In September 2010, I was offered the opportunity to collect data for the evaluation of Isibonelo Esihle, a development project. As a research assistant at CCMS, who had completed an Honours degree only 10 months before, I was aware of how valuable such an opportunity could be. Much of my work up until this point had involved desk-based research on development programmes. The prospect of engaging in data collection in a real development setting therefore represented a chance to observe how development unfolds in reality.

Implemented by the Turn Table Trust (TTT) with funding from the National Development Agency (NDA), Isibonelo Esihle was developed as an income-generation project, with the intention of helping women acquire art and craft and business skills. The project unfolded over a period of two years, in four rural communities in Bulwer. CCMS was approached to evaluate the Isibonelo Esihle project, investigating if its aims and objectives had been met. I was assigned the task of data collection and found myself in the middle of the dusty town of Bulwer for a week, administering questionnaires to women who had participated in the project.

During this week I was exposed to the ‘messiness’ of development. While Isibonelo Esihle had certainly achieved many successes, such as helping women acquire important business and vocational skills, the project was also clearly enmeshed in an intricate web of forces which hampered its work. The more time I spent with the women of Bulwer, the clearer it became that sustaining development projects in the long run is a challenging and complex task. Factors such as lack of start-up funding or limited access to water and electricity made it difficult for the women to establish or sustain their own income-generation projects, once the support and funding from TTT and NDA had ended.

The challenges I experienced with the data collection in Bulwer is a microcosm of the challenges that often crop up in development contexts. Asking women

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It is nearly six years since four CCMS PhD students: Abraham Mulwo (2009), John Eudes Lengwe Kunda (2009), Irene Pule (forthcoming), Given Mutinta (2012), and one Masters student, Eliza Moodley (2007), initiated a survey at the University of KwaZulu-Natal (UKZN), Durban University of Technology (DUT) and the University of Zululand (UNIZUL).

By Given Mutinta

The survey provides data about the knowledge, attitudes, and behaviour of university students that feeds into a research project supported by Johns Hopkins Health and Education South Africa (JHHESA). The ultimate objective of this project is to develop an advocacy framework that will influence policy and practice for the prevention of HIV infection among KwaZulu-Natal (KZN) university students.

In the course of my study I investigated students’ sexual risk behaviour, risk and protective factors and their responses to the Scrutinize Campus Campaign at universities in KwaZulu-Natal. This study found that research efforts targeting students so far are hampered by the adoption of models and perspectives that are narrow and do not adequately capture the complexity associated with students’ sexual experiences.

The distinctiveness of my study is that it focuses on the risky sexual practices students engage in, their underlying risk, protective multisystemic factors, and their responses to the Scrutinize Campus Campaign. The Problem Behaviour Theory, Reception Theory, and the Social Cognitive Learning Theory underpinned this study.

The study used a hermeneutic phenomenological methodology underpinned by a ‘quasi’ ethnographic approach carried out using in-depth interviews, focus group discussions, participant observation, and field notes to draw data.

The study sample included students and Scrutinize Campus Campaign peer educators. Students reported that their sexual risk behaviour was influenced by interrelated, interactional, and transactional factors from the multisystemic factors: biological, environmental/social, behavioural and personality domains that either encourage or discourage sexually risky behaviour.

The study found that the majority, 92%, of students liked the Scrutinize Campus Campaign and feel it should employ a comprehensive and a variety of forms of entertainment education that are broad in scope and target factors from multiple systems of influence including the multisystemic factors.

Most significantly, protective influence should not be ignored when implementing the Scrutinize Campus Campaign and, to the extent possible, both risk and protective factors should be addressed in this intervention. This may help to effectively address students’ sexual-risk taking behaviour in universities.

A study on the Scrutinize Campus Campaign earns a CCMS student a doctorate

continued from page 1

in Bulwer a series of survey questions proved to be more difficult than I imagined, as the women were busy with other activities such as waiting in queues for their pensions, or walking their children home from school. The difficulty of attempting to find a space and time to fit my survey questions into the lives of these individuals is illustrative of the messy nature of development. Whether it is challenges such as lack of electricity that impact on the implementation of development projects, or the difficulty of fitting in project evaluations into the lives of people, development never occurs in a neat and ordered manner.

My short time in Bulwer taught me to be conscious and accepting of the messy intricacies of development.
In a world where we are constantly assailed by information about disease, what it is, how to treat it and better yet how to avoid being afflicted by it, Bilharzia is endemic to many areas in South Africa including KwaZulu-Natal. The scientific name is urogenital Schistosomiasis which is commonly referred to as Female Genital Bilharzia (FGS). This is still classified as a “neglected disease entity”1 because it does not enjoy the same level of prominence as other infectious diseases and despite the fact that in areas where it is highly prevalent 33% to 73% of females are vulnerable.

By Nqobile Dlomo & Duduzile Zwane

Bilharzia is a waterborne parasite that is highly endemic in coastal areas. It enters the body through the skin following exposure to fresh water sources that harbour the parasite. Following this, their preferred area of habitation in the female body are the genitals, cervix and fallopian tubes. If left untreated once it has settled in the body, it can cause various gynaecological problems such as chronic abdominal pains and infertility.

The two main focuses of the current Bilharzia project (facilitated and funded by The Department of Public Health Medicine (UKZN) in conjunction with the University of Copenhagen / Oslo University Hospital) are the mass treatment campaign and investigating FGS. The project aims to provide mass treatment to 31 000 learners and currently 9 000 have received treatment for FGS in the Ugu district, KZN.

The research project aims to investigate various diagnostic and intervention strategies for the control of FGS and susceptibility to other diseases, lift the scientific competence through joint activities and to strengthen cooperation for the purpose of developing long-lasting and effective research. The project is primarily a biomedical intervention but has acknowledged the value of social change in reaching its objectives. Its communication component is being addressed by two CCMS Masters students, Duduzile Zwane and Nqobile Dlomo.

Zwane’s research will investigate the young women’s existing perceptions of the disease as well as the Female Bilharzia Project itself. It also seeks to create a communication campaign that addresses these perceptions so that the public health messages are comprehensible within the context of the community’s cultural values.

It will also consider the best ways to communicate the heightened susceptibility to HIV of women who have FGS. Dlomo’s study follows an action research approach in three phases: the first phase is a reception analysis of the communication strategy; secondly it will review the perception and comments made by the public in the light of social change communication theories and principles in order to create new material with recommendations from the public; and finally the research will conduct a reception analysis of the new material to be used in the communication strategy.

Participation pushes the boundaries of reflective learning

Freeze and Rewind – using Forum Theatre as an intervention for HIV/AIDS Awareness Campaigns

When UKZN students attended the Forum theatre at the Space Square Theatre at Howard College in 2009 for “HIV/AIDS Awareness relating to alcohol consumption”, everyone expected the same, mundane interventions that usually take place on campus. However, it could not have been further from that!

By Pusetso Tseuoa and Valencia Govindasamy

Instead the intervention organised by a group of Honours students from The Centre for Communication, Media & Society (CCMS) was deemed to be informative, interesting and entertaining. The students, Lunga Memela, Cindy Nqoko, Zama Shandu Mbatha and Peleka Mgugudo, were then working on their research projects for the Communication for Participatory Development (CFPD) module.

The forum theatre kicked off with an ice-breaker that involved dance movements, clapping and stomping of feet to create a rhythm. This made the students feel comfortable, start having fun and be at ease. Thereafter, a play began in which 8-10 drama students engaged in scenes that portrayed issues relating to sex, alcohol and HIV/AIDS. The really interesting aspect of the forum theatre was the opportunity that students were given to intervene and to cut the play at any particular scene; then suggest what they believe would be the right thing to do.

In this process the actors or audience members (in this case students) could interrupt a performance and redirect it, often a short scene in which a character was being oppressed in some way. The students (spect-actors) would suggest different actions for the actors to carry out on-stage in an attempt to change the outcome of what they were seeing. This was an attempt to undo the traditional actor partition and bring students into the performance, to have an input into the dramatic action they were watching.

This novel format has some interesting nuances: the spect-actor attempts to overturn the oppression employing some method unused by the actors, whilst the actors portraying the oppressors improvise in an attempt to bring the production to its original, scripted ending. If the audience believes that the spect-actor’s actions are too unrealistic to be utilized in reality, they may call out “Freeze and Rewind!”
and the *spect-actor* must modify their actions accordingly. If this *spect-actor* fails to overcome the oppression, the actors resume their character, and continue the production until another *spect-actor* calls out “Freeze!” and attempts a different method.

If and when the oppression has been overcome by the *spect-actors*, the production changes and once again the *spect-actors* now have the opportunity to replace the oppressors, and find new ways of challenging the oppressed character. In this way a more realistic depiction of the oppression can be made by the students themselves, who are often victims of such oppression. The whole process is designed to come to a conclusion through the consideration of opposing arguments, rather than where the argument is a monologue from the actors without the opportunity of reply or counter-argument from the audience.

In this way, the students were involved within the play and the discussions that followed afterwards. The forum theatre was an eye opener for many students who do not take the issue of alcohol consumption, sex and HIV/AIDS seriously. It also facilitated critical thinking for the students allowing them to participate and learn more about risky sexual behaviour.

Students were glad to see that their input was appreciated and valued and they felt they were able to learn from each other by sharing their knowledge on alcohol consumption and risky HIV/AIDS behaviour. The aim of the forum theatre was to facilitate communication, interaction and participation which is exactly what was achieved.
This thesis arose out of my teaching at UKZN and my experiences in the field. Despite a high level of awareness about HIV and AIDS in South Africa, continuously high prevalence figures suggest that the communication campaigns that have resulted in this awareness have not been successful in encouraging individual behaviour change and the adoption of safer sex behaviours. This may be a result of emphasis in HIV and AIDS as a health issue, rather than a human development issue.

By Emma Durden

International agencies such as UNAIDS and the World Health Organisation have made a conceptual shift to view HIV and AIDS as a development issue. Applying a development perspective necessitates a deeper understanding of the social, economic, and cultural processes that gave rise to the epidemic and are in turn impacted on by the epidemic. My thesis argues that communication about HIV and AIDS needs to be approached from this development perspective.

Theatre as a medium for communicating about HIV and AIDS, and how theatre has or has not made the shift from communicating about awareness from a health perspective to communicating beyond awareness from a development perspective, is the approach. The study argues that theatre used in this way has the potential to influence personal and social change, and to have an impact on both personal empowerment and community development.

The thesis is informed by the conceptual framework of development communication, with a particular emphasis on understanding the role of participation in this communication. The study engages with the body of literature on theatre as a means to bring about education and development, and identifies key areas for investigation, including how participation is envisioned and implemented in theatre projects that focus on HIV and AIDS, and how participants are empowered through these processes.

Notions of empowerment may be at odds with the popular practice of entertainment education and the introduction of health messages from development organisations into local communities. This causes tensions between the human-rights emphasis on participation and the medical imperative of intervention in relation to HIV and AIDS messages and behaviour change. The study attempts to understand how these tensions play out in current practice, and how greater participation can bring about greater empowerment and long term social change for communities engaged in HIV and AIDS projects.

The original research of this thesis includes both a survey of theatre


Durden explores the role of theatre as communication in the context of HIV/AIDS prevention strategies. She makes a persuasive argument for the importance of focusing on prevention as communication, information and education in the current context and not only on biomedical solutions. She discusses participation in theatre-based activities and in three case studies examines the different approaches used to involve participants. The research highlights approaches in which meaningful participation can be promoted for social and personal transformation. This research makes an important contribution to an understanding of the field of applied theatre. (Lynn Dalrymple)
practitioners and researchers who focus on the use of theatre to mitigate against HIV and AIDS, and case studies with three participatory theatre projects implemented in KwaZulu-Natal between 2005 and 2010.

The survey of practitioners involves a detailed questionnaire that was completed by 34 respondents working in the field of theatre for HIV and AIDS (TFA). The questionnaire was designed to focus on the application of theory in creating TFA projects, and to interrogate whether applying a particular theoretical framework gives rise to more participatory projects. The questionnaire also investigates the relative participatory-ness of these projects and practices.

An important tool towards understanding this participation in theatre practice is a measure of participation at different levels, and the thesis proposes and uses a scale of participation against which to measure such projects.

The research data collected from the survey reflects that participation is used as a strategy in different ways in theory-driven interventions that are consciously designed to meet specific goals. Further investigation suggests that the surveyed practitioners use participatory techniques in their projects, such as role play and other improvisation techniques. However, despite this focus, the majority of surveyed TFA projects are short-term interventions, lasting just one month or less. This limited time with the beneficiary groups throws some doubt on the ability of these projects to bring about meaningful empowerment of the participants and long-term change.

Contrary to the suggestion by respondents that participation is a vital component of the projects, the data reflects that most of the surveyed practice in TFA involves spreading awareness about an issue and aiming to bring about behaviour change with a target group. Instead of foregrounding participatory development, this is indicative of the modernisation paradigm to development. The research finds that just over half of the surveyed TFA practitioners consult the group about the issues at hand; again suggesting a discord between how practitioners describe their own work, and the reality of their practice.

The research data further reflects a low percentage of practitioners who form partnerships with the beneficiary groups and who involve them in decision-making and management decisions with regard to the theatre projects. It is noted that the TFA implementing organisations play a major role in projects in local communities, and that the power, skills and expertise required for these projects are centralised in these outside catalyst organisations. While it is clear that efforts are being made to draw in community participants at different levels of the projects, the data reflects that participants are involved to a lesser degree than the catalyst organisation at all levels of the interventions except to some extent in the creation of theatre performances, and to a greater extent in these performances themselves.

The majority of the surveyed TFA projects involve community participants who are drawn in to perform in a medium predominantly determined by the outside organisation and with messages on a subject that is determined most often by the outside organisation and by funders. This is indicative of the modernisation paradigm to development communication. Although most of the surveyed practitioners report that their work is informed by the participatory theories of Paulo Freire's liberatory pedagogy, when measured against the model of participation of Paulo Freire's liberatory pedagogy, when measured against the model of participation many of these interventions fall short of encouraging genuine participation, and do not engage fully with Freirean notions of developing a critical consciousness to bring about change.

It is clear that at many levels, TFA practices may encourage participation that is to some extent manipulative, as participants are drawn into projects where they do not have full participation in all decision-making processes. The low levels of participation reflected in the survey mean that these projects preclude some of the elements essential to bringing about empowerment, such as the development of a greater critical consciousness and encouraging community-based problem solving.

The extent to which this kind of limited participation can bring about empowerment is explored in more detail in the investigation of three case studies. Interviews with project managers, observations from working within the projects, and focus group discussions held with project participants form the basis of the data collected.

Issues of equality, a sense of well-being, and potential to change the balance of power are noted as key identifiers of empowerment, and the case study projects are interrogated with a view to discovering if these are present as a result of the...
participatory theatre interventions.

The collected data from the case studies reflects that greater participation brings about greater benefits, both for the direct participants, and for those within their circle of influence, such as peers, colleagues and family members. These benefits are found to include a greater sense of self, including increased self-esteem and self-confidence. The project participants also report a greater sense of responsibility for their own behaviour, and a heightened sense of responsibility with regards to education and counselling others in their communities.

The case studies show that improving the well-being of participants, one of the key indicators of empowerment, is present in all instances, even where participation is at low levels.

A further identifier of empowerment is that of equality. While fully participatory projects may promote equality, those that do not encourage power-sharing between the intervention agency and the beneficiary community limit this. However, it is noted that even participating to a limited extent can create a greater sense of power, if not equality. One of the key studies reflects an increase in social status of previously stigmatised individuals within the community as a result of participating publicly in the project.

This suggests a shift in local power relations. This signals the potential that such projects have to change the status quo, a further indicator of empowerment potential. The case studies reflect that while the immediate benefits are clearly noticeable for the participants and those they are in contact with, participatory projects can also encourage a natural flow of information within communities. TFA can thus have an agenda-setting role, and may influence thinking about HIV and AIDS. If this influence is exerted at the levels of social groups, then this can bring about change in beliefs and practice that will have an impact on the epidemic. However, for it to bring about broader social change, this influence needs to be at the level of policymakers and those in power.

The Freireian notion of empowerment that is used as a measure in this study requires that a sense of critical consciousness is built amongst the community participants. The collected research data finds that participants have gained knowledge and skills through their participation in the theatre projects. To some extent, this acquisition of information can build the local capacity required to bring about development. However, critical consciousness is not fostered in this way.

Collected data shows that genuine dialogue is not encouraged in most of the surveyed and case-study projects, which tend to make use of outside experts in the creation of scripts. Participants are involved in projects where they do not always actively question the assumptions and messages encapsulated in these pre-written scripts, and they do not engage with this knowledge dialectically. Rather than participants actively questioning their own lived experience, and the material conditions that bring about HIV and AIDS, we see a passive acceptance of what is handed down from the experts.

True conscientisation involves a step further than merely increasing knowledge. Freire argues that critical consciousness is developed when people come to understand their own reality and how they are prepared to challenge or transform this reality. While participatory theatre should theoretically be able to bring about this transformation, the study reveals that this happens to a very limited extent in the TFA practice of the surveyed groups. This points to the finding that while TFA practice remains at the current level of informing and changing people, it cannot be truly empowering.

In conclusion, the study finds that TFA practice is influenced by a wide range of theories and practitioners adapt and adjust these theories to suit their needs. While many purport to be guided by participatory development theory in particular, the practice is often contrary to the spirit of the theory, resulting in ‘staged empowerment’. This is often because projects are influenced by the need to meet certain goals, which are to a great extent determined by project funders and other gatekeepers, and not by the project’s beneficiary community.

While direct participants in inclusive participatory theatre projects are likely to feel a sense of empowerment through their involvement in the projects, there is limited potential to expand this sense of power without developing a greater sense of critical consciousness.

A solution to the HIV and AIDS epidemic will not be found unless opportunities are created for people to examine the conditions that have escalated the epidemic, particularly issues of social inequality and gender inequality. It is therefore imperative that to be more meaningful and effective in bringing about development, theatre interventions must address these conditions, and provide a greater space for problem-posing, rather than providing pre-packed solutions to the problem.
Inspirational Thinkers, Doers, and Leaders are the life-blood of change and social development in South Africa. Recently, we have lost the inspirational Professor Lynn Dalrymple, a pioneer in the field of theatre and AIDS communication, who made a significant contribution to HIV and AIDS education in South Africa. She died on Saturday 14 April, after a long battle with kidney failure.

Dalrymple was born and schooled in Durban, and started her career as a teacher of English and Drama in the late 1960s in Empangeni. She was later appointed as a lecturer in the Department of English at the University of Zululand (UNIZUL). During this period, she challenged the accepted practice of using only Western texts and teaching methods at the University, and fought for contextual and cultural relevance; a central theme throughout her later work. Dalrymple had a great love and passion for theatre, and went on to establish the Department of Drama at UNIZUL, where she was Professor and Head between 1988 and 1996. During this time she pioneered the use of drama in education and drama for development; ensuring that a generation of students were exposed to a way of thinking that linked academia to the surrounding community through meaningful interventions.

In 1992, as the South African Department of Health began to realise that HIV and AIDS posed a real threat to the South African population, Dalrymple was approached by the late Dr Allan Jaffe, to create an educational programme to inform young people about preventing sexually transmitted infections. Using innovative drama workshops and performances, Dalrymple initiated the DramAidE (Drama in AIDS Education) project, which has since won numerous contracts, awards and funding grants from both local and international donors. Twenty years on, the DramAidE project continues to encourage young people to participate in HIV prevention efforts, through its work in schools and Universities around the country. DramAidE is one of the most studied projects in the field of health communication in Southern Africa, and has set a standard of excellence with regards to participatory HIV and AIDS communication. Lynn Dalrymple made this possible through her great personal commitment to the project.

Dalrymple's enormous impact on the work of DramAidE as a youth-centred, dynamic, and creative approach to AIDS education has significantly influenced scholars and practitioners both in South Africa and internationally. Many students who studied under Dalrymple have gone on to be leaders in the field of theatre and AIDS education. Dalrymple shared the success of the DramAidE methodology at many local and international conferences, worked alongside UNICEF, UNAIDS and JHHESA, has been widely published in magazines and academic journals, and has authored works that have guided numerous other HIV and AIDS education programmes. In 2000, Dalrymple was appointed adjunct Professor in the Centre for Communication and Media Studies at the University of KwaZulu-Natal, a position she retained until her retirement in 2010.

Dalrymple chaired the HIV and AIDS Committee of Council and Senate for the University of Zululand. She was a member of numerous government task teams, including the Department of

In 2009, an award in Dalrymple's name was created for outstanding research in the field of applied drama and theatre at the University of the Witwatersrand's Drama for Life programme. This is a fitting tribute to a remarkable scholar, who gave her last public address at the same conference, to a standing ovation. Her presentation told the story of how a young, white, farmer's wife grew to understand the complexity of the country she lived in, and was called to engage with it on many different levels. Looking back at her work, it is apparent that this journey was possible because Lynn had a great talent for listening, for openness, and for compassion. She approached her work with boundless energy and humour, and with the utmost respect for others.

Lynn celebrated her 70th birthday in April last year, with a wonderful party at the KwaZulu-Natal Society of Arts, which brought together her love of indigenous plants, of art and of people. She leaves behind her husband Sandy, her four children and six grandchildren, as well as other family and a host of friends and colleagues. She also leaves a legacy to be proud of in the form of DramAidE. As a past student, a colleague, and a friend, I can attest to how Lynn, as an example of a thoughtful, generous, and ethical practitioner of theatre and education, has touched not only our academic and professional lives, but also our personal lives. Lynn has been known as “Gogo” by a generation of students and scholars, in recognition of her wisdom and influence. Since news of her death, tributes have poured in from University Drama Departments around the country, from the director of the National Arts Festival, and from the heads of many other organisations. She was a great inspiration to all of us who work in the field, and we will miss her dearly.

Dr Emma Durden, theatre and development practitioner and research associate, CCMS, University of KwaZulu-Natal.
CAN ART STOP AIDS? That was the question we all pondered on for a while….and still continue to ponder. The National discussion on exploring visual and arts-based participatory methodologies used in HIV and AIDS intervention research was the perfect platform to unpack this question.

By Eliza Govender

The event was hosted by the HIV & AIDS Education Research Chair, Prof. Naydene Lange at the Nelson Mandela Metropolitan University as part of a National Research Foundation (NRF) funded endeavour. Academics, scholars, practitioners and researchers from all over the country joined the national discussion to discuss the role of art and visual based methodologies to stop AIDS. Discussions emerged about the various methodologies employed by scholars in the field of HIV and AIDS. Central to these discussions was establishing whether the evaluation of art based research could form a new knowledge field for the NRF. Interesting discussions materialized with scholars like Prof. Claudia Mitchell (McGill University), Prof. Linda Theron (University of North West), Dr Jean Stuart (UKZN) and Dr Ann Smith.

It was at this forum, that I showcased a piece of research, more like an action-based project, conducted during my time at the Centre for HIV/AIDS Networking (HIVAN). The project was conducted in 2005 and 2006 with a group of HIV positive children to teach them more about diagnosis, disclosure, treatment literacy and adherence. The project was a response to the many complexities young children face when they discover their HIV status. As a result the “Hi Virus” initiative was introduced as part of the Children’s Resource Book series, created by myself and my colleagues Lauren Cobham and Bren Brophy. The focus here was on using participatory art approaches with children to address HIV and AIDS. Workshops were conducted over three weekends where the children were taken away from their rural environments to a camp site to address issues of treatment literacy and adherence. The workshops were child-centred and focused on involving the children in the entire process of knowledge sharing and learning towards developing a deeper understanding and practical application of treatment adherence. A participatory action research (PAR) approach was taken which used creative arts and visual methods such as puppet making, role plays, drama, drawing and interactive educational games. The methodologies explored were used to take the children through a process of discovery and learning, telling their stories, sharing their experiences, learning together and taking action to live more positively.

While the emphasis on the project was the empowerment of children through the workshop process, the remarkable work produced resulted in the documentation of the workshop process into a child friendly book. The children shared detailed stories of their experiences of diagnosis, treatment literacy and some of the challenges to adherence firstly through a role play process. They then documented this role play through a process of drawings to serve as a tool for knowledge sharing about treatment adherence. The children’s drawings were pieced together towards forming a visual storyboard for a storybook, which could be used as an educational tool to teach other children about HIV and AIDS. The book’s storyline was derived from the transcribed role plays and the children’s ongoing informal discussions about their drawings.

This made the entire process participatory, as the children were active participants from the commencement to the end of the project, collectively designing an arts based approach to address
their issues, developing the creative content and translating this into an educational resource book for other young children.

The creative arts and documentation process of the book development caused great excitement among the scholars at the national discussion, which resulted in Prof Claudia Mitchell and team asking me to submit a research paper on the project for a book they were ready to send off to print.

Panic kicked in, Sertanya Reddy (researcher) and I had 7 days to submit the article, yes…7 days. A combination of previous drafts, many prayers and lots of caffeine resulted in us meeting the deadline and submitting a paper for the “Picturing Research” book which focuses on using visual and art based methodology for HIV and AIDS research. The paper explores art as a form of participatory Entertainment Education (EE) in the context of HIV and AIDS. It focuses on the use of drawings as a tool to convey information about the virus, particularly in terms of treatment literacy and the importance of treatment adherence. The research revealed that drawing can: 1) foster greater awareness of HIV/AIDS; 2) promote knowledge-sharing amongst the people who are drawing; and 3) enable knowledge-transferral to a wider group of people. The book, published in 2011, now features one of the children’s drawings from our paper on the cover. The national discussion proved to be an excellent networking opportunity, a time to share the work we do and more especially to learn from others. As far as the question of, can ART stop AIDS, well that still remains, lets leave that to the academics to continue the debate……

THE RAPID RATES of HIV transmission in South Africa in the late 1990’s saw an increased interest among CCMS staff and students on the social dimensions of the AIDS epidemic.

By Eliza Govender

Many graduate students have questioned ‘why’ South Africans were failing to effectively respond to the high rates of HIV transmission, and ‘why’ prevention efforts were failing? Epidemiological research provided graduates with the what factor, explaining what caused the spread, but why people still engaged in risky behaviour despite awareness of HIV and AIDS was still questionable.

The Beyond Awareness Campaign was one of the first initiatives that CCMS staff and students undertook to assist on the national AIDS campaign for HIV prevention, from a communications and cultural studies perspective. The idea behind this campaign was to move from ‘beyond just awareness’ to providing valuable insight into some of the cultural, social and economic factors which influence an effective response. The field of cultural and media studies offered theoretical opportunities to explore and critique contemporary social issues, and to understand how people make sense about health issues within their specific cultural contexts.

It was against this backdrop that CCMS continued to work in the field of HIV and AIDS with other initiatives such as DramAidE (Drama and AIDS Education), administrated by The University of Zululand and CADRE (the Centre for AIDS, Development, Research and Evaluation, Johannesburg) as research partners.

In 2001, graduates of the CCMS programme, the late Professor Lynn Dalrymple (PhD), previous Director of DramAidE, and Dr Warren Parker (PhD), Director of CADRE at the time, were instrumental in facilitating a partnership with Johns Hopkins Health and Education in South Africa (JHHESA) to support CCMS through USAID/PEPFAR funding, to develop a postgraduate module on Public Health Promotion via Entertainment Education (EE).

The module was the first to be introduced in Africa, exploring EE as a strategy for social and behavioural change. More importantly, the module contextualised EE within a South African perspective, using case studies such as Soul City, Yizo, Yizo and Tsha-Tsha as early EE initiatives in the country. The EE strategy is based upon the recognition that

Left: CCMS students engage in discussions about the community

Right: Prof Larry Kincaid presents a lecture to the students of the CFPD class

Background picture: visiting the traditional healer
the most effective programmes comprise of a strategic communication blend of entertainment and education towards encouraging social and behavioural change.

From 2002, the module was taught by international experts in reproductive health, entertainment education, communication and cultural studies, HIV and AIDS prevention and epidemiology. Lecturers such as Professors Larry Kincaid, Lynn Dalrymple, Patrick Coleman, and Keyan Tomaselli and Doctors Warren Parker and Sue Goldstein were all pivotal contributors to the EE postgraduate programme.

The module was designed to provide students with a clear understanding of key theories of health communication; of communication campaigns and of entertainment-education interventions. It also investigates how to apply a theoretical understanding in the development of a framework for EE activities; and to create criteria for evaluation. The module includes an introduction to theories of behavioural and social change and conceptual frameworks for developing strategic communication campaigns.

The continuous changes in the field of development and communication for HIV prevention, led to many revisions to the EE module through the years. The current module, Communication for Participatory Development (CFPD) includes an emphasis on social and cultural contexts as crucial factors in developing HIV prevention interventions and campaigns and reflects a model that serves as a broad framework for facilitating community dialogue for social change.

The changes to the module mirrored other transitions within the Cultural, Communication and Media Studies (CCMS) department. The CFPD approach emerged from decades of theory and practice across a variety of domains involved in communication, such as social marketing, communication for development and community organising.

As with the paradigms of participation and another development, the guiding philosophy of CFPD can be traced to the work of Paulo Freire.

The module traces the critique, debate and application of various health communication models and frameworks continued on page 14.
which have been adapted or developed for a South African perspective. It further covers a range of case studies which demonstrate the critique or use of the CFPD processes and EE as a communication strategy.

Other case studies which the module explores include participatory theatre projects using the Freirean-inspired method of forum theatre, which have been further developed in South Africa as part of the HIV and AIDS struggle.

These projects involve community participation through a problem-posing and problem-solving methodology. DramAidE (Drama in AIDS Education) and the smaller Problem Solving Theatre Project are two examples of this, using forum theatre as a strategy to encourage participation by creating dialogue and stimulating critical consciousness. Through these theatre interventions, community members are drawn into discussion regarding issues around HIV/AIDS.

Based on the extensive research conducted as part of the JHU-CCP partnership through JHHESA, a book “Ten years of Public health communication research” was conceived as a showcase of post-graduate research projects. This book traces some of the key research conducted over a ten year period by Honours, MA and PhD students who have attended the CCMS Entertainment Education / Communication for Participatory Development module from its inception in 2002, until 2011.

Innovative methodologies and indigenised theories are brought to bear through each research project, which include conceptually integrated, paradigm-specific graduate work. The book, edited by Dr Emma Durden and myself will be published by Pearson Publishers and launched in September 2012.

Students on a field trip to the Valley Trust in the Valley of a Thousand Hills

Photo: Eliza Govender

CCMS - the centre of excellence in Public Health Communication

CCMS AIMS TO be a site of excellence for graduate teaching and research in the interaction of society and media, with a strong focus on communication for participatory development. Over 53 Honours students, 7 MA and 7 PhD students have graduated from this programme over the last three years (2009-2011). Presently, in 2012, the programme has attracted 27 honours students, 14 thesis MA students and 3 PhD students from various disciplines and countries. To date, over 200 students have graduated from the programme and many are currently working in the field. The module offered has created capacity in the HIV and AIDS field, with many graduates occupying senior positions at NGO’s, government departments, and the private sector. The sustainability of this research track has also resulted in several publications in the field which are available on our website.

The centre has direct involvement with many key programmes related to initiatives around the HIV/AIDS pandemic. These include:

➢ DramAidE (Drama in AIDS Education) - an NGO working with communities using drama and performance art to address HIV and AIDS.
➢ ARROW (Art: a Resource for Reconciliation Over the World) - who use art for peace and reconciliation
➢ CAP (Culture and Arts programme of HIVAN) - who work with visual arts in disadvantaged communities.

The purpose of these partnerships are to provide our post graduate students with a research site and also provide our partners with opportunities to link the latest research with their practice/interventions. The field of cultural and media studies offer our partners theoretical opportunities to explore and critique contemporary social issues, and how people make meaning within their specific cultural contexts.

Hence, while the CCMS health communication programme remains to a large extent a postgraduate teaching, research and capacity building initiative, students can still connect critically with life experiences of various communities through partner organisations. Linking the theory with practice has been a central focus within CCMS, and this community engagement component builds the capacity of students to later pursue careers in the development and health field.

The University has undergone a phase two of extensive restructuring which now places CCMS within the School of Applied Human Sciences. Psychology, social work and criminology also form part of this new school. CCMS is currently working in partnership with Psychology to offer a structured Honours and Masters degree programme in Health Promotion and Health Communication. This partnership will strengthen the overall public health communication research track, increase the expertise in supervision, result in joint funding applications for research projects and bursaries, and offer students a degree which contains a more structured and stronger public health communication focus. For more information on this programme, please contact Eliza Govender: govendere1@ukzn.ac.za
AT THE START of 2007 I began my Masters degree, in which I set out to build on research which I did for my Honours degree.

By Geraldine Coertze

As I plunged into this life changing experience, working with grade one learners at a Pietermaritzburg school, my goal was to find out whether the *Takalani Sesame* TV series could be used as a Life Skills educational resource. The basis for this was the fact that most of the learners were home language isiZulu speakers learning in English, as well as some not having had access to quality Grade R programmes. The topics which the series focused on were HIV/AIDS, nutrition and safety and security.

The two existing classes of grade one children were used – one was assigned as the test group and the other as the control group. Twelve children were selected from each group to do pre- and post-test questionnaires. This process helped me to gauge their knowledge prior to starting the research, as well as to note any changes in learnt data after the intervention was completed.

The children in the test group watched a weekly episode of *Takalani Sesame* at school over a period of six months. The control group children did not watch the series at school, although many reported watching it at home. During each episode, I would stop the programme and engage with the children, asking questions about what they had just seen, what a segment meant, or expanding on the theme with simple teaching. I was able to use this opportunity to understand the way the learners decoded the messages, as well as to correctly anchor the messages for the children.

The twelve test group children then filled in activity books where they drew pictures and explained what they had seen. After this, different activity books were sent home for the parents to do with the children. These aimed to open up parent-child communication, especially on the topic of HIV/AIDS. At the close of the research, I carried out focus group discussions with the learners and interviewed the educators and a selection of parents.

The results showed that the learners attended to the series well, whilst engaging with the storyline and characters and generally enjoying the intervention. Most of the time, the children decoded messages in the way that the producers intended, although there were cases where the children chose to make meaning in various creative and unexpected ways. The combination of the guided viewing, post viewing activities and the homework activities did well to promote the process of learning and proved to be an enriching experience for the test group learners. There were distinct differences between the positive shifts in the learnt data of children in the test group and those in the control group.

This is a reflection of the learners educational gains on the subjects of HIV/AIDS, nutrition and safety and security. Based on the positive results, it was recommended that the series could be successfully used as an educational tool in particular, in grade one classrooms.
The launch of this publication on Development and Public Health Communication summarises very succinctly the theories of health communication and examines the application of these theories highlighting both the roses and the onions that have emerged from South Africa.

Today we have emerged from the dark era of denialism to a period of dynamic leadership and response, under the current Minister of Health, Dr A Motsoaledi. This should be a moment in which the response should be unified, drawing upon the power of both the social sciences and medical sciences to once and for all confront the HIV epidemic. Unfortunately this united response is being divided by a senseless debate around the efficacy of the social and behavioural sciences in curbing new infections.

It's become apparent that communication programmes on their own simply cannot impact on behavioural outcomes, new HIV infections or HIV prevalence for that matter. Drs Larry Kincaid and Maria Elena Figueroa from Johns Hopkins University have spent years dedicating themselves to understand how communication programmes work. Their ideational theory highlights that in some instances a programme may have a direct influence on behaviour. But mostly communication works through the ideational factors that includes knowledge, attitudes, norms and values that in turn impact on behaviour.

In South Africa, we have witnessed...
what I would describe as the darkest hour around the use of communication for social and behavioural prevention. Futile investments in dramas without a purpose, is just one example. A massive campaign whose images contradict the stated outcomes that the programme was trying to address, with vague and confused messaging that was rightfully criticised by academics and practitioners working in the area of health communication. This failed experiment based on pseudo and untested theories of communication and behaviour change caused immeasurable damage to the reputation of social and behavioural communication not only in South Africa but also internationally that we are still trying to correct – it was a worst practice touted as a best practice.

The refusal to acknowledge that the message of prevention at the same time was the site of a power struggle between those occupying positions of political power and leadership and those who were continuously trying to promote HIV prevention is one of the themes of the book. When a leader says HIV does not exist, or that HIV does not cause AIDS, or that treatment does not work, this causes confusion in people's minds. During the height of denialism we often heard people asking why should they use condoms when the president says that AIDS does not exist. Today we have estimates of the number of people that died of HIV through not accessing ARVs. But the real cost of denialism - the number of new infections that occurred - has never and will never be measured.

What this demonstrates is that messages that promote health cannot be put in a test tube where what you put in is what you get out. Rather, messages exist within a context. Indeed in communication science we have for a long time acknowledged that the decoding of messages are subject to noise that ultimately determine the extent to which the message will be taken up. This noise is not only the noise of politics – for example denialism, or celebrities and leaders that have multiple partners. It’s also subject to the noise of the commercial sector that often promotes lifestyles and behaviours that are at odds with those being promoted through social and behavioural communication programmes – alcohol manufacturers, soap operas and the tabloid press. The commercial producers of messages often have budgets that far exceed anything that is being invested in social and behavioural communication programmes or in HIV prevention. So the contest for the audience’s attention and for meaning is an ongoing struggle.

But we have also witnessed some best practices – Soul City, Community Media Trust and Johns Hopkins Health and Education are based upon best practices that have been adapted within the South African environment. They draw on the work of Miguel Sabido and the Johns Hopkins University Centre for Cultural and Media Studies, Population Communication International, the PANOS Institute, UNICEF and many others who pioneered the use of entertainment education and more recently on the communication for participatory development.

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Much of the declining resources for health communication are not only owing to the global economic recession but also to the false illusion that has been created that social and behavioural communication programmes have failed because there is no evidence.

In his tenure as Managing Director of Johns Hopkins Health and Education in South Africa, my predecessor Mr Patrick Coleman together with Dr Larry Kincaid, initiated not one but two national HIV communication surveys together with the Department of Health and Soul City. These surveys compare audiences exposed to and audiences not exposed to, in relation to the behavioural outcomes that the programmes seek to address. It then controls for 11 socio-demographic factors such as education, and other factors that may also impact on HIV in addition to the communication intervention to determine the unique contribution of social and behavioural communication programmes. These surveys show that, where people have a higher degree of exposure to communication programmes the more likely they are to take up the behaviour concerned.

If communication programmes have failed then the question has to be asked – why is it that condom usage has increased from about 20% in 1999 to over 40% in 2009? Amongst young people, condom usage at last sex is reported to be as high as over 70% for young men 15 – 19 years of age. Yes, the nay sayers say ‘but people are prone to give politically correct answers’ – I would agree if this was a finding in just one survey but the findings of the National Communication Survey and the Human Sciences Research Council (HSRC) survey and a number of smaller community surveys are similar, so is there a national conspiracy going on here?

In a study done on the 2005 HSRC Survey, Drs Larry Kincaid and Warren Parker found that 16 million South Africans have taken some action to prevent HIV infection and some 700 000 new infections averted, saving the country billions in future treatment costs. We should celebrate these successes and salute the majority of South Africans that are taking action.

The world of communication is an exciting one filled with endless opportunities. Today our audiences have greater choices and platforms available to them. As this publication indicates, we are like the doctors prescribing a cocktail of ARVs – email, internet, radio, television, face-to-face dialogue and the new technologies of social networking media and cell phone based communication – that need to be mixed into the right cocktail that not only promotes HIV prevention but also treatment.
IT WAS TIME to shed the spotlight on Entertainment Education (EE) in HIV prevention in South Africa. Prof Chris Garforth and Dr Sarah Cardey from the University of Reading (UK) visited CCMS as part of the British Academy-funded project, “Edutainment Theory and Practice in HIV/AIDS Communication: A South African/United Kingdom Perspective”.

By Lauren Dyll-Myklebust

Entertainment-Education is a strategic process that uses communication and media to develop interventions that both educate and entertain for the purposes of facilitating pro-social change. The collaborative project saw CCMSers, Eliza Govender and Sertanya Reddy visit the UK in May 2011 to undertake data collection with Garforth and Cardey on two UK case studies: *Body Positive North West*, a user-led organisation for people living with and affected by HIV, and the UK soapie *East Enders* as the mass media example. In October 2011 the CCMS team (Lauren Dyll-Myklebust, Tash Sundar and Prof Keyan Tomaselli) joined forces with Cardey and Garforth to collect South African data, particularly on Drama in AIDS Education (*DramAidE*), and the popular soapie, *Isidingo*. *DramAidE* is a Johns Hopkins Health and Education South Africa (JHHESA) implementing partner that critically engages with young people to communicate about HIV and AIDS through forum theatre.

It was a busy and bustling week filled with: interviews with EE practitioners, *Isidingo* executive producers, and participatory facilitators, as well as guest lecturing and attending a public lecture on *Economics and HIV: Costs and Consequence* by Prof Whiteside of HEARD. Cardey is Chair of the Communication and HIV/AIDS International Association for Media and Communication Research (IAMCR) Working Group. CCMS and Richard Delate (JHHESA Managing Director) thus took the opportunity of her visit to discuss ways in which this group may mobilise the upcoming IAMCR conference theme - *South-North Conversations*. The data collection for the SA/UK project ended with a site visit to a *Scrutinize* event with *DramAidE*. Cardey reflects:

“My ten days in Durban with CCMS was tremendously productive. We were able to conduct a series of important, and interesting, interviews for the EE project. The reflections of our key informants, for me, raised important and interesting questions that we need to start asking when thinking about monitoring and evaluation communication interventions. It was helpful, and grounded the project again in the realities of HIV and AIDS communication practice, to hear their reflections on communication practice. We also thoroughly enjoyed seeing the *DramAidE* team in action. It is always a joy to be able to witness the kind of energy, commitment and dynamism that we witnessed in the *DramAidE* performance. It was also a pleasure to be able to engage with the students at CCMS, particularly in the classroom. I enjoyed hearing about the projects that CCMS students are engaging. I found the level of critical engagement refreshing. It resonates with the experience I have with our students in the Graduate Institute in Reading, so there are more similarities than differences, even between two rather different countries. I would like to thank the team at CCMS for such a warm welcome, and an interesting trip. I look forward to the opportunity to return to Durban.”

Cardey will be returning in July this year for the exciting IAMCR conference that the University of KwaZulu-Natal (UKZN) and the South African Communication Association (SACOMM) will be hosting.

Returning to the EE project...the team are now busy writing papers for publication in a number of academic journals. These papers will offer: a comparative analysis of the case studies, and an exploration of the value of monitoring and evaluation in EE HIV and AIDS Communication, as well as of the conceptual and practical links between EE and development communication. Watch this space.
Intersexions and Social Media: A study undertaken by UKZN Honours students 2010

INTERSEXIONS (2010) IS A South African produced Entertainment-Education (EE) television drama series, which featured 26 independent (stand-alone), but interrelated episodes that follow the HIV infection chain. The series was produced by Curious Pictures in partnership with SABC Education and Johns Hopkins Health and Education in South Africa (JHHESA) (Intersexions, 2010 and JHHESA, 2009).

By Mariclair Smit

The series is not presented as an overtly HIV and AIDS drama series, but it does take its audience through the lives and loves of a series of individuals that are either infected or affected by HIV. Each episode provides the audience with a better understanding of the interconnectedness of sexual networks. By episode 25 the audience members have witnessed how the virus has touched all of the characters’ lives, through the prevalence of multiple and concurrent partnerships, and how everyone’s life could potentially be affected (Intersexions, 2010).

After all 26 episodes were aired, the data for the study was collected from Facebook; a popular social media networking site that was used as a platform to discuss, react and provide feedback on the Intersexions episode and it’s messages. The data pertaining to the respective episodes was divided amongst the Honours students along with the corresponding episodes. The students had to watch their allocated episode and critically analyse the data using a thematic analysis technique and NVivo, a qualitative data analysis package. Through thematic analysis the researchers identified and analysed themes within their data sets (Braun and Clarke, 2006). The study was conducted in order to determine if and how social media can be used to advance HIV and AIDS awareness, prevention, care, support and treatment in South Africa.

My project focused on the data for Episode 11 of the Intersexions series, which yielded numerous themes regarding sexual orientation and homosexuality. As 72 out of 152 comments displayed anger and disgust towards the homosexual relations between the characters, it can be argued that South African citizens are still predominantly homophobic. Additionally, it could be argued that sexual relations between two females are more acceptable than sexual relations between two males among Facebook users who participated in the discussions. The most significant conclusion derived from this study is that social media can serve as a platform where individuals can share knowledge and ask for information regarding HIV/AIDS, prevention, treatment and support.

It also has the potential to serve as a platform where additional information that was not or could not be included in the EE programmes can be introduced by the communication professionals and discussed by the viewers. In conclusion, social media platforms facilitate participation and feedback from the viewers and/or the participants, in a two way flow of information. This feature enables communication professionals to determine the strengths and weaknesses of an EE initiative, or campaign, and in turn design future initiatives on the findings.
Although the South African 2010/2011 crime statistics show a decline in the number of violent crimes committed in the country, South Africa remains one of the crime capitals of the world. By: Wandile Sibisi

For instance, following the release of the 2010/2011 crime statistics, it was discovered that although the murder rate had decreased by 6.5% and by 50% since 1994, it was still relatively much higher when compared to the rest of the world (South African Institute of Race Relations, 2011). In light of these statistics we must applaud the efforts of health promoters who brave unfavourable socio-economic conditions, bureaucracy, red tape and improper funding to make our country a better place to live in. While academics compile great volumes of research on the subject, monitoring and evaluation by institutions is relatively new in South Africa (Louw, 1998; Potter, 1999; Potter & Kruger, 2001; Babbie & Mouton, 2001). Irrespective of these activities I believe all South Africans need to start asking whether development programmes are really working. What impact do they have at grassroots level? Are they making our country a better and safer place to live in? Or are donors simply wasting their money?

In fulfilment of my master’s degree, I am currently investigating a crime prevention and health promotion intervention called the ‘Assistant Coaching Programme.’ This programme was administered last year from April to September 2011 by a non-profit organisation funded through JHHESA via USAID/PEPFAR, called Footballers for Life (F4L) at the Heidelberg Correctional Centre, in Johannesburg. Here, the organisation applied their unique strategy of using retired professional football players as role models to facilitate a process of behaviour change amongst a group of 40 male offenders at the correctional centre. The campaign uses their own curriculum, supplemented by materials from the Scrutinize and Brothers for Life (B4L) campaigns, and facilitated by former football star, Silver Shabalala. The programme discourages irresponsible

Breaking free: making meaningful waves of change through research

All photos: Wandile Sibisi
and criminal behaviour, and encourages self-empowerment and responsible living amongst the offenders. It addresses issues such as HIV and AIDS, manhood, health, financial management, stress management and sex. Very often the term developmental programme, in a correctional centre context, conjures questions of access and true participation of participants. Even though, participatory development communication is seen by development practitioners and scholars as the most effective approach towards achieving development (White, 1994).

This study aims to primarily explore the elements of participation in the form of dialogue and collective action in the F4L development initiative, without neglecting to investigate how F4L’s employment of the unique role-modelling approach contributes to the achievement of its objectives. Although this research does not constitute a monitoring and evaluation, I hope that it will provide answers to the question: did the programme work? Having visited the centre a few times to collect data it seemed like the programme had made an impression on the participating offenders. But was this because the programme provided the offenders with something to do, an activity in a place where idleness are key or did it really help them to become better men?

And whilst many were fascinated and excited about having Silver, a former soccer star whom many had watched on TV as a facilitator, what was the impact of this on the bottom line? Instead of simply being excited and applauding the efforts of a few South Africans who take it upon themselves to initiate much needed social change, I believe that we all should be asking questions in order to start contributing more constructively towards the attainment of development organisations’ goals and going beyond our duties as scholars, professionals or ordinary citizens.

**Cutting into Perceptions**

Since 2010 South Africa (SA) has initiated a wide-scale roll out of Medical Male Circumcision (MMC) services; predicated on the recently discovered finding that MMC can reduce a man’s risk of contracting HIV by up to 60%, the MMC roll-out is no doubt a well warranted addition to SA’s HIV prevention arsenal.

Despite the overwhelmingly positive sentiment associated with this new biomedical modality for HIV prevention, concerns have been raised whether men undertaking the procedure will understand the benefits afforded as intended. Specifically, that MMC confers an individual with an approximately 60% reduced risk of contracting HIV during heterosexual vaginal intercourse, as opposed to complete immunity from infection. Thus, the concept of ‘risk compensation’ has been quite appropriately raised as a possible confounding variable for MMC as a HIV prevention measure.

‘Risk compensation’, in the context of MMC, alludes to a situation whereby medically circumcised individuals forfeit other HIV prevention measures and engage in increased risky sexual behaviour on account of a perceived sense of security.

By Wesley Mathew

Accordingly, if men feel that they are no longer at risk of HIV subsequent to being medically circumcised, or misunderstand the remaining risk, the possibility exists that HIV incidence could in some scenarios be increased rather than decreased. This potential outcome underscores the importance of public health communication alongside the roll-out of MMC services within SA; specifically, as a means of educating men that the procedure is not a panacea for HIV, but to be utilised in conjunction to other risk reduction measures such as condom use and partner reduction.

The utility of public health communication efforts for MMC are not to be overlooked and serve an especially crucial role within South Africa, a country with a well-known dearth of human resources in the public health sector. I am aiming to address this topic with research endeavouring to examine the condition of health communication for MMC by uncovering perceptions of men undergoing the procedure.
THE UNIVERSITY OF KwaZulu-Natal’s Centre for Communication, Media and Society (CCMS) was approached by the Centre for the AIDS Programme of Research in South Africa (CAPRISA), a biomedical Non-governmental organisation (NGO) based at University of Kwa-Zulu Natal (UKZN), to compile a database and report of the media coverage around the CAPRISA 004 Tenofovir Gel Trial.

By Shanade Barnabas

CAPRISA had conducted extensive trials on the use of a microbicide vaginal gel as a primary means of HIV prevention for women. They released these findings at the International AIDS Conference in Austria in 2010. CCMS researchers tracked the coverage in newspapers and on the radio and web (including social media and blogs) since the trial results were released.

The four-phase project began with an extensive collection of all accessible data on the coverage of the gel trial in the three media formats. This data was then categorised and catalogued according to a series of themes. Phase Two included the creation of an electronic scrapbook of selected articles for CAPRISA’s own records as well as an excellent means of providing information on publicity to the different stakeholders and other interested parties. Phase Three comprised of a review of newspaper and web articles as well as radio transcripts. Phase Four constituted the writing of a technical report on the findings. The first three phases ran parallel to each other.

The research team working on Phase One to Three comprised of three CCMS graduate students, Shanade Barnabas, Kieran Tavener-Smith, and Natasha Sundar. While the data collection, article review and cataloguing process was gruelling the team worked well together often offering support and engaging in intensive discussion on the intricacies of tone in the written language. I, who had never used thematic analysis in my own research, had gained a new skill set as well as developed a respect for those researchers working with such intricate and detailed thematic structures in their data analysis.

Professor SS Abdool Karim presenting the findings of the Tenofovir Gel study at a conference in Geneva

Slim and Quarraisha Abdool Karim make a great team

All photos: UKZN Corporate Relations
I T WAS AN insatiable fascination with the medium of comics and their cultural significance in the lives of readers that served as my motivation for undertaking a Masters thesis. However, it wasn’t until I had truly considered which aspect of comics to focus on that I came to realise the idea that comics could be extremely useful if used in a community outreach capacity. Visiting various Bushmen communities whilst on Kalahari field trips with professor Keyan Tomaselli and the CCMS crew in 2008 and 2009 exposed me (and many of my colleagues) to the reality of how culturally marginalised and stigmatised Bushmen communities have become in contemporary South Africa.

By Andrew Dicks

Not only are these communities expected to acculturate themselves in line with modern society and modern ways of living, but they are also often left to their own devices without any formal or practical development input. Aside from a handful of organisations and institutions that have the best interests of the Bushmen in mind, these groups often have little or no support when it comes to issues involving employment opportunities, educational facilities, infrastructural aid, and most importantly, medical services and assistance.

In taking note of this, I decided to gear my thesis towards addressing issues relating to healthcare in the Platfontein Bushmen community in Kimberley, Northern Cape. How I was going to approach this topic, however, was through the medium of comics. To be more specific I was interested in understanding how comics might be used as a medium for participatory communication within the community setting about issues that the community members felt required attention. The aim was to motivate community healthcare workers to find a positive and practical utility for wall-poster comics, assisting them in their work with community outreach and imparting information to the general public about health-risk behaviours, dietary suggestions, and medical support, etc.

At first, there seemed very little academic support for the task I was undertaking, other than a few readings here and there about how the medium of print had been utilized in development settings to foster participation and dialogue from the subject community. It wasn’t until I came across a book titled, Grassroots comics: A development communication tool (Packalen & Sharma, 2007) that I decided how to focus my method in order to elicit the information I was looking for. The book documents a number of case studies where wall-poster comics were used as a means of engaging in participatory communication with the subject community, addressing issues they encountered at ground level.

There is, however, more to it than meets the eye. Working with grassroots comics requires a definite amount of negotiation on the part of the researcher. The idea behind grassroots comics is to help members of a community identify the problems faced by their community, develop a hypothetical situation in which the issues are discussed and advice is offered on how to avoid or remedy the situation, and then exercising the practical application of portraying that scenario in a four-paneled, wall-poster comic. For example, say there is a major problem with alcohol abuse in the community, one would present the problem, develop a scenario that highlights the problem, potential solutions are offered or a message is created collectively, and then one illustrates that scenario or message in the form of a short comic strip. That is the basic idea behind grassroots comics.

With grassroots comics, the emphasis is not on the artwork, or the quality of the illustrations themselves, but rather on the message within the comic story. The relevance of the message, however, manifests when the comics are placed up in public places around the community so that passers-by can stop and read them. The messages therefore traverse space and time as they can be read by anybody, at any time of the day and are created by community members themselves without the community member having to be present to discuss the intention of the message.

Grassroots comics offer an attractive and affordable medium for participatory communication, as noted in my research findings. The comics achieved a certain level of success in communicating health messages to the public.

There is, however, room for improvement that stresses the point that when dealing with issues like health and development, you must constantly assess the context in which they are working or studying, as these factors are always in a state of flux. Grassroots comics allow for a certain sense of flexibility as the medium is not a rigid, universal medium and is open to adaptation by whoever is making use of them.
The Centre for Communication Media and Society (CCMS) has been commissioned with a research project to conduct a base line study to address three key areas of public health with the !Xu and Khwe community in Platfontein.

By Thomas Hart

The project is titled the Knowledge, Attitude and Practice (KAP) survey: Exploration of TB and HIV awareness in the !Xu and Khwe community of Platfontein, Northern Cape. It is a collaborative project between CCMS, the AIDS Foundation of South Africa (AFSA) and the Southern African San Institute (SASI), under the auspices of John Hopkins Health Education South Africa (JHHESA).

It will set out to explore the knowledge, attitudes and practices of a sample group of !Xu and Khwe participants within the Platfontein community to address how they deal with issues of TB and HIV.

South Africa has one of the highest rates of active TB infections in the world. Unfortunately, many South Africans are ‘unaware’ of the healthcare options available to them should they suffer co-infection from HIV and TB, or even if they suffer from one of the aforementioned diseases.

This is especially the case within rural areas, isolated communities and marginalized populations suffering from poverty. The South African San Institute (SASI) Strategic Plan (2008) indicates that HIV/AIDS and TB are crippling already fragile San communities across the Northern Cape. This is the case in Platfontein which is a township located outside of Kimberley near the city’s landfill. The landscape of Platfontein is rustic and dusty, with over six thousand people consisting of the !Xu and Khwe San living in a thousand RDP ‘style’ houses.

Certain areas in Platfontein lack infrastructure such as waste disposal/removal, employment and health services thus creating an environment of poverty and marginalization. This creates difficulties in the management of TB/HIV co-infected patients, where management is often fragmented, with little coordination of care between TB and HIV treatment programmes at many different levels. Access to and underutilization of HIV counselling and testing services is also limited. As a result, there is a desperate need to address the above-mentioned issues as these reasons contribute to why people who suffer from TB or HIV (or both) are struggling to overcome their illnesses.

The baseline study conducted by two researchers, Andrew Dicks and myself, will result in 574 researcher-administered questionnaires being completed, followed by focus group discussions with the !Xu and Khwe community members.

Findings from the project will contribute to understanding barriers and facilitating factors to accessing health services for TB and HIV testing, treatment, care and support within the community. This will contribute towards the development of a communication plan for TB awareness, and open up the possibilities for future public health and development related projects.