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Project	: Honours Research Project

Project Title

Forum Theatre for HIV/AIDS Awareness: Investigating first year UKZN students' perceptions of alcohol consumption and risky sexual behaviour in relation to the transmission of HIV/AIDS.

We affirm that this is our own work and that all necessary acknowledgements have been made.

Sign: ……………..   ………………......   ……….……….…   …………..………

Date: ……………………………

Declaration

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We declare that this is our own unaided work. It is being submitted for an Honours Degree project at the University of KwaZulu Natal, Faculty of Humanities. It has not been submitted before for any degree or examination at any other university.

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Mr L Memela, Miss C Nqoko, Mrs Z Mbambo, Miss P Mgugudo

13 November 2009

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Abstract

Many of South Africa's social and health problems are attributable to the misuse of alcohol, with sexual risk behaviours considered to be one such problem. However, there has been a limited amount of research on the first year students' perceptions of alcohol consumption and risky sexual behaviour within South African universities. Using Communication for Social Change Theory, this study aims to investigate first year students' perceptions of alcohol consumption and risky sexual behaviour in relation to the transmission of HIV/AIDS at the University of KwaZulu-Natal, Howard College. It also draws on Applied Theatre as a form of theatre in which the emphasis is not only on theatre as an art form, but also as a means of communication. Through applied theatre, the study seeks to explore whether forum theatre manages to encourage critical thinking and change student's perceptions.

A multi-method approach, involving a questionnaire (baseline research), with sampled student, focus groups, interviews and participant observation, was used to obtain data for the study.

Key words: alcohol consumption, risky sexual behaviour, Communication for Social Change, Applied Theatre, forum theatre, participation and critical thinking.

Contents

Introduction

The transition from high school to university is a significant milestone in a young person's life. This period is marked by new social environments in which young people assume adult roles as they tend to be independent from parental control (Wechsler, and Nelson, 2008). Apart from the student's assumed freedom from parental control, other challenges await the student such as peer pressure, stress, anxiety, and abuse. This though, occurs on a more heightened level than in high school. "In tertiary institutions there is pressure too, except that it is on a much larger scale. It can be even more difficult to say no, because of the taste of freedom you are getting as a student" (Fysh, 2006).

The issue of peer pressure amongst students introduces us to the topic of university orientation week whereby first year students are most likely to be socialized into parties, some of which entail alcohol consumption and risky sexual behaviour. These first year students are therefore vulnerable and subject to peer pressure from fiends and university seniors. As a result of this correlation between alcohol consumption and the concomitant risks, the purpose of this study was to investigate students' perceptions of alcohol consumption and risky sexual behaviour in relation HIV/AIDS.

Our study is important because first year students are prone to alcohol abuse and risky sexual behaviours due to peer pressure amongst other factors. Alcohol use has been correlated with a lifetime tendency towards high risk sexual behaviours, including multiple sex partners, unprotected intercourse, and sex with high-risk partners (Wechlsler, 2005).

Background to study

By the year 2001, an estimated 4.7 million people were HIV positive In South Africa (UNAIDS / WHO 2001:16). The Medical Research Council (MRC) reported that, in 2000, approximately 25% of all deaths were related to AIDS, making it the 'single biggest cause of death' in the country (Dorrington et al 2001: 6).

In light of the magnitude of the problem, understanding the prevalence of, and planning interventions aimed at addressing HIV/AIDS, is of immense importance. This is especially true with reference to one particular sub-group, young people, the cohort with the fastest growing rate of HIV infection, both globally and nationally (Whiteside & Sunter 2000: 32). Projections of infection rates for university students paint a very

bleak picture. In particular, high figures were evident in a study undertaken at University of Durban Westville, which, according to media reports, 'revealed infection rates of 26% in women and 12% in men aged 20 to 24' (Stremlau & Nkosi, 2001).

Kelly (2001) found, not only that large numbers of students were sexually active, but also that, for many, the commencement of university studies was concurrent with the onset of such activity. Especially for those who lived on campuses, and among the more senior undergraduates, there was a tendency for sexual networks to evolve into relatively closed communities. Kelly (2001) also revealed that social life on South African often involved high-risk behaviour, including 'sugar daddy practices, sexual experimentation, prostitution on campus, unprotected casual sex, gender violence, [and] multiple partners'.

Various approaches have been coherently employed for prevention in South Africa. An example of this is the nationwide distribution of condoms in July 2002 under a multiplicity of primary health care facilities. This intervention was implemented to prevent the contraction and transmission of HIV/AIDS and other sexually transmitted infections (STI's). This further ramified into condom distribution at universities which continues to date. Although these kinds of initiatives have to a certain extent been effective, their top-down approach (see Melkote and Steeves, 2001) inhibits the public's negotiation with service/product being introduced. Similarly, all universities have rules and regulations deterring alcohol consumption within the institutions. However, studies still find that although these rules and regulations are presented legislatively, a paucity of participatory health care initiatives addressing the issue of alcohol consumption and risky sexual behaviour still prevails.

At the University of KwaZulu Natal (Howard College), organisations such as Students Against Rape and Harassment (SARAH) and the HIV Support Unit exist as health care channels. On a participatory level conversely, organisations that employ a more participatory approach to students' health care and critical consciousness are scarce. The forum theatre intervention that was conducted in study, thus served as a vehicle for both student participation and critical consciousness under the framework of public health communication.

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Reasons for study

There seems to be a research gap particularly investigating university first year students' perceptions on alcohol consumption and risky sexual behaviour in relation to HIV/AIDS at UKZN (Howard College). This

gap was identified in the literature reviewed prior to the conduction of this study[1], alongside international studies that have been conducted devoid of university first years as a target research group. The researchers then came together, each with a particular interest to be investigated within the study.

Zama is currently working for DramAidE as a senior facilitator and trainer. She is coordinating touring theatre project that applies forum theatre as a communication strategy. Her interest in this project was to determine whether using forum theatre as an intervention would manage to influence the students' perceptions.

Lunga and Peleka have a particular interest in social mobilization and social marketing. Dlamini, et al (2004), argue that the use of disinhibiting substances may influence risky sexual behaviour in the SA HIV/AIDS epidemic (2004). Within their social networks Lunga and Peleka, went out and conducted participant observation as pre-inquiries to understand the dynamics of sexual behaviour and alcohol. They found that are at times perceptions on sexual behaviour and alcohol are largely uninformed and founded on falsely set 'in-group' ideologies (Burgees: 2002).

Cindy was working as a peer educator at the HIV Support Unit at the Howard College campus in 2007-08. Networking with students whom utilized the unit's facilities, lead her to realize that there is a need for a participatory approach in HIV awareness campaigns on campus and a communication strategy that engaged in dialogue thus social change (Singal and Rogers, 1999). She is now currently working at the Mentorship Program, which focuses on facilitating the transition to of first year students from High School to University. One of the main protagonists that appear in the social and health challenges of first year students is peer pressure and social conformity, alcohol consumption alongside with risky sexual behaviour.

Collectively, as honours students within the Culture, Communication and Media Studies class, the Communication for Social Change module provided a platform for these interests to merge and for this study to be conducted.

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Overview of the study

The study presented in this paper was conducted at UKZN (Howard College). The researchers conducted an all day workshop with first year students as formative research for a health communication intervention.

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[1] See the literature review section of this paper

The study was conducted using Augusto Boal's forum theatre as an intervention. This intervention invited the broader student body and was conducted at the Drama and Performance Studies department. The study was titled as follows:

Forum Theatre for HIV/AIDS Awareness: Investigating first year UKZN students' perceptions of alcohol consumption and risky sexual behaviour in relation to the transmission of HIV/AIDS.

Literature Review

The literature reviewed in this paper examines local and international findings from journals, case studies, Non-Governmental Organization (NGO) publications conducted under the topic of alcohol consumption and risky sexual behaviour. The literature surfaces the relationship between alcohol consumption and risky sexual behaviour and how collaboratively it can lead to the transmission of HIV/AIDS.

The National Institute on Alcohol Abuse and Alcoholism (1992) poses that there are two reasons to investigate connections between alcohol, HIV infection, and AIDS: alcohol may adversely affect the immune system, and alcohol may influence high-risk sexual behaviour. The following review expands on this claim.

Alcohol consumption amongst adolescents

Various medical, social and NGOs identify a high rate of alcohol use amongst adolescents, particularly university students. Wechsler and Nelson (2008) argue that "[t]he transition from high school to university is a significant milestone in a young person's life". They add that, "this period is marked by new social environments in which young people assume adult roles as they are now independent from parental control" (ibid: 24). Amongst other research papers, findings collectively surface that adolescents transcending from high school into tertiary education are at a high risk of experimenting and actively consuming alcohol. A relationship between university students and alcohol consumption is established.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) states that whatever it is that leads adolescents to begin drinking; once they start they face a number of potential health risks (2006). Such health risks are reflected in the World Health Organisation's (2005) findings that argue high levels of alcohol use increase the risk of contracting sexually transmitted infections and HIV. A relationship between alcohol consumption and high risk behaviour is established. According to statistics provided by the NIAAA (2006), in America, there is an annual approximate of 5000 young people under the age of 21 who die as a result of underage drinking.

The NIAAA (2006) study reveals about the causation of these 5000 deaths that, "about 1,900 deaths are from motor vehicle crashes, 1,600 as a result of homicides, 300 from suicide, as well as hundreds from other injuries such as falls, burns, and drownings (2006:5). What such studies collectively assert is that amongst adolescents, alcohol is a significant factor and has risky behaviour multiplier effects (Servaes, 1999), especially sexual risk behaviour in the context of public health communication. This invites Lynne Cooper's (2006) argument based on the model she coins as 'the acute causal effects of alcohol'. This model assumes that the acute effects of alcohol intoxication cause one to take sexual risks, amongst others, that otherwise would not be taken.

Coherently, in a study conducted using the Social Ecology Model (SEM) to address alcohol use among college athletes, Leeper (2006) reports that college athletes consume more alcohol and report of higher rates of alcohol related consequences such as unsafe sexual practices, and criminal behaviour. He examines the ecology of alcohol use by means of the SEM to determine what most influences students' behaviour thus. Leeper argues that a number of negative incidents on campus whether dealing with players or other students, were in some way related to alcohol (2006). Both Cooper and Leeper's studies bring us to the next focus of our study:

Alcohol's relationship to high-risk sexual behaviour
Narconon, a Johannesburg based organisation, identifies in its study, the relationship between alcohol consumption and risky sexual behaviour. They surface that, "[a]lcohol use may be a marker for a risk-taking temperament: those who drink alcohol may also engage in a variety of high-risk activities, including unsafe sexual practices, as a part of a problem behaviour syndrome" (see www.narconon.org.za). They further argue that "alcohol may influence high-risk behaviours at specific sexual encounters by affecting judgment and disinhibiting socially learned restraints" (ibid).

Cooper (2006) agreeably reviews and evaluates empirical research on the link between alcohol use and high risk sexual behaviour to determine whether the two behaviours covary among youth in general and college youth in particular. For the purposes of our review, Cooper defines high risk sexual behaviour as any behaviour that increases the probability of negative consequences associated with sexual contact, including AIDS, other sexually transmitted diseases (STDs) and unplanned pregnancy. Furthermore, Cooper argues that targeting drinking proximal to intercourse as part of strategy to reduce sexual risk taking will prove

effective, however, only to the extent that drinking causally promotes risky behaviours (2006). Cooper is amongst the few researchers that approach phenomenon with a probable solution.

Research findings from a study conducted in Botswana (2005) revealed that alcohol abuse not only led to gender-based violence but also to unprotected sex that increased the risk of contracting HIV/AIDS. Studies examining the link between alcohol and risky sex at the global level ask participants about their overall involvement in some high-risk behaviour and their overall frequency and quantity of alcohol use (Cooper, 2002). The NIAAA answers to this by pointing out five factors that might cause an adolescent to start drinking which would then compromise into risky sexual behaviour; namely, risk taking, expectancies, personality characteristics and psychiatric comorbidity, hereditary factors, and environmental aspects (2006).

Briefly, risk taking is explained by the NIAAA as such: "Research shows the brain keeps developing well into the twenties, during which time it continues to establish important communication connections and further refines its function" (2006:11). They continue, saying that an adolescents' developing brain has the propensity to seek out new and potentially dangerous situations such as alcohol consumption and sexual behaviour.

Expectancies are argued and reasoned as: "an adolescent who expects drinking to be a pleasurable experience is more likely to drink than one who does not. An important area of alcohol research is focusing on how expectancy influences drinking patterns from childhood through adolescence and into young adulthood" (ibid). Notably, among other studies conducted on this paper's focus, beliefs about the effects of alcohol on risky sexual behaviour appear to play an important role. Cooper asserts that people are poor at correctly identifying the causes of their behaviour (Nisbett and Ross, 1980). She advocates that such reports interpreted as expectancies or beliefs about alcohol's effects on risky sexual behaviour are veridical accounts of alcohol effects on behaviour.

Alcohol and the transmission of HIV/AIDS
The NIAAA state that sexual practices considered to be high risk for acquiring HIV from an infected individual include vaginal or anal intercourse without a condom; other sexual practices that facilitate exchange of blood, semen, or other body secretions; and unprotected sexual activities with multiple partners. The frequency with which sexual partners engage in such practices also influences the risk for exposure to HIV (1992). NIAAA poses a through line linking risky sexual behaviour to the contraction and transmission of HIV/AIDS.

Narconon accordingly extends the above stated through line by identifying that chronic alcohol consumption has been shown to reduce the number of infection-fighting white blood cells in laboratory animals and in humans. Furthermore, Narconon advises that among people who are already HIV infected, alcohol-induced immunosuppression might add to HIV-induced immunosuppression, and speed the onset or exacerbate the pathology of AIDS-related illness.[2] . The NIAAA feeds into Narconon's statement, arguing that alcohol might affect the body's ability to defend against HIV infection upon exposure to the virus; alcohol might alter the course of infection to the development of AIDS (1992). Both the NIAAA and Narconon's studies magnify how HIV/AIDS and risky sexual behaviour is catalysed by alcohol consumption.

The NIAAA state that they are making efforts to come up with prevention efforts that address the link between alcohol consumption and unsafe sex. Hence researchers are investigating various settings, such as bars and alcohol treatment programs, and certain groups, such as teenagers, where intervention strategies could be employed to decrease alcohol-related high-risk sexual activity. It is hoped that these findings will help target HIV-related prevention strategies in a way that will help to reduce the incidence of new cases of HIV infection, and ultimately reduce the number of persons with AIDS (1992).

Conclusion

Studies formerly conducted on this paper's topic, beliefs about the effects of alcohol consumption, risky sexual behaviour and the transmission of HIV/AIDS, all seemingly cement that there is a link that threads between the health risk phenomena. Cooper advocates that such reports interpreted as expectancies or beliefs about alcohol's effects on risky sexual behaviour are veridical accounts of alcohol effects on behaviour (2006). Researchers have considered the influences on alcohol consumption among young people globally however; one area that may need attention is examining, specifically, the influences of alcohol among first year university students in South Africa. Cooper concludes that the relationship between alcohol use and risky sexual behaviour appears to be both complex and highly circumscribed (Cooper, 2006).

There appears to be a paucity of literature that specifically addresses alcohol consumption in relation to sexual risk behaviour and the transmission of HIV/AIDS amongst university students in the South African context. In the light of researching first year university students' perceptions, the prominent questions would coherently follow on to investigate the theories appropriate to engage with when conducting interventions.

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2   See: www.narconon.org.za

Theoretical Framework

This study is modelled in the theory of Communication for Social Change (CFSC), advanced by Figueroa, et al (2002) in *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes.* The theory was used by Eliza Moodley (2007) in her study conducted at the University of KwaZulu Natal titled, *An assessment of students' perceptions of the ABC prevention strategy.* The findings of her study reflected that CFSC allowed for a horizontal flow of communication; in essence, unlike other development theories that employ a top-down communication approach (see Melkote and Steeves, 2001), CFSC encouraged participation and feedback from her participants. For the purposes of our study, CFSC appeared the most plausible theory in that it uses a multiplicity of communication tools, techniques and media that serve as catalysts in participatory information transfer.

CFSC covers a variety of concepts and strategies such as, "communication for development, development communications, social marketing, 'edutainment', 'infotainment' or enter-educate, participatory communication, etc"[3]. In essence, CFSC surfaces the significance of effective communication in social change; "a process by which alteration occurs in the structure of a social system" (Rogers and Burgd, 1972: 10). 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 (see the Social Ecology Model). The Convergence Model of Communication (CMC) for the purposes of our study precedes the Social Ecology Model of communication (SEM) by further unpacking how at the different ecological levels, the researcher engages in a contextual participatory dialogue with the participants to discuss and reach a consensus on a particular subject.

The Convergence Model of Communication (CMC)
Figueroa (2002) explains that the CMC is based on dialogue, information sharing, mutual understanding and agreement, and collective action. Other CFSC theorists also secure that dialogue that takes place between the two parties may not be a smooth one as some individuals may disagree and others may be in agreement. The dialogical process requires what Figueroa (2002) and Melkote and Steeves (2001) coin as a 'horizontal' form of communication; an equal voice and participation between the two parties for effective social change results.

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[3] http://www.healthcomms.org/comms/social/ld-nov03.html

Figueroa further highlights three significant ramifications of the CMC. In the first ramification of the model Figueroa argues that "information is shared or exchanged between two or more individuals rather that transmitted from one to the other" (2002: 3). Therefore, in the process of dialogue, it allows the participants to engage amongst themselves and resolve the posed problems on their own. The model stresses that all participants are active in the information, there are no passive receivers. The information can be created by the action of any participant, or it may originate from a third source such as television or radio, or a person or institution not directly participating such as church, school, nongovernmental agency and so forth.

The second ramification stresses the important role of the perception and interpretation held by participants, and thus draws upon the principles of semiotics and the hermeneutics (Ricoeur, 1981). According to Figueroa, this treats understanding in terms of a dialogue or ongoing cultural conversation (2002: 3) as culture is learned, transmitted from generation to generation, based on symbols, ethnocentric, and significantly, subject to change (see Samovar and Porter, 2000).

The third ramification represents a horizontal, symmetrical relationship among two or more participants that is created by sharing information. Figueroa argues that, "[t]he outcomes of information processing by the participants are social — mutual understanding, agreement and collective action as well as individual — perceiving, interpreting, understanding and believing" (2002: 3). Here, he poses that all the participants should be of the same level; no one individual is above the other. This model practices equality for all the participants involved. For example in the context of any given community, it is not possible to facilitate an intervention with community members and the leaders of the community. The people in power may intimidate the others and then a consensus will not be reached. This ramification extends on Albert Bandura's (1977) theory of collective efficacy; developed as an extension to Bandura's social learning theory. Collective efficacy suggests that through discussion and sharing of ideas, a group may become aware of their own efficacy (Airhihenbuwa, 2000).

Evidently, the CFSC model is a move away from the linear flow of communication and places emphasis on a cyclical process, which promotes information sharing (Figueroa, et al 2002:2). However, Figueroa does point out that convergence does not imply perfect agreement, only the direction of movement. He argues that, "[w]hen different points of view and beliefs arise (divergence), further communication is required to reduce the level of diversity (convergence) to the point where there is a sufficient level of mutual understanding and agreement to engage in collective action and solve mutual problems" (2002: 4). This cements the CFSC objective which encourages that communication should be in a two-way flow; see Wilbur Schramm's (1954) model of communication.

Theorists such as Freire, Boal and Servaes argue that without effective communication, participation and its resultant empowerment, real learning does not take place, and this self-efficacy is not enhanced (Durden, 2004). The CMC under CFSC thus invites various communication tools and strategies to enhance the participatory and dialogical process, especially in public health communication. A prominent communication strategy for information transfer in public health communication that has emanated over the recent decades is Entertainment Education (EE), also coined by Miguel Sabido as 'edutainment'.

Entertainment Education (EE)

Many perceive entertainment as frivolous in content, unimportant in its effects and not representing an important force for human behaviour change, this perception however does not apply in entertainment education which has generally been found as an important agent in social change (see Singhal and Rogers, 1999).

Silvio Waisbord (2003) posits that EE is not a theory but a strategy used to disseminate ideas to bring about behavioural and social change. He further coins EE as international placement of educational content in entertainment messages (ibid). For the purposes of this study, EE poses as a plausible communication strategy in that, as argued by Singhal and Rogers, EE is "[t]he process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favourable attitudes, and change overt behaviors" (1999: 265). EE as a communication strategy seemingly coincides with the propositions of CFSC in health communication.

The four key foundations that contribute to EE are, Marketing, Persuasive communication, Play theory and Bandura's Social learning / self efficacy (Coleman, 1999). Coherently, what Coleman surfaces is that the theory discussed above welcomes EE as a potent communication strategy in information transfer and simultaneously providing 'edutainment' for both the researcher and the target participants of CFSC.

Alongside the communication element in CFSC, in order for there to be social change within a target group / community, there needs to be a critical consciousness amongst the inhabitants on the subject matter presented under the theory. This invites the theories of conscientisation by Paolo Freire, and adaptations thereof by Augusto Baol in the light of EE and participatory research.

Paolo Freire: Critical Consciousness

Brazilian educator, Paulo Freire, in Pedagogy of the Oppressed (1970) writes that the goal of communication should be conscientisation which means learning to perceive social, political, and economic contradictions and to take action against the oppressive elements of reality (Freire, 1970). In Freire's view, critical consciousness "represents things and facts as they exist empirically, in their causal and circumstantial correlations [whereas] naïve consciousness considers itself superior to facts, in control of facts and thus free to understand them as it pleases" (Freire, 1974: 44). The cure for false consciousness is consciousness raising, achieved through the problem posing methodology (Freire, 1972:52).

Freire was opposed to the 'banking' system of education in which the teacher was a depositor of knowledge to a passive student which Dewey describes as an affair of 'telling' or 'being told' (1964). Freire asserts that educators should reject a 'banking' model of education, in which the teacher 'owns' knowledge and 'deposits' it in students. This process of education is characterised by a 'top to bottom' approach, which according to Freire serves to 'domesticate' rather than 'liberate' (1972). Instead, Freire promoted a 'problem-posing' method in which teachers and students learn together, through dialogue, encouraging people to think critically. Problem-posing education depends, then, on a dialogical theory of praxis and knowledge and a revised relationship between teacher and student (Barlett, 2005). This method would allow the student and the teacher to jointly become responsible for the educational process (Freire, 1972: 52). Again, a two-way flow of information is emphasised.

Freire also maintains that problem posing methodology permits students to learn and learning is not just about the consumption of ideas, but it is about questioning, discovering and creating new ideas (1985). It is for this reason that Waisbord posits that education is not transmission of information from those 'who have it' to 'those who lack it' or from the powerful to the powerless. Instead, he argues that it must be a two-way creative discovery of the world (see Waisbord 2003).

Freire argues that the process of conscientisaton follows three steps that lead to critical thought within a given society:

> *The intransitive thought* – In this stage, people are dominated to the extent that they are desperate about their fate. They are disempowered and think they cannot do anything to change their conditions.
>
> *The semi-transitive thought* – People exercise some thought and action for change. Partly empowered, they act to change things and make a difference, but fail to relate problems collectively to the whole system.

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Critical transitivity – This stage refers to the situation where people think holistically and critically about their conditions, thus reflecting the highest development of thought and action, 'critical consciousnesses'. They are capable of achieving the necessary changes and the individual "feels empowered to think and to act on the conditions around her or him, and relates those conditions to the larger contexts of power in society (Shor, 1993: 32).

The Freirean methodology was translated into a theatrical practice by Augusto Boal (1995) in his work termed the 'dramaturgy of the oppressed' (Thomas, 1996). This type theatre can be classified as a type of theatre for conscientisation which thus, fits into the EE fold.

Augusto Boal's Dramaturgy

Brazilian theatre director Augusto Boal developed Theatre of the Oppressed (TO), an international movement to use theatre as a vehicle of participatory social change. Boal describes TO as "a dramaturgical system of Games and special Techniques that aims at developing, in oppressed citizens, the language of theatre, which is the essential human language" (1992: 253). He created TO techniques to give people an alternative language to discuss, analyse, and resolve oppressions (Howard, 2004). Boal argues, 'the oppressed have lost the right to express their wills and needs, and are reduced to the condition of obedient listeners to the monologue [of power]' (1985: 143). In his dramaturgy, Boal (1995) works on the assumption that empowerment of the oppressed communities is necessary, and that participation of the oppressed communities is a prerequisite for change (ibid). TO's techniques based on Freirean principles of dialogue, interaction, problem-posing, reflection, and conscientisation, are designed to activate spectators to take control of situations, rather than passively allowing things to happen to them. As a segment of EE, TO utilises the following key forms: Image Theatre, Forum Theatre, Invisible Theatre, and Legislative Theatre. In a further examination of these forms, one of the most prominent is Forum Theatre.

Forum Theatre

Boal (1979) developed Forum Theatre (FT) as part of the Theatre of the Oppressed, based on the principles of Freire's (1970), as a tool of collective empowerment and emancipation. Forum Theatre is designed to; maximize participation of the audience in a performance by shifting the central focus of the dramatic event from the stage to the audience. First, actors recognize the audience as equal performance partners from the very start; before the dramatic action starts, they play and dialogue with the audience through group integration exercises and games. Thus expansion of the aesthetic space into the audience area begins.

Second, the first time an audience member or 'spect-actor' (a term created by Augusto Boal to describe those engaged in FT) interrupts the dramatic action, the focus of the performance shifts from the stage to

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the newly established aesthetic space comprising both stage and audience area; what occurs in this space is shared dramaturgy (Boal, 2002). This shared dramaturgy is conducted by the facilitator, in Boal's literature this role is referred to as the Joker (Smith, 2001). Boal describes this process as 'collective rehearsal for changing reality' (1998: 57).

Boal insists that theatre can be a mode of action and a rehearsal for life. In this mode, performance is a proactive tool, a way to plan what to do when a situation arises, not a reflection of what happened (Howard, 2004). For an example, Boal explained that "if the oppressed himself performs an action (rather than the artist in his place), the performance of that action in theatrical fiction will enable him to activate himself to perform it in his real life" (1979: 46). In other words collective efficacy may lead to self efficacy[4].

In the same vein, Durden states that forum theatre encourages collective problem solving for collective action, and serves to build a sense of community amongst the audience members (2004). Singhal and Rogers also posit that "audiences become empowered to not only imagine change, but also to actually –and collectively –practice it" (2002, 133). According to Boal, "to speak is to take power" (1979: xx). Hence he asserts that people have to learn to analyze social problems and transform reality through direct action and break the "culture of silence" (1979:32).

Mda (1993) mentions FT and community-generated theatre – known as 'Comgen' – as two examples of efficient theatre leading to conscientisation. In other words, democratic drama is inspired by Freirean-Boalean principles. The Boalean approach has proven to be highly effective in many cases. However, various studies revealed that it has also disadvantages, including the tendency to being a time-consuming and long-term process (ibid).

The study that is reported in the next section analyses the steps of CFSC as outlined by Figueroa, et al (2002); it reflects on EE as a communication strategy; and in that, reports on forum theatre as an intervention strategy and vehicle for participatory communication.

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Methodology

Qualitative research is defined as "research about persons' life, lived experiences, behaviours, emotions and feelings as well as about organizational functioning, social movements, cultural phenomena and

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4 See http://www.soulcity.org.za

interactions between nations" (Strauss and Corbin, 1990: 11). The nature of our research problem suggested that we adopt a qualitative research approach so to help us unpack and gain insight into students' experiences, behaviour and perceptions on alcohol consumption, risky sexual behaviour and its relationship to the transmission of HIV/AIDS.

A workshop was conducted as formative research with our target audience, the first year students. Formative research is described as research that occurs before a program is designed and implemented[5]. This would help us understand the factors which influence their behaviour and to determine the strategies to reach first years in a public health communication context. The formative research would also allow us to investigate the knowledge, attitudes and practices of the first years. The central themes that were derived from this workshop, fed into the forum theatre intervention, which was conducted at UKZN (Howard College). The qualitative tools applied to gather the formative research during the workshop, were questionnaires and a focus group. The intervention employed participant observation and interviews.

The research was conducted during an all-day workshop with the first year students on 12 September, 2009. The popular 'Scrutinize' *BOOZA BRAIN* animert that aims at discouraging alcohol consumption which may lead to risky sexual behaviour was employed in the workshop as a stimulus to encourage dialogue and participation.

Sampling

With UKZN (Howard College) first year students as the primary focus of our study, we employed purposive sampling to select twenty five students to participate in a workshop to collect our qualitative data. Bruce Berg states that, "when developing a purposive sample, researchers use their special knowledge or expertise about some group to select subjects who represent this population" (2001: 32). Bruce acknowledges that purposive sampling has limitations, for instance the lack of wide generalizability (2001). However, for the purposes of our study, this limitation does not apply in that the study has a specific target group; the first year students. Within our first year sample group, the participants in the workshop were randomly selected from various academic disciplines and were of different race and gender.

Methods

In the workshop conducted with the first year students, three research instruments were employed to gather qualitative data; pre and post workshop questionnaires, participant observation, and a focus group discussion.

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5   http://aidspartnershipca.org/assets/CompletingTheCircle4.pdf

"Questionnaires are versatile, allowing the collection of both subjective and objective data through the use of open or closed format questions"[6] Herman Smith argues that "[i]f the objective is simply to *classify* an individual's attitude or behavior on some *clearly* understood dimension, then closed-ended questions are more appropriate" (1981: 156). For the purposes of this study, the pre and post questionnaire consisted of closed-ended questions that supplied facts about the participants and in addition, could provide statistical data if requested for future studies.

The second research instrument that was employed within the workshop was participant observation. "Participants observers commonly gather data through casual conversations, in depth, informal, and unstructured interviews, as well as formally structured interviews and questionnaires" (see Wallis, 1977). Participation observation was used to elicit first year students' attitudes and reactions to the material presented. Such material included the 'Scrutinize' animert and sensitive topics such as sex and risky sexual behaviour on a more participatory level rather than the usual top-down (see Melkote and Steeves, 2001) approaches used in the mass media. Participant observation also examined whether the applied theatre participatory strategies that were employed in the workshop encouraged critical thinking about alcohol consumption and risky sexual behaviour.

The third research instrument that was employed was a focus group discussion. Merton et al. (1956) coined the term 'focus group' to apply to a situation in which the interviewer asks group members very specific questions about a topic after considerable research has already been completed. Focus group discussions were used after the workshop to draw qualitative data, which would be more descriptive and exploratory. The focus group comprised of ten students and the discussion was audio-taped with the consent of the participants. The information was gathered thus, transcribed and analysed using thematic analysis. Braun and Clarke (2006) describe thematic analysis as a method for identifying, analyzing and reporting patterns (themes) within data. Informed consent forms handed to the selected focus group participants and were returned on the day of the workshop. Options of anonymity and the use of pseudonyms were encouraged to make the participatory process as comfortable as possible; this in the light of the topics attended to in our study. Participants were also encouraged to us use pseudonyms during the focus group discussion to ensure confidentiality.

The data elicited from the workshop research instruments fed into the forum theatre intervention which was conducted to raise critical consciousness on alcohol consumption and risky sexual behaviour. The forum

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6   http://www.cc.gatech.edu/classes/cs6751_97_winter/Topics/quest-design/

theatre intervention was followed by informal interviews with the participants. Cohen and Crabtree (2008) argue that interviews can be done informally, and 'on the fly' and, therefore, do not require scheduling time with respondents. They argue that informal interviews allow for respondents to see this type of interview form as simple 'conversation' (2008). Informal interviews thus seemed as the most plausible instrument to gather data on the participants' perceptions on the forum theatre intervention and alcohol consumption in relation to risky sexual behaviour. The findings from the formative research and the intervention will be unpacked in the data analysis section.

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Data Analysis

The findings presented in this section are framed around three main questions that were set prior to the study by the researchers. The questions are as follows: 1) What are the underlying factors to students' perceptions of alcohol consumption? 2) What is the relationship between alcohol consumption and sexual risk behaviour? 3) How is forum theatre an effective communication strategy in dealing with alcohol consumption? The findings are presented in the same sequence as that of how the study was conducted; from the workshop questionnaires with the first year students as part of the formative research, a thematic analysis of the focus group that conducted after the workshop, the set up and planning for the forum theatre intervention, the intervention and researcher observations thereof, and informal interviews with the participants who attended the forum theatre intervention.

1.1)   Findings from the pre and post workshop questionnaires

A closed-ended questionnaire was designed and given to the participants to access data on their perceptions of alcohol consumption, and risky sexual behaviour in relation to the transmission of HIV/AIDS.

The findings presented here are extracted from an attendance ratio of 3:1, with the workshop participants having been more female students than male. In the questionnaires, 85% of the first year participants said that they had experimented with alcohol prior to enrolling at university. However, findings reflected that some of the 85% that had experimented with alcohol prior to enrolling at university do not consume alcohol at all now. Findings also reflected that a majority of the 25% that did not experiment with alcohol prior to enrolling at university, now actively consume alcohol as a 'social phenomenon'. In an overview, there is still a high prevalence rate of alcohol consumption amongst the first year students.

The majority of students in both the pre and post questionnaires affirmed that their social life influences their consumption of alcohol. Friends and party environments are set up to make alcohol consumption easily accessible and socially acceptable. However, there is a common belief that alcohol consumption can effect the decision making process. This is further unpacked in the focus group findings.

In the pre questionnaire, 56% admitted to using condoms when sober, however only 50% admitted to being sexually active. In the post questionnaire, comparatively 69% admitted to being sexually active and in addition only 46% admitted to condom usage when sober. The pre questionnaire revealed that prior to the workshop the students were uncomfortable to share and be honest about their sexual practices. The post questionnaire revealed that the workshop stimulated this honesty as the students opened up about their sexual practices. Furthermore, the findings explicitly revealed that more than 40% of the students admitted to have at some point not used condoms even when sober.

A large majority of the students secured that they do know of persons whom have engaged in risky sexual behaviour under the influence of alcohol. These findings conclude that there are notable percentages of student engaging in risky sexual behaviour under the influence of alcohol. It further validates that there is a link between alcohol consumption and risky sexual behaviour, to which only one participant disputed. Similarly, only one participant disputed the link between alcohol abuse and the transmission of HIV/AIDS. The students feel more comfortable sharing information about other people rather than themselves especially in relation to risky sexual behaviour and the transmission of HIV/AIDS.

Even prior to the workshop, student's attitudes revealed that under the influence of alcohol, one is not conscious enough to conduct the correct condom use procedure. Findings reflect that before and after the workshop the students' perceptions are strongly rooted on that there is a link between alcohol abuse and risky sexual behaviour. A relationship between alcohol abuse and the transmission of HIV/AIDS was also established.

Other figures were inconclusive in that a minority of students did not answer some of the critical questions as were entitled to do so in the informed consent document.

1.2)   Observational research in the workshop

The workshop began with warm up games. The aim was to prepare participants physically and mentally and also to prepare them to focus. Here the participants were observed to start familiarising with each other and with the facilitators. This signified Figueroa (2002) and Melkote and Steeves (2001) notions of 'horizontal'

communication; a significant CFSC attribute encouraging participatory information sharing. The researchers soon left their roles as teachers to the first year participants and assumed roles as equal participants facilitating the participatory process (Freire, 1975).

These games were followed by trust building exercises in order to encourage trust amongst the participants and also to enable the participants to have fun. After games and exercises the scrutinize animert, *Booza Brain* was screened. This animert was used as a stimulus and it prompted the participants to discuss and debate about specific situations in relation to sex and alcohol. Small group discussions are useful for stimulating participant involvement and getting more people to participate. The use of the animert fed into the CFSC theory in that it served as 'edutainment' and as a stimulus for 'dialogue' which in an equally significant attribute in CFSC. Participant observation adopted an air of excitement and reactions during the screening. These observations noted that the students were identifying with the behaviours presented in the animert, by how the students were now reacting and talking amongst themselves.

After screening the animert, the participants were divided into small groups of six, where they were encouraged to elect one theme and discuss it using different theatrical forms such as role play, stop-start theatre; hotseating and image theatre (Boal, 1979). All the theatrical forms used were explained and demonstrated to the participants. Each group was given one theatrical form to focus on and they had to improvise a play. By them electing a theme to discuss, it echoed what Figueroa, et al (2002) highlight as the dialogical and information sharing. These are elements of the CMC that lead to consensus and understanding. By the participants reaching a consensus, it further triggered collective action (ibid) as they engaged with the themes using the theatrical forms.

Role Play involves volunteers from the group coming to the front of the room, taking on specific characters and acting out a scenario given to them. This enabled our participants to try out different roles; putting in practice what Daniel Learner (1958) coins as empathy. *Stop start* theatre is an extension of a role play. In stop start theatre you ask the audience watching the role play to shout "stop" and to stop the action if they do not agree with what is being said or done. The participant thus assumes the role of a 'spect-actor' (see Boal, 1979). This theatrical form is also called forum theatre. *Hotseating* involves volunteers asking the characters in a role play to answer questions that the audience, or a facilitator, might have. The actors answer as the character they are playing in as much detail as possible. In essence, these theoretical forms not only follow the participatory process of communication for social change, but they also raise critical consciousness within the participants (see Freire, 1975). The observations made recorded their body

language, facial expressions and tone of voice which communicated their excitement and sensitivity to the issues explored.

Of the theatrical forms employed during the workshop, image theatre was the most useful in observing responses to non-verbal communication. *Image Theatre* uses the human body as a tool of representing feelings, ideas, and relationships (Boal, 1979). Through sculpting others or using our own body to demonstrate a body position, participants create anything from one-person to large-group image sculptures that reflect the sculptor's impression of a situation or oppression.

The plays were presented to the whole group and there was another discussion around issues that were derived from the play. These issues allowed the researchers to gather useful information about students' perceptions of alcohol consumption and risky sexual behaviour in relation to HIV/AIDS. The focus group (FG) interview followed a few minutes after the workshop. FG participants discussed the medium that the participants would like to apply as a better way to prepare for an intervention. Almost all the FG participants found the stop start theatre more appealing for an intervention. This worked to our advantage as we had planned to use FT as an intervention. The data gathered in the FG discussion was also useful in order to create a piece of drama that related to the students' social reality. Some of the FG participants volunteered to be in the FT cast and they comprised of eight first year students and 2 second year students. They met twice a week for at least 2 hours. Following, are themes that derived from the focus group discussion.

1.3)   Focus group findings

The focus group discussion was conducted to give an in depth insight into the students' perceptions and attitudes of alcohol consumption, and risky sexual behaviour in relation to the transmission of HIV/AIDS. The focus group findings were arranged thematically. Thematic analysis is a way of identifying themes within data (see Braun and Clarke, 2006). There were four emerging themes; what is fun; alcohol use and risky sexual behaviour and self governance; The games students play: what's my risk?; and, alcohol consumption = sexual risk behaviour = HIV/AIDS[2]?

What is fun?

There were two dominant perceptions that are held by first year students prior to enrolling in university, which were identified during the workshop about the lifestyles led by university students. The first and most prominent emphasized that university is a big party; the residence life (a home away from home), girls, boys, cars, no more uniform, liberation, bunking, bonking (sex) and certainly a bit of studying. In essence, it secured that with the majority of first year students, this is what university life is all about.

Within the university student community, there seems to be a common definition of what fun is and what it is not. This statement was better articulated when respondents added:

Respondent 1: You get caught up in the varsity life and the definition of fun here is going out, getting drunk and getting laid.

According to the findings, first year students' perceptions are blurred between university being the condoning platform for a vibrant student social lifestyle on the one hand, and university being an academic institution, on the other. University as an academic institution was the second popular perception. Aitnek (1989) argues that it can be assumed that many young adults are increasing their alcohol consumption in various social contexts outside the home; at parties, with friends, at a restaurant and in bars. Primarily, student life is perceived as partying and consuming alcohol, thus these perceptions continue to perpetuate the student's attitudes and the behaviour that is exhibited.

Students admit that although alcohol in not permitted on campus grounds and at residences through university rules, regulations and government policies, contradictingly university poses an environment in which alcohol can be easily consumed and accessible to students. One of the respondents added:

Respondent*: The University condones our drinking, we have campus parties on campus and we drink at the parties, the rules contradict themselves.*

Alongside these perceptions of university 'fun', some respondents mentioned that the consumption of alcohol has the ability to affect their attitude and behaviour, especially their judgment in various situations. Various risky behaviours were pointed out, such as drunken driving which could lead to car accidents, and (grey) rape in some instances.

Respondent: *Well, I personally don't drink because I've seen what it has done to other people, I've actually seen how people become alcoholics and eventually kill them. I have been in events where people died in car accidents because they were drinking and driving.*

These findings are complimented by what The National Institute on Alcohol Abuse and Alcoholism (NIAAA) states, saying that whatever it is that leads adolescents to begin drinking; once they start they face a number of potential health risks (2006).

Alcohol use and risky sexual behaviour and self governance

Established from the above findings, the participants' perceptions of university and fun shed a new light onto the topic of risky sexual behaviour. Both risky sexual behaviour and alcohol consumption, according to the participants, have a lot to do with self governance at university. Parental guidance and supervision no longer exist in the context of university and residential lifestyle. Cooper states that, 'College life with its greatly expanded opportunities for self governance and independence provides an important new context in which young people learn to manage their sexual relationships and their sexuality' (2006).

Respondent: I *can just drink and go back to my res room; but at home my parents are there.*

According to the participants, this independence allows for an experimental environment. Within this environment, sex and other risky behaviours are most prominent. Learning to manage ones sexuality poses risk of physical health consequences such as unplanned pregnancies, STIs and in rare cases even death (Cooper, 2006). The findings reflect that risky sexual behaviours predominantly exist in a realm where alcohol is the instigator. The respondents stated:

Respondent 1: *If you are drunk, chances are you'll end up having sex*
Respondent 2: *Drinking and sex definitely interlink*

The students' responses emphasize that the lack of parental supervision and the presence of 'freedom' opens frontiers for risky behaviours to occur. The findings further conclude that there is a link between alcohol consumption and risky sexual behaviours.

The games students play: 'what's my risk?'

What also surfaced in the study were some of the forms of risky sexual behaviours, considered as 'games' that are prevalent amongst university students. Some of these games include 'spin the bottle'; a game played in social gatherings whereby an individual spins the bottle to select another of the opposite sex to engage in a sexual activity, for a selected time period. The second game identified is called 'speed'; a drinking and kissing game, whereby the participants take a tot of alcohol and immediately kiss the next person who is of the opposite sex. A respondent added that on one instance, during the game, one participant had his tongue bit, but continued to play the game. This surfaced the risk factor involved in these student activities.

Some of these games discussed expose students to higher health risks. Rainbow is an example of this; the female participants wear different coloured lipsticks and perform oral sex (blow jobs) on the male

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participants. The game is rated on the number of colours evident on the erect penises. These games consequently expose students to a higher risk rate in the transmission of sexually transmitted infections (STIs). Evidently, these games can also result in unplanned pregnancies and sexually transmitted diseases (STDs) such as HIV/AIDS. Narconon also echoes that, "[a]lcohol use may be a marker for a risk-taking temperament: those who drink alcohol may also engage in a variety of high-risk activities, including unsafe sexual practices, as a part of a problem behaviour syndrome"[7].

Alcohol consumption = risky sexual behaviour = HIV/AIDS²?

The participants reached a general consensus that the excessive use of alcohol may lead to the transmission of HIV AIDS. However, there seems to be a lack of awareness and education in the area of risky sexual behavior, particularly in the transmission of STIs and HIV/AIDS. Although the participants were able to acknowledge the link in risky sexual behaviours and the transmission of HIV/AIDS, some of the participants were confused and unsure about the various STIs that exist. They were also under the impression that all STIs are detectable or curable. Participants enquired:

Respondent 1: *How do you get an STI from oral sex?*
Respondent 2: *Is pubic lice an STI?*

Respondent 3 poses a contrasting view:

Respondent 3*: No, if you go to the township, people don't think that it is an infection.*
Respondent 4: *What happens if you swallow the* semen?

Figueroa, et al (2002) point out that convergence does not imply perfect agreement, only the direction of movement. They argue that, "[w]hen different points of view and beliefs arise (divergence), further communication is required to reduce the level of diversity (convergence) to the point where there is a sufficient level of mutual understanding and agreement to engage in collective action and solve mutual problems" (2002: 4).

Perceptions of condom use in the context of alcohol intoxication
The condom moment, whose duty and responsibility to carry the condom and initiate the condom during sex? Respondent 1

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[7] see www.narconon.org.za

What was observed within the focus group discussion was that correct condom usage in the context of alcohol intoxication was a rather controversial subject. The focus group participants felt that 'it is difficult' to initiate correct condom usage under the influence of alcohol. The following responses summarise the participants' responses on condom use in the context of alcohol intoxication.

Responses: *The responsible guys will be the ones dishing out the condoms to his drunk friends at parties.*

I carry condoms for the night just in case I get lucky.

HIV is not written on someone's forehead. Some people think that when you're too beautiful you don't have aids. They think people who have AIDS will look dirty

When people are drunk drunk, they don't use protection.

I do know people who are like Dude, where's the condom? If you don't have one, no I'm sorry

When a person's drunk they can't do anything properly, they can't walk properly, they can't even open the door properly, now imagine the detailed attention needed to put on a condom properly?

What such studies collectively assert is that amongst adolescents, alcohol is a significant factor and has risky behaviour multiplier effects (Servaes, 1999). In essence, these responses verified that there is a link between alcohol consumption and risky sexual behaviour in relation to HIV/AIDS amongst university students.

1.4)   Observational research findings (intervention)

Forum Theatre as an Intervention

Forum Theatre (FT) is an interactive form of theatre that encourages audience interaction and explores different options for dealing with a problem. The venue of the intervention was the Drama Prac room. This room was chosen by the actors as they felt it was a spacious and a secure venue just incase of bad weather. Also, the majority of the audience members were familiar with the venue. Durden (2003) emphasizes the importance of staging FT in an environment which audience members are familiar with. The intervention started of with a warm-up game to which the audience members responded very well. The facilitator demonstrated and they all joined in. The game also prepared the audience to focus. Audience members were asked to watch the scene carefully and note critical moments, actions taken and the consequences.

During Forum Theatre (Boal, 1992) session, performers presented improvised scenes based upon peer pressure, condom use, multiple concurrent partnership and transactional sex. In this intervention the actors

performed their play once through to the end. The play was then replayed from the beginning, where actors repeated the same problem, but this time the facilitator ('joker') invited the audience to intervene and then enact the scene(s). The themes covered were identified as part of the students' perceptions. As the actors finished the play, audience members were encouraged to approach the acting area and to intervene directly in the action. However, some audience members preferred to discuss the play rather than act in it; which represents the forum part of the intervention. Others were very keen to come on to the stage as spect-actors (Boal, 1979).

During this session the majority of the audience members demonstrated that they were enjoying the play, some were nodding, laughing and even pointing at what was happening on stage. Audience members who came on to the stage provided alternatives to the problems posed by the play instead of being passive. This is what Boal sought to challenge; what Feire (1970) called 'Banking Education' where there is a one way exchange between educator and educated. The facilitator had to intervene to encourage the spectactors to participate in the scenes. Participants were also encouraged to hotseat the characters. This helped the researchers to develop more understanding about the characters behaviour, attitudes and feelings. Audience members according to Boal become spect-actors who are no longer passive (2002). In this case spect-actors are encouraged to discover alternatives to the events, decide how to intervene, and then enact the intervention. Towards the end of the session there were a number of people who wanted to comment, unfortunately the time was limited and this is one disadvantage of FT, it is time consuming.

At the end of the FT intervention, members of the audience were informally interviewed and others even approached the actors, saying how much they had enjoyed it.

1.5) Informal interviews (post-intervention)

All of the interviewees that were interviewed agreed that the forum theatre had created a space in which audience members could engage in a meaningful discussion about alcohol consumption and risky sexual behaviours. They were able to identify with the core themes of the forum theatre piece; this which is emphasized by Waisbord (2003). In particular, the interviewees felt that the play was an 'eye opener'.

Interviewee: *I didn't know these things actually happen on campus with varsity students, especially first years.*

In forum theatre the audience members must be able to identify with the characters presented on stage. Both the characters and the situation presented must assimilate real life circumstances in order for the audience members to engage actively rather than passively (Boal, 1979).The interviewees' responses indicated that they identified strongly with the characters. Some interviewees mentioned that:

Interviewee 1: *I identified with one of the girls, because whenever one of us is like heart broken, we go out and drink. I didn't realize that my decisions were so influenced by peer pressure. I guess it's about time I scrutinize.*

Interviewee 2: *Actually now that you mention it, that girl reminded me of myself back in first year. I could relate with what was happening to them.*

Interviewee 3: *No, I didn't really identify with the characters. I don't think that I was that naïve about life. I was more clued, my mum talks about these things.*

Although some audience members did not participate as spect-actors, they felt comfortable engaging in small discussions amongst themselves. This dialogical process is stimulated by critical thinking (Freire, 1970). In essence, these interviews brought to light that forum theatre is an effective communication tool. One of the participants questioned why these forms of interventions are not implemented annually during first year orientation. Furthermore, several participants questioned why forum theatre is not employed as a communication strategy to address the various social and health issues that students are faced with at the university level.

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Recommendations

There is a clear gap in the transition from high school to university. The current efforts by the university have proved insufficient in assisting first year's students adjust into the university setting. Part of the first year students' orientation into university by the Student Representative Council (SRC), is the conduction of 'Fresher' (first year) parties. Within these parties, a lot of the first year students are socialised into perceived social norms of alcohol consumption and risky behaviours. In this case, the majority of the first year students are unaware of the policies about alcohol consumption on campus and at the residences. The consumption of alcohol on campus grounds has various potential health risks for the students. Some students are not well equipped about the dangers of alcohol consumption and risky sexual behaviour (i.e the transmission of STIs and HIV/AIDS). Based upon this study's research findings, we recommend an entertainment educational approach be implemented into the first year Orientation Program, to address with such issues.

In addition, we recommend that existing organisations on campus employ a more innovative approach in assisting first year students into university. We also recommend that the SRC take note of the challenges which first year students are faced with and create more awareness initiatives in this sector.

University Policy

The university practices a top-down approach (see Melkote and Steeves, 2001) in their policy. The rules and regulations are distributed to first year students in a booklet form. This form of information sharing has proved ineffective to the students. A new approach has to be applied to get the message across to students. Most first year students are unaware of the policy about alcohol consumption on university grounds.

We recommend that the rules and regulations booklet can apply some of 'edutainment' (Sabido, 2004) strategies through the use of pictures and jargon, colloquial to the student body. The execution of the rules on campus would enforce the policy. There needs to be a clear message to students about the consumption of alcohol at campus and residential parties. The Risk Management Services has to be strict about the rules so that students' are clear on the policy.

Organisations on Campus

Most first year students are not aware of the different organisations on campus such as the HIV/AIDS Support Unit, Students Against Rape and Harassment (SARAH), the Clinic and the Mentorship Programme. These organisations are not prominent during orientation week hence most students are not aware of their existence. A new approach has to be applied by these organisations in supporting first year students and providing them with resources and information. This approach could use the route of EE in that it can be entertaining and educational. Students enjoy entertainment; it is a form of escapism especially in an academic community. The representatives of these organisations need to be visible and obvious to students after orientation week has passed. In relation CFSC, our study forms only the foundational step towards sustainability. The study recommends that as in the Student Mentorship Programme, the HIV Support Unit also reintroduce peer educators as part of their programme. These organisations could liaise with the on-campus organisation DramAidE which is equipped to train peer educators. This could also form a social network amongst these organisations for sustainability measures.

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Shortcomings of the study

Within the study, there were a few shortcomings. The majority of the participants which attended the workshop were females and also, there was a limited ethnic diversity which could have an impact on the

generalisability of the results of the study. In addition, the questionnaire which was distributed to the participants during the workshop was partially ineffective to the data findings, in that the questions were ambiguously worded.

Furthermore, there is difficulty amongst the students in distinguishing what responsible drinking is. The difficulty in this distinction is blurred between assessing the quantity of alcohol one consumes or the behaviour one exhibits in that light. For the purposes of our study this was one of the difficulties in establishing the causes of risky sexual behaviour and resultantly, the transmission of HIV/AIDS.

As emphasised in the CFSC model, the first year students wanted to take ownership of their own work in the forum theatre intervention. However, this proved problematic due to their level of experience and professionalism as performers, which then prompted that the researchers to intervene and call on second year Drama students to participate with them. Due to one of the researcher's experience in forum theatre facilitation, the researchers voted her in as joker.

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Conclusion

This study investigated UKZN (Howard College) first year students' perceptions of alcohol consumption and risky sexual behaviour in relation to the transmission of HIV/AIDS. Forum theatre was employed as an intervention strategy. The study was framed on CFSC as a theory to encourage a dialogical and participatory process between the researchers and the participants. Three primary research questions were set to explore and guide the investigation of our study.

The study sought to explore the underlying factors to students' perceptions of alcohol consumption. The study found that parental guidance, personal beliefs, one's social environment, and mass media consumption, all appear to play an important role in shaping the students' perceptions on alcohol and alcohol consumption.

Findings revealed that the relationship between alcohol consumption and risky sexual behaviour is a complex one. Despite the complexity that lies in the blurred distinction of assessing the quantity of alcohol one consumes or the behaviour one exhibits in that light, the findings still affirm that there is a link between alcohol consumption and risky sexual behaviour. The belief that alcohol leads to excesses in behaviour provides a platform for the students to engage in sexual behaviour under the influence of alcohol.

Complimentary studies argue that that has previously resulted in rape cases on campus, sexual assault, and the transmission of STIs. This could coherently be related to the transmission of HIV/AIDS.

There is limited research in the use of forum theatre as an intervention in exploring the link between alcohol consumption and risky sexual behaviour in South Africa. Forum theatre posed as an effective communication strategy in establishing this link with university students. It proved to be successful in problem posing (Boal, 1979) and changing the participant's' perceptions. The interviewees' after the forum theatre intervention expressed that participating improved their self efficacy Bandura's (1977). It also encouraged dialogue and participation (Waistbord, 2003; Freire, 1982) as collective action (Figueroa, 2002) between the students and the researchers. In addition, the participants felt that the forum theatre intervention was empowering and liberating. Evidently, not only is forum theatre entertaining and educating, but it succeeded in raising critical consciousness (Freire, 1974).

CFSC proves to be an adequate and effective communication theory in the light of public health communication. The study presented in this paper validates this through the communication processes held amongst the participants within the study, and between the participants and the researchers. Although the results of CFSC can best be monitored over time through evaluating project sustainability, within the short period of time in which our project was conduced, the researchers were able to identify distinct characteristics of communication and social change. The CFSC model is a move away from the linear flow of communication and places emphasis on a cyclical process, which promotes information sharing (Figueroa, et al 2002:2). In the study, all the participants had an independent voice which resulted in active participation, a dialogical flow of information sharing, mutual understanding and agreement, and collective action.

CFSC was successful in the study in that, the project provided a stimulus for the students by encouraging active participation, a dialogical flow of information sharing, mutual understanding and agreement, and self efficacy. The students evidently took ownership and collective action of their work through the forum theatre intervention; an integral component of CFSC. However, for social change to be sustainable and transcend from a micro level to a macro level within the university, organisations and the university community need to take the initiative as a whole.

Bibliography

Aitken, H. E. (1989). College Student Perception of Alcohol Use as Related to Interpersonal Communication Interaction. Columbia: MO.

Airhihenbuwa CO, Makinwa B and Obregon R. (2000). *Toward a new communication framework for HIV/AIDS*. Journal of Health Communication. Vol. (5). pp 101-111.

Airhihenbuwa CO and Obregon R. (2000). *A critical assessment of Theories/Models used in Health communication for HIV/AIDS.* Journal of Health Communication Vol. (5). pp 5-15.

Amoateng, A. Y. (2007).Substance Use and Behaviour among African Adolescents in the North West Province of South Africa. African Journal of Drug &Alcohol Studies.

Bartlett, S. and Burton, D. (2005). *Practitioner Research for Teachers.* London: Paul Chapman

Bandura A. (1977). *Social learning theory.* Prentice-Hall, Inc., Englewood Cliffs, New Jersey 07632, 1977.

Berg, B. L (2001). *Qualitative Research Methods for the Social Sciences.* London: Allyn and Bacon

Blatner, A. (2006). *Performance Awareness.* In: Interaction and Improvisional Drama: Varieties of Applied Theatre and Performance. December 26, 2006.

Boal, Augusto (1979) Theatre of the Oppressed. Routledge London: Theatre of the Oppressed Boal, Ad

Boal, Augusto (1992). Games for Actors and Non Actors . Routledge London

Boal, Augusto (1995). Rainbow of Desire. Routledge London

Boal, Augusto (2002). *Games for Actors and Non Actors .* Second Edition. Routledge London

Braun, V. and Clarke, V. (2006). *Using thematic analysis in psychology.* Qualitative Research in. Psychology, Vol (3), pp. 77-101.

Burgd, R. J. and Rogers, E. M. (1972). *Social Change in Rural Societies 2nd ed.* USA: Meredith Corporation.

Burgees, S. (2002). "SA 'Tribes': Who we Are, How we Live and What we Want from Life in the New South Africa". Claremont: David Philip Publishers.

Capobianco, L. (2003). *Communication for social change: A powerful tool for community safety and crime prevention.* Ottawa: Canada

Cooper, M. L. (2002) *Alcohol Use and Risky Sexual Behavior among College Students and Youth: Evaluating the Evidence.* Journal of Studies on alcohol. Columbia: Missouri 65211.

Dlamini, M.T. et al (2004). *Use of substances and risk of HIV infection - a cross sectional study amongst urban and rural high school students in KwaZulu-Natal (KZN), South Africa (SA).* International Conference on AIDS (15th: 2004 : Bangkok, Thailand). International Conference on AIDS. 2004 Jul 11-16; 15: abstract no. TuOrA1219.

Dorrington R.E. (2001). *Estimating the extent of the HIV/AIDS epidemic: Some questions and answers on the ASSA2000 model.* Law Democracy and Development Journal, 5(2): 129-136.

Durden, E. and Nduhura, D. (2003). *Participatory Forum Theatre for AIDS Education.* South Africa: University of KwaZulu Natal, CCMS.

Figueroa et al (2002). *Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes.* Communication for Social Change Working Paper Series. New York: The Rockefeller Foundation.

Freire, P. (1974). *Education for Critical Consciousness.* New York: Continuum.

Freire, P. (1976). *Education: the Practice of Freedom.* London: Writers and Readers.

Freire, P. (1982). *Pedagogy of the Oppressed.* New York: Penguin.

Guest, G. et. al. (2005). *Qualitative research methods: A data collector's field guide.* Family Health International/USAID. San Francisco: Jossy Bass.

Kelly, G.F. (2001). *Sexuality today: The human perspective (7th ed).* New York: McGraw-Hill.

Lang, A.R. (1985). *The social psychology of drinking and human sexuality.* J Drug Issues, Vol (15), pp. 273-289.

Leeper, J. D. et al. (2006). *Use of social ecology model to address alcohol use among college athletes.* American Journal of health studies. Farmington Hills, Michigan: Gale Froup.

Lerner, D. (1968). *The Passing of Traditional Society: modernizing the Middle East.* USA: Free Press NY.

Mda, Zakes (1993), When People Play People: Development Communication Through Theatre. London: Zed Books.

Melkote, S. R. and Steeves, H.L. Communication for Development In The Third World: Theory And Practice For Empowerment. New Delhi: Sage Publications.

Merton R. K. et. al. (1956). *The Focused Interview.* New York: Free Press.

Moodley, E. L. (2007) "An assessment of students' perceptions of the ABC prevention strategy: Toward students' participation in HIV/AIDS message design at the University of KwaZulu-Natal." University of KwaZulu Natal: CCMS Publication.

National Institute on Alcohol Abuse and Alcoholism. (1992) *ALCOHOL ALERT.* In: National Institute on Alcohol Abuse and Alcoholism. Vol 15, pp. 311.

National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking: Why Do Adolescents Drink, What are the Risks, and How Can Underage Drinking Be Prevented?* In: National Institute on Alcohol Abuse and Alcoholism. Vol 67.

Nisbett, R. E. and Ross, L. (1980). *Human Inference: Strategies and Shortcomings of Social Judgment.* Englewood-Cliffs: Prentice-Hall.

Norman K. D. et. al. (2000). *Handbook of Qualitative Research.* Texas: Sage publications.

Percy-Smith, B. (2006). *From Consultation to Social Learning in Community Participation with Young People.* In: Children, Youth, and Environments. Vol. 16(2), pp. 153-179.

Phorano, O. D, Nthomang, K. and Ntseane, D. (2005). *Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence.* In: Journal of Social Aspects of HIV/AIDS. Vol 2(1), pp. 188-202.

Reardon, C. (2003). *Communication for Social Change Working Paper Series: A case study in communication for social change.* No 2. New York, Rockafella Foundation.

Ricoeur, P.1981. The hermeneutical function of distanciation. In: Hermeneutics and the social sciences, ed. and trans. J. B.Thompson. Cambridge: Cambridge University Press.

Sabido, M. et. al. (2004). *Entertainment-Education and Social Change: History, Research, and Practice.* Mahwah, NJ: Lawrence Erlbaum Associates.

Samovar, L. A. and Porter, R (eds). (2002). *Intercultural Communication: A Reader.* Belmont: Wadsorth.

Schramm, W. (ed) (1954). *The process and effects of mass communication.* Urbana, IL: University of Illinois Press.

Scrutinize (2007/8). *A guide to facilitating Scrutinize creatively: Training and information Recourse (2008).* South Africa.

Servaes, J. (1999). *Communication for Development: One World, Multiple Cultures.* New Jersey: Hampton Press.

Stremlau, J. and Nkosi, N. 2001. *The AIDS Crisis at South African Universities.* Technikon Pretoria. 2001.

Singhal and Rogers (1999). *Entertainment-education: A Communication Strategy for Social Change.* Mahwah, NJ/London: Lawrence Erlbaum Associates, 1999. pp. xiv, 265.
Smith, H. (1981). *Strategies of Social Research: The methodological imagination 2nd edition.* New Jersey: Prentice-Hall Inc.

Strauss, A and Corbin, J. (1990). *Basics of Qualitative Research, Techniques and Procedures for developing grounded theory.* pp, 11-13.

Thomas, F. C. (1996). *Theatre Research International.* Vol (21), pp. 276-277. Cambridge University Press.

Uys, T. et. al. (2002). HIV/AIDS and Students at RAU Final Report. South Africa: Centre for Sociological Research, University of Johannesburg.

Waisbord, S (2003) *Family Tree of Theories, Methodologies and Strategies in Development Communication.* New York: The Rockefeller Foundation.

Wallis, R. (1977). *The Road to Total Freedom.* New York: Columbia University Press.

Wechsler H and Nelson, T. (2008). *What we have learned from the Harvard School of Public Health College Alcohol Study: Focusing attention on College Student Alcohol Consumption and the Environment Conditions that promote it.* Journal of Studies on Alcohol and Drugs.

Wilkins, K. 2000. *Accounting for Power in Development Communication.* In: K. Wilkins (ed.) Redeveloping Communication for Social Change: Theory, Practice & Power (pp. 197-210). Boulder, CO: Rowman & Littlefield Publishers, Inc.

Wilshire, B. (1982). *The Dramaturgical Model of Behavior: Its Strengths and Weaknesses.* In: Symbolic Interaction. Vol. 5 (2), pp. 287–298.

Whiteside, A and Sunter, C. (2000). *AIDS: the challenge for South Africa.* Cape Town: Human and Rousseau Tafelberg

Citations:

Cohen D, and Crabtree, B. (2006). *Qualitative Research Guidelines Project.* July 2006. http://www.qualres.org/HomeInfo-3631.html - Accessed: 10/10/09.

Jennifer Fysh, (2006). *Influential Friends. Cited from:* http://www.student2b.co.za/artikel.asp?nID=219 - Accessed: 28/10/09.

Peltzer, K and Phaswana, N. (1999). *Substance use among South Africa university students: a quantitative and qualitative study.* http://www.sahealthinfo.org/admodule/sustudents.htm - Accessed: 19/10/09.

http://www.narconon.co.za – Accessed: 20/08/09.

http://www.healthcomms.org/comms/social/ld-nov03.html - Accessed: 02/10/09.

http://www.fas.harvard.edu/~cultagen/programs/files/Forum%20Theater - Accessed: 02/10/09

http://www.soulcity.org.za - Accessed: 22/09/09. - Accessed: 19/10/09.

http://www.cc.gatech.edu/classes/ - Accessed: 19/10/09.

http://aidspartnershipca.org/assets/CompletingTheCircle4.pdf - Accessed: 19/10/09.

http://www.healthlink.org.za/uploads/files/chap6_03.pdf - Accessed: 19/10/09.

http://www.cc.gatech.edu/classes/cs6751_97_winter/Topics/quest-design/ - Accessed: 19/10/09.

Appendix i: <u>Informed Consent Document</u>

Dear [Participant]

Thank you for agreeing to participate in our study! It is part of the module for the Culture, Communication and Media Department (CCMS) at the University of KwaZulu Natal (UKZN). The title of the research is *Investigating first year students perception of alcohol in the spread of HIV/AIDS at the UKZN, Howard College.* The study seeks to establish whether there is a link between alcohol use and unprotected sex amongst the student body of Howard College but beyond that is a shuttle for raising critical consciousness and health promotion.

We will simply be conducting a workshop with first years to gather data and perceptions around our topic then commence to formulating a campaign intervention to be run at Howard College for the larger student body. All that is required of you is to fill in a questionnaire and maybe partake in a focus group that will run post the workshop and final intervention. All information gathered will remain strictly confidential, and pseudonyms will be used when referring to you if required.
When the research is complete, all questionnaires and answers will be disposed of.

If you choose to refuse to participate, then you will not be at any disadvantage. Similarly, choosing to withdraw at any point during the research will not leave you disadvantaged in any way. You will not be expected to justify or explain your reasons for withdrawal.

If you have any questions please feel free to contact us:

Lunga Memela	Cindy Nqoko	Zama Mbatha	Peleka Mgugudo
083 9655 184	078 2950 613	079 5563 376	072 2205 251

Alternatively, contact our supervisor:

Given Mutinta: 031-2602298
208502317@ukzn.ac.za
Department: CCMS
MTB, UKZN

Thank you for your time!

Appendix ii: 1st year Questionnaire (pre and post)

Mark the correct box with an "X"

1.	What is your gender?	Male	Female	
2.	What is your race?	Black	White	Other
3.	Are you 18 years or older?	Yes	No	
4.	Do you live with your parents?	Yes	No	
5.	Did you experiment with alcohol before enrolling at University?	Yes	No	
6.	Do you drink alcohol now?	Yes	No	
If you answered no to the above question please proceed to answer questions 9-11 and 13-15.				
7.	Do you feel good after consuming alcohol?	Yes	No	
8.	Does your social life influence your consumption of alcohol (e.g. Parties and friends)?	Yes	No	
9.	Do you believe alcohol consumption can affect your decision making process?	Yes	No	
10.	Are you sexually active?	Yes	No	
11.	Do you always use a condom when sober?	Yes	No	
12.	Have you ever had unprotected sex while under the influence of alcohol?	Yes	No	
13.	Do you know of persons whom have engaged in risky sexual behaviour while under the influence of alcohol?	Yes	No	
14.	Would you say there is a link between alcohol abuse and risky sexual behaviour?	Yes	No	
15.	Do you believe there is a link between alcohol abuse and the transmission of HIV/AIDS?	Yes	No	
16.	Are students under the influence of alcohol conscious of the condom use procedure?	Yes	No	

Appendix iii: <u>Focus group questions</u>

FOCUS GROUP QUESTIONS: Group 1
Do students drink alcohol?
What is/are the main reason(s) students drink alcohol?
What is your perception of the dangers of alcohol consumption?
Do you think students who engage in sexual activities under the influence of alcohol use protection? Why/ Why not?
Is alcohol consumption linked to risky sexual behaviour? Yes/ No Why?
What are the risky sexual behaviours that students may engage in after alcohol consumption?
What do you suggest as potential communication strategy for an alcohol awareness performance?
How would you challenge the audience to participate in your presentation?
Is your presentation going to challenge students to think critically? How?

Appendix v: <u>Interview questions (guiding)</u>

INTERVIEW QUESTIONS (GUIDING)
What is your perception of the dangers of alcohol consumption?
What are the risky sexual behaviours that students may engage in after alcohol consumption?
What did you think of the forum theatre intervention?
Would you say the play posed the various themes with regards to alcohol consumption and risky sexual behaviour?
Could you identify with any of the characters? If so, who and why?
Did you get up to act during the forum? Why/ Why not?
Did you participate in the discussion? Why/ Why not?
Did you think about the play afterwards? If yes, what did you think about? Why?
Would you say that forum theatre is an effective communication strategy in reaching university students?

Appendix vi: <u>Workshop Programme</u>

Workshop Title: Sexual risk behaviour and Alcohol
Date: 12 September 2009
Time: 09h00-15h00
Venue: Shepstone 7
Personnel: Zama , Cindy, Lunga and Peleka
Resources: Overhead projector, tape recorder, Video camera and photo camera.
Material preparation: Flip chart, Markers, Scrutinize DVD

Information about the participants

How many students will there be? : 25

What age group are the students? : 18-21

What are the home languages of the students? : Zulu and English.

What other languages do the learners speak? : Xhosa, Sesotho, Shona, Ndebele and Afrikaans.

Are there any special needs among the learners? : No

What are the legal accessibility and safety requirements?
* Consent forms filled in by all participants.
* First Aid kit and Fire Extinguisher available.

Information about stakeholders

Who are the identified stakeholders?
HIV/AIDS Support Unit, SARAH, DramAidE, Campus Clinic and the Mentorship Program.

Methodology

Warm up games- to prepare participants to focus mentally and physically.
Brainstorming: to encourage spontaneous responses from the group and to encourage ideas to flow freely and deeper discussions follow later.
Small group discussions: to get more people to participate and gain a cross section of knowledge and ideas from each other.
Role plays: to encourage the participants to act out different situations.
Stop start theatre: to give the participants a chance to try out many of the solutions that they might think of.
Hot-seating: to explore how the characters might think and respond to questions posed by the audience.
Image theatre: to encourage participants to immediately create an image rather than think about it

Time	Content	Facilitator
09h30--09h35	Welcome and Introduction of facilitators.	**All**
09h35-09h55	**ICE-BREAKER** *name game*	Zama
09h55-10h00-	Pre-questionnaire handout	Peleka
10h00-10h15	Tea break	
		Lunga
10h15-10h20	Establish GROUND RULES and EXPECTATIONS	
10h20-10h25	OBJECTIVES of the workshop	Cindy
10h25-10h35 10h35-10h50 10h50-11h00	Brainstorming- What is Scrutinize?- Scrutinize themes: What's My Risk? BOOZA BRAIN	Zama
		Cindy
11h00-11h10	Trust exercise – Whole group	
11h10-12h00	Small group discussions and role play rehearsals (participants will work in small groups and devise a short thematic play).	**All**
12h00-12h30	**Lunch**	
12h30-13h30	Role plays presentations (using the methodologies) and reflection.	**All groups**
13h30-14h00	Stakeholders presentations	
14h00-14h10	Post questionnaire handout	**All researchers**
14h10-15h10	Focus group discussion (actors)	
	Closure	

ART for AIDS AWARENESS:
alcohol consumption = sexual risk behaviour = HIV/AIDS^2?

Date   : 09 October 2009
Venue   : Theatre Arts Prac Room
                  Drama & Performance St. Dept
Time   : Forum Period (12:20)

Bring your friends along!

Appendix viii: Project Photos
Workshop Pictures

Trust exercise

Participants and researchers

Intervention Pictures

The participatory process: Forum

The audience as 'spect-actors'