peer Education Approach in the context of the study**

The Peer Education approach is the other theory guiding the study. Peer education can be defined as the process whereby well trained and inspiration driven young people take on informal or organized educational activities with their peers (person who is of the same age group, background or interests) over a period of time aimed at developing their knowledge, beliefs, attitudes and skills and enabling them to be responsible for their own health (India HIV/AIDS Alliance, 2006). There are numerous forms of individual interactions that can be classified as peer education i.e. sex workers discussing their problems with other sex workers and their groups on how to resist aggression by patrons another example would be a man discussing the need to use water based lubricants with condoms during anal sex among other males.

In most cases, peer educators are non-professional teachers talking to, working with and motivating others. All peer education projects make use of trained people to assist others in their peer group to make decisions about STI/HIV/AIDS through activities undertaken in tête-à-tête or small group settings; this is regardless of where they take place and who the target audience is (India HIV/AIDS Alliance, 2006). The relevance of this approach in the study is chiefly in the involvement of trained drama students to educate other fellow students and create awareness about issues concerning HIV/AIDS. It has been noted that young person's peer group has a great influence on the way he or she behaves (Turner & Sherperd, 1999). Peer education can help in a variety of ways in HIV/AIDS prevention and care i.e. by improving the confidence, and sense of self-worth of peer educators (a person who, in order to provide knowledge and bring positive behavior change(s) related to STD/HIV, educates his/her friends individually or in a group by using different educational activities) who then serve as role models for the rest of the community. It can also assist in the facilitation of the key populations to appear as social change agents and health educators (India HIV/AIDS Alliance, 2006).

### **Theories used in Peer Education:**

Peer education has its theoretical foundation from the fields of psychology, health education, and public health which explain the benefits of peer education (cited on <http://www.fhi.org/NR/rdonlyres/e3lxovwbju6esfwy7jb33arqwwgd4y5uknpyniast4r5ik2vvthsp6vt5somsdzf762cyms6imrd75k/Section1enyt.pdf>). There are numerous theories which peer education finds its base on namely, Theory of Reasoned Action, Diffusion on Innovations,

Theory of Participatory Education, Health Belief Model, Social Ecological Model for Health Promotion, IMBR model: Information, Motivation, Behavioural skills and Resources and lastly Social Learning Theory . For the purpose of the nature of the study focus will only be on the Social Learning theory, which will be discussed in the context of peer education and the study.

### ***Social Learning Theory***

This theory is mainly based on the work of psychologist Albert Bandura (1977). Bandura affirms that people learn through direct experience (participatory), indirectly, by monitoring and modelling the behaviour of others with whom the person identifies. Lastly they learn through guidance that directs to assurance in being able to carry out behaviour. The fundamentals of this theory this condition is referred to as self-efficacy which consists of the ability to conquer any hurdles to demonstrating the behaviour (<http://www.fhi.org/NR/rdonlyres/e3lxovwbju6esfwy7jb33arqwwgd4y5uknpyniast4r5ik2vvt hsp6vt5somidzf762cym6imrd75k/Section1enyt.pdf>). For instance, the use of theatre and role plays to exercise how and when to introduce a condom can be about safer sex methods with a partner. In the context of peer education, this means that the enclosure of interactive tentative learning activities are extremely important, and peer educators can be prominent teachers and role models.

Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action (Bandura, 1977:22).

### **Conclusion**

The two theories guiding the study were analysed and discussed in the context of the study and their usefulness in the study. The next chapter presents the methodology I used for my study. This chapter is informed by the two main theories for the study.

## **Chapter Four: Methodology**

### **Introduction**

This chapter is proving into the research methodology employed during the investigation of the role of theatre in the prevention and awareness of HIV/AIDS, at the Durban University of Technology (Steve Biko, M.L. Sultan, Ritson and City campuses). In conducting this study a three-cross campus study design was used to collect data on students' perceptions of theatre and the role of theatre in the prevention of HIV/AIDS. To conduct the study both qualitative and quantitative methods were employed. A qualitative ethnographic approach was used (Berg, 1995) because this research method is effective in generating data when little is known about the phenomena which is the case with students' perceptions after viewing of theatre for HIV/AIDS awareness. In collecting qualitative data the following were employed: observations, in-depth interviews, questionnaires and collection of documented information on the HIV/AIDS prevention communication programmes currently being offered at DUT. Three HIV/AIDS awareness and prevention theatres were observed at DUT at the Steve Biko, Ritson, and M.L. Sultan and City campuses. The research takes the form of a case study, an outline and background to the case study will be presented in this chapter. The chapter will further explain the instigation of these theatrical campaigns and provide a concise summary of the campaigns. It will also outline the aims and objectives of the project and subsequently draw on the structure of the project/campaigns.

### **Research Design:**

#### ***Case study: Formation of DUT HIV/AIDS awareness campaign***

This research study forms part of the DramAidE AAA-HA project which was carried out at five Higher Education Institutions in 2009 (University of KwaZulu-Natal, Durban University of Technology, University of Witwatersrand, University of the Free State and University of Johannesburg). The official title for the project is: "Applied Arts for Awareness of HIV/AIDS Awareness (AAA-HA)". My function in the project was simply a researcher looking in to the project my main focus was on; "Investigating the role of theatre in the prevention and awareness of HIV/AIDS: case study of the DUT theatre for HIV/AIDS prevention and awareness (at Steve Biko, M.L Sultan, Ritson and City campuses)". The interventions were mostly conducted within academic departments, where students were required to produce theatrical projects as part of their curriculum. This strongly positions HIV/AIDS concerns on the agenda for academic departments and promotes the active

involvement and engagement of students with the allied issues (Durden, 2009). All of the projects enthusiastically implicated students producing the work, with a little support from staff concerning the creation, and contribution from DramAidE concerning the content of relationships, faithfulness, and the risk of multiple-concurrent partnerships (Durden, 2009).

The theatrical performances took place during the months of August and September 2009, they were executed on 26 August at ML Sultan and Steve Biko campuses, 2 September at Ritson and City campuses and finally 9 September at Ritson and Steve Biko campuses. The performances took place during forum time which is located during lunchtime (just after midday) when most students are available and not attending. They were all performed in an outdoor arena where most students could see and allowed for close participation and engagement with the student audiences. The theatre was designed and presented by third year drama students from DUT as part of their school project, thus the level of professionalism was quiet imposing despite the technical complexity i.e. that of sound.

### ***Aims and objectives of the campaign***

The objectives of the project as stipulated by the students were to: involve students in making HIV/AIDS awareness messages and creating plays for other students; for the students watching the plays to think about their own behaviour and relationships. The objectives of the project were founded on several principals of participatory communication. As a multiplicity of students were given the opportunity to take part (typical of Communication for Social Change, students will be included in their own development) in the process of creating HIV/AIDS awareness messages and producing plays for other students (peer education component). The products created from the representational students' participation would then be used within the wider DUT community to effect awareness about HIV/AIDS.

### **Study Population**

The study population consisted of a subset of the student population from the Durban University of Technology (Steve Biko, M.L.Sultan, and Ritson and City campuses). These students were from different fields of study and their age ranged from 17-30 years of age.

### **Sample and sampling size**

“A sample is a set of elements, which represents all features of a population” (Iyenda, 2006). As stated above that the sample chosen for the study were a subset of the student population and employees from DUT's Steve Biko, M.L Sultan, Ritson and City campuses. The

research used only random sampling, which allows each element or item of the chosen population to have an equal chance at each draw or selection. As it was highly impossible for me to interview everyone who would be helpful in providing the relevant information for the study in an institution of more than five thousand students, a sample of the population was used to be researched. Fifty four (54) students in total were randomly selected to participate in the study, ten (10) students selected for interviews , six (6) students were selected for focus group discussions and thirty eight (38) questionnaires were distributed randomly after every theatrical campaign. The focus group discussions consisted of six students from different fields of study who were also randomly selected. The interviews were made up of ten participants whom were randomly selected from the student population. In all the size of the sample was fifty four this sample size was selected as given the nature of the study, the factors of time (duration of two months) and cost (lack of funds) were considered. Fifty four students were an appropriate number to solicit data qualitative data to form the basis of the study.

### **Data collection methods:**

#### ***Observations***

Direct observation research method was employed in the study. This method was specifically chosen because it tends to be more focused in comparison to participant observation, it doesn't try to become a participant in the context but rather suggests a more detached perspective. Direct observation also attempts to be as obstructive as possible so as not to be bias in the observation. Direct observation allows the researcher to study people in their "natural beings and natural settings" without their behaviour being influenced by the presence of the researcher. It was for these reasons that direct observations were used for this study. The following were being observed: the approach in which the students used in creating an effective theatre piece (did they adhere to participatory communication principals) as well as the responses of the student audience viewing the theatre was observed. The students responses and reactions to the theatre as well as the students perceptions after viewing the theatre. All observations were written down in the researchers' field notebook. These observations assisted on distinguishing the audiences (students) perceptions and responses to theatre.

### ***In-depth interviews***

In-depth interviews were conducted: six with students, two students from each campus (Steve Biko, M.L Sultan and City campuses); and four (4) with the performers. In all there were ten (10) interviews conducted. Field notes were taken during the interviews. Students were requested to reflect on what they had just viewed and experienced with a view to understanding their perceptions of the theatre for HIV/AIDS awareness and prevention as well as their response to other campus interventions. “In-depth interviews are useful when you want detailed information about a person’s thoughts and behaviors or want to explore new issues in depth” (Boyse and Neale, 2006:3).

### ***Focus group discussions***

A focus group discussion was used for the study mainly because it allows the researcher to explore the nuances of opinions regarding an issue; in this case it would be the students’ perceptions of their risky behavior after viewing theatre for HIV/AIDS awareness. One focus group was conducted with six (6) students. Participants were encouraged to actively engage in the discussion about the available on-campus HIV/AIDS interventions and their perceptions of the theatre for HIV/AIDS awareness and prevention.

### ***Questionnaires***

Questionnaires were used in the study merely because they are convenient and simple to analyze, and most people are familiar with questionnaires and in general they do not make people hesitant. After each theatrical performance ten (10) questionnaires were handed out randomly to the student audience who were viewing the theatre. The students were requested to answer the questionnaire and return it to the researcher after doing so. The students’ responses to these questions helped identify students’ perceptions of the theatre in the prevention of HIV/AIDS.

### ***Documented Information***

Documented information on the HIV/AIDS prevention strategies being adopted by DUT was collected. These documents were purposely collected from DUT’s HIV/AIDS (campus HIV/AIDS centre). The documents collected have been produced in the past five years. These documents were scrutinized to establish the models that underpin the intervention, the objectives of the campaigns, the insight students elicit from the campaigns. This helped gain

an insight into materials for HIV/AIDS prevention communication programmes and to what extent these inform HIV/AIDS prevention.

### **Ethical Considerations**

Prior to the administration of questionnaires, interviews and focus group discussions all participants of the study were granted informed consent forms (Appendix 2) This is extremely vital as Piel (1995:17) clarifies:

Beyond any official permission which is required (and which may halt the study if it is not forthcoming), all participants in the research should also have an opportunity to give or withhold their consent. This should be based on some understanding of what will be expected of them and any risks that they are taking (Peil, 1995: 17).

All participants were informed about the level of confidentiality and that all information received will be for research only and that their anonymity will be reserved at all times. "Confidentiality is a major factor here. Those who have cooperated in the research should not suffer any ill effects for it, and this is best guaranteed if nothing in the report can be traced to specific individuals or communities" (Peil, 1995: 19).

A letter of consent was also obtained from Durban University of Technology to gain access to the site for the research study.

## **Chapter Five: Findings and Analysis**

### **Introduction**

This chapter will present the results of the data collected as well as the analysis of the data results. Data was analyzed as it was collected using a thematic analysis, the patterns of experiences were listed according to the students and participants explanations, views and attitudes. The researcher then identified all data that relate to the already classified patterns. Related patterns were combined and catalogued into sub-themes. Themes were defined as units derived from patterns such as "conversation topics, vocabulary, recurring activities, meanings and feelings" (Taylor & Bogdan, 1989:131). When patterns emerge feedback was obtained from the informants about them. This was done as the interviews were taking place or by asking the informants to give feedback from the transcribed conversations. The researcher then built a valid argument for choosing the themes. This was done by reading the related literature. By referring back to the literature, the researcher gained information that

allowed them to make inferences from the interview of focus group discussion. Once the themes have been collected and the literature has been studied the researcher was ready to formulate theme statements to develop a story line.

### **Observation results and analysis**

The observations revealed that the approach which the students used in creating an effective theatrical piece was a participatory approach which encompassed the inclusion of students in the processes of developing and articulation of the final product. The participatory nature of the theatre encourages learning and distribution of knowledge and creates a sense of community (unity) within the student population. According to Dandala (1996) this should lead to a better sense of collective efficacy and bring about a sense of conscientiousness and responsibility amongst the student group. The observations confirmed what the literature reviewed disclosed that the use of theatre to raise awareness about sensitive issues such as HIV/AIDS can be resourceful considering the fact that theatre creates space and distance, which allows sensitive subjects like sexuality to be dealt with indirectly. I observed that the students enjoyed the theatre and found it easy to relate and talk about personal issues concerning HIV/AIDS. The observations also gave an insight to the messages that were communicated during the theatre, messages such as: I pledge to get tested in the next fourteen days, Bring back condom, Go away virus and Make the right change. These messages made one to really reconsider their views and opinion about HIV/AIDS, it was noted that 80% of the students pledged to get tested in the next fourteen days.

### **In-depth interviews results and analysis**

The interviews that were conducted with the students revealed that 80% of the students who watched the theatre pledged to get their HIV statuses checked within the next fourteen days. Out of the six interviews with students who had watched the theatre five students pledged to get tested in the next fourteen days. Also of those who watched the theatre 80% confessed that watching the theatre made them change their views about HIV/AIDS and vowed to adopting a positive way of living, which is free of risky sexual practices i.e. having unprotected sex. The interviews also revealed that 70% of the students interviewed thought that other students were motivated to get tested. The students also commented that they seldom have any HIV/AIDS campaigns of this nature (theatre) on campus and they usually not given an opportunity to actively participate on the development and presentation

processes. This is evidence that there is still a major gap in HIV/AIDS communication at DUT which needs serious attention.

### **Performers Interview results and analysis**

The performers indicated that the students responses were unexpected (lively, active audience), and it encouraged them to put more energy and liveliness into the performance. However there were rare instances where the audience declined to respond and that became a challenge for the performers as they are not sure if they are making sense or not. The positive response of the audience is an indication that the performers understood the audience (their preferences, attitudes, what makes them tick, and their interests). As performers they indicated that their motives were to create HIV/AIDS awareness to fellow students, change stigmatization of the HIV positive people and to create an effective theatre piece that would have people talking, thinking about their risky sexual behaviors.

### **Focus group results and analysis**

The focus group discussion exposed that 90% of the participants felt that the most effective strategy adopted by DUT is the peer education strategy as it allows them to discuss HIV/AIDS concerns openly with people of their own age allowing it to be easy to relate to each other. However, the other percentage disputed that confidentiality is not assured in peer education and it is too risky because young people are scandalous and they could easily disclose confidential information to their friends. Their preference was VCT they find it reliable and risk-free to confide in the HIV/AIDS coordinators (as they are somewhat strangers they won't have to bump into them in lecture classes and the residences). The focus group discussion further revealed that majority of the students felt that the campaigns should be done more regularly so that more and more students become aware of their risky sexual behaviors'.

### **Questionnaire results and analysis**

Out of 38 questionnaires that were distributed 28 of them (80%) indicated that the students enjoyed the theatre and found it engaging yet educating. Furthermore 40% indicated that that should be English translations were the performers expressed themselves in IsiZulu, causing a communication barrier. The questionnaire responses also acknowledged that the students enjoyed the fact that they were part and parcel of the whole campaign and they were deeply involved in the action on the podium as they were requested to comment on some of the issues that were articulated in the theatrical performance.

### **Documented information results and analysis**

The documented information revealed the HIV/AIDS awareness and prevention strategies adopted by DUT:

**Voluntary counseling and testing (VCT)**- this service is provided by the HIV/AIDS centre at DUT and it includes awareness and education on HIV/AIDS, pre and post test counseling, on-going counseling and CD4 count testing. Students are referred internally within DUT to the campus clinic, psychologist and social worker and when there is a need for external referrals they are referred to the hospital.

**Support group**-the support group only consists of HIV infected people due to stigmatization. Activities in the group include talks about positive living, nutrition, disclosure, safe sex, HIV/AIDS information, opportunistic infections, treatment, CD4 count-ongoing monitoring by a doctor, information sharing and networking.

**Peer Education**- this service aims at promoting awareness and prevention activities. The programme only focuses on students in residences at the moment. Peer educators are trained DUT students to educate their fellow students about HIV/AIDS issues, lifestyles and wellness concerns. The theatrical campaigns find their base within this particular strategy as it involved chiefly students from its development to implementation.

**Research services**- which promote research which will add value to HIV/AIDS interventions within the institution. The HIV/AIDS centre will select MTech and DTech students who are interested in publishing their results in one of the local journals. Students selected will be provided with a seed grant to publish their papers. (<http://www.dut.ac.za/awdep.asp?depnum=26804>).

The documented information revealed that the HIV/AIDS interventions used are underpinned by different models i.e. social marketing framework, which is at times adapted and modified to include participatory aspects an example is the peer education strategy.

## **Chapter Six- Conclusion**

This study has explored students' perceptions of their risky sexual behavior after viewing theatre for HIV/AIDS awareness. It has also discussed the use of theatre to raise awareness about HIV/AIDS, in doing so it has established that theatre is a very useful technique in raising awareness about HIV/AIDS, yet not very commonly used.

by using participatory communication and recognizing the cultural context of the targeted population, the knowledge intensity of the beneficiaries enhances. The messages communicated through theatre were also identified by the study, and the extent through which they influenced students to reconsider their risky sexual behaviors. The theoretical framework of the study suggested numerous ways (i.e. the use of CFSC key components such as sustainability, horizontal flow of communication, communities being agents of their own change) in which the CFSC model can be incorporated in creating an effective, all inclusive HIV/AIDS communication strategy that includes dialogue and active participation. The data from the questionnaires confirms that theatre plays an important role in HIV/AIDS awareness campaigns, as the results showed that 80% of the students found the theatre informative, entertaining and eye opening as revealed in the interviews that a 80% of the students who watched the theatre pledged to have their HIV/AIDS statuses checked within the next fourteen days.

Considering all that has been revealed, discussed and expressed by the findings and the literature review one can apprehend that theatre applied using participatory methods of communication is prospective to impacting behavioral change, attitudes, beliefs and perceptions.

## **Chapter Seven- Recommendations**

Based on the aforementioned findings it is evident that the use of participatory theatre in the DUT awareness campaign succeeded in capturing the attention of the students and in increasing their knowledge of HIV/AIDS. It is recommended therefore that this project should be maintained while at the same time continually researching new ways of getting students involved and fully participate in the planning and implementation processes. The continuation of this approach to HIV/AIDS communication campaign is of vital importance as it will attract the attention of new students. It is also recommended that the relation

between HIV/AIDS education and participation should be reinforced throughout all agenda of academia.

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**Appendixes**

Appendix-1



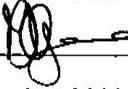
**To whom it may concern**

I hereby confirm that Nothando Khumalo was given permission to observe Drama Performances at the Durban University of Technology in August as part of the Applied Arts for HIV/AIDS Awareness Project.

Thank you

NAME: Thobile Zulu

DESIGNATION: Specialist HIV/AIDS Coordinator

SIGNATURE  \_\_\_\_\_

DATE: 13 November 2009

**DURBAN UNIVERSITY OF TECHNOLOGY**  
STUDENT COUNSELLING & HEALTH - HIV & AIDS CENTRE  
1st Floor, Open House Building  
Corner Ritson & Mansfield Road  
Tel: 031-373 2260 / 373 2287



Appendix-2

**Informed Consent to Participate in a Research Study**

**Research Title:** *Investigating the role of theatre in HIV/AIDS prevention: A case study of Durban University of Technology (Steve Biko, Ritson and City campuses).*

If I agree to participate in this research study, the following will occur:

- I will be asked to participate in an individual interview (10 min. maximum).
- I will be asked to participate in a focus group discussion (+-30min.)
- I will be asked to answer a questionnaire.
- I will also be asked about my residential status & level of education.

**Confidentiality:**

The records from this study will be kept as confidential as possible. No individual identities will be used in any reports or publications resulting from the study. All transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Research information will be kept in locked files at all times. Only research personnel will have access to the files and only those with an essential need to see names will have access to that particular file.

**Alternatives:**

- I am free to choose not to participate in this research study.

**Costs:**

- There will be no costs to me as a result of taking part in this research study.

**Compensation:**

- During interviews and focus group discussions there will be refreshments available.

**CONSENT**

I have been given a copy of this consent form to keep.

**PARTICIPATION IN RESEARCH STUDY IS VOLUNTARY. I am free to decline to participate in this research study, or I may withdraw my participation at any point without penalty. My decision whether or not to participate in this research study will have no influence on my present or future status at Durban Institute of Technology.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Research Participant

Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher

Appendix-3  
**AUDIENCE QUESTIONNAIRE**

Course name .....

Year of study .....

1: What did you think about what you saw today?

.....  
.....

2: Has watching this performance made you think differently about your own relationships? Y / N  
What insights (if any) have you had in this regard?

.....  
.....  
.....  
.....

3: Do you think this project will help students to talk more openly about relationships and issues of trust and love? Y / N

.....  
.....  
.....

4: Do you think this project will help students to talk more openly about HIV/AIDS issues in their relationships? Y / N

.....  
.....  
.....

5: Any other comments about this project?

.....  
.....

**THANK YOU FOR YOUR TIME!**

Appendix-4  
**Interview Questionnaire**

**Student Audiences**

1. Did watching the performance make you change your views about HIV/AIDS? If so how?
2. Do you think other students were motivated to get tested for HIV?
3. How often do you have HIV/AIDS campaigns on your campus and do you actively participate in them?

**HIV/AIDS co-coordinators/HIV/AIDS Centre Manager**

1. What are some of the HIV/AIDS prevention strategies that DUT is currently making use of?
2. Which methods or strategies do you feel works best or has an impact on the sexual behavior of students? And why do you think so?
3. When planning your HIV/AIDS awareness campaigns do you involve students?
4. What are some of the challenges that you experience in implementing HIV/AIDS prevention strategies?

**Performers**

1. What are the messages communicated during your HIV/AIDS awareness theatre performances?
2. As you perform do you feel the audiences (especially students) are giving a positive response and do you feel you are reaching out to them? Why do you say so?
3. What are your motives as performers?

Appendix-5

**Focus Group Questionnaire**

1. Do you find the HIV/AIDS prevention methods/strategies being adopted by DUT useful and effective to students? If yes/no why?
2. What do you think should be improved in the implementation of HIV/AIDS prevention strategies?
3. What do you think is the barrier to effectiveness of some of the HIV/AIDS prevention strategies?

## Research Budget

<u>Expenses</u>	<u>Amount</u>
<b>Transport/ Travelling</b> : 10 trips to DUT (public transport) R20/ day= R20x10days	R200
<b>Telephone expenses</b> : calls to supervisor, research participants	R200
<b>Printing (30c/page)</b> : Questionnaires - 200 pages Research proposal - 30 pages Research report – 25 pages	R76, 50
<b>Refreshments</b> : Focus group (3 days) 10 participants Muffins – R70, 00 x 3= R210, 00 Juice – R50, 00 x 3= R150, 00 Interviews (x10) Spring water- R7, 90x10= R79, 00	R439, 00
<b>Stationery</b> : Pens (10) – R8 each Field notebook- R10, 00 Chart- R15, 00 Marker- R20, 00 File- R15, 00	R68, 00
<b>TOTAL AMOUNT=</b>	<b><u>R983, 50</u></b>

