

An adaptation of DramAidE materials to be used with senior secondary Indian learners from the Durban area – to measure the educational awareness and behavior patterns in relation to HIV/AIDS

By

AARIF SAIB

BSS, UKZN – 205500227

And

SIMONE SAMUELS

BSS, UKZN – 205501309

Submitted in partial fulfillment of the requirement for the degree of Honors in Bachelor of Social Science in the Schools of Cultural Communication and Media Studies (CCMS) and Media and Cultural Studies (MCS) at the University of Kwa-Zulu Natal.

Faculty of Humanities
University of Kwa-Zulu Natal

SUPERVISOR: Given Mutinta

June 2008

CONTENTS

TOPICS	PAGE
Chapter One	
Orientation	
Title of project	1
Target audience	1
Background of study	1-3
Research problem	3
Research questions	3
Purpose of the study	4
Significance of the study	4
Chapter Two	
Theoretical framework	
Introduction	5
The script theory	5-6
Identity	6-7
Conclusion	8
Chapter Three	
Literature review	
Introduction	9
HIV/Aids in a medical context	9-10
The stigma of HIV/Aids in the Indian communities	10-11
The focus of HIV/Aids awareness campaigns	11

DramAidE literary materials	11-14
-----------------------------	-------

Chapter Four

Methodology

Introduction	15
Research design	15-16
Research site and population	16
Research sampling techniques	16-17
The research instruments	17 - 19
Data collection procedures	19
Conclusion	19

Chapter Five

Analysis and interpretation of data

Introduction	20
Thematic analysis	20-21
Analysis of findings: the pre-DramAidE material semi-structure interview and focus groups	21-25
Analysis of findings: the post-DramAidE material semi-structure interview.	25-26
Conclusion	23-24

Chapter six

Conclusion and recommendations

Introduction	27
Key findings	27-29
Limitations of the study	29
Conclusions of the study	29-31

Bibliography	32-35
Appendix A- Request for permission to conduct research	36-37
Appendix B- consent forms	38-39
Appendix C- Pre-DramAidE Materials Implementation Semi-Structured Interview Schedule	40
Appendix D- Sample: Pre-DramAidE Materials Implementation Semi Structured Interview Schedule Transcription	41-42
Appendix E- Adaptation of the HIV/AIDS Memorial Quilt Workshop for Focus Group Discussion	43
Appendix F- Adaptation of the at You at 7: Mobilizing Men to Care Facilitation Guide – Simon Says Activity - for Focus Group Discussion	44
Appendix G – Adaptation of the at You at 7: Mobilizing Men to Care Facilitation Guide – Skit Activity - for Focus Group Discussion	45
Appendix H – Post-DramAidE Materials Implementation Semi-Structured Interview Schedule	46
Appendix I – Sample: Post-DramAidE Materials Implementation Semi-Structured Interview Schedule Transcription	47-48

CHAPTER ONE

Orientation

Title of Project

An adaptation of DramAidE materials to be used on senior secondary Indian learners from the Durban Area – to measure the educational awareness and behavior patterns with regard to HIV/AIDS.

Target Audience

Primary Audience

Group Supervisor; Internal and External Moderators; the DramAidE organization; and Other Researchers in the HIV/AIDS related field.

Secondary Audience

The Subject Community Involved: Senior Secondary Indian Learners, their Parents, Educators and Community Leaders.

Background of Study

The Indian community is a very traditional and conservative community where discussion of social taboos such as the HIV/AIDS epidemic and other related sexuality issues are ignored or discussed on a minimal level. The South African National HIV Survey (2005) showed that 1.6% of the Indian population or 18 in every 1000 people are infected with the HIV/AIDS virus. Though this level is low in comparison to other race groups (African – 13.3% and Colored – 1.9%), HIV/AIDS is a serious problem facing the Indian communities. Some of the factors that contribute to the spread of the HIV in Indian communities are lack of knowledge and awareness of the virus, the existence of a

culture of conservatism and various other socio-economic problems (such as high levels of poverty, etc) (Naidoo; 2008)

Parker et al (2002) suggests that the conservative attitude towards social taboos arises 'in societies where cultural systems place greater emphasis on collectivism, (thus) HIV/AIDS may be perceived as bringing shame on the family and community.' Furthermore, many discriminatory beliefs, such as 'AIDS is an African disease' (Parker et al; 2002) are pervasive in the community, who believe that they are exempt from the epidemic. Discriminatory beliefs and stereotypes such as these reinforce the need for greater HIV/AIDS awareness which will result in positive attitudes and behavior patterns towards the epidemic. Thus, Indian communities are in urgent need of HIV/AIDS awareness campaigns to combat the spread of the virus. Social development organizations, such as DramAidE (Drama AIDS Education – the organization specializes in the field of HIV/AIDS education, research and social development) organization, are needed to implement participatory awareness campaigns in Indian communities who were overlooked by the DramAidE researchers - for a variety of reasons such as lack of research and identifying this as a needy community.

Originally, the research was targeted on Indian senior secondary learners in the Chatsworth area, which is one of the Indian communities with the highest infection rate (Medical Research Council; 2004). Due to variety of reasons (unavailability of learners and lack of co-operation of schools); the research location was changed to another Indian suburb (Newlands West) in the broader Durban area. Furthermore, instead of solely focusing on Indian senior secondary learners in a school environment, we broadened our focus to include Indian senior secondary learners from a Church Youth group.

Our research has two stages. The first stage is the pre-DramAidE material implementation, which will measure the educational awareness and behavior patterns of Indian senior secondary learners with regard to HIV/AIDS before the implementation of the DramAidE materials. The second stage is post-DramAidE material implementation, which measures the effectiveness of the DramAidE materials on the learners.

Both stages will employ the theoretical lens of Identity, and the Script Theory. The *DramAidE materials* refer to activities used by the DramAidE organization and are adapted to the context of this project.

Research Problem

The aim of this research is to establish if there has been an oversight in DramAidE's target audience, by determining the levels of awareness and behavior patterns of Indian senior secondary learners in their communities. This research may be used by DramAidE to reconsider their target audience in determining if it is feasible to adapt their material for marginal communities.

Research Questions

1. What are the levels of awareness of senior secondary Indian learners in the Durban area, with regards to issues of HIV/AIDS?
2. What are the constraints that inhibit HIV/AIDS awareness in senior secondary Indian learners in the Durban area?
3. How effective is the DramAidE materials in the Durban area, once implemented in these unexposed communities?

Purpose of The Study

There exists an inherent bias in many HIV/AIDS campaigns, as many of them solely target highly affected communities to reduce infection. This is based on an assumption that communities with no resources and infrastructure are the neediest. Yet, as members of the Indian communities, the researchers observed that their communities are in need of participatory awareness campaigns, due to the high number of teenage pregnancies; indicating that many youth engage in unprotected sex. Awareness campaigns, such as those run by the DramAidE organization, can assist to desensitize social taboos such as the HIV/AIDS epidemic. As members of Indian communities, the researchers understand the values, attitudes and behavior patterns of these communities. For example, conversations about HIV/AIDS lead to the belief that one is accepting of the disease and

is therefore, either exposed to or infected with the disease. This attitude stigmatizes HIV/AIDS, as it has been linked to generalisations such as promiscuity and homosexuality. People believe it is an immoral disease and face the fear of blame, punishment and resentment of family and community, choosing to ignore its presence rather than make themselves and their children aware of it (Naidoo; 2008).

The HIV/AIDS epidemic affects all levels of society; irrespective of race, ethnicity or religion. There exists a tendency of HIV/AIDS awareness campaigns to focus on the broader demographics, excluding marginal groups. This study aims to provide useful HIV/AIDS awareness campaigns and social development organizations, which broaden their reach to marginal groups. This will contribute to a decrease in the HIV/AIDS levels in society.

Theoretical Framework

The Script Theory

R. Schank's Script theory focuses on the structure of knowledge, especially in the context of language understanding (1975). The theory functions on the premise that all memory is episodic and structured around personal experiences. General experiences are called scripts, while specific memories are stored as pointers to scripts. According to Schank (1975), scripts allow individuals to make inferences needed for understanding by filling in missing information. As one's understanding and knowledge is established by experiences and thus, memory, in this manner we can determine our research participants' awareness of HIV/AIDS by referring to their general and personal experiences i.e. what encounters have they had with HIV/AIDS issues and awareness campaigns. The use of the Script theory is ideal for one-on-one interviews and focus groups, where they refer to themselves and their own knowledge.

The script theory states that scripts are influenced by three spheres: cultural scenarios, interpersonal scripts, and intrapsychic scripts (Simon and Gagnon, 1986).

The first sphere is cultural scenarios that states norms and normative orientations shape peoples' behavior. Cultural scenarios are instructional signs that influence behavior on the collective level. They are too abstract to be noted and neither are they entirely predictive of actual behavior. The researchers will use this sphere to investigate the impact of culture on students' perceptions of HIV/AIDS.

The second sphere is interpersonal scripts that refer to subjective and individual process of norms, personal experiences, socialization; family, friends, neighbors, co-workers and acquaintances are important influences on peoples' behavior. Through ties in social networks, people acquire behaviors. Interpersonal scripts merge the abstract scenarios with the practical interpersonal encounter. At this stage individuals participating in the abstracting scenarios have an opportunity to become active script writers adapting relevant abstractions into concrete behavior (Simon and Gagnon 1986). The researchers will use this sphere to investigate the impact of inter-personal relations on students' perceptions of HIV/AIDS.

The final sphere is intrapsychic scripts that refer to processes that mediate between the cultural and interpersonal scripts and can construct the domain of desires (Dowrkin and O' Sullivan, 2005). This comes as a need to script ones behavior bearing in mind the scripted nature of other behaviors and the anticipations of social action. Intrapersonal scripting creates one's fantasies in which a symbolic reorganization of one seeks to fulfill his/her desires. This desire does not create the self but is a process of creating the self. I will test this sphere so as to help students reveal how characteristics of the individual such as; knowledge, attitudes, behavior, and self-concept, expectations and skills or intention influence their behavior towards HIV/AIDS.

Identity

Sociologists typically theorise identity as the bridge linking the individual to society (Swatos; 1998). It is for this reason that identity will be used as a theoretical lens, which no longer researches the participants from a personal viewpoint, but in the context of their community. To understand the subjects more effectively, research must move from

the individual level to the community level. In doing so, research explores their cultural identity (in context to their families and communities) as an individual cannot exist in absolute isolation and is thus, influenced by and adopts attitudes and behavior patterns from their society. Khuzwayo (2004) confirms this premise, ‘adolescents do not live in a vacuum; they are the product of the community in which they are raised and live’ (2004:6). This will develop an understanding about the research participants' behaviour patterns and awareness levels.

Literature Review

The Stigma of HIV/AIDS in the Indian Communities

As discussed previously, the Indian community is a very traditional and conservative community where discussion of social taboos such as the HIV/AIDS epidemic and other related sexuality issues are ignored or discussed on a minimal level. Many discriminatory beliefs, such as ‘AIDS is an African disease’ (Parker et al; 2002) are pervasive in communities such as the Indian community who believe that they are exempt from the epidemic. Discriminatory beliefs and stereotypes such as these reinforce the need for greater HIV/AIDS awareness which will result in positive behavior patterns and attitudes towards the epidemic. This perception is further confirmed by Naidoo (2008), “One of the main reasons for the high HIV prevalence is that the community believes that they are immunized against HIV by virtue of their culture, they are in denial, believing that it is impossible for their children to get infected because they are brought up in a religious way. Naidoo further adds ‘parents often feel embarrassed to talk to their children about sex’, thus further compounding the problem. These negative perceptions and knowledge about AIDS reinforce the dominant discourse that HIV/AIDS does not affect the Indian community.

The Focus of HIV/AIDS Awareness Campaigns

Van Niekerk (1991) states that HIV/AIDS is rampant in black communities. He establishes that black communities are the neediest due to their lack of education, housing and health services. He suggests that other races will continually remain in a privileged

position and it is for this reason that greater attention, with regard to educational and awareness campaigns should be placed on black communities. Van Niekerk's sentiments regarding black communities as the neediest communities establish an understanding of why many awareness campaigns and social development organizations (such as DramAidE) target primarily black communities.

DramAidE Literary Materials

DramAidE is an HIV/AIDS, life-skills and sexuality education programme operating in Kwa-Zulu Natal since 1991. It utilizes an action and participatory approach to engage youth. DramAidE's literature ranges from annual reports to facilitator guidance and workshop strategies, such as the *South African AIDS Memorial Quilt* and *See You at 7: Mobilizing Young Men to Care*. The literature highlights DramAidE's target areas, which are rural regions in Kwa-Zulu Natal and a target audience which comprises of learners from rural schools and their teachers. The materials are essentially resources for those in facilitator training and therefore focus extensively on the steps of facilitation. The content of the material range from gender identity, gender and sexual responsibility to playmaking. These various elements in the material suggest that DramAidE does not solely focus upon HIV/AIDS but also gender, sexuality and drama, which gives it a broader form of education. Much of their literature is detailed information and procedures to guide facilitators in their training and facilitation. However, it is because DramAidE targets rural, black communities that much of its content is compiled in that context. E.g. the names used in the scenarios and examples are African names and translations are from Zulu to English in order for the comments to be included in the literature, suggesting that the activities are more frequently done by Zulu-speaking individuals.

Adaptation of the HIV/AIDS Memorial Quilt Workshop:

DramAidE uses this workshop as a means of getting people to communicate in a non-verbal way about the topic of HIV/AIDS. This is effective, as it enables participants to express themselves in a free and less intimidating manner. As a result this project uses this approach to get the participant to express themselves on the issue of HIV/AIDS.

Our adaptation uses the Quilt workshop as a Poster session , where participants can make a poster illustrating the way they personally understand HIV/AIDS. They can express HIV/AIDS in any manner they wish to, whether it be as the cause of personal loss, a South African epidemic or even as an issue that they do not have an opinion about. After the posters have been made, the creator of each poster will be asked to address the rest of the group by displaying and explaining the imagery on their poster. (Those who prefer not to explain the poster will not be forced too)

Adaptation of See You at 7: Mobilizing Men to Care Facilitation Guide:

This facilitation guide focuses on:

- * Risky behavior
- * Feelings of inadequacy
- * Need for emotional intimacy/acceptance
- * Status and power
- * Comfort and escape
- * Peer pressure
- * Myths

Activity 1 includes elements of risky behavior-

A game of Simon says will be played, asking the participants to accept or decline the instructions by taking a stepping forward to indicate NO or keeping their position to indicate YES . After each round they will be asked the reason for their particular choice.

i.e.

- * Simon says have sexual intercourse without a condom
- * Simon says if the condom breaks during intercourse, carry on.
- * Simon says have multiple sexual partners
- * Simon says be unaware of your status
- * Simon says hide your status from your partner
- * Simon says have other forms of sex, such as oral sex and/or anal sex.

Activity 2 focuses on the elements of need for emotional intimacy

Anonymously write down if you are in a relationship and in 1 sentence explain what the appeal is of being in this relationship. The responses will be put in a container, from which responses will be randomly drawn and then discussed.

Activity 3 focuses on status and power

In groups, list what you believe to be the roles of men/boys in a relationship. Make a second list in which you list the believed role of women/girls. Each group will nominate a representative, who will read their lists and other groups can critique what they disagree with from the other's list. This discussion can then pose the question to the participants: if you were in a relationship would you conform to the perceived role of men/women in the relationship? The researchers will then present our own list that suggests what the role of men and women are in relationship, from which we will ask for their responses to the suggested roles. (The roles will be taken from the DramAide facilitation guide)

i.e.

- * Men and women are equal in a relationship-one does not have dominance over the other.
- * It is the duty of both men and women to treat their partner with respect.
- * Both must be true and honest to their partner, not misleading or manipulating them.
- * It is the role of both genders to invest in the relationship emotionally, rather than materially. (Gift should not be given with an expectation of receiving something in return)
- * One person's wants, whether it is the man or woman's, should not be imposed upon the other.
- * It is NOT the role of men or women to do what the other forces him/her to do.
- * Both men and women are free to make choices that they feel are right.
- * Both men and women should feel safe and protected and in turn make their partners feel the same.

* Men and women enter into a relationship for the right reason and not with ulterior motives.

* It is the role of both men and women to remain true to themselves in a relationship, by remaining individuals.

* It is the role of men and women to treat their partner the way they would want to be treated.

Activity 4 focuses on the myth element

The group must develop a skit (very short) that demonstrates what they believe to be a dangerous myth regarding HIV/AIDS. After they perform the skit we will have a discussion about that particular myth and other myths that they are aware of. Finally, we will introduce any myths that haven't been mentioned through a did-you-know section.

Methodology

Research Design

The study is concerned with adapting the DramAidE materials for senior secondary Indian learners from the Durban area, to measure the educational awareness and behavior patterns with regard to HIV/AIDS. It is specifically intended to investigate the relationship between educational awareness and behavior patterns. Such issues are best investigated through qualitative methods of data collection. The design enables the researchers to study groups within their own environment in an attempt to experience reality from the participants' frame of reference, giving us an in-depth understanding of what people experience (Singh; 2003). For the purpose of this study, the qualitative methods obtains data by asking participants about their attitudes, knowledge, beliefs and behavior with regard to HIV/AIDS through focus groups discussions and semi-structured interviews. The design may suffer from weaknesses such as the concept of validity, 'in that it is difficult to determine the truthfulness of findings' (Jones: 1997). Furthermore, the relatively low sample numbers in qualitative studies may lead to claims of being unrepresentative of the population. But these weaknesses are insignificant compared to its contributions to this study.

Research Site and Population

The site of study is a Church Youth group in Chatsworth (an Indian suburb about 40 km south of the city centre of Durban) and a public school in Newlands West (an Indian suburb about 20 km west of the city centre of Durban). Chatsworth is the largest Indian suburb in the Durban area. It also has the highest HIV/AIDS infection rate (Medical Research Council; 2004). Newlands West also has a large Indian population. It was chosen after we changed our research location, from exclusively focusing on Chatsworth to broadening it to the greater Durban area.

Senior Secondary Indian learners have been chosen because it is assumed that they have been exposed to relevant knowledge on HIV/AIDS, as it is a component of their school curriculum. Furthermore, they belong to a demographic that is at risk of infection due to risky behavior patterns (Reddy; 2003).

Research Sampling Techniques

In order to administer the focus group discussions to senior secondary Indian learners, one school (formal setting) and one Church Youth group (informal setting) from the Durban area were purposively selected. Purposive sampling was chosen because “it increases the utility of information obtained and the sample chosen is likely knowledgeable and informative about the phenomenon investigated, and it may yield much insight into the topic” (Patton; 1990). Furthermore, Patton (1990) argues that purposive sampling requires that information be obtained about variations amongst the sub-units before the sample is chosen.

Twenty senior secondary Indian learners from the public school and Church Youth group were selected. This provides the researchers with 40 senior secondary Indian learners as respondents. The learners selected had an average age of 16, be in Grade 11 and come

from mixed religious backgrounds (except for the learners from the Church Youth group). These learners formed the focus group.

The Research Instruments

- Semi-structured interviews
- Focus group discussions

Semi-Structured Interviews

The interviews were conducted with the learners over a period of two hours. Semi-structured interviews were used to obtain relevant information on the learners' perceptions, knowledge, beliefs and behavior with regard to HIV/AIDS. The interviews were conducted by the researchers, as we believe this is the best method to obtain relevant information because:

- Unstructured interviews are flexible, Singh (2003)
- Few restrictions are placed on the respondents answers, Singh (2003)
- Obtain information that cannot be directly observed, Onen et al (2004)
- One can gain an insight into the character and intensity of the respondents attitudes, motives, feelings, and beliefs and can detect underlying motivations and unacknowledged attitudes, De Vos (1998)
- The researcher also has the opportunity of analyzing both the verbal and non-verbal responses. In face-to-face meetings an investigator is able to encourage subjects and to help them probe more deeply into a problem particularly on an emotionally-laden one, Patitu (2000)

In construction of the interview schedule, the researcher studied and adapted the contributions made by various researchers in this field, constructing an interview schedule comprising of open-ended questions. The inclusion of open ended questions encourages participants to provide as much general information as they preferred (Singh; 2003: 28), giving the researchers a more in-depth response. The pre-DramAidE material

implementation is Appendix E, and the post-DramAidE material implementation is Appendix I.

Focus Group Discussion

The focus group entails an extent of participation in the stage of data collection. The participants interact with each other rather than the researcher (Singh; 2003:30). According to Cohen et al (2000), focus groups are continued settings, bringing together a specifically chosen population to discuss a particular theme or topic where the interaction with the group leads to a data and outcomes. Morgan (1988) further adds, 'their continued nature is both their strength and weakness: they are unnatural settings and yet they are focused on a particular issue, and therefore will yield insights that may not be otherwise available in a straight forward interview, are economic, producing a large amount of data in a short period of time, but they tend to produce less data than the same number of individual interviews.'

In the context of HIV/AIDS research, Burja (2000) states that focus group discussions are been increasingly used in Africa and has a direct impact on sexuality. According to Burja (2000), 'focus group interviews have particular merit in linking the generation of research data with collective consciousness raising and holding the potential of linking both to the generation of strategies of protection.' The researchers conducted a focus group interview with 20 participants in each setting. This comprised of 10 boys and 10 girls from Indian communities and from different religious backgrounds (except for the learners from the Church Youth group). Their ages range from 15 to 17 years. The focus group discussions provided the researcher with an opportunity to engage the learners on their perceptions, knowledge, beliefs and behavior with regard to HIV/AIDS. The focus group discussion will involve the implementation of the DramAide materials.

Analysis and Interpretation Of Data

Thematic Analysis

Thematic analysis by Terre Blanche and Kelly (1999) is a process of encoding qualitative information. The process consists of five major steps:

1. Familiarization and Immersion
2. Inducing themes
3. Coding
4. Elaboration
5. Interpretation and Checking

Familiarization and Immersion

Familiarization involves reading through interview transcripts repetitively, immersing oneself in them, abstracting, making notes and conceptualizing data. While going through them, the issues that emerge as important to the respondents, and also those informing the research questions, are marked.

Inducing themes

Inducing themes involves identification of recurrent issues and concepts that emerge. The analyst organizes such issues into labeled categories. These categories are further arranged into sub-themes.

Coding

While themes are induced, they are also coded. Coding involves breaking down data into labeled meaningful pieces with a view to clustering the pieces under one main code. During this stage, themes are arranged as the analyst conceptualizes them and how they relate to each other. During this process, the analyst now begins to understand how sub-themes are related to themes and begins to analyze them well.

Elaboration

During this stage, the themes are explored more closely and compared and classified accordingly to where they belong. During this stage data, meaning is explored to check if any issues that were not captured.

Interpretation and Checking

This is the final step of data analysis in which data is checked for accuracy of interpretation. In this stage, research objectives and theoretical framework guide the analysis. This serves to regulate the researcher in the subjective process of data interpretation.

Analysis of Findings: The Pre-DramAidE Material Semi-Structure Interview and Focus Groups

The Influence of Social Institutions

Louis Althusser (1977) suggests that the key agents responsible for the production of individual's 'subjectivities' or identities are institutions such as the family unit, the education system, religion and the mass media. Because individuals perceive and interpret messages and information that are conveyed to them in the context of their own interaction and experience that various attitudes, stances and behaviors emerge. The research participants expressed their knowledge and understandings of HIV/AIDS by referring to powerful institutions such as the family unit, religion, culture, society and the mass media, which developed their awareness and experience of the subject.

A Culture of Conservatism

The participants of the research belonged to a common Indian culture, which can be characterized as traditional and conservative. Social norms such as 'abstinence until marriage and being faithful to that partner' are advocated in this culture. Furthermore, there is a common understanding that HIV/AIDS is a sexually transmitted disease. Thus, as a result of these perceptions, parents do not find the need to discuss HIV/AIDS and other related issues with their children, as there is misconception that their children will only engage in sexual activities after marriage. This finding is further confirmed in the research, as participants indicated they received limited knowledge regarding HIV/AIDS and other related issues from their parents.

Stigma and Denial of HIV/AIDS

According to research (UNAIDS: 2008) stigma is an important attitude related to HIV/AIDS infection. Stigma is associated with denial, which often fuels the spread of the epidemic (Khuzwayo; 2004:25). The findings of this study suggest that Indian youth appear to have a negative attitude towards those who are HIV/AIDS infected. They link HIV/AIDS infection to promiscuity, prostitution and homosexuality.

“Only gay people and prostitutes get AIDS...”

and

“People who sleep around get AIDS” [Participants]

These behaviors are considered social taboos in Indian communities, making conversation about HIV/AIDS uncomfortable and difficult. Furthermore, participants stated that if they openly discuss the HIV/AIDS epidemic, the community will view them as accepting of the disease which makes them targets of discrimination. This view was evident as no participants in both settings wanted to partake in the *skit activity*, as they felt fellow participants will stereotype and discriminate them.

Participants also link HIV/AIDS infection to race, stereotyping other races as carriers of the disease. For example, the stereotype *“HIV/AIDS is a black man’s disease”*, is prevalent in the community. This stereotype suggests that many members of the Indian communities do not acknowledge HIV/AIDS as a disease that affects them and stereotypes another races as carriers of the disease. By harboring this belief, parents and elders influence the youth negatively resulting in them engaging in unprotected sex with the perception that they cannot contract the disease.

High level of Social Cohesion

The Indian community has a very high level of social cohesion. For example, if a member of the community succeeds in a particular activity it is a positive reflection on the community; if a member of the community fails, it is considered as a negative reflection. Thus, an HIV positive member creates not only a negative perception of themselves but also of the community.

In Indian communities, high levels of social cohesion are linked with a culture of conservatism. Thus, social taboos such as the HIV/AIDS epidemic hinder peoples' awareness; they choose to hide their status out of fear of condemnation and the rest of the community choose to remain unaware of HIV/AIDS levels in their community. This increases the level of risk, as a spouse may choose to infect their partner rather than reveal their status. Similarly, when a member of the community is injured, the community is familiar with the person and does not expect the person to be HIV positive, rushing to the person's aid without taking precaution, increasing the level of risk. Therefore, the high level of social cohesion in Indian communities explains why there exist negative perceptions and stigmas with regard to HIV/AIDS.

Abstinence not adhered to

Participants concurred that their various religions emphasized abstinence until marriage, with their spouse as their only sexual partner. However, they suggested that even though abstinence was instilled through religions and culture, it was not something that many of them personally adhered to. Furthermore, the large number of teenage pregnancies in schools did not sway them to the belief of abstinence. A participant casually stated that there were *“presently between 3 and 6 pregnant girls in each grade at school.”*

Excessively Exposed to HIV/AIDS Materials.

A key finding of the study was that the participants felt excessively exposed to HIV/AIDS awareness material, making the topic tedious whereby participants felt they knew everything there is to know about HIV/AIDS.

“HIV/AIDS has become so boring that I switch off the moment I see an advert or hear someone talking about it.”

and

“When speakers come to school to talk about AIDS...I know it's that time again where I pull out my phone to log on to Mxit” [Participants]

This perception towards HIV/AIDS awareness material suggests that the strategies of HIV/AIDS awareness campaigns is no longer effective in reaching their most vulnerable target group, the youth. Furthermore, the lack of engagement and interaction in HIV/AIDS awareness campaigns makes the youth feels like they are constantly being lectured to, which makes them further despondent.

Ineffective Media

Many participants criticized the media, stating that its techniques and strategies in HIV/AIDS awareness campaigns are ineffective. They further supported culturally sensitive material. They believed that the media's message would be more effective if they used entertaining approaches. This suggestion advocates that entertainment education programmes has not been introduced in their schools and communities.

In terms of the types of media that are ineffective, the majority stated that pamphlets and fliers were the most ineffective because they are too time-consuming and dense to read.

“Many people may take pamphlets and fliers (on HIV/AIDS) but do not read them and later leave them lying around or throw them away.”

Another type of media that is ineffective is adverts and billboards, as they may be easily misunderstood and could end up conveying the wrong message.

Analysis of Findings: The Post-DramAidE Material Semi-Structure Interview.

A key finding in the post-DramAidE material semi-structure interview was that the adapted DramAidE activities had engagement and interaction that was effective and memorable.

“By watching a play, it is a visual activity that the audience can relate to and talk about afterwards.” [Participant]

While many participants felt that the DramAidE programme was effective, they believed that the traditional means of creating awareness should not be abolished, but the two should be used in conjunction for maximum effectiveness.

“If the content is too entertaining people will not take the topic and message seriously, but if it is too serious people lose interest and it becomes ineffective.” [Participant]

They also mentioned that having an adult, such as a teacher or speaker addressing them makes it difficult to engage, ask questions or speak freely. However, they suggest that interacting with us (the researchers) who were closer to their age and approached them in a casual manner makes it easier to respond honestly and openly without embarrassment or fear of judgment, as they associated negative feedback and judgment from adults.

“I cannot ask the teacher a question about sex or Aids; she will judge me as forward.”
[Participant]

CONCLUSIONS AND RECOMMENDATIONS

KEY FINDINGS

The research objectives of the study were:

1. To determine the levels of awareness of senior secondary Indian learners in the Durban area, with regards to issues of HIV/AIDS.
2. To determine the constraints that inhibits HIV/AIDS awareness in senior secondary Indian learners in the Durban area.
3. To determine the effective is the DramAide materials in the Durban area, once it has been implemented in these unexposed communities.

In terms of the nature and transmission of HIV/AIDS, participants' levels of awareness of these issues were high. This can be attributed firstly, to the fact that HIV/AIDS is a

component of school curriculum and secondly, to the influence of the media on the subject. Furthermore, cultural scenarios of the education system and mass media were influential on learners' knowledge on the subject. This answers the first objective of the study.

Though the participants had a high level of awareness on HIV/AIDS, it did not influence their general perception of the epidemic and behavior patterns. Participants valued knowledge from parents, peers and the broader culture than the knowledge received from the education system and mass media. The constraints that inhibited the level of awareness of HIV/AIDS are: a culture of conservatism; stigma and denial of the epidemic; high levels of social cohesion; abstinence not adhered to; excessive exposure of the issue; and ineffective media.

Firstly, in terms of a culture of conservatism, participants belonged to a common Indian culture that can be characterized as traditional and conservative. Social norms dictate to parents who in turn do not educate their children on HIV/AIDS, as it is a subject for adults. This finding suggests participants received limited knowledge regarding HIV/AIDS from their parents, allowing for the influence of stereotypes. Secondly, in terms of stigma and denial of the epidemic, participants linked HIV/AIDS to homosexuality, prostitution, promiscuity and other races. They believed that only these categories of people can be infected. Furthermore, to speak openly about HIV/AIDS leads to condemnation and discrimination; which in turn leads to denial and silence on the subject. Parents, peers, social institutions and the broader Indian culture advocate these stereotypes and stigmas. Thirdly, in terms of high levels of social cohesion, acknowledgement of HIV/AIDS will create a negative perception of the community; thus, making the topic a social taboo. Fourthly, in terms of abstinence, there was a general perception that abstinence was a personal choice that was been forced on the participants by their culture, forcing them to rebel against it. This results in a high level of teenage pregnancies. Fifthly, in term of excessive exposure of the issue, participants felt they are bombarded with excessive exposure to the HIV/AIDS subject, in school and the mass media. Furthermore, the lack of entertainment and repetitive exposure of the

subject results in the subject being tedious. Finally, in terms of ineffective media, formats of the media such as billboards and pamphlets are an ineffective means to advocate HIV/AIDS awareness campaigns. Participants found them contradictory and tedious.

Overall, the constraints that inhibit HIV/AIDS awareness levels discussed are in keeping with the literature review. This answers the second objective of the study.

A key finding in the study was that the adapted DramAidE activities had engagement and interaction that was effective and memorable to the participants. While many participants found the DramAidE programme was effective, they believed that the traditional means of creating awareness should be revisited, but the two should be used in conjunction for maximum effectiveness. Furthermore, facilitators closer to the participants' age were more effective than adults as it makes it difficult to engage, ask questions or speak freely with adults. Thus, the adapted DramAidE activities were very effective. This answers the final objective of the study.

Limitations of The Study

This study adopted a qualitative approach in establishing if there has been an oversight in DramAidE's target audience, by determining the levels of awareness and behavior patterns of Indian senior secondary learners in their communities. Given that it is a qualitative study limited to two study sites, the findings of this study can therefore not be generalized to other areas. In terms of sample size, there were only 40 participants. The relatively low sample numbers in this study may lead to claims of being unrepresentative of the population. The final limitation is that even though confidentiality was maintained in the study, the sensitive nature of the information meant that participants could have not been honest in their responses.

Conclusions of The Study

The study established that there has been limitation in selecting DramAidE's target audience, by determining the levels of awareness and behavior patterns of Indian senior secondary learners in their communities.

The study establishes that even though there was a high level of HIV/AIDS awareness amongst the participants, negative cultural factors had a greater influence on the behavior of the senior secondary Indian learners. Furthermore, the study established that the adapted DramAidE materials were very effective on the participants, increasing their knowledge on the HIV/AIDS epidemic.

In view of these findings the study recommends firstly, that the DramAidE organization and other social development organizations run HIV/AIDS awareness campaigns broadening their reach to the Indian community and other marginal groups. Furthermore, these organizations should not run in isolation in these communities but should work in partnership with parents, schools, community leaders and social institutions. These campaigns must be culturally sensitive.

The study recommends secondly, that schools should run HIV/AIDS awareness campaigns that are participatory and entertaining, involving the students as much as possible. Furthermore, schools should promote an atmosphere where students can openly ask questions and discuss such issues with the fear of condemnation and discrimination.

The study recommends thirdly, that parents should openly educate and discuss HIV/AIDS and other related sexuality issues. They should also encourage their children to openly discuss this issue, breaking the culture of conservatism and desensitizing social taboos.

The study recommends finally, that media organization should make their content with regards to HIV/AIDS and other related sexuality issues more entertaining. Furthermore,

the content should be culturally sensitive and use media that are effective: newspaper, radio, television and the internet.

In conclusion, in the words of Hafez Faizel Scofe and Hackland (2000): “every child born to earth brings with it the air of heaven, in its expression; in its smile in its cry, one hears the melodies of heaven.” Parents, educators and aid workers should ask, would we not as a moral and responsible society be failing in our obligations if we neglect to provide an atmosphere conducive to learning and understanding the seriousness of this dreaded disease as protection for our children. With this, we conclude this paper.

BIBLIOGRAPHY

Althusser, L. 1977. *Lenin and Philosophy and Other Essays*. New Left Books: London.

Burja, J. 2000. **Target Practice: Gender and Generation struggle in Lushoto.** In AIDS Sexuality and Gender in Africa (eds). Baylies, C., Burja, J. London and New York: Routledge.

Cohen, L., Manion, L., and Morrison, K. 2000. **Research Methods in Education. 5th Edition.** London and New York: Routledge Falmer.

Dalrymple, L., and Botha, P. 2000. **The South African AIDS Memorial Quilt. A Guide for Facilitators.** Artworks Publishing & Communications: Durban.

Dalrymple, L., and Botha. **A Facilitator's Guide to See You at 7. A Video About Developing Gender Responsibility. Mobilizing Young Men to Care.** Atlas Printers: Durban.

De Beer, C S. 1991. **Pitfalls in the Research Process: Some philosophical perspectives.** HSRC Publisher: Pretoria, South Africa.

De Vos, A.S. 1998. **Research at Grass Roots: A Primer for the Caring Professions.** J.L Van Schaik: Pretoria.

DramAide (Drama Aids Education). 2001. **Annual Report 2000/2001.** Fishwicks the Printers: Durban.

Dworkin, S., and O'Sullivan L. 2005. **Actual Versus Desired Initiation Patterns: Tapping Disjunctions Within and Departures from Traditional Male Sexual Scripts.** Journal of Sex Research. 42,2, pp 150-158.

Gagnon, J.H., and Simon, W. 1986. **Sexual Conduct: The Social Sources of Human Sexuality.** Sage Publications.

Jones, I. 1997. **Mixing Quantitative and Quantitative Methods in Sports Fan Research.** <http://www.nova.edu/ssss/QR/QR3-4/jones.html>. Downloaded 5th May 2008.

Khuzwayo, N.W. 2004. **Understanding the Multiple Levels of Risk Influence Underpinning the Spread of HIV/AIDS Amongst the Youth in the Cato Crest Community.** University of KwaZulu Natal: Durban.

Medical Research Council. 2004. Cited in Naidoo, S. 29th January 2008. '*Shock Study on Chats Aids*'. **The Times.**

Morgan, D.L. 1988. **Focus Group on Qualitative Research.** Beverly Hills: Sage Publications.

Naidoo, S. 29th January 2008. '*Shock Study on Chats Aids*'. **The Times.**

Onen, D., and Oso, W.Y. 2004. **A General Guide to Writing Research Proposal and Report.** Options Press and Publishers: Kisumu.

Parker, R & Aggleton, P. 2002. **HIV/AIDS-related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action.** Horizons Program, The Population Council Inc.

Patton, J. 1990. **Research in Educational: A Conceptual Introduction.** Harper Collins. College Publications.

Patitu, C.L. 2000. **An Introduction to Educational Research Core Module.** University of Durban Westville: Durban.

Sacks, H., Schegloff, E. A., & Jefferson, G. 1974. *A simplest systematics for the organization of turn-taking for conversation.* In **Language**, 50:696-735.

Schank, R.C. 1975. **Conceptual Information Processing.** New York: Elsevier.

Scofe, F., and Hackland, D. 2000. **Find the Faith to Act;** in *Children First*, 4 (31_) 20-22.

Shisana, O., Rehle, T., Simbayi, L., Parker, W., Zuma, K., Bhana, A., Connolly, C., Jooste, S., and Pillay, V (eds). 2005. **The South African National HIV Prevalence, HIV Incidence, Behavior and Communication Survey.** In <http://www.avert.org/safricastats.htm>. Downloaded 4th April 2008.

Singh, P. 2003. **Knowledge and Perceptions of HIV/AIDS of Foundation Phase Educators and Learners in the Verulem Area.** University of Durban Westville: Durban.

St. Clair, R., Thomé-Williams, A.C., Su, L. **The Role of Social Script Theory in Cognitive Blending.** <http://epistemic-forms.com/Role-Social-Script-Theory.html>. Downloaded 4th April 2008.

Swatos, W.H, Jr. 1998. **Encyclopedia of Religion and Society.** <http://hrr.hartsem.edu/ency/coverpage.htm>. Downloaded 4th April 2008.

Terre Blanche, M., and Kelly, K. 1999. *Interpretive methods.* In Terre Blanche, M., and Durrheim, K. **Research in Practice : Applied Methods for the Social Science.** University of Cape Town Press (Pty) Ltd: Cape Town. Pp 123-145.

Terry, D.J. 1993. **The Theory of Research Action. Its Application to Aids preventive Behavior.** Oxford, New York, Seoul, Tokyo: Pergamon Press.

The DramAide Organization. 2005. **The DramAide Website.**
www.ukzn.ac.za/dramaide/

UNAIDS. 2008. **South Africa: Epidemiological fact sheets on HIV/Aids and Sexually Transmitted Infections. 2008 Update.**
http://data.unaids.org/pub/Report/2008/south_africa_2008_country_progress_report_en.pdf

Van Niekerk, A. 1991. **Aids in context: A South African Perspective.** National Book Printers: Cape Town.

Whiteside, A., and Sunter, C. 2002. **Aids: The challenge for South Africa.** Human and Rosseau. Tafelburg: Cape Town.

APPENDIX A

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

P.O BOX 74184

Rochdale Park

4034

15th April 2008

Mr. M.F Bayat

Principal of New West Secondary

Veldcastle Drive

Newlands West

Durban

Sir

Request for Permission to Conduct Research

I hereby request permission to conduct research in New West Secondary School for academic purposes. I am currently engaged in a research project as part of an Honors degree in Culture, Communication and Media Studies at the University of KwaZulu-Natal (Howard College). Our research focuses on an adaptation of DramAide materials to be used on senior secondary Indian learners from the Durban Area – to measure the educational awareness and behavior patterns with regard to HIV/AIDS.

Your participation in this project is entirely voluntary, and your responses will be treated in a confidential manner. If you wish, your anonymity will be ensured in the written project. You are free to withdraw from the research at any time without any negative or undesirable consequences to yourself. If you wish, you can demand to see the written project before it is handed in for marking to ensure that these promises have been met.

No participants are paid for their contribution to the project. For further information, you can contact us or our supervisor:

Aarif Saib – (H) 031 5776043 or 084 941 2719

Simone Samuels – (H) 031 400 3207 or 084 945 4569

Given Mutinta (Supervisor) – 076 157 9351

Thank you for your generous assistance.

Yours Sincerely

Aarif Saib

Student

Simone Samuels

Student

Given Mutinta

Supervisor

APPENDIX B

CONSENT FORMS

P.O BOX 74184

Rochdale Park

4034

15th April 2008

Dear Parent/Guardian

We are currently engaged in a research project at the University of Kwa-Zulu Natal (Howard College campus). Our research focuses on an adaptation of DramAide materials to be used on senior secondary Indian learners from the Durban Area – to measure the educational awareness and behavior patterns with regard to HIV/AIDS.

We hereby request of you to grant consent for your child/ward to participate in this research. We will be conducting interviews and focus groups with learners which will last approximately two hours. All interviewing will be undertaken during school hours. All information received will be strictly confidential and your child/ward will remain anonymous. We thank you in advance for your co-operation.

Aarif Saib

Student

Simone Samuels

Student

Given Mutinta

Supervisor

I Dr, Mr, Mrs, MS _____ hereby give consent for my child/ward to participate in the proposal research. We fully understand that processes and procedures involved and accept responsibility for my child/ward's participation.

Signature of Parent/Guardian

APPENDIX C

<p>PRE-DRAMAIDE MATERIALS IMPLEMENTATION SEMI-STRUCTURED INTERVIEW SCHEDULE</p>
--

1. What is an STD?
2. What is HIV?
3. What is AIDS?
4. How do you get HIV/AIDS?
5. What are the preventions of HIV/AIDS?
6. What are condoms?
7. How effective are condoms as a form of protections?
8. Are there more effective ways of HIV/AIDS prevention?
9. Where do you get your knowledge about HIV/AIDS from?
10. Does the media affect your knowledge of AIDS? If yes, how?
11. Do you feel comfortable openly discussing and learning about HIV/AIDS?
12. Do you think there are better ways of receiving knowledge?
13. How does your culture affect your understanding and perceptions of HIV/AIDS?
14. What is your attitude towards people who have HIV/AIDS?
15. What contributions do you have to HIV/AIDS awareness and the pandemic?

APPENDIX D

<p>SAMPLE: PRE-DRAMAIDE MATERIAL IMPLEMENTATION SEMI-STRUCTURED INTERVIEW TRANSCRIPTION</p>
--

1. What is an STD?

An STD is a sexually transmitted disease. It is a cause from having unprotected sex.

2. What is HIV?

It is a virus that is transferred through the blood cells. It weakens the immune system and is referred to as the Human Immuno Virus.

3. What is AIDS?

It is the Acquired Immuno Deficiency syndrome.

4. How do you get HIV/AIDS?

By engaging in sexual intercourse with an infected person. It could also be spread through birth, where the mother of the baby is HIV positive.

5. What are the preventions of HIV/AIDS?

Condoms and abstinence.

6. What are condoms?

They are a form of contraception made from latex.

7. How effective are condoms as a form of protections?

They are not 100% safe as there are incidents of condoms being lost or getting torn.

8. Are there more effective ways of HIV/AIDS prevention?

Yes, the safest would be abstaining from sex.

9. Where do you get your knowledge about HIV/AIDS from?

Media – TV, magazines, pamphlets and teachers.

10. Does the media affect your knowledge of AIDS? If yes, how?

Yes, I learn more about HIV/AIDS. It allows me to have a broad view and be open-minded about AIDS.

11. Do you feel comfortable openly discussing and learning about HIV/AIDS?

Yes.

12. Do you think there are better ways of receiving knowledge?

Yes.

13. How does your culture affect your understanding and perceptions of HIV/AIDS?

My culture does not discriminate therefore I have learned to accept people with HIV/AIDS but be careful in the process.

14. What is your attitude towards people who have HIV/AIDS?

They are normal human beings who should be treated with respect.

15. What contributions do you have to HIV/AIDS awareness and the pandemic?

Practice safe sex and teach others about AIDS awareness.

APPENDIX E

ADAPTATION OF THE HIV/AIDS MEMORIAL QUILT WORKSHOP FOR FOCUS GROUP DISCUSSION

Our adaptation uses the Quilt workshop as a Poster session , whereby participants can make a poster illustrating the way they personally understand HIV/AIDS. They can express HIV/AIDS in any manner they wish to, whether it be as the cause of personal loss, a South African epidemic or even as an issue that they do not have an opinion about. After the posters have been made, the creator of each poster will be asked to address the rest of the group by displaying and explaining the imagery on their poster. (Those who prefer not to explain the poster will not be forced to)

APPENDIX F

<p>ADAPTATION OF THE SEE YOU AT 7: MOBILIZING MEN TO CARE FACILITATION GUIDE– SIMON SAYS ACTIVITY - FOR FOCUS GROUP DISCUSSION</p>

A game of Simon says will be played, asking the participants to accept or decline the instructions by taking a stepping forward to indicate NO or keeping their position to indicate YES . After each round they will be asked the reason for their particular choice.

i.e.

- * Simon says have sexual intercourse without a condom
- * Simon says if the condom breaks during intercourse, carry on.
- * Simon says have multiple sexual partners
- * Simon says be unaware of your status
- * Simon says hide your status from your partner
- * Simon says have other forms of sex, such as oral sex and/or anal sex.

APPENDIX G

<p>ADAPTATION OF THE SEE YOU AT 7: MOBILIZING MEN TO CARE FACILITATION GUIDE– SKIT ACTIVITY- FOR FOCUS GROUP DISCUSSION</p>
--

The group of learners must develop a skit (very short) that demonstrates what they believe to be a dangerous myth regarding HIV/AIDS. After they perform the skit we will have a discussion about that particular myth and other myths that they are aware of. Finally, we will introduce any myths that haven't been mentioned through a did-you-know section.

APPENDIX H

<p>POST-DRAMAIDE MATERIALS IMPLEMENTATION SEMI-STRUCTURED INTERVIEW SCHEDULE</p>

1. How effective was the activity from the DramAide program for you? How so?
2. Was any of the information that was shared in the group session beneficial in dismissing any misconceptions or giving you new knowledge on HIV/AIDS?
3. Do you feel that such HIV/AIDS awareness programs are needed in your school/youth groups? Why?
4. If this program and others like it were implemented in your school/youth group, do you think you and other people would be interested in them? Why?
5. Why do you think that HIV/AIDS seems to be such a 'boring' and tedious topic to learn about and discuss?
6. In your opinion, which are more effective in communicating HIV/AIDS awareness? Media forms such as adverts or pamphlets or programs such as the group sessions you just participated in? Explain?
7. Do you think that DramAide achieves its aim of spreading awareness and creating consciousness about behavior towards HIV/AIDS? What about it does/does not enable it to?

APPENDIX I

<p>SAMPLE: POST-DRAMAIDE MATERIAL IMPLEMENTATION SEMI-STRUCTURED INTERVIEW TRANSCRIPTION OF INTERVIEW SCHEDULE</p>

1. How effective was the activity from the DramAide program for you? How so?

Very effective. Done with my age group of people, makes it much more interesting and easier to grasp. A message given with drama is eye-catching and really makes you think.

2. Was any of the information that was shared in the group session beneficial in dismissing any misconceptions or giving you new knowledge on HIV/AIDS?

Yes.

3. Do you feel that such HIV/AIDS awareness programs are needed in your school/youth groups? Why?

Yes. It is the future generation that needs the knowledge and the correct information about AIDS so that the future generation can work on making it an AIDS – free generation.

4. If this program and others like it were implemented in your school/youth group, do you think you and other people would be interested in them? Why?

Yes. They are very informative and exciting especially because they deal with us personally.

5. Why do you think that HIV/AIDS seems to be such a ‘boring’ and tedious topic to learn about and discuss?

Because many people think of AIDS as a negative topic for discussion and believe that AIDS will never affect them.

6. In your opinion, which are more effective in communicating HIV/AIDS

awareness? Media forms such as adverts or pamphlets or programs such as the group sessions you just participated in? Explain?

Group session programmes. You are able to voice your opinions and hear the opinions of others. This makes it a more relaxed social discussion.

7. Do you think that DramAide achieves its aim of spreading awareness and creating consciousness about behavior towards HIV/AIDS? What about it does/does not enable it to?

Yes

