THEATRE AS INTERVENTION TOOL IN HIV/AIDS EDUCATION WITH SPECIFIC REFERENCE TO "*LUCKY, THE HERO*!"

by

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DECLARATION

By submitting this thesis in electronic format, I declare that the entire content is my own, original work, that I am the owner of the copyright thereof and that I have not previously in its entirety or part submitted it for obtaining any qualification.

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ABSTRACT

HIV/AIDS has escalated into a global health pandemic. Africa has emerged as the most severely affected continent with more than half of the world's HIV infected population residing in Sub-Saharan Africa. Consequently various awareness campaigns have been launched in attempts to stifle the rapid spread of the pandemic.

Much emphasis has been placed on communication as effective strategy specifically when it has a participatory and community-based approach which offers education through alternative ways of responding to HIV/AIDS in order to reach and involve the individual target audience.

The value of entertainment as an effective intervention tool through which to inform and educate is of major importance. Theatre is widely implemented as a tool when attempting problem solving and group and/or individual behaviour-change.

Lucky, the Hero! an HIV/AIDS Educational Theatre intervention initiative was launched by The Africa Centre for HIV/AIDS Management after research established that alarmingly low levels of HIV/AIDS knowledge existed amongst the predominantly Afrikaans speaking farm workers communities of the Western Cape region as media campaigns had not successfully reached them due to geographical isolation and illiteracy.

Theoretical guidelines for the development process and implementation of *Lucky, the Hero!* are provided: how it came about; its content and messages; and the intricacies of how the show was rolled out to audiences.

The specific results and findings of such an Educational Theatre intervention campaign in the Breede River Valley during September 2007 are discussed, as well as how successful the practical implementation of the intervention has been in terms of its theoretical base and initial purpose.

Lucky, the Hero! was found to be overall successful in achieving its aims and proved to be entertaining and educational. It improved general knowledge of HIV infection amongst participants and motivated intentions towards positive behaviour change. Over 2000 participants were also tested during the 14-day intervention. Theatre as intervention tool proved to be effective in this specific instance as most participants agreed that educational theatre was an appropriate method to positively influence HIV/AIDS related behaviour in the community. They also expressed the wish to see the performance again and said they would encourage others to see it.

Although the evaluation methods served their purpose in proving that theatre was an effective tool in HIV/AIDS education and provided basic information and results about HIV/AIDS and the intervention strategy method and campaign, a multi-integrated approach needs to be considered. The latter should include follow up interventions focusing on ongoing HIV/AIDS education and training in order to achieve feasible and sustainable long term results.

OPSOMMING

MIV/VIGS het in ’n globale pandemie ontwikkel met Afrika die kontinent wat die ergste geraak word. Meer as die helfte van die wêreld se bevolking wat die MIV-virus het, bevind hulle in sub-Sahara Afrika. Gevolglik is verskeie bewusmakingsveldtogte van stapel laat loop in ’n poging om die snelle verspreiding van die pandemie te probeer stuit.

Kommunikasie as doeltreffende strategie geniet veral aansien, spesifiek wanneer ’n interaktiewe, gemeenskapsgebaseerde aanslag gevolg word om so individuele teikengroepe op te voed en deur middel van alternatiewe MIV/VIGS aksie te betrek.

Heelwat klem word geplaas op die waarde van vermaaklikheid as doeltreffende intervensiemeganisme met die doel om in te lig en op te voed. Die teater word wyd as meganisme geïmplementeer ten opsigte van probleemoplossing en die verandering van groeps- en/of individuele gedrag.

Lucky, the Hero!, ’n MIV/VIGS Opvoedkundige Teaterintervensie-inisiatief, is deur die Afrika Instituut vir MIV/VIGS Bestuur van stapel laat loop nadat navorsing daarop gedui het dat die kennisvlakke van plaaswerkersgemeenskappe in Wes-Kaapland oor dié pandemie ontstellend laag is. Weens geografiese isolasie en ongeletterdheid het veldtogte in die media oor MIV/VIGS bitter min impak op dié gemeenskappe gemaak.

In die hoofstukke wat volg, word teoretiese riglyne vir die ontwikkelingsproses en toepassing van *Lucky, the Hero!* bespreek – hoe dit gebeur het; die inhoudelikheid daarvan tesame met boodskappe, asook die ingewikkeldhede rondom die wyse waarop dié opvoering aan gehore gebring is.

Die spesifieke resultate en bevindinge van so ’n Opvoedkundige Teaterintervensie-veldtog in die Breederiviervallei gedurende September 2007 word gemeld, asook die sukses van die praktiese implementering van dié intervensie in terme van sy teoretiese grondslag en aanvanklike doelwitte.

In die geheel is bevind dat *Lucky, the Hero!* suksesvol was in die bereiking van sy doelwitte en dat dit vermaaklik en opvoedkundig van aard was. Dit het algemene kennis rondom MIV-infeksie onder deelnemers verbeter en voornemens teenoor positiewe gedragsverandering gestu. Meer as 2000 deelnemers is ook tydens die intervensie van twee weke getoets. Teater as intervensiemeganisme het in dié spesifieke instansie geblyk doeltreffend te wees aangesien die meerderheid

deelnemers saamgestem het dat opvoedkundige teater ’n gepaste metode is om MIV/Vigs-verwante gedrag in die gemeenskap positief te beïnvloed. Ook wou hulle die opvoering graag weer kyk en sou ander mense aanraai om dit te gaan kyk.

Hoewel die evalueringsmetodes hulle doel gedien en bewys het dat teater ’n doeltreffende meganisme ten opsigte van MIV/VIGS-opvoeding is en basiese inligting en resultate omtrent MIV/VIGS en die intervensiestrategiemetode en -veldtog opgelewer het, behoort ’n multi-geïntegreerde benadering egter oorweeg te word – een wat opvolgintervensies insluit wat gefokus is op voortgesette MIV/VIGS-opvoeding en opleiding met die oog op haalbare en volhoubare langtermyn resultate.

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Background to the study

HIV/AIDS has over the last 25 years emerged as a worldwide pandemic with an increasing number of people testing positive every year. It has escalated into a global crisis, causing the death of millions and leaving in its wake large numbers of infected orphans, divided communities and stifled economies.

The number of people living with HIV has risen from around 8 million in 1990 to 33 million in 2009 – a figure that is still increasing. Like many other nations, South Africa is severely affected by these statistics. More than two thirds of people living with HIV currently reside in Sub-Saharan Africa with South Africa scoring amongst the highest infection rate in the region.[1]

Subsequently the fight against HIV/AIDS has become a national health priority, with different methods and approaches in place that attempt to equip people with the necessary information and practices on how to effectively deal with the pandemic in their specific context. Education plays a very important part in this regard. Informing people about the disease, the spreading thereof, and how to successfully live with HIV/AIDS is key in the prevention, management and the de-stigmatisation of the illness.

Theatre as method of education has emerged as a popular intervention tool both in other African countries and abroad. In South Africa too, Educational Theatre has emerged as a popular means of HIV/AIDS education. It takes on various forms depending on the socio- and political climate of the country, the community it is targeting and the focus of the message it chooses to portray. Educational Theatre has proven to be a potentially successful tool, but sub-standard performances that fall short of the general objectives of such interventions frequently occur, and often

[1] Please refer to www.unaids.org/en/dataanalysis/ or Chapter Two for a detailed discussion of the HIV/AIDS pandemic.

there are no monitoring or evaluation tools in place to determine its effectiveness and impact.

This study explores theatre as effective intervention tool in HIV/AIDS education through evaluating the effect of the play, *Lucky, the Hero*! on the knowledge, attitude and perceptions of farm workers in the Western Cape region, South Africa, with regard to HIV/AIDS.

1.2. Motivation for the study

Stellenbosch University's Africa Centre for HIV/AIDS Management was established as a unit of education, research and community service related to management of HIV/AIDS in the workplace. One of its constitutional aims was, and remains, to develop and implement community-based projects related to the management of HIV/AIDS.

In surveys done by the Africa Centre for HIV/AIDS Management, it was found that low levels of knowledge regarding HIV/AIDS existed among coloured, Afrikaans speaking farm workers in the Western Cape, and that a large need existed to equip this group with the necessary information and skills to make informed decisions about HIV/AIDS. Analysis also revealed that current HIV/AIDS awareness interventions have on occasion been ineffective and unsuccessful.

Consequently, the Africa Centre for HIV/AIDS Management at Stellenbosch University decided to conduct a programme to address the failings of past HIV/AIDS educational interventions by using Educational Theatre as a model of change. The aim of the programme was to assist local education authorities, NGOs and other community-based ventures on farms in the area in establishing and strengthening programmes to prevent risk-behaviour that may result in HIV/AIDS infection. The Africa Centre commissioned the staging of an educational piece that would meet these requirements. This interactive HIV/AIDS Educational Theatre intervention programme took the form of a mini-musical called *Lucky, The Hero!* and was subsequently written by the author of this thesis.

The theatre performance was not presented in isolation. A monitoring and evaluation protocol was implemented that measured the impact of each production. Throughout the various performances substantial data was collected to offer a clear and tested estimate of the impact of the piece in terms of influencing the knowledge, attitudes and intentions of the audience members related to different HIV/AIDS issues.

The motivation for this study was that a need now existed to critically analyze these findings in the context of present theories and practices around Educational Theatre, as no research could be traced that disseminates information on the impact of HIV Educational Theatre on a rural, mainly Afrikaans-speaking farming community in this way.

1.3. Research problem

Theatre in the form of Educational Theatre has over the past few years become an important method of creating awareness about HIV/AIDS. The author's preliminary study showed that in other African countries and abroad it has been proven a significant intervention tool with great potential of influencing behaviour. Educational Theatre has proven to be a potentially successful tool, but often falls short of the general objectives and in many cases there are no monitoring and evaluation tools in place to determine its effectiveness and impact.[2]

In the case of *Lucky, the Hero!* substantial data was collected on the impact of this Educational Theatre piece. The research problem to be investigated is how successful the practical implementation of this intervention has been in terms of its theoretical base and initial purpose.

1.4. Aims of the study

In consideration of the abovementioned research problem this study aims to:

- Identify the need for HIV/AIDS education;
- Explore the purpose and importance of theatre as educational method;
- Explore the possibility of theatre as educational method in the HIV/AIDS field;

[2] Please refer to Chapter Two for a detailed discussion on these points.

- Paint a detailed picture of the inner workings of *Lucky, the Hero!* as an HIV/AIDS educational play;
- Evaluate the impact of *Lucky, the Hero!* as an Educational Theatre intervention tool on issues around knowledge about HIV; HIV/AIDS-stigma and discrimination; and HIV testing;
- Determine how *Lucky, the Hero!* as intervention tool influenced attitudes, perceptions and knowledge levels related to HIV/AIDS;
- Critically compare and discuss the theoretical aspects of Educational Theatre and its practical implementation;
- Provide helpful guidelines and suggestions for similar interventions in the future.

1.5. Research design

The methodology used in this study is firstly a literature study that investigated HIV/AIDS as a global pandemic and identifies communication as an HIV/AIDS education strategy. Theatre is identified and explored as such a strategy and the uses of theatre as educational tool are examined as a global background. Documented interpretations of Educational Theatre in African countries and beyond with specific reference to the HIV/AIDS field are highlighted, and the position of Educational Theatre in a unique South African context is examined. Quantitative as well as qualitative methods are used in a descriptive research design so to assess the credibility of *Lucky, the Hero!* as Educational Theatre intervention method.

Quantitative and qualitative methods used include:

- Conducting of pre-intervention focus groups for baseline data;
- Gathering of post-intervention data through follow-up focus groups and the completion of a questionnaire to test effectiveness of intervention;
- Documentation of data analysis.

1.6 Structure of the study

The thesis consists of three main chapters and a summary/conclusion. In Chapter Two the author provides information on HIV/AIDS as a global pandemic, explores communication as a popular tool in creating HIV/AIDS awareness, and identifies

theatre as a possible communication strategy. A global background of Educational Theatre is presented and explored within a unique South African context. Specific challenges and shortcomings are highlighted which serve as motivation for the initiation of the *Lucky, the Hero!* intervention.

In Chapter Three, the author creates a framework of the *Lucky, the Hero!* Educational Theatre intervention by contextualizing why it was specifically implemented as it was. The goals and objectives of the intervention are discussed, as well as how it was developed. Information about the rollout of the play and the target audience is presented.

Chapter Four focuses on an intervention of *Lucky, the Hero!* rolled out in the Breede River Valley in the first fortnight of September 2007. It reports on results and findings, drawing on information and conclusions gathered and formulated by the Africa Centre for HIV/AIDS Management on interventions done in this area during 2006-2007.

In the Conclusion/Summary a brief overview is presented of the study and the general findings that were achieved, highlighting those made in Chapter Four and evaluating whether theatre proves to be an effective intervention tool in HIV/AIDS education. In consideration of the author's findings certain suggestions are proposed.

CHAPTER 2

HIV/AIDS AND EDUCATIONAL THEATRE

2.1 Introduction

The aim of this chapter is to view HIV/AIDS as a pandemic in a global, African and Sub-Saharan African context and to explore communication as an important strategy in combating this pandemic. Attention will be given to theatre as a type of strategy through which education is achieved and social awareness can be created. Educational Theatre will be discussed by looking at its various forms, its background; and several examples of HIV/AIDS related projects. HIV/AIDS theatre projects in Africa and South Africa will be highlighted. HIV/AIDS and theatre will also be explored within a unique South African climate, with specific references to its past political climate. Areas of concern, challenges faced and examples where theatre has unsuccessfully been used to create awareness will be discussed. This chapter will create a background and motivation for the initiation of the *Lucky, the Hero!* intervention[1] – a South African HIV/AIDS play, targeted at the rural farm working communities of the Western Cape, South Africa.

2.2 HIV/AIDS – a global pandemic

HIV/AIDS[2] is currently one of the largest global social concerns. According to a seminar on "Communicating HIV/AIDS Prevention to Young People in Low-Income Societies: Experiences and Challenges" held in Copenhagen in 2002,[3] the next few years are said to be critical in response to this pandemic.

[1] An intervention is the act, or fact, or a method of interfering with the outcome, or course, especially of a situation, condition or process as to modify, prevent harm or improve functioning (http://medical-dictionary.thefreedictionary.com/intervention).

[2] Acquired immune deficiency syndrome, or acquired immunodeficiency syndrome (AIDS), is a disease of the human immune system caused by the human immunodeficiency virus (HIV). The virus and disease are referred to together as HIV/AIDS (Cecil, Russell 1988).

[3] The organizers of the seminar were Danida, the ENRECA Health Research Network, and the research programme 'HIV/AIDS Communication and Prevention – A Health Communications Programme 2001-2003' hosted by the Department of Film and Media Studies at the University of Copenhagen in June 2002.

HIV/AIDS has escalated into a major health problem in many parts of the world. The World Health Organization (WHO) considers the HIV infection a pandemic[4] (www.who.int). According to statistics published by UNAIDS and WHO in November 2010, the number of people living with HIV/AIDS rose from around 8 million in 1990 to an estimated 33,4 million at the end of 2009. Since the beginning of the pandemic, worldwide some 60 million people have been infected, nearly 30 million people have died of AIDS related deaths and 18 million children were orphaned. Of the 33,4 million currently infected, 30,8 million are adults, 15,9 million are women and 2,5 are children (www.avert.org/worldstats.htm).

Although treatment can slow the course of the infection, there is no known cure or vaccine. Anti-retroviral treatment reduces both the deaths and new infections of HIV/AIDS, but these drugs are expensive and are not universally available. In 2009 2,6 million people were newly infected and in the same year 1,8 million people died due to AIDS related deaths. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has predicted a potential death rate of 90 million cases of HIV infection by the year 2025 (www.unaids.org/en/dataanalysis/).

2.2.1 HIV/AIDS in Africa and Sub-Saharan Africa

Much concern is centered on the continent of Africa, as health care and medicines such as anti-retrovirals are not as widely available in Africa as they are in developed countries. A collapse of African economies and societies due to the incapacitation of the workforce is widely feared unless the rapid spread of the infection is not contained, as a large number of people in Africa will be unable to work once they develop full blown AIDS and significant medical treatment will be required (http://data.unaids.org/pub/Manual/2009/20090414_aim_manual_2009_en.pdf).

In East Central Africa most governments already started HIV/AIDS education programmes in the mid 1980s in collaboration with WHO and international NGOs. Uganda was the first state to declare HIV cases in 1982, followed by Kenya in 1984. The impact of the educational efforts proved to be effective – in the early 1990s, 13%

[4] A disease outbreak that is not only present over a large area but is actively “The first postmodern pandemic: 25 years of HIV/AIDS” in *Journal of Internal Medicine* 263(3):218-43.

of Uganda's population was HIV-positive but by the end of 2003, this figure had dropped to 4,1%. Kenya is also showing a decline in infections as prevalence[5] fell from 13,6% in 1997-1998 to 9,4% in 2002 and data from Ethiopia and Burundi appear hopeful[6] (www.unaids.org/en/regionscountries/countries/ethiopia/).

Uganda reacted to the pandemic with political, religious, cultural and social zest. According to Sicherman (1999:111-117) cultural forms of communication such as dance, music and drama were already used as supplementary tools in education, creating awareness surrounding the risks of HIV infection at what appears today as social transformation in re-thinking sexual behaviour in a time of HIV/AIDS.[7] The implementation of these artistic-culture forms were used by International Development agencies with success, using inherently familiar cultural forms to introduce a concept that was foreign and could be deemed as Western propaganda, as often seen in countries such as South Africa (Maritz 2004:2).

According to James Deane of the Panos Institute in his presentation "Is HIV/AIDS Prevention a Communication Problem?" (Copenhagen Seminar 2002), Uganda has been this successful due to the following reasons:

- Political leadership;
- An indigenous, internally respected research capacity/authoritative analysis of the pandemic;
- A strong, free, highly credible media within a context of political freedoms; media could explain issues and engage publics;
- A climate where sex and sexuality could be discussed freely publicly and to an increasing extent;
- A political environment that enabled the emergence of civil society/NGOs which tackle the pandemic and do not channel funding;

[5] Proportion of adults aged 15-49 who are living with HIV/AIDS.

[6] HIV prevalence levels still remain high and it is not possible to claim that these are permanent reversals in these countries' HIV/AIDS statistics.

[7] Refer to the full interview by Carol Sicherman with Rose Mbowa in *SATJ* (1999:111-117). Prof Rose Mbowa was then head of the Department of Music, Dance, and Drama at Makerere University in Kampala, Uganda.

- Donor funding, which could be spent in the context of a strong political and social environment of the pandemic;
- A perception of multi-sectoral strategy tackling both the causes and symptoms of the pandemic.

In West Africa, HIV prevalence is lowest in Chad, Niger, Mali and Mauritania with the highest in Burkina Faso, Cote d'Ivoire, and Nigeria. Nigeria has the second largest number of people living with HIV in Africa after South Africa, although Nigeria's total is 7% of their population in comparison to South Africa's, which has reached double digits (www.avert.org/worldstats.htm).

Middle East and North Africa have an infection rate of between 230 000 and 1,4 million people. At the end of 2004, 0,3 % women and 0,1% men between the ages of 15 and 24 were living with HIV infection.

Sub-Saharan Africa carries the largest burden of the pandemic with around 68% of all people living with HIV/AIDS residing in this region (www.info.gov.sa/2000/population/chap6.pdf). At the end of 2009 UNAIDS reported that an estimated 22,5 million people in Sub-Saharan Africa were living with HIV/AIDS.

In the early 1980s HIV/AIDS was basically unheard of in Southern Africa and yet today it is the worst affected area in the world with a prevalence rate exceeding 20% in most countries, including South Africa, and 30% in Botswana and Swaziland (www.kznhealth.gov.za./arv/arv11.pdf).

There is much speculation around this phenomenon and various reasons are suggested why Sub-Saharan Africa is so different to other parts of the world in the way people behave towards, and during the spread of the virus.[8]

Some of these reasons include:

- Traditional religions which place emphasis on high fertility;
- The existence of the highest instance of polygamy in the world;
- A large sex industry with active sex workers;

[8] UNAIDS: *History of HIV & AIDS in Africa* (www.avert.org/history-aids-africa.htm).

- Non-homogeneous societies;
- Women's relative limited control over their sexual activity;
- The occurrence of multiple sexual networking that involves multiple overlapping or concurrent sexual partners;
- Poverty and unemployment;
- Poor economic conditions caused by slow-onset emergencies such as drought, and rapid onset natural disasters;
- Impact of inequalities caused by apartheid and ongoing political conflict;
- Lack of adequate sex and HIV/AIDS education;
- Denialist HIV/AIDS policies by governments and political leaders;[9]
- Population displacement and migrant workers systems.

Due to the difficulty in treating HIV infection and the irregular availability of treatments, preventing infection has become a key aim in controlling the pandemic in this region, as well as globally.

There have been numerous initiatives and campaigns which have been launched to curb the spread of the HIV virus in Africa and Southern Africa, with the result that many countries, with a high prevalence rate experience which is known as "HIV fatigue" – where the population has become saturated with HIV/AIDS information – and are not interested in hearing more about a problem they hear constantly about (ahero.uwc.ac.za/index.php?module=cshe&action=downloadfile).

In order to address this attitude, novel approaches in creating awareness and depositing information had to be explored in order to create and implement effective social behaviour change.

[9] Former South African President Thabo Mbeki and his Health minister Manto Tshabalala-Msimang notably questioned the connection between HIV/AIDS, stating instead that factors such as undernourishment caused AIDS. Critics charge that the AIDS denialist policies of Mbeki's administration impeded the creation of effective programmes for distribution of anti-retroviral drugs, causing thousands of unnecessary deaths. UNAIDS estimated that in 2005 there were 5,5 million people in SA infected with HIV. Criticisms of his stance have been well documented on www.hivan.org.za

2.3 HIV/AIDS communication

In the struggle against the spread of HIV/AIDS, much focus has been placed on the idea of communication. Internationally there is a growing recognition of the important role of communication in combating HIV/AIDS, but there is also a clear recognition of the need to identify successful strategies that address the complexity of the HIV/AIDS pandemic. Communication is a broad concept with many different approaches and in order to achieve behaviour change, the question should be posed whether the communication approach is connected to the suitable target group. The understanding of the interrelation between the social and cultural behaviour of a population and the spread of the HIV virus has to therefore be established (Copenhagen Seminar 2002).

According to Deane (Copenhagen seminar 2002) there are certain preconditions in the field of communication and health:

- It is necessary to move from information to a strategic dialogue between the target audience;
- Target audiences want to be involved;
- There is a need for synergy in communication – a common platform must be derived from which the strategy must be designed;
- Issues have to be tackled consciously and proactively;
- New competences are needed in communication.

Deane argues that a move is needed from traditional media campaigns and propaganda that demand the target audience to change its behaviour to a dialogue where the target audiences are involved. As much as mass media is important, the role of personal communication that has a voluntary interest with a personal involvement giving an offering of education to the target audience must not be overlooked. Such an approach can be identified as participatory and community-based, which offers alternative ways of responding to HIV/AIDS that reach and involve the individual.[10]

[10] Here it is important to consider the argument put forward by Simon Burton, evaluator of the ESTA Communications campaign, in his comparison between the communal nature of receiving a theatrical message to that of development radio, where the message falls on “individual ears,” where he claims

Much emphasis is also placed on entertainment as an effective form of communication through which to inform and educate (Piotrow *et al* 1994; Entertainment-Education for Better Health 2008:1-16). According to John Molefe in his presentation "Experiences with Edutainment: Soul City, a South African Multimedia Vehicle" (Copenhagen Seminar 2002), communication of research-based educational content can exist in an entertaining vehicle. He promotes the genres of drama and edutainment due to their popularity and the fact that in many cultures they have been utilized for such purpose and are not new phenomena.

In this capacity, the use of professional theatre techniques has, amongst others, been largely accepted as an effective strategy in HIV/AIDS education.[11]

2.3.1 Theatre as communication strategy

Theatre within an educational aim and purpose has been utilized as a communication vehicle to introduce awareness in youth groups, communities, societies and specific target markets across the globe within an array of social, cultural and political issues – it is widely implemented as a tool in attempting problem-solving and group and/or individual behaviour-change.[12]

Steadman (1992:33) states how the perception of theatre and its social impact has expanded enormously since the 1980s:

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that the presentation of ideas in a theatrical form should not be perceived as reaching people individually, because by its very nature, attending the theatre is a communal action (Baxter 2000:61).

[11] Bolton *et al* 1992; Probart 1989; Frank 1995; Refer to the article by Marcia Blumberg "Staging AIDS: Activating Theatres" in *SATJ* (1997:155-181) for an extensive compilation of examples of HIV/AIDS dramas staged in South Africa, America, the UK and beyond; as well as the following publications and sources for some background on HIV/AIDS theatre projects across the globe: "AIDS and Theatre: How to use theatre to respond to HIV/AIDS. Manual for youth theatre groups", "Event Impact Assessment On Sponsored Arts For Education (S.A.F.E.) Educational Theatre for HIV/AIDS" Kenya (http://comminit.com/?q=africa/node/327933); "Dramafees nou instelling op US-kampus" Stellenbosch, South Africa (*Kampusnuus* Julie 2010:7); "Theatre – AIDS on stage" Canada (http://aids2006.org/admin/images/upload/1016.pdf); "Education through Entertainment – Interactive Themba Theatre" Johannesburg, South Africa (http://comminit.com/hiv-aids/node/116150); "Monitoring and evaluating clowning and street theatre-based HIV/AIDS education in Rural Guatemala: guidelines for impact and process evaluations" Guatemala (http://gateway.nlm.nih.gov/MeetingAbstracts/MA?F=102281804.html); "Kaiser Permanente's Educational Theatre Programs Reveals Secrets About HIV/AIDS and Sexually Transmitted Diseases" California, USA (http://xnet.kp.opr/etp/ncal/press/secrets.html); "Entertainment-Education and HIV/AIDS: A Case Study of the HIV/AIDS Public Information/Education Campaigns in the Caribbean" Carribbean, the Bahamas, Jamaica, Haiti (http;//xnet.kp.org/etp/).

[12] Bolton *et al* 1992; Probart 1989; Frank 1995.

> There are few scholars of theatre who do not now acknowledge that traditional studies of established forms of theatre, once canonized in the undergraduate syllabus, constitutes only one view of theatre. Alongside the body of work that has been used to constitute this view is another growing body of work which presents an altogether different view of the possibilities of and the potential for theatre as a functional discourse in society. The former tradition was based on a view of theatre through the prism of the literary text, and a series of such texts was used to construct a "history of drama" based on literary products. The new tradition is based on a view of theatre not as product but as process (Steadman 1992:33).

Maritz (2004:2) in his paper "Educational Theatre at the Edge of the Crush – The Use of Theatre as Entertainment-Education in HIV and AIDS Awareness and Prevention in the South African Mining Sector – Opportunities for Change" states that theatre as a medium for education has inherent strengths and generic advantages, such as:

- Theatre's ability to involve direct interaction;
- Theatre's participatory elements that encourage dialogue and thus a better understanding of factual information dissemination;
- Theatre allows audiences the potential to be drawn into the message-making process and offers the potential for behaviour change.

Mda (1993:19) argues that drama is an efficient tool in raising consciousness because it is a mode of communication that has a life of its own. As a form of skillfully contrived escapism it allows the audience to take collective imaginative refuge in a more pleasurable realm of existence than their everyday one. It engages them in a dramatic fiction that has a connection to their everyday life.

According to the "UNESCO-CCVIS Act, Learn and Teach: Theatre, HIV and AIDS Toolkit for Youth in Africa" (n.y:6) theatre, when applied to create an awareness, has a positive impact due to the fact that it can:

- Grab and maintain the attention and interest of an audience because it is performed live and can combine oral communication, physical expression, dance, image, puppetry, music and song;
- Bring people together to openly discuss a problem;

- Arouse strong emotions within a spectator;
- Be adapted to local realities – plays can be performed anywhere anytime in local languages presenting real life situations;
- Promote tolerance and mutual understanding by allowing the audience or actors to experience a different point of view. The other gains empathy and becomes familiar;
- Encourage participation and self-expression;
- Provide entertainment – many people learn best while they enjoy themselves.

The *Entertainment-Education for Better Health* Info Report (2008:1-16) seconds the abovementioned notions and states that theatre when properly produced can evoke identification and the characters in the production can serve as role models for change in behaviour. There is a face-to-face aspect of communication that uses the language and idiom of the people it aims to address.

Frank (1995:80) also mentions that theatre can overcome any existing literacy barriers and can be very effective in countries with low literacy rates because it does not require literacy and can reach more people than printed media.

Baxter (2000:70) reports that the information compiled after a participatory workshop held by Drama Studies and the Centre for Adult Education at the University of Natal with the Provincial Department of Land Affairs (PDLA) in 80 sites in KwaZulu Natal and lower Mpumalanga, concurs with the findings of an evaluation of the use of drama to communicate health messages (Valente and Bharath 1999:210) in that "…in some cultures community drama can be an effective vehicle for HIV/AIDS information dissemination" and that "… it may be that theatre brings the audiences closer to taking a pro-active approach to problems, since it decreases the amount of discomfort associated with discussing AIDS." Baxter (2000:70) further points out that it was found that theatre allowed audience members to discuss the characters' difficulties that may overlap with personal experience, without fear of reprisal.

Tufte (2001:8-9) states that the crucial issue in creating an effective strategy is to understand the theoretical underpinnings of the method chosen as equally as the

nature of the HIV/AIDS pandemic and the social, cultural, political and economic contexts in which it has been able to spread.

It is thus important to look at the origin and development of theatre as such as an educational vehicle for creating social awareness and conveyer of information in order to achieve some background knowledge.

2.4 Educational Theatre – a global background

According to the United Nations Population Fund and Y-PEER Theatre-Based Education Toolkit and Training Manual (2005:9),[13] the use of theatre to educate has many names such as the most commonly used Educational Theatre, which includes Theatre in Education (TIE) and Drama in Education (DIE); however, other terms such as Edutainment and Infotainment and Entertainment-Education (EE), are also often used.

Since the 1960s and 1970s Educational Theatre has been used as a collective term that cross-pollinates in definition and aim with various theatre activities. Epskamp (1989:48) places this "umbrella" term in context:

> However, all had in common the fact that they focused on problem raising productions for a very consciously chosen target group.

Although broad and inclusive in definition, Educational Theatre can be differentiated from other theatre forms due to its foremost goal to create awareness and evoke change within an audience. Techniques used in Educational Theatre also occur in adult tuition, as well as in earlier phases of education.

[13] The Y-PEER (Youth Peer Education Network) Programme has worked since 2001 with country partners to build the capacity of national non-governmental organizations and governments to implement, supervise, monitor, and evaluate peer education programmes to prevent HIV/AIDS and improve reproductive health among youth in 27 countries across Eastern Europe and Central Asia, the Arab states and Africa.

2.4.1 Drama in Education

According to Tatar (2002:21), when drama has been used as an instruction tool in the classroom, the most popular used terms, Creative Drama and Drama in Education, are again umbrella concepts which embrace all the various types of improvised and informal drama used in curriculums and classrooms. Terms that have been used to refer to this practice are Classroom Drama, Creative Dramatics, Educational Drama, Theatre Games, Socio-dramatic Plays, Role Drama, and Role-playing.

Drama in Education (DIE) is seen by some authors as having a two-fold purpose: (1) to create "an experience through which students may come to understand human interactions, empathize with other people, and internalize alternative points of view" (Wagner 1988:5), and (2) developing understanding and learning through drama (Heinig 1993:22).

According to Norman (1981:50):

> The core concept of drama in education today is making personal meaning and sense of universal, abstract, social, moral and ethical concepts through the concrete experience of the drama.

When one briefly looks at the development of DIE in countries such as England which has strongly influenced curriculums in the rest of the first world (especially North America), it is only over the last few decades that this school of thought prevailed. Bolton (1985:151-157) explains that it was only in the 1930s and 1940s that Peter Slade attempted to bring natural play and spontaneity of expression into the classroom which freed up education from the "stranglehold of the speech and drama movement" which denied the importance of content and process and focused more on perfecting a finished product such as the school play. Slade, who inspired teachers throughout the 1950s, was given further backing by Brian Way who drew from Stanislavsky's early training methods and was concerned with the "individuality of the individual" – a phrase which echoed progressive education in the philosophy of liberated education in America in the 1960s (Bolton 1985:151-157).

With the introduction of the teachings by Dorothy Heathcote in the 1960s and 1970s, the subject matter of the drama was all important (Johnson & O'Neill 1984), and

moved beyond the factual level to a way of looking at issues, principles, implications, consequences and responsibilities behind the facts. Heathcote's followers coined the phrase "In-depth Drama", implying a process of getting right inside a situation. Heathcote's approach rests much on Brecht's notion of *Verfremdung*,[14] pointing out that distancing is the key to understanding. Since the 1980s practitioners developed more sophisticated methods of harnessing contracting modes of dramatic behaviour through methods such as "mantle of the expert",[15] depiction,[16] direct and indirect focusing on a theme, and projected and personal dramatic playing (Bolton 1985:151-157).

At this point it is important to also acknowledge the work of two psychologists who have influenced DIE to a great extent – Lev Vygotsky (1896-1934) and Albert Bandura have become the source of much research and theory in cognitive development and social psychology over the past several decades, particularly in what has become known as Social Development Theory (Vygotsky 1976) and the Social Learning Theory (Bandura 1977).

Vygotsky's theories in *Mind in society: The development of higher psychological processes* (1978) stress the fundamental role of social interaction in the development of cognition, as he believed strongly that community plays a central role in the process of "making meaning". Related to this, Bandura (1977) proposed that social learning occurred through four main stages of imitation: (1) close contact, (2) imitation of superiors, (3) the understanding of concepts, and (4) role model behaviour – much of which Educational Theatre is based on: this idea that people learn how to behave, and how to change their behaviour, by watching other people.[17]

Another teaching methodology, developed primarily from the work of Brian Way, Dorothy Heathcote and Gary Bolton, is Process Drama. This is described as a

[14] Brecht's concept of *Verfremdung* is the process whereby the familiar is made strange. It is a device for arousing critical consciousness, and operates as a process of counter-hegemony to resist the attempts of the dominant to present their picture of reality as the only possible version (Prentki 2007:127).

[15] "Mantle of the expert" refers to a dramatic method or dramatic-inquiry based approach to teaching popularized by Dorothy Heathcote that requires the participants to do their work as if they have the imagined knowledge, skill and responsibility of an expert (see also www.mantleoftheexpert.com).

[16] "Depiction" is a mode of acting behaviour relying on external representations of an event or of feelings. It can be static, in a tableau, photograph or sculpture (Bolton 1985:156).

[17] The theories of Albert Bandura in relation to Educational Theatre will be discussed further in Chapter Three.

theatrical method used to explore a problem, situation, theme or series of related ideas or themes, through the use of the artistic medium of unscripted drama (O'Neill 1995).

In Process Drama teachers and students work together to explore problems and issues such as change within communities, dealing with such change, environmental sustainability, betrayal, truth and other ethical and moral issues. As the name implies, Process Drama is more concerned with creating novel approaches, understanding and reflection by participants and spectators, than delivering a finished product (O'Neill 1995).

2.4.2 Theatre-in-Education

Much in the same vain, Theatre-in-Education (TIE) was conceived to bring the techniques of theatre into the classroom, and as John O'Toole (1976:vii) explains there is a "nervous reluctance of those who practice it to commit themselves to written descriptions or definition."

Yet since its explosion in the mid-sixties, it was maintained that the general aim of TIE was to be entertaining and thought provoking. It based itself on the root of children's play and DIE (O'Toole 1976:ii),[18] theatricality and classroom techniques to provide an imaginative experience where traveling groups of actors in dramatic role and costume provide a foreign stimulus and context in the form of a play (O'Toole 1976:vii).

O'Toole (1976:vii) explains further that in TIE, the material is firstly specially devised, tailor-made to the needs of the children and the strength of the group of students or team involved. Secondly the students are given the opportunity to participate and play alongside the actors by being given roles through which they learn skills such as decision-making and problem-solving. Audiences are usually small, in a localized area, ideally within a singular community in order to achieve intense involvement from the participants. Thirdly teams are made aware of the importance of the

[18] According to O'Toole in his book *Theatre in Education* (1976:11) the pioneers that paved the way for TIE practice included Peter Slade, Dorothy Heathcote, Gavin Bolton and John Hodgson.

teaching context, and follow-up sessions or workshops are arranged to build a large-scale project on the stimulus of the drama.

Much emphasis is placed on the participation of the audience in the action, adding dimension to the play and contributing to the structure and dramatic conflict by having the students become characters that are acted upon, reacting and actively influencing the continuation of the play:

> The children may be involved as themselves, or endowed with characters within which they can react naturally, or as members of a youth club, sometimes they may be asked to project the appropriate reactions of a more complex characterization – whatever the roles, they may be protagonists or antagonists, victims or heroes (O'Toole 1976:17).

The children may further impact on the play, by being allowed to take over the playwright's role, and can therefore construct the outcome depending on their decision-making.

Issues that are addressed in DIE and TIE can range from points of discussion within the classroom that are curriculum focused to creating stimulus in literature (Vine 1993:110-127), to general issues raised such as domestic violence,[19] suicide, bullying and racial discrimination[20] to ecology, self-image, self-esteem, empowerment, HIV/AIDS and the different aspects of sexuality – abuse, rape, pregnancy, STI's, relationships, homosexuality, sex, protection, and choice,[21] drug

[19] Refer to HRH Productions' play *Children*, about domestic violence at The Royal George Theatre in London (http:/www.fortunecity.com/millennium/Garston/49/hrh.html).

[20] Refer to the TIE plays, *Burnt*, on school bullying, and *Race Against Time* on racial discrimination, for years 8,9,10 students, in Queensland, Australia (www.iier.org.au).

[21] Refer to the work of the African Research and Educational Puppetry Programme, now arepp: Theatre for Life – a community-based educational trust that contributes significantly to HIV/AIDS, focused theatrical performance at primary, junior high and secondary school levels, approaching HIV/AIDS issues from various perspectives by employing a range of puppets and media to entertain and involve spectators and engage pressing issues. Arepp: Theatre for Life's staging also includes condom demonstrations and question-and-answer sessions to promote interaction and self-empowerment. Their first project, Puppets Against AIDS, is periodically updated and takes life-size puppets onto the streets to perform for adult health clinics, at mines, taxi ranks, and other street venues while their transportable theatrical projects also visit factories and offices. The content of the shows has also been expanded to focus on other issues of social concern apart from HIV/AIDS (www.arepp.org.za).

abuse, individual and/or group cultural, or gender identity information, gangsterism and violence, media influences and family, peer or intercultural communication.[22]

2.4.3 Theatre of the Oppressed

Because of TIE's strong participatory elements, where students are placed in real, identifiable situations and interact with characters and make decisions in the midst of a crisis, take charge of their own learning and are empowered to progressive decision-making and problem solving which is facilitated by an actor-teacher, it can be linked to the theories of Brazilian theatre practitioner Augusto Boal (Vine 1993:110-127).

In the 1960s, Boal with his Teatro de Arena de Sao Paulo, began utilizing theatre activities in literacy programmes for adults living in oppressive circumstances within the context of the developing world. Boal's theories are widely known as "Theatre of the Oppressed" (Boal 1979) and have caused many groups worldwide to encourage and include oppressed communities in theatre activity in order to engage in their struggle for independence and liberation within the specific target groups and areas.

Boal's Theatre of the Oppressed – although strongly rooted in established theatre forms such as Brecht's *Verfremdung* and realism – was hugely influenced by the educational models developed by fellow countryman and cultural and educational theorist and practitioner, Paulo Freire (Vine 1993:110-127).

Freire (1921-1997) developed a parallel notion to *Vervremdung* – that of "codification", as a core element of his pedagogy. It is used as a means of shaping the chaos of reality into forms or codes that are amenable to analysis (Prentki 2007:123):

> Codification represents a given dimension of reality as individuals live it, and this dimension is proposed for their analysis in a context other than in which they live. Codification thus transforms what was a way of life in the real context into 'objectum' in the theoretical context (Freire 1972:33).

[22] Refer to DIE and TIE programmes launched in Cape schools by the Drama Department of Cape Town University as part of the Drama in Education and Theatre in Education module to undergraduate students between 1988 and 2001 (Morris 2002:120).

He argued that those oppressed and marginalized contain knowledge through their own life experience, but were made to believe by oppressors that they were ignorant and that their knowledge was of little importance. Freire believed people should be more trusting of their own perceptions and education should therefore become a process that serves all people, not just the privileged. This ideal was obtained through establishing a people-orientated dialogue he called “Pedagogy of the Oppressed” – enabling people to become conscious of what they know, and in turn generate knowledge in their own interests. Freire believed development is not something that is given but evolves through the collective action and reflection of all members of society (Freire 1972; Ewu 1999:87).

For Boal, who was also consumed by the idea of helping people oppose oppression in their daily lives, the spectator was all-important:

> In a Theatre of the Oppressed session, there are no *spectators*, only active *observers* (or spec-actors). The centre of gravity is in the auditorium, not on the stage (Boal 1995:40).

It was used as a tool of self-expression, consciousness-raising, personal development and collective empowerment. Boal drew up a set of theatre methods and guidelines provoking discussion and audience participation called Forum Theatre – a well known manifestation thereof, and technique applied in Theatre for Development and other Popular theatre practices,[23] emphasized not as a spectacle but as a means of expression (UNESCO-CCIVS n.y:7).

2.4.4 Forum Theatre

According to the UNESCO-CCIVS Act, Learn and Teach: Theatre, HIV and Aids Toolkit for Youth in Africa[24] Forum Theatre[25] is a space where people can express their thoughts, feelings and concerns:

[23] See 2.3.1.5 and 2.3.1.6 for a discussion on TfD and Popular theatre.

[24] This toolkit, written by Laura Meyers (HIV/AIDS consultant South Africa), in close collaboration with Simona Castanzo (CCVIS, France), Helena Droano and Manilee Bagheritari (UNESCO, France) and Prosper Kompaore (Atelier Theatre Burkinabe, Burkino Faso), introduces Forum Theatre as a tool for HIV/AIDS education for youth groups and amateur theatre groups in English-speaking Africa.

[25] Also known as Participatory Educational Theatre (PET).

> Forum Theatre gets audiences to discuss difficult issues in the open that they would otherwise be uneasy about in personal life. In the open and in fictitious settings, audiences can take ownership of issues and their solutions. After collectively debating the challenges and identifying some problematic behaviour of the players, people are often motivated to avoid similar behaviour of their own that they might have been unconscious of before (UNESCO-CCVIS n.y:8).

This is achieved by a lead character that confronts the unjust use of power that is maintained by some threat or force in the plot of the play. The audience, through the facilitation of a "joker" character,[26] participates by analyzing what is happening, or stepping into character roles, and then forms a plan of action to resolve the problem that is then acted out.

Boal, together with Panagiotis Assimakopoulos, also created Invisible theatre as part of Theatre of the Oppressed – a form of theatrical performance that is enacted in a place where people would not normally expect to see theatre, for example in a marketplace or street. The performers attempt to disguise the fact that it is a performance to those who are observing it, or choose to participate in it, making it seem "real" (Boal 1974).

Today the theatre forms of Invisible and Forum theatre are widely applied to address important issues and have particularly proven to be popular tools in creating HIV/AIDS awareness – especially in certain societies in Africa[27] and South Africa[28]

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[26] A character-actor who liaises between the dramatic world of the characters and the real world of the spectators and helps the play advance through his/her comments and questions (UNESCO-CCVIS n.y:9).

[27] Refer to Chamberlain, Chillery, Ogolla and Wandera's paper on "Participatory Educational Theatre for HIV/AIDS awareness in Kenya" (www.mendeley.com/research/participatory-educational-theatre-hiv-aids-awareness-kenya-1/).

[28] Refer to the responsive intervention A Luta Continua at Brook Street Market, Warwick Junction, Warwick Triangle, Durban – a site-specific/responsive performance around the issue of HIV/AIDS was launched in Durban's Warwick Triangle (A Luta Continua, meaning "The Struggle continues" is a Portuguese slogan widely used during the apartheid era and popularized by a song of Miriam Makeba that was written by her daughter, Bongi Makeba) (Young-Jahangeer 2007:135); Refer to a pilot project launched in December 1995 by Gauteng Province using 200 red minibus taxis to provide a forum for staging AIDS – the drivers receive a rudimentary training in the preventive aspects of AIDS education and share this in a low-key manner at the same time as they drive the commuters to their destinations. In order to maximize the message the drivers play music interspersed with a message from the Health Department extolling the importance of using condoms; they also encourage their passengers to take free condoms. The campaign was extended nation-wide (Blumberg 1997:162); Also refer to an article by Sloth Madsen: Reflections on HIV and AIDS Education – forum theatre communicating a

as, according to the UNESCO-CCVIS Act Learn and Teach: Theatre, HIV and AIDS Toolkit for Youth in Africa explains, “it favours critical thinking and highlights social and psychological aspects of the pandemic” (UNESCO-CCVIS n.y.8). It is also argued that theatre in African culture is rich and varied and includes storytelling, praise performance, dance dramas, national and historical performance saga, ecclesiastical epics, peace plays, satirical comedies, children’s plays, work performances, funeral and social dramatic commentaries, mimetic sketches and graduation and initiation performances. In many African traditions, theatre has often been used for purposes beyond entertainment, such as to convey religious, educational, political, social or economical messages when popular urban performance drew from traditional culture while adapting techniques that came from foreign film, music and dance.[29] Thus these societies have taken to the ideologies of Freire and Boal (UNESCO-CCIVS n.y:6-8).

2.4.5 Popular Theatre

In many African societies and the developing world there has been a large development of projects based on Freire’s educational concept and Boal’s techniques that work with marginalized communities on various issues. Throughout Africa, with the demise of colonialism and its replacement by neo-colonialism in the form of small local privileged elites who fostered the economic exploitation of their newly independent countries, there occurred a concurrent suppression of indigenous cultures (Steadman 1992:41). The international situation in the late 1960s and early 70s, the resulting explosion of Educational Theatre and the influence of these new ideas, gave rise in the developing world to what was called the Popular Theatre Movement.

By definition, Popular Theatre is a terminological dilemma that according to Mda (1993:18) “indicates a wide, contradictory range of theatrical activities and different types of drama” and according to Desai (in Steadman 1992:33) Popular Theatre

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behavioural change (August 2002). (www.dan:dadevforum.um.dk/NR/rdonlyres/034DE7D5-80EE-473F-B837-65DD7AE62994/0/CommunicatingYoung.pdf; www.care.org).

[29] Examples are marabi, ngomabusuku and isiBhaca, or gumboot dance, in South Africa; High Life in West Africa; nyao and gure dances in Zambia and Malawi; beni in Malawi; ingquzu in Zimbabwe (UNESCO-CCVIS n.y:7).

"cannot be defined in any one way as it is best thought of as a normative discursive practice that engages in dialogue with other theatrical practices and societies." Although most theorists agree popular theatre is associated with social change, there is no general consensus on what form it takes.

Drag (in Young-Jahangeer 2007:143) suggests that the dramatic expressions that constitute it must be at 'grass-root level', whereas Kamlongera and Leiss (in Mda 1993:46) believe it takes "the good from international theatre practice and …indigenous forms," since it should "enrich and expand the people's own forms of expression." Steadman (1992:42) states that the role of all popular theatre in the cultural awakening of Africa has determined in nearly all cases a politically motivated practice aimed at the empowerment of people in the face of neo-colonial oppression.

Kerr (1995:151) compares Popular Theatre to literary theatre and finds that popular theatre is primarily an improvised, collective creation that is free, involves audience participation and post-performance analysis.[30] It can include performances of drama, puppetry, singing and dancing and is accessible for the target community as it is performed in local languages.

Popular Theatre that is community-based and participatory is also referred to as Theatre for Development (TfD), but other terms are often used that are relevant, yet not necessarily identical, such as Participatory Popular Theatre (PPT), Community Theatre (CT), Community Drama, Theatre-in-Education (TIE), Political Theatre, Workers' Theatre, Educational Theatre, Participatory Educational Theatre (PET), People's Theatre, Theatre of the Oppressed, Theatre-for-social-mobilization, Theatre for Integrated Development (TIDE), Theatre for Integrated Rural Development (THIRD), Community Theatre for Integrated Rural Development (CTHIRD), etc.[31]

[30] Young-Jahangee (2007:147) notes that although popular theatre is predominantly an improvised form, it is not exclusively so as in the case of Zimbabwean playwright Cont Mhlanga's plays and processes are popular, yet are scripted by him.

[31] Mogobe in Matusse 1999:44; Abah in Breitinger 1994:81-82; Young-Jahangeer 2007:135; Hauptfleish and Steadman 1984:3; Davis and Fuchs 1996:135

2.4.6 Theatre for Development

Theatre for Development (TfD) has two definite approaches, according to Breitinger (1994:17):(1) neatly packaged messages of development that are delivered by groups from outside the targeted community via theatre performances ("top-down/agitprop-theatre"), and (2) theatre activities that focus on emancipation of the community through involving the target community in the action and creative process ("bottom-up/participatory grass-roots theatre").[32]

Kerr (1995:149) explains that TfD in Africa's origins are deeply rooted in colonialism where theatre was used as a propaganda vehicle, and in many post-colonial and independent African states this tradition was continued. Such projects were funded by international bodies such as UNESCO[33] and private NGOs, and with time cultural workers felt this "top-down" approach had to be replaced by a tradition that was more expressive and interactive at ground level and which allowed for participatory community-based activity (Kerr 1995:149). Today TfD is widely respected as a creative participatory and effective way to raise awareness and promote problem solving (UNESCO-CCIVS n.y:8). Prentki (2001:120) also mentions that TfD was a powerful voice for marginalized and closed communities in a pre-democratic South Africa.[34]

Abah (in Breitinger 1994:84-85) explains that in the process of a TfD session, emphasis is placed on initial group activities such as playing games and song singing, or playing music. Sufficient research and information must then be collected to face the problem areas and issues. Information is analyzed and the participants improvise scenarios until a dramatic storyline is developed. A performance is given as summary of the work process. Follow-ups are done outside of the fictitious world by cultural workers in order to assist the community in implementing decisions that were made during the workshop, and thus ensuring that the process of development continues.

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[32] Please refer to the work and findings of Christopher Joseph Odhiambo in *Theatre for Development in Kenya: In search of an Effective Procedure and Methodology* (2008), as well as Zakes Mda's *When People Play People*, specifically Chapter Five on *Theatre-for-Development as Communication* (1993:81-97).

[33] United Nations Educational, Scientific and Cultural Organization.

[34] Refer to 2.3.1.7 Protest Theatre.

According to Prentki (2001:120) today and throughout the world, TfD is exploring new paradigms for lending voices and actions to marginalized and closed communities. In the 1990s it moved away from having a centralized development orientated message bearing purpose, to a much greater emphasis on the cultural aspects of development, and recently to a concern seeking how it can enable communities and individuals to alter anti-social and destructive patterns of behaviour. Prentki (2001:120) highlights that TfD projects in the area of HIV/AIDS awareness and prevention have been prominent in a time where an exclusively clinical approach has proven unsuccessful and this has given rise to attempts to address wider issues. In this instance TfD recommends itself to NGOs (non-government organizations) and CBOs (community-based organizations) as a medium by which these issues can be explored and through which communities, and possibly societies, can be transformed.

2.4.7 Protest Theatre

Mda (1995:40) defines Protest Theatre as theatre that "addresses itself to the oppressor with the aim of appealing to his conscience."

Van Graan (2006:278) explains that Protest Theatre is a global occurrence, and was prevalent in pre-democratic South Africa:

> This is true of the South Canadians in Toronto, who combine the political and folk theatre of India to protest against racism and violence towards women in Canada; in the anti-war Vietnamese protest theatre; in the work of Luiz Valdez and El Teatro Campesino protesting the treatment of workers in the orchards of California in the 1960s; in the message theatre of the current anti-war movement in the USA; in the protest theatre of Zimbabwe where, as in our own apartheid era, theatre has begun to fill the gaps left by the banning or censorship of newspapers, then leading to plays being banned and theatre-makers being kept under surveillance.

During the 1960s and 1970s – in the heyday of apartheid in South Africa – the terms Protest Theatre, Struggle Theatre, Theatre-for-Resistance[35] and Black Theatre were also often used to refer to Popular Theatre in a South African context for oppressed black groups who opposed the political system of the time (Van Graan 2006:280).

The development of the Black Consciousness Movement in the late 1970s and 1980s in South Africa heavily influenced the development of Protest Theatre in South Africa and ensured a specific identity in theatre that was created by black theatre makers and groups in the spirit of liberating the black population from the oppressive apartheid regime (Steadman 1992:37). With other forms of political activity suppressed, cultural expression became an increasingly favourable political tool. The "sympathetic sectors of the non-oppressed communities," although largely institutionalized and un-plagued by censorship, also resorted to cultural expression laden with political themes and methods (Steadman 1992:43).

Prominent protest players and playmakers included Athol Fugard and the Serpent Players of Port Elizabeth,[36] Gibson Kente's Township Theatre, Workshop 71, Junction Avenue Theatre Company, Maishe Maponya, The Company under direction of Barney Simon,[37] Percy Mtwa, and Mbongeni Ngema (Spitczok von Brisinki 2003:114).

According to Van Graan (2006:280) Protest Theatre in South Africa could be defined by the following aspects:

- Plays were didactic, with little room for interpretation. The message was all important; theatre was just the vehicle;
- The form was storytelling, actors usually addressed the audience directly, in declamatory style;
- Actors usually played a variety of roles;

[35] Mda (1995:40) explains that Theatre-for-Resistance differed from Protest Theatre as it addressed itself to the oppressor with the overt aim of rallying or mobilizing the oppressed to fight against oppression.

[36] The Serpent Players first came to prominence when they devised *The Coat* (1966) and thereafter the more famous works *Sizwe Banzi is Dead* (1972) and The Island (1973).

[37] Percy Mtwa, Mbongeni Ngema and Barney Simon's creation of *Woza! Albert* (1981), was possibly the most famous collaboratively devised play of the time.

- No large sets, multiple props or fantastic costumes were used due to lack of resources and ensuring the play's mobility;
- Actors were generally untrained – the credibility of the piece was accounted for by raw talent and the proximity of the situations being portrayed in their own lives;
- Characters were closer to caricatures representing types rather than multi-layered characters;
- Pieces often combined the disciplines of music, dance, poetry and theatre;
- The piece would be performed in community halls where they would be well-received by the audiences who related directly to their themes; when the same piece was performed in formal theatres where the life experience of the audience was more privileged, the response would be less enthusiastic;
- The plays were often workshopped.

Van Graan (2006:278) states further that presently Protest Theatre has directed itself at new "scourges" such as poverty, crime and HIV/AIDS. Many theatre groups, originally established as Protest Theatre groups, have shifted their focus to community-based youth education[38] and other social concerns in the post-apartheid era.[39] Within the post-apartheid era Reconciliation Theatre also emerged, and according to Angrove (in Mda 1995:41) aims to depict possible solutions to the status quo, and transcends present reality to display to its audience potential South Africa. It therefore works according to the notion that art is constructed upon reality, yet often reality is constructed upon art.

With this in mind, and with a clear picture of the Educational Theatre in Africa and beyond, it is important to examine Educational Theatre in a unique South African context, and the challenges it faces.

[38] The New Africa Theatre Academy (formerly New Africa Theatre Association founded in 1987) in Cape Town has a history of community arts reaching back the apartheid era, but has now become a certified higher education centre (Morris 2007:118).

[39] During the apartheid years the Sibikwa Community Theatre Project (established in 1988 in Benoni) aimed at addressing the violence and uncertain future that the youth at that time faced. They successfully involved people from the township surrounding Benoni in their plays focused on water pollution, waste recycling, violence in the home and youth attitudes towards sexuality and HIV/AIDS (Morris 2007:118).

2.5 Educational Theatre in a unique South African context

Steadman (1992:44) emphasizes the use of performing arts in education as part of a desired educational reconstruction and social development of a democratic South Africa. He argues that the prevalence of performing activities in South African cultures can form and reform values within and amongst groups, but points out that drama in areas of national concern such as personal and social liberation, has been insufficiently explored.

According to Maritz (2004:2):

> Freedom, post-1994, however, created new challenges for a fledging democracy and catapulted not only a developing country, but also a country with a newly established democracy, into one of the most challenging health crises that a nation at the seams of reconstruction can face. Not only did South Africa need to rectify the inequalities caused by the prior government, but it also had to cope with the growing HIV and AIDS pandemic that was fuelled by the legacy of Apartheid.

Crewe (1992:54) explains how apartheid structures have affected the HIV/AIDS crisis in South Africa:

> There is little doubt that AIDS has generated a good deal of angst in South Africa. Although it is a new disease, it is laying bare and exacerbating the social prejudices, the economic inequalities, discriminatory practices and political injustices that have been the cornerstones of apartheid.

The challenge, according to Kruger (1999:176-210), is to find forms that will allow the theatre to escape the shadow of apartheid, and to move beyond what she calls “post anti-apartheid” with its replication of forms which no longer reflect or represent current realities.

One of the consequences of the apartheid era is the suppression of information about cultural activity in certain communities, and a concomitant over-determination of the significance of culture activity in other communities (Steadman 1992:43). Blumberg (1997:158) points out that positioning within race, class, gender and sexual orientation variously intersect with homophobia, racism and issues of poverty in South Africa apply to the issue of HIV/AIDS. In a country with a complicated and

challenging social, economic, and cultural structure like South Africa, taking its political past into consideration, she argues that HIV/AIDS does not affect everybody equally.

In the discussion on the priorities and challenges in research and implementation related to Communication in HIV/AIDS Prevention at The Copenhagen Seminar (2002), it was suggested that, when discussing HIV/AIDS one should not talk about *an* epidemic but rather about *epidemics* because any case of preventing HIV/AIDS is different depending on the different places and situations the epidemic occurs in.

What has become apparent in the South African context is that it is important to identify the different needs of different audiences in theatre in education (Morris 2002:120-135). There is a significant need for prevention programmes to target the micro and macro environments in which risky sexual behaviour occurs. (Leclerc-Madlala 2002:20-41) The Nelson Mandela/Human Sciences Research Council Report on the prevalence of HIV/AIDS in South Africa (Shishana & Simbayi 2000) mentioned that there is a growing concern around the generalizing and assumptions of risk and the homogenizing of target audiences with regards to behavioural interventions. High intensity mass media interventions that try and invoke behaviour change that involves homogenizing target audiences, neglect to take into account important factors such as difference in language, culture and socio-economic contexts and in effect only resonate with a sub-section of the intended target audience.

In an UNESCO Action Against HIV/AIDS article “What does culture have to do with HIV/AIDS” (http://portal.unesco.org/en/ev.php-URL_ID=2932&URL_DO=DO_TOPIC&URL_SECTION=201.html), it is argued that culture influences attitudes and behaviour related to the HIV/AIDS pandemic. In order to establish effective HIV/AIDS programmes it is essential to understand what motivates people’s behaviour and to know how to address these motivations appropriately; moreover, people’s cultures have to be taken into consideration when developing programmes addressing HIV/AIDS in order to change behaviour and attitudes towards HIV/AIDS.

Culture[40] should, according to UNESCO, be taken into account at various levels when developing HIV/AIDS communication: (1) as context – an environment in which HIV/AIDS communication and prevention education takes place; (2) as content – local cultural values and resources that can influence prevention education, culturally appropriate content of sensitization messages is mandatory for them to be well understood and received; (3) as method – that enables people's participation which helps to ensure that HIV/AIDS prevention and care is embedded in local cultural contexts in a stimulating and accessible way (http://portal.unesco.org/en/ev.php-URL_ID=2932&URL_DO=DO_TOPIC&URL_SECTION=201.html).

It is therefore imperative to have a proper understanding of, and research into the implications and complications that HIV/AIDS imposes on a specific target group when designing the intervention (Marais 200:33-34). Dalrymple (in Blumberg 1997:161), in her 1992 report on an AIDS and lifestyle educational project undertaken in Zululand, highlights the work of Freire in *Pedagogy of the Opressed* and the concept of what she calls "the banking concept of education" which supposedly deposits information into empty vessels and calls instead for "learning through doing" and an understanding of how society functions.

Maritz (2004:3) labels the fight against HIV/AIDS as the "new struggle" in post-apartheid South Africa, and suggests that the "artistically-cultural weapon of protest theatre that proved to be impressive in its manifestation of social change in a pre-democratic South Africa, again had to be drawn from".

Such an attempt appeared in the form of *Sarafina II*, a supposed entertaining and educational musical about HIV/AIDS and issues of safe sex – ideally created as the sequel to the renowned anti-apartheid-liberation struggle piece by Mbongeno Ngema. But apart from the apparent severe mismanagement of government and international donor funding, it also illustrated a lack of proper understanding and research into the complexity of South Africa's HIV/AIDS issue (Marais 2000:33-34). It marginalized HIV/AIDS into a communicable, sexually transmitted disease that could be stopped in its track with messages of prevention and a sense of togetherness.

[40] On the basis of the Mexico Declaration of 1982 culture is broadly understood within UNESCO to include: ways of life, traditions and beliefs, representations of health and disease, perceptions of life and death, sexual norms and practices, power and gender relations, family structures, languages and means of communications, as well as arts and creativity.

Due to a lack of advice from social workers, medical experts and people from the communities who were most affected, it remained unsuccessful and funding was withdrawn, the stage production closed and a proposed movie never materialized (Blumberg 1999:160; Maritz 2004:3).

Many productions such as *Sarafina II* run the risk of being unsuccessful due to the lack of sufficient fund management, as well as consultation with public health or other specialists and by focusing too heavily on the pure entertainment or artistic value of the piece, and rating it a success if the audience perceived it as enjoyable. Prentki (2001:120) warns that as soon as a project frames its activities in terms of issues, it places itself within the discursive paradigms of those agencies and starts to manipulate community experience to fit them. Mda (1993:174) also warns against domestification – an occurrence when an agent influences people to accept or promote that which oppresses them, and in the case of HIV/AIDS, this can manifest in the approach that it is a "tragedy" with the sub-textual implication that it is a "disastrous consequence caused by weakness or wrongdoing and that it is an outcome that must be accepted rather than challenged." A "glibly optimistic" approach can also dismiss the enormity of the problem, and thus "normalizing" AIDS without examining the issues of prejudice and stigma (Watney 1995:8-9).

Prentki (2001:122) further suggests finding a route of achieving integrated development that is not homogenized and addresses the cultural differences in South African society without privileging one culture over another. He draws from the theories of Brecht (1977:34): "Taught only by reality / Can reality be changed." Theatre has an important role to play in challenging false consciousness in a time of national anxiety and insecurity created by the HIV/AIDS pandemic. Interventions that don't reflect reality, can create more victims, and foster more sets of myths, which have to be broken down.[41]

[41] Refer to a process evaluation conducted to evaluate four channels (drama, video, community educators and leaflets) used in community-based IEC intervention on HIV/AIDS in rural Uganda. The message taken home by the audience, was not necessarily the message intended in the play (Mitchell et al 2001:411-423);

During the touring of a play on HIV/AIDS prevention and care at an International Theatre Workshop camp on HIV/AIDS in Wakiso, Uganda, participants found that the original message demonstrating how negative peer pressure can be resisted, the audience perceived the message as moralistic and unclear (UNESCO-CCIVS 2006).

Prentki (2007:124) warns that the agencies that fund such activities have their own agendas and those to whom they are accountable - governments, UN organizations and the donating public. Kerr (2002:255) points out that even the NGOs struggle to address the “complex discourses thrown by history and culture” as, although they can be very useful as a communication tool, they experience problems such as constraints of project-orientated funding policies, a lack of long-term planning and the high turnover of field officers blurring the original aim of progressive change. He raises the concern that in Southern Africa, NGO-funded theatre has become dominant as form of patronage for small-scale resourced poor theatre troupes – it is difficult for artists to explore the full range of issues facing Africa. The challenge is thus to support the artistic practice that has the potential to make a progressive cultural intervention of a kind, that is genuinely radical and values the importance of making small realistic changes (Prentki 2007:125). Treichler (1988:32) experiences HIV/AIDS as “simultaneously an epidemic of a transmissible lethal infection and an epidemic of meanings or signification.” She feels the “conflicting agendas of the medical and scientific establishments, the posturing of politicians, the hypocrisy within institutionalized structures, and the media’s messages of fear, ignorance and prejudice all represent discursive structures that require deconstruction.”

Popular Theatre, Community Theatre, TfD and various forms of educational drama and theatre, can become “locked in a fossilized set of practices that progressively lose contact with the lived experience of its would be participants”, as Prentki (2007:134) points out that Educational Theatre can take from “ancient traditions of folly,” as well as earlier Popular Theatre, but needs to access critically what can still speak to participants when designing a theatre intervention.

Maritz (2004:4) calls for South African Educational Theatre to consider itself a powerful medium for change by being involved and engaged with a society living through a pandemic. It needs to place itself in the realm of cultural studies where “it attempts to challenge and surpass the various crises of modern day life without assembling the same patterns and structures as those originally interrogated and dismantled” (Berry in Maritz 2004:4). According to the finding on research challenges by the Copenhagen seminar paper (2002), when wanting to strategize about HIV/AIDS interventions, the following aspects need to be considered:

1. Understanding the society that is targeted – understanding the structures, the culture of the structures, the social networks of the society, the media systems, the health and educational system;

2. Understanding cultural and social practices of everyday life, popular culture, the traditions of communication and storytelling in different contexts;

3. Understanding the different theories and methods of media and communications and understanding what different genres are good at their modes of address, their abilities to convey information or articulate audience involvement;

4. Understanding meaning making and interpretation, understanding the audience and target groups and how to involve and engage them in communication strategies.

With theatre being established as a medium of social change, few evaluations of the actual impact of such productions have been published and the literature on the subject is limited. There is a whole range of unresolved issues around the measurement, monitoring and evaluation of interventions including the fact that large amounts of money have been spent on individually targeted education programmes, many without obtaining the desired results.[42]

Baxter (2000:71) calls for more research to be done in the methodology of Educational Theatre and the development of cogent research tools to demonstrate the effectiveness of the intervention method. Maritz (2004:4) calls for Educational Theatre practitioners to explore its ability to mobilize communities to change by challenging existing practices and norms, as this will ensure not only an intention to change behaviour, but supply concrete evidence of such behavioural change and create a better understanding of how theatre could be changed to address the needs of society or a specific community and in turn, contribute to more effective implementation.

[42] In June 1996 controversy also erupted when the National AIDS Council of South Africa suspended a Queenstown-based HIV/AIDS educational play *The Doctor's Surgery*, after the company was unable to account for a R20 000 allocation by the Department of Health (Blumberg 1997:160).

2.5.1 *Lucky, the Hero!* – an HIV/AIDS Educational Theatre intervention initiative

Considering all of the abovementioned challenges and bearing in mind the fragile situation of South Africa's cultural structure and previous political situation, an opportunity to initiate and undertake an HIV/AIDS focused behavioural change intervention was allocated by The Africa Centre for HIV/AIDS Management amongst the previously marginalized coloured farm working communities of the Western Cape. By drawing on previous educational performance traditions and the fusing of existing theatre genres, the author undertook to create a theatre piece that took the form of an HIV/AIDS educational mini-musical called *Lucky, the Hero!* It aimed at appealing to this specific target group in a realistic and piercing intervention by addressing the issues surrounding HIV/AIDS prevalent amongst the specific target group's members. Considering the possible effectiveness of theatre as a communication tool in creating social awareness and changing behaviour, the author proposes to evaluate the process and effectiveness of the intervention.

2.6 Summary

In this chapter HIV/AIDS was identified as a global pandemic that had to be addressed, with Africa and Sub-Saharan Africa highlighted as regions with alarmingly high statistics. Communication was explored as a vehicle with which to create HIV/AIDS awareness and theatre was established as a popular and potentially effective communication strategy due to its educational and entertainment values and its ability to reach individual target audiences. The possibilities of Educational Theatre as medium was explored offering an overview of its development and looking at various forms and examples. Theatre was found to be a popular vehicle with which to create social awareness and specifically HIV/AIDS awareness. It was found that South Africa had a very unique situation when it came to theatre and HIV/AIDS education due to its political past and complex cultural, social and political structures. This unique climate therefore delivered various challenges such as a disconnectedness between interventions and the needs of the different cultural communities, insufficient funding, ineffective mass media campaigns, lack of evaluation and methods of monitoring the effectiveness of interventions. It was thus established that the climate was right and the need was prevalent to initiate an

intervention such as *Lucky,the Hero!* that would evaluate the effectiveness of theatre as HIV/AIDS educational tool within a community (predominantly Afrikaans speaking farm workers in the Western Cape region) that had not been monitored in this regard.

CHAPTER 3

LUCKY, THE HERO!

3.1 Introduction

The main aim of this chapter is to paint a detailed picture of the inner workings of *Lucky, the Hero!* as an HIV/AIDS Educational Theatre intervention.[1] This chapter will start by contextualizing how Educational Theatre (i.e. *Lucky, the Hero!*) became part of the Community Interaction (CI) initiatives of the Africa Centre for HIV/AIDS Management at Stellenbosch University (SU).[2] The goals and objectives of this Educational Theatre performance and how the script was developed, will then be discussed. Thereafter information on the rollout of this performance will be given, followed by the demographical composition of the audiences targeted for these campaigns.

3.2 The Africa Centre for HIV/AIDS Management

According to the document, *A Strategic Framework for the turn of the Century and Beyond* (Stellenbosch University 2000:8), SU believes academic institutions must play a creative and active role in nourishing social, political and economic transformation. They structure this role on three pillars: academic programmes, research and community mobilization. With these pillars in mind, the Africa Centre has the following general aims:

- Offering postgraduate educational programmes on the management of HIV/AIDS in the workplace – these can be offered in collaboration with other institutions and also with the support of outside funding;
- Conducting research with regard to HIV/AIDS in the workplace, as well as publishing the results in appropriate media;

[1] Please note that all information discussed in this chapter relating to the work and functioning of the Africa Centre for HIV/AIDS Management was sourced from the Centre's annual progress reports 2005 – 2009. Addendums 2-11 and figures included in this study, were provided by the Africa Centre.

[2] As mentioned in Chapter One, the Africa Centre is a registered NGO and a separate unit for education, research and community service related to the management of HIV/AIDS in the workplace at Stellenbosch University. The Centre is also a Joint United Nations Programme on HIV/AIDS (UNAIDS) and collaborating centre on capacity building, community mobilization and research dissemination.

- Developing and implementing community interaction (CI) initiatives related to the management of HIV/AIDS in the workplace;[3]
- Building knowledge and infrastructure in order to maintain the highest possible standards as regards education, research and service rendering on HIV/AIDS in the workplace;
- Making available knowledge and expertise in the area of HIV/AIDS in the workplace to interested people and organizations;
- Controlling and managing external funds earmarked for the Centre to improve its teaching, research and service-rendering capabilities.

3.3 The need for Community Interaction (CI) initiatives

One of the constitutional aims of the Africa Centre is to implement CI initiatives related to the management of HIV/AIDS in the workplace. To achieve this aim, research was done in 2005 to ascertain if there was a need for HIV/AIDS initiatives in the communities in the environs of Stellenbosch and those in the greater Western Cape, and if so, how the Centre should go about implementing these initiatives.

The results pointed towards a huge need for the location of the Centre's CI initiatives to be local as well as regional, with specific focus on the coloured communities on the farms around Stellenbosch and the outlying areas of the Western Cape, communities that are largely Afrikaans speaking.

The research found that these communities were some of the most neglected in the province – their infrastructure is poor and in many cases non-existent. The communities were found to be living in sub-standard conditions on the farms visited during the research period. Adding to this problem was that not much funding for HIV/AIDS prevention and awareness campaigns is made available for this group. As a result, local authorities and the Government do not reach many of the areas in question.

[3] The Africa Institute for HIV/AIDS Management makes up the community-building arm of the Africa Centre for HIV/AIDS Management and is responsible for implementing CI initiatives.

In these communities HIV/AIDS knowledge levels were alarmingly low, especially among the farm workers in the area:

- 84% of the people have never had any HIV/AIDS related education;
- 70% do not know anyone living with HIV or Aids;
- 26% did, or thought they would, respond with sympathy if someone disclosed their HIV-positive status to them;
- 52% of the women have been raped;
- 11% care for orphans of family members who have died as a result of Aids;
- 89% do not know their HIV status;
- 14% use condoms;
- 72% do not know where to find out more about HIV/AIDS;
- Messages through the media, and via pamphlets and posters were not effectively reaching, or being clearly understood, in many urban and rural communities;
- Low literacy levels and geographical isolation added to the problem.

Due to low literacy levels and geographical isolation, mass media campaigns (many did not have access to television or radio), pamphlets and posters were not reaching this group. In addition, AIDS-stigma[4] deterred people at risk for HIV from being tested and seeking information and assistance for risk reduction. Indeed, in some instances entire farming communities were reluctant to acknowledge their collective risk. Because of the stigma of AIDS still being rife in this group, it was found that many people distanced themselves from the disease and denied their potential risk.[5] Such behaviour serves as a serious obstacle to prevention efforts.

[4] Dovido *et al* (in Louw and Le Roux 2009:542) describes stigma as a social construction with at least two fundamental components. Stigma relies on the recognition of difference between people based on some distinguishing characteristics which, secondly, leads to a consequent devaluation of a person because of the perceived differences.

[5] Stigma is seen as a social process through which people use shared social representations to distance themselves and their in-group from the risk of contracting a disease. They do this by construing the disease as preventable and controllable, by identifying immoral behaviours which cause the disease, by associating these specific behaviours with carriers of the disease in other groups, and by thus blaming others for their own infection and justifying punitive action against them (Deacon in Louw and Le Roux 2009:542).

Lee, Kochman & Sikkema (2002:309) highlight the following characteristics that account for why HIV/AIDS is greatly stigmatized. HIV/AIDS is seen as the bearer's responsibility because the primary modes of transmission of the infection are behaviours that are considered voluntary and avoidable. Also, it's a condition that is unalterable and fatal in addition to being contagious and therefore has greater stigma attached to it. When individuals with the disease are in the advanced AIDS phase, it becomes visible to others that they have the disease resulting in these individuals being further stigmatized. The stigma attached to this disease is also "layered" upon the stigmas associated with homosexuality, drug abuse, and sexual promiscuity that exacerbate the problem further. Joffe and Crawford (in Louw and Le Roux 2009:542) explain the blaming model of stigmatisation as:

> …a fundamental emotional response to danger that helps people feel safer by projecting controllable risk, and therefore blame, onto outgroups. Stigmatisation thus helps create a sense of control and immunity from danger at an individual and a group level. These socially constructed representations only result in discrimination and the reproduction of structural inequalities when other enabling circumstances (such as power and the opportunity to discriminate) come into play.

The blaming model of stigmatization illustrates how people use stigma to form a protected identity that is safe from the threat of HIV, thereby regaining control and in the process reducing their anxiety (Joffe in Louw and Le Roux 2009:542).

It was clear that intensive awareness and prevention programmes were necessary to equip this group with the knowledge and skills to make informed decisions with regards to HIV. Something had to be done in order to assist local education authorities, NGOs and community-based programmes on farms in establishing and strengthening current programmes to prevent risk-behaviours among adolescents that may result in infection with HIV, other sexually transmitted diseases (STDs) and unintended pregnancies.[6] This called for a different approach to HIV/AIDS related education programmes in order for the HIV message to impact more successfully on the target group in question. The Africa Centre decided to use Educational Theatre

[6] Sexually transmitted infection (STI) is another name for sexually transmitted disease (STD). The name STI is often preferred because there are a few STDs, such as chlamydia, that can infect a person without causing any actual disease (i.e. unpleasant symptoms) (Avert 2010).

as a model for its CI HIV/AIDS initiatives, as it was (for reasons identified and discussed in Chapter Two) thought to be an ideal tool to help overcome the obstacles (identified above) that were preventing HIV/AIDS knowledge dissemination from being more effective on farms in the area.[7]

3.4 HIV/AIDS Educational Theatre: Goals

The goals of the Africa Centre's Educational Theatre campaigns were strategically chosen to be in line with some of the key goals and priority areas of the South African Government's *HIV/AIDS and STI's Strategic Plan for South Africa, 2007-2011*.

The general goals of the Educational Theatre performances include:

- Reducing sexual transmission of HIV/AIDS;
- Developing and promoting research on behaviour change;
- Providing a basic source of information and education about the disease;
- Motivating intentions towards positive behaviour change;
- Encouraging HIV testing;
- Capitalizing on the synergies with other national programmes;
- Developing activities, partners, and health care providers in the community;
- Helping decrease discrimination against and the stigmatizing of people living with HIV/AIDS.

3.5 HIV/AIDS Educational Theatre: Objectives

With the low levels of HIV/AIDS knowledge identified in the farming communities, it was clear that the main objectives of the Educational Theatre performances would be to:

- Promote increased awareness and knowledge of STDs, HIV and safe sex;
- Encourage prevention efforts by focussing on condom usage;

[7] Please note that since these research findings in 2005, the Africa Centre's Educational Theatre productions have been received beyond the business of farms and have impacted on schools, churches and private concerns. *Lucky, the Hero*! continues to be staged.

- Promote abstinence and being faithful;
- Persuade audience members to partake in voluntary counselling and testing (VCT) initiatives by incorporating messages addressing these issues in the play.[8]

3.5.1 Awareness and knowledge of STDs, HIV and safe sex

STDs are diseases passed on through sexual intercourse. There are at least 25 different STDs with a range of different symptoms. These diseases may be spread through vaginal, anal and oral sex. Most sexually transmitted diseases will only affect you if you have intercourse with someone who has a STD (Avert 2010).

Individuals infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit 1992:66). According to the report *CDC Fact Sheet – The Role of STD Detection and Treatment in HIV Prevention* (2007:1-2), there is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV as it appears to increase susceptibility to the disease by two mechanisms:

> First, genital ulcers (e.g. syphilis or herpes) result in breaks in the genital tract lining or skin resulting in a portal of entry for HIV. Also, inflammation resulting from genital ulcers or non-ulcerative STDs (e.g. *chlamydia* or *gonorrhea*) increases the concentration of cells in genital secretions that can serve as targets for HIV (e.g. CD4+ cells).
>
> Secondly, STDs also appear to increase the risk of an HIV-infected person transmitting the virus to his or her sex partners. For example, studies have shown that men who are infected with both gonorrhea and HIV are more than twice as likely to have HIV in their genital secretions, as are those who are infected only with HIV.

[8] Please refer to Section 3.6.4 in this chapter for more details on how this was done.

Safe sex can refer to sexual activities without penetration, i.e. which do not involve any blood or sexual fluid from one person entering into another's body. Examples include cuddling, mutual masturbation or "dry" (or "clothed") sex. Safe sex with penetration refers to two people who are having sex, with no possibility of the other person becoming infected. This means enjoying sex fully without putting your life at risk, caring for the health of both yourself and your partner. It implies you are protected from getting or passing on STDs and an unplanned pregnancy. In other words, it means having sex with a partner(s) whose HIV status you know and is free of any other sexually transmitted disease. It includes using a male or female condom correctly every time you have sex with that person(s) (Avert 2010).

3.5.2 Prevention

According to the position statement of UNAIDS[9] encapsulated in the document entitled *Position Statement on Condoms and HIV Prevention* (2009:1-2), prevention remains the mainstay of the response to the HIV/AIDS pandemic. Effective HIV prevention programming focuses on the critical relationships between the epidemiology of HIV infection, the risk behaviours that expose people to HIV transmission, and also addresses the collective social and institutional factors such as sexual norms, gender inequality, and HIV related stigma. Well-known HIV prevention methods are often referred to as the "ABC of Sex".

"A" refers to *Abstinence*, which is not engaging in sex or delaying sexual initiation. Whether abstinence occurs by delaying sexual debut or by adopting a period of abstinence at a later stage, access to information and education about alternative

[9] The Joint United Nations Programme on HIV/AIDS, or UNAIDS, is the main advocate for accelerated, comprehensive and coordinated global action on the HIV/AIDS pandemic. The mission of UNAIDS is to lead, strengthen and support an expanded response to HIV/AIDS that includes preventing transmission of HIV, providing care and support to those already living with the virus, reducing the vulnerability of individuals and communities to HIV and alleviating the impact of the epidemic. UNAIDS seeks to prevent the HIV/AIDS epidemic from becoming a severe pandemic. UNAIDS has five goals: (1) leadership and advocacy for effective action on the epidemic; (2) strategic information and technical support to guide efforts against AIDS worldwide; (3) tracking, monitoring and evaluation of the epidemic and of responses to it; (4) civil society engagements and the development of strategic partnerships; (5) mobilization of resources to support an effective response. UNAIDS is headquartered in Geneve, Switzerland, where it shares some site facilities with the World Health Organisation. It is a member of the United Nations Development Group (www.unaids.org).

safer sexual practices is critical to avoid HIV infection when sexual activity begins or is resumed.

“B” means *Being Faithful*. By being faithful to one’s partner or reducing the number of sexual partners. The lifetime number of sexual partners is a very important predictor of HIV infection. Thus, having fewer sexual partners reduces the risk of HIV exposure. However, strategies to promote faithfulness among couples do not necessarily lead to lower incidence of HIV unless neither partner has HIV infection or both are consistently faithful.

“C” means *Correct* and *Consistent* condom use. Condoms reduce the risk of HIV transmission for sexually active young people, couples in which one person is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure. According to the document *Selected Issues: Prevention, Care and Funding* (2005:13), it was found that if people do not have access to condoms, other prevention strategies lose much of their potential effectiveness.

A, B, and C interventions can be adapted and combined in a balanced approach that will vary by cultural context and address the population, as well as the stage of the pandemic. *Lucky, the Hero!* addresses all three prevention methods, although messages around condoms make up the mainstay of its prevention communication. The play promotes the use of both male and female condoms.

The vast majority of HIV infections are sexually transmitted. Studies consistently show there are many people who are either unable or unwilling to practise abstinence, monogamy and non-penetrative sex. This leaves condoms for protecting these people and their partners (*Position Statement on Condoms and HIV Prevention*, 2009:12).

Condoms form a key component of combination prevention strategies. Individuals can choose at different times in their lives to reduce their risks of sexual exposure to HIV. The male latex condom is the most efficient and available technology to reduce the sexual transmission of HIV and other sexually transmitted infections. The female condom is increasingly available and is equally effective in reducing the sexual transmission of HIV. Conclusive evidence from extensive research shows that the

correct use of condoms every time one has sex significantly reduces the risk of HIV transmission (http://apps.who.int/rhl/hiv_aids/dwcom/en/index.html). Therefore, prevention programmes such as *Lucky, the Hero!* need to ensure that male and female condoms are discussed, and that audiences know where to access them and have the knowledge and skills pertaining to their correct use.

3.5.3 Voluntary Counselling and Testing (VCT)

The document *Voluntary Counselling & Testing* (2000:3)defines VCT as a process by which an individual undergoes counselling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he/she must be assured that the process will be confidential. The report states further that the issue of VCT emerged in the context of great fear about HIV/AIDS and about how to prevent those infected from transmitting the virus. HIV testing has since assumed an ever increasing role in epidemiological surveillance as better treatment became available.

Mnyanda (2006:15) states that VCT is a vital point of entry to other HIV/AIDS services including prevention of mother-to-child transmission, prevention and clinical management of HIV related illnesses, tuberculosis control, and psychosocial and legal support. When such comprehensive services are made available, a demand for testing can be created. The immediate advantages of VCT are that it provides benefits for those who test positive, as well as those who test negative. In addition, VCT also addresses HIV in the broader context of people's lives, including the context of poverty and its relationship to risk practice.

According to the *PeopleManagement HIV Training Toolkit* (2006:107), the VCT process encapsulates a pre-test counselling session, an actual testing session and a post-test counselling session. This process is voluntary and entirely confidential. In the pre-test counselling session, basic information about the disease and the testing procedure is explained. Next, consent to test must be given. Testing can be done by using a full-blood Elisa or Western Blot HIV test. This test works by drawing blood from your arm and takes a few days to show a result. A rapid test by means of a

finger-prick or oral swab is an alternative to the full-blood test.[10] It gives an immediate result and is usually available within 15-20 minutes. Most HIV tests check for the presence of HIV antibodies in the blood. The body starts producing antibodies once there is HIV in your blood. The body may take anything from a few weeks to six months to develop these antibodies. This is why testing negative is a possibility even if a person has HIV in your blood.[11]

In the post-test counselling session, the result of the test is given. The result and its implications are thoroughly discussed during this session. Any questions about the result and its implications can be asked in the post-test counselling session. Once individuals know whether they are positive or not, they can start managing their HIV status and their lives. If a person is HIV-positive and it is detected early enough, such a person can still live a long and full life. This can be done by living positively, looking after your health, obtaining the appropriate medical care and support, and protecting your family by planning for their future. If a person does not test and is positive, it could lead to illness and death within a few months. If a person tests HIV-negative, it should provide good motivation to stay negative. All positive HIV tests must be followed up by another test to confirm the initial positive result. Results of this confirmatory test can take a few days to a few weeks.

3.6 Developing *Lucky, the Hero!*

With the target community having been identified, the author had to decide upon an Educational Theatre form that would be most appropriate for the intended theatre intervention, and, as discussed in Chapter Two, there appear to be many variations depending on the nature of the intervention, the subject matter of the prevalent issue, and the participating community. The author decided upon a fusion of the genres of Edutainment and Musical Theatre and drew from the conventions of Protest Theatre and Theatre for the Oppressed (and TfD) to create an educational mini-musical comedy.

[10] Rapid HIV tests were used where Educational Theatre shows included VCT testing as part of the campaign.

[11] This is called the window period and is the reason why you should have an HIV test at least twice per year – three to six months apart. This is the only way to be certain of your status.

The following factors influenced the author's decision:

- Humour (as will be discussed in this chapter) is an effective way in which to address taboo topics;
- Music (as will be discussed in this chapter) is a popular, universal and accessible medium to convey information;
- Protest Theatre (as discussed in Chapter Two) proved to be an effective tool in creating awareness against the apartheid regime in a pre-democratic South Africa, and shows many similarities towards Educational Theatre that aims to create HIV/AIDS awareness;
- Brecht's concept of *Vervremdung* (as mentioned in Chapter Two) which strongly influenced Boal's Theatre for the Oppressed (and in turn Forum Theatre and TfD) is occasionally drawn from (as will be discussed in this chapter);
- Time constraints during interventions prevented the implementation of time consuming methods such as Forum Theatre or TfD (as discussed in Chapter Two);
- The troupe of six actors,[12] cast from the target community by the Africa Centre for HIV/AIDS Management, exhibited strong musical abilities as an ensemble;
- The director of the performance, Prof Jimmie Earl Perry, has an impressive background as an acclaimed international singer and top Broadway performer.

3.6.1 Guidelines for developing the script

Fishbein (2000:274) states that using a tested health communication theory based on scientific evidence can guide the development of effective behaviour change interventions as there are only a limited number of theoretical variables that serve as the determinants of any given behaviour. Most health communication theories identify important variables and specify how these variables work together to produce a desired outcome. Thus, using a tested theory as platform to guide an intervention and its monitoring and evaluation efforts, cuts the guesswork, increases efficiency,

[12] See addendum 11, figure 11.2.

and allows one to isolate both how and why such an intervention is not working. It gives readymade guidance, based on empirical laboratory and field research, on how to quickly, efficiently, and effectively develop and evaluate outreach efforts.

This explains why a good starting point to set out achieving the goals and objectives of an Educational Theatre script, is to use prominent health communication theories to guide the development process. Thus, the development of an Educational Theatre performance focussing on health issues should not solely be based on a "nice story", but rather be the result of building a good storyline and solid content on the tenets of a prominent health communication theory. The theoretical framework of a prominent health communication theory, i.e. the Health Belief Model (HBM) was used as a guiding tool for developing the Educational Theatre script, *Lucky, the Hero!* [13]

The HBM was first conceptualised in the 1950's by social psychologists in an effort to understand why people failed to participate in programmes to prevent or detect disease. Later it was extended to include people's response to symptoms, behaviour in response to diagnosis and to compliance with medical regimens.[14]

The premise of the HBM is that people will take action to ward off, screen for or control health conditions if they firstly regard themselves as susceptible to the condition. Susceptibility refers to a person's subjective perception of the risk of contracting an illness. Secondly, they have to consider the condition to have potentially serious consequences, i.e. that it is severe. Severity can be described as feelings concerning the seriousness of contracting an illness or leaving it untreated. They also need to believe that the course of action available to them would be beneficial in reducing either their vulnerability or the severity of the illness condition. In other words, they need to trust that the recommended response will benefit them personally. The anticipated barriers (disadvantages) of engaging in the health protective behaviour must be outweighed by the advantages of engaging in the behaviour. This is the last condition that has to be met in order for a person to take action.

[13] See Addendum 1.

[14] Becker and Maiman, 1975; Becker, Haefner & Kasl *et al*. 1977; Janz, Champion & Strecher *et al*., 2002; Strecher, Champion & Rosenstock, 1997.

Other variables included in the model are demographic, socio-psychological and structural variables that may affect an individual's perceptions and thus indirectly influence health-related behaviour. These factors might have indirect effect on behaviour by influencing the perception of susceptibility, severity, benefits and barriers. Self-efficacy was not part of the original HBM. It was later added as a separate construct from the original HBM. Self-efficacy refers to the conviction a person has that they can successfully execute the behaviour required to produce desired outcomes. This construct was later added to the HBM after realising that the original model focussed more on circumscribed preventive behaviour and not on lifestyle behaviours requiring long term change.

To explain how the logic of the HBM works, using condoms will serve as example: The HBM states that a person will take a health-related action (i.e. using condoms) if he/she firstly feels that a negative health condition (i.e. HIV or AIDS) can be avoided. The person must also have a positive expectation that taking the recommended action will avoid a negative health condition (i.e. using condoms will be effective at preventing HIV) and believe that he/she can successfully take a recommended health action (i.e. he/she can use condoms comfortably and with confidence).

In addition, there has to be so-called "cues to action" that would trigger the appropriate health behaviour. "Cues to action" could be defined as strategies to "activate readiness" and stimulate overt behaviour. These events trigger a person to engage in the self-protective health action. Cues may be internal (such as symptoms) or external such as mass media communications, health education and interpersonal interaction. In the HBM sense, *Lucky, the Hero!* can be considered as a "cue to action" as its main aim is to "trigger" respondents to adopt the recommended behaviour.

The Health Belief Model has been employed to give theoretical guidance in numerous HIV and other health behaviour related research.[15] As mentioned earlier, tyhe author was commissioned to develop and write *Lucky, the Hero!* As the HBM was used as theoretical framework for developing the Educational Theatre performance, the author had to bear in mind the logic of the HBM while developing motivational HIV/AIDS messages to be incorporated in the play.

[15] Allard 1989; Mattson 1999; Montgomery, Joseph & Becker *et al*. 1989; Steers, Elliot & Nemiro *et al*. 1996; Thlou 2005; Wilson Lavelle & Greenspan *et al*. 1991; Wilson, Manual & Lavelle 1991; Wulfert, Wan & Backus 1996.

Although the success, or lack of success, of a dramatic text is subjective, an engaging story is also key to capturing, and maintaining the attention and interest of the audience.

According to the Y-PEER Education Toolkit: Theatre-Based Techniques for Youth Peer Education: A Training Manual(2005:9) certain story-driven elements must be kept in mind whilst drafting the story outline:

- The story has well-defined characters with complex, realistic and relevant relationships that move the story forward;
- The characters experience some sort of conflict;
- The story is honest and believable;
- The story involves the appropriate balance of humour and dramatic tension.

Another important element that should be taken into consideration when drafting the script is its length. *Lucky, the Hero!* is around 40 minutes in duration and it is imperative that pieces are not too long, as you want to be able to hold your audience's attention and never alienate them otherwise audiences could become exhausted and bored. Also bear in mind that *Lucky, the Hero!* is often performed to audiences in their workplace during working hours and cannot consume too much of their time. The audience could also consist of younger or older members who have a limited attention span and could lose focus Therefore it is advisable to not spend more than five minutes per scene (*Y-PEER Education Toolkit: Theatre-Based Techniques for Youth Peer Education: A Training Manual* 2005:11).

3.6.2 Synopsis of the script

Lucky, the Hero![16][17] traces the journey of a young man, Lucky, who becomes aware of his risky behaviour through information mentioned on a radio programme. Lucky has taken the brave step to get tested after realising his risks by having sexual contact without using a condom. After revealing his status to his best friend who

[16] See Addendum 1.

[17] *Lucky, the Hero!* continues to be staged and remains part of the Africa Centre's programme. During the past five years it has been presented to over 100 000 people in the rural areas of the Western Cape and in the greater Cape Town region. The original text, as reflected in Addendum 1, has been adapted somewhat during the years.

gossips the information to the whole community, he is ostracised and stigmatized by all. From facts given to him as an anonymous caller on the radio station, he gains considerable self-assurance and confidence that his life still has great value and a positive and bright future. He disguises himself as “Captain AIDS Fighter” to inform the community about HIV/AIDS and change their thinking on HIV/AIDS, as well as on how they treat people who are HIV-positive.[18]

3.6.3 Characters and character sketches

Next follows a discussion on the characters and their significance in *Lucky, the Hero!* The six characters in the play are: Lucky, DJ Chenin Blanc, Nita, Two-time Tokkie, Tienkan Jannie and Nurse Theresa.[19]

In Educational Theatre actors portray characters who demonstrate behaviour for an audience; they in turn register the behaviour of both positive and negative behaviour. It is thus of central importance to include a transitional model: a character who changes his or her behaviour from risky to safe, demonstrating to the audience that it is possible to change and that anyone is capable and strong enough to control his or her behaviour (Entertainment-Education for Better Health 2008:1-16).

According to Bandura (1977) people learn how to behave – and how to change their behaviour – through four main stages of imitation:

- close contact
- imitation of superiors
- understanding concepts
- role model behaviour

People, and especially youths, tend to adopt the behaviour of others they regard as role-models and are often attracted to more risky behaviours – and to those characters who exhibit them (*Y-PEER Education Toolkit: Theatre-Based Techniques for Youth Peer Education: A Training Manual* 2005:9). Therefore this insight can be very useful when creating a transitional character. It is important that such a

[18] See Addenda 11, figures 11.4-11.12 for a visual representation.

[19] See Addendum 11, figure 11.1.

character is capable of conveying attitudes that are alluring while also demonstrating desirable behaviours.

This can be achieved by creating characters that:

- Are perceived as inspirational in the sense that they are “hip” or “cool” – they wear stylish clothes and use appropriate jargon or slang within the targeted cultural community;
- Are familiar to the audience within their own communities – reducing fear through familiarity;
- Have believable motivations to change their behaviour and accept or avoid the consequences of unsafe action (Y-PEER 2005:9).

Lucky and Two-time Tokkie are examples of such transitional characters.[20]

LUCKY (in his 20s, attractive coloured male, likeable, part of the “in” crowd) personifies the idea that, with enough willpower, self-belief and self-efficacy a single person can make a positive difference in the community. When we are introduced to Lucky, we learn he is living a high-risk sex life. He is having unprotected sex with multiple partners without any concern for his partner’s or his own sexual wellbeing. He is ignorant and doesn’t want to use condoms. After listening and speaking to radio DJ Chenin Blanc, Lucky decides to go for an HIV test and finds out he is HIV-positive. Because of his status, his best friend Two-time Tokkie and the community reject and ostracize Lucky. He again, anonymously, turns to the radio DJ for advice. Lucky rises above these hard times by respecting himself and his situation. He becomes the bigger person and eventually changes the attitudes and perceptions, not only of himself but also of the community members towards HIV/AIDS in a positive manner by way of a disguised interloper called Captain AIDS Fighter. As he sees other community members exercising risky behaviour his character grows from an irresponsible young man to a community hero and an upstanding and well-respected citizen.

TWO-TIME TOKKIE (20s/30s, coloured male, exhibits “ghetto cool” style, a ladies-man, leader of the pack) is the antagonist in society with regards to HIV, being ignorant about the disease, thinking it doesn’t or would not affect him. His attitude

[20] See Addendum 11, figure 11.4.

can be described as a “devil may care” existence. He is trying to retain his youthful ways, is selfish and irresponsible to his family and himself. He begins to reject Lucky (his best friend), spreading negative rumours about him and influencing the community to stigmatize and discriminate against Lucky. He is also seen as the unfaithful husband, as he cheats on his wife with Nita. In the end he has enough courage to confess that he made a mistake and erred in the way he treated Lucky and his wife. We see a complete turnaround in his character. Two-time Tokkie’s character teaches us that there is hope for even the hardest of souls to change and accept those with HIV/AIDS. His character is proof that everybody deserves a second chance in life, as he shows true remorse for his philandering ways and re-commits himself to his marriage and friends and chooses to get tested.

DJ CHENIN BLANC (20s, coloured/white female, a trendsetter, bubbly, intelligent) is a well-informed, popular radio personality that takes it upon herself to create a show that informs people about HIV/AIDS. She herself perhaps has personally been affected by the disease and sees her work as a calling. She is a strong voice of reason and knowledge, and takes a strong stand in the fight against HIV/AIDS. She is the main inspiration behind Lucky’s quest to change the community’s opinion on HIV/AIDS.

DJ Chenin Blanc represents a source of sound and factual HIV/AIDS information and advice. She is the person that Lucky contacts when he needs more information about HIV/AIDS. She also guides him to make the correct decision, i.e. to test for HIV and to do something about his situation. She can be perceived as the peer educator figure in the community, often represented by a religious leader in society. She is also the voice of anonymity, a person to contact when you do not want to discuss HIV/AIDS issues with someone close to you (this person could take the form of a counsellor or nurse) and a good example of an emancipated woman. DJ Chenin Blanc can also be seen as a role model character, especially appealing to younger audiences.

TIENKAN JANNIE,[21] the narrator (40s/50s, coloured male, witty, wise, omnipresent), represents truth, dignity, the father-like figure and the conscience of the community. Initially he stands alone in his belief that the community has to change their attitude

[21] See Addendum 11, figure 11.7.

towards HIV/AIDS and people infected or affected by it. His character helps to spread the message of optimism and to eventually change the values and attitudes of the community towards HIV/AIDS in a positive way. His compassion towards all the characters and the community exhibits the natural human condition to care for individuals including one's self. Tienkan Jannie also represents the older target age in the community and his behaviour sets a desirable example for older audience members to imitate – a group that can sometimes be perceived as stubborn or set in their thinking ways and not always as open to change.

Women are a most important target group who often, within many cultures are traditionally sub-servient and bow to the male's sexual requirements and behaviour patterns (Copenhagen Seminar 2002). It is therefore effective to create a female character who throughout the play comes to the realisation that she can control her sexual life and has a right to demand safe sexual behaviour from her partner and in turn sets such an altered behaviour example for the male and female groups of the targeted community.[22] Nita and Nurse Theresa represent such female characters.

NITA (20s/30s coloured woman, sexy, dresses revealingly) is testimony that it is never too late to change and that persons can transform their lifestyle in a positive way. She is therefore a transitional character and is also proof that your actions do not necessarily define who you are. In the beginning, she lives a promiscuous lifestyle and has affairs with different men, sometimes insisting on safe sex, other times not. After being paid a visit by Captain AIDS Fighter, she reflects on her previous behaviour and changes by taking a strong stand against the communities' apathetic and wrongly informed opinion about HIV/AIDS. Nita declares publicly that she has changed her ways and that abstinence is the best policy – clear evidence that a person can change their situation or lifestyle. Nita also wants to use condoms (i.e. practice safe sex) with Lucky and Two-time Tokkie. This is confirmation of her wanting to be responsible, but bowing under peer pressure. These actions represent women in paternalistic societies who sometimes do not have a choice with regards to

[22] According to a report in The John Hopkins University Gazette (August 2005), in what has come to be known as the "feminization" of HIV/AIDS, women have in the last twenty years moved from those least affected by HIV to those amongst whom the disease is spreading the fastest. In Sub-Saharan Africa, 60% of people living with HIV/AIDS are female. In South Africa, women between the ages of 15 to 24 are three to six times more likely to be infected than men (www.jhu.edu/~gazette/2005/08aug05/08femaid.html).

their sex life (with poverty being the motivation and survival to feed their children or earn money to support their partners, etc.) – and are consequently seen as promiscuous by others – often without having a choice in the matter.

NURSE THERESA's[23] (20s/30s coloured woman, pregnant, compassionate, caring) character is twofold. Firstly, she is the supportive caregiver who helps Lucky to accept and deal with his situation, and secondly, she is the victim of a philandering husband. It is in the latter instance where we see the strength of her character coming through, as she accepts Two-time Tokkie's apology and offers him a second chance to make their marriage work. She therefore teaches us that we should not give up in the face of adversity – firstly when we receive life-changing news (i.e. Lucky being HIV-positive) and secondly in our relationships (i.e. her cheating husband, Two-time Tokkie). Nurse Theresa also acts as an accurate source of facts and information on the testing process, as well as what to do once the outcome of the test is positive. She provides Lucky with valuable information on how to manage and optimize his health, available counselling, medication, etc.

3.6.4 Central HIV/AIDS themes in *Lucky, the Hero!*

Next follows a breakdown of *Lucky, the Hero!* according to scene selection and the HIV/AIDS issues covered per scene(s).[24] The different scene(s) are highlighted and discussed in relation to central HIV theme(s)/message(s). The scene(s) and related HIV theme(s)/message(s) will be unpacked and discussed by firstly setting the scene(s) and discussing what happens in the scene(s). Then important points to ponder and what we learn from the scene(s) pertaining to HIV/AIDS are scrutinized. Subsequent HIV/AIDS messages emanating from the scene(s) are then elaborated on. Questions from respondents about the disease from respondents will also be highlighted.[25]

The scene(s) and related HIV theme(s)/message(s) will be categorized as follows:

[23] See Addendum 11, figure 11.6.

[24] The author was responsible for choosing the relevant themes to go with each scene.

[25] All answers were sourced and adapted from the Africa Centre for HIV/AIDS Management Educational Theatre DVD Guideline Booklet (2010:1-36).

- Scene 1: Big problem at No Problems farm

  Central Themes – HIV/AIDS stigma and discrimination

- Scene 2: A real ladies' man

  Central Themes – HIV/AIDS and high-risk sexual behaviour

- Scene 3: HIV-positive

  Central Themes – HIV/AIDS testing and living with the disease

- Scene 4: Maybe you infected Me!

  Central Themes – Sexual transmission and disclosure of HIV-status

- Scene 5: Just be strong

  Central Theme – Living positively with HIV/AIDS

- Scene 6: Protection?!

  Central Themes – Condom use and condom myths

- Scene 7: HIV in the blood and seeing other women

  Central Themes – Non-sexual transmission of the virus and being faithful

- Scene 8: Your future is your choice!

  Central Theme – HIV/AIDS – stand together and make a difference!

3.6.4.1 Scene 1: Big problem at No Problems (Central Themes – HIV/AIDS-stigma and discrimination)

Setting the scene:

Tienkan Jannie welcomes us to No Problems farm. He wishes to tell us a story about Lucky, one of the workers at No Problems.

What we find out:

HIV/AIDS is a huge problem on the farm. Still, the people from No Problems farm do not talk about HIV/AIDS, sex or condoms. HIV-positive individuals disclosing their status are stigmatized and victimized.

Points to ponder:

- Am I comfortable to talk openly about sex?
- Am I comfortable to talk openly about HIV/AIDS?
- What impact does HIV have on my community/workplace?
- Are my family and friends aware of HIV/AIDS?
- Are there persons I know who treat HIV-positive people poorly?
- Do I treat people who are HIV-positive unfairly?

What we learn from this scene:

Many communities/people have a negative connotation attached to HIV/AIDS which has a huge influence on how they subconsciously think and subsequently react to HIV/AIDS issues – mostly in a negative manner.

Critical messages from this scene:

- Talk openly about HIV in your community;
- Talk openly about sex in your community;
- Treat everyone – HIV-positive or not – similarly;
- Treat others as you would wish to be treated!

Questions emanating from this scene:

- What is the difference between HIV/AIDS?[26]
- What is safe sex?[27]
- What is it called when we think negatively about HIV-positive individuals?[28]

[26] HIV is the abbreviation for human immunodeficiency virus. This is the virus that causes AIDS. AIDS is the acronym for acquired immunodeficiency syndrome. Someone who is diagnosed as infected with HIV is said to be 'HIV-positive'. Being HIV-positive, or having HIV, is not the same as having AIDS. As time goes by, an HIV-positive person is likely to become sicker often until, after a period of time (that could be many years), they become ill with one of a number of opportunistic diseases (such as TB or pneumonia). It is at this point that they are said to have AIDS – when they first become seriously ill, or when the number of cells left that protect the body (immune system cells) drops below a particular point.

[27] Please refer to 3.5.1.

[28] It is called HIV/AIDS stigma and can be described as a “process of devaluation” of people either living with or associated with HIV/AIDS. It is thus a lasting characteristic of a person infected with HIV that is seen in a negative sense by the general public and is to the disadvantage of that person(s). It is an influential, shameful and dishonourable categorization that changes the way people view

- What is it called when we act negatively towards HIV-positive individuals?[29]
- Why do many people think of and treat HIV-positive individuals in a negative way?[30]

3.6.4.2 Scene 2: A real ladies' man (central themes – HIV/AIDS and high-risk sexual behaviour)

Setting the scene:

We meet Lucky, a worker on No Problems farm. We are also introduced to DJ Chenin Blanc at Radio Winelands FM. The radio station is hosting an HIV/AIDS Awareness Week. Lucky makes a phone call to the station to enquire about HIV/AIDS.

What we find out:

Lucky is a "real ladies' man" – this means Lucky likes and is liked by many girls. We find out that Lucky has had sexual relationships with many different girls and that he doesn't know much about HIV/AIDS. Because of his lifestyle, he realises he may have been exposed to HIV/AIDS. After hearing about HIV/AIDS on Winelands FM, he decides to call the radio station to learn more. He confesses to DJ Chenin Blanc he has had sex with many partners without using protection. He realises that his risky

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themselves or other view them. It is thus a form of prejudice that discredits or rejects an individual or group because they are seen to be different from ourselves or the mainstream. Ultimately, stigma is created and reinforced by social inequality.

[29] It is called HIV/AIDS discrimination and can be described as the unfair and unjust treatment of an individual or group based on their actual or perceived HIV status. It can be defined as "stigma in action", i.e. when people act on their prejudice, stigma changes to discrimination. Hence it is the way we express our negative or prejudiced thoughts, behaviours and feelings towards people with the disease. In our day to day life, it can for example take the form of unwillingness to help, treat or associate with an HIV-positive individual. HIV/AIDS related discrimination is unique – it is often linked with and reinforces other forms of discrimination, for example a gay man being discriminated against because of his sexual orientation.

[30] HIV/AIDS is related to sex, which results in the perception that it is the consequence of abnormal behaviour and therefore deserves punishment, as the person is seen as being responsible for having contracted the disease. Also, HIV/AIDS is associated with pre-existing social prejudices such as sexual promiscuity, homosexuality and drugs, i.e. the stigma often stems from the underlining stigmatization of sex and intravenous drug use which are two of the primary routes of infection. Moreover, HIV/AIDS is a life-limiting disease, perceived as infectious and threatening to the community. Most people do not have enough information and are ignorant about the disease – which leads to avoidance, fear and even hostility towards people with the disease.

behaviour may have exposed him to HIV/AIDS. The DJ convinces him to go for an HIV/AIDS test.

Points to ponder:

- Do I have a high-risk sex life?
- Could I have been exposed to HIV/AIDS because of my risky sexual behaviour?
- Why should I go for an HIV/AIDS test?

What we learn from these scenes:

If you have sex with many partners, you fall in a high-risk sexual behaviour category. This increases the chances of exposure to HIV/AIDS. Therefore, it is best to have yourself tested for the disease.

Critical messages from these scenes:

- Anyone that you have sex with could be HIV-positive;
- HIV can infect anyone;
- Always have safe sex – use condoms;
- If you think you have been exposed to the disease – go for a test!

Questions emanating from these scenes:

- What can be defined as high-risk sexual behaviour?[31]
- Who can contract HIV?[32]
- Why go for an HIV test?[33]

[31] The following examples constitute high-risk sexual behaviour:

- unprotected vaginal or anal sex without using a male or female condom;
- unprotected mouth-to-genital or mouth-to-anus oral sex;
- sex at a young age, especially before the age of 18;
- more than one sex partner;
- a partner who has many sex partners;
- sex with a person with sexually transmitted diseases;
- sharing injection needles with someone else;
- intercourse with a partner who uses/has used drugs and injects/have injected him/herself; and
- exchange of sex (sex work).

[32] Any person can get HIV – you only have to be exposed to the disease once to contract the virus. Leading a high-risk sex life increases the chances of contracting HIV/AIDS dramatically. A person who has sex with a partner that leads a high-risk sex life is also more prone to contracting the virus.

3.6.4.3 Scene 3: HIV-positive (Central Themes – HIV/AIDS testing and living with the disease)[34]

Setting the scene:

Lucky goes to the clinic for an HIV/AIDS test, facilitated by Nurse Teresa. He learns he is HIV-positive. He listens to DJ Chenin Blanc on the radio talking about disclosure.

What we find out:

Lucky cannot believe he has HIV. After the counselling session with Nurse Teresa and listening to DJ Chenin Blanc talking about HIV disclosure on the radio, he contemplates disclosing his HIV-status to his best friend, Two-time Tokkie.

Points to ponder:

- Do I know my HIV-status?
- How do I feel about going for a HIV test?
- What do I do if I test HIV-positive?

What we learn from these scenes:

If you are HIV-positive, you can still live a long and productive life, but then you will have to make certain lifestyle changes.

Critical messages from these scenes:

- Know your status;
- People with HIV who take care of themselves, can still live a long life.

Questions emanating from these scenes:

- How does HIV/AIDS testing work?[35]
- I am HIV-positive but can still live a long life – how come?[36]

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[33] You cannot tell if a person is HIV-positive just by looking at that person. Therefore, if you are sexually active and have had unprotected sex (anal, oral or vaginal) with another person, you may have contracted HIV and it's a good idea to be tested.

[34] See Addendum 11, figure 11.6.

[35] You cannot tell if a person is HIV-positive just by looking at that person. Therefore, if you are sexually active and have had unprotected sex (anal, oral or vaginal) with another person, you may have contracted HIV and it's a good idea to be tested.

3.6.4.4 Scene 4: Maybe you infected me! (Central themes – sexual transmission and disclosure of HIV-status)

Setting the scene:

After listening to DJ Chenin Blanc on the radio, Lucky decides to disclose his HIV-status to his best friend, Two-time Tokkie.

What we find out:

Two-time Tokkie cannot believe Lucky has HIV. He is ignorant about the disease. Lucky tries to educate and tell him more about it. Despite Lucky's efforts, Two-time Tokkie now treats Lucky differently than before and doesn't wish to be associated with him anymore. Lucky then asks Two-time Tokkie if he knows his HIV status. Two-time Tokkie tries to avoid the question and tells Lucky he has to leave.

Points to ponder:

- Do I know how HIV/AIDS works?
- Will I tell someone if I am HIV-positive?
- Who will I tell if I am HIV-positive?
- How will I react if my best friend tells me he/she is HIV-positive?

What we learn from this scene:

Because of the stigma and discrimination attached to the disease, people (even those closest to you) may treat you differently once they know you are HIV-positive.

Critical messages from this scene:

- It is impossible to tell if someone has HIV by looking at her/him;
- HIV/AIDS education is the best way to fight ignorance about the disease;
- You should share your HIV status with your partner or someone you trust;
- HIV lives in sexual fluids like semen and vaginal fluids and can be contracted through sex;
- HIV can only spread if one person who is already infected with HIV has sex with another person and no protection is used;
- People can live with HIV for many years before taking ill;

[36] Please refer to Section 3.4.3.

- Treat someone with the disease with the same dignity, respect and compassion as you would any other person living with a life-limiting disease – they are still the same person;
- HIV cannot be contracted through hugging, kissing, holding hands, sneezing, or sharing utensils.

Questions emanating from this scene:

- How do you contract HIV through sex?[i37]
- What is the immune system?[38]
- How does the virus work?[39]
- Why can I not tell if someone has HIV by looking at him/her?[40]
- Why is HIV not transmitted, by for example, sharing utensils?[41]
- Should I disclose my HIV-status?[42]

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[37] The virus has to enter the human body for a person to become infected with it. To gain entry into the body, the virus must attach to certain host cells after passing through an opening that does not occur naturally, i.e. not born with (cuts, tears and abrasions in or on the skin). The virus is very small and these openings only have to be microscopic in size for the virus to enter. An action is needed for this to happen. As the virus is found in high quantity in sexual fluids (vaginal fluid and semen), transmission can occur during the action of intercourse (mixing of these fluids during anal, oral or vaginal sex). Friction during sex causes these minuscule sized unnatural openings (that you cannot see with the naked eye and you may not even know is there) for the virus to enter the body.

[38] It is that part of your body that protects you against germs; fights to keep your body healthy and helps your body to recover after illness or injury.

[39] HIV can only spread from one person who is already infected with HIV to another person. The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people. When your immune system responds, it starts to make antibodies. Once the virus starts producing antibodies, you will test positive for HIV. When the virus is in the body, it systematically starts destroying the immune system which is responsible for helping the body fight disease. This could take anything from a few months to many years to happen. During this time you don't look or feel sick. When the immune system eventually becomes severely depleted, the body does not have the ability to fight off opportunistic diseases (such as TB or pneumonia) and then the person becomes ill. This is the final stage of HIV and is called the AIDS phase.

[40] The reason why you cannot simply look at another person and tell if they are HIV-positive is because people who are infected with HIV do not have symptoms for many years. Someone can look and feel healthy but can still be infected. Some people, for example, have fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks after infection. Most people think it's the flu. Some people have no symptoms. After the first flu-like symptoms, some people with HIV stay healthy for ten years or longer and won't look or feel sick. The only way to know for sure if you were infected is to be tested for HIV!

[41] HIV is a fragile virus. It cannot live for very long outside the body. As a result, the virus is not transmitted through day-to-day activities such as shaking hands, sharing cutlery, hugging, tears, saliva or a casual kiss. You cannot become infected from a toilet seat, doorknob, dishes, drinking glasses, food, or pets. You also cannot get HIV from mosquitoes. There are no documented cases of HIV being transmitted in the aforementioned ways, but it is possible to be infected with HIV through oral sex or in rare cases through deep kissing, especially if you have open sores in your mouth or bleeding gums.

3.6.4.5 Scene 5: Just be strong! (Central theme – living positively with HIV/AIDS) [43]

Setting the scene:

Lucky is being ostracized by the community because of his HIV status. He speaks to Nurse Teresa about it and also calls DJ Chenin Blanc at Winelands FM to complain about being shut out by the community because of his HIV status.

What we find out:

Lucky is frustrated and angry about being stigmatized and discriminated against in the community because of his HIV status. After speaking to DJ Chenin Blanc, he decides to do something about his situation.

Points to ponder:

- Will I still respect myself if I am HIV-positive?
- Will I still be positive about my situation if I am HIV-positive?
- How can I change the negative attitudes and beliefs many people still have about persons living with the disease?

What we learn from this scene:

Accepting your situation and respecting yourself are the first steps to living positively with the disease. You have to start with yourself before attempting to change any negative attitudes people around you may have about the disease.

Critical messages from this scene:

- You are not a bad person if you have the disease;
- Change starts with you;

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[42] According to law, you don't need to disclose your status to anyone, but it also states you can be held accountable if you knowingly infect a partner without disclosing your status to him/her. Therefore, if you were unfaithful and had unprotected sex, it is better to talk to your partner about it. Once you disclose your status you cannot take it back, so you might need some time to get used to the situation yourself and first make sure you can trust the person you wish to disclose to. Because of the stigma and fear associated with the disease, someone you trust may have a different reaction from what you expected when you disclose your HIV status to this person(s). If you're not ready to tell anyone you know personally, you can do so anonymously by calling an HIV and AIDS helpline or your doctor. You could also ask a doctor or counsellor to assist you in telling your partner if you are struggling to do this on your own.

[43] See Addendum 11, figure 11.4.

- Support people with HIV, do not discriminate or stigmatize;
- You can live positively with the disease;
- HIV/AIDS is not a gay disease – anyone can get it, even if you are married;
- HIV/AIDS is not a death sentence;
- HIV/AIDS is a chronic, manageable disease;
- HIV/AIDS does not discriminate – someone having sex for the first time can also get it;
- You respect yourself by knowing your status;
- Always respect yourself – despite any difficulties you may face.

Questions emanating from this scene:

- I am HIV-positive – now what?[44]
- What is positive living and positive health?[45]
- Why do people think HIV/AIDS is a gay disease?[46]

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[44] It is normal to experience a whole spectrum of feelings once you find out you are HIV-positive – for example shock, anger, resentment and fear. It will take a while for you to accept your HIV-positive status. Don't panic - HIV and AIDS is not a death sentence anymore, but a chronic, manageable disease. You can still lead a perfectly normal and healthy life. Being HIV-positive doesn't change your dreams, plans or ideals in life. It just changes your outlook on how you manage your life – and your health. This includes your physical, mental and spiritual health. You need to start living positively.

[45] Positive living has to do with keeping your mind, body and soul in equilibrium so to maximize your quality of life. Positive health is based on scientific research and entails encouraging HIV-positive individuals to boost their immune system by for example:

- creating desirable goals for the future;
- communicating openly with your loved ones;
- quitting smoking;
- drinking less alcohol;
- exercising regularly;
- avoiding unnecessary medication;
- following a specific eating plan and balanced diet;
- eating healthy food (fresh fruit and vegetables) and drinking water
- getting enough rest and sleep;
- lowering stress levels;
- developing a positive attitude;
- keeping busy (for example starting a hobby); and
- strengthening spiritual life.

It also includes obtaining the regular medical advice or treatment, for example:

- information about family planning if you still wish to conceive;
- clinical evaluation and regular blood tests to monitor your immune system;
- anti-retroviral treatment if needed; and
- treatment to prevent any opportunistic infections.

3.6.4.6 Scene 6: Protection?! (Central themes – condom use and condom myths)[47]

Setting the scene:

Two-time Tokkie is courting Nita, his mistress, and wishes to have sex with her. She wants him to use a condom.

What we find out:

Nita bows under the peer pressure from Two-time Tokkie and agrees to have unprotected sex. Lucky, dressed as a superhero, enters and emphasizes the importance of using a condom, getting tested, taking control of your own life and not rejecting HIV-positive individuals.[48]

Points to ponder:

- How do I feel about using a condom?
- Do I always use a condom?
- Why do some people think condoms are useless?
- Will I have sex with my partner if he/she doesn't want to use protection?

What we learn from this scene:

If you use a condom, it will protect you from HIV infection.

Critical messages from this scene:

- Talk to your partner about condom use;
- Don't be intimidated – no condom, no sex.

Questions emanating from this scene:

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[46] This is a myth that refuses to die. The myth probably started as a result of the HIV and AIDS epidemic first being diagnosed by physicians in San Francisco and New York City in the USA – they began to see a pattern of unusual infections and cancers in young and otherwise healthy homosexual men in June of 1981. Since then, HIV and AIDS scientists and educators have tried to convince people that HIV and AIDS is not a gay disease – we are all at risk of contracting HIV! Misinformation, fear, ignorance and media sensationalism unfortunately continue to fuel this myth.

[47] See Addendum 11, figure 11.8.

[48] See Addendum 11, figure 11.9.

- Why use condoms?[49]
- Are condoms safe?[50]
- How can I speak to my partner about condom use?[51]
- Are any of the myths about condoms true?[52]

3.6.4.7 Scene 7: HIV in the blood and seeing other women (central themes – non-sexual transmission of the virus and being faithful

Setting the scene:

The scene commences where DJ Chenin Blanc highlights how HIV/AIDS can be contracted other than by sexual transmission. Then we see Nurse Teresa, Two-time Tokkie's wife, arriving home. She accuses Two-time Tokkie of adultery. Two-time Tokkie strongly denies the allegation, but Nita, his mistress, confronts them and an argument ensues.

What we find out:

Two-time Tokkie confesses to having an affair with Nita. Lucky, dressed as a superhero dubbed "Captain AIDS Fighter", enters and emphasizes the importance of being faithful, using condoms, knowing your status, taking control of your own life and accepting HIV-positive individuals.

Points to ponder:

- Am I faithful to my partner?
- How does HIV transmission, apart from having sex, occur?

What we learn from these scenes:

[49] Condoms help protect against HIV, sexually transmitted diseases and unwanted pregnancy.

[50] Yes. The consistent and correct use of male or female condoms is one of the most effective ways to prevent HIV (99.7% defect-free).

[51] First, think about how your partner may react. If you think they may freak out or become upset, you could turn to an HIV and AIDS counsellor for advice. This gives you the opportunity to rehearse what you want to say to your partner.

[52] No. For example: Two condoms are not better than one and could in fact result in them tearing more easily – just use one condom at a time. A condom should not feel uncomfortable during sex, if it does, make sure it is used correctly. Incorrect use may also result in tearing. Sex should be enjoyable with a condom – just make sure the condom doesn't hurt or feel dry. Using water-based lubes such as KY Jelly helps.

Be faithful to your partner. If you choose to have multiple partners, always use a condom.

Critical messages from these scenes:

- HIV lives in blood and can be transmitted through blood mix;
- Babies may contract HIV during pregnancy, birth or from their mother's milk;
- Be responsible in your sex life – think of your loved once first;
- You cannot get HIV/AIDS from masturbation;
- One partner or many partners – always be safe! Use a condom!

Questions emanating from these scenes:

- Why be faithful?[53]
- How do you contract HIV through blood and mother to child?[54]

3.6.4.8 Scenes 8: Your future is your choice! (Central theme – HIV/AIDS – stand together and make a difference!)[55]

Setting the scene:

DJ Chenin Blanc organizes a rally to celebrate HIV/AIDS Awareness week at No Problems farm. At the rally, Two-time Tokkie confronts the community members about Captain AIDS Fighter (Lucky) and the HIV/AIDS message he is spreading.

What we find out:

[53] If you are faithful to your partner, you cannot get HIV and AIDS. This implies that both partners have gone for an HIV test and tested negative. Remember, both partners have to be faithful to each another.

[54] The virus has to enter the human body for a person to become infected with it. To gain entry into the body (as with the sexual transmission of HIV), the virus must attach to certain host cells after passing through an opening a person that does not occur naturally, i.e. not born with (cuts, tears and abrasions in or on the skin). The virus is very small and these openings only have to be microscopic in size for the virus to enter, meaning it is not visible to the naked eye and you may not even know it is there. An action is needed for this to happen. The virus lives in high quantities in blood. Transmission can occur via the action of blood mix (for example transfusions; initiation; or sharing syringes and blades). It can also happen via the action of mother to child during pregnancy (via the placenta); labour (the mixing of mother and child's blood during this process); or breastfeeding (HIV is found in mother's milk and can be transmitted during this act or via chapped nipples during breastfeeding).

[55] See Addendum 11, figure 11.10.

The community has been positively influenced by Lucky's actions – contrary to Two-time Tokkie's negative attitude towards them. After a heated discussion, they convince Two-time Tokkie that HIV/AIDS is a reality on No Problems farm and that he should go for an HIV test. Then, Lucky reveals his true identity to the group – to the amazement of everyone. Two-time Tokkie apologizes to Lucky for the way he has treated him, and they bury the hatchet.[56]

Points to ponder:

- How can I contribute to the fight against HIV/AIDS in my community/workplace?
- How can I positively influence my friends/community/workplace with regard to HIV/AIDS?

What we learn from these scenes:

We have to embrace HIV-positive individuals in the community. If we unite as one, have the right attitude and work together, we can make a real difference by positively changing minds and attitudes about HIV/AIDS. There is always hope that negative attitudes toward the disease and people who are HIV-positive can be turned around – as in the case of Two-time Tokkie. Just like Lucky, it only takes one individual to have a positive effect on the whole community.[57]

Critical messages from these scenes:

- People living with HIV/AIDS need love, care and support;
- If you know someone who is HIV-positive or has AIDS they are still a friend;
- I can make a difference;
- Treat everyone the same;
- Abstinence is the best policy;
- Everyone is infected or affected by HIV or AIDS;
- HIV/AIDS is everybody's business;
- If we stand together we can beat HIV/AIDS.

[56] See Addendum 11, figure 11.11.

[57] See Addendum 11, figure 11.12.

Questions emanating from these scenes:

- How can you make a difference concerning HIV/AIDS at home?[58]
- How can you make a difference concerning HIV/AIDS in the community?[59]
- How can you make a difference concerning HIV/AIDS at the workplace?[60]

3.6.5 Important elements in *Lucky, the Hero!*

Next a discussion follows on specific elements that are incorporated in *Lucky, the Hero!* that could enhance the accessibility and impact of the piece and present a powerful tool to convey HIV/AIDS messages to the majority of audiences. These elements contribute to the better understanding and internalisation of the critical HIV messages contained in an Educational Theatre piece while at the same time overcoming obstacles such as language barriers and illiteracy.

3.6.5.1 Humour

Lucky, the Hero! is a comical piece, which makes use of humour, critical comical timing and an exaggerated acting style as entertaining elements. The style of humour aims at mimicking that of the target audience and much freedom was given to the actors to use their own discretion and improvise according to audience response.

Humour helps people to relate to what is happening and henceforth respond with their emotions to what is taking place. Appropriate comedy can “loosen up” and relax audience members, enabling them to deal with a serious subject such as HIV/AIDS and be more open to the message of the text. It relies on the foolish or exaggerated behaviour of certain characters to engage the audience. (Entertainment-Education for Better Health 2008:6). Comedy creates a relaxed atmosphere in which to openly

[58] Talk to your family/friends and children about HIV and AIDS and sex. If you cannot answer all their questions or don’t wish to do it yourself, ask a friend, consult your doctor or a trained counsellor for help.

[59] You can arrange an educational visit to a local organization, or NGO, that deals with HIV and AIDS. Another idea is to organize a donation collection, or competition, to raise funds that could be donated to a local HIV and AIDS charity.

[60] If your workplace has an active HIV and AIDS workplace programme or coordinator, make an appointment with the relevant person to learn how you can become involved.

discuss sex and HIV/AIDS (which is often regarded by many as taboo subjects). Humour, if used from an early stage of the presentation can improve an audience's focus and attention, as well as prepare them for dramatic tension that is to follow. If humour is effectively applied it increases the impact of the "earned" dramatic moment and audiences will respond more favourably to the drama than when no humour has been used at all (*Y-PEER Training Manual,* 2005:81).[61]

3.6.5.2 Music

Music forms a very important part of the script and presentation of *Lucky, the Hero!* as it is a universal language that transcends language barriers and can bring an entertaining aspect to the performance. As discussed in certain examples in Chapter Two, it is also a popular medium used in Educational Theatre performances throughout cultures across the world.

Music is utilized in *Lucky, the Hero!* in the following ways:

- To enhance the message and emotional experience of the performance;
- To advance the plot and contribute to the storyline;
- To create a musical score that relates to the community target group;
- To create an emotionally engaging, thematically closing musical number.

In Musical Theatre[62] moments of great dramatic intensity are often performed in song to emphasize the importance thereof. Thematically the issue of tolerance has also been prevalent in Musical Theatre since the late 1950s (Stanley 1976).[63] These elements are incorporated in *Lucky, the Hero!* as song and dance is used to convey the important messages in *Lucky, the Hero!* Lucky, takes on the persona of an

[61] It is, however, important to maintain an emotional balance by using humour selectively and only within certain contexts. It could be effective when applied to topics such as sexually transmitted infections, but not to matters such as rape or death (Entertainment-Education for Better Health 2008:6).

[62] Musical Theatre is a form of theatre combining songs, spoken dialogue and dance. The emotion of the piece, as well as the story itself is communicated through the words, music and movements as an integrated whole (Stanley 1976).

[63] Tolerance has since the 1960s been explored through topics of homosexuality, anti-Semitism and racism in musicals such as *West Side Story*, *Hair*, *La Cage aux Folles*, *Falsettos* and *Parade.*

mysterious alter ego, Captain AIDS Fighter,[64] who uses music as his vehicle to approach and educate members of the community engaging in risky sexual behaviour. Each time a risky scenario is acted out, music is played, and Captain AIDS Fighter appears, singing his message of HIV/AIDS prevention to the characters and the audience. Original lyrics for the songs, *Be wise, condomize* and *Get a test, put your mind at rest,* was written as "dialogue" to which an original musical score was added and performed by the cast. The original intention was for Lucky's lyrics to be rapped much in the same vain as coloured rap outfits such as Brasse van die Kaap and Prophets of the City, a music style that would be familiar amongst the coloured community, but with the strong Broadway Musical style influence of Prof Jimmie Earl Perry, who directed the performance, a more international approach was adapted that had a stronger traditional Musical Theatre flavour. This also proved to be successful as most of the audience members had never been exposed to such spectacle – they were enthralled and entertained by the experience. At some performances the audience, on encouragement from the actors, would join in and sing along.

Adapted versions of popular songs are performed throughout the course of the performance by the actors to advance the plot by introducing new characters and bridging scene transitions. Texture is added to the story through music as it sets the scene up and creates a certain mood within a scene.[65] Songs included: *Heard it through the Grapevine* performed by Marvin Gaye; *Loslappie* sung by Kurt Darren; *Too Sexy* by Right Said Fred; *Give it to Me* performed by Busta Rhymes featuring Mariah Carey; *Destiny* sung by Malaika; and *Can't Take My Eyes off You* originally done by Frankie Valli. These songs were strategically chosen as they cater for a wide audience, i.e. for younger and older audience members. Current, popular songs for younger audience members to relate to (for example *Give it to Me*), were included, as well as adult contemporary music to connect with older audiences (for example *Can't Take My Eyes off You*). These songs were also selected because of their known popularity among the initial target group, i.e. coloured and mainly Afrikaans-speaking farm workers in the greater Boland area (for example *Loslappie*). The Xhosa audience members were also catered for (for example *Destiny*).

[64] See Addendum 11, figure 11.9.

[65] See Addendum 11, 11.8.

As a closing number, and as a reoccurring musical theme throughout, Diana Ross' *I will survive,* was adapted with new lyrics, applicable to *Lucky, the Hero!* It is used to serve as anthem for the cause promoted by the play and is performed by the troupe as a *grande finale* in which the message or moral of the story was inspirationally emphasised and recapped.[66]

Elements of *Vervremdumg* are drawn from in Lucky's transformation into Captain AIDS Fighter as he delivers a familiar message to both the characters in the story – and to the audience – in a different or strange way (through song and dance), arousing a curiosity about information taken for granted in order to create a critical consciousness of HIV/AIDS.

3.6.5.3 Language

The use of language was very important in *Lucky, the Hero!* as the piece was aimed mostly at coloured farm workers in the Western Cape – both the Afrikaans and English translation had to be in the typical dialect of the targeted group.[67]

For theatre to be successful, it has to be culturally and developmentally appropriate (*Y-PEER Training Manual* 2005:10). Specific cultural target groups will not be moved by theatre designed for a completely different group. Urban audiences may for instance require a different vocabulary than those in a rural setting in order for the messages to be understood, accessible, powerful and effective. Colloquial language and slang was thus incorporated to extend the credibility of the characters and create a sense of association with the characters and with the audience. The actors, most of whom fell within this group themselves, were also given the freedom to customise their dialogue in order to achieve this goal.

[66] See Addendum 11, figure 11.12.

[67] Where an audience was both Afrikaans and English speaking, a combined Afrikaans and English version of the script was performed (as in the case of the Breede River Valley intervention discussed in chapter four).

3.6.5.4 Audience participation

Although the audience did not participate in the performance physically as in the case of DIE, TIE, Forum Theatre, or TfD for example, the audience was constantly addressed by the characters and incorporated into the text to create a sense of intimacy and involvement. Tienkan Jannie, the narrator, addresses the audience directly, acknowledging their existence and demanding their attention. Two-time Tokkie also flirts directly with some of the audience members[68] and in the final scene and song, the audience is addressed by all the characters as being part of the No Problems community.

3.6.5.5 Presentation

Props and décor are kept to a minimum as the performance is repeated in different locations and venues (often outside, or in wine cellars, canteens,[69] etc.) and often in areas of limited space. The production needs to be mobile and easy to travel with. In *Lucky, the Hero!* only a removable backdrop depicting a farm settlement in the scenic Winelands, and some black boxes are used as décor with minimal props. The scene construction is also written in such a way that certain actors can also, if necessary, play more than one character in order to minimise cast members and further travel costs. Costumes are basic – only the minimum items are used to signify a certain character. Costumes are easy removable should actors have to play more than one part and have to do quick wardrobe changes.

Lucky, the Hero! was much influenced by the defining characteristics of Protest Theatre in South Africa, as Van Graan (2006:280) points out in the discussion on Protest Theatre in Chapter Two. As both Educational Theatre and Protest Theatre aim to influence behaviour, the same approach can be applied.

[68] See Addendum 11, figure 11.5.

[69] See Addendum 11, figures 11.3, 11.10, 11.12.

3.6.6 Actors as HIV/AIDS peer educators

As part of their theatrical skills training, the actors that were cast to star in *Lucky, the Hero!* were equipped to be effective and credible communicators who use appropriate language terminology (i.e. local colloquialisms and nuances) that audience members could relate to and understand. They were also skilled in the use of visual cues and trained when and how to apply non-verbal gestures. The actors were taught basic comedic skills training so to help audiences relax and feel comfortable when talking about issues of sexuality and HIV/AIDS. The cast was selected from the same communities and cultural background as the target audience in question. This was done because their job description also required them to be trained HIV/AIDS peer educators.[70]

Peer education is often used to effect changes in knowledge, attitudes, beliefs and behaviours at an individual level. However, peer education may also create change at the group level by modifying norms and stimulating collective action that contribute to changes in policies and programmes. According to the document *Peer Education and HIV/AIDS: Concepts, Uses and Challenges* (1999:33), peer education is one of the most widely used strategies to address the HIV/AIDS pandemic in the world.

The training curriculum for HIV peer educators often includes information around the following aspects related to the disease: epidemiology; transmission; counselling and testing; disease progression; positive living; stigma and discrimination; treatment, care and support; trends in the statistics of the virus and its impact globally; HIV/AIDS and the law; HIV/AIDS policy; communication skills; facilitation skills; planning, implementation, monitoring and evaluation of interventions (*PeopleManagement HIV Training Toolkit* 2006:8; Siemens South Africa – HIV/AIDS Peer Educator Training Programme, 2003:1).

According to the training manual *Theatre-Based Techniques for Youth Peer Education: A Training Manual* (2005:10), some of the most effective Educational Theatre programmes for young people are those designed and acted by young people who have received training in theatre techniques and in peer education in

[70] Peer education typically involves training and supporting members of a given group to effect change among members of the same group (UNAIDS 1999). This was necessary as the actors would need to be able to answer possible questions about HIV/AIDS posed by audience members after performances.

areas such as reproductive health or HIV prevention. The training manual points out that actors trained as HIV/AIDS peer educators are not “peer educators” in the traditional sense, as they are not presenting educational material for their peers through traditional education methodologies, for example via presentations or workshops. On the other hand, they are not “actors” in the traditional sense either, as they are performing in a specific type of scene or play with an educational objective to affect knowledge, attitudes and behaviour. As discussed in Chapter Two, Educational Theatre forms such as TIE, Forum Theatre and TfD incorporate the use of such actor-educators. An educator is created who can present dynamic messages that engage young people and affect them more strongly than messages presented either by adults or in a classroom lecture setting. Thus, to be effective, actors as peer educators should receive specialized training in both the theatre arts and peer/health education (*Theatre-Based Techniques for Youth Peer Education: A Training Manual* 2005:10-11). As in the case of various other Education Theatre productions discussed in Chapter Two, actors trained as HIV/AIDS peer educators, could prove instrumental in teaching participants the facts about the disease and motivating them to get to know their status when approached after an Educational Theatre production. The cast should be able to mutually identify with each other and with the target group – both as individuals and as members of a specific socio-cultural reality. This identification, in turn, could help to amplify the image as strong role models of the actors as peer educators for promoting the adoption of HIV preventative behaviour and they could even become quasi-celebrities in their working communities (Maritz 2004:13).[71]

3.6.7 Monitoring and Evaluation (M&E) elements of the HIV/AIDS Educational Theatre performances

The Africa Centre, as part of their initial research in 2005, found that many similar projects to *Lucky, the Hero!* claiming to have successes could not provide evidence in this regard. As discussed in Chapter Two, many projects were failing because they

[71] Many of the trained actors/peer educators in the *Lucky, the Hero!* cast have taken their responsibility as role models to heart, as they are ploughing back their gained skills and HIV/AIDS related know-how into their own communities as volunteers in various projects. This includes currently running an HIV/AIDS prevention and awareness programme for disadvantaged youths at Cloetesville High School in Stellenbosch.

did not contain monitoring and evaluation component, which meant that the effectiveness of a performance could not be scientifically tested.[72] With an M&E component included, it was possible to measure the different messages and then evaluate the Africa Centre's Educational Theatre performances. As a result, *Lucky, the Hero!* had a competitive edge over many other such shows. Examples of M&E methods used to measure the impact of productions include completing M&E Evaluation Sheets; filling out questionnaires and/or conducting focus group interventions.[73] Next, these elements will be discussed in more detail.

3.6.7.1 M&E evaluation sheet

On-site M&E Evaluation Sheets encapsulate information regarding the date, time and venue of a performance; contact details of the on site client representative and the actors/peer educators involved; a head count of the number of attendees; and general on-site experiences and logistics (for example venue suitability and audience feedback).[74] It is completed on site after every Educational Theatre performance. M&E Evaluation Sheets are critical for record keeping purposes and serve as a point of reference or departure for external evaluation and quality control purposes.

3.6.7.2 Questionnaires

Questionnaires are completed pre- and post-intervention or post-intervention only, i.e. either before and after the performance or only after the performance.[75]The questions are either in close-ended or open-ended format. According to Christensen (2007:56-57), close-ended questions require respondents to choose from a limited

[72] This was deduced by the Africa Centre after viewing many HIV-related Educational Theatre productions across South Africa.

[73] Approximately 10% of attendees at Educational Theatre shows are randomly targeted for M&E purposes. Respondents are asked to partake on a voluntary and anonymous basis. With regards to focus groups, those agreeing to proceed are asked to stay on after a performance for approximately an hour. Participants are asked to complete pre- and/or post-performance questionnaires individually in the first 10 minutes prior/after each performance respectively. As alluded to earlier, individuals (especially on farms) are often illiterate. In such cases, an Africa Centre representative assists participants in completing questionnaires.

[74] Head counts are done manually 15 minutes after a production commences.

[75] Please refer to Addendum 4-10 and chapter four for examples of pre- and post performance questions used as part of the Africa Centre's M&E interventions.

number of predetermined responses. Open-ended questions enable participants to answer in any way they please. Typically, respondents are firstly asked to provide demographic information, for example: age, gender, race and marital status. Next, basic questions to test HIV/AIDS knowledge levels are posed. Attitudes and intentions toward various HIV-related issues are then ascertained. Questions to establish a sexual risk profile follow next. Measuring behaviour change did not form part of the protocol. Behaviour change requires follow-up interventions over an extended period of time. Due to budget and logistical constraints, this unfortunately falls outside the ambit of the Africa Centre's CI ventures. However, although there is not a perfect relationship between behavioural intention and actual behaviour, intention can be used as a proximal measure of behaviour (Fishbein 2000:273). Respondents are also asked for their thoughts on the performance itself in the questionnaire. They are offered the opportunity to write any comments or questions about the performance too. Where respondents were unable to understand the questionnaires, interviewers and experts provided assistance.[76]

3.6.7.3 Focus groups

Focus groups are sources of highly detailed, specific group data obtained on a focused research topic or question. Focus group interviews[77] are interactive events guided by a skilled moderator (interviewer)[78] whose ability to stimulate participation, guide discussion, and probe directly affects both success in meeting research objectives and the quality of the data obtained. Generally, they are used to gain an understanding of the attitudes, beliefs and perceptions of a specific group or population, by encouraging the sharing of personal experiences, feelings and opinions by members of the group. Interacting together provides for a clearer understanding of the range of these experiences, feelings and perceptions in the larger group they represent. For HIV/AIDS research, where pandemics differ in nature according to geography, ethnic and cultural factors, and risk behaviours, and where the change is ongoing, both range and prevalence are critical. Schlecter

[76] See Addendum 11, figure 11.13.

[77] For examples of focus group questions used as part of the Africa Centre's M&E interventions, please refer to Addendum 3 and chapter 4 respectively.

[78] See Addendum 11, figure 11.3.

(2010) defines focus groups as contrived communication events rather than naturalistic observation or recorded spontaneous group discourse. It is not a static, formulary technique but rather are constantly adapting to both the research objectives and the group participants. Focus groups are dynamic and process driven and attempt to maintain the interaction predominantly within the group rather than between the participating individuals and the interviewer/moderator. Moreover, it can provide insights into the meaning of the behaviours and events within the research domain as seen by a particular group or population.

3.6.7.4 Output indicators

Output indicators measure the quantity, quality and timeliness of the products that are the result of an activity/ project/programme (*UNICEF M & E Training Resource* 2010:2). In terms of Educational Theatre performances, it can refer to the number of Educational Theatre performances; number of people reached during Educational Theatre performances or figure of people tested and counselled after Educational Theatre performances. In addition, it can also refer to the number of people completing pre- and/or post-performance questionnaires or taking part in focus group discussions.

3.6.7.5 Outcome indicators

Outcome indicators measure the intermediate or medium-term results generated by programme outputs (*UNICEF M & E Training Resource* 2010:2). In terms of Educational Theatre performances, outcome indicators will typically be determined by investigating, for example, any changes in HIV knowledge levels or any positive changes in HIV risk-related beliefs, attitudes or intentions post-performance.

Types of questions in such outcome evaluations include, for example, the percentage of respondents who have been motivated after seeing the performance to engage in safe sexual behaviour by being faithful to one partner; engage in safe sexual behaviour by abstaining; or avoiding transactional sex. It could also refer to the number of respondents who feel more aware about HIV/AIDS; are more willing to

speak to a partner(s) about sex, or would find it easier to talk about HIV, or AIDS, with their partner(s)after the performance. Outcome indicators could also include the proportion of respondents who would negotiate condom use with a partner after the performance or the percentage of participants expressing more positive attitudes towards people with HIV after the performance.

3.6.7.6 Impact indicators

Impact indicators measure the quality and quantity of long-term results generated by programme outputs, e.g. measurable change in quality of life, reduced incidence of HIV, reduced mortality (*UNICEF M & E Training Resource* 2010:2). Since long term results require a more complex methodology (e.g. follow-up interviews with a sample of the population over an extended period of time) and additional funding, it is not included as part of the Africa Centre's M&E protocol and will therefore not be elaborated on further in this section.

3.7 Rolling out the interventional performance

Before implementing *Lucky, the Hero!*, client liaisons were approached to help facilitate with the execution of the performance. Then, specific dates and times were initially determined that best suited the needs of our client in terms of minimising production losses or interruptions, when employees will be available, etc. When rolling out the performance, the process comprised of firstly conducting focus groups and/or questionnaires to obtain baseline data. *Lucky, the Hero!* was then performed. After the performance, data was collected through follow-up focus groups and the completion of post-intervention questionnaires. Where partners have come on board to conduct VCT and conditions allowed for it, attendees had the opportunity to have themselves tested for HIV.

3.7.1 Responsibilities

Any running costs/expenses pertaining to the Educational Theatre performances (for example sound and audio-visual equipment, props and stage) are managed through the financial structures of SU. An office administrator runs administrative aspects of the various projects (*Lucky the Hero!* continues to be part of the project and is still ongoing for the period, 2011/2012).

The Educational Theatre group consists of six actors trained as peer educators, two understudies, one technical staff member and an on-site project manager who also acts as facilitator.[79] The technical assistant manages the sound- and lightning aspects of the performance. The on-site project manager supervises the logistics of running the Educational Theatre group, which includes, among other, liaising with clients in order to coordinate, plan and schedule the project and making transport/accommodation arrangements for the group. It may also entail doing site visits (for example to check the suitability of a venue). Apart from facilitating during performances, this person also oversees the on-site M&E component of the rollout.

In terms of training, an Educational Theatre and creative arts director is responsible for the ongoing theatrical skills training of the actors/peer educators, as well as quality control of the play. To keep all actors on top of relevant HIV/AIDS related matters, a training manager is employed on a part-time basis to ensure refresher training in this regard.

3.7.2 General logistics

The running time of the performance is around 40 minutes, with approximately 15 minutes for a question and answer session after each performance. Language options include presenting the performance in English, Afrikaans or a combination of both these languages.

In terms of venue requirements, a training or conference hall usually suffices as venue for the performance. It is recommended that the number of participants at a

[79] See Addendum 11, figure 11.2.

single performance does not exceed a hundred per performance. The venue itself has to have more than one electricity outlet so to meet sound and lighting requirements.

3.7.3 Testing partners

As discussed, the Africa Centre includes a testing protocol as part of the *Lucky, the Hero!* intervention, where circumstances allow for it. One of the outcomes that was hoped for was for people to get tested on-site via the partnership with institutions providing these services.[80]

The Africa Centre and the Stellenbosch Hospice formed a partnership with the aim of collaborating with regard to different farm performances. The Stellenbosch Hospice programme offers Wellness Days to local farms where farmworkers and farm dwellers are invited to a special health focused day. The day starts with the Africa Centre's Educational Theatre performance, *Lucky, the Hero!,* that is used to communicate the HIV message and to arouse the necessary commitment to go for HIV testing. Then the Hospice team, often assisted by network partner *@Heart*, provide individual VCT and TB screening and offer general health awareness and prevention.

The Africa Centre also partnered with The Darling Trust, reaching out to many farms in the Darling district.[81]As with the Stellenbosch Hospice initiative, the education does not end when the actors walk off stage. A crucial part of the project is giving the audience the opportunity to undergo VCT. *TB Cares*, a non-governmental organization situated in Malmesbury, facilitated the VCT service at that specific intervention.

[80] See Addendum 11, figure 11.14.

[81] The Darling Trust is a charitable trust of which Pieter-Dirk Uys is the founding trustee. The Trust assists the community of Darling and surrounding areas by empowering individuals on farms to help themselves, mainly through participation in the sectors of education, skills development and health.

3.7.4 Managing potential pitfalls pro-actively

A possible obstacle identified prior to the rollout was obtaining “buy-in” for the Educational Theatre performances, especially from farm owners, as without their consent interventional shows cannot be initiated. Farm owners have to give their workers “time off” – i.e. time away from work in order to partake in the Educational Theatre performances. Farmers may see this as valuable production time lost which cannot be sacrificed for the sake of HIV/AIDS. Therefore constant liaising and convincing farmers of the value that such a performance adds to their human capital is needed to overcome this difficult obstacle. Addressing this issue is not easy, but a possible strategy to overcome the problem is to liaise via an agricultural body or local role player(s) in the target area with whom the farm owner has an existing and/or long and trusted working relationship to help facilitate and/or spearhead negotiations.

3.8 Audiences targeted[82]

As already pointed out, the performance has been performed beyond the business of farms. This section briefly highlights the audiences and demographical areas already targeted with *Lucky, the Hero!*

More than 70 farms and communities in the Boland and the outlying areas of the Western Cape have been reached in the period that this study took place – it is still ongoing for 2011/2012. Selected farms visited in the greater Stellenbosch area so far include Goedvertrouw, Blaauwklippen (Medallion Mushrooms), La Ferme Derick, Morewag, Slot, Noord Agter Paarl Koelkamers, Timberlea, Simonsig, Hasendal, Glenelly, Eikendal, Beyerskloof, Falcon’s Nest, Spier (Value Foods), Spier (Dew Crisp), Vendome, Sandriver, Muratie, L ‘Avenir, Eenzaamheid, Kaapzicht, Rupert & Rothchild, Bellevue and Hartebeeskraal (including Durr Bottling). As referred to earlier, farms in the Darling area participated in an Educational Theatre initiative spearheaded by the Africa Centre and the Darling Trust. More than 50 farms in the area were reached, including Rooipan, Kraalbosdam, Uilenkraal, Skilpadfontein, Uilenkraal, Rondeberg, Buffelsfontein and Oranjefontein, among other.

[82] The inclusion criteria for audience members to view *Lucky, the Hero!* entails being older than 14 years, unless being accompanied by a family member or guardian.

Many schools and churches have been targeted in a joint project between the Police, Correctional Services and the Africa Centre. The Police and Correctional Services had their own show on drugs at schools with the Educational Theatre performance as the drawcard. The New Apostolic Church Cape (NAC) and the Africa Centre joined forces with Educational Theatre performances being part of the NAC's HIV awareness programmes. Areas visited included Atlantis, Ashton, Worcester, Scottsdene, Kensington, Ruyterwacht, Elsies River, Bellville, Welgelegen, Heideveld, Bishop Lavis, Mitchell's Plain, Hanover Park, Strand, Somerset West, Stellenbosch, Delft and Grassy Park. Performances were presented in the evenings at various venues, including civic centres and school halls. *Lucky, the Hero!* also visited Namibia as part of the Evangelical Lutheran Church HIV/AIDS Outreach Programme.

Educational Theatre performances were also included as part of training interventions at tertiary institutions. Performances were included as part of the Leadership Academy Programme hosted by the SU Business School aimed at learners from remote areas in the Western Cape. *Lucky, the Hero!* was also showcased at the University of the Free State's launch of their institutional HIV/AIDS response campaign. A partnership was formed to include the Centre's Educational Theatre performance as part of the University of the Free State's HIV CI initiatives amongst the Griqua people in Southern and Western Free State.

3.9. Summary

The purpose of this chapter was to give a thorough and comprehensive overview of *Lucky, the Hero!* as an HIV/AIDS Educational Theatre performance – how it came about; its content and messages; and the intricacies of how the performance was rolled out to audiences. It also provided the theoretical guidelines for development of the performance.

The specific results and findings of one of these Educational Theatre intervention campaigns in the Breede River Valley will be discussed in more detail in Chapter Four. These results and findings will lay the platform for a critical discussion on how successful the practical implementation of this intervention has been in terms of its theoretical base and initial purpose.

CHAPTER 4

EVALUATION OF THE BREEDE RIVER VALLEY INTERVENTION

4.1 Introduction

The aim of this chapter is to report on the results and findings of the specific HIV/AIDS Educational Theatre campaign that involved the performance of *Lucky, the Hero!* and which was rolled out in the Breede River Valley during the first two weeks of September 2007. The information and conclusions encapsulated in this chapter were gathered and formulated by the Africa Centre for HIV/AIDS Management during the 2006-2007 interventions with farm workers in this area.[1]

4.2 Background of the Breede River Valley campaign

The Breede River Valley campaign was a joint venture between the Africa Institute for HIV/AIDS Management, the Breede River Winelands Rotary Club and the Breede River Hospice in the Breede River Winelands Municipal area (BRWM).

As in the case of Stellenbosch's rural area, the Breede River Hospice had found that low levels of HIV/AIDS knowledge existed among farm workers and young people in the Breede River Valley Area, and there was a need to equip people with the necessary information and skills to make informed decisions. Research by the Hospice revealed that pamphlets, posters and media messages meant little to illiterate people in the area; and those who could read, were often found to be oblivious concerning HIV information. The conclusion was that a surprisingly high number of rural workers were not receiving potentially life-saving information.

The Breede River Valley intervention incorporated *Lucky, the Hero*! along with VCT at as many venues on farms and in cellars as possible in the area that were willing to participate in the project. Farmers, farm managers, the management of cellars,

[1] Please note that all information discussed in this chapter was sourced from the Centre's annual progress reports 2006-2007. During the campaign Dr Alida Bruwer, Site Coordinator for the Undergraduate Programme at the Primary Health Care in Bonnievale, assisted with collecting information at some of the venues where *Lucky, the Hero* was performed on behalf of the Centre.

factories and business, medical personnel, social workers and other role players were all encouraged to become part of the programme.

The campaign was officially launched at a function in the Clive Beck Hall outside Robertson on 18 August 2007. Representatives from farms, cellars, businesses, local clinics and the Western Cape Department of Health were in attendance on the evening. *Lucky, the Hero!* was showcased to role players and the planned HIV roll-out in the BRWM area was explained. Any additional farms or role players wanting to form part of the process were also encouraged and invited to join in. Dates and times for the campaign rollout at various farms or cellars were proposed, discussed and diarised by all involved.

The *Montagu Mail* and the *Breede River Gazette* provided publicity for the campaign. On 24 August 2007 the *Breede River Gazette* published an article on the campaign. Articles also appeared in *Die Burger* (24 August 2007) and the *Cape Times* (10 September 2007).

4.3 Aims of the Breede River Valley campaign

The main aims of the campaign were to educate farm workers on HIV/AIDS issues and motivate voluntary testing. The campaign also specifically targeted women on the farms so to empower them with knowledge around HIV/AIDS issues.

4.4 Method

In total, 56 farms in the Breede River Valley indicated that they wished to form part of the campaign. The organizers carefully chose performance venues to ensure maximum exposure without having to travel far between performances on the same day.

Workers were informed of the study beforehand, each receiving a letter,[2] inviting them to take part on a voluntary and confidential basis. This letter also explained what the study entailed and the role participants would play. Those who decided to participate signed a letter of consent. The study comprised of three phases of intervention. Firstly, pre-intervention focus group sessions were conducted to

[2] See Addendum 2.

ascertain through a baseline study what the knowledge of HIV/AIDS was on farms in the area.[3] Next, *Lucky, the Hero!* was performed at selected venues. Then, the effect of the intervention was ascertained through post-intervention focus group sessions and post-intervention questionnaires.[4]

4.4.1 Phase 1: Pre-intervention focus group sessions

To determine the baseline knowledge of the participants in the study, participants were divided into Afrikaans/English groups and Xhosa/English groups comprising of ±10 individuals each on farms selected to take part in focus group sessions.[5] Seven questions were posed and responses were written down.[6] Each focus group took approximately one hour to finish. The questions (several options to each question were given) were:

- *What is HIV/AIDS?*
- *How is HIV/AIDS transmitted?*
- *How can HIV/AIDS be prevented?*
- *Can you tell if someone is living with HIV/AIDS?*
- *Who can be considered a high-risk group for contracting HIV/AIDS?*
- *Can you be tested for HIV/ AIDS?*
- *How can someone stay healthy?*

Afterwards, participants were allowed to ask questions about the issue at hand. Some of the questions asked included:

- *Are condoms 100% safe?*
- *How soon after you had sex with an HIV-positive person do you become infected?*
- *Can you take a shower to prevent infection?*

[3] See Addendum 3, 4.

[4] See Addendum 6-10.

[5] The group distinctions where only made where there were both big groups of Afrikaans and Xhosa-speaking farm workers, otherwise only Afrikaans/English groups were used as Afrikaans is the dominant language in the area.

[6] Addendum 5.

- *Can you get the virus if there is blood on an overall one wears?*
- *Can your employer ask you to get tested and what are the implications?*

These questions were captured but not answered, for fear of contaminating the population.[7]

4.4.2 Phase 2: Performing *Lucky, the Hero!*

On farms where there were both Afrikaans and Xhosa-speaking farm workers, participants were divided into groups according to language preference (Xhosa/English and Afrikaans/English) consisting of ± 40 participants each before viewing the performance. This was done so to facilitate the question and answer session that followed after the performance.

4.4.3 Phase 3: Gathering of post-intervention data through follow-up focus groups and questionnaires.

After the performance on farms selected to take part in the campaign, each participant was asked to complete a questionnaire designed to ascertain the effectiveness of the intervention.[8]

In addition, representatives from the different baseline focus groups were again asked to participate in a post-intervention focus group session. Those willing to take part were again divided into Afrikaans/English groups and Xhosa/English groups comprising of ±10 individuals.[9] Participants were asked the same questions posed to them during the baseline focus group sessions and responses were recorded.[10] In these sessions, participants were also encouraged to ask any questions about *Lucky, the Hero!* which researchers and actors/peer-educators then answered promptly. After completion of all three phases of the intervention, each participant received free

[7] As mentioned, the pre-intervention focus group sessions served as a baseline study to determine current HIV/AIDS knowledge levels. Its purpose was not to inform, educate or influence participants on HIV/AIDS subject matter, as this was done through the Educational Theatre show *Lucky, the Hero!* that followed the focus group sessions. These questions were, however, addressed in the post-intervention focus group sessions.

[8] See Addendum 6-10.

[9] Again, the group distinctions where only made where there were both big groups of Afrikaans and Xhosa-speaking farm workers, otherwise only Afrikaans/English groups were used as Afrikaans is the dominant language in the area.

[10] Answers to questions gathered during the pre- and post intervention focus groups were categorized according to correct and incorrect responses (see Addendum 4).

condoms and an HIV/AIDS booklet and pamphlet on how to get tested and where to obtain more information on HIV/AIDS in their area.

4.5 Results of the intervention

In this section, the biographical information from each of the three phases (baseline focus group, post-intervention focus group and the questionnaire) on farms selected to take part in the campaign will be discussed first. Then, the baseline and post-intervention data for each of the seven different questions posed in the pre- and post-intervention focus groups will be compared and scrutinized separately. Thirdly, the results of the post-intervention questionnaire will be analyzed and unpacked.

4.5.1 Biographical information4.5.1.1 Baseline focus group information (n= 81)

4.5.2 There were eight baseline focus groups with ±10 participants per group. In total, 81 participants took part in the baseline focus groups (see Table 1). Participants were mainly female. This explains the skewed gender representation among the participants (see Table 2).

Table 1: **Baseline focus group information (n=81)**

Groups	**Frequency**
Afrikaans/English	61
Xhosa/English	20
Total	**81**

Table 2: **Gender (n=81)**

Gender	**Frequency** (Afrikaans/English)	**Frequency** (Xhosa/English)
Male	19	7
Female	42	13
Total	**61**	**20**

4.5.1.2 Post-intervention focus group information (n=64)

There were six baseline focus groups with ±10 participants per group. In total, 64 participants took part in the post-intervention focus group (see Table 3). Participants were again mainly female.

Table 3: **Post-intervention focus group information (n=64)**

Gender	**Frequency** (Afrikaans/English)	**Frequency** (Xhosa/English)
Male	15	7
Female	31	11
Total	**46**	**18**

4.5.1.3 Post-intervention questionnaire information

The majority of the participants were female (see Table 4). In terms of race, 60.7% of the participants were coloured and 34.6% black (see Table 5). The average age of the participants was 28 (see Table 6). The oldest person to partake was 52 and the youngest was 18.

Table 4: **Gender (n=292)**

Gender	**Frequency**	**Percent**
Male	111	38.1%
Female	181	61.9%

Table 5: **Race (n=292)**

Race	**Frequency**	**Percent**
Coloured	185	63.4%
Black	101	34.6%
White	6	2.0%

Table 6: **Age (n=292)**

	Age (years)
Minimum	18
Maximum	52
Mean	28

4.5.2 Focus group feedback

As mentioned, responses to similar questions posed during pre- and post-intervention focus groups will next be compared and discussed, i.e. the baseline and post-intervention data will be compared for the different questions to gauge whether the Educational Theatre intervention as a model had a positive influence on participants' knowledge, attitudes and intentions.

4.5.2.1 What is HIV/AIDS?

A. Baseline responses

Some participants understood the difference between HIV and AIDS.[11] A few participants, however, had no idea what it was. Many participants confused HIV-positive as having AIDS. Some Xhosa/English focus groups knew that AIDS was an acronym. Although they did not quite know what it stood for, it could be an indication that they had prior knowledge of the disease.

B. Post-intervention responses

The majority of participants in the post-intervention focus group knew the difference between HIV and AIDS.

4.5.2.2 How is HIV transmitted?

A. Baseline responses

In some baseline groups, participants knew the formula for HIV transmission. Other participants had certain misconceptions about HIV/AIDS transmission

[11] See Addendum 5, question 1.

regarding babies born to an HIV-positive mother and others thought HIV could be transmitted through soiled toilet seats, sharing a toothbrush with an HIV-positive person or through saliva.[12]

B. Post-intervention responses

The majority of participants in the post-intervention focus group gave correct answers about how the disease is transmitted. Concerns were raised about workplace related accidents involving cuts as many participants indicated that they work with knives every day.

4.5.2.3 How can HIV/AIDS be prevented?

A. Baseline responses

There were participants who wrongly believed that you could be cured from HIV/AIDS if you had sex with a virgin, dog, pig or horse. [13]

B. Post-intervention responses

The bulk of participants in the post-intervention focus group answered this question correctly.

4.5.2.4 Can you tell if someone is living with HIV/AIDS?

A. Baseline responses

A few participants knew you couldn't tell if someone is living with the disease. Numerous myths about people living with HIV/AIDS were identified among some participants.[14] Some identified specific signs and symptoms (for example sore throat, swollen glands, perspiring, etc.) as an indication of having AIDS, but did not realize that several of these symptoms have to be present at the same time for at least a month before such a claim can be made.

B. Post-intervention responses

All the participants agreed that you couldn't tell if a person is HIV-positive or living with AIDS.

[12] See Addendum 5, question 2.
[13] See Addendum 5, question 3.
[14] See Addendum 5, question 4.

4.5.2.5 Who can be considered a high-risk group for contracting HIV/AIDS?

A. Baseline responses

Some participants believed certain myths about who they considered to be a high-risk group, for example Nigerians, Japanese and black people. Gay and lesbian individuals were thought to spread HIV intentionally.[15] They considered prostitutes and promiscuous people high-risk groups, because of their unsafe sexual behaviour. Women were also considered a high-risk group because of their anatomy, and prisoners because of gang rapes and unsafe sexual activities.

B. Post-intervention responses

The majority of participants were still unsure who are considered to be high-risk groups. Gay and lesbian individuals were again wrongly considered to spread HIV on purpose.

4.5.2.6 Can you be tested for HIV/AIDS?

A. Baseline responses

The bulk of the participants knew your blood could be tested for HIV.[16] A few did not know there was a way to test if you are HIV-positive and some thought you have to wait a few days before you receive your results.

B. Post-intervention responses

The majority of participants knew they could go for a HIV test to establish their status.

4.5.2.7 How can you stay healthy?

A. Baseline responses

Participants knew of ways to stay healthy.[17] Unfortunately, some participants were under the impression that a child who drinks a lot of milk and rests often, can be cured from HIV/AIDS, or will be protected from HIV infection.

[15] See Addendum 5, question 5.
[16] See Addendum 5, question 6.
[17] See Addendum 5, question 7.

B. Post-intervention responses

After the intervention, some participants still believed that milk and sleep would protect their children from HIV/AIDS.

4.5.2.8 Summary of findings: Focus group feedback

Where participants had an average competency level of knowledge pertaining to the disease beforehand,[18] post-intervention data gathered showed only a few mis-conceptions were still present, and on average employees were better informed – and in general more positively motivated to do something about HIV-related matters.

As a whole, the focus group feedback therefore seemed to indicate that the performance was successful in clearing up basic misunderstandings around the issues of:

- How HIV/AIDS should be defined;
- How it can be transmitted;
- How it can be prevented;
- Living with the disease;
- Testing.

There was, however, still some confusion around who should be considered most at risk of contracting the virus, as well as what a person should or should not do to stay healthy once infected.

4.5.3 Post-intervention questionnaire feedback

Descriptive statistics and frequencies were used to analyze the questionnaire data (n=292) which was collected as part of phase three of the intervention. Because of the low literacy rate of the participants, many questionnaires reflected a number of missing values. In this section, the participants' view on the effectiveness and impact of *Lucky, the Hero*! will be discussed. The responses will be divided into the following five categories: Attitudes towards Educational Theatre as a way of preventing the spread of HIV/AIDS; Attitudes towards *Lucky, the Hero!* as an HIV/AIDS information

[18] Refer to baseline focus group data gathered 4.5.1.

source; Attitudes and intentions towards the equal treatment of HIV-positive individuals; Attitudes and intentions related to issues around HIV-stigma; and Attitudes and intentions towards practising safe sexual behaviour.

4.5.3.1 Attitudes towards Educational Theatre as a way of preventing the spread of HIV/AIDS

For more than two-thirds (67%) of the participants this was their first encounter with a play on HIV/AIDS. More than two-thirds of the participants (64%) thought the presentation conveyed the HIV message excellently. A vast majority (88%) of the participants would advise others to be more alert about HIV/AIDS after seeing the presentation. More than three-quarters (77.4%) of the participants agreed that Educational Theatre was an appropriate method to positively influence HIV-related behaviour in their communities.[19] In total, 83.3% of the participants thought that it would be easier to go for help concerning HIV/AIDS after they had seen the performance. Close to 86% of the participants thought the performance encourages people in a positive way to go for an HIV-test.

4.5.3.2 Attitudes towards *Lucky, the Hero!* as an HIV/AIDS information source

The majority of participants (82.1%) felt they had received new information regarding HIV/AIDS which they could apply to their own life. Almost 80% indicated they would like to see the performance again and more than 90% would encourage others to see the performance.

4.5.3.3 Attitudes and intentions towards the equal treatment of HIV-positive individuals

Close to 90% of the participants were of the opinion that HIV-positive people should have equal rights. Just over 63% of the participants felt that people living with HIV/AIDS should not be ostracized from the community. Almost half of the participants realised it was wrong to treat people living with HIV/AIDS differently than people living without the virus.[20] In total, 72.6% of the participants will be more willing

[19] See Addendum 6.

[20] See Addendum 8.

to speak out if someone with HIV/AIDS was treated unfairly. More than 88% of the participants said they would persuade others to be more willing to communicate with people living with HIV/AIDS.

4.5.3.4 Attitudes and intentions related to issues around HIV-stigma

After seeing *Lucky, the Hero!* 77.4% of the participants would be willing to shake hands with people living with HIV/AIDS – 77.4% thought people living with HIV/AIDS are innate good people. The majority of participants had a positive attitude towards people living with HIV/AIDS.[21] The performance also encouraged 91.7% of the participants to associate with family or friends of HIV-positive individuals. The majority of the sample did, or thought they would, respond with sympathy if someone disclosed their HIV+ status to them.

4.5.3.5 Attitudes and intentions towards practising safe sexual behaviour

After seeing the performance, 71.4% of the participants felt that having unprotected sex is wrong and 76.2% thought that people should always use condoms when having sex. More than 70% of participants were of the opinion that having more than one sexual partner is always wrong. In excess of 85% of the participants said they would advise people to be more alert about the spreading of the virus. Moreover, more than 90.5% of the participants felt the Educational Theatre performance encouraged people to be more willing to practice safe sex.[22]

4.5.3.6 General comments about *Lucky, the Hero!*

The majority of audience members thought the performances were very good. The participants indicated that *Lucky, the Hero!* was a most effective educational tool, or medium, through which to impart knowledge not only to the illiterate, but to everybody.

[21] See Addendum 8.

[22] See Addendum 10.

Comments about the performance from audience members included that it was very informative; it was easy to relate to the characters; to the point; had a great storyline; was realistic; and included some great acting. Many participants indicated that *Lucky, the Hero!* should be taken to more farms in the region. Some also suggested that it should be a compulsory component in the high school curriculum. Most participants agreed that the acting and music were excellent.

Many respondents thought that a counselling session scene should be included in the production so to show others that it is not a daunting experience to get tested and to convince them to go for testing. Other suggestions included that a larger emphasis should be placed on the issue of abstinence. Some participants thought the content of the performance was unsuitable for young children. Several audience members felt that the performance should be exclusively presented in Afrikaans, English or Xhosa respectively, i.e. there should not be a mix of different languages.

4.5.3.7 Summary of findings: Post-intervention questionnaire feedback

The questionnaire feedback seems to indicate that *Lucky, the Hero!* succeeded in providing and increasing basic knowledge levels on HIV/AIDS and influenced attitudes and intentions towards stigma and discrimination issues in a positive way. Concerning safe sex behaviour, the participants showed great intent to practice safe sexual behaviour after viewing the performance. This is an important finding as behavioural intention is regarded as an indicator of potential behaviour. What was alarming though was that 41.79% of the respondents thought that people living with HIV/AIDS should not be held responsible for their status. This meant that almost half of the participants were of the opinion that HIV-positive individuals should be held responsible for their status. This seems contradictory when compared to the other findings related to questions about discrimination and stigma. It might indicate that issues around discrimination and stigma be given priority in future HIV-related interventions.

4.6 Breede River Valley Campaign Testing Statistics

Date	Time	Venue	Farms, Cellars,	Number Tested	
22/08/07	15:00	Graham Beck Hall	Graham Beck Wines	68	60
	19:00	Graham Beck Hall	(GALA EVENING)	110	
	None				
23/08/07	12:00	Excelsior Farm Hall	Arabella	88	218
	14:00	Excelsior Farm Hall	Rouxvale	65	
	16:00	Excelsior Farm Hall	Excelsior	86	
03/09/07	12:00	Smuts Bros Farm Hall	Lucerne	63	109
	14:00	Smuts Bros Farm Hall	Klipboslaagte	59	
05/09/07	12:00	Wonderfontein	Paru, Zevenbergen, Wonderfontein, Robertson Appliances	62	51
	15:00	Klaas Voogds Primary	Pat Busch, Rietvallei, Rosendal, Rusticus, Kranskop, Fraaiuitzicht, De Heuwel	200	152
07/09/07	12:00	Saratoga Farm Hall	Saratoga Fruit Estates	60	129
	15:00	Saratoga Farm Hall	Saratoga Fruit Estates	97	
10/09/07	12:00	Clive Beck Hall	Boland Plaas, Spaarkloof	64	55
	15:00	McGregor Primary	Community of McGregor (120 children)	200	57
11/09/07	12:00	Rooiberg Community Hall	Clairvaux, Goedereede, Vinefera	36	28
	15:00	Danie de Wet Hall	De Wilgens, Welvanpas, Wandsberg-Oos, Rendezvous, Vergenoeg, Zevenfontein	147	121
12/09/07	12:00	Van Loveren	Van Loveren	118	115
13/09/07	12:00	Bonnievale Cellar	Mardouw, Gelukshoop, Kapteinsdrif, Merwespont, Nordale, Bonnievale Cellar	75	65
	15:00	Bonnievale Community Hall	Community of Happy Valley (150 children)	275	127
14/09/07	12:00	Ashton Cellar	De Wetshof, Ashton Cellar	55	42
	15:00	Unipac	Unipac, Goedehoop, La Rochelle	76	66

4.7 Summary

The results and findings of the Breede River Valley HIV/AIDS Educational Theatre campaign that involved *Lucky, the Hero!* showed positive results: When comparing the focus group baseline data with the post-intervention feedback and the statistics inferred from the completed questionnaires, it indicated that *Lucky, the Hero!* generally had a positive influence on HIV-related knowledge transfer and attitudes and intentions towards the disease. The main aims of the Breede River Valley Campaign were achieved: A very important finding was that close to 86% of the participants thought *Lucky, the Hero!* encouraged people to go for HIV testing. In fact, the 14-day intervention in the Breede River Valley reached more than 2 000 farm workers of which almost 70% were tested. In addition, biographical data showed that the majority of participants in this intervention were female; thereby empowering women with regard to HIV/AIDS related issues.

Because this intervention provided only basic information on HIV/AIDS, the Africa Centre for HIV/AIDS Management suggested that follow-up interventions focussing on ongoing HIV awareness education/training should be considered.

A critical evaluation of this approach, as detailed in this chapter, will form part of the author's Summary/Conclusion.

SUMMARY/CONCLUSION

This study undertook to examine the effectiveness of theatre as intervention tool in creating HIV/AIDS awareness by evaluating the impact of the educational theatre play, *Lucky, the Hero!* on the specific target group of the couloured farm working communities of the Western Cape Province in South Africa.

In Chapter Two the following was established: HIV/AIDS is a global pandemic and health concern, with specifically Africa and Sub-Saharan Africa suffering the severest under the burden. Sub-Saharan Africa is currently the area in the world with the highest HIV infection rate. Numerous initiatives and campaigns have been launched to combat the spread of HIV in Africa and Southern Africa with the result that many countries experience a saturation of HIV/AIDS information. In order to address this issue, novel approaches in creating awareness and increasing HIV/AIDS knowledge had to be explored in order to create and implement behaviour change. Much attention has been given to communication as strategy, especially the role of personal communication that has a voluntary interest with personal involvement, and an educational aim. The effectiveness and impact of entertainment in the process of education are also emphasized. In this regard, theatre has been accepted as a strategy in HIV/AIDS education.

A brief overview of Educational Theatre was then examined, exploring the different variations thereof, and its uses and aims in order to provide background knowledge and create a thorough understanding of the possibilities it has to offer before designing the proposed intervention strategy. It also provided evidence and reassurance that theatre was the appropriate communication strategy choice for the specific intended intervention campaign.

As the proposed intervention was to be implemented in South Africa, a clear picture of the unique context of HIV/AIDS and Educational Theatre in South Africa was painted in order to identify possible pitfalls and challenges. What came to the fore was issues such as poor evaluation methods and efforts, a shortage of evidence collected on the effectiveness of theatre interventions, problematic funding, a disconnectedness between the messages intended and the messages received by the audience and a lack in clear understanding of the needs and issues within a

specific community or target group that inhibited the effectiveness and impact of the performance.

In Chapter Three it was established that *Lucky, the Hero!,* an Educational Theatre intervention, would be initiated amongst the target group community – the coloured, predominantly Afrikaans speaking farm workers in rural Western Cape. This group was identified to have a very low knowledge of HIV/AIDS, were reluctant to know their HIV status and get tested, or seek information and assistance in risk reduction due to AIDS-stigma. As a result the target group distanced themselves from the disease and denied their potential risk. The intervention was done through the medium of an Educational Theatre play that drew from other theatre forms such as Musical Theatre and Protest Theatre to best suit the target group. The study focused on one such intervention on farms in the Breede Valley River during 2007.

As there exists a need in South Africa for the evaluation of Educational Theatre interventions, and due to the goal settings of the Africa Centre for HIV/AIDS Management, it was undertaken to document the effectiveness of the intervention. Data for an evaluation was collected through pre-intervention focus group sessions, after which the performance took place and post-intervention data was gathered through follow-up focus groups and questionnaires.

From the analysis of the data compiled evaluated in Chapter Four, the following criteria[1] was fulfilled: The play proved to be culturally appropriate as it was aimed at a predominantly Afrikaans speaking coloured farm working community from the Western Cape – 61% of the group was Afrikaans/English and 20% was Xhosa/English. The play was presented in a version that used both English and Afrikaans dialogue. It is not ideal to have audience members with a different mother tongue to that in which the performance is presented in, as one does not want to alienate an audience in any way. Xhosa speaking participants will have a different social and cultural structure to that of the coloured participants and would not necessarily be able to relate to the play on all levels.

The research indicated that the intervention strategy exhibited an overall understanding of the cultural structure of the community, as well as the social issues

[1] According to UNESCO, for HIV/AIDS projects, programmes and strategies to be successful, these criteria should always be fulfilled (www.unesco.org).

and needs that existed within the target group. The main problem areas identified within the communities were confronted and predominantly successfully addressed through the performance. Myths and misconceptions surrounding these areas were also mainly cleared up. After viewing the performance, the audience's knowledge on HIV/AIDS increased regarding the following topics:

- The difference between HIV/AIDS;
- How the disease is transmitted;
- How HIV/AIDS is prevented;
- That it is impossible to tell if someone is HIV-positive or living with AIDS – one can only know your status by testing;
- Who is considered a high-risk group for contracting HIV/AIDS;
- How to be tested for HIV/AIDS;
- How to stay healthy once infected.

Post-intervention data revealed that a few misconceptions surrounding HIV/AIDS were still present. The following areas of concern were raised that should be more clearly addressed in future interventions:

- HIV/AIDS in the workplace – Participants were concerned about workplace related accidents involving cuts as many worked with knives and other sharp instruments every day.
- Nutrition – Many participants knew how to stay healthy, but some believed milk and sleep would protect their children from HIV infection.
- Stigma and discrimination – Although certain myths were abolished, the majority of the participants still remained unsure who is considered a high-risk group. Gay and lesbian individuals were wrongly considered to spread HIV intentionally. Attention could be given to this area in future performances.

The performance did not appear to be offensive in moral or cultural terms as none of the participants revealed any such concerns as the audience stayed to watch until the end of the performance – this seemed to indicate that possible taboos did not interfere with the educational process. A suggestion was to raise the age restriction of the piece as some participants found it unsuitable for young children. The existing

age restriction is 14, which indicates that there could be a problem with regard to controlling the age of the audience members attending. This could be solved by a general announcement before the performance, or giving prior warning some days before the intervention so that children under 14 could be taken care of elsewhere during the performance.

A general positive attitude towards the equal treatment of HIV-positive individuals was recorded after the performance – 90% agreed people living with HIV/AIDS should have equal rights. More than 70% felt they would speak out if an HIV-positive person was treated unfairly and more than 80% would persuade others to interact with HIV-positive individuals. Almost two-thirds felt HIV-positive individuals should not be ostracized and more than half were of the opinion that it was morally incorrect to treat people living with the HIV virus any differently. An improvement in their attitude and intentions with regard to issues around HIV-stigma[2] was also noted. More than 70% of the participants had a positive attitude towards people living with HIV/AIDS and would now shake hands with HIV infected individuals, believed people living with HIV/AIDS are not bad people, would respond with sympathy if someone disclosed their HIV positive status to them and more than 90% would now associate with friends and families of HIV-positive individuals.

Biographical data indicated that the majority of the participants were female; thereby a large group of women were reached and empowered on HIV/AIDS related issue

The play proved to be age-appropriate as the average age of the participants was 28 years. Most of the characters in the play were around that age group. The eldest audience member was 52. The narrator, Tienkan Jan, was in that age group. The play was not intended for people under the age of 14 and the youngest audience member was 18.

An improvement in intended behaviour change was also perceived post performance as more than 70% of the participants felt having unprotected sex and having multiple partners was placing them at risk of becoming infected with HIV and one should always wear a condom during intercourse – 85% said they would advise others to be more alert about the spreading of HIV, 86% thought the performance had

[2] Attention to attitudes towards homosexual individuals will have to be considered.

encouraged people to have an HIV/AIDS test. This seems to indicate that at least in the short term there is likely to be a change in behaviour.

An area of concern was highlighted in that almost half of the participants thought HIV-positive individuals should not be held responsible for their status. This was contradictory to the other findings regarding discrimination and stigma and indicates that these issues should receive more attention during future interventions.

The following suggestions from the audience could be considered:

- Incorporating a counselling scene in order to break down pre-conceived ideas that it is a daunting experience and to further emphasize the importance of getting tested.
- Placing larger focus on abstinence as a prevention method.
- Presenting the performance exclusively in Afrikaans, English or Xhosa.

The author's analysis of the evaluation estimates that the play was found to be overall successful in achieving its aims and proved to be entertaining and educational. It improved general knowledge of HIV infection amongst participants and motivated intentions towards positive behaviour change. Very importantly – 70% of the over 2000 participants during the 14-day intervention partook in the VCT onsite facility that was provided after the performance.

Theatre as intervention tool proved to be effective in this specific instance as almost 80% of the participants agreed that Educational Theatre was an appropriate method to positively influence HIV/AIDS related behaviour in the community – 80% wanted to see the performance again and 90% of the participants would encourage others to see it. This indicated that the intervention successfully achieved intended change within a micro-environment. Although the evaluation methods served their purpose in providing basic information and results about HIV/AIDS and the intervention strategy method and campaign, follow up interventions focusing on ongoing HIV/AIDS education and training must be considered.

From the findings the author wishes to make the following suggestions:

It is important that the issues addressed in *Lucky, the Hero!* remain appropriate and on par with the target groups. Relationships with community leaders could be established who can assist in doing regular monitoring sessions amongst community members to gather information around issues or concerns that may arise within the community, and thus in this way the performance can stay in touch with the target groups on a cultural and social level and remain aware of the changing needs of the communities. This will also create a sense of involvement and participation in the community. According to these findings the Africa Centre for HIV/AIDS Management's research and creative team should conduct workshops on a regular basis to ensure that more emphasis is placed on the input from the peer-educator/actors as they have first hand knowledge about these communities, being from them themselves.

Lucky, the Hero! has created a very solid basis of HIV/AIDS knowledge within these communities and equipped them with the necessary knowledge to address the problem. It is of great importance that this initiative is extended and further developed in order to ensure the change that has been intended is implemented over a longer period of time.

Dan Peterson and Molefe (Copenhagen Seminar 2002) mention the difficulties in measuring the impact of a behavioural changing campaign, arguing that it takes up to 6-8 years to completely change people's behaviours and therefore emphasize the value of evaluating the *process* of an intervention, by way of implementing evaluation before, during and after the actual intervention.

Concern is currently mounting that campaigns such as these are effective in achieving short term based goals, but are insufficient in achieving the long term, sustainable and rooted changes in society that are required for HIV/AIDS to be overcome (Tufte 2001:11). The provision of accurate information is not enough, as it will not necessarily translate into behavioural change. Although accurate information is a prerequisite to behaviour change, there still exists a large imbalance in certain communities between knowledge of HIV/AIDS and the actual practice of safer sexual

behaviour.[3] Of course funding can be an obstacle and investors are reluctant to invest in long term interventions due to the fact that interventions only ensure behaviour change on the short term – thus there is no immediate return on investment which creates a catch 22 situation as long term investment is needed for long term change. The challenge for theatre is therefore to provide role models that foster sustainable behaviour change.

This could be partly achieved by revisiting communities and farms where the interventions were implemented on a regular basis to gather HIV/AIDS related information and evaluate the situation of the attitudes and intent regarding HIV/AIDS issues in order to monitor the behaviour change over the long-term.

Lucky, the Hero! could be approached not merely as an Educational Theatre performance, but as an ongoing campaign-vehicle for change by applying some mass-media approaches and techniques to its strategy design. The effectiveness of genres such as soap operas and series drama have been proven, as in the case of South Africa's *Soul City* (an ongoing edutainment 13 episode TV drama about HIV/AIDS). This show almost doubled in popularity by the fourth series as familiarity with the on-going nature of the programme and loyalty towards the characters created a consistent following (Copenhagen seminar 2002; Entertainment-Education for Better Health 2008:6).

[3] Refer to the following four examples:

(i) A study undertaken in KwaZulu Natal evaluating the effectiveness of a high school drama-in-education programme – seven (7) pairs of secondary schools were randomized to receive either written information about HIV/AIDS, or the drama programme. Improvement in knowledge and attitudes about HIV/AIDS were demonstrated amongst the students who viewed the drama programme when compared to students who had received the written information only (Harvey 2000:105-111).

(ii) An evaluation of the New Image Theatre in which a curriculum aimed at HIV/AIDS education amongst adolescents resulted in an increase in knowledge and more tolerance of persons living with HIV/AIDS, but limited change in sexual practices or contraceptive use (Hillman 1991:328-340).

(iii) An evaluation of an education programme on HIV infection using puppetry and street theatre in market places in South Africa was undertaken A significant contribution to knowledge and intended behaviour was made, audience members were found to have a tendency to project the risk of infection onto others, thereby denying personal risk which was less common after viewing the performance but the long-term effects of knowledge and behaviour are unknown (Skinner 1991:317-329).

(iv) In Kenya, two professional theatre productions "Changing Generations" and "Aspirations" were evaluated and findings indicated that there is a relationship between the perceived entertainment quality and the recognition that certain issues have social importance. Prospective evaluation techniques were recommended for future interventions in order to claim that the plays had impacted on attitude or behaviour (Blair 1999:9-15).

Permitting obstacles such as time-constraints, sub-standard facilities, inappropriate funding, and resistant co-operation from communities and farm worker employers can be managed, *Lucky,the Hero!* could be developed into various versions in the same vain by utilizing the existing setting and characters and merely altering the conflict, dilemmas and HIV/AIDS issues that are addressed within the different plays as part of a programme depicting the “HIV/AIDS journey” of a community. In this way, farms and communities could be re-visited in different stages of their process of behaviour change with new and appropriate material to ensure and maintain the desired behaviour change within the community. Ideally “Lucky ”could be established as a positive HIV/AIDS fighting brand amongst these communities, with a strong association of awareness surrounding HIV/AIDS issues, de-stigmatization of HIV/AIDS and of positive behaviour change that could be built upon and explored in various other channels and mediums.

Lucky, the Hero! has effectively proven that theatre can bring realistic aspiration and change into the hands of those communities that need it most. It serves as a valuable document of information as interventions in these specific target areas have not been previously archived. Yet a continuous process of re-evaluation and adaptation would be ideal. To achieve maximum benefit, the show needs to be integrated as part of a multi-sector and more ongoing campaign. Future strategies should offer ongoing involvement, aiming its design towards a holistic, long-term approach that provides a multi-integrated, sustainable contingency plan.

The good work of Educational Theatre makers in South Africa is far from over, and the major task still lies ahead.

ADDENDUM 1

Africa Centre for HIV and AIDS Management

presents

Lucky, the Hero!

by
Vicky Davis

***LUCKY, THE HERO*!**

Karakters/**Characters:**

Tienkan Jan (Verteller/**Narrator**)

Lucky

Two-time Tokkie

DJ Chenin Blanc

Nita

Nurse Theresa

Toneel 1/**Scene 1**

Die verhoog is leeg behalwe vir vyf swart bokse wat dien as dekor. Karakters word deur middel van ‘n enkele rekwesiet of kostuum geidentifiseer. Akteurs kan bokse op kreatiewe en innoverende maniere aanwend.
The “stage” or acting space is barren, except for five boxes that are used as decor. Characters are identified by a singular prominent item of clothing or prop. Actors can use boxes in creative and innovative ways.

In die een hoek sien ons a DJ hokkie met ‘n teken: *Wynland FM*. Op een van die bokse in die middel lê ‘n ‘remote control’.
In the one corner we see a DJ booth . On it is a sign that says: *Wineland FM*. On one of the boxes in the middle of the space, lies a remote control.

DJ: Hallo luisteraars, Welkom by Radio Wynland, die hartklop van die Boland. Ek is Dj Chenin Blanc, en ek gaan julle vermaak vir die volgende uur of wat met lekker musiek en nog lekkerder stories. So sit terug, en geniet die vertoning.

DJ: Good day listeners. Welcome to Winelands FM – the hartbeat of the Boland. I am DJ Chenin Blanc, and if you’ve just tuned in, I’ll be your host for the next hour or so with great tunes and entertainment. So sit back and enjoy the show.

“Heard it through the Grapevine” word gesing as ‘n intro en soos TIENKAN JAN inkom, doof dit uit.
“Heard it through the Grapevine” is sung, as TIENKAN JAN enters it fades out.

Hy is uitgesproke en weet alles van almal af. Hy is die verteller – ‘n fasiliteerder tussen die gehoor en die karakters, hy spreek die gehoor direk aan en vra hulle ook vrae. Hy is gemaklik met die gehoor en is baie komies.
He speaks his mind and he knows everything about everyone. TIENKAN JAN is the narrator - a facilitator between the audience and the characters, he speaks to the audience directly and often asks them questions. He must be very familiar with the audience and extremely comical.

TKJ: *(kom in deur gehoor, sing, met “Hiersiefoutie” wynbottel)*
Klein bietjie wyn, Klein bietjie wyn, Klein bietjie wyn vir my. Klein bietjie wyn, Klein bietjie wyn, Klein bietjie wyn vir jou *(gee bottel vir gehoorlid, maar neem dit terug).*Oh NO! Vir my! Haha!! Wees gegroet mense, gentlemen….en ladies (*hy knipoog vir ‘n dame in die gehoor)* Die naam is TIENKAN JAN. (*Hou die wynbottel met die ‘Hiersiefoutie’ label op en wys dit vir die gehoor*).
Welkom op “Hiersiefoutie” landgoed in die hartjie van die Boland. Man, ek’s lief vir hierdie grond, is hier gebore, en werk al hier my hele lewe…uh, dis nou tot nou die dag wat ek bietjie van ‘n ongeluk gehad het met die winepress..*(beduie na sy voet)* Nou noem die mense my Tienkannie Jannie! Maar julle, daar’s iets wat my meer depress as daai wine press, en dis dat daar groot fout is hier op “Hiersiefoutie”. Kyk, julle ken mos nou van die HIV AIDS waaroor almal so praat, ne?
(kry ’n reaksie van gehoor)

Regtig? Because why, hier op "Hiersiefoutie" praat niemand oor HIV/ AIDS nie. O nee, as jy hier praat van safe sex en dat jy moet 'n condom gebruik, dan skrik die ou tannies hulle uit hul panties uit, die manne sê condoms is vir die voëls (*knipoog*) en elke naweek kattemaai die spul onder mekaar en Sondag sit hulle in die kerk, en die youngsters sê, ag, it won't happen to me…
En laat jy nou net sê jy is HIV positive… dan kan jy maar nes 'n melaatse soos in die Bybel buite die dorp gaan bly, want dan wil niemand niks van jou weet nie.
Maar wag, laat ek julle die storie vertel van 'n mannetjie genaamd Lucky, hier van ons eie "Hiersiefoutie" wie se bad luck in die community gedraai het vir die beter, alles as gevolg van sy positive attitude….

TKJ: ***(enters through the audience, singing with "No Problems' wine bottle)***
Little bit of wine, little bit of wine, little bit of wine for me. Little bit of wine, little bit of wine, little bit of wine for you (*gives bottle to audience member, but takes it away*). Oh NO! For me! Haha!!
Welcome gentleman…and ladies *(he winks at a female audience member)*.
The name is old Tienkan Jan *(shows the wine bottle w ith the No Problems label to the audience.)* And welcome to "No Problems" farm in the hart of the Boland. Man, I love this place – I was born here and I've been working here all my life…uh, that's until the other day I had a little accident with the wine press… *(points to his foot)* Now everyone calls me 'Tienkannie Jannie'…
But guys, there is something that depresses me more than that wine press, and that is because there is a big problem here at "No Problems" – things aren't as happy as they seem… Now, you guys know about this HIV/AIDS that everybody is talking about?
(*gets audience to respond*)
Really? Because, here at "No Problems", nobody talks about HIV/AIDS. Oh, no, if you mention safe sex and that you must use a condom, the old ladies blush their bloomers off, the men say it's a big pile of…twak and every weekend we *suip* and *baklei*, yet Sunday in church we smile and we pray. The youngsters believe: it can't happen to me…And if you say you are HIV positive then you can pack your bags and leave on a guilt trip, because no-one wants anything to do with you.
But wait, let me tell you the story of a guy named Lucky from our own "No Problems" farm, who's bad luck in the community turned for the better, al because of his positive attitude.

TIENKAN JAN gaan sit aan die kant van die verhoog, asof hy ook 'n gehoorlid is.
TIENKAN JAN goes to sit ate the edge of the acting area, as if he too is an audience member.

Toneel 2/ **Scene 2**

TKJ: Ontmoet vir Lucky. Almal noem hom Lucky because hy is, hoe sê hulle, ‘n real ladies man…
TKJ: Meet Lucky. Everybody calls him Lucky because, how do they say? – He’s a real ladies man…

Nita en Lucky al flankerend op die maat van musiek. Sy wil ‘n kondoom gebruik, hy gryp dit uit haar hand, en smyt dit weg. Sy stap weg.
Nita en Lucky enter, flirting to the rhythm of music. She wants to use a condom, but he grabs it and flings it away. She walks off.

TKJ: Maar julle, enige iemand – bruin, swart, wit, man, vrou, ma, pa, gay of straight kan AIDS kry, selfs al dink ons, ons is Lucky…
TKJ: But guys, anyone – black, white, man, woman, mother, father, gay or straight can get AIDS, even if we think we are Lucky…

Lucky sit op een van die bokse, hy is teneergedruk. Hy lyk bekommerd. Na ‘n rukkie neem hy die remote control en wys dit in die rigting van WYNLAND FM.
Die sangers en DJ raak lewendig en begin WYNLAND FM se jingle sing
Lucky sits on one of the boxes, he is depressed about something. He looks worried. After a while he takes the remote next to him and points it in the direction of WINELAND FM. The singers and the DJ come alive, and start to sing Wineland FM’s jingle

“You heard it through the grapevine”
Wynland FM
“You heard it through the grapevine”
Wineland FM

DJ: Goeiemiddag luisteraars! U is ingeskakel op Radio Wynland: somtyds bitter, somtyds soet, maar nooit droog nie! Dis ‘n pragtige dag hier in die Boland, ons het nog ‘n lekker paar treffers oppad. Maar eers, iets op ‘n ander noot: Dis nasionale HIV/ AIDS Awareness week hier by Wynland FM en vir dievolgende paar dae gaan HIV ons fokus wees. Ons het ook ‘n paar exciting events wat die week gebeur oral in die Boland, so wees op die uitkyk vir ons!

DJ: Goo dafternoon listeners. You are tuned to Winelands FM: sometimes bitter, sometimes sweet, but never dry! It’s a lovely day here in the Boland; we still have some great hits lined up for you today, but first, something on a different note:
It is national HIV/AIDS awareness week here at Winelands FM, and over the next few days there will be exciting events happening all over the Boland, so be on the lookout for us!

Lucky sit regop, luister aandagtig.
Lucky sits up. Listens attentively.

DJ: En as jy enige vrae het oor HIV/ AIDS kan jy vir die volgende halfuur inbel by 021 887776
DJ: And if you have any questions about HIV/AIDS, be sure to call us within the next half-hour to have them answered. The number is 021 887776

Lucky pluk sy selfoon uit en bel dadelik.
Lucky grabs his mobile, and dials summarily.

DJ: En hier's ons eerste oproep. Hallo?
DJ: We have our fist caller. Hello?

LU: Hallo, ek het bietjie van 'n probleem. Ek het gehoor jy kan AIDS kry as jy baie, jy weet, partners het…
LU: Hi, I've got a bit of a problem. I heard you can get AIDS if you, you know, have many partners…

DJ: Jy kry dit nie omdat jy baie partners het nie, maar jy kry dit as jy seks het met baie verskillende partners en nie 'n condom gebruik nie.
DJ: You don't get AIDS from having many partners; you get AIDS from having sex with a partner without using a condom.

LU: Um…en wat maak jy as jy seks gehad het sonder 'n condom?
LU: Uhm…and what do you do if you've had sex without a condom?

DJ: Dan is dit jou responsibility om 'n HIV toets te kry. Jy moet weet wat jou status is, sodat as jy positive is, jy na jouself kan kyk, en nie die risk loop om dit vir iemand anders te gee nie.
DJ: Then it is your responsibility to get an HIV test. By knowing your status, you can start looking after yourself, and if the result is positive you then know not to run the risk of infecting someone else.

LU: OK dankie Baai. *(hy sit senuweeagtig die foon neer)*
LU: OK, thanks. Bye. *(he nervously puts the phone down)*

LU *(vir homself)* : OK Lucky, dis seker maar nou time to try your luck and get tested.
LU *(to himself)*: OK Lucky, it's time to try your luck and get tested.

Lucky af.
Lucky off.

Toneel 3/ **Scene 3**

TKJ: Ja julle, Lucky het toe die regte ding gedoen, en gegaan vir ‘n toets by die clinic. Maar toe het Lucky, who always gets lucky, ‘n bietjie unlucky gewees. Sy test was HIV positive.

TKJ: Yes guys, Lucky did the right thing and went for a test at the clinic. But then, old happy-go-Lucky, who always gets Lucky, got a bit unlucky…His test was HIV positive.

Ons sien NURSE THERESA wat hom meedeel oor sy uitslag, hom troos en hom advies gee. Dan gaan sy. Lucky sit, duidelik denkend oor sy lewe vorentoe.
We see a NURSE THERESA telling Lucky about the result and the nurse comforting him, and giving advice. Then she leaves. Lucky sits, obviously pensive about his life ahead.

DJ: Welkom terug. Soos julle weet gesels ons die week oor HIV en vandag se onderwerp is: Wat as my toets positief is? Niemand hoef HIV alleen in die gesig te staar nie. Al is ons bang en bekommerd oor wat ons geliefdes van ons gaan dink, is dit altyd beter om vir hulle te vertel.. Maar nou eers, ‘n musiekbreek….

DJ: Welcome back. As you know, we are talking about HIV, and today’s topic is: What if my test is positive? Guys, no on has to suffer alone, and although we are afraid and worried about what our family and loved ones will think of us, it is always better to tell them. But first, some more music…

Toneel 4 / **Scene 4**

TWO-TIME TOKKIE kom in. Hy is Lucky se beste vriend. Sangers sing vir hom ‘n temalied, dalk “I’m too sexy”. Hy is baie cool en selfbewus oor wat mense van hom dink.
Hulle doen ‘n ingewikkelde groet wanneer hulle hand skud.
Enter TWO-TIME TOKKIE, Lucky’s best friend. Singers sing a theme song for Two-TimeTokkie as he enters, like “I’m too sexy”. He is super cool and very self conscious about what people think of him.
They execute an intricate handshake.

TTT: Hoe lyk it, hoe lyk it *(wys na ‘n meisie in die gehoor)* ek en jy naked? Kanalla, gat ons vanaand bietjie kuier like there’s no tomorrow? Lucky en Two-time Tokkie, *(na die gehoor)* dis nou ek, strike again!

TTT: Hi babies, why don’t you come sit on my lap and uh…we’ll see what comes up? *(points to a girl in the audience).* Bra, are we going to party tonight like there is no tomorrow? Lucky and Two-time Tokkie *(to audience),* that’s me, strike again!

LU: Nie vanaand nie

LU: Not tonight.

TTT: Wat? Waar's my pêl Lucky en wie de… *peeeeeeeeeep (een van die sangers verskaf hierdie geluid om die vloekwoord uit te doof)*… is jy?
TTT: What? Where's my pal Lucky and who the *hell* are you?

LU: Tokkie, jy's my beste pêl, ne?
LU: Tokkie, you're my best friend right?

TTT: Off course my bra!
TTT: Off course my brother!

LU: Ongeag wat gebeur?
LU: No matter what happens?

TTT *(sit langs LU, gooi sy arm om hom)*: Friends for life, my bra!
TTT *(sits next to LU, throws his arm around his shoulder)*: Friends for life my brother!

LU: Sal jy my support when times are tough?
LU: Will you support we when times are tough?

TTT: I'll take a bullet for you, my bra!
TTT: I'll take a bullet for you, my brother!

LU: Ek's HIV positive…
LU: I'm HIV positive…

TTT ruk dadelik sy arm weg van Lucky. Hy raak baie ongemaklik en wil skielik nie naby hom kom, of aan hom raak nie
TTT immediately pulls his arm away from Lucky. He becomes extremely uncomfortable and does not want to touch or come near Lucky.

TTT: Ag nee man, waar wil jy wees? Jy lieg seker?
TTT: No man, what kind? What are you talking about? Are you kidding?

LU skud sy kop.
LU shakes his head

TTT: Jy lyk dan nie siek nie!?
TTT: You don't look sick!?

LU: Tokkie man, jy kan nie altyd sien as iemand HIV positive is nie. Partykeer vat dit jare voor jy AIDS ontwikkel, dis nou as jy ander ernstige siektes kry omdat jou liggaam swak raak. Die nurse het gesê as jy gesond eet, oefening doen en jouself mooi oppas, kan jy 'n baie lang lewe hê. Maar ek sal die dop en die zol moet los, dit breek my liggaam af.
LU: Tokkie man, you can't tell if someone has AIDS by looking at them. Sometimes it takes years for AIDS to develop – that is when your body is so weakened by the virus, you are prone to get serious illnesses. That's why the nurse at the clinic said if you eat right and do enough exercise,

and look after yourself well, you could have a long life. But I will have to stop the drink and the dope - it breaks down my immunity.

TTT: Wat!? Nou vir hoeveel ander mense het jy dit al gegee? Dalk het jy dit al vir my gegee! *(vee sy hand wat om Lucky was, af aan sy broek)* Dalk het ek dit by ‘n girl gekry wat al saam met jou seks gehad het. Nee man, nou gaan ons almal vrek as gevolg van jou gerondslapery! Almal gaan dink ek het ook nou AIDS as ek saam met jou uithang. Hulle gaan dink ek’s net so sleg soos jy!

TTT: What? So how many other people have you infected? Maybe you gave it to me! (*Wipes his hand that last touched Lucky on his pants*). Maybe I got it from that girl you slept with. No man, now we are all going to die because you sleep around. Everybody will think I have AIDS because I hang out with you. They will think I am just as bad as you.

LU: Tokkie man, Theresa by die clinic sê jy kry dit nie van aan iemand anders vat nie, of selfs nie van hulle soen nie, ook nie as jy dieselfde borde en messe en vurke as hulle gebruik nie – jy kry dit net as jy met hulle body fluids meng, soos bloed, of soos as jy seks het sonder ‘n condom. En enige iemand kan dit kry – het jy al vir ‘n toets gegaan?

LU: Tokkie man, Theresa at the clinic said you can’t get it from touching someone who is infected, or kissing, or even from using their knife and fork – you can only get it if you exchange body fluids like blood, or when you have sex without a condom. And anybody can get it – have you gone for a test yet?

TTT: Luister, Lucky ek uh….ek onthou nou net ek het uh….vanaand ‘n dentist appointment, ek kan nie meer uitgaan nie…

TTT: Listen Lucky, I uh…I just remembered I uh…have a dentist appointment tonight, and I can’t go out anymore…

LU: ‘n Dentist appointment, vanaand!?

LU: A dentist appointment, tonight!?

TTT: Uh ja…moerse tandpyn *(lag verleë)*. Sien jou…*(Hy wil LU se hand skud soos aan die begin, maar trek dit dan weg)*

TTT: Uh yes…one *moerse* toothache *(laughs sheepishly)*. See you around…(*He wants to shake LU’s hand like in the beginning, but pulls his hand away)*

LU: Tokkie, ek dag jy’s my pêl?

LU: Tokkie, I thought you were my friend?

TTT loop skuldig af.

TTT looks guilty and walks off.

Toneel 5/ **Scene 5**

TKJ: Ja julle, arme ou Lucky het dit maar swaar gehad in die community, want ons mense laaik mos om te skinner, ne? ‘n Ander man se besigheid is mos almal se besigheid. En hier op “Hiersiefoutie” was HIV/AIDS so goed soos ‘n vloekwoord. En iemand met HIV/AIDS, so goed soos vervloek.

TKJ: Poor Lucky had a tough time in the community, because we like to gossip about each other, don’t we? Another man’s business is everyone’s business, and here at “No Problems”, if you mentioned HIV/AIDS it was as if you were cursing, and to have HIV/AIDS you were as good as cursed.

Ons sien mense wat rond staan en gesels. Wanneer Lucky verby een groep stap, begin hulle oor hom skinder, en wanneer hy by die tweede groep probeer aansluit, loop hulle weg. Lucky voel diep seergemaak en skakel dan maar weer die radio aan met die remote.

We see people standing around talking. Lucky walks past one group and they start to gossip about him, he goes to join the second group, but as soon as he joins, they walk away. Lucky feels very hurt. He sits down and switches on the radio with the remote again.

DJ: As jy nou net ingeskakel het, bly ingeskakel, want dis weer tyd om al jou vrae oor HIV/AIDS aan ons te vra.

DJ: If you have just joined us, stay tuned, because it’s that time of the day again where you can ask us all your questions about HIV/AIDS

Radio Wynland jingle
Radio Wineland jingle

Lucky begin bel
Lucky dials.

DJ: Hallo en ons het ‘n luisteraar, wat het u op die hart meneer?

DJ: Hi, we have a caller, what is troubling you, sir?

LU: Uh…hallo, ek het onlangs uitgevind ek is HIV positive maar nou wil niemand in die community iets met my te doen hê nie – hulle sê ek is ‘n slegte mens of ek is ‘n moffie. Hulle maak allerande liegstories op!

LU: Uhm…hallo, I recently found out I am HIV positive, but now, nobody in my community wants anything to do with me – they say I am gay or that I am a bad person. They make up all kinds of stories.

DJ: Hulle maak nie reg nie. As jy HIV positive is, maak dit jou nie ‘n slegter mens as iemand wat HIV negative is nie. Deur jou status te weet, respekteer jy jouself sowel as vir die mense om jou, want nou omdat jy weet, sal jy nie iemand anders in gevaar stel deur dit aan hulle oor te dra nie. En HIV is nie ‘n gay-siekte nie, almal kan dit kry. Jy kan dit kry al is dit die eerste keer wat jy seks het of al is jy getroud, kan jy dit by jou partner kry, as hy of sy met iemand wat die virus het, seks gehad het sonder ‘n condom. Onthou, as jy jouself respekteer, sal ander jou respekteer.

DJ: **They are not treating you right. If you are HIV positive, you are not a bad, and no less of a person than someone that is HIV negative. By knowing your status, it shows that you respect yourself and others, because now, you won't risk someone else's life by infecting them. And HIV is not a gay virus – anyone can get it, even if it's the first time you have sex; or, even if you are married you can get it from your partner, if he or she has had sex with an infected person without a condom. Remember, if you respect yourself, others will respect you too.**

LU: Ok dankie, bye antie DJ
LU: OK, thanks, bye auntie DJ

Die sangers begin met 'n liedjie ("I will survive") Die lirieke moet Lucky inspireer om homself lief te hê en te respekteer en om ander te leer om dieselfde te doen. Die musiek hou aan deur sy spreekbeurt.
The singers start to sing a song ("I will survive"). Lyrics must inspire Lucky to love and respect himself and teach others to do the same, like "I need a hero" and is continuous throughout his speech:

Lucky sit vir 'n ruk en dink. Dan spring hy op.
Lucky sits and thinks for a bit. Then he jumps up.

LU: Ek is nie sleg nie. Ek is niks minder of meer as enige ander mens nie. Hoekom moet ek sleg dink van myself, net omdat hulle sleg dink? Ek is HIV positive en ek is trots daarop dat ek weet wat my status is. Ek respekteer myself genoeg om my status te weet. Ek is nie soos Tokkie wat te bang is om te weet nie. Ek gaan positief wees oor my situasie, ek gaan nie dat dit my onderkry nie. Ek gaan nie depressed raak nie. Ek gaan aksie neem en almal hier op "Hiersiefoutie" gaan moet pasop. Hulle gaan HIV moet confront, want infected or not, almal raak affected. En ek het 'n plan van aksie!……
LU: **I am not bad. I am not worthless. I have just as many rights as anyone else. Why must I think less of myself, just because they do? I am HIV positive and I am proud that I respect myself enough to know my status. I am not afraid like Tokkie. I am going to be positive about my situation, I will not let this get me down. I am going to take action and everyone here on "No Problems" will have to watch out. And I have a plan of action!...**

Liedjie eindig. Lucky af.
Song ends. Lucky off excited.

Toneel 6 / **Scene 6**

Ons is in ‘n dansklub. Ons sien Two-time Tokkie en Nita dans en drink. Die sangers verskaf die agtergrondmusiek. DJ speel musiek.
We are in a club. We see Two-time Tokkie and Nita dancing and drinking. The singers provide the backing vocals. DJ plays music.

DJ: Dis Vrydagaand en Wynland FM saai vanaand uit vanaf die pragtige plaas “Hiersiefoutie”. En ek sal vir julle sê, hier’s nie fout met die klomp nie - hulle weet hoe om te party!
DJ: It’s Friday night and Winelands FM is broadcasting from the beautiful ‘No Problems’ farm. And I’ll tell you, this is one happy place, they know how to party!

TTT: Hey babes, tell me, didn’t it hurt?
TTT: Hey babes, tell me, didn’t it hurt?

NITA: Didn’t what hurt?
NITA: Didn’t what hurt?

TTT : When you fell from the sky like an angel?
TTT : When you fell from the sky like an angel?

NITA: Ag Tokkie…flattery will get you nowhere…
NITA: Ag Tokkie…flattery will get you nowhere…

Hulle omhels
They embrace

TTT: Kom ons gaan huis toe, ek soek jou lyf…
TTT: Let’s go to my place, I want your body…

NITA: Ek dag jy is getroud?
NITA: I thought you were married?

TTT: Ja, maar sy sal nie mind nie.
TTT: Yes, but she won’t mind.

NITA *(puzzled)*: Sy sal nie mind nie!? Nou as jy dan klaar ‘n vrou het, wat wil jy dan met my maak?
NITA (*confused*): She won’t mind? But if you already have a wife, what do you want to do with me?

TTT: Net wat jy wil hê ek moet…
TTT: Anything you want me to…

NITA(*gevlei*): Ek weet darem nie Tokkie…Is dit nie bietjie vinnig nie? En ek voel ‘n bietjie dronk
NITA *(flattered)*: I don’t know…Isn’t it a bit fast? And I’m feeling a bit drunk

TTT: Jy's dronk van my liefde, baby
TTT: You're drunk from my love, baby

NITA: Ok, maar dan moet jy protection gebruik.
NITA: OK, but then you must wear protection.

TTT: Protection? Vir wat? Wat dink jy van my, ek het nie siektes nie! Real men don't wear condoms! As jy regtig vir my like, sal jy nie vra dat ek 'n condom gebruik nie.
TTT: Protection? Why? What do you take me for? I don't have diseases! Real men don't wear condoms! If you really like me, you won't ask me to use a condom.

NITA: Haai Tokkie dis nie wat ek bedoel het nie… ek's sorrie…jy lyk ok, en jy's so nice met my…ons kan seker maar sonder 'n condom dit doen…
NITA: Tokkie, that's not what I meant…I'm sorry…you look alright, en you are so sweet with me…I suppose we can do it without a condom…

Hulle omhels weer
They embrace again

Skielik kom Lucky, geklee in 'n rooi super-hero kostuum (dalk 'n super cool rooi sweetpak en sonbrille) met die AIDS emblem op sy bors, te voorskyn. Hy val weg met n 'n rap-liedjie.
Enter Lucky in a red, makeshift superhero outfit (maybe a slick trendy red tracksuit and shades) with the HIV/AIDS emblem on his chest. He starts to do a rap song.

LU:	Stop net da	**Stop on the double**
	dis vir moeilikheid wat julle vra	**you are asking for trouble**
	*(vir hom)*jy ken hom glad nie goed	***(to her)*you don't know him well**
	al lyk hy so so nice en soet	**though he looks nice and swell**
	*(vir haar)*al wat jy weet is dat sy's hot	***(to him)* all you know is she's hot**
	maar nie of sy positive is or not	**but not if she's positive or not**
	hoekom nou julle future weggooi	**why throw away your future, boy**
	vir een nag van passion en joy	**for one night of passion and joy**
	Use a condom, get a test	
	have no worries, put your mind at rest	
	it's better to know what's your state	
	then you can be master of your own fate	
	remember everyone gets affected	
	so if someone's infected	
	don't have him rejected	

you can't get it if you kiss	**you can't get if you kiss**
of aan mekaar vasklou	**or if you hug one another**
of as jy borde deel,	**if you share a plate or fork**
of hande vashou	**or shake the hand of your brother**
net as jy met iemand anders	**only when you share body fluids**
body fluids deel	**so if you care about your health**
maak soos ek,	**do as I do -**
dis less worries om met myself te speel	**it's less worries to play with myself**
if you love yourself en jy't 'n dream	**if you love yourself and have dreams**
soos college,	**like college**
of te speel vir die SA soccer team:	**or to play for the SA soccer team**

Then always think of your tomorrow
cause you don't want it full of sorrow

wees wise	**be wise**
condomise	**condomise**

Hy gee vir hulle kondome en verdwyn. Hulle is geskok, maar begin dink oor wat Lucky vir hulle gesê het.
He gives them condoms and disappears. They are stunned and obviously start to think about what he just said.

Two-time Tokkie en Meisie af. Tienkan Jan sit deurentyd aan die kant en lag lekker oor wat op die verhoog gebeur.
Two-time Tokkie and Girl off. Tienkan Jan sits on the side, laughs and enjoys what he sees.

Toneel 7 / **Scene 7**

DJ: Goeiemore, goeiemore. Het ons darem nie lekker geparty gistraand daar by Hiersiefoutie. Vanoggend gesels ons oor hoe HIV oorgedra word. Ons weet HIV word oorgedra wanneer ons onveilige seks het. Maar Aids kan ook oorgedra word as jy vuil inspuitingsnaalde deel. Moeders wat geinfekteer is kan dit ook aan hul babas gee wanneer hulle borsvoed. Sorg dat jy weet wat jou partner se status is. Want as jy lief is vir jou partner, sal jy getoets word. Op 'n ander noot, die mense van Hiersiefoutie het my vertel dat daar 'n jong man in 'n rooi superhero outfit gesien is, wat blykbaar kondome uitdeel en met mense gesels oor HIV! Ons het besluit om hom Kaptein AIDStekend te doop! Dit maak my hart baie bly om te hoor iemand neem aksie. Hierdie een is vir jou Kaptein AIDStekend…

DJ: Good morning, good morning! Did we not have a great party last night? Today we are talking about how HIV is transmitted. We know it is transmitted by having unprotected sex. But it is also transmitted by sharing needles. Mothers who are infected can give it to their unborn child or when they are breastfeeding. And always know the status of your partner. If you love them, you will get tested.
On another note, a young man in a red suit has been spotted on No Problems, handing out condoms and telling people about HIV. We decided to call him Captain AIDS Fighter. I'm glad to hear, someone is taking action. The next song is for you, Captain AIDS Fighter…

(Liedjie – "Give it to me") Ons sien Nita en Two-time Tokkie wat omhels in 'n huis. Dan is daar 'n geluid by die deur – dit is Nurse Theresa (Two-time Tokkie se vrou) en sy is swanger. Two-time Tokkie kyk deur die venster om te sien wie dit is, en steek dan vinnig vir Nita weg agter een van die bokse.
(Song – "Give it to me") We see Two-time Tokkie and a NITA embracing. Then there is a sound at the door - it is Nurse Theresa (his wife) and she is pregnant. Two-time Tokkie looks through a window to see who it is, and then he quickly hides NITA behind one of the boxes.

THERESA (met sake): Joe-hoeeeee, Joe-hoeeeeee. Tokkie? Kom help my dra!
THERESA (with bags): You-eeee. You-eeeeee. Tokkie? Come help me carry my bags please.

TTT: Kruip weg…
TTT: Quickly, hide…

Hy maak die deur oop. Theresa lyk onsteld.
He opens the door. Theresa looks upset.

TTT: Hallo my darling, wat lyk jy so sad vandag?
TTT: Hallo my darling, why do you look so sad today?

THERESA*(hartseer)*: Nee, ek is worried oor jou. Ek kan nie glo ek kry jou by die huis nie. Jy loop dan alewig rond. Ek weet nooit waar jy is nie.
THERESA*(sad):* I am worried about you. I can't believe you are home because you are forever wandering around. I never know where you are.

TTT *(skuldig)*: Haai, rêrig…my bokkie, maar dis die werk man,
ons moet overtime insit…
TTT*(guilty):* **Really…it's my work, we have to put in overtime.**

THERESA: Moenie lieg nie Tokkie. Ek dink jy kattemaai rond by 'n ander vrouens…Wie se lang haar is dit op jou overall?

THERESA: **Don't lie Tokkie. I know you are seeing other women…Come here…Whose long hair is this on your overall?**

TTT: Haai, my darling, ek sal nou nooit dit doen nie.
TTT: **But, my darling, I would never do such a thing.**

NITA: Nou wat van my?
NITA: **What about me?**

THERESA: Wie is sy!
THERESA: **Who is she?**

NITA: Ek is nou sy verloofde.
NITA: **I am now his fiancé.**

THERESA: Maar ek is sy vrou!
But I am his wife!

NITA: Wel ek is 'n lekker lê!
NITA: **Wel ek is 'n lekke lê!**

THERESA: Ongeskik!
THERESA: **Ongeskik!**

Hulle begin baklei
They fight

Skielik verskyn LUCKY op die maat van musiek.
Hy begin rap.
Enter LUCKY as music plays.
He starts to rap:

LU:	Stop net da	**Stop on the double**
	dis vir moeilikheid wat jy vra.	**you are asking for trouble**
	en kyk wat het ons daar	**it's game over, drop your act**
	jou speletjie is nou klaar	**the truth is out, face the fact**
	Jy het 'n kind en vrou	**you have a child and wife**
	en hulle is aan jou getrou	**and they are faithful for life**
	is jy vir hulle lief?	**Tell me do you love them, punk?**
	jy dink mos jy's 'n hartedief.	**you think you are such a hunk…**

TTT: Ja, ja ek is lief vir hulle!
Die ander vrouens beteken niks,
dis net vir ‘n ou bietjie fun…
ek is net ‘n man!

TTT: Yes, I do love them!
The other women mean nothing,
it’s just a bit of fun…
And damn
I’m just a man!

Nita slaan Two-time Tokkie oor die kop en stap af.
Nita hits Two-time Tokkie over the head and stomps off.

LU:	‘n Regte man dink eers aan sy gesin	**Real men have the guts to say no**
	voor hy seks met ander partners begin	**Before having sex with even J.Lo**
	omdat jy nie kan sê nee	**What comes first is your family and lover**
	kan jy vir jou vrou HIV gee	**And respect for one another**
	en jou baby kan ook infected wees	**Being faithful is the key**
	jy wil mos die beste hê vir jou eie vlees?	**To living life HIV free**

get a test
and put your mind at rest
it’s better to know what’s your state
then you can be master of your own fate
remember everyone gets affected
so if someone’s infected
don’t have him rejected

you can’t get it if you kiss	**you can’t get if you kiss**
of aan mekaar vasklou	**or if you hug one another**
of as jy borde deel,	**if you share a plate or fork**
of hande vashou	**or shake the hand of your brother**
net as jy met iemand anders	**only when you share body fluids**
body fluids deel	**so if you care about your health**
maak soos ek,	**do as I do -**
dis less worries om met myself te speel	**it’s less worries to play with myself**
‘n trouring is nie protection	**a wedding ring is not protection**
teen HIV/AIDS infection	**against HIV infection**

rather be faithful to your lover, husband or wife
respect your partner and respect your life.

Lucky verdwyn..
Lucky off.

Toneel 8 / **Scene 8**

Die verhoog is in twee verdeel. Aan die een kant is al die akteurs op die verhoog as lede van die gemeenskap, besig om vergadering te hou. Gemoedere loop hoog. Aan die ander kant is Lucky, steeds in sy super-hero pak, maar baie ongelukkig.
The stage is split in two. On the one side we see all the actors on stage, they are the community members, having a meeting. It is obvious that something is going on, they are debating something. On the other side we see Lucky, still in his superhero outfit, looking down in the dumps.

TKJ: Ja julle, so het daar ‘n superhero die community getref – Lucky het almal besoek met sy secret identity en met sy positive attitude en die woord het versprei onder die mense. En die mense het vir die eerste keer begin praat oor HIV/AIDS.

TKJ: And so guys, a superhero hit the community – Lucky paid everybody a visit with his secret identity and positive attitude. So the word spread . And for the first time the people of ‘No Problems’ started talking about HIV/AIDS.

DJ: Dag luisteraars. Radio Wynland is nog steeds hier op Hiersiefoutie. En ons plaaslike HIV Hero, Kaptein AIDStekend, het alweer ‘n paar besoeke afgelê. Dis wonderlik om te sien hoe die mense nou meer oor HIV wil uit vind sedert hy verskyn het. En Radio Wynland het besluit om ‘n HIV/AIDS optog ter viering van HIV/AIDS Awareness week hier op Hiersiefoutie te hou. Maar die vraag op almal se lippe is: wie is hierdie brave jong man wat nie skroom om oor HIV te praat nie. Wie is Kaptein AIDStekend? Kaptein AIDStekend, wie ookal jy is, ons sê vir jou dankie vir jou positive attitude…

DJ: Good day listeners. Winelans FM is still at No Problems. Our local HIV hero, Captain AIDS Fighter, has made a few more visits. It’s wonderful to see that the people have taken an interest in HIV since he appeared. So we decided to have a HIV/AIDS rally at No Problems to celebrate AIDS Awareness week. But the question on everybody’s lips are who is Captain AIDS Fighter? Capt, whoever you are, we want to thank you for your positive attitude…

TKJ: Maar arme Lucky, nog steeds stoksielaalllen en verwerp uit die community, het begin moed opgee.

TKJ: But poor Lucky, still very lonely and rejected by the community, started to give up hope.

LU: Dis alles verniet! Al my effort om die mense te laat realise dat HIV/AIDS met hulle kan gebeur as hulle nie self iets begin doen daaraan nie, dis alles verniet. Hier sit ek nog steeds – HIV positive, maar minus friends. Ek dink dis tyd om vir hulle te loop groet, want hier op ‘Hiersiefoutie” wil ek nie langer bly nie.

LU: It’s all worthless. Al my effort to make the people realise that HIV can happen to them if they don’t do something about it – is all for nothing! Here I am, HIV positive, but minus friends. I think the time has come to leave “No Problems” and say goodbye, because here I’ll never have rest for my soul, never mind happiness....

Hy staan op en stap in die rigting van die gemeenskapslede. Dan hoor hy hulle praat en dit laat hom stop.
He gets up, and walks towards the crowd. He overhears them talking and it stops him in his tracks.

TT: Wie is hierdie Kaptein AIDStekend wat skielik my vrou ‘n gat in die kop loop praat? Nou is dit net condoms right, left en center. A man is nie meer baas in sy eie huis nie! My girlfriend sê sy hoef nie as sy nie wil nie, sy doen dit eerder self, want dis anyway lekkerder…

TT: Who is this Captain AIDS Fighter that is teaching my wife a lot of nonsense? Now it’s just condomise right, left and centre. A man is not boss in his own house anymore! My girlfriend says she does not have to do anything if she doesn’t want to. She says she’ll rather do it herself, it’s anyways better…

THERESA: Ag toe nou, as dit nie vir Kaptein AIDstekend was nie, sou ons hier op “Hiersiefoutie” net aangehou maak het of daar niks fout is nie. AIDS is ‘n reality, mense. Ek is ‘n verpleegster, ek weet. Elke dag word daar meer en meer mense positief getoets. En dit is maar die bietjie wat kom vir toetse! Die meeste mense is te bang om te weet en dink dat die problem sal weg gaan as hulle maak of dit nie bestaan nie. HIV/AIDS is ‘n reality. Die mense gaan dood. Ons gaan saam moet begin staan en onsself en ons families moet educate, as ons en ons nageslagte ‘n gesonde lewe wil lei.

THERESA: Oh please! If it wasn’t for Captain AIDS Fighter, we here at “No Problems” would just of carried on, pretending as if there was nothing wrong. AIDS is a reality people, I am a nurse, I know. Everyday more and more people are tested positive. And that’s just the handful that gets tested. AIDS is a reality. People are dying. We will have to stand together if we want ourselves and our children to live healthy lives.

NITA: Dit gaan ‘n group effort moet wees. Soos hy gesê het everybody is affected, infected or not! Hoor jy Tokkie? So as ons jou vra om ‘n test te kry, kan jy nie kwaad raak nie. En kyk hoe sleg het jy vir Lucky behandel toe jy hoor hy’s infected.

NITA: We will have to make a group effort. Like he said, everybody is affected, infected or not! Do you hear that Tokkie? So if we ask you to get tested, you cannot become angry with me. Just look at how badly you treated Lucky when you heard he was infected.

TTK: OK, ek sal gaan vir ‘n toets. Maar dit was nie net ek wat vir Lucky verstoot het nie. Ons almal het ons rug op hom gedraai. Maar nou weet ek daar is niks om voor bang te wees nie, soos Kapt AIDStekend gesê het – jy kan dit nie kry deur met mekaar te praat of aan mekaar te vat nie. Ek wens ek het nie vir Lucky reject nie, maar ek het nie van beter geweet nie. Hoe gaan ek dit ooit weer regmaak?

TTK: **OK, I'll get a test. But I was not the only one that rejected Lucky. We all turned our backs on him. But, like Captain AIDS Fighter said, there is nothing to be afraid of – you can't get it from touching or talking to each other. I wish I didn't reject Lucky, but I didn't know of any better. How will I ever make it up to him?**

Op daardie oomblik loop Lucky, in sy rooi uitrusting, na Two-time Tokkie. Lucky haal sy masker, of sonbrille, af en sit sy arm om Two-time Tokkie.
It is then when Lucky, in his red suit walks toward Two-time Tokkie, he takes his mask, or shades, off and puts his arm around Two-time Tokkie.

VROUE: Kapt AIDStekend!?
WOMEN: **Captain AIDS Fighter!?**

TTT: Dis al die tyd Lucky!
TTT: **It's been Lucky all the time!**

TTT: Lucky my bra, ek…ek…is baie jammer!*(hy sukkel om woorde te vind)*
TTT: **Lucky my brother, I …I…am very sorry!*(he battles to find words)***

LU: Nevermind Tokkie, kom ons worry nie oor die verlede nie, maar kom ons dink aan die toekoms…
LU: **Never mind Tokkie, let's not worry about the past, let's look to the future…Where's that secret handshake?**

Lucky haal n kondoom uit sy sak, gee dit vir Two-time Tokkie. Hulle doen weer hul ingewikkelde handskud, soos aan die begin. Almal juig. 'n Liedjie begin, hulle sing "I will survive".
Lucky produces a condom, hands it to Two-time Tokkie.They do their intricate handshake. Everybody cheers. A song starts, they sing "I will survive".

TIENKAN JAN:	So dis nou ons storie en nou is dit klaar,	**So, this is our story and it's come to an end**
THERESA:	Maar ons message staan sterk and has to go far	**but our message is strong so tell your friend**
NITA:	Van positive Lucky se positive way	**of positive Lucky who lived extra-ordinary**
DJ:	So listen up, hey want hy's niks different as ek en jy	**you too can be free, cause he's no different than you and me**

TKJ:	Hiersiefoutie se mense het geleer:	**No Problems** **today did gain:**
TTT:	Om iemand anders te reject maak baie seer	**to reject someone else** **causes lots of pain**
LUCKY:	**Get a test** **and put your mind at rest** **it's better to know** **what's your state** **then you can be master** **of your own fate** **remember everyone** **gets affected** **so if someone's infected** **don't have him rejected**	
	So listen up:	
ALMAL: **positive**	As jy positive is	**ALL: if you are**
	het jy net so baie right want HIV/AIDS is almal se fight!	**you have equal right** **because HIV/AIDS** **is everyone's fight!**

Musiek doof uit
Music fades out.

TKJ:	Hoop julle het dit net so baie geniet soos ons!!! Dankie en koebaai!
TKJ:	**Hope you enjoyed it just as much as we did!!!** **Thanks and goodbye!**

Almal af
Everyone off.

EINDE
END

ADDENDUM 2

June 2006

Dear ……..

I am writing to ask for your participation in a research project. The aim of this project is to determine what information the people know about HIV/AIDS. We are asking everyone to participate.

If you choose to participate, you can take part in a focus group, with 9 other colleagues, for 1 hour. This discussion will happen during work hours. It will be an informal discussion between you and your colleagues in English or Afrikaans. The questions you will be asked are about HIV/AIDS, the prevention of HIV/AIDS and the transmission of HIV/AIDS. There will also be questions about stigma and how you can stay healthy longer. The researcher will write responses down. There will be no right or wrong answers, so you don't have to be shy or scared.

It is your choice if you want to take part or not. If you would like to stop during the focus group or withdraw, for any reason, you are welcome to. If you do change your mind, you do not have to explain or give a reason. If you do choose to withdraw, there will not be any negative effects or consequences for you because of this decision. The information you give in the focus group will only be shared with the researcher. All information you share is private and confidential which means that nobody will know about what you share.

The researchers will analyse the information to see what people think about HIV/AIDS. Your individual results will not be made public, so no one will ever know what you have said during the focus group. After the information is analysed, an educational group will do a concert to improve awareness with regards to HIV/AIDS.

If you have any questions about the study, your rights or the results of the study, you can contact us at 021-808-3004. You can also ask management if there are any problems.

Yours sincerely,

Marié van der Merwe and Liezl Jonker

Africa Centre for HIV/AIDS Management

ADDENDUM 3

A sample of questions the participants asked about HIV/AIDS:

- How does a female condom works and where can we get female condoms, because males do not want to use male condoms?
- Are condoms 100% safe?
- Can I get the virus if I use a different knife each day at work?
- If mother gets infected with HIV-virus after birth, can she give the baby the HIV-virus through breast milk?
- Can you get infected if you share a cigarette with an HIV^+ person and that person has got sores in his mouth?
- Can HIV survive 100 seconds outside the human body?
- Can you get the virus if there is blood on the overalls?
- Is having sexual intercourse with a 6 months old baby, or an animal, a cure for HIV?
- How quickly after you had sex with an HIV^+ person do you get infected? Can you take a shower to prevent infection?
- What is a CD4- count and what is a healthy CD4-count?
- What is the window period?
- Does the infector lives longer than the infected?
- What can you do if you know a promiscuous person is HIV^+ and spreading the virus?
- Can your employer ask you to get tested and what are the implications?

Franschoek Information/Franschoek inligting

Do you want to get tested for HIV/Aids / Wil jy vir MIV/Vigs getoet word?

1) Go to Groendahl Clinic / Gaan na Groendahl Kliniek.
2) 2) Ask to speak with Vuyokazi / Vra om met Vuyokazi te praat.

Groendahl Clinic.Kliniek: 021- 876 3712

Do you want more information regarding HIV/Aids? / Wil jy meer inligting hê oor MIV/Vigs?

1) Gaan na Mooiwater Municipality Building / Gaan na Mooiwter Munisipaliteitsgebou
2) Ask to speak with Nazlyn / Vra om met Nazlyn te praat.

Franschoek HIV/Aids Helpdesk: 072 461 2174

ADDENDUM 4

AFRICA CENTRE FOR HIV/AIDS MANAGEMENT

Would you please fill out this questionnaire and hand it back to us? Please circle **only one** answer at **every** question. Thank you very much for helping us to improve our fight against HIV/AIDS! / Sal u asseblief hierdie vraelys invul en terugbesorg aan ons? Omkring asseblief **net een** antwoord vir **elke** vraag. Baie dankie dat u ons help om ons bekampingsveldtog teen MIV/VIGS te verbeter!

Biographical information / Biografiese inligting:

Gender /	Male / Manlik	Female / Vroulik	Geslag: Age / Ouderdom:		
Race /	Coloured / Bruin	Asian / Indiër	Black / Swart	White / Wit	Ras:
Occupation / Beroep:	Business Science / Bestuurswetenskappe	Health Sciences / Gesondheids - wetenskappe	Education / Opvoedkunde	Other / Ander :	

1.	**Please rate the presentation in terms of: / Evalueer asseblief die volgende aspekte van die vertoning:**				
1.1	Getting the message across? / Hoe goed het die vertoning die boodskap oorgedra?	Excellent / Uitstekend	Good / Goed	Poor / Swak	Very Poor / Baie Swak
1.2	Acting / Toneelspel	Excellent / Uitstekend	Good / Goed	Poor / Swak	Very Poor / Baie Swak
1.3	Music / Musiek	Excellent / Uitstekend	Good / Goed	Poor / Swak	Very Poor / Baie Swak
1.4	Sound / Klank	Excellent / Uitstekend	Good / Goed	Poor / Swak	Very Poor / Baie Swak
1.5	Which character affected you the most? / Watter karakter het u die meeste beïnvloed?	Tow Time Tokkie	Kosi	Nita	Lucky
		Nurse / Verpleegster	DJ	Tienkan Jan	
2	Would you advise people to be more alert about HIV/AIDS now that you have seen the play? / Sal u ander aanraai om meer bedag te wees oor MIV/VIGS nadat u die vertoning gesien het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee

3	Would you be more alert about HIV/AIDS now that you have seen the play? / Sal u meer bedag wees oor MIV/VIGS nadat u die vertoning gesien het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
4	Is Educational Theatre the right way to influence HIV/AIDS related behaviour positively? / Is Opvoedkundige Teater die regte medium om MIV/VIGS verwante gedrag positief te verander?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
5	Do you think it would be easier to go for help, with regards to HIV/AIDS, after someone has seen the play? / Dink u dit sal makliker wees om vir hulp te gaan, i.v.m. MIV/VIGS, nadat 'n persoon die vertoning gesien het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
6	Did you receive new information regards to HIV/AIDS you think a person can apply to their own life? / Het u nuwe inligting ontvang i.v.m. MIV/VIGS wat u dink 'n persoon kan toepas op hul eie lewe?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
7	Would this production encourage people to be more willing to shake hands with an HIV/AIDS infected person? / Sal hierdie produksie mense aanoedig om meer bereid te wees om hand te skud met iemand wat MIV/VIGS het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
8	HIV/AIDS patients have just as many rights as a person not infected with the virus / Pasiënte met MIV/VIGS het net soveel regte as mense wat nie met die virus geïnfekteer is nie.	Yes, thet have / Ja, hule het	Probably / Waarskynlik	Not likely / Onwaarskynlik	No, they don't have / Nee, hulle het nie
9	People with HIV/AIDS are bad persons / Mense met MIV/VIGS is slegte persone.	Yes, they are bad / Ja, hulle is sleg	Probably / Waarskynlik	Not likely / Onwaarskynlik	No, they are not bad / Nee, hulle is nie sleg nie
10	People with HIV/AIDS should be treated the same than people living without the virus / Mense wat met MIV/VIGS lewe moet	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee

	dieselfde behandel word as mense wat sonder die virus lewe.				
11	How do you think people feel about having more than one sexual partner? / Hoe dink u voel mense daaroor om meer as een seksuele maat te hê?	There is nothing wrong with it / Daar is niks mee verkeerd nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is always wrong / Dit is altyd verkeerd
12	How do you feel about someone having unprotected sex? / Hoe voel u oor iemand wat onbeskermde seks het?	There is nothing wrong with it / Daar is niks mee verkeerd nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is always wrong / Dit is altyd verkeerd
13	How do you think people feel about using a condom? / Hoe dink u voel mense daaroor om 'n kondoom te gebruik?	There is nothing wrong with using a condom / Daar is niks mee verkeerd om 'n kondoom te gebruik nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is wrong to use a condom / Dit is verkeerd om 'n kondoom te gebruik
14	How do people feel about this statement? "People with HIV/AIDS should be outcast from the community" / Hoe voel mense oor hierdie stelling? "Mense met MIV/VIGS moet uitgewerp word uit die gemeenskap."	There is nothing wrong with it / Daar is niks mee verkeerd nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is always wrong / Dit is altyd verkeerd
15	Is it wrong to treat a friend differently when you find out they have HIV/AIDS? / Is dit verkeerd om 'n vriend anders te behandel as u uitvind hulle het MIV/VIGS?	There is nothing wrong with it / Daar is niks mee verkeerd nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is always wrong / Dit is altyd verkeerd
16	How do people feel about this statement? "HIV/AIDS patients should be held responsible for their status" / Hoe voel mense oor hierdie stelling? "Pasiënte met MIV/VIGS moet verantwoordelik gehou word vir hulle status."	There is nothing wrong with it / Daar is niks mee verkeerd nie	It could sometimes be wrong / Dit is soms verkeerd	It is almost always wrong / Dit is omtrent altyd verkeerd	It is always wrong / Dit is altyd verkeerd
17	Would this production encourage people to be more willing to practice safe behaviour? / Sal	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee

	hierdie produksie ander aanmoedig om meer geneig te wees om gesonde gedrag uit te voer?				
18	Would this production encourage people to be more willing to communicate with HIV/AIDS people? / Sal hierdie produksie ander aanmoedig om meer bereid te wees om met persone met MIV/VIGS te kommunikeer?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
19	Do you think people will think twice before engaging in risky behaviour after they have seen the production? / Dink u mense sal nou tweekeer dink voor hulle hoë risiko gedrag uitvoer nadat hulle die vertoning gesien het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
20	Will this production encourage people to go for an HIV-test? / Sal hierdie produksie mense aanmoedig om vir 'n MIV-toets te gaan?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
21	Will a person be more willing to speak out if someone with HIV/AIDS was being treated unfairly? / Sal 'n persoon meer bereid wees om iets te sê as daar onregverdig opgetree word teenoor 'n persoon wat MIV/VIGS het?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee
22	Would this production encourage people to associate with family or friends of HIV/AIDS patients? / Sal hierdie produskie mense aanmoedig om te assosieer met familie en vriende van 'n pasiënt met MIV/VIGS?	Yes / Ja	Probably / Waarskynlik	Not likely / Onwaarskynlik	No / Nee

Any other comments? / Enige ander kommentaar?

.....
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ADDENDUM 5

Question 1: What is HIV/AIDS?

Baseline focus group data

Correct	Incorrect
Virus	Don't know
HIV$^+$ and Aids differs	AIDS = Acquired Immune Deficiency System
Can be transferred	HIV = Aids
Deadly	
Disease	

Post-intervention focus group data

Correct	Incorrect
Virus	
HIV$^+$ and Aids differs	

Question 2: How can HIV/AIDS be transmitted?

Baseline focus group data

Correct	Incorrect
Blood contact: razor cuts, sore in mouth and kissing HIV$^+$ person, dirty ear piercing, accidents with a knife	After birth baby gets 15 pills/day in his bottle if mother is HIV$^+$
Unprotected sex	Baby may only drink breast milk for 3 months after birth if mother is HIV$^+$
Breast milk	Baby dies in 6-7 years
STI's increase infections	
Blood transfusions	Dirty toilet seats
Sharing needles (drugs/hospitals)	Toothbrush
Unsafe sexual behaviour: bisexuals, promiscuity	Saliva

Post-intervention focus group data

Correct	Incorrect
Blood	
Unsafe sexual behaviour: many partners, unprotected sex	
Open sores and contact	
Blood transfusions	
Pregnancy/breast milk	

Question 3: How can HIV/AIDS be prevented?

Baseline focus group data

Correct	Incorrect
Condoms	Sex with a virgin/dog/pig/horse cures you
Clean needles	
Test blood before blood transfusion	
Get tested	
Just one partner	
Abstinence	
Use gloves during emergencies	

Post-intervention focus group data

Correct	Incorrect
Condoms	
Medication	
Eat healthy foods	
Just one partner	

Question 4: How can you tell someone is living with HIV/AIDS?

Baseline focus group data

Correct	Incorrect
You cannot tell	Mouth corners tears
Thin/undernourished	Colour of skin gets darker
Tired	Red and infectious gums
Sunken cheeks	Person has a lot of pain
Sores in and around mouth	Whole body swells - water retention
Lose a lot of weight	Swollen privates
	Eye are red/yellow/brown
	Sneeze and cough
	Sweating
	Itching
	Diarrhoea
	Heels get sores
	Joint pain
	White and far-off look in eyes
	Sore throat is first symptom

Post-intervention focus group data

Correct	Incorrect
You cannot tell	

Question 5: Who are considered to be a high-risk group regarding HIV/AIDS?

Baseline focus group data

Correct	Incorrect
Prostitutes	Any HIV^+ person
People with a lot of sexual partners, who does not use condoms	Everyone has the same risk: young persons, adults, unborn babies
Women are at risk	Japanese
Prisoners	Nigerians in SA
	Black people
	Homosexuals: they spread disease on purpose

Post-intervention focus group data

Correct	Incorrect
Women are at risk	Gay men
	Men
	Everyone

Question 6: Can you get tested for HIV/AIDS?

Baseline focus group data

Correct	Incorrect
Blood test	You can't get tested
Get results during TB test	You don't get your results right away
Get results during blood transfusion	
You can get tested at hospital or clinic	
Can be tested if you donate blood	

Post-intervention focus group data

Correct	Incorrect
Blood test	

Question 7: How can someone stay healthy?

Baseline focus group data

Correct	Incorrect
Eat healthy	Child should drink lots of milk and should sleep a lot
Do not smoke	
Do not drink alcohol	
Exercise	
Drink lots of water	
Use medication	
Abstinence	
Just one partner	
Treatment	
Take care of yourself	
Get tested and test you partner	
Use condoms	

Post-intervention focus group data

Correct	Incorrect
Eat healthy	Child should drink lots of milk and should sleep a lot
Use medication	
Do not drink alcohol/drugs	
Exercise	

ADDENDUM 6

Is educational theatre an effective way to prevent the spread of HIV/AIDS?

Is Educational Theatre the right way to influence HIV/AIDS related behaviour positively?

			Percent
Valid	Yes		77.4
	Probably		10.7
	Total		88.1
Missing	999.00		11.9
Total			100.0

Do you think it would be easier to go for help, with regards to HIV/AIDS, after someone has seen the play?

			Percent
Valid	Yes		83.3
	Probably		11.9
	No		1.2
	Total		96.4
Missing	999.00		3.6
Total			100.0

Will this production encourage people to go for an HIV-test?

			Percent
Valid	Yes		86.9
	Probably		7.1
	No		2.4
	Total		96.4
Missing	999.00		3.6
Total			100.0

ADDENDUM 7

Does this production serve as a source of information regarding HIV/AIDS?

Did you receive new information regards to HIV/AIDS you think a person can apply to their own life?

			Percent
Valid	Yes		82.1
	Probably		6.0
	Not likely		1.2
	No		1.2
	Total		90.5
Missing	999.00		9.5
Total			100.0

ADDENDUM 8

Can discrimination be reduced by seeing “Lucky, the Hero!”?

HIV/AIDS patients have just as many rights as a person not infected with the virus

			Percent
Valid	Yes		89.3
	Probably		2.4
	Not likely		1.2
	No		1.2
	Total		94.0
Missing	999.00		6.0
Total			100.0

Will a person be more willing to speak out if someone with HIV/AIDS was being treated unfairly?

			Percent
Valid	Yes		72.6
	Probably		9.5
	Not likely		1.2
	No		13.1
	Total		96.4
Missing	999.00		3.6
Total			100.0

How do people feel about this statement? "People with HIV/AIDS should be outcast from the community"

			Percent
Valid	Nothing wrong		25.0
	Sometimes wrong		4.8
	Always wrong		63.1
	Total		92.9
Missing	999.00		7.1
Total			100.0

People with HIV/AIDS are bad persons

			Percent
Valid	No		77.4
	Not likely		3.6
	Probably		6.0
	Yes		7.1
	Total		94.0
Missing	999.00		6.0
Total			100.0

How do people feel about this statement? "HIV/AIDS patients should be held responsible for their status"

			Percent
Valid	Nothing wrong		25.0
	Sometimes wrong		10.7
	Almost always wrong		3.6
	Always wrong		41.7
	Total		81.0
Missing	999.00		19.0
Total			100.0

ADDENDUM 9

Does this production decreases stigma against people living with HIV/AIDS?

Would this production encourage people to be more willing to shake hands with an HIV/AIDS infected person?

			Percent
Valid	Yes		77.4
	Probably		9.5
	Not likely		2.4
	No		7.1
	Total		96.4
Missing	999.00		3.6
Total			100.0

People with HIV/AIDS should be treated the same than people living without the virus

			Percent
Valid	Yes		88.1
	Probably		2.4
	Not likely		3.6
	No		1.2
	Total		95.2
Missing	999.00		4.8
Total			100.0

Is it wrong to treat a friend differently when you find out they have HIV/AIDS?

			Percent
Valid	Nothing wrong		25.0
	Sometimes wrong		4.8
	Almost always wrong		4.8
	Always wrong		53.6
	Total		88.1
Missing	999.00		11.9
Total			100.0

Would this production encourage people to associate with family or friends of HIV/AIDS patients?

			Percent
Valid	Yes		91.7
	Probably		7.1
	Total		98.8
Missing	999.00		1.2
Total			100.0

Would this production encourage people to be more willing to communicate with HIV/AIDS people?

			Percent
Valid	Yes		88.1
	Probably		8.3
	No		1.2
	Total		97.6
Missing	999.00		2.4
Total			100.0

ADDENDUM 10

Does this production help people to practice safe sexual behaviour?

How do you feel about someone having unprotected sex?

			Percent
Valid	Nothing wrong		3.6
	Sometimes wrong		11.9
	Almost always wrong		6.0
	Always wrong		71.4
	Total		92.9
Missing	999.00		7.1
Total			100.0

How do you think people feel about using a condom?

			Percent
Valid	Always wrong		8.3
	Almost always wrong		6.0
	Sometimes wrong		2.4
	Nothing wrong		76.2
	Total		92.9
Missing	999.00		7.1
Total			100.0

How do you think people feel about having more than one sexual partner?

			Percent
Valid	Nothing wrong		13.1
	Sometimes wrong		6.0
	Almost always wrong		4.8
	Always wrong		72.6
	Total		96.4
Missing	999.00		3.6
Total			100.0

Would you advise people to be more alert about HIV/AIDS now that you have seen the play?

			Percent
Valid	Yes		86.9
	Probably		9.5
	Total		96.4
Missing	999.00		3.6
Total			100.0

Would you be more alert about HIV/AIDS now that you have seen the play?

			Percent
Valid	Yes		90.5
	Probably		9.5
	Total		100.0

Would this production encourage people to be more willing to practice safe behaviour?

			Percent
Valid	Yes		90.5
	Probably		4.8
	No		1.2
	Total		96.4
Missing	999.00		3.6
Total			100.0

Do you think people will think twice before engaging in risky behaviour after they have seen the production?

			Percent
Valid	Yes		65.5
	Probably		8.3
	Not likely		2.4
	No		21.4
	Total		97.6
Missing	999.00		2.4
Total			100.0

ADDENDUM II

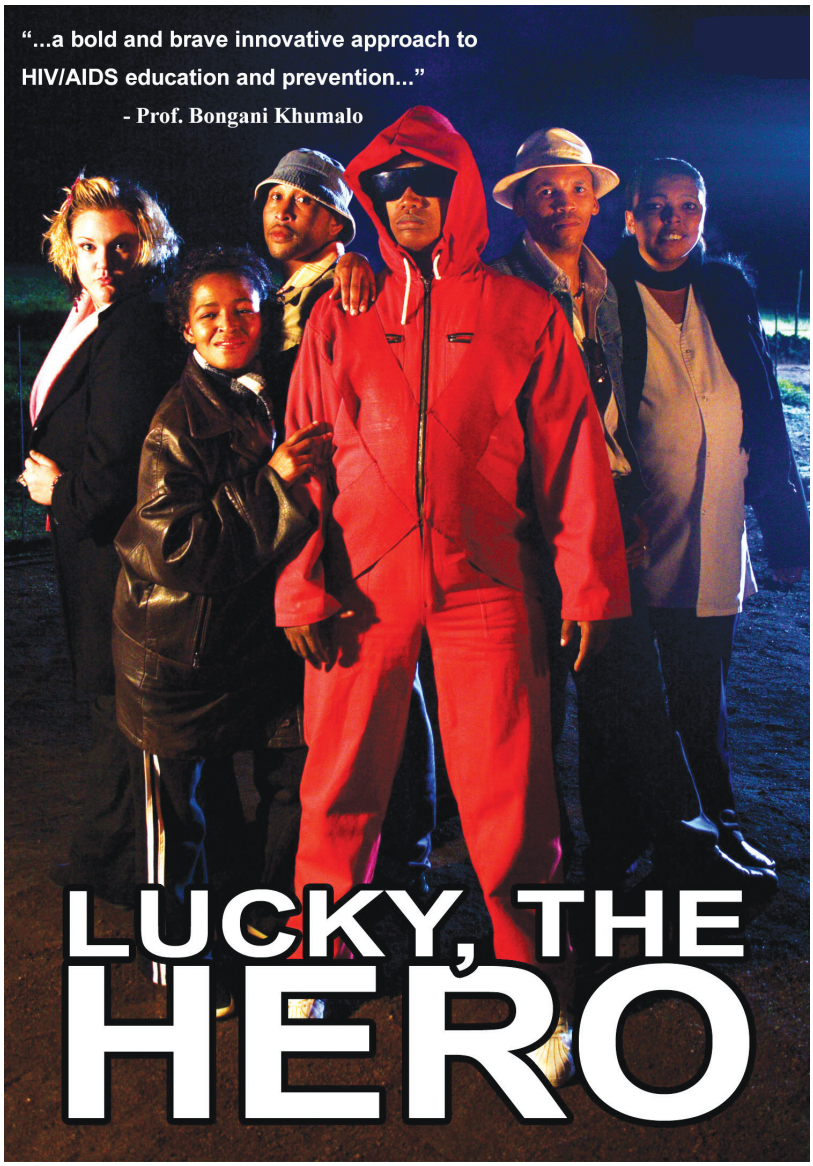

Fig 11.1 *Lucky, the Hero!* poster

Fig 11.2 The *Lucky, the Hero!* cast an crew with Prof Jimmie Earl Perry (right) and myself.

Fig 11.3 Prof Jimmie Earl Perry from The Africa Centre for HIV/AIDS Management answers questions during a pre-intervention focus group session in the Breede River Valley

Fig 11.4 Lucky reveals his positive-status to Two-time Tokkie

Fig 11.5 Two-time Tokkie interacts with the audience

Fig 11.6 Nurse Theresa counsels Lucky about his HIV+ test result

Fig 11.7 DJ Chenin Blanc, Tienkan Jan and Lucky

Fig 11.8 Party time at No Problems farm – the actors sing to the audience

Fig 11.9 Lucky as Captain AIDS-Fighter

Fig 11.10 The community confronts their HIV/AIDS fears

Fig 11.11 Lucky and Two-timeTokkie are friends once again

Fig 11.12 The *Lucky, the Hero!* cast performing the *I will survive* "anthem"

Fig 11.3 Prof Jan du Toit, The Africa Centre for HIV/AIDS Management's Director, assists farm workers in a post-intervention feedback session in a cellar on a wine farm

Fig 11.14 An on-site VCT facility

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