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The Use of Theatre for Development in the Prevention of HIV/AIDS

A dissertation presented in partial
fulfilment of the requirements for
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Abstract

Over the last three decades development practitioners have begun to search for new theoretical approaches to the problems of underdevelopment. This has given rise to approaches that focus on the participation of people and their culture in development programs.

The teachings of Paulo Freire, latterly developed by Augusto Boal, gave voice to theatre that is participatory, provides two-way communication and aims to raise the critical awareness of spectators. This form of theatre is known as Theatre for Development. It aims to promote awareness of political, social and economic issues. Theatre for Development goes beyond the theatrical event giving people skills to confront problems and solve them.

The AIDS pandemic is a human tragedy that is threatening development in the world's poorest countries. In fact, 95 per cent of people with HIV or AIDS live in developing countries. HIV accentuates inadequacies that exist in health care infrastructures and highlights social and economic inequalities. There is no known cure for this disease but through systematic national programs that focus on preventing HIV transmission it is possible to significantly lower infection rates. Theatre should be part of any national HIV/AIDS program.

Theatre for Development is effective in communicating HIV/AIDS related information and promoting attitude changes. Theatre has many advantages as an educational technique; it engages participants, is appropriate to the local situation, adapts to indigenous cultures, assists with skill development and encourages discussion about sensitive issues.

In Vanuatu, Wan Smolbag theatre uses Theatre for Development to provide people with the knowledge and skills required to prevent HIV/AIDS infection. The mainstay of this Non Governmental Organisations' (NGO) work is short interactive theatre pieces of 20 to 50 minutes. In addition, WSB has created videos, radio dramas and educational materials. WSB's HIV/AIDS theatre is based on the Freiran concepts of participation and dialogue. As a consequence, the group's theatre reflects the lives of its participants and is proving that theatre can be a powerful tool for improving people's knowledge of HIV/AIDS.

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Table of Contents

Abstract	ii
Acknowledgments	iv
Introduction: Development Theory, Culture and Popular Theatre	2
Chapter 1 Concepts Associated with Theatre for Development	8
Definitions of Theatre for Development.....	17
<i>Diagram 1.1 The Intervention</i>	19
<i>Diagram 1.2 The Participation</i>	20
Summary.....	23
Chapter 2 Themes in HIV/AIDS Theatre for Development	24
Participation and Dialogue	24
Target Communities.....	29
The Use of Traditional Media in Theatre for Development.....	31
Play Structure in Theatre for Development	37
The Role of the Animator	41
The Involvement of Academics, State Organisations and International Aid Organisations	44
National Campaigns.....	48
Theatre in Search of Structural Change.....	50
Summary.....	54
Chapter 3 Evaluation of HIV/AIDS Theatre for Development	56
Knowledge	57
Attitudes	61
Behaviour Change	64
Summary.....	67
Chapter 4 HIV/AIDS Theatre for Development in Vanuatu	69
<i>Diagram 4.1 Map of Vanuatu (National Geographic 2000)</i>	69
Introduction	70
Organisational History.....	73
<i>Diagram 4.2 Wan Smol Bag Haos</i>	74
WSB Theatre HIV/AIDS Awareness Project 1999	76
<i>Research Procedures</i>	76
<i>HIV/AIDS Theatre Performances</i>	78
<i>HIV/AIDS Theatre Intervention Evaluation</i>	81
Theatre Towards Structural Change - Blacksands Community Theatre	83
<i>Diagram 4.3 The K.P.H Health Centre</i>	86
Further Evidence of Theatre Producing Change - Wan Smolbag Kids	89
Wan Smolbag Theatre and Regional Impact	90
Summary.....	92
Conclusion	93
Bibliography	97

Introduction: Development Theory, Culture and Popular Theatre

The differences between nations and how development and underdevelopment has occurred have traditionally been analysed from two perspectives: modernisation and dependency (Srampickal 1994: 3). These paradigms have also shaped debate within communication research and provided theoretical foundations for the practices of mass and traditional media. However, weaknesses within both of these major development paradigms have resulted in a search for more relevant approaches to development. As a consequence, many development programs now attempt to be more participative in program design and implementation. Popular theatre provides one mode by which participation and communication can be fostered between development agencies and local communities.

Modernisation theorists take an evolutionist approach to the question of development and compare modernity with traditional forms of society. The developed world is seen to have qualities that are not present in the developing world and the stress is on the diffusion of modern values and institutions to replace 'outdated', 'stagnant' and traditional ones. Thus, the modernisation paradigm is frequently concerned with attempting to copy Western development successes and as a consequence, the theory is synonymous with Westernisation (Hume and Tuner, 1990: 35). Modernisation theory has influenced development policy decisions since the Second World War yet it has failed to bridge the gap between developed and developing nations (Srampickal, 1994: 4).

Dependency theory rejects the premise that development is a linear progression which occurs through diffusion. Dependency theory replaced the evolutionist vision of modernisation theory with a more historical and holistic approach (Srampickal, 1994: 5). The theory considers the interaction of entire social systems and looks beyond underdeveloped nations to a world system of exploitation based on the international division of labour. As Marxism provides

dependency theory with its metatheoretical assumptions economic relationships are paramount in defining associations within and between nations.

Within communication research the age-old divisions between the liberal-pluralist and Marxist traditions emerge, and the distinction between the two approaches is generally presented as the dichotomy of theoretical and empirical studies. Because economic determinism is so fundamental to their beliefs, Marxists point to a link between monopoly capitalism and mass media. They argue that the media promulgates the beliefs of the dominant class. Workers within the mass media are socialised within the dominant class and are therefore not autonomous. The messages they create reflect the dominant ideology (Boafo 1985: 86). Consequently, mass communication is not an independent variable, but a reflection of the social, political and economic system (Mda, 1993).

However, mass communications in many developing nations has been influenced by modernisation theories, such as Everett Rogers' Diffusion of Innovation Theory (Nutbeam and Harris, 1998:39). According to Rogers media facilitate the spread of ideas and will produce high per capita income. The role of media is to diffuse information and persuade people of the benefits of modernisation (Srampickal, 1994: 14). Mda (1993) discusses these ideas in terms of "core" and "periphery". Messages flow from the core of the dominant classes to the periphery. At the periphery subjects receive information in a passive manner and are not involved in any interaction with the centre. The result is top-down communication that reinforces social and economic inequalities. The stress is on finding ways to stimulate, induce, or even coerce audiences to pattern their behaviour along the lines of industrialised Western nations.

Epskamp (1989) argues along these lines and believes that the conditions of colonialism and neo-colonialism have informed power relationships within and between Third World nations.

Ever since colonial rule, Third World countries have been made to adopt the North Atlantic worldview and lifestyles with respect to such concepts as 'tradition' and 'modernisation'. Development projects have frequently been based on a modernisation approach according to a North Atlantic model ... socio-political and technical restraints had so determined the relationship of dependence between North and South, even in this respect, that the flow of information could be reduced only with the greatest effort. Traditional ethnic cultures offered very little resistance to the one-way flow of information (Epskamp, 1989; 156).

Kerr (1995) argues that this was evident in colonial theatre, which was used in Africa to persuade communities to adopt colonial practices. Social goals and solutions were determined by the central administration and distributed to the people. There was little or no participatory element to the work, and colonial solutions were presented as the accepted approach to social and economic difficulties. However, while technical solutions were provided there was no analysis of the underlying reasons for difficulties (Kerr, 1995).

Herein lies the fundamental difference between the liberal-pluralist and Marxist perspective's. Liberal-pluralist's believe that society is a configuration of competing groups, none of which are dominant. Media organisations have autonomy from the state, political parties and interest groups and as a consequence, a range of positions is presented. Marxists argue that mass media does much more than reflect existing values. Rather, the media helps shape social relationships, both domestically and internationally, and plays a central role in consolidating and reinforcing the values and attitudes of audiences.

Development studies have begun to look beyond the grand narratives in an effort to understand the diversity of the Third World. (Schuurman, 1993). Development programs that use popular participation to assess difficulties and create solutions may be part of the way forward. The indigenisation of development programs acknowledges the importance of people's participation as a factor in the success of development projects and recognises that Third

World countries' traditions and experiences can form the basis of successful approaches to development (Brohman, 1996: 338).

Communication that results in change requires *participation* (Morrison 1991). Mda (1993) points to a movement away from persuasive communication, where the receivers are passive and have no influence on the message, to communication that is participatory. In this approach the community is involved with the formulation of the message and may in fact initiate the process. While people can receive messages from vehicles such as television and radio, people's behaviour is most effectively altered through personal relationships.

Popular theatre provides a means by which people can express their relationship with the environment. If development is a holistic process creating self-reliance in the production, distribution and exchange of goods, then theatre is an ideal forum through which communities can explore development possibilities (Prentki, 1998: 420).

Popular theatre is used in nations throughout the world, and examples can be found in Africa, Latin America, the Caribbean, South East Asia and the South Pacific. Theatre concerned with improving the lives of communities has been called various names: Theatre for Liberation, Theatre for Development, Participatory Theatre, Theatre for Integrated Rural Development and Theatre in Education. All these terms are concerned with the ability to use theatre to influence social change.

Marxism and theories of colonial domination have been instrumental in the rise of popular theatre as a vehicle of cultural change. Consequently, a discourse on theatre is ultimately about power relationships and theatre will inevitably illuminate relationships within society. However, practitioners define popular theatre differently and there is neither a clear ideological framework nor precise definition of popular theatre (Mumma, 1997: 8; Mwaansa, 1991: 27). Theatre analysis has tended to consider campaigns but these reports have generally failed to offer any sustained theoretical discussions of the enterprise (Frank, 1995: 18).

While a great deal of the literature associated with Theatre for Development lacks theoretical assumptions, a group of concepts has emerged from Theatre for Development programs. Central to these assumptions is Freire's 'Pedagogy of the Oppressed'. Freire believed that development requires liberation from the economic, political and social structures that restrain individuals. His theory accepts that everyone has the capability to understand, learn and participate in nation building (Srampickal; 1994: 6). Participation and dialogue are central tenets to Freire's 'Pedagogy of the Oppressed' and both have become foundation principles in Theatre for Development. The theoretical foundations of Theatre for Development are discussed in Chapter 1.

While proponents of both major development discourses have considered the influence of culture in development practice, neither has genuinely seen culture as the source and strength of sustainable development. The neglect of cultural forms has led to the failure of many development programs and models (Orr, 2000: 1). Partnerships between national and international agencies, and local people are more likely to create relevant and useful development outcomes (Orr, 2000: 2). Thus, an acceptance of Third World cultures is vital to the success of development programs.

Traditionally, indigenous cultures have been ignored or seen as an impediment to development. Colonial and neo-colonial leaders deemed many local celebrations and rituals as inappropriate and as a consequence, indigenous cultural forms were replaced with foreign and frequently Western cultures. This meant that many communities were rendered powerless because their traditions were almost completely ignored (Byam, 1999: 2).

During the last two decades governments and NGO's have accepted that theatre can be used to communicate important political and social messages (Epskamp, 1989). Performing arts are relatively inexpensive; they use the language of the people, avoid the problem of illiteracy, are part of the local culture and are also forms of entertainment. Chapter 2 presents ways Theatre

for Development is being used to communicate HIV/AIDS messages and supports these with examples.

It is important to know if Theatre for Development improves people's knowledge of HIV/AIDS, alters attitudes towards the virus and promotes behavioural change. Consequently, Chapter 3 assesses the effectiveness of Theatre for Development as a means of reaching the large numbers of people at risk of HIV/AIDS. While there is a limited amount of research on these issues, it is possible to reach some conclusions about how useful Theatre for Development is as a HIV/AIDS communication tool.

The final chapter explores the work of Wan Smolbag (WSB) theatre in Vanuatu. It investigates and assesses how effective WSB's drama presentations are as a tool for improving HIV/AIDS knowledge, altering attitudes to HIV/AIDS and changing high risk sexual behaviour. In particular, the research considers WSB's HIV/AIDS awareness campaigns during 1999 and the extent these interventions conformed to the Freiran concepts of participation and dialogue.

WSB emphasises the importance of supporting HIV/AIDS awareness messages with services, consequently, the theatre group has established its own community health centre, where services such as STD treatment and condom distribution are carried out. The development of the health centre is outlined and its effectiveness assessed. During July 2000 the writer spent some time with the WSB team observing their work and interviewing actors, health workers, scriptwriters and the team manager. These observations and interviews, supported by independent reviews of WSB's work, provide the basis for the critique of WSB theatre.

Chapter 1 Concepts Associated with Theatre for Development

Theatre for Development theorists and practitioners have developed concepts to apply to the economic and social structure of Third World nations. Many of these concepts derive from the writings of Eric Fromm, Frantz Fanon, Bertolt Brecht, Augusto Boal and Paulo Freire. This section of the research discusses the influence these theorists, in particular Paulo Freire, have had on Theatre for Development.

Fromm argues that spontaneity is essential to freedom, and freedom allows an individual to become truly integrated within society. Theatre can provide a means through which creativity can be channelled. This helps individuals find their true selves and reject the product-orientated structures in which they live (Erven, 1991: 15; Prentki, 1989: 423).

Frantz Fanon places Fromm's concept of freedom within the context of neo-colonialism and explores the isolation that neo-colonialism creates. As a psychiatrist, Fanon believed that the liberation of the neo-colonial mind was a major priority in the struggle for freedom (Erven, 1991: 17). He advocated the development of a new national culture based on the traditions and reality of the people. To this end, the role of theatre was crucial because it is able to reflect the lives of its participants in a manner that few other mediums can.

The work of Bertolt Brecht has also influenced Theatre for Development. His development of epic theatre was a rejection of the Aristotelian tradition, which deemed the audience passive. Brecht attempted to involve the audience in decision making within the drama. The actors were never fully submerged into the character and both parties – audience and actor – were encouraged to *think* (Prentki, 1989: 423). The objective for Brecht, and others was not to purge the spectator but to transform society (Boal, 1979: 122).

Brecht believed that socialist realism was about using art to create a faithful depiction of society, and it can be achieved in the theatre in a dialectical form.

The spectator realises that their social position is the result of a man-made (sic) historical process of stabilising power relationships, and only with this awareness can they take control of their destiny. Theatre is intrinsically political, even more so when it is placed in a socio-educational context.

Erven (1991:22) argues that while the ideas of Brecht were applied to theatre, they were still based on the Western top-down model. Even though there was some participation by the community during research and post-performance discussions, theatre was still essentially 'taken' to the people. What was missing in this style of Western theatre was Freire's concept of "cultural synthesis" where actors integrate with the community and become actors in their own play.

In cultural synthesis, the actors who come from "another world" to the world of the people do so not as invaders. They do not come to teach or to transmit or to give anything, but rather to learn, with the people, about the people's world (Freire, 1994: 161).

This concept of cultural synthesis merges well with Boal's model of 'Theatre of the Oppressed'. The actors integrate with the people, there are no spectators and the process unites leaders and people in investigation and learning. The result is the development and enrichment of both groups (Freire, 1994: 162).

Through a workshop process, participants come to integrate physical movements associated with every day life and work, with intellectual analysis, and this means that every artist is political. An audience must be critical of what happens on stage and reserves the right to think for itself about the action of the character.

Central to Boal's line of thinking is the transformation of a passively watching audience into an acting subject, an actor, a reformer of the dramatic action on stage (Epskamp, 1989: 53).

Boal focuses on the role that the spectator plays in the drama. Through a variety of techniques the audience is asked to ponder, reflect and create

solutions to the problems that confront a community and nation. The spectator must analyse their history and seek solutions through improvisation. This becomes a 'rehearsal for revolution', and the drama allows participants to explore problems and try out solutions (Boal, 1979:122; Prentki, 1989: 423).

The liberated spectator, as a whole person, launches into action. No matter that the action is fiction; what matters is that it is action (Boal, 1979: 122).

Theatre is also a vehicle for implementing Freire's beliefs about the need to raise the critical awareness of disadvantaged peoples, so that they identify and analyse problems that emerge out of a particular social order. The ultimate goal is liberation, where individuals are directly involved with decisions about themselves and their society.

The pedagogy of the oppressed, which is the pedagogy of the people engaged in their fight for their own liberation, has its roots here. And those who recognise, or begin to recognise, themselves as oppressed must be among the developers of this pedagogy. No pedagogy which is truly liberating can remain distant from the oppressed by treating them as unfortunates and by presenting for their emulation models from among the oppressors. The oppressed must be their own example in the struggle for their redemption (Freire, 1994: 36).

Desai (1990) argues that Theatre for Development has helped forge links between notions of development, freedom, liberation, and revolution. He believes Freire had a significant influence on Theatre for Development. Even though Freire was not concerned with Theatre for Development *per se*, the essential elements of the Freirian pedagogy – conscientisation, dialogue, participation and investigative methodology – provide many of its theoretical foundations.

For Freire, the communication process was transformational: his model of development was essentially humanist (Freire, 1994: 36). He believed that individuals must be made fully aware of their position in society, and that the

process of development allows for improvements in their material and personal development. The community should create change that is beneficial and supported by all affected. Theatre for Development is a tool for engaging local communities in this process.

Central to the Freiran approach is the need praxis, which occurs through reflection and action (Byam, 1999:14). Reflection requires an understanding of the impediments to liberation. In Freire's view, reality is the creation of human action and through human action reality can be challenged.

If humankind produce social reality (which in the "inversion of the praxis" turns back upon them and conditions them), then transforming that reality is an historical task, a task for humanity (Freire, 1994: 33).

Consistent with reflection is an understanding of historical events that have caused underdevelopment. Individuals must be liberated to reflect on and interpret their situation, and become aware of factors that constrain and retard them.

The praxis provides tools for communities to take action in relation to their oppression. Action and reflection are not separate activities but are an organic whole. There is a dialectical interplay between action and reflection that constitutes a process of conscientisation, which should in turn lead to liberation.

The development of conscientisation is much more than an intellectual tool of analysis. Awareness evolves and liberation is achieved by gaining control of both the internal and external (Freire, 1994: 37). Theatre for Development is able to assist communities in the task of naming their oppressor and developing the means to confront oppression and transform their world.

Freire (1994) also believed there were three stages to the development of critical awareness: semi-intransitive, transitive and the critical (Byam, 1999:19). Individuals who are unable to assess their history or recognise oppressive forces are semi-intransitive. A symptom of the semi-intransitive stage is a

“culture of silence”, where individuals are immersed in the structures of oppression and are fatalistic in their worldview. The culture of silence makes the oppressed unwilling to participate in society – they are negative and mistrusting.

Submerged in reality, the oppressed cannot perceive clearly the “order” which serves the interests of the oppressor whose image they have internalised. Chafing under the restrictions of this order they often manifest a type of horizontal violence, striking out at their own comrades for the pettiest reasons (Freire, 1994: 44).

During transitive consciousness individuals recognise the oppression that exists within society. They develop an awareness of the structures and history of oppression. Through praxis individuals assess their world, develop the means to confront structures of oppression, and are able to resist the culture of silence. Theatre for Development can help audiences assess their condition, reflect on the causes and consider possibilities. In other words it is a ‘rehearsal for revolution’.

The process of conscientisation is achieved through “dialogics” which is a dialogue that transforms thinking and awareness through an awareness of history (Byam, 1999:19).

Dialogue is the encounter between men, mediated by the world, in order to name the worlds. Hence, dialogue cannot occur between those who want to name the world and those who do not wish this naming – between those who deny others the right to speak their word and those whose right to speak has been denied them (Freire, 1994: 69).

This is achieved through education, and Freire believed that education could domesticate or liberate. Domesticating education, or banking education, reinforces the culture of silence. The teacher or educator is the elite while the student is a vessel to be filled with knowledge.

The teacher presents himself to his students as their necessary opposite; by considering their ignorance absolute, he justifies his own existence. The students, alienated like the slave in the Hegelian dialectic, accept their ignorance as justifying the teacher's existence – but, unlike the slave, they never discover that they educate the teacher (Freire, 1994: 53).

The banking system maintains the status quo, strengthens the culture of silence, and is victim blaming in its approach. Freire considered many of the grand development theories “banking development”: because they dealt with outcomes rather than the causes of underdevelopment. The banking concept of education, typical of many development programs, devalues local knowledge and precludes long term sustainable development.

Most educational systems in the developing world are, in fact, instruments that preserve the status quo. They project a mystified picture of present and past reality and reaffirm the negative self-image of the working class. Through education and mass media, the poor are inculcated with a belief in a fixed, unchangeable world that they cannot hope to influence (Erven, 1991: 20).

Indigenous knowledge and genuine participation should be the basis for development policy formulation and decision-making (Edwards, 1989: 120). Failure to accept local knowledge has meant that many development programs focus on the transference of technical skills and consequently do not act as a mode of genuine liberation (Edwards, 1989: 127). This can only be achieved when communities assess their own problems and work towards sustainable solutions.

A system of education and training that relies on experts will never be able to do this, because the attitudes of the expert prevent people from thinking for themselves (Edwards, 1989: 119).

True liberation comes with freedom from material and psychological oppression (Srampickal, 1994:7). The task of the educator, therefore, is to raise

consciousness and allow people to consider the structural causes of their oppression. Everyone has the capacity to understand and analyse the society in which they live, the educator's role is dynamic and interactive.

Freire advocated a problem-solving educational theory, which is empowering. The teacher accepts that the learner has as much to provide as they do, and teacher and learner are engaged in constant co-investigation.

Liberating education consists in acts of cognition, not transferrals of information. It is a learning situation in which the cognisable object (far from being the end of the cognitive act) intermediates the cognitive actors – teacher on the one hand and students on the other. Accordingly, the practice of problem-solving education entails at the outset that the teacher-student contradiction to be resolved. Dialogical relations – indispensable to the capacity of cognitive actors to cooperate in perceiving the same cognisable object – are otherwise impossible (Freire, 1994: 60).

There is no given message rather, it evolves out of the process of communication between educators and learners, actors and spectators. Audiences are encouraged to analyse their problems, using their own life experiences, their national history and structuralist frameworks.

The starting point for organising the program content of education or political action must be the present, existential, concrete situation, reflecting the aspirations of the people. Utilising certain basic contradictions, we must pose this existential, concrete, present situation to the people as a problem which challenges them and requires a response - not just at the intellectual level, but at the level of action (Freire, 1994: 77).

Through the application of a problem solving approach, development programs will be more relevant to the communities that they are attempting to serve.

We must learn to appreciate the value of indigenous knowledge and to recognise the importance of popular participation in showing us what is relevant and what is not. In this way, we will begin to move from practice based on the philosophy of knowledge, to practice based on the philosophy of wisdom, to a form of enquiry in which what we do and what we are matter more than what we know (Edwards, 1989: 134).

Theatre for Development uses this approach to avoid top-down development strategies, and the process of dialogue is achieved through participatory research. There are no leaders or elite here, this research is a shared exploration of the past, and communication between teacher and student is two-way. It is a research tool that assists in the development of critical consciousness. The process of participatory research exposes economic, political and social conditions that have created and sustained inequality and underdevelopment within a community.

The first step in participatory research is the development of familiarity with a community. The teacher may organise meetings and visits with students, and may even live with the people for a period of time. They try to gain a fuller appreciation of the people and their value structures.

The second stage is some analysis of the research. Once again, this should involve the local community, and a code, such as photographs, sketches and role-plays (Freire; 1994: 95; Boal 1979:123) may be used to help interpret the research.

Stage three involves the analysis of the decoded information and the identification of research themes. In this way dialogue continues and the issues become clear to the community. It is essential that the actor or teacher remain in touch with the community rather than subscribing solutions, themes or analyses.

"Decoding" requires moving from the part to the whole and then returning to the parts; this in turn requires that the Subject recognise himself in the object (the coded concrete existential situation) and recognise the object as a situation in which he finds himself, together with other Subjects (Freire, 1994: 86).

Freire used a variety of methods to enable people to explore their social condition. Theatre for Development is another code through which people can explore their lives and history, and draw associations with problems that affect communities. Theatre is the means by which reflection and action can occur, and can be even more than the rehearsal for revolution – it can also be the medium through which revolution occurs (Byam, 1999: 25).

According to Freire, there are interconnections between the themes of oppression. Issues that affect individuals can be identified at national and international levels and the role of the animator or educator is to link these themes.

Historical themes are never isolated, independent, disconnected, or static; they are always interacting dialectically with their opposites. Nor can these themes be found anywhere except in the human-world relationship. The complex of interacting themes of an epoch constitutes its "thematic universe" (Freire, 1994: 82).

The foundation of sound Theatre for Development is participatory research that is led and informed by the community. Programs that undertake research in a hurried or inadequate fashion cannot meet the needs of the community. The outcome is frequently a shallow interpretation of the community's needs, and by implication development that is inappropriate.

To achieve this praxis, however, it is necessary to trust in the oppressed and in their ability to reason. Whoever lacks this trust will fail to initiate (or will abandon) dialogue, reflection and communication, and will fall into using slogans, communiqués, monologues, and instructions.

*Superficial conversions to the cause of liberation carry this danger
(Freire, 1994: 48).*

The Freirian pedagogy is not a set of mechanistic tools to be applied with little reference to the indigenous community. It is a way of thinking which will help develop critical awareness when it reflects the local community, and they in turn are fully involved and control all aspects of the process (Prentki, 1998: 422). Genuine participation requires an ability to listen and learn from below (Edwards, 1989: 122). Through dialogue and participation local communities articulate their difficulties and control the creation of solutions. When this is the case development will be relevant and useful to local communities (Edwards, 1989: 127). Thus, Theatre for Development should be assessed on the degree of popular participation and its ability to alter the lives of the oppressed.

While many of the concepts associated with Theatre for Development are derived from Paulo Freire, the practice employs a broad range of theatre techniques as modes of communication. The next section of the research considers these, and defines the differing approaches to Theatre for Development.

Definitions of Theatre for Development

Theatre for Development is defined in various ways, and even though there is some disagreement about which role is most significant, commentators agree that it has political, educative and artistic functions. The most striking feature of Theatre for Development is the way that it strives for the greatest possible response from the audience, and attempts to alter the living conditions of the target community (Mumma, 1997:10).

In so far as they are modes of theatre whose objective is to disseminate developmental messages, or to conscientise communities about their social, political and economic situation, they are modes of Theatre for Development (Mda, 1993: 48).

All forms of Theatre for Development attempt to work with the community in its environment. Theatre artists try to work for and with an audience, and their methods are collective and anti-hierarchical. Performances deal with immediate social problems and a range of structures, interpretations and communication styles are used (Epskamp, 1989: 56).

The group's performance takes place within social, educational and political contexts, and can be a vehicle for influencing cultural behaviours, or addressing difficult issues such as sexuality and sexually transmitted diseases.

Theatre for Development can contribute to the overall social development of a community, and the outcomes can range from shifts in individual awareness to social revolution. It is primarily concerned with *outcomes*, that is, it is more concerned with conveying key messages than the craft of theatre itself. It may also use vehicles that are not indigenous to the community, such as puppetry, video and film.

Theatre for Development employs a range of theatrical approaches – Mda (1993) discusses them in terms of the level of intervention, participation and conscientisation that they achieve. Intervention occurs when the catalyst interrupts the drama event to allow the audience to contribute their views.

Intervention is directorial, and serves the following functions in the dramatisation process; to keep order and coherence in the play, to facilitate a deeper analysis and to contribute technical expertise on the medium itself, and on the content (Mda, 1993: 165).

The most important variable here is intervention. The greater the level of intervention, the lower the level of audience participation, and the reverse is also true.

The different forms of theatre vary in their use of intervention. In agitprop theatre there is maximum intervention and minimal participation. Participatory agitprop theatre has lower levels of intervention and greater levels of

participation. Simultaneous dramaturgy and forum theatres have, respectively, even less intervention and more participation. Comgen theatre uses minimal intervention and maximum participation.

Diagram 1.1 The Intervention – Conscientisation Curve

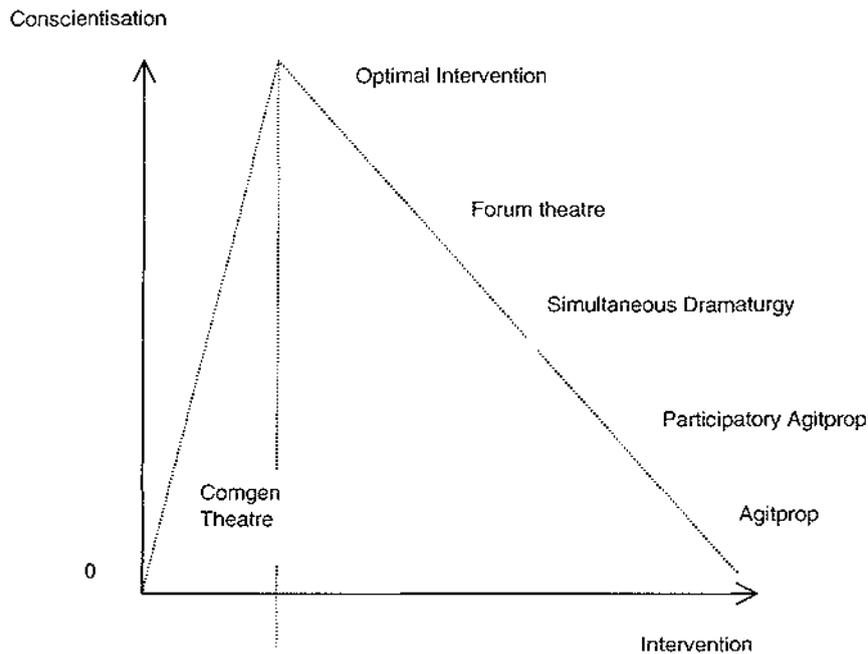


Diagram 1.1 The relationship between intervention and conscientisation (Mda, 1993: 172).

If intervention is to lead to critical awareness, the catalyst must have an awareness that is greater than that of the local community – and local participants need to be supported to achieve the same level of critical awareness.

If conscientisation is to be achieved, community participation is also crucial. This occurs when the community is involved with the entire dramatic process. Participation alone is no guarantee of progressive change however. If the play is not used as a vehicle for critical analysis there will not be critical awareness and conscientisation.

Unless rural villagers control the popular theatre process they may be used as mere mouthpieces of ideas produced by others which mystify their reality and condition them to accept a passive, dependent, uncritical role in an inequitable social structure (Mda, 1993: 15).

Conscientisation is achieved when communities name their problems, reflect and take action. The structural causes of problems must be identified and explored by the target community.

Mda (1993) has developed a model in which levels of conscientisation rise in proportion to the level of participation. Optimal participation is reached and falls, as participation overwhelms the conscientising process.

Diagram 1.2 The Participation – Conscientisation Curve

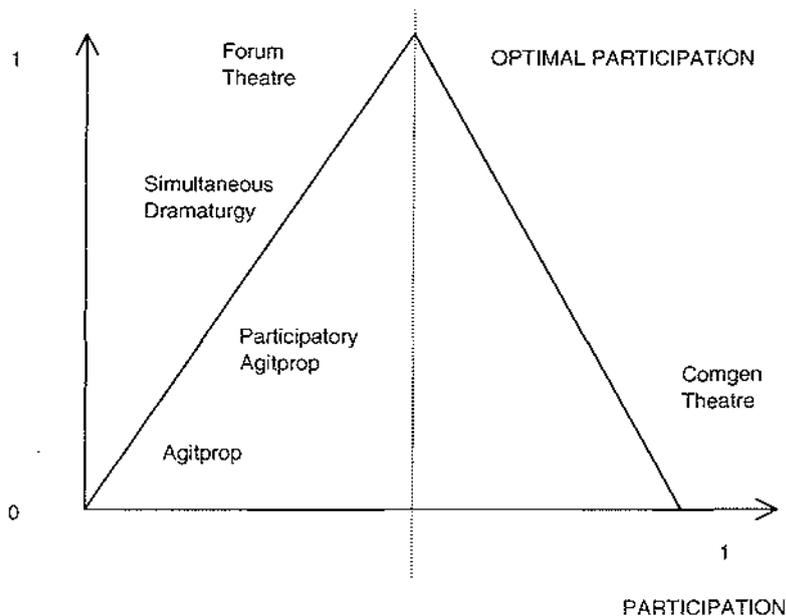


Diagram 1.2 The relationship between participation and conscientisation (Mda, 1993: 171).

The best outcomes are achieved when there is a perfect balance of intervention and participation and this leads to maximum conscientisation. This also means that the community retains control of the process and chooses the issues they wish to consider (Mda, 1993: 172-174).

Agitprop theatre employs minimal community participation and maximum intervention. There is no opportunity for the community to involve itself in the production and the play is presented as a finished product. As a consequence, there is little conscientisation.

This type of theatre is diffusionist: the performers function as the source of information that they pass onto the audience. The communication process is unidirectional, persuasive and does not engage the audience (Mda, 1993: 90). There may be some feedback from the audience but this will generally occur at the end of the performance. To disseminate information effectively performers must analyse the topic beforehand, and develop an awareness of the audience's value structure.

The major advantage with this type of theatre is that it can move from village to village quickly. It is a useful vehicle for spreading messages and adapts well to other media forms, such as video, radio and television (Mda, 1993: 183).

Participatory agitprop engenders higher levels of conscientisation, because there is more participation on the part of the audience.

The advantage of this is that issues are debated within the 'play' atmosphere; while at the same time alternative courses are being looked at. The audience do not sit to be entertained, but participate in a debate for which theatre is only a catalyst. This dispenses with the 'cold' after performance discussions common to the more traditional uses of theatre (Kamlongera, 1989: 245).

Agitprop and participatory agitprop theatre are often very didactic and have a specific message for a target population, as such theatre associated with the prevention of HIV/AIDS falls within these two definitions. Both methods attempt to change a target group's worldview, and provide a means to realise a desired intervention.

Epskamp (1989) argues that Theatre for Development is used to transmit information, knowledge or skills and this is no neutral process. Theatre becomes an instrument of persuasion, and in most developing countries has been initiated by NGO's.

Frank (1995) believes that campaign theatre is another subcategory of Theatre for Development, although others would argue that it is merely agitprop theatre or participatory agitprop theatre (Frank, 1995: 13). Campaign theatre involves government and non-governmental organisations and is frequently funded by international organisations. With campaign theatre, community involvement is reduced to dialogue during and after the presentation of the play. The goal is to reproduce the same message in as many places as possible, as such campaign theatre is almost like an advertisement (Frank, 1995: 165).

In comgen theatre the community controls the entire dramatic process, and locals develop and produce their own plays. There is little or no intervention by a catalyst. Even though there is maximum participation, there is frequently little resultant conscientisation. Where local people are isolated from wider social and economic issues, it is the least effective approach in raising critical awareness and can result in victim blaming (Mda, 1995: 175; Kerr, 1991: 68).

Comgen theatre is more effective when a catalyst visits the community and provides it with skills to analyse structural issues. This can be achieved through simultaneous dramaturgy and forum theatre techniques, where the catalyst presents two strongly conflicting views, and provokes the participation of the audience. Ultimately, the catalyst should withdraw and allow the local community to take over the theatrical *process*. This can be very time consuming, and works best with small groups of people (Mda, 1993: 185).

In forum theatre, plays are left unfinished and the audience considers a range of possibilities, ultimately deciding on the best course of action. There are three phases in this type of theatre. Firstly, there is the performance of a play that depicts a social problem. The audience is then asked to recreate scenes, which

produces dialogue and discussion about possible outcomes. Finally, there is analysis of the events and their implications (Prentki, 1998: 424).

Summary

Theatre for Development employs a range of theoretical ideas and theatrical approaches, all of which are used in the creation of HIV/AIDS awareness messages. HIV/AIDS theatre employs a range of theatrical methods, however, a great deal of HIV/AIDS theatre has a didactic element and is frequently more suited to agitprop and participatory agitprop theatre. The principal aim of such theatre is the development of a critical awareness of HIV/AIDS related issues. While theories and approaches support the educative and social goals of Theatre for Development, there is no substitute for a two-way dynamic interaction based upon genuine dialogue and participation. When this is the case, Theatre for Development will help raise awareness of HIV/AIDS.

The following chapter considers some of the approaches Theatre for Development employs to foster the creation of HIV/AIDS awareness.

Chapter 2 Themes in HIV/AIDS Theatre for Development

This section of the research presents ways of approaching Theatre for Development and supports these with examples from around the world.

The issues that are discussed include participatory techniques, target groups, the use of traditional customs, structure of the plays, the role of the animator, the role of international agencies, national HIV/AIDS campaigns and finally theatre's place in an integrated response to HIV/ AIDS.

Participation and Dialogue

Theatre for Development is used as a tool for conscientising people and in more radical forms to promote political liberation (Lihamba, 1992: 60 and Charle 2000: 16). However, a great deal of Theatre for Development has an educative focus and is process orientated (Mwaansa, 1991: 30). Theatre for Development generally tries to inform and educate people and generate positive social change (Frank, 1995: 71).

There are two major ways in which Theatre for Development using popular forms are used today. One way is to hold workshops where the masses are encouraged and taught the use of particular forms to conscientise them of their social reality. Sometimes theatre activists work hand-in hand with extension workers in health, agriculture and adult literacy.... The second approach for theatre and development has been a facilitation of the use of popular forms existing within a community to mediate and express issues of concern. Problems are not identified in advance but rather in the process of performance and discussion (Lihamba, 1992: 62).

As shown in Chapter One commentators differ on the amount of participation required to create genuine Theatre for Development. For some it is essential that communities be involved in all aspects of drama event (Mda, 1993: 23),

while others emphasise a partnership between outside institutions and the local community (Morrison, 1991).

The central issue is the degree of participation required by the target community. Reduction in participation dilutes the Freirian pedagogy and diminishes its true intention, which is the development of critical awareness (Mwaansa, 1991: 31).

While health messages require specialist information, communities do not need to be excluded from the creation and delivery of HIV/AIDS prevention messages. The community can control the development of the drama event, and ensure the prevention message is appropriate to the community. When dialogue between participant's results in changes in attitudes and behaviour, then the interpersonal communication can be judged as successful (Frank, 1995: 83).

In other words, there are situations in which we need a combination of high- and lower-level observation; of the skills of the researcher and of the practitioner; and of the view from the 'centre' (the village) and the 'periphery' (the researcher) taken together (Edwards, 1989: 130).

The values and attitudes of the local community may restrict its worldview. Theatre workers also come to development programs with a set of values and attitudes. Dialogue between these groups must occur so Theatre for Development programs move beyond the restricted views of both parties. Dialogue encourages greater awareness of HIV/AIDS and helps precipitate changes in knowledge and behaviour (Attika, 1997: 2).

When there is a strong link between theatre workers and local communities, Theatre for Development can produce relevant and effective change in the lives of its participants. In order for success to occur, communities should be involved with the entire dramatic process; the organisation of campaigns, the mobilisation of audiences, discussions and follow-up activities (Frank, 1995: 116; Freire, 1994: 96).

Theatre provides a two-way mode of communication, allowing government extension workers and development agencies to receive the community's perspectives on development issues (Morrison, 1991: 38).

In my own research in Burkina Faso, I found that villages at each performance site thoroughly enjoyed the performance and identified strongly with the situations represented. They also participated readily in the forum, reacting to the roles portrayed in the play. Contrary to the "top-down" view, in interviews I conducted, villagers expressed much appreciation of government concern for the well being of the village (Morrison, 1991: 35).

An example of the participatory process reflecting the views of the local community, while enhancing the development of critical awareness, is found in the processes of Participatory Educational Theatre (PET). A PET project aims to communicate to people through their emotions, and allow them to reflect on and examine their feelings objectively.

The PET project has two main phases. First of all, actors set the scene through short episodes of scripted theatre. The audience is then invited to help solve the dilemmas presented in these scenes (Chamberlain et. al, 1996: 69). The community is able to question the characters while the play is under way - and can determine the narrative and role-play positions and solutions.

This process was used by Communication Resources for Under 18s on STD and HIV (CRUSH) in Kenya. The CRUSH team worked with two groups - the Kama Kazi youth group in urban Kisumu and the Apondo youth group near rural Ahero. The project began with sound participatory research. A period of two months was spent talking to the two groups and meeting with artists and educators (Chamberlain et. al, 1996: 70). During this time HIV/AIDS issues were discussed.

These issues included child and youth sexuality; modes of transmission and prevention; and barriers to the adoption of preventative measure such as peer pressure, traditional customs, religious objections and other personal and social dilemmas (Chamberlain et. al, 1996: 70).

The scripting process began with the group's ideas about HIV/AIDS and the impact on their local communities. Drafts of the play were taken back to the groups to ensure that they accurately reflected the communities views on HIV/AIDS issues (Chamberlain et al, 1996: 70). The most significant aspect of the play was the use of storyboards.

A storyboard provided the central educational, aesthetic and visual stimulus for Tom's story. The storyboard is neither a conventional theatre set nor a conventional teaching blackboard but a three-dimensional resource which combines both (Chamberlain et al, 1996: 71).

A storyboard is designed to invite interest, provide a focus, and make sure that there is a consistent theme throughout that day's participation (Chamberlain et al, 1996: 71). A storyboard works like a jigsaw puzzle that assists with audience participation. The audience chooses the sections of the play they want to watch depending on the questions they want the drama to answer. In this case, the storyboard contained nine different themes with accompanying questions. Each theme could, in fact, have provided a short play in itself.

The PET process ensures that awareness of essential issues is developed, while the community constructs the nature of the dialogue and controls the drama event. The community is also able to present their interpretation of events and add to the knowledge and understanding of how to deal with HIV/AIDS issues.

The audience is always bringing into the dramatic situation new and exciting possibilities encouraging a feeling of strength and success where they previously felt powerless and confused (Chamberlain et al, 1996: 74).

Theatre is a participatory medium, and the theatre troupe and community are brought together to define problems and suggest solutions. It is much more than an information channel or an educational tool. Because it is action-driven it is more relevant to emerging AIDS education strategies, which focus on motivation and skills training and try to create a social climate that is conducive to change, rather than simply providing information (Ferencic and Yao, 1991: 2).

The Save Your Generation NGO in Ethiopia is a fine example of a locally generated response to the HIV/AIDS epidemic that is creating positive change within the local community. The significant feature of this group is that it developed from the death of a friend and uses theatre as a means of creating awareness around HIV/AIDS issues.

The death shocked Fassil and his mates. They had never imagined that HIV could hit so close to home. But they knew the behaviour that had led to their friend's death was no different from their own (Henry, 2000: 1).

The NGO works with unemployed young people under the age of 30. Save Your Generation Association (SYGA) has grown from a small group of friends wanting to combat HIV/AIDS, into a registered Ethiopian NGO with a paid staff of 14 and more than 6,000 dues-paying members (Henry, 2000: 2). Through Theatre for Development SYGA disseminates information about HIV/AIDS.

In addition, theatre provides a means of reducing the economic dependency of theatre participants. The Save Your Generation NGO has become a self-sustaining organisation that has made a considerable impression on the community and it has also changed the lives of many of the peer workers.

One peer educator says that the experience has changed his life. Before joining SYGA, he was addicted to several kinds of drugs and spent time in prison, but now he is a productive, drug-free member of the NGO's drama group (Henry, 2000: 7).

The skills and experience peer workers have received has enabled a number of them to gain paid employment. Participation in the program has increased their self-confidence and given them a sense of empowerment. Income generating projects associated with Save Your Generation are proving essential to empowering young people, particularly young women, to refuse unwanted sex and negotiate safer sex (Henry, 2000: 8). Thus, Theatre for Development is achieving Freire's demand of liberating education.

Another group, Chile Street Kids International (CEPSS) has created a video drama targeting street girls, where they play themselves in the drama. The group's approach is consistent with Augusto Boal's theatre as discourse, where actors develop certain themes through action (Boal: 1979: 126). The script was developed from discussions with street girls who talked about their experiences. The scripts featured them in their daily life, provided information on how they can engage in AIDS prevention and educate one another (AIDS Health Promotion Exchange, 1991: 10).

While participation is essential, health issues require specialised information and a degree of expertise that is generally not found in communities. Through dialogue and participation all participants share their knowledge and develop a more complete understanding of the social and economic themes associated with the theatre topic.

Target Communities

Every culture or group has shared signs and images. Groups express themselves through codes, which provide them with a conceptual framework for understanding the world around them (Frank, 1995: 80). These signs and images must be used in didactic theatre.

Human behaviour is influenced by objective and subjective culture. Objective culture is comprised of elements such as ethnicity, gender, age, education, economic background, employment, and housing (Frank, 1995: 104). The

subjective aspects of culture tend to be less tangible or recognisable: feeling, believing, conceiving, judging, hoping, intending, and meaning for example (Frank, 1995: 104).

These two aspects of culture help shape behaviour, and must influence any attempt to raise consciousness. Many AIDS plays try to appeal to both the objective and subjective influences in peoples lives.

Certain sectors of the population are generally considered to be at higher risk of HIV transmission: groups such as sex workers, truck drivers and sailors. The use of national campaigns at a community level has led to reflection on the use of Theatre for Development (Epskamp, 1989: 170) to reduce the vulnerability of target groups (Dralobu et al 1996: 321; Boupda et al 1994: 323).

The medium has proved to be effective, because the artistic process pays continual attention to participation by the target group. This is achieved through the use of locally supplied performing artists, through the working procedure and through emphasis on the educative value of the work process, rather than of the artistic product (the performance) (Epskamp, 1989: 171).

In Papua New Guinea the Seeds Performing Arts Theatre is a community-based group which aims to increase HIV/AIDS awareness. This particular program specifically targets truck drivers, sailors, dockside workers and sex workers. The group has performed to more than 3000 people involved with the transport industry. In addition, two local theatre groups have been trained on HIV/AIDS topics.

The objectives of the project are to: train Seeds theatre members in peer education, to dramatise risky sexual behaviours, and to reinforce, through drama, messages that had already been delivered to target groups by IMR peer educators and outreach workers (Sommi, Peter, Bisai, 2000:18).

The messages that the Seeds theatre wanted to communicate were created and monitored by the PNG Institute of Medical Research (IMR). The IMR team undertook a base-line survey of knowledge, behaviour and practice among the target audience.

It was found that some truckers are sharing sex workers among themselves, frequently having sex in the trucks without using condoms. Sailors leave their ships, get drunk and find women around the wharf ready to sell sex (Sommi, Peter, and Bisai, 2000: 18).

The study found that the majority of workers had very limited knowledge of STD and HIV/AIDS. Theatre was used to transmit messages about sexual health and HIV/AIDS because it is direct, entertaining and non-threatening in populations where illiteracy is high. IMR created the scripts and Seeds theatre devised songs and created flip charts. Key messages were about the transmission of HIV through razorblades, needles, pregnant mothers, anal sex and STD (Sommi, Peter, and Bisai, 2000: 18).

When there is participation, dialogue and research, plays reflect the views of the community and there is congruence between all the participants. A cooperative strategy develops and differences in attitudes and values will dovetail (Frank, 1995: 83). In the case of AIDS prevention all groups involved are concerned with the prevention of the epidemic and theatre becomes a form of liberating education and a tool for the development of critical awareness.

The Use of Traditional Media in Theatre for Development

Theatre for Development uses traditional media such as dance, song, story telling, riddles, drums, games and puppetry. These have a high degree of credibility with indigenous audiences. In many Third World nations they are time-honoured mediums of instruction (Boafo, 1985: 88). Because traditional media have status in their communities, modernising messages promulgated by actors are more readily accepted.

Actors can convey messages through improvisation without doing injustice to traditional mediums, and unlike mass media, they are not associated with a modern and technocratic elite. Through the uses of traditional media Theatre for Development can also reach groups that mass media cannot, such as rural populations, illiterates and other target audiences (Prentki, 1998: 421). It supports the survival of local artists and affirms the local population's cultural identity. Theatre for Development is also sensitive to the needs of the audience, and demands active participation by the audience. Performers receive immediate feedback and can therefore quickly judge the effectiveness of their approach.

Theatre appeals to the emotional and rational consciousness. In theatre more than one of the senses is stimulated and this tends to appeal to those cultures that have a more balanced way of receiving information. Most Western cultures have emphasised the receiving of information in a visual manner, while many Third World nations have strong traditions associated with the other senses. Theatre is able to employ these other senses and present factual information in a manner that is easily understood and received by participants (Frank, 1995: 87). As a consequence, Theatre for Development adapts easily to traditional communication modes. In addition, it is also one of the few mediums that is accessible to many people, does not require electricity and is not technologically dependent.

Theatre for Development provides a means to present behavioural issues within the context of the values and attitudes of a particular community (Morrison, 1991: 32), and can also use communities' traditional theatre experience to promote discussion (Harcourt, 1990; Schreiner, 2000: 1). Theatre is able to incorporate different types of information and can be used to support a range of health programs. Productions help address difficult issues, such as sexuality and potentially offensive words can be acted out or mimed. At times theatre can use language that would be considered unacceptable in other contexts (Sheehan, 1998: 4).

Theatre programs use a wide range of traditional media to spread messages about the prevention of HIV/AIDS. The African Research and Educational Puppetry Programme (AREPP) uses puppets in its plays. The puppets are grey, which symbolises how everyone is vulnerable to HIV regardless of the colour of their skin, their sexual orientation, gender or age. The characters are non-threatening and can say things that actors could not.

The Save Your Generation (SYGA) NGO in Ethiopia uses a range of entertainment formats to attract out-of-school young people, including drama, video, puppets, sports events and street drama. The group finds that a range of communication approaches allows them to present images to young people and “use their own language”. For this group, street drama is one of the most powerful techniques, audiences do not need to be invited and are able to participate wherever they are (Henry, 2000: 3).

Morrison (1991) argues that one of the reasons why theatre in Third World nations is successful is its use of oral traditions and its association with traditional culture.

It is grounded in the tradition of social learning through observation, often of ritual performance, and of transfer of knowledge orally through storytelling and praise singing. The interactivity of the forum is another appropriate aspect conforming to the norms of the culture, and this aspect allows for much feedback to occur (Morrison, 1991: 31).

Through storytelling, songs, riddles and dance, people’s consciousness is aroused and new concepts, such as sexual health messages, can be delivered without disrupting local traditions (Anyona, 1997: 26). Oral traditions and audience participation are assets for Theatre for Development (Harcourt, 1990: 116).

The Mere Akson theatre group of SIDT (Solomon Island Development Trust) has found that the use of traditional song and dance is particularly effective. It allows health and development messages to be presented in a manner that

Solomon Island audiences can relate to. The songs are effective in expressing feelings (Sheehan, 1998: 15). In Kenya, dances traditionally sung in thanksgiving for a good harvest have been modified to celebrate lives saved (Kimani and Obanyi, 2000: 4).

Many of the groups have adapted traditional folklore to convey HIV/AIDS messages. Metaphor, symbolism and imagery provide performances with more ways to communicate with the audience, and convey messages in an entertaining and culturally sensitive manner. The audience is then asked to interpret the stories and in this way stories stimulate discussions about HIV/AIDS issues.

A pen should be used to write in one book, the story says. However, for those who wish to make copies of what they write (or to have sex with more than one partner), a carbon paper (condom) should be used (Kimani and Obanyi, 2000: 4).

While some groups have adapted traditional stories Save Your Generation (SYGA) in Ethiopia, is working with a traditional organisation called the *Edirs*. The association was established as an insurance system for funeral expenses. *Edirs* have provided a significant amount of community support to SYGA. By supporting the work of SYGA, *Edirs* hopes that SYGA will be integrated into the traditional community infrastructure (Henry, 2000).

Dress can also convey unconscious images and create associations in the mind of the audience. This must be carefully considered however because consciousness-raising messages can be easily diluted. The Ebonita theatre group of Uganda used both traditional and Western dress, which created an association with traditional practices but also reflected change brought about by globalisation (Frank, 1996: 110).

However, in the performance that the Ebonita theatre group presented during the Uganda AIDS Quake Festival, a contradiction existed between traditional and modern messages because of the clothing worn by the actors. An actor

wearing Western clothing made the appeal to traditional morals. Frank (1996) argues that such conflicts confuse communication messages and may not result in a change of behaviour (Frank, 1996: 110).

Certain traditional practices increase individual vulnerability to HIV. The play *Give a Chance*, which was performed during the Ugandan AIDS Quake Festival, challenged the traditional assumption that children should not ask questions. The play showed, instead, that it is important for young people to have information about sex if they are to protect themselves from HIV infection (Frank, 1996: 112).

While an appeal to tradition is useful, it must genuinely reflect the nature of the community. *Give A Chance* suggested that HIV infection is caused through promiscuity and the play promotes monogamy as one way of limiting HIV infection. However, polygamy is part of the traditional social structure in Ganda, so there is a contradiction in using traditional elements and foreign values at the same time. Such contradictions weakened the play as a communication tool (Frank, 1996: 110).

The play does, however, use some traditional elements to convey HIV messages successfully. For example, an old man represents the virtue of monogamy. The elderly are treated with great respect in Ganda society so the words of the old man have great impact. The audience receives the information at a deeper level because it appeals to traditional values (Frank, 1996: 113).

The appeal, therefore, is not so much to the old moral polygamous system of the Baganda, but rather to a moral system filled with new rules as binding as the old (Frank, 1996: 113).

Throughout the literature there is support for the use of the local language in plays (Epskamp, 1989 and Kidd, Byram 1987 and Mda 1993). Audience participation, participative research and local action require the use of local language. The African Research and Educational Puppetry Programme

(AREPP) spends time inquiring into local traditions and attitudes, and ensuring that words or phrases used in HIV/AIDS plays will be appropriate to audiences.

For example, in certain areas of Zimbabwe, they do not use the words "penis" or "vagina" because these terms are offensive in Shona; the term kutsi ("down there") is substituted (Friedman, 1991: 4).

Frank (1996) agrees that plays are most effective when the local language is used. However, Theatre for Development must maintain its versatility and should use whatever language is appropriate to a community (Mwaansa, 1991: 28). The Ebonita theatre performances in Kampala are conducted in English and Luganda. These bilingual presentations help overcome some of the difficulties associated with language in a mixed urban community and thereby appeal to a larger section of the population (Frank, 1996: 109).

While theatre that used the vernacular emerged under colonial and neo-colonial power structures (Kerr, 1991: 69), it is the participatory process that achieves an increase in critical awareness.

The popular theatre worker needs constant vigilance to avoid becoming embroiled in new forms of cultural mystification. External manifestations of theatrical participation (local language and culture, close contact between drama worker and community, formal techniques for involving the audience in discussions and dramatic creativity) might create such a convincing impressions of popular activism that the people will be blinded to the fact that the real goals of popular communication – the empowerment of communities at the cultural, political, and economic levels – are being withheld (Kerr; 1991: 71).

Theatre for Development can be an inexpensive means of education that uses the rituals, symbols and language of the people. It avoids the problem of illiteracy, is part of the local culture, and is a form of entertainment. When theatre genuinely reflects the lives of it's participants, HIV/AIDS messages will be received more clearly and greater awareness promoted.

Play Structure in Theatre for Development

Theatre for Development is flexible in the approaches available to it, and story lines can be adapted to audiences, sites and cultures (Levert and Mumma, 1997: 7). There is some debate, however, about the level of dramatic skill required to achieve quality Theatre for Development. Mda (1993) believes that theatre of artistic merit and quality, and Theatre for Development is complementary. In fact, effective Theatre for Development will frequently be of high artistic merit *and* act as a mode for conscientisation. Successful Theatre for Development can also be achieved with participants who have limited acting experience. As one example of this, Chile Street Kids International (CEPSS) invites participants to act out specific AIDS related questions, in a way that does not embarrass participants or draw attention to their acting skills. The focus is the issue itself rather than the mode of communication (AIDS Health Promotion Exchange 1991: 10).

The social goals of Theatre for Development mean that it must challenge the audience. This is frequently achieved by presenting a representation of behaviour rather than a fully developed character. In many AIDS plays characters reflect an attitude or trait, and this allows the audience to see themselves. Frank (1995) found that AIDS plays presented individual characters with quite oppositional traits. By contrasting these features the plays present essential information. There are few stage directions and other conventions associated with literary drama.

There is also debate about the role of entertainment in Theatre for Development. The goal of Theatre for Development is to change social conditions and entertainment is secondary (Frank, 1995: 107). Genuine participatory research and community involvement will ensure that the content expresses the interests of the community. In this way drama is an effective tool by which social reality can be expressed and change advocated.

While entertainment is essential it is not the *primary* function of Theatre for Development. If a play is to motivate people however, it must capture the audience's attention and this is accomplished with the help of music, dance and mime (Frank, 1995: 116). Humour is frequently used in plays, but it must not overwhelm its key messages. Presented humorously, sensitive issues can be discussed without causing offence (Mumma, 1997: 22).

Throughout the Theatre for Development literature, there is also some discussion of scripted and unscripted plays (Eyoh 1991, Kerr, 1991 and Srampickal, 1994). Universities, government bureaucracies, non-governmental organisations and international organisations have all developed scripted plays. The degree of their success is dependent on the quality of research and degree of community participation. When theatre practitioners hold workshops with the community and genuinely research problems, the plays created reflect the communities' interests.

The Foundation for the Pacific in Kiribati produces scripted community drama on HIV/AIDS, teenage pregnancy and related health issues. The project staff conduct research when working in the community and supplement this with information gained from Ministry of Health statistics, the South Pacific Commission and anecdotes. The process begins with workshops where participants identify their hopes and fears. This process determines the content of the play. The drama group is then given the main messages and they then develop the script and dramatic techniques. Theatre groups exploit the i-Kiribati love of puns and innuendo to capture the audience's attention (Discussion with FSP Kiribati manager Leonie Smiley, 6 June 2000).

AIDS plays and other forms of didactic theatre, are concerned with the quality of information audiences receive. Frequently this type of theatre is less able to use improvisation and is far more reliant on scripted plays. When actors have the knowledge and skill to draw out essential issues, there is less need for scripting and more possibility for audience involvement. While the didactic element of AIDS plays makes it more difficult for the community to be fully involved, there is always room for improvisation.

The skill of improvisation can be learned and used to convey social change messages. There are many examples of villagers writing plays, and at other times completing plays that have deliberately been left unfinished. Many theatre groups use Boal's forum and playback theatre techniques (Mda, 1993: 18).

The Women Action for Change of Fiji (WAC) is recognised for its work in prisons and is a South Pacific organisation that has developed a regional reputation for its use of playback and forum theatre. These theatre techniques rely on audience feelings and stories, which are used to act out appropriate messages and solutions.

The organisation works in two male and one women's prison. Initially WAC used forum and playback theatre to explore attitudes towards people with HIV and to find out how prisoners would feel if they were HIV positive. During WAC's association with prisoners they have found that male prisoners were not very aware of reproductive health and the workings of women's bodies. WAC changed its sketches to deal with the physical concept of getting STD and HIV and the effect on childbirth. This was useful and generated discussion among prisoners.

WAC found, however, that awareness of HIV and STD does not necessarily translate into safer sex practices. Women cannot get men to use condoms. Men know they should use condoms but for various reasons do not want to. WAC is now looking at using playback and forum sketches to encourage safe sex practices, and give women the power to negotiate use of condoms with their partners (Discussions with WAC manger Peni Moore, 8 June 2000).

All types of Theatre for Development are presented in a community environment. The site tends to be a place that is familiar to the community, it might be a village square, a hall, school or market place. This encourages interaction between actors and audience.

In a village, the environment is familiar from village meetings and discussions and is not connected with passivity; spectators in a village setting usually know each other and are not shy to talk and make comments (Frank, 1995: 120).

Environmental factors like the size of the site; weather and acoustics determine levels of participation and effectiveness – and the degree of dialogue with the audience.

The presentation of the plays in the National AIDS control Program in Uganda highlights some of the issues for Theatre for Development. The seating for the audience was organised in such a way that there could be little interaction between the audience and artists, and plays were presented as finished products. These factors meant that the AIDS plays assumed an entertainment rather than an educative function (Frank, 1996: 111).

Practical issues are best resolved through sound participatory research. In the African Research and Educational Puppetry Programme (AREPP) time is spent finding out the best time and locality for performances. In Kenya, Family Health International performances take place in a location that was traditionally the domain of the village council elders. Youth groups now use this space to present HIV/AIDS messages (Kimani and Obanyi, 2000: 1). These spaces, which have cultural significance, mean that the plays have a subconscious advantage and the transmission of HIV messages is more likely to be successful.

Finally, it is essential that audience members are relaxed and feel able to express themselves during all aspects of the drama event. In many communities there is a power imbalance between men, women and children. As a result, women and children find it more difficult to express opinions in heterogeneous audiences. The AIDSSCAP Kenya project final report, 1993 to 1996, calls for homogeneous audience groups that allow free discussion on HIV issues.

For example, women may be inhibited by the presence of males, and married and single people may have different concerns (AIDSCAP: Kenya Final Report, 2000: 7).

Mere Akson and SEI! theatre groups in the Solomon Islands divide audiences into groups to discuss messages in the play, groups then present their findings (Bowden, 1999: 24). This technique allows less powerful community members to express their views and provides Theatre for Development workers with an important perspective (Prentki, 1998: 423).

Theatre that attempts to create awareness and change attitudes associated with HIV/AIDS requires a degree of expertise that may not exist in local communities. However, it remains essential that local communities be as fully involved as possible in the theatre making process. Dedication to the Freirian concepts of participation and dialogue will ensure that all community members are involved with the theatre making process. When these goals are the foundation of Theatre for Development programs they are more likely to genuinely reflect the lives of its participants and will be more effective.

The Role of the Animator

Frequently Theatre for Development uses a catalyst to develop a play or theme (Mda, 1993: 20). The catalyst may be a group of actors, governmental and non-governmental extension workers or university academics. Such activists are a "vanguard group" (Mwaansa, 1991: 34) who assist communities to interpret the social and economic structures that affect them. The involvement and awareness of the catalyst is fundamental to the success of Theatre for Development and will determine the degree of conscientisation the dramatic process creates (Lihamba, 1992: 62).

It is critical that the catalyst is involved in the lives of the people. Wherever possible they should live with the community for a period of time to gain a complete understanding of the issues that affect it (Mwaansa, 1991).

They must participate in the villagers' social and economic lives, not just as detached, albeit sympathetic, observers of their daily lives and problems. They will be able to embody in a dramatic form ideological conflicts and the circumstances from which they have arisen (Mda, 1993: 21).

Nevertheless, it is not easy for an outsider to fit into a closely-knit community and there are obvious time and financial constraints, which may reduce their ability to be involved in the lives of the target community (Prentki, 1998: 421).

The importance of the animator can be seen in CRUSH's Participatory Educational Theatre (PET) in Kenya. In the PET process the facilitator is essential to encourage community participation in the drama event. After each dramatic scene the community is encouraged to participate in finding solutions, and members of the community may be asked to role-play positions. The audience is then invited to comment on possible solutions (Chamberlain et al, 1996: 72).

The animator must express a high level of awareness and sensitivity and have a genuine rapport with the community (Ankrah and Attika 1997: 7). In addition, they must be able to cope with any character that the community considers necessary to bring in to the drama (Leverit and Mumma 1997 24).

They must also be open to partially or wholly changing either their attitudes and/or behaviour, but only when the community has provided persuasive enough arguments. When this happens it invariably results in a moment of spontaneous applause and celebration (Chamberlain et al, 1996: 73).

Sex is not frequently discussed in the village environment. With a skilled animator this topic can be openly discussed without compromising the integrity of the local community culture. The animator has to judge how far the community can be pushed.

In this Luo community people do not talk openly about sex and sexuality, yet during the PET they were able to talk very freely about it in a community gathering of both sexes, all ages and most classes (Chamberlain et al, 1996: 74).

The essential issue is not the time the catalyst spends in the community or even their socio-economic status, but their level of critical awareness (Kerr 1999). The catalyst must have a highly developed sensitivity and understanding of the community and a clear understanding of their value structures (Byam, 1999: 26).

Solidarity requires that one enter into the situation of those with whom one is solidary; it is a radical posture. If what characterises the oppressed is their subordination to the consciousness of the master, as Hegel affirms, true solidarity with the oppressed means fighting at their side to transform the objective reality which has made these "beings for another" (Freire, 1994: 31).

In addition, it is important that the catalyst is clear about their own ideology because it will consciously or unconsciously lead the community to certain conclusions (Mda 1993). Domestication may occur when the catalyst does not have a sufficiently high level of critical awareness. Villagers may be presented with a false interpretation of their difficulties. Plays that blame the problems of village life on local laziness are victim blaming, domesticating and reinforce existing social structures (Mda, 1993: 175).

The AIDSSCAP project in Kenya reported that there was a need for performance to reflect the needs of particular audiences, for example, performance for rural areas that reflected cultural practices such as widow inheritance, circumcision, and village quacks (AIDSCAP: Kenya Final Report, 2000: 7). In addition, the report states that presentations must avoid stereotypes which, when used, indicate weaknesses in the participatory

research process and suggest that broader issues associated with HIV/AIDS were not being considered in depth.

There is some support for the marginalisation of the animator in favour of popular community participation (Lihamba, 1992: 62). For Theatre for Development to be self-sustaining, local community members must play a significant part in all aspects of the process. However, plays that want to change attitudes, such as HIV/AIDS plays, require outside assistance (Frank 1995: 10). True Theatre for Development occurs when local people develop the skills to assess development issues, place these events within a wider social context and take over the role of catalyst (Kerr, 1999: 170).

The Involvement of Academics, State Organisations and International Aid Organisations

There remains considerable debate about the role of the state and international organisations in Theatre for Development. Kerr (1991) believes that Theatre for Development will lose its participatory character and become a tool for domestication if outside agencies control the theatre process. He suggests that Theatre for Development may actually be adding to the neo-colonial structures that it is trying to fight in such situations.

Theatre work involving the University of Malawi provides Kerr (1991) with the context for assessing the domesticating tendencies of the state. Theatre for Development projects in Machinga, Mangochi, and Zomba districts of Malawi all displayed elements of genuine participatory theatre. These programs used local languages, indigenous cultural forms, were on-going, fostered self-reliance and created more than twenty village and district theatre groups. These features all validate the participatory process (Kerr, 1991: 66).

The gradual involvement by State agencies in these projects over time had a detrimental effect. Theatre groups were encouraged to reflect the ideology of the ruling party. In addition, the role of district nurses and health inspectors

diminished the class conflict portrayed in plays (Kerr, 1991: 66). In time theatre groups displayed a reversion to stereotypical presentations of village characters, common to colonial drama (Kerr, 1991: 68). The poor were presented as traditional and unwilling to change, superstitious and ignorant while the elite were wise and modernising (Kerr, 1995).

The contrast was a mere extension of the old Mr Wise and Mr Foolish formula inherited from the colonial didactic theatre, and served to substitute an elite analysis of the modernisation process for a more relevant class-conscious analysis of exploitation (Kerr, 1995: 160).

Kerr (1991) has also shown that the Malawi UNICEF sponsored immunisation program, was an example of a top-down mass communication program that was dominated by international organisations and local elite. The theatre program was launched in the national stadium by the head of State and was dominated by international aid agencies with cooperation from State aid agencies. In Kerr's (1991) opinion the theatre campaign was devoid of participation and did not promote the development of critical awareness.

As Theatre for Development becomes increasingly accepted by international development agencies, there is a risk that it will be used as a tool in bilateral aid programs and consequently will not be part of the local community (Kerr, 1991). Participatory Theatre for Development is easily subverted and conscientisation is not automatic. Simply allowing the people a voice does not necessarily result in development (Kerr, 1991).

If the popular voice that results from such a process merely parrots the received wisdom of political despots or developmental gurus, then the people are participating in their own mystification (Kerr, 1991: 68).

The Laedza Batanani project of the University Institute for Adult Education in Botswana in 1970's highlights the vulnerability of the participatory process. This project was one of the early Theatre for Development projects in Africa (Erven,

1991: 25). It was not truly popular because petit bourgeois academics and government officials dominated the research and dramatic processes.

For example, the 1976 campaign about VD, nutrition and sanitation was strongly influenced by the large contingent of government health staff in the Laedza Batanani organising committee (Kerr, 1995: 159).

The analysis of problems was done from the perception of project designers and problems were identified in isolation without analysing their common roots. Discussions associated with the transmission of STD did not consider economic and political factors that contribute to the spread of STD (Mda, 1993:15). Consequently, the process of conscientisation was subverted, and became a diffusionist tool that did not develop more than technical solutions to the problems of STD.

In addition, local community representatives tended to express the position of the more powerful rather than the views of the least powerful community members (Kerr, 1995: 159). The rural elite have different viewpoints to oppressed peasants. It is the role of genuine Theatre for Development to seek out and express the most marginalised positions and assist with change.

In rural Africa, traditional elites such as chiefs promote a kind of 'indirect rule', not of colonialism, as in the days of British autonomy, but of neo-colonialism – distracting attention from the way metropolitan elites extract surplus labour from rural peasants through a series of articulations with the capitalist economy (Kerr, 1995: 163).

Such programs do not allow local intellectuals the opportunity to reflect their communities' problems and explore solutions. The consequence is short lived theatre programs that do not deal with the real issues that affect the lives of the poor (Mwaansa, 1991: 33).

When government and non-governmental organisations simply present issues to communities, the local community is removed further from the theatre making

process and theatre becomes another top-down communication tool (Mwaansa, 1991: 34). Theatre for Development that is seeking critical awareness will search for the complex and frequently interwoven factors that generate underdevelopment (Kerr, 1995: 167).

While there are limitations with performance that is dominated by outsiders, these difficulties can be resolved. International organisations are capable of working with local communities to promote critical awareness and while there is a risk of co-option, profitable alliances have developed (Erven, 1991: 26). Also, it is simply unrealistic to assume that local communities will be able to initiate and sustain forms of development programs without outside assistance.

Frank (1995) accepts that a power imbalance exists between international organisations and local communities. But she also believes that for international organisations and NGO's to produce change in communities, power must be exercised.

The definition of the problem, as well as the perception as to what is the wrong and what is the right kind of behaviour is therefore influenced to a large extent from outside (Frank, 1995: 108).

The result of this imbalance is communication that is asymmetrical. Information is passed from these organisations to artists and then to audiences. This creates a chain of communication (Frank, 1995: 85) from international organisations to artists. In addition, there is communication between audience and actors. This communication chain can also potentially create confusion and have unplanned outcomes. For example, on occasions women have been mistakenly blamed for transmission of the HIV virus. Again, it is the workshop process that also ensures that information is correctly understood and interpreted by all parties involved with the dramatic event (Frank, 1995: 159).

This imbalance between those involved in the communication chain will not necessarily marginalise local communities but the possibility of intercultural misunderstanding raises questions about this tendency in didactic theatre.

Frank (1995) argues that this risk can never be completely eliminated. It is essential, however, that information campaigns do not highlight intercultural differences (Frank, 1995: 114).

Theatre is one of the few media that allows people to “talk back” through questions and discussion. When local communities are able to reflect their own issues, theatre is less likely to produce confusion and misunderstandings. The Family Health International 2000 final report on HIV theatre in Kenya states that religious taboos imposed on women, such as not leaving their homes at night, made it more difficult for young Muslim women to join local theatre groups or attend productions. Some of these difficulties were resolved by local people listening to each other and parents developing an understanding of the objectives of the theatre groups.

Local Christian leaders were initially not supportive of the theatre groups. They believed that drama groups affiliated with the church should present religious themes. The program was able to take account of local cultural practices and work within the existing religious structures. Through participation and local ownership of the program, community leaders are now more supportive.

National Campaigns

Commentators agree that the involvement of international organisations can result in donor driven programs that may not reflect the needs of target communities. The need to show favourable results can force projects to assess performance in terms of technical success. National HIV/AIDS festivals and competitions that rely on numbers of spectators as a measure of success are delusional and there is a tendency to over state success in the search for funding (Frank, 1995: 70).

Spectacular events like the AIDS Quake Festival are well attended and therefore appear successful for the organisers in their reports to headquarters, which then give more money to be spent on more information campaigns (Frank, 1996: 114).

The consequence is that information campaigns are large and frequently have an urban focus, as this makes it more likely to attract large audiences. The result is that rural communities are further marginalised and isolated from information campaigns (Frank, 1996: 114).

National information campaigns are incapable of reflecting the issues that effect the lives of individuals, and to this extent national campaigns are not an appropriate tool for HIV/AIDS education. Goals like the prevention of HIV/AIDS are not realised nationally, but locally, since they are closely connected to a change of individual behaviour and decisions (Frank, 1996: 114).

The centralisation of the message is one of the major weaknesses associated with national theatre campaigns. If national goals are to be achieved, it is necessary for local communities to be involved in all aspects of the dramatic event. Large festivals will not achieve behaviour change at the local level. Smaller more localised productions, however, may help alter behaviour (Frank, 1995: 159).

There are examples of national festivals that have generated local theatre, reflect the lives of its participants and are controlled by participants. Artnet Waves was established in Nairobi in 1994 and was initially created to hold an annual youth theatre festival that coincided with World AIDS Day. The program was very successful. Artnet Waves changed its focus because it saw a need to develop youth drama groups to continue theatre activities with an HIV/AIDS focus throughout the year. By 2000 more than 270 youth groups had been established, reaching 400,000 people with performances that stimulated discussions about the epidemic (Kimani and Obanyi, 2000:9).

Coordinators were employed to train youth theatre group leaders in theatrical skills and to ensure the accuracy of HIV/AIDS information. Regional coordinators held workshops with drama group leaders. These leaders returned home to train their groups. The material and the training encouraged audiences to identify common problems and participate in choosing solutions (Kimani and

Obanyi, 2000: 5). The approach allowed drama groups to develop their own plays and promote awareness and prevention in a way that was relevant to their particular communities. This allowed them to interpret the meaning of HIV/AIDS for themselves and explore conflicts and solutions pertinent to their own generation (Kimani and Obanyi, 2000: 3).

Theatre for Development is susceptible to domination by outside agencies. Theatre practitioners must be vigilant and remain faithful to the twin Freiran goals of participation and dialogue. When these are the principle theoretical foundations of Theatre for Development there will be less chance that Theatre for Development becomes unrepresentative and domesticating.

Theatre in Search of Structural Change

In order to reduce individual vulnerability to HIV infection it is necessary to alter patterns of behaviour and confront the social and economic conditions that mediate vulnerability. Events must be placed within a structural context and reflection must take place on why problems have developed (Mwaansa 1991: 34).

In the case of AIDS plays, there is normally clear information about the modes of transmission and prevention, but there is often insufficient information about the impact of the pandemic. The economic and social impacts provide communities' with a way of connecting individuals to the wider context of the disease. Used in this way, Theatre for Development is a solution to the top-down models of communication (Lihamba, 1992: 60) and when combined with political analysis, it acts as a means of addressing inequalities and assessing dependency.

The Mere Akson theatre group of SIDT (Solomon Island Development Trust) aims to promote women's issues in the Solomon Islands. The group also attempts to place HIV/AIDS vulnerability among the wider social and economic issues that effect the Solomon Islands.

It works to empower and preserve culture, it reinforces and strengthens our cultural life in order to pass on this knowledge of cultural identity to the next generation, to address issues such as domestic violence, women's rights, malaria and AIDS education (Link, 1996: 6).

The group created a decision-making drama to reflect the power imbalance between men and women in Solomon Island communities. The drama attempts to display this imbalance and build women's confidence as a tool to redress the social inequality that exists. How successfully theatre can be developed, as a tool against social oppression, remains questionable but it is able to raise awareness of these issues (Smith: 2000: 2). Mere Akson is aware that change will only happen slowly, as there is little tradition of women's involvement in decision-making (Sheehan, 1998: 15).

Crude Theatre in rural Uganda has shown how Theatre for Development can have an impact on opinion building. The group created a play in opposition to a proposed medical cost-sharing bill in the hospital system of Uganda. The play generated so much opposition that the bill was scrapped (Frank, 1995: 68).

In discussion sessions conducted after performances, by the African Research and Educational Puppetry Programme (AREPP) it became clear that miners in Namibia were not able to bring their families to the mines and were also denied leave to visit them. As a result, many of the miners used local sex workers. The drama group was able to work with employers to find solutions to these difficulties and reduce some of the structural influences that increased the miners' vulnerability to HIV (AIDS Health Promotion Exchange 1991: 6).

Theatre can also assist in changing attitudes that contribute to social and economic marginalisation associated with HIV/AIDS. During the Artnet Waves program in Kenya one youth group developed a drama skit to discourage discrimination towards people living with HIV/AIDS.

The skit tells the story of a sex worker who reveals that she is HIV-positive and a young man who is also infected with HIV. Both are ill and need admission to the local hospital, where only one bed is available.

*The audience is asked which of the two should be given preference
(Kimani and Obanyi, 2000: 5).*

The skit allows people to uncover some of the stereotypes they have towards people who are HIV positive and helps develop compassion towards HIV positive members of the community.

All these examples suggest that Theatre for Development practitioners are attempting to draw associations between individual behaviour and structural conditions. However, drama alone cannot effect the change that is required. Drama is an effective medium for the discussion of social issues as it can deal with these issues in an imaginative and entertaining way. However, if local people are taught new skills, but are not supplied with the resources to make the required changes, then the drama is simply entertainment or even worse a cruel reflection of reality (Mda, 1993; 19).

Information programs are not sufficient when attempting to alter the behaviour of individuals vulnerable to HIV. Even when such programs are socially and culturally relevant they cannot alter the social and economic conditions that increase the HIV vulnerability of some groups (Mann and Tarantola, 1994: 41).

In practice, individual vulnerability to HIV is mediated through access to information, education, and services (included in national AIDS programs), and the broad societal influences (societal context) that increase, sustain, or reduce personal capacity to adopt safe behaviour and cope with the consequences of the pandemic (Mann and Tarantola, 1994: 48).

HIV cannot be separated from the social and economic inequalities that affect the lives of people. HIV accentuates inadequacies that exist in the health care infrastructures of developing nations. Strengthening the health infrastructure will not necessarily ameliorate the problems associated with HIV health care (Klouda, 1995: 478).

We can say that the impact of AIDS and HIV infection will always be greater in poor societies and on the poorest and the most marginalised people (especially when they are women) and that this reflects the unequal impact of other social and physical ills (Klouda, 1995: 478).

Consequently, the prevention of HIV must confront discrimination, economic and social inequalities and cultural traditions that sustain vulnerability to HIV. This involves confronting some complex and difficult social and cultural problems (Reid, 1993: 194).

As all of society is affected by the epidemic it is essential to motivate all sectors to participate in the response to HIV/AIDS. Multisectoral action is required to develop nurturing and respectful partnerships between different sectors of the nation; government, non-government, private business, etc (South Pacific Commission, 1997: 11).

Multisectoral AIDS programs aimed at changing sexual behaviour are based on two premises: first that individual and community behaviour patterns mutually define each other, second that change in behaviour happens in many stages and in many different ways. Thus interventions need to be interactive and flexible, responding to the particular needs of the community at any given time (Elkins et al, 1996: 70).

The multisectoral AIDS prevention strategy (MAPS) of Thailand involves both government and non-governmental organisations. Such an approach suits Thailand as it has a developed infrastructure of health, education and welfare services. In Northeast Thailand, a five-act drama has been developed to facilitate multi-sector AIDS prevention activities. Communities need to be aware that AIDS erodes the hard won gains in economic, social and health development (Elkins et al, 1996: 70). Simply pointing out medical realities is insufficient, because there is a tendency for individuals to deny their own vulnerability.

The work begins at the sub-district level. Meetings provide a forum through which cooperation between government, NGO's and the community can be

established. Village leaders, health workers, education workers and women's representatives are all involved in these discussions (Elkins et al, 1996: 71). Drama was seen as the most effective way to present the strategy. An audio-drama was designed and used to launch discussions on the impact of AIDS at the community level and the creation of AIDS prevention activities. The drama event was held over a week, with the audio-drama being presented Monday to Friday. Posters were placed around the villages with pertinent questions on themes that encouraged discussion from issues raised in the drama.

After the drama a community meeting was held. Community members identified risks to their community and how these might be reduced.

From the meeting community members named brothels and cattle auctions and certain festivals at which commercial sex work took place, as well as instances of intravenous drug use among young men (Elkins et al, 1996: 74).

A community AIDS strategy was developed and the sub-district strategy presented to sub-district and district officials. With the help of NGO's and MAPS officials, the report was prepared and submitted to the government and other funding agencies. An AIDS committee was elected to coordinate prevention activities carried out by government and NGO staff in the subdistrict. As a result of the consultation with the community, government representatives made condoms more freely available.

Summary

It is important to be realistic about what theatre can achieve. While it is important to create plays that generate a consciousness of health care and confront social and economic inequalities, this is a gradual process (Frank, 1995: 102). Theatre should not be considered a panacea for all problems in AIDS prevention and education. Like other means it cannot work alone.

It takes considerable effort and there may be difficulties with organisation, funding, resistance on the part of some leaders or sectors of society, obstacles related to policies and law enforcement practices, difficulties in keeping up the interest of those involved, etc. To achieve change, theatre needs to be complemented by other types of information and education and must be supported by political will (Friedman, G. 1991: 3).

Theatre for Development is able to draw upon the real world in an entertaining and flexible manner, reaching people through everyday means allowing people to understand other events. It employs a wide variety of techniques and strategies to inform Theatre for Development practice but it is the participatory process that is paramount to the success of this discipline. Theatre that attempts to create awareness and change attitudes associated with HIV/AIDS requires a degree of expertise that may not exist in local communities, however, it remains essential that local communities be as fully involved as possible in the theatre making process.

As Theatre for Development is used by many organisations to communicate HIV/AIDS awareness messages and it forms part of an integrated response to the HIV/AIDS epidemic, it is necessary to evaluate the success of theatre as a mode for delivering HIV/AIDS awareness messages.

Chapter 3 Evaluation of HIV/AIDS Theatre for Development

Information, Education and Communication (IEC) programs, which utilise theatre, have the potential to reach large numbers of people at risk of HIV infection. This section of the research will assess and evaluate whether HIV/AIDS Theatre for Development programs are meeting the objectives of knowledge improvements, attitude change and behaviour modification.

Unfortunately, there have been few studies examining the effectiveness of drama as a tool to disseminate HIV/AIDS information (Valente and Bharath, 1999: 210).

Retrospective studies generally suffer from a lack of comparability of the study group in baseline sexual behavioural patterns, and experimental designs are likely to face serious ethical and methodological problems. It might, therefore, be very difficult to provide firm and unambiguous evidence for the role of IEC (Van Dam 1989: 145).

In addition, AIDS theatre evaluation uses a wide variety of techniques: testing audiences before and after performances, focus groups, control groups and a mixture of all of these methodologies (Bosompra, 1992: 319; Elliott, et al 1996: 321). However, the limited number of evaluations available, and inconsistencies between research methodologies, makes any generalisations difficult (Bosompra 1992: 321). Long-term studies are needed to determine the extent of any changes in knowledge, attitude and behaviour. Even with these limitations the literature does provide some indications of the effectiveness of theatre in changing HIV risk behaviour.

To gain a better understanding of HIV risk behaviour, social scientists have considered differences in knowledge, beliefs and values of individuals and communities. Social learning theory frequently provides the theoretical base for assessments of individual behaviour. According to social learning theory, patterns of thought and behaviour can be learned through social modelling

(Bandura, 1986; Nutbeam and Harris 1998: 30-33). Theatre is able to address cognitive and affective domains, and address human behaviour more successfully than other less participative media. It can provide a vehicle for vicarious social modelling which results in changes in AIDS knowledge and beliefs (Probart, 1989: 269).

Over-emphasising the importance of the individual can mean that social and environmental factors are ignored and this can result in victim blaming.

The combination of knowledge, beliefs and values leads to an intention to behave in a certain way, but this intention is influenced by the socio-cultural environment in which the individual lives and which provides a normative system (Van Dam, 1989: 143).

Understanding individual behaviour within a socio-economic context helps explain why individuals with adequate knowledge, beliefs and values do not alter high-risk behaviour. There may be socio-economic factors that facilitate or inhibit good health intentions. For example, a lack of condoms will hinder good health intentions and the presence of health clinics will do the opposite.

It is important that factors that inhibit good health outcomes are understood and eliminated, if individuals are to develop healthy behaviours. Economic, political and cultural issues are all-important influences, and a wide variety of interventions are needed to change HIV-related behaviour – including theatre.

It is frequently claimed that Theatre for Development is able to improve knowledge, change attitudes to HIV/AIDS and modify related behaviour. As a result, it is important to assess how effective theatre is when attempting to reduce HIV/AIDS vulnerability.

Knowledge

Knowledge is the result of learning processes and consists of those things that are considered true. Traditionally health educationists have believed that

increasing knowledge results in behaviour change. Commentators have found, however, that there are many other factors that contribute to behaviour modification (Van Dam 1989: 142). Studies, which test changes in HIV awareness, have had inconsistent outcomes.

Research in the developed and developing world reinforce and negate the value of theatre as a tool for the prevention of HIV/AIDS. A study of socially disadvantaged young people in Glasgow, aged between 12 and 18, compared the benefits of a theatre presentation with a health seminar. It found very few shifts in awareness amongst those who participated in the theatre presentation.

These results therefore do not support the findings of studies, which claim that theatre had a positive impact on HIV knowledge. Instead, they are consistent with studies, which show that theatre has little or no impact on HIV-related knowledge (Elliott et al, 1996: 336).

Probart (1989) is equally pessimistic about the ability of theatre to make substantial improvements in HIV-related knowledge. While she agrees that theatre has the potential to increase knowledge, her study did not support this hypothesis. Compared to research undertaken by Elliott et al (1996), the participants in Probart's research were liberal, well off and highly educated. They also had high levels of knowledge of HIV/AIDS issues. These studies were conducted in the developed world, which means that their relevance to the Third World is questionable. In contrast evaluations of HIV/AIDS theatre in developing nations tend to support theatre as a mode of HIV/AIDS conscientisation (Dralobu et al 1996: 321; Mbonde et al 1998: 177).

An evaluation of AIDS theatre among Zulu-speaking high school students in South Africa found substantial improvements in AIDS-related knowledge. The study had three main components. The first was a drama presentation with associated workshops, designed to provide knowledge about AIDS and AIDS prevention. The second was the application of a knowledge test, which was used, for quantitative aspects of the study. The third element consisted of

interviews with parents, teachers and students, which formed the qualitative component of the evaluation (Dalrymple and Du Toit, 1993: 147).

The results from the quantitative data indicated increased knowledge about HIV transmission and AIDS-related issues. The qualitative research also suggested that participants had a better understanding of HIV/AIDS-related issues. The research team concluded that there was sufficient evidence to state that the theatrical process resulted in an increase in knowledge about AIDS. Moreover, the evaluation found that the cultural elements of theatre should be maintained if HIV/AIDS theatre is to be truly relevant.

Bosompra's evaluation (1992) of HIV theatre in Ghana also found considerable shifts in HIV/AIDS-related knowledge. Participants found it easier to discuss sensitive topics in focus groups, and were freer to describe actual behaviours. And when groups were arranged according to gender and class, people willingly participated (Bosompra, 1992: 319).

Prior to the drama event most participants were aware that HIV could be transmitted through sexual activity and contaminated syringes. Few of them, however, could identify mother to child transmission or transmission through blood transfusions. Bosompra (1992) also states that there were differences between urban and rural participants in the focus groups. Urban participants considered AIDS a health problem while rural participants did not consider themselves at risk.

Overall, the study found that there was an increase in knowledge among all participants as a result of the theatre program. Bosompra (1992) assessed theatre as a suitable means of AIDS education in Ghana, and believed that some aspects of the study could be applied to other African nations (Bosompra, 1992: 341).

Another study in the state of Tamil Nadu, India, evaluated the effectiveness of three dramas created to disseminate HIV/AIDS information. It consisted of pre-drama and post-drama interviews with randomly selected audience members.

This research also found that theatre was an effective medium for communicating HIV/AIDS information. In addition, it revealed that theatre can increase knowledge within specific groups in a community (Boupda et al 1994).

Before the drama, audience members were aware of HIV/AIDS primarily from the mass media. Considerable misinformation existed with regard to HIV/AIDS knowledge, however. Out of six true-false inaccurate HIV/AIDS statements, randomly selected audience members did little better than guessing the correct response (54%). After the drama, knowledge about HIV/AIDS inaccuracies improved to an average of (95%) correct. The pretest sensitisation analysis showed that the pretest may have accounted for no more than 4% of this inaccurate knowledge increase (Valente and Bharath: 1999; 200).

Baseline research revealed HIV/AIDS knowledge gaps between different socio-economic groups. People in low socio-economic groups had less knowledge about HIV/AIDS. It also supported the hypothesis that theatre can reduce gaps in knowledge amongst those groups with low levels of formal education, and other sub-cultures and social groupings (Valente and Bharath 1999: 203).

The accurate and misconceptions knowledge subscales were stratified by educational categories. The results show that accurate knowledge increased significantly more for those with less formal education (19% for the no education group) than respondents with more formal education (1% for the same post secondary group) (Valente and Bharath, 1999: 208).

Another evaluation in Sri Lanka supports the belief that theatre can reduce knowledge gaps. This theatre event was staged to a predominantly youthful male audience, which lacked knowledge about homosexual risk behaviour. After the drama there was a measurable increase in knowledge about these risk factors. Because sexual practices are not openly discussed in Sri Lanka, the drama was significant (McGill and Joseph, 1997: 253).

Theatre can also help dispel some of the myths associated with HIV transmission and AIDS infection. Bosompra's (1992) evaluation of HIV/AIDS

drama and songs in Ghana found that misconceptions about HIV/AIDS existed among all participants.

These related to transmission by mosquitoes, through swimming pools, kissing, casual contact and others like gonorrhoea and salmon fish. These misconceptions should provide more input for AIDS education efforts (Bosompra, 1992: 339).

In addition, participants tended to believe that HIV/AIDS could be visually diagnosed. The study found that while there was reduction in most misconceptions, participants tended to retain the idea that AIDS could be visually diagnosed. As a consequence, the report recommended that concerted efforts be made to reduce this particular misconception (Bosompra, 1992: 339).

Theatre is an effective mode for disseminating and increasing HIV/AIDS knowledge in developing nations. It is also particularly suitable for those groups with low levels of formal education and to dispel some of the myths associated with HIV transmission in societies where sexual practices are not openly discussed.

Attitudes

Longitudinal studies of HIV-risk behaviour reveal considerable recidivism in high-risk HIV behaviour, and suggests there is a complex relationship between knowledge, attitudes and behaviour. There may not be a sustainable link between knowledge and behaviour change, and this indicates that HIV theatre strategies should also focus on attitudinal changes (Skinner et al, 1991: 318).

While individuals may have knowledge about HIV/AIDS, if they do not consider themselves to be at risk of infection they are less likely to adopt preventive behaviours. HIV risk behaviour is shaped by beliefs (those things that individuals consider to be *true*), and values (things considered *desirable*). Consequently, altering attitudes towards HIV/AIDS affects perceptions about vulnerability to the virus, and also impacts those who are already HIV-positive.

Education about HIV infection faces two obstacles. Firstly, sex and death are subjects considered taboo by many societies. Secondly, there is also a tendency for those at risk of HIV infection to deny personal risk.

In the case of HIV infection, overcoming this denial of personal risk is made more difficult by the long latent period between infection and the initial signs of the illness appearing (Skinner et al, 1991: 318).

Theatre has an emotional element that may help precipitate attitudinal changes. It can also bring audience members closer together and help generate a sense of community. Both of these elements can help reduce individual denial, and increase acceptance of community vulnerability to HIV/AIDS.

The evaluation of the African Puppetry Program found that theatre helped develop a healthy fear of HIV/AIDS. The performance showed that everyone is susceptible to HIV infection, and appealed to a sense of community responsibility. The research team suggested, however, that these themes should be highlighted even more strongly (Skinner et al, 1991: 319). The evaluation was generally positive, although it did point out that the play must be continually revised, so that information can be updated and improved.

McGill and Joseph's research (1997) in Sri Lanka also found changes in attitudes as a result of the HIV/AIDS theatre intervention. Respondents became more aware of their susceptibility to HIV infection, and the drama increased the perception that AIDS is a growing problem in Sri Lanka. The study argued that this shows that such programs must continue (McGill and Joseph, 1997: 253).

Theatre also helps reduce the stigma associated with AIDS. Valente's research (1999) of the use of theatre in Tamil Nadu, India, found theatre to be effective in altering attitudes towards people who are HIV-positive. The population on the West Coast was targeted because poverty, and exposure to tourists, increased the possibility of high-risk behaviour. Prostitution is also considered a problem

in the area. When it is combined with counselling, drama is particularly effective (Valente and Bharath, 1999: 204).

We asked respondents an open-ended question. How would you treat your neighbour if you discovered he/she had AIDS? In the baseline, 29% of the respondents stated that they would shun the person, 7.5% stated that they would hand him/her over to the police, and 18% said that they would treat him/her the same. After the play, only 9.7% of the respondents stated that would shun a neighbour with AIDS, no one reported that they would hand the person over to the police, and 50% stated that he or she would treat him or her the same (Valente and Bharath, 1999: 210).

The evaluation of the AREPP also supports these views. The play expressed support for people with HIV/AIDS. In addition, the show did not stigmatise people with AIDS, rather, it challenged the audience to be supportive of those who are HIV positive and those with AIDS (Skinner et al, 1991: 319).

Valente and Bharath (1999) argue that further research is needed to develop a better understanding of how existing cultural practices are affected, when attitudes to those who are HIV positive change. Researchers are not sure how an increase in tolerance to HIV/AIDS issues will be translated into action within the target community.

However, the quantitative aspect of Dalrymple and Du Toit's evaluation of a theatre approach to AIDS education in South Africa (1993) did not show a significant change in the attitudes of the population.

The mean (59.3) attitude score taken after the drama presentation does not show a statistically significant difference from the mean (58.19) sampled before the presentation (Dalrymple and Du Toit, 1993: 152).

While this may appear to challenge the notion that theatre can effect attitudinal change, the authors state that participants of the theatre intervention nonetheless had reasonably positive attitudes toward people with HIV/AIDS.

The research results suggest that theatre education may effect peoples attitudes associated with HIV/AIDS. Theatre helps develop a realistic understanding of HIV/AIDS vulnerability, and can help reduce the stigma associated with HIV/AIDS. Theatre can also set the stage for more comprehensive interventions designed to prevent HIV/AIDS.

Behaviour Change

The ability of theatre to precipitate behaviour modification is difficult to measure.

As behaviour has a multitude of determinants it can be expected that no simple intervention, focusing on one expected behaviour, is likely to be successful (Van Dam, 1989: 143).

When HIV theatre programs are part of an integrated approach to HIV/AIDS prevention, there is more chance that they will result in behaviour modification. Consequently, theatre should only ever be viewed as a minimal intervention that contributes to wider educational programs (Skinner et al, 1991: 328). However, theatre that is sustained by participatory decision making is more likely to achieve behaviour change.

Successful IEC programs have been those that featured substantial active participation of the target groups. Such participation is not always easily ensured, and may be very difficult in the light of the stigmatising nature of HIV infection and AIDS. It is not a guarantee for success, but it may be an essential safeguard against failure (Van Dam, 1989: 147).

To achieve behaviour change the target community must be involved in the development of the drama event (Van Dam, 1989: 145). Assessment and evaluation of theatre that attempts to alter HIV risk behaviours, therefore, must measure levels of community participation and the degree theatre supports other HIV/AIDS preventative strategies.

If people are to engage intellectually and emotionally in HIV/AIDS theatre they need to be included in all aspects of the theatre program. When this happens, the health education messages will be culturally relevant, meet the perceived needs of the community, and the methodology will be acceptable to the target community. These concepts may be more time consuming and labour intensive, but they can be applied to almost any situation and have proved helpful in altering behaviour in the long-term (Mbonde, 1998: 177).

The theories and models that deal with health behaviour have, in the main, been developed in the industrialised world. Consequently, programs that emphasise behaviour modification in relation to HIV transmission may be inappropriate in Third World nations. HIV infection in the developed world is frequently linked with homosexual behaviour and injecting drug use, which is not the case for many Third World nations. The HIV epidemic of sub-Saharan Africa for example, is the result of heterosexual activity, and it is essential that health education programs reflect those social and cultural practices (Malungo, 2000: 76).

While the attitudes and values of the target group may need to be challenged during HIV/AIDS theatre, this must sit comfortably within their cognitive and cultural frameworks (Dalrymple and Du Toit, 1993: 154).

Solutions imposed by outsiders are unlikely to become accepted and, therefore, the involvement and commitment must be generated from within the community. Theatre intervention and the personal involvement of parents, teachers and students in this project illustrate the commitment of the research team to full participation by all those concerned with sex education (Dalrymple and Du Toit, 1993: 154).

Elliott et al (1996) study suggests that one of the reasons for the failure of the theatre sessions was the limited time allocated to the project (Prentki, 1998: 421). The research also concluded that participatory and locally based initiatives are more relevant to marginalised youth. If the audiences do not receive information they consider important, they do not feel ownership of the issues.

This might help explain the apparent failure of the intervention and calls into question the quality of the research process (Elliott et al, 1996: 338). If the fundamental Freirian concepts of participation, research and dialogue had been applied there may have been very different results.

Dalrymple and Du Toit (1993) believe that participation is essential to achieve behaviour modification. In their study, the theatre making process started with students designing and writing their own plays, after they had been provided with some guidance. These plays were performed to the community. The community and researchers then worked together to develop an appropriate method of AIDS education (Dalrymple and Du Toit, 1993: 149). Like other commentators, these authors stress that research must ensure that theatre reflects the culture of the community.

McGill and Joseph (1997) argue that one of the weakest aspects of their evaluation of the AIDS Awareness Project in Sri Lanka was a lack of female participation. They also suggest that there was inadequate attention to local mores, and insufficient community participation in the creation of the drama intervention.

Another limitation of the study was the unwillingness of participants to discuss sexual behaviour. Researchers state that such unwillingness is a cultural expression and may limit further data collection in Sri Lanka. As well as the limited participation of women, the audience consisting of educated young males who were not comfortable with the assessment procedures. These two factors make it difficult to assess the degree of behaviour modification and generalise the results of this study (McGill and Joseph, 1997: 254).

Theatre that reflects the communities' social conventions is more likely to be effective. Bosompra (1992) found that audience members who were interviewed one month after the drama presentation in Ghana could remember the messages and themes of the play. In addition, participants of the follow up focus group reported that they maintained the resolutions passed after watching the play. While this does not prove behaviour change Bosompra (1992)

believes this would generate discussions about HIV/AIDS issues and hence influence sexual behaviour.

This discussion has the advantage of keeping the AIDS issue alive and once a problem remains alive, people begin to think of ways to solve it. According to our FGD participants, these discussions centred mainly around modes of transmission and preventive measures (Bosompra, 1992: 340).

Summary

It is difficult to generalise the success of theatre as a mode of human behaviour modification and research results are varied. It is clear however, that for theatre to be effective it must contain a significant element of community participation. In fact the community must be engaged in all parts of the theatre process, which will depend on the skills of the facilitator.

This review of theatre as a mode for increasing HIV/AIDS awareness, improving attitudes and changing high-risk sexual behaviour provides mixed results. Accepting that the available research is limited, it is clear that theatre is an effective tool for increasing awareness of HIV/AIDS and improving knowledge, especially among individuals with a limited knowledge of HIV/AIDS. In addition, theatre does induce sympathetic attitudes towards people with HIV/AIDS. However, it is more difficult to state that theatre is an effective mode for changing HIV/AIDS related behaviour. The research results are mixed but there is agreement that theatre is unlikely to create any significant or sustained behaviour modification if it is not supported by other interventions, such as freely available condoms and health clinics. When community participation is supported with social and economic efforts that confront the broad range of issues associated with HIV/AIDS, it is a valuable tool in assisting communities in the fight against this pandemic.

Wan Smolbag theatre in Vanuatu provides HIV/AIDS awareness theatre and supports its interventions with appropriate health care. The final chapter assesses the work of Wan Smolbag theatre.

Introduction

Vanuatu has a population of approximately 200,000 people and the natural population growth is estimated at 2.8 per cent a year, infant mortality is reported at 45 per 1000 live births and the average life expectancy is 63 (World Health Organisation 2000: 1). The population of Vanuatu is widely scattered and predominantly rural, with approximately 80 per cent living in rural and semi-rural communities. Urbanisation is increasing with considerable growth in the two main urban areas of Port Vila and Luganville.

The distribution of the country's population shows an increase of 2.6% average annual growth in the rural population between 1989 and 1999 and 4.6% average annual growth in the urban population during the same period (Wan Smolbag Theatre KPH Report, July 2000; 1).

Internal migration is an important vector through which HIV transmission may occur. Many men and women migrate to urban areas in search of work. This rural–urban migration allows individuals a degree of latitude that is frequently not present in the village setting. As a consequence, traditional sanctions are weakened, this combined with greater disposable income and access to alcohol frequently culminates in high-risk behaviour. Inevitably, migrants return to their village environment and frequently to partners or future partners where HIV can be transferred into the village setting.

While there are currently no recorded cases of HIV infection the relatively high rates of sexually transmitted disease indicate that HIV high-risk behaviour is prevalent in Vanuatu (World Health Organisation 2000:8).

In 1999 the World Health Organisation (WHO) with the Health Department conducted a cross-sectional survey of 550 pregnant women aged 15-49, attending a first visit-antenatal hospital clinic in Port Vila to determine the prevalence rates of laboratory-confirmed STIs. The preliminary results of the initial 484 pregnant women tested give prevalence rates of Trichomonas – 27.7% (134); Chlamydia – 20.1% (97); Gonorrhoea – 5.8% (28); and Treponemal antibodies – 23% (11).

The preliminary report concludes that the prevalence of STIs in this population of pregnant women in Vanuatu is high (Wan Smolbag Theatre KPH Report, July 2000: 1).

There is evidence of a link between HIV susceptibility and the existence of other sexually transmitted disease. Brown et al (1998) states there is an “epidemiological synergy” between STD and HIV infection (Brown et al 1998: 17). Infection with another sexually transmitted disease by one or both partners also makes it easier to transmit HIV between partners (Finau 1995; 101; Brewis 1992; 197). Thus, any increase in STD rates is indicative of HIV risk behaviour.

Vanuatu’s health statistics are poorly recorded, and the lack of evidence of HIV may be an indication of under-reporting rather than an absence of the virus *per se* (Brown et al, 1998: 351). The high degree of under-reporting of STD tends to produce a false *sense of security* among decision-makers and the general population (Rakaseta, 1995: 140).

The government hospital in Port Vila has the only designated STD clinic, though services are available at all other medical centres. Drugs needed for STD management and condoms are free in Vanuatu. However, due to the stigma associated with STD many patients do not attend clinics. As a consequence, many people seek assistance from traditional healers and medicine. Traditional *kastom* (custom) plays an important part in the lives of the Ni-Vanuatu, and influences health decisions and the people’s worldview (Thomas and Mavrocordatos 1998: 17).

The national response to STD and HIV/AIDS has been integrated into health and education programs, but there is no dedicated budget for STD or HIV/AIDS control (Brown, et al 1998: 350). In addition, Vanuatu’s infrastructure and transportation systems are poor, and this is especially true for the outer islands. This isolation is compounded by the linguistic variety found in Vanuatu. It is the most linguistically heterogeneous country in the world, with as many as 150 different languages spoken. While about 90 per cent of the population is familiar with the lingua franca, Bislama, the degree to which people can

converse in the language varies. This isolation makes it more difficult for HIV/AIDS awareness messages to reach all sections of the population.

While a majority of children are now enrolled in primary school, the quality of education is variable and many children finish school functionally illiterate. Although awareness of STD and HIV/AIDS is included in the school curriculum there are large numbers of young people who do not attend school past the age of twelve and have a poor understanding of STD and HIV/AIDS. Evidence from STD statistics suggests that young people are becoming sexually active at earlier ages and this is confirmed by rising rates of teenage pregnancies in Vanuatu (Brown et al, 1998: 351). The issues surrounding youth vulnerability to the STD and HIV/AIDS are linked to the availability of employment, a relaxation of social sanctions associated with increased urbanisation, and greater access to alcohol. These factors combined with young people's attitude that they are 'invincible', makes it particularly difficult to get some youth to adopt safer sexual practices. (United Nations, 1996:33).

Some of the problems of access to sexual health services are overcome by an NGO called Wan Smolbag (WSB). WSB is one group that has identified the need to provide the community with accurate STD and HIV/AIDS information. Working within the rapidly changing social and economic landscape of Vanuatu, Wan Smolbag uses theatre as a HIV/AIDS awareness and behaviour modification tool.

This final chapter of the research will consider the participative techniques that WSB uses to develop STD and HIV/AIDS messages. It will explore and assess how effective WSB's HIV/AIDS drama presentations are as a tool for improving HIV knowledge, altering attitudes to HIV/AIDS and changing high-risk sexual behaviour.

Further issues to be discussed are the impact of donor demands on WSB's independence and WSB's partnerships with local communities, particularly the Blacksands community, whose access to sexual services has been fundamentally changed as a result of WSB's activities. Finally, WSB's

relationships with other South Pacific theatre troupes and their influence on sexual health education throughout the region will be discussed.

Organisational History

Wan Smolbag (WSB) is a Vanuatu based NGO that uses Theatre for Development as it's primary means of increasing knowledge and understanding on a wide range of issues. A major goal of the group is to improve understanding of health issues through Theatre for Development. The theatre group called themselves 'one little bag' because they wanted to show people that a theatre group was accessible to all sections of the community.

The NGO was created through a partnership with expatriate theatre workers, Peter Walker and Jo Dorras, and members of the local Port Vila community. Wan Smolbag Theatre has been working in health education since 1989, and has grown from a small group of dedicated enthusiasts to an organisation employing 50 people, and an operating budget of close to NZ\$1m.

Wan Smolbag Theatre has been primarily funded through DFID (British Department for International Development). Funding through DFID allowed the organisation to move from being a local voluntary organisation to an NGO.

The years of DFID funding have allowed Wan Smolbag to work, tour, train and make videos without endlessly having to find funds (Mid-term review of Wan Smolbag Theatre for Development Project, June 1998:1).

Since July 2000, the core funds to run WSB theatre have come from the European Community. This funding allows WSB's work to continue and enables it to expand it's theatre work.

The group has performed plays on environmental, sexual health and governance issues. WSB provides live theatre, videos, radio sketches, music cassettes, local health services and training facilities in theatre for Development techniques. It is based in a converted warehouse, on the edge of Port Vila,

which provides a rehearsal and performance space. Administration services and a health clinic are also located there. Having a permanent base has produced a sense of identity for the organisation and a stronger profile within Port Vila. The community health clinic acts as an important adjunct to the theatre work and provides a drop in centre for the local community.

Diagram 4.2 Wan Smol Bag Haos



Diagram 4.2 WSB administration and rehearsal centre.

WSB plays are interactive and audience members are invited to participate during the drama event as well as becoming involved with post-performance discussions.

Plays are frequently targeted to a specific age group or community. WSB has worked extensively with schools and one of its plays on how a baby is born was the first with the theme of sex allowed into the primary school system of Vanuatu (UNAIDS, 2000: 3). Another of its productions is a series of sketches, showing how diseases like gonorrhoea are transmitted through sex. This

production has been used in a number of Vanuatu secondary schools and has been performed overseas

The first of these sketches outlines how HIV is spread and that the symptoms are not obvious. The sketch explains the difference between HIV and AIDS in a simple and direct manner. Audience members are encouraged throughout the sketch to treat people with HIV/AIDS with care and respect. Another sketch, assesses the audience's knowledge of HIV/AIDS transmission modes using a simple interactive technique. This sketch allows the animator to correct misunderstanding and reinforce the modes of HIV/AIDS transmission. A third sketch explains how HIV/AIDS can be introduced into the village setting through external migration and a final sketch considers how use of condoms prevents the spread of HIV/AIDS. All of the sketches finish with questions that the audience has to answer thus ensuring that STD HIV/AIDS information is correctly received.

A research department that undertakes evaluation into the effectiveness of the plays and how plays improve people's knowledge and change attitudes to health issues supports WSB theatre. There is growing evidence that WSB's work is leading to beneficial change in health, family planning, sanitation, voting rights, population growth and a greater awareness of HIV/AIDS (UNAIDS, 2000: 4). The NGO considers the functions of its research department to be vital if WSB is to find out what people think about issues, such as, STD and HIV/AIDS.

A commitment to development messages that are accessible to a wide section of the population has seen WSB tour extensively throughout Vanuatu. This has resulted in the creation of six other drama groups operating in Vanuatu, which have associations with WSB theatre (Wan Smolbag Theatre: N.D.: 2). WSB provides these groups with training and administrative facilities. The organisation also provides guidance and training to regional organisations in the South Pacific. WSB is the region's most influential and progressive Theatre for Development organisation (Discussions with Peter Walker, Program Manager Wan Smolbag Theatre: July 4 2000).

WSB Theatre HIV/AIDS Awareness Project 1999

Research Procedures

During 1999 WSB undertook a theatre intervention program to promote HIV/AIDS awareness in various parts of Vanuatu. This theatre intervention was developed after participative research had been completed. Research officers investigated the concerns that the local community had about HIV/AIDS and brought together community perceptions on these topics. They used surveys, interviews, discussions and role-playing within the community. All of these procedures helped create two-way communication between villagers and WSB theatre. Senior staff from the AIDS Unit in the Vanuatu Health department reviewed survey questions and provided professional advice on HIV/AIDS issues.

Prior to the performance the entire community is involved in stature exercises in which they work together to represent their knowledge and concerns regarding the topic of the performance (Thomas and Mavrocordatos 1998: 22).

Surveys were conducted on Malakula, Santo and Port Olry, and in villages around Port Vila and on the island of Tanna. The intention of these surveys was to assess the community's knowledge of and attitudes towards HIV/AIDS. The baseline survey was conducted in Bislama and was completed on a one-to-one basis. A total of 244 individuals were surveyed. Time constraints restricted the number of interviews on Malakula and some people were hesitant to be interviewed, presumably because of the nature of the subject (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report 1999: 3).

The baseline survey revealed a generally poor understanding of HIV/AIDS and limited knowledge of prevention techniques. Very few people knew the difference between HIV and AIDS and even locally influential people like teachers and nurses knew very little about the virus (Wan Smolbag Theatre

HIV/AIDS Awareness Campaign Report 1999; 27). The survey also revealed considerable fear and misconceptions about the epidemic. There was a general belief that the HIV/AIDS only affects those people who had multiple sexual partners, and many felt that HIV/AIDS was a white man's disease. In Palekula, on the island of Santo, some villagers believed that HIV could be brought into the community by the foreign fishing fleets based on the island, while others thought that *kastom* medicine could cure HIV/AIDS.

In general, participants revealed a poor understanding of human biology and condom use. Many had not seen a condom and few had any understanding of how they may assist in HIV prevention. There were even concerns that condoms could hurt a man's penis or get stuck inside a woman.

The surveys also showed high levels of fear of HIV/AIDS and prejudice towards those with living with HIV/AIDS. Community members also identified a number of obstacles to HIV/AIDS prevention measures. On the island of Vao respondents stated that many people were having extra-marital sex, and this would make discussions after a theatre performance more difficult.

The women found it hard to ask and answer questions because many of them have had affairs with other men and were embarrassed to speak because others might point fingers at them (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 38).

Cultural codes make discussions of sexual practice more difficult in Vanuatu. Teachers stated that the cultural sensitivity surrounding sex and sexuality made them reluctant to discuss these issues with students. Religion was another barrier. In Walarano and Vao, people were hesitant to discuss HIV related issues, and many respondents cited their Roman Catholic beliefs as the most significant reason for their reluctance. In some cases local chiefs prevented nurses from discussing HIV/AIDS prevention measures with the local population. Researchers also found restrictions placed on people wishing to obtain condoms.

In Wailapa, south Santo, if young boys/girls want to use condoms, they must first have the permission of the village chief before the condoms are provided to them by the nurse at the village Aid post (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 28).

In the village of Kole on east Santo, condoms were available at the Aid post. However, people did not ask for them because the nurse did not explain how to use them. As a result, the condoms had passed their expiry date.

When individuals were asked to assess HIV/AIDS risk factors that may effect their community, many identified extra-marital sex to be a factor that increases HIV vulnerability.

In Pinalum, Malakula, the practice of married men sleeping with young girls and married women sleeping with young boys was reported to the group that it is very common (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 34).

Limited and inaccurate knowledge of HIV/AIDS, fear of the epidemic, and cultural codes around sex and sexuality made the development of a culturally acceptable and effective HIV/AIDS awareness program more complicated. However, because the organisation had established trust during previous contact with the villagers, and they involved the community in program design, WSB was able to overcome many of these difficulties.

HIV/AIDS Theatre Performances

Jo Dorras works as WSB's full time scriptwriter. She has considerable experience and weaves HIV/AIDS messages into plays in a culturally relevant and frequently humorous manner. WSB plays use *kastom* dance, songs, beliefs and Vanuatu's chiefly social structures when developing plays. These approaches helped develop congruence between WSB's principal scriptwriters and local communities. Reviewers of the WSB program have said that the theatre works well because the organisation has a good scriptwriter who is able

to reflect the concerns of the community, and this is supported by adequate research facilities.

The draft script was taken back to the actors and research officers for revision. The WSB actors came from many of the poorer communities within Port Vila and were able to reflect the views and beliefs of the communities that WSB performs in (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 1).

At present the majority of WSB HIV/AIDS presentations are scripted plays that include opportunities for audience participation. Reviewers have stated that reliance on an expatriate for such a vital function make the organisation vulnerable (Thomas and Mavrocordatos 1998:). As a result, WSB is attempting to ensure the sustainability of the NGO by developing the scriptwriting skills of its Ni-Vanuatu members. This is proving to be a challenge as many of WSB's members joined because of their skill as actors rather than writers (Discussion Peter Walker July 6 2000).

WSB manager Peter Walker argues that health messages can be presented in a professional and humorous way, and that audiences can receive HIV/AIDS messages in a relaxed and informal manner. While all Theatre for Development is certainly able to engage an audience, Peter Walker believes that only a good actor can achieve this and a theatre troupe that tours nationally must be recognised for its theatrical skill and its ability to convey appropriate development messages. Consequently, skilled actors present WSB's HIV/AIDS messages.

However, performance by professional and semi-professional actors may reduce participation and may constrain dialogue. WSB is aware of this danger but Peter Walker notes that the success of WSB theatre has a great deal to do with the quality of the theatrical presentations. While community members are involved in discussions before and after the drama event and during the event through audience participation, the actors have a more sophisticated understanding of HIV/AIDS issues. WSB uses theatre as a code for HIV/AIDS

information and the actors help community members develop a greater awareness of HIV/AIDS issues. This approach is consistent with the international research on HIV/AIDS theatre.

As well as providing HIV/AIDS information, the play dealt with many of the common myths associated with the virus. The theatrical process openly challenged some traditional Ni-Vanuatu beliefs, and WSB only offered solutions that are supported by international clinical expertise. The organisation believes, for example, that it is unacceptable to suggest that *kastom* magic can be a cure for HIV/AIDS. The modification of inaccurate beliefs is consistent with the Freiran problem solving approach.

WSB attempts to ensure that communities develop a better understanding of the prevention of HIV, and are given the skills to analyse their local difficulty in a wider context. This was achieved through scripting and research that wove a number of issues together, and showed how complex this issue is. The plays presented women as being more vulnerable to HIV infection, and frequently allowed them to develop their own solutions. Using such a model, Ni-Vanuatu women were also encouraged to question the causes of their marginalisation within Vanuatu society.

I was so happy to see the play because (what) it showed (was) exactly what is happening here (Mid-Term Review, 1999: 22).

Finally, the play showed how HIV positive people require the support and understanding of the local community (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report 1999: 2). Through participative research and well-crafted scripts, WSB HIV/AIDS plays provide accurate information on the epidemic and highlight some of the social inequalities that increase HIV/AIDS vulnerability.

The HIV/AIDS play was well attended by the local community and the awareness play was performed in 22 villages on Malakula and 32 villages on

Santo. Altogether, there were 29 performances capturing a total audience of 3,915, which equates to almost 2% of Vanuatu's population of 200,000.

Each of the WSB productions finished with unanswered questions. This technique is common among participatory agitprop theatre and is frequently found in HIV/AIDS theatre. These questions provide the basis for discussions with the local community and actors facilitate these discussions. This helps ensure that messages presented during the play were accurately interpreted. The audience is grouped according to age and gender. WSB has found that this gives less influential community members more opportunities to ask questions and present their views (Discussions with Peter Walker: July 3 2000). This practice is also consistent with international experience that finds homogeneous groupings foster open discussion of sensitive matters.

HIV/AIDS Theatre Intervention Evaluation

WSB research officers conducted surveys to assess the impact of the HIV/AIDS performances and post-performance discussions during August 1999. There were 120 participants in the research, from villages on Malakula, Santo and Tanna. There were also focus group discussions in Malakula and on Santo. Finally, STD statistics were gathered for Malakula and Santo in an attempt to measure the impact of the WSB HIV/AIDS tour (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 64).

The survey and focus group results were encouraging, and showed that people's knowledge of HIV/AIDS issues had improved. This was especially true in relation to knowledge about transmission methods and the difference between HIV and AIDS.

Many respondents now answered that with HIV positive a person has got the virus but his body is still strong and can remain healthy for several years, and with AIDS the person is now weak and sick (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 65).

In addition, there was a significant drop in misconceptions associated with HIV infection. The follow-up survey also recorded a significant drop in the number of people who recorded eating utensils, clothes, mosquitoes and living with an HIV positive person or being in close physical proximity to an HIV positive person as modes of HIV transmission (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 65).

There was also evidence of attitudinal changes. In the base-line survey many respondents expressed a desire to isolate or harm HIV positive community members. In the follow-up survey, the common response was that HIV positive people should be treated with dignity, support and respect (Wan Smolbag Theatre HIV/AIDS Awareness Campaign Report, 1999: 66).

International research supports the view that theatre is an effective medium by which HIV knowledge is increased, knowledge gaps reduced and more sympathetic attitudes towards HIV positive people developed. However, it is difficult to come to any real conclusions about the effectiveness of WSB HIV/AIDS plays and discussions because even now there are no openly HIV positive people in Vanuatu and no Ni-Vanuatu has died of AIDS.

Evidence of behaviour change was much more difficult to measure. While focus group discussions revealed more understanding of condoms and their availability, there was no evidence that condom usage had actually increased. Unfortunately, the HIV/AIDS Awareness report does not state if there was a reduction in STD rates in the months after the WSB campaign. Even though the reporting rates of STD in Vanuatu are unreliable, these figures may have provided more reliable evidence of the success of the WSB campaign. However, it is important to remember that theatre interventions are unlikely to produce behaviour change unless it is supported by an integrated and multi-sectorial approach to HIV/AIDS prevention.

Theatre Towards Structural Change

- Blacksands Community Theatre

Blacksands is located in the peri-urban area of Port Vila and is one of a number of poor, densely populated informal settlements around Port Vila (Storey, 1998:5). The people of Blacksands have emigrated from outer islands in search of work and better opportunities for their children. Because the population has come from different areas, village structures and traditional customs have been diluted. There is high unemployment, poor literacy, poor sanitation and overcrowding (Storey 1998: 5). This combination of social and economic factors suggests that this community may be particularly vulnerable to HIV infection.

Wan Smolbag theatre is located close to the Blacksands settlement and many WSB actors come from the community. WSB developed a relationship with the Blacksands community when the organisation began working with unemployed young people in 1995 (Wan Smolbag Theatre, 1998: 5).

In 1997, WSB embarked on an ambitious plan to create a play that would reflect problems in the Blacksands community, and provide a forum for developing solutions. While improvements in HIV/AIDS knowledge and changes in attitudes can be significant, efforts to change attitudes and behaviour are futile if communities do not have access to condoms and adequate health care.

Knowledge is only useful if the listener needs the knowledge, understands it, wants to use it, can use it, and is not prevented by any circumstance from using it. It is also useful only when the knowledge is relevant to the problem in question (Edwards, 1989: 126).

The Blacksands theatre project was an attempt to take theatre beyond awareness issues and create a liberating dialogue with the Blacksands community.

The Blacksands play was a two-hour production involving 70 community members. At the initial meeting, 120 community residents expressed an interest in creating a play that reflected their community's issues. The local community controlled the entire process associated with the development of the Blacksands play. The process used theatre as the tool to encourage participation, identify problems and develop possible solutions. From the beginning of the theatre process, the community was in control and they believed the project could be a useful tool in fostering development of the Blacksands community.

The theatre participants met two or three times a week to build drama skills and assess the needs of the community. The emphasis was on dialogue and participative research. During this period a variety of theatre techniques were employed by WSB workers, these included improvisation, playback and forum theatre (Boal, 1979: 126). In addition to discussions and workshops with theatre participants, Jo Dorras and members of the WSB research team spent time talking with and surveying other residents of the Blacksands community. From this three-month period of work a play was developed. Acting ability was important, so the cast was selected from community members who displayed an aptitude for acting and stagecraft.

Drama participants reviewed early scripts, and the Blacksands community gave its approval for the final version. The Blacksands theatre group then met five times a week to develop and rehearse the play. There was limited financial support, although participant's bus fares to WSB *Haos* (House) were paid, and they received 10,000 vatu (approximately \$140 NZ) when the performances were completed.

The play we made with the Blacksands community reflects many of the role-plays they made during the workshop: looking at the role of the chief, the problems between men and women, stealing and lack of work. It centres around a family. Only the father works, but he drinks kava every night. The family is poor and none of the kid's work. When his wife complains about the kava drinking, he hits her. His old father looks

on wanting to make his son see that he is doing wrong but is unable to get through to him. The central story is intermixed with stories from the past and song and laughter too (Wan Smolbag Theatre, N.D: 6).

One of the main issues the play considered was health care. Improvisation and role-play had revealed considerable ignorance about family planning, STD and HIV/AIDS and the availability of services (Discussions with Peter Walker: July 3 2000). The play was able to provide audiences with a greater understanding of STD and HIV transmission, and also treatment and prevention services. The play was a genuine presentation of issues that affected the Blacksands community and was also a reflection of WSB's commitment to the Freiran problem-solving approach.

Even though knowledge and awareness of STD and HIV/AIDS increased, many local residents said they would not visit the main hospital in Port Vila. While visits to the hospital are free, the hospital is a considerable distance from Blacksands, and most would need to use bus services. There are very long waiting times and limited confidentiality because the STD/HIV clinic is located in a very public part of the hospital (Discussions with Leimako Simon K.P.H. Nurse: July 3 2000).

The WSB group was aware that HIV/AIDS information alone was insufficient to reduce community vulnerability to HIV/AIDS. In fact, as long as the community was not able to access health facilities the drama would effectively dis-empower the community (Mda, 1993: 19). This highlights the need for theatre to be integrated with other responses to HIV/AIDS and how vulnerability to HIV/AIDS is mediated through social and economic circumstances (Mann and Tarantola, 1994: 41). This dilemma provided the impetus for the development of the K.P.H (*Push Your Head Round the Door*) health centre.

Diagram 4.3 The K.P.H Health Centre

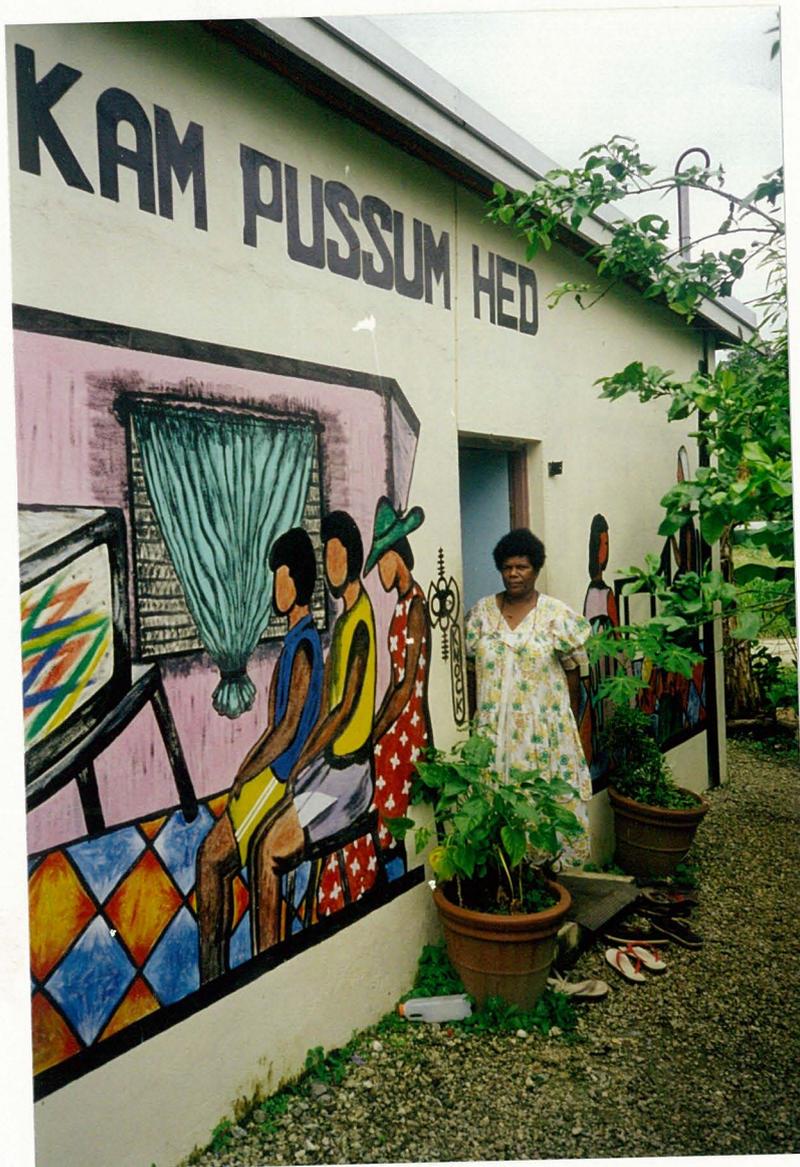


Diagram 4.3 WSB Community Health Centre and Principal Nurse Leimako Simon.

Discussions about the establishment of the health centre were conducted with those who had participated in the Blacksands play. The cast was grouped according to age and gender, with an age range of 14 to 60. The groups debated a wide range of issues associated with the establishment of the clinic, including clinic structure, personnel and fees.

We started with the question what would you like to see such a centre provide and what would make you feel comfortable about using it? (Wan Smolbag Theatre: 6).

The use of a problem solving dialogue based on participation ensured that solutions were relevant to the Blacksands community and involved genuine 'bottom-up' development. Participants agreed that cost should not be a barrier to clinic attendance, and services should be provided on the basis of donations. Community members also made decisions about staffing, and agreed that trust, confidentiality and friendliness were the most significant attributes for nursing staff and these qualities could be found in nurses from the wider Port Vila community. Presently, the K.P.H. Clinic provides clinical and family planning services for STD and counselling for HIV/AIDS and outreach services. The Centre has two full time nurses and a doctor who assists with antenatal services (K.P.H. Update Report, 1999; 3). The Clinics management board has several community representatives and this ensures that the Blacksands community retains considerable input and control over the K.P.H community clinic (Discussions with Peter Walker: July 3 2000).

The creation, development and management of the K.P.H Centre are a direct result of WSB theatre activities. The Centre has become a drop-in facility for the local community and has a relaxed and informal atmosphere. The clinic has a reputation for confidentiality, respect for clients and short-waiting times. This has meant that the clinic now sees many patients from the wider Port Vila community.

The K.P.H clinic encourages patients to use condoms as the main protection from STD and HIV. The clinic gives away up to 60 condoms a day. While it is difficult to know if these condoms are being used, anecdotal evidence suggests a reduction in STD rates in the Blacksands community and an increase in awareness about the dangers of unprotected sex (Discussions with K.P.H. nurse Leimako Simon: July 4 2000).

The K.P.H clinic is also linked back to theatre interventions; plays about the K.P.H. Clinic were specially created and performed in and around Port Vila. The plays concluded with actors going to the K.P.H. Clinic, and principal nurse Leimako Simon confirms that many of her patients have come to the clinic as a result of seeing a WSB play.

WSB staff provided technical skills for the development of the K.P.H. Centre and a number of international aid organisations provided funding for the construction, establishment and staffing of the clinic. These organisations included British DIFID, a New Zealand ODA local grant, UNICEF, UNFPA and SPC. The K.P.H. project appears to be one example of a profitable alliance between a local organisation and international aid organisations (Even, 1991:26). However, the continuation of the K.P.H Centre does highlight some of the issues associated with alliances between local NGO's, national governments and international aid organisations

At present, funding for the K.P.H Centre is guaranteed and donor agencies have provided WSB with considerable freedom in decision making. WSB does not see itself as donor driven but is aware that donor pressures could influence project goals, and that ultimately, all of WSB's Theatre for Development projects are dependent on international funding. WSB theatre is aware of this pressure and attempts to approach each project in light of the organisations vision as a local NGO, promoting Theatre for Development in Vanuatu and the South Pacific.

The creation of the K.P.H. clinic is a fine example of how Theatre for Development when supported with appropriate health care can have a real impact in the prevention of HIV/AIDS. The Blacksands theatre intervention provides evidence of the Freiran concepts of dialogue and participation producing real and sustained change. These changes are presently supported by international aid organisations that recognise the importance of local participation and ownership of the health centre.

Further Evidence of Theatre Producing Change - Wan Smolbag Kids

Change in the social structure of Vanuatu society has impacted on the country's young people. Traditions are being challenged. Youth are now more inclined to argue with their elders, and this is most noticeable in urban areas. Alcohol has also become a significant problem. The combination of these factors has led to increased sexual activity by young people (Vanuatu Trading Post, January 9, 2001). This combination of factors means that the young are especially vulnerable to HIV/AIDS. (United Nations, 1996; 33).

Limited condom distribution is another factor that increases young people's vulnerability. Condoms are frequently only sold to married people and in the close knit communities of Vanuatu, it is very difficult for a young person to ask for condoms anonymously. Conservative attitudes about sex education means that many young people have inadequate information about sex, and the information they do have, tends to come from their peer group. Knowledge of HIV prevention for young people in Vanuatu is variable to say the least (Malau et al, 1995).

The WSB Kids group was another project that emerged out of the Blacksands play. The members of this group come from the Blacksands community; many had limited schooling and were not used to working in a team situation. Of the eight members, five came from the Blacksands project – and the group is managed by one of the actors, Yaxlee Mangot. The WSB Kids have produced a variety of plays on reproductive health. Their plays are frequently performed to other young people and provide a vehicle for peer education on HIV/AIDS issues.

The members of the WSB Kids group choose the play topics and participate in scripting the play. The members' workshop decides the topic and provides stories from their own lives. It is these stories that provide some of the material

for the WSB scriptwriter. The group's manager leads the post-performance discussions and there is generally a nurse available to help answer questions.

Research on young people's vulnerability to HIV has shown that their lack of participation in decision making increases their vulnerability to the virus. By participating in WSB Kids actors have grown in self-confidence and have learnt a range of life skills. Freire's concept of praxis can be comfortably applied to those involved with WSB Kids. The project is helping a small group of urban youth take responsibility for their actions and become leaders in their community. Anecdotal evidence suggests that involvement with WSB has had a life changing impact on the actors. They report an improved ability to manage difficulties in their own home lives, are less willing to resort to violence and demonstrate less sexism and safer sexual practises. In addition, members of WSB Kids have developed a wealth of information about HIV/AIDS and other STD, which is now available to the whole community.

Wan Smolbag Theatre and Regional Impact

Among the regions theatre groups WSB has assumed a lead role in training and advising in theatre techniques. The diligence and enthusiasm of WSB is enabling theatre to become part of an integrated response to HIV/AIDS throughout the region. In the South Pacific there are eight major Theatre for Development groups and perhaps up to twenty-five local groups (Bowden, 1999: 1). WSB has provided support and training to many of these groups including; FSP Fiji, FSP Kiribati, Te Itibwerere Theatre in Kiribati, Sei! and Mere Akson groups in the Solomon Islands, the AIDS Task Force of Fiji and Women's Action for Change, also in Fiji.

WSB has a strong connection with WAC in Fiji. This organisation has received training in script writing and improvisation from WSB, and as a consequence, has developed a regional reputation for its use of playback theatre as a means of HIV/AIDS education and awareness.

There are also strong relationships with the AIDS Task Force of Fiji. WSB has taught theatrical skills to peer educators to assist them in their work, and in return the Task Force has assisted WSB with the development of its own peer education activities.

In July of 1999 WSB launched a project to improve reproductive health and capacity building among South Pacific theatre troupes. The purpose of this project was to provide training and skills in the use of drama, song and dance as a method for communicating sexual health information (Dorras, 1999: 3). The training provided simple drama techniques, with an emphasis on participation, that could be used with people who have no medical training and who have received very little sexual health education (Dorris, 1999: 32).

All of the techniques taught are highly interactive, using humour and the relevant cultural setting to present HIV/AIDS information. WSB has developed a story telling technique for acting out scientific information which has been successfully used throughout Vanuatu (Dorras, 1999: 39). Regional theatre troupes were taught this technique and sketches developed by WSB. Each of the sketches taught had been performed extensively in Vanuatu and WSB is confident that the method and information is appropriate to South Pacific communities. Through skills training, regional theatre troupes have learnt techniques that convey accurate information on the culturally sensitive topic of sex, in a manner that South Pacific audiences find non-threatening and appeals to the accepted traditions of story telling, dance and song.

The success of WSB and other South Pacific theatre troupes has further encouraged some government departments to include theatre in health education programs. The nursing school of Vanuatu is one example. WSB spent four days in July 2000 providing workshops for student nurses. They were trained and assessed on using theatre as a motivational tool in primary health care. WSB has also produced a range of theatrical educational material that can be used by teachers, health educators and community leaders.

In Samoa, the Health Department has recognised how South Pacific people relate to the sorts of techniques used in Theatre for Development. Nurse aids who present health material to audiences have been trained in improvisation, script writing and the use of songs. In Kiribati, nurses are using theatre to teach people about sexual and reproductive health. Nurses learnt theatre dance and song writing techniques (Dorras, 1999:41) and now use song and other WSB theatre techniques in a manner that is appropriate to Kiribati. In these ways Theatre for Development is becoming an important tool of primary health workers in many parts of the South Pacific use.

Summary

The success of WSB is founded on the dedication and enthusiasm of its members. The WSB team has genuine respect for and belief in the community's ability to transform their lives. In the search for genuine participation, WSB accepts the views of local communities and has established dialogue based on humility, acceptance of the local communities' worldview, while recognising the ability of people to analyse and transform their situation (Edwards, 1989: 122). WSB produces theatre that reflects the lives of its participants and is proving that theatre can be a powerful tool for improving people's knowledge and attitudes towards HIV/AIDS. The organisation also demonstrates how theatre can help develop respectful partnerships with the wider community, without being unduly influenced by the external forces of donor demands. The group is helping precipitate real change in the lives of Ni-Vanuatu, and has become highly respected within the South Pacific. WSB is also helping to form links between theatre groups throughout the South Pacific and as such, is fostering the development of a South Pacific identity and a common approach to the HIV/AIDS awareness and behaviour modification.

Conclusion

Theatre for Development has been used in social, informational, and educational programs in many Third World nations. As a discipline, it employs the concepts of human development, and is a group of tools that are used to mitigate the problems of underdevelopment. While drama is enacted, the experiences, attitudes and feelings presented are real. The drama event gives individuals space to explore problems, solutions and alternatives (Prentki, 1998: 419). Performances reinforce and challenge existing values and attitudes, and participants develop the skills, knowledge, and confidence they need to undertake their own production. Theatre for Development can, therefore, become part of the emancipation and liberation process.

Theatre for Development can help revive cultural expressions and be a stimulus for community cultural activity. It can be adapted so that it is culturally relevant and non-intrusive. It is a particularly useful tool in the Third World, because it does not require a high degree of literacy. It is portable, can be recorded, and because one performance reaches so many people, it is very cost-effective.

Theatre for Development also helps create dialogue between community members, extension workers, non-government organisations and governments. Communities are able to work together and seek solutions, which in turn creates solidarity. They can then question the contradictions within their society, which in turn mobilises them to support community and national development.

Because many Theatre for Development programs are informed by Freire's 'Pedagogy of the Oppressed', participants must be fully involved in the theatre process for conscientisation to occur. Theatre organised by and for the community will affect change in social and economic relationships. When there is no partnership with the local community, there is effectively a top-down approach that will not develop deeper understanding of social and economic issues, it is frequently an exercise in control. Such approaches can be found in

some Theatre for Development programs, which are ultimately unable to develop an independent and sustainable approach to problem solving.

The medium is not a self-generative communication tool that automatically becomes effective: For theatre to be effective it needs informed intervention (Mda, 1993; 186). Locals may be able to identify their problems but will often need assistance in finding solutions. It is also easy for them to regress into victim blaming. Levels of intervention cannot be prescribed, rather, success is entirely dependent on the animators' ability to listen and dialogue with the community.

The relationship between animators and community is the key to successful Theatre for Development. The animator should help the audience explore historical and contemporary structural processes that affect them. In this way, the community develops higher levels of critical awareness. This is why Theatre for Development can be used in HIV/AIDS education.

What this means in practice is that HIV/AIDS Theatre for Development must, firstly, help people identify the sources of HIV/AIDS vulnerability and secondly, explore ways and means of how such vulnerability can be eradicated. Strategies, which eradicate the cause of HIV vulnerability, must then be introduced.

Even though it is difficult to measure changes in knowledge, attitudes and beliefs and behaviour, it can be argued that theatre is effective in increasing HIV/AIDS awareness and knowledge. What is less certain is whether theatre can alter *behaviour*. There is insufficient research on theatre and HIV/AIDS-related behaviour change. Most research that supports theatre as a tool for behaviour modification uses anecdotal evidence, or else studies employ such different methodologies that their results cannot be compared. Controlled studies in Third World settings are needed.

In any case it would be naive to suggest that theatre is a solution for all HIV/AIDS issues. The complexity of economic and social factors that produce

HIV/AIDS vulnerability means that a multi-sector approach to HIV/AIDS related behaviour modification is needed. Theatre should be seen as one of many tools in a multi-sector approach. While theatre is useful in changing knowledge and attitudes, this is pointless if there is no behavioural change. Information campaigns must be supported by a regular supply of freely available condoms. Individuals will only change their sexual behaviour when there is widespread support for safe sexual behaviour within the community.

Vanuatu is a country where illiteracy is high, communications restricted and communities isolated, in such an environment theatre has proved an effective medium for delivery of HIV/AIDS awareness messages. WSB is developing and presenting these messages in a culturally familiar manner that respects Ni-Vanuatu cultural codes. Oral traditions mean that Ni-Vanuatu people relate more comfortably to words and songs than to the printed word or pictures WSB productions engage the audience through story telling, dance, song and discussions. Thus, WSB theatre is flexible and culturally familiar. The medium is demanding, however, in terms of the time and skill required.

WSB is encouraging communities to discover that things need to change, in a non-threatening way (Sheehan, 1995; 162). Problems that the community needs to consider are presented and the community works with the WSB animator to find solutions. In addition, productions are supported with participative research. However, if WSB is to maintain its well-deserved reputation for high quality theatre and maintain its relevance to local communities it must ensure that scriptwriting skills are fully developed in a greater number of WSB members. It is equally important that research continues to be based on genuine dialogue and participation by the local community.

The WSB theatre program is also providing young people with means by which they can explore their identity and develop self-esteem. Using a culturally appropriate approach, WSB is helping to protect the inheritors of Vanuatu and bridge generation gaps in a rapidly changing socio-economic environment (Sheehan, 1995; 167).

This is because the program has an intimate understanding of the social and economic factors that affect the lives of Vanuatu communities. Its health clinic is an example of a strong local organisation, and along with the theatre programs, this means that the organisation is well respected throughout the South Pacific. WSB theatre is carrying out effective and appropriate HIV/AIDS Theatre for Development while it maintains continuous contact between subject and the object (Edwards. M, 1989 131; Prentki, 1998: 419).

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