

UNIVERSITY OF KWAZULU-NATAL

*Freirean pedagogy as applied by DRAMAidE for HIV/AIDS
education*

A dissertation submitted in partial fulfillment (50%) of the requirements for the degree MA in Culture, Communication and Media Studies, Faculty of Human Sciences, University of KwaZulu-Natal, Durban.

December 2004

Dominique NDUHURA

I acknowledge that this dissertation is my own work and duly referenced

Dominique Nduhura
December 2004

Acknowledgement

Various people highly contributed to my success all along this study.

To Professor Keyan Tomaselli, my supervisor, and Arnold Shepperson, my tutor, who dedicated themselves to this research's completion. Words cannot translate my sincere gratitude to them.

To DramAidE's team, especially Lynn Dalrymple, Mkonzeni Gumede, DramAidE's Project Manager, and Duduza Ngcobo; to teachers, caregivers and learners from different schools covered by the study, for their cooperation.

I would like to thank also Emma Durden for her precious comments and advice; and CCMS team – both staff and students – whose good collaboration made this study easier in many regards.

Contents

Chapter one: Introduction

.....1

Chapter two: Conceptual and theoretical framework

Development communication

.....6

Development communication in Africa

.....7

The concept of EE

.....8

Theories and models underpinning EE programmes

.....9

Freirean critical pedagogy

.....11

Freire's context

.....11

Critical consciousness

.....12

Freirean perspectives in African context

.....15

Critical views of Freirean pedagogy

.....15

Augusto Boal dramaturgy

.....17

Theatre for development in Africa

.....18

The fixation of belief

.....20

Arendt's private/intimate and social/public realms

.....22

The generational memory	23
Chapter three: Case study	
DramAidE: AIDS education through drama	25
Theories underpinning DramAidE	32
DramAidE’s achievements	34
Chapter four: Data analysis	
Methodology	38
Learners’ perspectives	40
Participation in plays, songs and drama	40
Acquired life-skills	41
Teachers’ perspectives	56
Parents’ perspectives	57
Chapter five: Summary and conclusions	
	60
References	6
6	
Appendices	

CHAPTER ONE: INTRODUCTION

South Africa is rated amongst the countries with the highest HIV infection in the world in spite of the fact that 90% of the population is aware of the disease (Bourgault, 2003). Presently the highest prevalence rate is in the 25-29 age group (HSRC, 2002). It would appear that young men in general do not see themselves at great risk of contracting HIV/AIDS (Dalrymple and Botha, 2001). This risk gets exacerbated by their choice of lifestyle that pushes them to “a greater degree of exploration, experimentation and rebellion” (Flesher *et al.*, 1993: 8), especially because they believe in the ‘personal fable’, that is the belief that they are unable to be harmed (Moore and Rosenthal, 1992). Despite that, studies have revealed that in the 1990s, for the most part, young people had a high level of knowledge with regards to the main facts concerning HIV/AIDS and its prevention (Kelly, Parker and Oyosi, 2001).

Historically, most theories underlying the models and frameworks used in HIV/AIDS prevention were grounded in social psychology and communications. These emphasized linear processes and rational volition and were strongly weighted towards the promotion of behaviour information through communication (UNAIDS, 1999). In most cases, these theories and models were imported from Western contexts and showed certain limitations when applied to situations in the Third World (Airhihenbuwa and Obregon, 2000). This failure explicates to a certain extent the frustration voiced by Pat Francis, Director of South African HIV/AIDS group Wola Nani in these terms: “[the] message is out there, everyone has heard the message, but they haven’t heard it” (Hawkey, 2003). She goes on to show that this lack of reaction tends to discourage professionals working on the prevention of HIV/AIDS.

On this basis, therefore new approaches in HIV/AIDS education are a necessity. These approaches need to shift from just ‘putting out messages’ to promoting an environment where the voices of those most affected by the pandemic can be heard

(Scalway, 2003). DramAidE (Drama in AIDS Education) finds its rationale in this framework. This project uses Freirean pedagogy on the grounds that it works specifically “on building self-confidence and, through engaging participants in problem-solving, seek[s] to develop feelings of competence and control” (Dalrymple and Preston-Whyte, 1994: 116).

DramAidE is an AIDS, life-skills and sexuality education programme that has been operating in KwaZulu-Natal since 1991. The project works with high schools, tertiary universities, youth-out-of-school, and primary schools. However, this study focuses on high schools since these constitute an area where the project has manifestly put much more emphasis. DramAidE uses an educational drama approach that attracts young people, builds on their talent and enthusiasm, and helps to develop essential life-skills (Dalrymple, 1987; Dalrymple and Botha, 2001). This participatory, learner-centred methodology allows young people to genuinely explore their own attitudes, values and beliefs. DramAidE draws on a range of familiar cultural activities including the performance of song, dance, poetry and plays, theatre-in-education, forum theatre and arts workshops. These activities engage young people, and their involvement in the programme allows them to personalise the risk of AIDS in their communities, and to develop the skills to be able to cope with the epidemic¹. In so doing, DramAidE aims to develop a social movement around celebrating the joy of choosing to live a healthy lifestyle (Dalrymple, 1997; DramAidE, 1995).

Various researchers have shown that Freirean pedagogy is appropriate in many contexts where it has been applied (Okigbo, 1996; Rawjee, 2002). More specifically, the methodology is believed to produce satisfactory results when applied to investigating issues related to HIV/AIDS (Durden and Nduhura, 2003). In addition, a number of evaluations on DramAidE’s achievements have been conducted both by DramAidE’s staff and peer researchers. Most of these evaluations’ results praise the success of DramAidE’s methodology anchored in Freirean pedagogy and Boalean dramaturgy in terms of raising awareness and changing attitudes or beliefs (Sondergaard, 2000; Kelly, 2002; 2001; Seidel, 1995; Dalrymple, 1995).

¹ www.ukzn.ac.za/ccms/dramaide.htm

However, many criticisms have been levelled against this methodology as it is anchored in Freirean pedagogy (Illich, 1982; Zachariah, 1986; Taylor, 1993; Thomas, 1996; Gomes, 1992). An outstanding feature of those criticisms has been the observation that this pedagogy is still grounded in curriculum-based education and therefore is not different from the banking system. The present study accepts that these kinds of criticisms serve as a springboard for an examination of how well DramAidE is adapting Freirian pedagogy to the South African context.

Drawing on a survey undertaken with DramAidE and its beneficiaries, this study critically discusses the problem of whether the agents or actors who design strategies take full account of the concepts their plans are designed to change. In other words, if a strategy based on a version of the Health Belief Model (Becker, 1974) is implemented, have the strategists taken full account of what 'belief' actually entails in their beneficiaries' everyday going-on? What, indeed, does 'belief' entail in the practitioners' understanding of 'health belief'?

Therefore, I investigate whether the critical pedagogy used by Freire to reduce illiteracy and conscientise rural adult peasants can work in the context of classical education. The context in which Paulo Freire worked in Brazil was marked by the rise of fascism that impoverished most Latin American countries, Brazil in particular (Lernoux, 1980; Taylor, 1993). Therefore, a key question is to analyse to what extent the methodology developed in such a context – and adapted for participatory education programmes in Africa in the *Training for transformation* (Hope and Timmel, 1984) – can fit into the broader South African social, community and political structure within which DramAidE's beneficiary communities are located.

DramAidE aims to establish new attitudes, values and beliefs in young people. The project is driven by cultural sensitivity and considers culture as the context that moulds the individual. As such, every culture has positive and negative elements. DramAidE endeavours to promote the positive elements, affirm and recognise the lived experiences and contextualise the negative with a view to achieve social change (Dalrymple, 2004). However, this situation can entail a small amount of disruption in that the habits that DramAidE is establishing in young learners in terms of how they should live their sexual lives may be at odds with what their parents have taught them.

The elderly possess an individual, family and social memory, which they pass on to the younger generations. Family intergenerational interactions play a fundamental role in psychosocial identity development and continuity in the socialisation of family members (Attias-Donfut and Wolf, 2003). In this respect, the question is whether DramAidE's methodology reconciles this potential tension or contradiction between memory – as this constitutes a community's present – and records – as this embodies the experiences of mitigating HIV/AIDS or STDs' risk.

The study follows a phenomenological approach. Phenomenology deals with the study of experience from the perspective of the individual, 'bracketing' taken-for-granted assumptions and usual ways of perceiving realities. Such methodologies seek to describe rather than to explain the subjective experience, gaining insights into people's motivations and actions (Husserl, 1970).

Data was collected with the aim of assessing how DramAidE designs its programmes on Freirean principles, how beneficiaries are involved in programmes, and to what extent the employment of these principles can be said to impart the necessary life-skills for managing HIV/AIDS. The methodologies used, in addition to the literature review, consist of semi-structured in-depth interviews along with focus group discussions with beneficiaries of the programmes including schoolchildren, teachers and parents (for simplicity's sake, this study uses the term 'parents' to refer to any adult caregiver in the home).

The study is informed by development communication theories (Waisbord, 2003; Melkote and Steeves, 2001; Servaes, 1999) along with the Entertainment-Education approach (EE) used in health communication (Papa *et al.*, 2000; Sood, 2002; Singhal and Rogers, 1999). More specifically, the Freirean critical pedagogy (Freire, 1972; 1974; 1990; Shor, 1993), Augusto Boal's (1985; 1995; 2002) liberatory theatre and behaviour change theories (Airhihenbuwa and Obregon, 2000; UNAIDS, 2001) are useful to explain the reality observed in DramAidE's projects.

The Fixation of Belief Theory (Peirce, 1877) is also used along with the Social Learning Theory (Bandura, 1977) to explain how DramAidE is tackling settled beliefs in order to establish new habits that are different to what schoolchildren learnt from their elders. When applied to the AIDS education by DramAidE, the concept of

'habit', which is essentially a public phenomenon, tends to apply not only to what schoolchildren do or think, but also to how their communities identify themselves to their offspring as they grow up.

Lastly, the concepts of private/intimate and social/public realms developed by Hannah Arendt (1958) were used to shed light on what happens when critical pedagogy is applied in order to liberate people and make them conscious of their position in the world (Okigbo, 1996).

CHAPTER TWO: CONCEPTUAL AND THEORETICAL

FRAMEWORK

Development communication

The debate on the relationship between communication and development reached a critical point around the 1950s in the period after World War II, when a diversity of theoretical and empirical approaches converged in that field. These theories are usually gathered together in frames of meaning known as paradigms, conceived of as “constructs identifying broad relationships between two or more general categories, together with some basic assumptions concerning the nature of a larger universe” (Servaes, 1999: 7). The paradigms are: the modernisation, dependency – dissociation, the development support communication, participatory or another development, and the Three Ds: diversity, dialogue, development. New paradigms attempted to offer a better way of understanding development and how it should be brought about. Each paradigm emerged as a reaction to the earlier one although the paradigms tend to accumulate rather than to replace each other (Janos, 1986).

The modernisation paradigm supported the Western agenda and purported that the underdevelopment of Third World countries was attributable to various maladies displayed by those countries’ people (Mowlana, 1995). The concept of ‘otherness’ where these people were considered as ‘other’ or ‘peripheral’ as opposed to the ‘core’ i.e. the Western World was widely held. For example, when the Ngwatle Bushmen in southern Botswana came into contact with the Westerners, they were seen as the ‘other’, which indicated their lack of change and cultural stagnation (Boloka, 2001). To alleviate that situation, Third World nations had to attempt to resemble the Western ones by transcending traditional values, harnessing new technologies, encouraging national integration and ameliorating formal education (Tomaselli, 2002). In that process, the paradigm established a cause-effect relationship between

communication and development. Communication was seen as a cornerstone in transferring technological innovations from the West to less developed countries to create in the latter 'an appetite for change' (Mowlana, 1995).

The above paradigm that viewed development in an ethnocentric way was challenged especially by Latin American social scientists who introduced a new approach: the dependency-dissociation paradigm. These *dependistas*, as they were called, defined development in terms of political decisions rather than economic growth. However, this new paradigm failed to offer anything more than critique. As a result, the development support communication was designed in about the 1980s to bridge the modernisation and dependency paradigms by using local message formation to encourage local populations to adopt projects defined by donors (Servaes, 1999). The approach relied on media and communication, not necessarily mass media. However, small media used often top-down assumptions and failed to involve communities, thus proving to be semi-participatory. Instead, the approach was said to legitimate outside agencies' agendas and projects (Tomaselli, 2002). As a result, a fourth paradigm, the multiplicity or another development paradigm, was introduced in order to favour more grassroots movements for greater democratisation and structural changes within the non-aligned nations (Mowlana, 1995).

The Three Ds: Diversity, Dialogue, Development approach was developed by UNESCO in response to the failures of early development models to reckon with cultures faced with globalisation. This new approach proposes that "the preservation of cultural ecology is undoubtedly as important as that of natural ecology, as world development without cultural sustainability will eventually lead to a world of civilisation stagnation" (Xian, 2002/2003: 163).

Development communication in Africa

One of the most often highlighted failures in terms of development communication in Africa was the inadequacy of paradigms that ignored the structural causes of underdevelopment. Communication researchers have established that most of the time media systems such as radio, television stations, and newspapers failed to further development in Africa. This failure was mostly attributed to the undemocratic structures of the media institutions that were highly concentrated in urban areas and

therefore neglected the interests of disadvantaged rural populations. Instead, those media transmitted the opinions and ideologies of the ruling elite (Mda, 1993). For this situation to change, there is a dire need

To democratise the structures of communication systems, because in their [...] authoritarian form they are non-conducive to and dysfunctional for development. Communication technologies need to be decentralised and located among the rural people, who form the majority of the populations in African countries. This will give the rural population access not only to the messages produced by others, but [also] to the means to produce and distribute their own messages (Mda, 1993: 1).

From this perspective, it appears that Mda believes that media systems ought to operate in a triangular interaction of news, communication and community within the framework of developmental journalism whereby the dimension of democracy is important and the emphasis is on the bottom-up type of communication that allows the people at the grassroots to talk (Gunaratne, 1996). However, Mda's view tends to oversimplify the ever-changing environment of media systems. Despite the need for the media to play a crucial role in development, with the spread of globalisation, it is not likely that media would eschew market forces in order to merely serve the needs of rural populations.

The concept of entertainment-education (EE)

EE refers to “the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create favourable attitudes, and change overt behaviours” (Singhal and Rogers, 1999: xii). Its focus is on how entertainment media such as songs, soap operas, cartoons, theatre, etc. can be used to transmit information that may result in pro-social behaviour. EE became popular in the 1970s in Latin America and was used in various countries including Nigeria, India, the Philippines, Turkey, and Gambia. Examples of this approach were soap operas in Latin America – named *telenovelas* – and in India that aimed to raise awareness about literacy, agricultural development, family planning, sexual behaviours, and other health issues (Waisbord, 2003).

The following factors underpin EE programmes:

- Marketing: This consists of defining a product, analysing consumer behaviours, needs, desires and characteristics that lead to audience definition and selection. It also deals with planning and feedback.
- Persuasive communication: This concept underlines the need to develop messages and programmes that provide rational and/or emotional appeals in order to induce audiences to accept or reject a message.
- Play theory: This depicts pleasure as a legitimate form of escapism and provides people with information and para-social interaction.
- Social learning/self-efficacy: Developed by Bandura (1997; 1977) these two theories stress the impact of modelling behaviours and the belief in the ability of people to make changes that are in their own interests. The self-efficacy theory also emphasises that people can join together both to conceive and complete specific tasks (Coleman, 1999: 76).

EE is viewed as an effective tool because it is pervasive, popular, participatory, passionate, personal, persuasive, and proven effective (Coleman, 1999). Therefore, if implemented correctly, the EE strategy can help in the success of a number of programmes (Singhal and Rogers, 1999). However, this is not always the case, because the EE approach does not have only qualities, it also has a number of shortcomings, as will be shown in the following section.

Theories and models underpinning EE programmes

The theories and models used by scholars to design messages for communicating issues such as HIV/AIDS were drawn from social psychology as they pertained to individual actions and behaviours in relation to HIV/AIDS prevention and education (Airhihenbuwa and Obregon, 2000). These psychosocial theories and models can be categorised into three major groups: those predicting risk behaviour, those predicting behavioural change and those predicting maintenance of safe behaviour. Although these theories and models are based on different assumptions, their junction is that they all link behavioural change to the alteration of a number of potential risky

situations and social relationships, risk perceptions, attitudes, self-efficacy beliefs, intentions and outcome expectations (UNAIDS, 2001). Besides the abovementioned social learning/self-efficacy, some of the psychosocial theories and models that have proven most instrumental in the design of HIV/AIDS prevention programmes are described below:

- The *Health Belief Model* (Becker, 1974) was developed in the 1950s to predict individual responses to, and utilisation of, screening and other preventive health services.
- The *Theory of Reasoned Action* (Fishbein and Ajzen, 1975) also predicts individual behaviours by examining attitudes, beliefs, behavioural intentions, and the overt acts, and assumes that people are rational in their decision-making.
- The *Diffusion of Innovation Model* (Rogers, 1983) draws on creating awareness and using ‘opinion leaders’ to make a product or an idea known and accepted by people.
- The *Stages of Change Model* (DiClemente and Prochaska, 1992) was developed specifically to help people quit smoking but it has also been used for condom use. It posits six stages that individuals pass through when changing behaviour, such as: pre-contemplation, contemplation, preparation, action, maintenance and relapse.

Applied to HIV/AIDS campaigns, these theories and models – plus a range of other social theories (UNAIDS, 2001) not mentioned here – have proven to be largely inappropriate to the contexts in which they were conceived in the West. As Airhihenbuwa and Obregon (2000: 12) point out, “they were based on the behaviour and decision-making process of so-called rational individuals who follow an established linear path from awareness to attitude to action” whereas in some societies, for example in Africa, decision-making may be based on cultural norms that are not necessarily controlled by individuals. In this respect, some of the approaches

covered by EE find their place in the modernisation framework given that they subscribe to the Shannon-Weaver Model (1949) of communication of sender-message-receiver, that is, a top-down model of communication that does not take the receiver into consideration (Waisbord, 2003).

Despite those weaknesses in theoretical conception, the EE campaigns may result in one of the following. On the one hand, EE campaigns using songs, videos, live presentations or performers, resulted in positive changes in knowledge, attitudes and behaviours in some countries such as Tanzania, Zimbabwe, Gambia, and so on. On the other hand, however, further studies found that effects of EE are doubtful (Waisbord, 2003). Yoder, Robert and Chirwa (1996) revealed that it is problematic to reach comprehensive conclusions about the effectiveness of EE and they recommended a more cautionary approach. To them, EE programmes are only effective in stimulating people who are already inclined to engage in a new behaviour. Successful EE programmes and other development projects were often said to be those that subscribe to Freirean pedagogy even though this view is contested in some instances as developed below.

Freirean critical pedagogy

The writings and experiences of the Brazilian educator, Paulo Freire, became very influential in the field of development communication since the 1970s. The Freirean approach to education emphasizes popular participation, as a form of cultural emancipation that leads to a different kind of consciousness. This entails learning about the contexts present in an environment that people need to recognize in order to initiate the specific actions necessary to overcome the oppressive elements of their situation (Freire, 1993).

Freire's context

The context in which Freire worked in Brazil is at the core of the philosophical perspectives that flavoured his ideas. During that period marked by fascism, most Latin American countries were ruled by warlords ambitious only for power and money. They practiced torture and brutality to maintain their power and the Church (Roman Catholic) was the only institution that had authority and therefore could

command the loyalty of most of the Latin American people. Latin Americans lived in a situation of abject poverty. This situation was worsened by the capitalism and militarism of the USA that abetted the repression and nobody was prepared to listen to the cry of the poor (Lernoux, 1980; Taylor, 1993).

Critical consciousness

Prompted by the above context, Freire (1974) developed the concept of critical consciousness that refers to the ability to recognize social, political, and economic oppression and to take action against the oppressive elements of society. Critical consciousness is distinct from naïve consciousness in that the former “represents things and facts as they exist empirically, in their causal and circumstantial correlations [whereas] naïve consciousness considers itself superior to facts, in control of facts and thus free to understand them as it pleases” (Freire, 1974: 44).

Freire was opposed to the ‘banking’ system of education in which the teacher was a depositor of knowledge to a passive student. Freire argued that the ‘banking’ method reduces the students’ ability to question authority. Instead, he proposed that teachers should lead the class with a democratic learning process as well as with critical ideas, thus affirming themselves without disaffirming students. In so doing, education becomes problem-posing rather than domesticating, thus providing the students with the ability to search for knowledge (Shor, 1993).

By the same token, Dalrymple (1987) notes that, for knowledge to be beneficial, it has to be meaningful and accessible to learners and it should meet their thinking and experience, thus the focus should be on their active rather than their ‘blank minds’. She further argues that individual experience should not be neglected in favour of publicly developed traditions of thought because knowledge is constructed by society.

Education, viewed as the place where society is constructed, cannot be said to be neutral and would not necessarily result in empowerment. Instead, through education, individuals are led to one or another direction by values and a cultural system set up by the dominant elite who impose their hegemony to other groups, thus domesticating them. Education aims to set up a consensus of social taste, or common tradition and prepare beneficiaries for the workplace. As a result, education becomes a channel

through which the ideologies and interests of certain groups are transmitted to the world as universal truths. It stands out therefore that education cannot eschew politics, which reduces the teachers' level of autonomy towards their classes (Dalrymple, 1987; Shor, 1993).

The Freirean pedagogy is referred to as being participatory, situated within beneficiaries' contexts, critical, democratic, dialogic, leading to desocialisation, multicultural, research-oriented, activist and affective (Shor, 1993: 33-34). These values certainly show Freire's passion for social justice, critical knowledge and beneficiaries' participation in social change, but may embody some imperfections. By stimulating learners to desocialise themselves from their 'passivity', 'anti-intellectualism', and so on (Shor, 1993), the pedagogy tends implicitly to blame the learners as contributing to their status of oppressed. This recalls the 'endogenism' and 'evolutionism' that characterised the modernisation paradigm (Servaes, 1999).

The process of conscientisation follows three steps leading to critical thought, as follows:

- *The intransitive thought* – In this stage, people are dominated to the extent that they are desperate about their fate. They are disempowered and think they cannot do anything to change their conditions.
- *The semi-transitive thought* – People exercise some thought and action for change. Partly empowered, they act to change things and make a difference, but fail to relate problems collectively to the whole system.
- *Critical transitivity* – This stage refers to the situation where people think holistically and critically about their conditions, thus reflecting the highest development of thought and action, 'critical consciousness'. They are capable of achieving the necessary changes and the individual "feels empowered to think and to act on the conditions around her or him, and relates those conditions to the larger contexts of power in society" (Shor, 1993: 32).

Therefore, people will be said to have reached critical consciousness when they take their own destinies in their hands, which is termed *praxis*. This is linked with the concept of empowerment understood as a process that involves people's efforts so that they can identify their own problems, critically assess roots of those problems and develop strategies to overcome them (UNAIDS, 2001; Melkotte and Steeves, 2001). For this to happen, the oppressed must no longer be considered as 'marginals', 'men living outside their society' or 'beings for others'. Instead, they will have to be fully integrated into their society, in order to transform it and become 'beings for themselves' (Freire, 1990: 61-62).

What should be understood from the above discussion, however, is that the conscientisation process, as developed by Freire, is not straightforward. Many kinds of interferences that hinder a democratic dialogue and a critical thought may occur either from school authorities, beneficiaries themselves, or parents defending traditional methods (Shor, 1993). Shor (1987) provides an overview of these interferences including mystification leading to 'blind faith' or 'blind obedience', 'false consciousness' i.e. manipulated action and reflection leading people to supporting their own oppression, 'reification' where people tend to watch things without critical reflection, and so on.

Extending the concept of participation as embodied in Freirean pedagogy, Servaes (1999: 93) suggests a model of communication that includes:

- Viewing ordinary people as the key agents of change and focusing on their aspirations and strengths, hence emancipating them to meet their basic needs;
- Seeing people as the nucleus of development, educating and stimulating them to be active in self and communal improvements;
- Emphasizing local communities rather than national initiatives; and
- Strengthening the democratic processes and institutions at a community level and exploring the redistribution of power.

The same participatory approach is suggested by Kincaid *et al.* (2002) in their model for social change. This model proposes dialogue, mutual understanding, mutual

agreement and collective action in order to achieve a mutual change rather than a one-sided, individual change.

Despite the widespread consideration of participatory approaches as a normative path to which to aspire, they are not a panacea. For instance, Waisbord (2003) emphasises that participatory approaches are elaborated at a theoretical level and therefore they do not provide specific guidelines for interventions. Sometimes, in cases such as epidemics, quick and top-down solutions are more efficient than participation. The latter might have shortcomings when applied to short-term and urgent issues. Another point made by Waisbord is that in the case of non-democratic societies, a participatory approach may be undermined in some non-democratic societies where people are wary to participate out of fear of retaliation.

Freirean perspectives in African context

Freirean pedagogy is applicable to any society and to African contexts in particular, because liberation, freedom, conscientisation and practical action, which are Freire's main concerns, are still contemporary to African societies, especially in rural areas (Thomas, 1996; Nyirenda, 1996). The pedagogy is therefore thought to be relevant to development in Africa because:

Any reading of Freire in the context of African development leads to exhilarating insights about how education, communication and popular participation can be employed to provide true enlightenment and mass involvement with regard to such issues as political democracy, agriculture, health, gender, science and industrial development (Okigbo, 1996: 51).

Previous study suggested that participatory strategies embedded in this pedagogy are well suited to African contexts where societies “have a community ethos fostered by an oral and a performative tradition” (Bourgault, 2003: 52) and this could be one of the ways of alleviating campaign linearity and including culture (Rawjee, 2002). Applying this participatory methodology in investigating issues related to HIV/AIDS, for instance through forum theatre in a workplace, has shown satisfactory results. Amongst other results, the methodology helped to increase knowledge among audience members, and find solutions to the realistic problems of talking about HIV/AIDS and dealing with related issues (Durden and Nduhura, 2003).

Critical views of Freirean pedagogy

Many criticisms have been formulated against Freirean methodology. Some of those criticisms deemed Freirean pedagogy to still be firmly grounded in curriculum-based education and therefore not very different from the banking system. For example, conscientisation is considered to be a process where professionally planned and administered rituals are set up with the purpose of 'colonising' and 'standardising vernacular probity and honor' through some universally human set of institutional rules. As a result, the system is viewed as containing the idea of a top-down model and could yield the same oppression that Freire intended to eradicate (Illich, 1982; Zachariah, 1986; Taylor, 1993). Taylor (1993) goes further to question the Manicheism imbedded in Freire's pedagogy. His argument is that by attempting to combat banking education and adopting an opposing pole, one can arrive logically at 'education for freedom', but the ontological existence of this new polarity does not stand up. One would add that the process through which people shift from intransitive thought to critical transitivity, which seems to subscribe to an emancipatory or revolutionary model of education, sounds too Utopian because it is not clear how this happens.

Further criticism was levelled with regard to the problem-posing education that Freire considers to be an answer to the conventional educational system. He takes this methodology as an innate quality of every human being, overlooking the fact that it is not easy to expect that everybody will know how to pose the right questions about their social reality (Okigbo, 1996).

To look at them closely, some of these criticisms tend to compare Freire's thinking to a certain extent to Rostow's (1960) Economic Growth Theory. In this theory, Rostow constructed a five-stage model of transition through which all nations should pass such as the traditional society, pre-conditions for take-off, take-off, drive to maturity, the age of high mass consumption. As a result, Freire's categorisation appears to borrow from a unilinear mode and it should be noted that maybe not every society has to go through Freire's stages to be liberated and achieve critical consciousness. In

connection with that, Taylor (1993) shows that Freirean rhetoric is clear, but how transformation comes to be realised is not.

The idea behind all the above critical views is that the Freirean critical pedagogy that was originally developed for, and applied to adult literacy education, cannot be said to be free of shortcomings. This means that the pedagogy may not fit in all circumstances and therefore should be cautiously adapted to local contexts, a fact which is acknowledged by Freire himself (Thomas, 1996). All the more so, this approach is not likely to apply literally to the South African context. Guinea Bissau is a convincing example of this critical methodology's imperfection. Freire's ideas were applied to this country in order to raise people's consciousness for the liberation struggle, but, unfortunately, the result was a mere disillusion because, at the end of the struggle, people found themselves in much the same situation as before (Gomes, 1992).

The Freirean methodology was translated into a theatrical practice by Augusto Boal (1995) in his work termed the 'dramaturgy of the oppressed'.

Augusto Boal's dramaturgy

In his dramaturgy, Boal (1995) works on the assumption that empowerment of the oppressed communities is necessary, and that participation of the oppressed communities is a prerequisite for change. He challenges the use of theatre as a tool of social control and therefore develops a new approach aiming to democratise theatre and liberate 'spect-actors'. This new kind of theatre is coined 'forum theatre' where beneficiaries are fully involved. The theatre methodology breaks down the traditional theatre barriers between audience and actors. Instead, audiences are simultaneously spectators and actors, which is perceived as the best opportunity for learning as they are encouraged to reflect on themes presented in the performance, analyse them, and try to find solutions to the issues at stake. Therefore, forum theatre is a problem-solving approach that serves to build a sense of community among the audiences (Boal, 2002). This is true to the extent that forum theatre encourages dialogue amongst audience members who negotiate meanings. As such, meaning and knowledge are seen as social and collective products (Durden, 2003). Boal's drama is

called ‘a rehearsal for a revolution’ (Boal, 2002), while DramAidE speaks of ‘a rehearsal for life’ (Dalrymple and Du Toit, 1993).

Boal’s approach, anchored in participatory methodologies, fits well in areas like schools and workplaces where participants constitute a community and share oppression to a certain level. In this kind of institution, due to time restrictions, solutions are not necessarily reached through the forum theatre process. Therefore, forum theatre serves as a problem-posing and conscientisation process rather than a problem-solving one (Boal, 1995).

Besides the fact that this Boalean approach has proven to be highly effective in many cases, various studies revealed that it has also disadvantages, including the tendency to being a time-consuming and long-term process (Mda, 1993). In addition, the forum theatre, like other participatory approaches, may fail to involve audiences if performed in communities with an introvert culture. For example, as shown by Durden and Nduhura’s (2003) study, some spectators might be reluctant to participate when invited onto the stage fearing recrimination from their peer group if they are seen to be different from their colleagues. The extent to which the transformation of the reality on stage is implemented in real life is also questionable. The reason for this is that, on the one hand, it is not easy to correlate attitude change with behavioural change, and on the other, there are a number of profound societal constraints that impede behavioural change (Young, Pather and Walker, 1996). Coupled with Freirean pedagogy, Boal’s perspectives became inspirational for a number of developmental theatre professionals.

Theatre for development in Africa

Theatre has been deemed to be one of the best media for development communication on the grounds that it “has the potential for being a democratic medium, in which the audiences may play an active role in medium-programming, and therefore in producing and distributing messages. It is not centralised like the technological media, and is capable of integrating indigenous and popular systems of communication that already exist in the rural areas” (Mda, 1993: 2). That theatre has the potential to raise consciousness, is remarkable in a sense that theatre, “as form of skilfully contrived

escapism it allows the audience to take collective imaginative refuge in a more pleasurable realm of existence than their everyday one” (Mda, 1993: 19).

As such, theatre has raised the interest not only of African or Third World researchers, but Mda has witnessed that even Western practitioners harnessed theatre because they believed that communities from the developed world needed to be conscientised. However, not any kind of theatre can be said to be democratic and effective in development communication unless the practitioner is proficient enough and understands well both the concepts of ‘development’ and ‘development communication’. For instance, the investigation of Marotholi Travelling Theatre indicated that the only plays proving to be democratic and therefore likely to yield conscientisation are those that “are produced by and for the people without spectators, since the spectators ultimately become actors” (Mda, 1993:184). Mda mentions forum theatre and community-generated theatre – known as ‘Comgen’ – as two examples of efficient theatre leading to conscientisation. In other words, democratic drama is inspired by Freirean-Boalean principles. However, in his theoretical framework drawn in order to analyse the work of Marotholi Travelling Theatre, Mda suggests that theatre functions as a medium of mass communication. Therefore, he tends to assume the transmission model of communication, which contradicts the concept of participation to a certain extent.

However, whereas Freire believes that all the power should be given to the ‘oppressed’, further studies view this democratic position in a slightly different way. Harding (1998) and Okagbu (1998) propose that, on one side, efficient theatre for development ought not to be the ‘fixed masterpiece’, i.e. theatre as a product, which is synonymous with the Diffusion of Innovation Model (Rogers, 1983) where theatre is produced by outsiders and, *ipso facto* people are viewed as consumers and their needs are not considered. Instead, theatre should be a process where nothing is presented as a final product to be imposed on a passive population. In this theatre as a process, the population can interrupt the play at anytime and enter into dialogue with actors, as in Boal’s (1985) perspective. In addition, theatre for development should not be ‘a means of popular distraction’ because whatever theatre is produced by the ‘populace’ cannot be viewed as edifying (Harding, 1998: 6).

Theatre has been harnessed in Africa to reach rural and non-educated populations in an effort to sensitise them to governmental development projects, health issues, and so on. Research has proven that this choice of theatre is determined by the reason that, in sub-Saharan Africa, audiences are more interested in using interpersonal and traditional media than the classic ones (Mda, 1993). Theatre is one example of these media given that it is able to “reach subaltern audiences, thus overcoming the barriers of illiteracy” and because of its “use of local languages and locally accepted cultural values/artistic forms, and its innate attraction because of performance’s entertainment value”. The seminal experiment of this popular theatre, as it was referred to, was developed during the 1970s in Botswana and it was called *Laedza Batanani* (the sun is up, let us go and work together) (Kerr, 1995: 149-151). The effort in this theatre was to apply Freirean principles. However, this theatre was deemed to be ‘a smokescreen for domestication’ (Kidd and Byram, 1981). One proof for that would be the fact that “the whole process [was] controlled by the more powerful members of the community leaders” (Kerr, 1995: 159).

In the Southern African (especially South African) context, popular theatre was used as a spearhead in the struggle for national liberation (Kerr, 1995). Applied to education, Drama-In-Education (DIE) or Theatre-In-Education (TIE) has long been considered as a cornerstone as it has been used under the premise that “people learn best when the learning is somehow active and pleasurable” (Laws, 1998). HIV/AIDS is one of the main issues covered by this theatre, as in the case of DramAidE where the whole process is all about fixation of belief through drama.

The fixation of belief

In this theory, Peirce (1877) explains that when a belief fails to achieve its customary ends, it is possible to use four methods in order to ease the irritation of the unstable condition that is doubt. Beliefs that function to guide and shape changes in people’s actions are attained after a struggle triggered by the irritation of the doubt. For Peirce (1878: 129), a belief is made up by three properties in that sense that:

- It is something that we are aware of;
- It appeases the irritation of doubt; and

- It involves the establishment in our nature of a rule of action, which is a habit.

The methods for fixing new beliefs as developed by Peirce include the method of tenacity, the method of authority, the method *a priori* and the scientific method.

By the method of tenacity, Peirce refers to one of the different ways of finding answers and solving problems whereby individuals shut themselves off from all external influences. Thus, the method is based on the assumption that something is true or false just because people believe it that way, however idiosyncratic it may be. Peirce warns that this method cannot hold its ground in practice because the social dynamics may undermine it. The person who adopts it will find that others have a different worldview, which will influence to a certain extent his/her confidence in his/her belief.

The method of authority consists, on the one hand, of teaching a belief to people by force or cruelty (Peirce, 1877). On the other hand, by regarding elderly people or leaders as knowledgeable and therefore by turning to them for advice or to acquire information and by having faith in their knowledge, people make use of the method of authority (Du Plooy, 2002). In this respect, the method of authority can be equated with Bandura's (1977) Social Learning Theory. Comparing this method to that of tenacity, Peirce notes that the former's success is greater. In addition, Watt and Van den Berg (1995) argue that the method of authority offers the advantage that it would be more beneficial to rely on the testimony or advice of an expert than to cling to one's personal belief (tenacity). However, this method of authority places emphasis on the credibility of the communicator and therefore can be questioned in a sense that the latter may be fallible and thus his/her knowledge may not always be reliable.

The *a priori* method refers to the way of knowing whereby individuals are deemed to freely adopt a belief and keep it when they notice that there is no inconvenience in it. The method involves making and accepting beliefs because they are self-evident (Peirce, 1877). Also termed the 'method of reasonableness', this method offers the advantage that if an argument is accepted as the truth, it must have been evaluated by a good number of people. However, it remains questionable as to who determines the limits of reasonableness (Du Plooy, 2002: 17). This *a priori* method appears as a

version of the constructivist approach used by DramAidE as explained further in this work. In that sense, this method is prone to slip into the second method (authority) in the form of majoritarian tyranny.

The fourth method of fixation is the method of scientific investigation that occurs with learning from disciplined inquiry into experience, into the habits that fail to meet expectations (Peirce, 1877). Investigation is made up of two processes: 'reasoning' and 'observation'. The former refers to the process by which a belief is generated from other beliefs known as premises, while 'observation' is the process by which new elements of belief are brought into the mind.

Despite the fact that each of the abovementioned methods of settling opinion offer peculiar advantages, Peirce argues that the scientific investigation method proves to be the most convenient. Therefore, it is through this method that DramAidE's achievements will be assessed.

No matter what method might be used, scholars warn that beliefs should not be understood and tackled only on an individual level but also socially. This because beliefs are not necessarily based on explicit thinking processes, and may rest on forms of social representation that are subscribed to by virtue of belonging to a given social group. The content of a belief, that is reasoning, may be inexplicit while a habit or behaviour is public and social. As such, beliefs belong to the social environment and to individuals. Beliefs are often present below the level of conscious thinking and may hamper any action based on good knowledge. They are also likely to undermine the creation of positive and constructive attitudes (Kelly, Parker and Oyosi, 2001).

As such, settling beliefs, as it is DramAidE's goal, requires full knowledge of beneficiaries in order to shape messages more adequately. The following section serves as a lens through which the belief fixation process should be analysed.

Arendt's private/intimate and social/public realms

In *The Human Condition*, Hannah Arendt (1958) argues for a tripartite separation between the human activities of labour, work, and action. She distinguishes between

three realms of the human condition, namely labour, work and action. She links the first two activities to the private realm. The third activity, action, is classified in the public realm. Labour and work (the private realm) are ruled by the necessities and materiality of the life process. In this realm, human beings and animals, are exactly the same. It is through action, in the public realm, that humans can exhibit their plurality, spontaneity and unpredictability. Arendt models the public realm on the Athenian city-state. The players in her private and public realm are the slave, merchant and citizen. The slave is tied up in the necessity of labour and the merchant in the materiality of concrete things. To the contrary, the citizen is the one who enters the public realm and engages in action and speech.

Arendt describes the decline of the public realm in modern times as a loss of humanity. The rise of the social, economic and material concerns, which was regarded as the most important aspects of life, has been to the detriment of action and speech and the public realm. This rise of society coincided with the decline of the family, and the latter was absorbed into corresponding social groups. Arendt argues that modernity transformed privacy into intimacy, which is the opposite of the social realm. As such, the intimate realm refers to “the bodily part of human existence that need[ed] to be hidden in privacy, all things connected with the necessity of the life process itself, which prior to the modern age comprehended all activities serving the subsistence of the individual and the survival of the species” (Arendt, 1958: 72).

Because HIV/AIDS attacks through the intimate realm i.e. sexual behaviours while DramAidE operates in social realm, Arendt’s distinction can serve in developing criteria for evaluating the effectiveness of campaigns that operate in the social realm, but whose outcomes occur in the intimate realm. This effectiveness must be assessed with regards to DramAidE’s capability to reconcile the potential tension between memory and records embedded in beneficiaries’ intimate realm.

The generational memory

In their study on generational memory and family relationships, Attias-Donfut and Wolff (2003) concluded that family intergenerational interactions play a fundamental role in psychosocial identity development and continuity in the socialisation of family members. This is true to the extent that the elderly pass on to the younger generations

an individual, family and social memory. It is also assumed that the marks imprinted during the early stages of life are deep and lasting because it is believed that young people retain the tracks of the conversation they had with the elderly during their childhood far more than they are aware of. However, the ongoing influences of historical events throughout a life would not be neglected, which constitute the individual's records. The latter can include a variety of things such as music, fashion, TV or movie stars, sport games and other minor things that occur during youth thus influencing ideas and beliefs.

However, the process through which memory is transmitted from generation to generation is not the same for every context. In an African context, for example, Abraham (1992) posits that generational memory is transmitted from elders to the offspring only in traditional societies where elders have authority and dominance, which establishes social coherence and unity. On the contrary, he mentions the phenomenon of urbanization that changes the whole concept of African family. This ushers in negative consequences including the fact that, “[i]n their upbringing, urban children tend not to pursue the ideals of their cultural patrimony, and, as a result, tend not to be acquainted with its traditions” and the whole social control is weakened (Abraham, 1992: 17).

The following chapter will give an overview of DramAidE in order to formulate an answer to the question of to what degree the project designs its programmes on strictly Freirean principles. The context in which the project was created and in which it works presently will be examined. This context moulds some of its activities and, to a certain extent, impinges on the leading methodologies and theories.

CHAPTER THREE: CASE STUDY

DramAidE: AIDS education through drama

From the outset, it is necessary to understand to what extent the Freirean pedagogy applies to South Africa because the evolution of DramAidE is strongly linked with the larger historical context in which it operates in South Africa (Bourgault, 2003). This educational project was introduced in 1992 at the University of Zululand and has been operating in KwaZulu-Natal high schools ever since. It was created in the aftermath of Apartheid. Four pillars underpinned the Apartheid system, including control over space to assure racial segregation; the control of Black labour; the White control of political power; and the control over people, communities and social interaction, especially in towns. This resulted in widespread Black unemployment: Blacks had few opportunities to create self-sustaining activity, which emasculated and impoverished many of them. Apartheid is no longer practiced, but the country still carries the burden of the consequences of the system, such as unemployment and poverty especially in rural areas, crime and violence (Bourgault, 2003). Likewise, Apartheid hampered family life and created a migrant labour force and housing system that encouraged casual and commercial sex with many partners (Deutsch and Swartz, 2002).

DramAidE worked in previously disadvantaged communities in which, at the early stages, it had to face cultural stumbling blocks, and sometimes had to work in conservative areas where external influences were not always welcomed, and where the media had a minimal influence. For example, the project's activities, reception and uptake of messages were hampered by the contextual mediators for HIV/AIDS infection including patriarchy, violence against women and the general sense of apathy subsumed in the culture of silence that seemed to be evident in these communities. Even nowadays, resistance is still evident in some communities, especially when it comes to talking about sex. This situation seems complicated to the extent that South African culture – as a factor that shapes beliefs, behaviours and institutions – is made up by a mixture of various traditions that range from indigenous

cultures to western and eastern cultures (Seidel, 1995; Coetzer, 2000; Dalrymple and Botha, 2001; Dalrymple, 2004).

This context is described as that in which the 'banking' education is cherished, which overlooks the experience and knowledge of young people and the subaltern classes. As a result, dialogue and collaboration between teachers and learners are encroached on (Dalrymple, 1987). The 'banking' education was especially worsened by the 'Bantu education' system that was based on paternalistic attitudes, trusteeship and segregation towards Blacks (Wolpe, 1988). In the same vein, Seidel (1995: 137) refers to DramAidE's context as "one of overcrowded and often crisis-ridden classrooms where learning is a closed curriculum, not a student-centred activity, where rote learning is the norm, where there is no sexuality teaching, and where many teachers are under skilled".

It has become an obvious fact that the specific conditions and settings under which people live mould their opportunities and limitations for making change. These specific situations are the final arbiters of the methods people choose, the language they speak, and the ways they organise for change (Mc Laren and Leonard, 1993). To circumvent this oppressive context and bring its enterprise to success, DramAidE chose the Freirean liberatory perspectives as the best pathway under the premise that there can be no sustainable initiation of behavioural change until all forms of oppression entailed by this context is uprooted. The Freirean influence on DramAidE has been channelled from the Brazilian context through *Training for transformation* (Hope and Timmel, 1984), thus shifting from political to social change (Dalrymple and Botha, 2001; Dalrymple, 2004; Interview with Mkhonzeni Gumede, October 2004).

In this endeavour, the project committed itself to the goal of providing life-skills and sexuality education to young people in the fight against AIDS. The project has been built on the premise that the majority of problems faced by the youth can be located between parents', pupils' and teachers' relationships. Therefore, the life-skills taught to young people aim to provide ways of developing a supportive and satisfactory network of relationships at home, at school and within the broader community, hence enabling young people to deal with STD/HIV/AIDS and to adopt attitudes and behaviours that prevent discrimination against those who are infected with HIV

(DramAidE, 1995). DramAidE believes that life-skills are essential to survival and it commits to promoting health in all its aspects. Health is viewed more as a process than a state. This is why self-image, self-esteem and self-confidence form the core of drama-based workshops (Dalrymple, 1997; DramAidE's Annual Report, 2000/2001; 2002/2003; Interview with Gumedé, October 2004).

These life-skills include:

- Self-identity, self-assertion and self-esteem
- Problem solving, decision making, goal setting
- Verbal and non-verbal communication skills
- Critical and creative thinking
- Understanding and coping with emotions and stress
- Establishing meaningful and open communication with family members, peers and persons of the opposite sex
- Implementing and sticking to decisions that have been made (DramAidE, 1995: ii).

To teach life-skills, DramAidE starts by forming a club of 30 learners and 2 teachers in each of the schools with which the project works. DramAidE's facilitators are assigned to visit each of these schools. These facilitators meet with the school clubs on a regular basis, that is once a week for the entire school year. The clubs are trained in the project's life-skills curriculum that includes issues such as sexuality, gender issues and prevention of HIV/ AIDS. For example, DramAidE's plays depict desperate people infected with HIV/AIDS consulting traditional healers, Western doctors, and finally turning to God. They also show young people as prey to sexual advances by adults. Other facts displayed include the realities of township life such as cases of inebriated parents who become physically and sexually abusive, young men who consume drugs or attract girls with flashy objects such as cars, cell phones, and so on. The vision here is to equip club members with the relevant life-skills so that they can serve as peer educators and extend DramAidE's action to the rest of their communities (Annual Report 2000/2001; Bourgault, 2003).

Peer education, as one type of face-to-face approach for health promotion and disease prevention, is believed to be powerful on the grounds that peers are likely to positively influence the attitudes and behaviours of a particular audience. This approach relies on the premise – among others – that the youth learn more readily from peers, and the latter, well trained and supported, “can deliver meaningful doses of active education, capitalise on opportunities to be sources of referral, promote health activism, and exert informal influence on norms and expectations” (Deutsch and Swartz, 2002: 38). The selection of peer educators is said to be a key factor for a successful programme. It is based on four main elements, including:

- Acceptance by other members of the group;
- Being an opinion leader, thus well respected in the group;
- Willingness to be trained;
- Commitment to the goals of the programme (UNAIDS, 2001: 15).

However, previous studies have established limits to peer education. In Brazil, for instance, participants in a target group became health agents and then lost their solidarity and support within the group, which is considered as one of the core elements of peer education’s success (Ibid.). In some instances, therefore, peer education tends to draw from the Diffusion of Innovation Theory (Rogers, 1983) and the modernisation paradigm.

DramAidE’s aim to impart life-skills is underpinned by the paradigm of critical theory and by a number of sub-strands developed by interpretive disciplines, such as semiotics, anthropology and discourse studies. The project is situated within constructivism. This leans towards relativism in relation to learners’ experiences and pathways to ‘knowing’ – as opposed to knowledge transmitted in a top-down way (Seidel, 1995). Therefore, DramAidE uses an approach that puts the emphasis on the receiver and that uses “local expressive forms (plays, songs, poems, dances and posters) as enabling resources or mechanisms of learning and of re-enacting and re-telling the ‘story’ from shifting positions” (Dalrymple, 1997: 75).

The constructivist thinking that leads DramAidE's action is thought to be relevant to projects that deal with the context of the AIDS epidemic in that it offers a clearer understanding of:

- The different lived meanings of sexuality;
- The social construction of gender;
- The various and localised meanings that may be attached to old and ritual forms;
- The possibilities of exploring social support for behaviour change through performance and Drama-In-Education;
- The reasons for seeking to involve the community in Open Days (Seidel, 1995: 144).

DramAidE is informed by the methodology of Participatory Action Research (PAR). The focus is that social change means that the research must be action-orientated and, to have an impact on behaviours, the programme must involve communities. PAR draws from the philosophy that endogenous knowledge and narratives of the oppressed are key assets to liberation (Melkote and Steeves, 2001). As such, the methodology – which in fact is similar to Freirean approach – aims to “establish existing cultural beliefs and practices; identify emerging themes and modifications and then further develop the intervention in order to initiate change” (Dalrymple, 1995: 265).

The methodology involves three steps. Firstly, DramAidE's facilitators and community nurses visit schools and present AIDS information in the form of a play that they themselves have adapted through improvisation to local conditions. Improvisation refers to the process through which progressive teaching can be conducted by utilising elements from everyday life such as the spontaneous response to an unexpected situation. Using this process in controlled conditions enables the participants to gain insight into problems presented. Improvisation allows students to value their own experience as a source of knowledge and puts teachers in a position to interact and learn from their students. When properly utilized, improvisation can help to resolve the teacher-student gulf to the extent that learners are encouraged to genuinely participate and communicate (Dalrymple, 1987).

The second step is referred to as workshops. In this process that is grounded in Freire's (1972) *praxis*, facilitators work with young people and teachers helping them to design their own plays. In the playmaking process, workshops constitute a major phase where critical thinking can be developed by deconstructing common sense perceptions and relationships and by discussing their meaning (Dalrymple, 1987).

DramAidE's workshops are constructed according to a five-step method that helps youth by deepening discussion, persuades them to understand themselves and increase their competence in questioning and challenging the conditions of their environment. The first step asks the questions about the present situation; the second step is about exploring the causes of this situation; the third step is about relating issues to real life; the fourth step is about understanding the root causes; and the fifth step is about posing solutions. However, it should be noted that the fifth step is not the last one, as the facilitators encourage the learners to question the solutions reached. At the end the play, schools are encouraged to create their own plays, songs, dances, poetry and posters in order to pass on the received information to the local communities (Dalrymple and Botha, 2001; Dalrymple, 1997; Bourgault, 2003).

Thirdly, schools organise Open Days when the AIDS messages are taken to the wider communities in a bid to enable participants to express their ideas creatively i.e. through plays, songs, dances, poetry, posters and speeches, thus empowering them to break the silence (Dalrymple, 1995). Open Days take on the form of a ritual celebration of life. The dances, poems, beauty parades and modelling show how young people enjoy showing themselves off despite a devastating disease plaguing their environment.

Number of workshops and Open Days in one school (per year)²

Training	Play-making and characterisation	Rehearsals and play-making	Launching or Open Day
10 workshops	5 workshops	5 workshops	1 day

By 1997, about 600 Open Days had been organised in Kwa-Zulu Natal's secondary schools and about 50 plays had been produced (Dalrymple, 1997). After Open Days, 'Edu-Fairs' are organised. These refer to AIDS rallies staffed by guidance counsellors and medical personnel who are available to answer any question and encourage HIV testing for those who wish to have it. The rallies offer an opportunity to celebrate a new and more open sexuality, women's empowerment, and a fun and free culture of safer sex through plays, skits, and songs on HIV. 'Edu-Fairs' are also an opportunity for schools to share their experiences by displaying their achievements and performing their plays to other schools, which makes easier learning from one another (Bourgault, 2003; Annual Report 2002/2003).

'Health' festivals are also organised bringing together the whole community and learners from different schools. Festivals draw on interesting items on the issues of AIDS and sexuality seen on Open Days. These awareness festivals are considered to be indicators that DramAidE has taken root and stimulated a response from local communities (Dalrymple and Preston-Whyte, 1994).

However, Dalrymple (1995) acknowledges contradictions inherent to the fact that this PAR methodology used by DramAidE attempts to be participatory, democratic, and goal or action-orientated. While the drama theory suggests that beneficiaries are the ones who decide on the issues to be examined, in the case of HIV/AIDS education, on the contrary, it was noticed that recipients either do not realise or do not believe the dangers of the epidemic. As a matter of the fact, outsiders have to decide about the intervention and "the problem is to find ways of drawing the local communities into the educational programme and gaining credibility for the educators" (Dalrymple, 1995: 265). Freire cautions against such a situation because no one can think for

² *Source:* The data in this table were gathered during my observation phase and enriched by an interview with Mr Duduza Ngcobo, DramAidE's facilitator, on September 29th 2004.

others, “even if the people’s thinking is superstitious or naïve, it is only as they rethink their assumptions in action that they can change” (Freire, 1972: 80).

Maybe one should see Freire’s view in perspective. It is not realistic to level too much blame at this model used by DramAidE to impart social change by the method of authority because beneficiaries are not always ready to determine their destinies. Thus, an intervention from professionals from outside might be beneficial, which is validated to a certain extent by this view: “a doctor does not have to have gonorrhoea to cure the disease. I do not think you have to be poor to help the poor” (Kerr, 1995: 170). And in the case of an epidemic such as HIV/AIDS, it is unthinkable that one should wait for people to become conscious of the epidemic once they are already infected; it is better to prevent than to cure, as the saying goes. This substantiates what Waisbord (2003) suggests about top-down models being more pertinent to epidemics than participation.

As it appears, DramAidE faces ethical dilemmas when it comes to dealing with local cultures. It is not clear whether the project should take a participatory approach and accept particular cultural practices or follow a more directive strand that critiques and condemns some of those practices. For example, it is complex to handle virginity testing and other ceremonies that celebrate virginity. On the one hand, these practices are regarded as important in that they develop a sense of social support and solidarity among young women, thus protecting them against unwanted pregnancies and STDs. On the other hand, however, it is not only difficult to accurately test virginity, but also the practice entails a number of disadvantages such as the infringement of human rights and the right to dignity and privacy as females are the only ones to be tested.

In this situation where participation is hampered by constraints and dilemmas, DramAidE believes that the participatory approach would not be abandoned. Instead, the project sets up opportunities where participation can take place. Therefore, the participatory approach adopted by DramAidE is based in questioning, raising issues and considering consequences of actions without being directive (Dalrymple, 2004).

Theories underpinning DramAidE

The project is mainly informed by theatre, drama, and behavioural theories. On the one hand, the concept of learning through drama, also known as Theatre-In-Education (TIE) or Drama-In-Education (DIE) is referred to as participatory in orientation. The concept of DIE views learning as being rooted in personal experience that is extended to assimilate and analyse information. In that, DIE is important for projects such as DramAidE to the extent that learning becomes a process where meaning is negotiated between learners, instructors, parents, school-governing bodies and the local communities (Dalrymple and Preston-Whyte, 1994; Annual Report 2002/2003). The learning experience is consistently enjoyed and learners can discover new things about themselves and others, which empowers them to make responsible decisions. The reason for this is that drama is linked with play and entertainment (Dalrymple and Du Toit, 1993). Through drama, which is viewed as ‘a rehearsal for a revolution’, participants express real feelings and ideas and thus overcome barriers or oppressions, without any real life consequences. When the action is over, they are able to reflect on the experience (*praxis*) (Boal, 2002).

In terms of drama theory, DramAidE draws from Boal’s work because the active involvement of beneficiaries in role play is likely to open up ‘new worlds’ of possible action especially in terms of gender interaction and sexuality, alcohol abuse, relationships between teachers and learners and living with HIV (Dalrymple and Preston-Whyte, 1994; Annual Report 2002/2003). DramAidE is also informed by Bandura’s (1997) Self-efficacy Theory in that the educational drama approach works specifically with the aim of “ building self-confidence and, through engaging participants in problem-solving, seek[s] to develop feelings of competence and control” (Dalrymple and Preston-Whyte, 1994: 116). Fishbein and Ajzen’s (1975) Reasoned Action Theory is also used by DramAidE to encourage beneficiaries to take action and change their behaviours, “which must be based on a real change in attitudes and the rational assessment by the individual of his or her overall social position” (Dalrymple and Preston-Whyte, 1994: 117). These theories are developed for example through workshops and role-plays.

However, a number of criticisms are levelled at those kinds of behavioural theories. On the one hand, these theories are said to be incompatible with social theory in that

they are rationalist. They are rooted in the individual and overlook the social. To the extent that beliefs about health are often grounded in shared social experiences, strategies for change need to be designed for and with beneficiaries (Seidel, 1995). On the other hand, the assumption that changing people's attitudes and beliefs necessarily yields behavioural change is challenged. Factors such as poverty can impede the adoption of safe sex behaviours. Therefore, the reality is that DramAidE has not yet succeeded to redefine itself theoretically.

DramAidE is quick to acknowledge those criticisms, but it does not believe that nothing can be done. Instead, the project keeps on adapting its participatory techniques with the idea that the very act of participating in plays has more chance of success than the passive reception of information (Dalrymple and Preston-Whyte, 1994). The project also provides ongoing training to its staff in order to keep them up to date in terms of HIV/AIDS and appropriate methodologies for training. For example, in 2000 the project provided training on the use of narrative therapy and developing messages around issues of care and support (Annual Report 2000/2001).

Therefore, by training staff and refining techniques to make them more relevant and useful, DramAidE can be said to practice the method of scientific investigation (Peirce, 1877), which is a core ingredient when settling doubt. It should be noted that the project re-thinks its techniques on an annual basis during what is called 'end of the year evaluations' in consideration of various studies conducted by DramAidE (Interview with Gumede, October 2004).

DramAidE's achievements

Between 1992 and 2003, DramAidE has covered 850 high schools in KwaZulu-Natal, and 19 tertiary institutions nationally. It has also worked with both urban and rural communities, training teachers, nurses, care-givers, members of NGOs, churches, prisons, etc. Teachers were trained in basic HIV/AIDS information and taught skills about how to communicate better with learners about related issues. Parents and other community members were reached through attendance at Open Days and festivals organised by the schools. Since 1996, DramAidE became a national project and has extended its activities to other educational institutions, both at the tertiary and primary

levels. A number of activities and projects have been run by DramAidE including, among others:

- *Mobilising Young Men to Care*: Initiated since 2000, the project aimed to develop gender responsibility, especially through its video called ‘See you at seven’;
- *Act Alive*: This is a peer education programme that focused on imparting sex education and life skills to primary and high schools children by working more closely with teachers and learners in health promoting clubs;
- *Go Grow*: Dealt with developing entrepreneurial skills for new groups producing theatre for social change;
- *Circle Time*: Conducted in primary schools, the project aimed especially to train teachers in DramAidE methodology so that they can help develop in children a sense of responsibility for safe choices;
- *Pro-teach*: This project targets teachers and included pre-service and in-service for tertiary, secondary and primary schools;
- *The National Tertiary Institutions Campaign* that aimed, among other activities, to develop the policy in tertiary institutions around issues related to HIV/AIDS and to mobilise students to become AIDS activists;
- *The South African AIDS Memorial Quilt*: This social mobilisation tool was used to encourage participants to express verbally or pictorially how AIDS affected their lives;
- *The Peer Education Project*: This project had among its other goals to mobilise the youth to play an active role in life-skills in their communities;
- In 1997, DramAidE joined a consortium of six other groups to deliver a national AIDS campaign;
- *The Health Promoters Project in Higher Education Institutions* that aimed to help students to personalise the risk of HIV infection, demystify the pandemic and break stigma and deal more effectively with health and relationship problems (Annual Report 1996/1997; 2000/2001; 2002/2003; Tomaselli, Parker and Shepperson, 2002; Bourgault, 2003).

DramAidE believes in the success of its methodologies (Annual Report 2000/2001; 2002/2003), which is substantiated by a number of evaluations carried out by a variety of researchers that have always shown a positive face of the project. It has been said that the project has had a positive impact in terms of raising awareness and changing attitudes or beliefs. For example, by 1994, DramAidE was said to have broken the silence by providing a way of talking about issues related to sexuality (Dalrymple and Preston-Whyte, 1994). As a result, a relative improvement in knowledge, attitudes and practice relating to HIV/AIDS among students reached by DramAidE could be noticed even if it was not yet easy to ascertain any change of behaviour (Harvey, Stuart and Swan, 1995).

Furthermore, evaluating the South African Memorial Quilt project, Sondergaard (2000) showed that a patchy knowledge of AIDS could be noticed especially in rural areas where some people denied the existence of the disease. Kelly's (2001; 2002) evaluations of the DramAidE intervention in the Ndwedwe Child Survival Project concluded that the intervention had successfully achieved its major goal of attitudinal and behavioural change in the schoolchildren groups. A significant increase in both knowledge and practice regarding the appropriate sexual behaviour necessary to avoid transmission of HIV/AIDS in schools' intervention was noticeable only at the school level while difficulties persisted at the community's level. The out-of-school youth group also benefited significantly. Teachers gained confidence in their ability to discuss the virus with learners, learned to not discriminate against those who had the virus, and increased their knowledge about caring for those who were infected and affected by it.

However, Kelly (2002) indicated that DramAidE's action was impeded by a range of obstacles, including parental attitudes, school policy and financial restrictions which have resulted in most Clubs losing some of their motivation. A number of recommendations that have been formulated by previous studies with regards to ameliorating this situation had not yet been put into practice by 2002. In relation to that, Freirean pedagogy posits that follow-ups form a paramount step for praxis to be reached (Freire, 1972).

DramAidE is aware that only peer educators seem to indicate willingness to change behaviours. However, the project displays somewhat disappointing results with regards to people who are not peer educators in schools. These people seem to know about the project, but it doesn't seem to have much impact on them. They are not likely to change their behaviour as a result of DramAidE (Interview with Gumede, October 2004).

As it is clear from this section, DramAidE is a participation-led initiative, although at times it appears to be inserted between modernisation top-down model and participation. It uses traditional expressive forms and behavioural theories to establish life-skills (Dalrymple, 1997). The project has been said to be having a positive impact in South Africa although challenges are still looming (Kelly, 2002).

In the section below, various views from learners, teachers and parents selected from areas and schools reached by DramAidE will be analysed and interpreted in an attempt to explain how realistic the above considerations may be said to be i.e. to what measure the project adapted Freirean pedagogy in its endeavour to establish life-skills in schoolchildren.

CHAPTER FOUR: DATA ANALYSIS

Methodology

The data collection was preceded by an observation phase covering Lihlithemba High School in Ndwedwe Municipality and Amatshezulu High School in Hammarsdale. The researcher joined DramAidE's facilitators on their school visits in order to have a clear understanding of the project's activities. This method, argue Mouton *et al.* (2002), may be either simple or participant. For simple observation, the researcher remains an outsider while for participant observation he/she is a member of the group he/she is studying and, at the same time, the researcher conducting the study. Simple observation was preferred for this study given that the aim was to be as objective as possible when assessing DramAidE's programmes.

In effect, all observation is carried out not by isolated individuals, but by individuals who are representatives of an indefinite community of inquiry into the subject-matter of the research (Peirce, 1868). As such, then, the methods chosen for this study view observation as a relationship between the researcher as representative of the community of inquirers into the topic of the educational use of drama, and the community of educators who use dramatic techniques. The project's findings are addressed mainly to members of the first community, and this means not past members, but those in an indefinite future context of inquiry into the educational use of drama. In this context, 'objectivity' merely consists of avoiding the temptation to anticipate the interests or ideologies of these future readers.

Thereafter, focus group interviews (FGD) were conducted in June and September 2004 in six schools, which is approximately 10% of the schools presently reached by DramAidE knowing that each of the eight facilitators from the project covers more or less eight schools per year. The six schools were randomly chosen from four different areas: Lihlithemba High School (Ndwedwe), Sisebenzile Secondary School (Ndwedwe), Amatshezulu High School (Georgedale/Hammarsdale), Nogunjwa High School (Kwa-Mkhinzwana/Cato-Ridge), Mnyameni Zenex Secondary School (KwaNyuswa), and Siyajabula High School (KwaNyuswa). To circumvent possible ethical problems, respondents were selected with the consent of schools' principals.

Only then, teachers in charge of DramAidE's health clubs undertook to select learners for interviews. The learners were promised confidentiality prior to interviews. Focus group interviews in each school brought together between six and twelve pupils randomly chosen from any class, ensuring that females and males are equally represented where possible. Learners were asked to provide their views on their participation in DramAidE's programmes, what they had gained from them in terms of life-skills and to what extent they put them into practice, and the possible problems that they encountered.

Focus group discussions were generally between thirty minutes and one hour long. Seldom was this period of time long enough for each of the respondents to speak their minds. This lack of time was a consequence of the fact that school principals in most instances urged the researcher not to keep learners for a long while as focus group interviews were conducted during class hours. Moreover, despite meticulous selection of respondents with regards to their command of English, not all of them were articulate enough to express clearly all their answers. For these reasons, some views might have been left out during the process.

To collect perspectives from parents of the schoolchildren in the communities reached by DramAidE, a questionnaire was designed and distributed to them via the schoolchildren who had participated in focus groups discussions. The questions were read and explained to the learners so that they could help their parents answering them when necessary. The learners were asked to bring the questionnaires back to school the following day. The use of this technique was justified by the fact that parents in communities are not easily identifiable as a research population. The questionnaire consisted of closed-ended and open-ended questions. Questions aimed at measuring parents' views about DramAidE's education in general and in what sense they communicated with and possibly helped their children to practice newly learnt life-skills. This technique may have some limitations. Children may have influenced their parents' answers, as they had to explain questions and possibly fill in the questionnaire in case parents were illiterate or could not write English properly, thus distorting the answers' content to a certain extent.

In-depth semi-structured interviews were also conducted with teachers in charge of DramAidE's Clubs in schools – one teacher in each school was interviewed – to ascertain how they communicated with schoolchildren, how they viewed the education given by DramAidE to their learners and the challenges they faced.

Learners' perspectives

Participation in plays, songs and drama

In terms of EE programmes, beneficiaries' participation or involvement, understood as their activity, plays a major role as it is considered to be a precursor for increasing self-efficacy and collective efficacy and to promote interpersonal communication among individuals within the beneficiaries (Sood, 2002). Participation in performances constitutes a key element in the education of young people in non-literate societies. Participating in the various phases of performance has a high impact to the extent that valued attitudes are discussed and instilled through songs, dances and stories (Dalrymple, 1987). However, the results from the present study proved that this might apply to literate youths as well. The concept of Theatre-In-Education (TIE) sees audience participation as total integration of the play itself. Understood thus, audience participation refers to a physical, intellectual and emotional process (Dalrymple, 1995). All these views complement to a certain extent Boal's (2002) argument that participants' dynamism should be the ultimate goal for theatre to transform the reality that contains oppression.

Respondents in this study generally maintained that they participated in DramAidE's programmes. They claimed to be highly interested in those programmes and said no one was left out in designing the programmes. These statements support their claims:

- (Female) This is a teamwork. We work as a team, and what we do we do it as a group; sometimes for instance when we go for competition, we've got to show the skills that we can work together; so we never neglect anyone [*sic*].

- (Female) When we write the play, it is the whole group; so it is impossible that there can be a person without a role in the play, we try and involve all the members of the group [*sic*] (FGD, 2004).

As it appears from these statements, participating in plays was a moment *par excellence* for them to develop and tighten their group relationship, from which collective efficacy – that is a belief for people that, by acting as a group, they can sort out a number of situations (Bandura, 1997) – seemed to emerge.

In one school, however, some learners revealed that large numbers of club members prevented them from fully participating in drama. As a result, they could not contribute to the devising of plays, and during performances, they only clapped hands and sung. Therefore, the ‘best actors’ could perform and ‘sharp guys’ were more likely to be invited to the stage when the action was interrupted during the play. One would assume therefore that others, being involved to a lesser degree, were not able to act out their ideas adequately in order to train for real life action (Boal, 2002).

DramAidE’s dynamic techniques, i.e. drama and songs were said to be more captivating than any other messages delivered through ‘speeches for speeches’ that sounded boring for most young people. This proves to be probably the reason why DramAidE’s messages were reckoned as understandable and realistic, which made most learners feel more comfortable than in their families:

(Female) I think what they are teaching us are simple things, not like our parents, they don’t speak straight to us, they just generalise, and you’ll find your life-skills not easier for you, because there are things that you have to understand, and here in DramAidE they are giving us the truth [*sic*] (FGD, 2004).

These outcomes from DramAidE’s techniques corroborate the argument that using local or traditional forms may offer advantages including the capacity of exciting familiarity and recognition in beneficiaries, thus increasing participation (Okagbu, 1998). However, Okagbu suggests that this does not mean that including foreign forms necessarily hinders participation; the only trouble is that it may take a long time for beneficiaries to get used to new codes and conventions entailed by the new form.

Acquired life-skills

In general, serious discrepancies were noticed between the life-skills taught by DramAidE, how well they were mastered and how effectively the learners put them into practice. These life-skills taught included aspects such as self-confidence,

assertiveness, decision-making skills, informed sexuality, and improved communication. Borrowing from Freire's (1972) view, one can note at first sight that learners had somehow acquired the ability to perceive the reality of their oppression. This process is termed *praxis*, which implies the combination of intellectual reflection and action in order to transform the world. The following statements show to what extent some learners, both males and females, were ready to reflect on and change their conditions:

- (Female) DramAidE is not only about knowing about AIDS, it is also about knowing our life-skills, the way we grow up in our families, what we say everyday ... what we speak is sometimes bad, what you are engaged to; it is sometimes how a person lives individually.

- (Male) I think I improved my decision-making skills ... now I know what is good and what is not good for me; I know that having any girlfriend is not a good thing.

- (Male) There are things that boys do that are bad, now I decided to take a step away from those things to show that I'm really a boy and that I can do something which is good.

- (Female) I'm now a role-model to myself, my friends, I'm not any more afraid to go into a house and help anyone who needs help, I'm not afraid to help my neighbours, if one is sick, and I think DramAidE has made me a special person in my community.

- (Female) I decided to not fall in love with boys...and I decided...this group gave me the confidence and I behave myself [*sic*] (FGD, 2004).

The respondents fixed their newly acquired life-skills, especially self-confidence, and decision-making skills, by dissociating themselves from anything that could cause a change. This reflective attitude displayed by learners recalls Freire's 'epistemological relationship to reality', which means that people become critical examiners of their own experience, question and interpret their life and education instead of 'merely walking through them' (Shor, 1993: 31). This reflective posture can be likened to Peirce's (1877) 'method of tenacity', which is somewhat untenable given that a person who dissociates himself/herself from his/her society might become marginalized thereby being pushed to abandon the newly acquired belief. In the case of DramAidE, it can be assumed that if negative messages out of the school are frequent, learners will probably let go of their newly acquired life-skills.

Some of the life-skills adopted were the result of encounters with other persons, especially the ones who lived with HIV infection, which erased some misconceptions from the learners' minds:

- (Female) Before I used to tell myself that a fat person does not have AIDS or what, but when I actually met this lady who was fat beautiful, didn't have sores, fresh, she told me that she was positive, we were actually in a conference of DramAidE, that is when I came to realise that, my eyes were open, even beautiful persons can have AIDS.

- (Male) In addition to that, I was actually surprised to see that when we were in a conference, even White people have AIDS; I never knew that, I used to tell myself that this disease is only for Black people, but I was convinced that any race can have AIDS [*sic*] (FGD, 2004).

Bandura's (1977) Social Learning Theory can be used to explain this way of adopting new life-skills. The theory focuses on the important role played by vicarious, symbolic, and self-regulatory processes in psychological functioning and looks at human behaviour as a continuous interaction between cognitive, behavioural and environmental determinants.

This critical consciousness was materialised in communities. A number of activities were performed by some learners when they participated in clubs in their communities, such as organising concerts and other events where they taught people about HIV/AIDS and raised money for abused children, teenagers affected by early pregnancies, helped people infected and affected by HIV/AIDS, and so on.

Talking about the messages learnt, as explained by Sood (2002), can be further evidence that beneficiaries are influenced by the drama, songs, and plays and that they are likely to change their behaviours. In most cases, learners were enthusiastic and motivated by DramAidE messages to the extent that they felt eager to expand them by teaching to their communities or other schools:

- (Female) In my community there are these children who are being abused, and I have to tell them that a child must not be abused like this, because a child is the future of this world; and then there are these toll-free numbers, and I gave these numbers to these children so that they can call when they are abused [*sic*].

- (Male) I teach my friends and my relatives to abstain, especially in drugs and all stuffs like that and I put them aware that AIDS is not about something that is far from them, it is near to them, but there are things that they need to do to stay away from it [*sic*] (FGD, 2004).

However, the task was by no means easy. The applicability of learnt life-skills was highly undermined by a number of factors including peer pressure, which is a form of fixation of belief by authority (Peirce's, 1877). For example, some learners only mentioned DramAidE's teachings when prompted by their peers, which may harbour a certain lack of conviction for some of them, as it appears in the following statement:

(Male) We used to hang around with my friends, so there are questions that they pose to me, then they specify and say 'because you are a member', then I have to be able to tell them what I've been told, to make life easy for them. So in my community I can say that I teach my friends and I think they also teach others [*sic*] (FGD, 2004).

Learners' powerlessness could also be measured by the attitudes of some of them when it came to talking about sexual behaviour during interviews. Some said they were scared and 'too shy' to talk about sex to their communities, and, most females found it impossible, because they feared a kind of 'what-kind-of-girl-is-this-one' sayings from their parents which would then discredit them. Therefore, for most learners, it was easier to teach their classmates at school than their broader communities where peers were said to be 'too rude' and tended to undermine whatever they were taught.

In addition, females were somewhat pressurised and stigmatised by males when they showed confidence and refused to give in to them easily:

(Female) Some people say that you are overusing your pride, maybe a boy can see you and tell you that he loves you, most of the boys don't like me because I just keep on asking them tough questions about love and they say: 'eh this girl is overusing her pride' [*sic*] (FGD, 2004).

Peer pressure was said to affect both males and females and it was so strong that it constituted the greatest danger that drove young people into risky relationships. Most of the time, these were with multiple partners, thus preventing them from practising

the newly learnt life-skills. Among other reasons was a peculiar lust for luxurious objects that characterised some females:

- (Female) We do have peer pressure because my friends, I'm talking from experience now, they say if you have one boyfriend, it is not easy to stand on one leg, so you have to have two boyfriends, and if you have two boyfriends you have to have sex, they say sex is how you prove how much you love a person.

- (Male) Especially for us guys, like we are friends, three of us, maybe two of my friends got about three girlfriends, and I only have one, so when we are getting together to talk, they are like on the prestigious position, so I must go and find; I'll be in the street, I'll see one girl, and I say ok I need you to be my girl. I won't ask if she is HIV positive or negative. On the side of girls, they don't care who she is loving but maybe when he goes by with a 'fly' phone or a 'fly' car, ooh, I must get that guy [*sic*] (FGD, 2004).

Nowadays, in South Africa, this desire for material objects constitutes one of the most recurrent Achilles tendons for young females who want to 'stay in fashion and become popular'. Therefore, some adult males take advantage of this weakness by demanding sex with them in exchange for jewellery, cell-phones, designer clothing, and many other gifts (Dalrymple and Botha, 2001).

However, the majority of pupils showed a firm determination to resist peer pressures, which they considered to be one of the main causes of their fall into slip-ups, as this statement can tell:

(Male) If you've improved your decision-making, people can say whatever they like but you can tell yourself that what I want I'm going to achieve it, blue or dark, I want it and I will get it [*sic*] (FGD, 2004).

Despite peer pressure, a certain critical consciousness was also seen through the relationships between some males and females. A number of females felt more confident about communicating their sexual problems to males because they are 'good secret keepers'. In contrast, they seemed to be distrustful towards other females because they 'liked gossiping' and therefore could not keep secrets related to sexual problems.

(Female) I think boys are good in keeping your secrets; if you can tell a girl maybe you are in your periods, and you'll tell a boy that ok I've been bleeding over the weekend, and he will keep quiet about that, but if it is a girl, oooh! The story will be spread all over the school: maybe she was making abortion that is why she has been bleeding; maybe some thing is not good to her, maybe she has STDs because they don't even know the symptoms of STDs [*sic*] (FGD, 2004).

Therefore, stereotypes i.e. labelling people in a fixed way with regards to gender characteristics subsisted between males and females, thus preventing effective communication between them. Stereotypes constitute a danger to self-esteem and might spawn self-devaluation for people who are ascribed the blame (Bandura, 1997). However, semioticians suggest that stereotypes, like myths, are semiotic processes that carry significations, thus they should not be regarded as necessarily pejorative. Myths refer to a set of beliefs that seek to provide meanings to reality and may embed a kernel of truth especially for those who accept them (Tomaselli, 1996). Stereotypes constitute a simplifying phenomenon that is used to handle the real environment which is too complex (Lippmann, 1922). Understood as such, stereotypes appear natural and important in society because the meanings that they offer regulate and organise people's conduct and practices. Meanings help "to set the rules, norms and conventions by which social life is ordered and governed" (Hall, 1997: 4). DramAidE seems to only focus on the pejorative aspect of stereotypes. The project believes that stereotypes are constructed by society and are not natural. As such, it commits to change them by teaching men and women alternative ways that they can behave and interact with each other, which is dealt with during workshops and various rallies (Dalrymple and Botha, 2001).

There had been a shift in gender relationships in most schools compared to what had been established by the needs analysis made in KwaZulu-Natal in 1995 where males and females found it hard to communicate with each other (DramAidE, 1995). All males revealed that they were comfortable when talking to females. However, some of the females did not trust males, fearing that they would make fun of them. A further reason why females did not want to let males know about their sexual problems was because of their physical transformation:

(Female) And I think what cause us, it is more especially girls, not to tell boys our feelings, you know, it is because we are sometimes ashamed of our changes, you know what happens to girls, so that is why you feel embarrassed somehow [*sic*] (FGD, 2004).

To a certain extent, this statement challenges the claim made previously by females that they had acquired self-esteem and self-confidence that could help them live their lives differently. Even in the case of boy/girlfriends, communication skills were not yet well mastered:

(Female) If he is a boyfriend, sometimes I'll be afraid to tell him because I love him, the reason is that I love him, I wouldn't tell him because he can tell me that he doesn't love me any more [*sic*] (FGD, 2004).

Therefore, females still felt somehow inferior to males who sometimes took advantage of that to use them for their sexual pleasure, as shown by this respondent:

(Female) Some boys treat other girls like sex objects, you know like, because he will come to you and say he loves you and he will treat you good on that time then after maybe four months he will start making those moods, if you tell him that you don't like them he will tell you that if you love me you have to do what I say [*sic*] (FGD, 2004).

As a result, females did not seem to be ready to either negotiate safe sex or say 'no' to any encounter that they were not prepared for. This may be because sex for most males was synonymous with love and whenever a female attempted to suggest protected sex, this implied that she suspected her partner of being infected by HIV/AIDS or she did not love him at all, which could result in termination of their relationship. Losing a boyfriend was generally considered by females as 'a bad thing' despite some of them who thought that it was not 'the end of the world':

(Female) Sometimes it is hard; if you love someone ... but using a condom it is not easy to tell someone to use a condom ... so if you tell someone to use a condom, there is sometimes he refuses and says you don't love him, maybe you are just pretending to love him, although you know that you do love him, and he will leave you or go for other women [*sic*] (FGD, 2004).

From the young people's perspectives above, one would reflect on what was implied in the notion of 'love' and how symmetrical or asymmetrical were the relations between males and females. While it seemed that females took 'love' for granted,

males, on the contrary, were inclined to speak quite consistently of ‘just having a girlfriend’. This would suggest a disjunction between expectations among men and women in these communities. Young men’s attitude reflects their tendency to see women as sex objects, whose personalities and wishes are subordinate to the demands of men. By this propensity to ‘have sex’ with no strings attached, young men displayed a possible tendency to have multiple sexual partners, while females, by clinging to ‘love’, probably aimed at stability, that is serious commitment. This might be true to the extent that surveys have established that young men are involved with more sexual partners than women (Scalway, 2001). Therefore, this common sense from young people to confuse ‘love’ with ‘sex’ harboured doubt that prevented learners from negotiating safer sex. DramAidE needed to address this doubt by imparting appropriate life-skills – if not yet – for a convenient habit to be attained (Peirce, 1877).

Therefore, no doubt the gulf between males and females was still vivid despite gender reversals taking place in DramAidE’s performances. For example, the Gum Boot Dance (which is originally a dance for males) is being performed by females, and other traditional ceremonies were acted out where women wore men clothes (Seidel, 1995). This domination of males over females is attributable chiefly to patriarchy in the South African society. To the extent that masculinity is often equated with toughness, male honour and dominance, men are faced with traditional expectations that push them to expose themselves to risks, have frequent sexual intercourse no matter with how many partners, and exercise authority and violence over women. In such cases, men end up forcing women to have unprotected sex and consider safer sex practices as ‘unmanly’. In addition, most Zulu women are socialised into a submissive role, and have no power over their bodies. Fuelled by female economic and emotional dependency, this submissiveness is not likely to help women to resist men’s violence, which promotes the spread of HIV/AIDS epidemic (Dalrymple and Botha, 2001; Sondergaard, 2000; Bourgault, 2003).

Females’ powerlessness emerges also as a result of a number of cultural expectations including the need for them to establish their fertility while they are still teenagers in order to find a husband. Therefore, the perceived or constructed need for a husband is social given that the status of woman and her children is unique and envied only when

she is married. The need for a husband is also material as men are generally the ‘breadwinners and decision-makers’ in their families (Seidel, 1995).

A similar situation may bear serious implications to learners who, as peer educators, need to have credibility and be able to practice healthy behaviours in order to be influential (Bandura, 1977). Knowing that an individual’s memory is made up of interactions between the numerous collective memories of the groups to which he or she belongs (Attias-Donfut and Wolff, 2003) *a fortiori*, learners in this study may not fully act as ‘role models’ for their peers. Subsequently, it does not seem probable that peers will freely adhere to the learners’ teachings in an *a priori* way (Peirce, 1877). Taylor (1993: 56-57) offers a critique of Freire’s active reflection that corroborates the above views. He argues that active reflection, which results in *praxis*, can be likened with ‘correct thinking’ and, as a matter of fact, “*praxis* may be easier to proclaim than to achieve”.

Notwithstanding the generally accepted domination of males, another surprising shift worth noting occurred with regards to gender relations. Learners argued that females felt so empowered that sometimes they coerced males to have sex:

(Male) The problem is, previously, boys have been pressurising girls to have sex, but now, it is the girls who are pressurising boys to have sex... you see, maybe you have a girlfriend and you are not having sex with her, she will tell friends that you are ‘sisi’, ‘titiza’ and stuff. It is like she will compare what they say and what she is undergoing and she will dump you to get someone who can have sex with him and tell her friends that ‘mina’³ and my boy-friend we have sex and this and this [*sic*] (FGD, 2004).

What learners failed to explain however is whether this change occurred as a result of DramAidE education with regards to gender relationships. If proven to be the case, this new shift would appear in some instances as an early proof that females were conscious of and would like to exercise their fertility or potency. However, it could also constitute a negative outcome of this education to the extent that women might become too easy-going and sex would be somewhat trivialised. In the latter case, it is clear that critical consciousness would not necessarily lead to positive transformation of the oppressed context, which Freire did not highlight clearly in his process.

³ ‘Sisi’, ‘titiza’ and ‘mina’ are zulu words respectively for ‘lady’, ‘someone who is shy’, and ‘me’.

DramAidE considers relationships between children, teachers and parents as paramount for life-skills to be established. Asked about their relationships with their teachers, learners had varied views. In general, they were comfortable to communicate with their teachers, both males and females, about sexual problems, unlike for instance in 1995 when learners in the schools covered by Harpring's (1995) study tended to be more open to friends than anybody else. However, exceptions were noticed where some females appeared wary of teachers, comparing them to their parents. They preferred talking to a female teacher whom they considered to be more compassionate and more likely to understand them:

(Female) I believe that teachers are like my parents; I can't express maybe some sorts of feelings to a certain teacher because I know that it is like talking to my father; how can I say that I have a boyfriend telling my father; and it is better talking to a female teacher: she understands, she knows everything and she can even see that you have a problem, you know, she is easy to see, she is easy to talk to, when you await her it is like, you know that there is someone who needs me, there is someone who knows that I am... I cannot talk to a male teacher because I fear them [*sic*] (FGD, 2004).

Curiously, most males showed preference for female teachers even if they would not tell them anything, because for them, communication between the same gender was better:

(Male) Yes I can, when I have a problem I have to go to her [the female teacher], but at the end of the day I have to find someone who is older than me with the same gender so that we can discuss as men [my brackets] [*sic*] (FGD, 2004).

Other learners were categorically opposed to talking to teachers because:

(Female) Most people do not understand children nowadays; they do not understand the situation, that is why I will talk with my peers, not the old persons [*sic*] (FGD, 2004).

Similarly, communication between children and their parents was said not to be at its best level. There is no doubt that the generation gap that hinders this communication posits teachers and parents as oppressors and learners as oppressed, to use Freire's terms. Further proof that learners were not well understood by teachers and parents is that, on the one hand, male teachers made fun of male learners when they knew of

their problems and, most of all, they did not tell them the truth, and on the other hand, parents seemed to overprotect their children:

- (Male) Male teachers always mislead us, they will tell you like...if you don't have sex, sperms will go to your brain and you will go mad, so it is not easy to talk to them.
- (Female) It is hard to tell our parents about sex because they are old-fashioned ... it is hard for them to accept it that it is coming from us; they always say that ... we are too young to talk about sex [*sic*] (FGD, 2004).

If parents' attitude towards their children can be understood as being probably rooted in the Zulu culture, however, the motivation behind teachers' behaviour is not quite clear. This is a situation opposed to Freirean democratic humanism. Here the teacher did not aim at mutual affirmation – between learners and teacher – in liberating education (Shor, 1993). Instead, he acted as an oppressor who found satisfaction in keeping knowledge to himself and the learners were reduced to silence, which is termed 'sado-masochism' by Freire (1990). In relation to that silence of parents and teachers vis-à-vis sexual behaviours, Freire (1990: 76) goes on to argue: "dialogue cannot occur between those who want to name the world and those who do not wish this naming – between those who deny other men [*sic*] the right to speak their word and those whose right to speak has been denied to them". Freire considers oppressors as being oppressed themselves because they cannot perceive the inhumanness of their domination. Therefore, any liberatory initiative needs to bring into dialogue not only the so-called disadvantaged groups or the oppressed, but also anybody involved in the oppressing system.

In the same vein, the learners' environment was still full of myths and misunderstandings that tended to deny AIDS and therefore legitimate risky sexual relationships:

- (Male) Others say when you use a condom: 'I cannot eat a banana with its skin, not eat a sweet with its paper', so they have these ideas; most of the people believe that only the teens cannot get AIDS [*sic*].

- (Female) There is one who told me that AIDS is not there, there is nobody who dies with AIDS, have I ever seen anybody who dies with it? And I told her that she must go to the hospital, and she said that they are lying, that there is nothing like AIDS [*sic*].

- (Male) Some people say that a person who has AIDS is a person who is a bitch, who sleeps around...

- (Male) Some people think that virgin don't have AIDS, so they tend to believe that that girl I know her, she is not sleeping around, she has never slept with anyone and then they don't use a condom when having sex [*sic*].

- (Male) Some guys believe that if you have sex and you don't wanna have AIDS, you have to, after having sex, just wash your penis and you will wash AIDS off I don't know by using dettol 7, it is stupid...[*sic*] (FGD, 2004).

It is plain that some of these misunderstandings stem from the fact that AIDS has become too commonplace. People no longer feel threatened, especially when they are deluded by the discovery of antiretroviral drugs although they are not freely available as yet. As one respondent put it:

(Male) Some people say that they don't care about AIDS because now it is like flu, it is usual to see it, they no longer take care of themselves, they don't believe that AIDS can kill them because they have been told that if you have HIV you can live like about ten years, and they get infected with AIDS, then they believe that they can live; there is no problem having AIDS, so they can have sex whenever [*sic*] (FGD, 2004).

Therefore, people tend to trivialise the pandemic probably because it is still an invisible disease. As Sondergaard (2000) pointed out, the disease is named the 'silent killer' because it is not seen and because only opportunistic diseases are seen as the obvious cause for death of the victim. This can therefore divert people's attention. What ensues is denial of the existence of AIDS especially when one is not personally and directly involved. Bourgault (2003) notes that in spite of the denial of the pandemic embedded in these myths, the latter constitute a means of coping with this tragic and frightening reality that is often too much to bear.

Learners showed the willingness to disentangle themselves from those misunderstandings. For instance, one of them asserted:

(Female) I personally don't think so [that a person who gets infected with AIDS is the one who is a bitch], because sometimes you go to have a blood test for your own good, and you might have AIDS and you are still a virgin" (my brackets) *[sic]* (FGD, 2004).

However, the extent to which they totally 'desocialised' themselves with those 'regressive values operating in their society' (Shor, 1993: 32) remained unclear since it is well known that they tended to give in to peer pressure.

Myths and misconceptions may constitute a serious hindrance to the success of DramAidE's endeavour to encourage young people to actively contribute to the health of their communities in a sense that they tend to nurture activities entrenched in the 'intimate realm'. Sexuality is one of these activities located in the very nature of the individual. Henslin (n.d.) explains that sexuality, that is people's sexual attitudes, desires, preferences, and behaviours, in whatever forms they take, is a highly personal matter. Sexuality is so intimate that it is an integral part of individuals' own identity, their feelings of who they are. On the other side, Moore and Rosenthal (1992: 416) suggests that sexuality is a cultural construction and an extremely social activity taking place in a context abounding with assumptions, values, beliefs, and ideals. Despite these contrasting views, the present study reveals that learners still hold sexuality as an intimate activity to the extent that addressing it in the social realm proves to be hard as this would be viewed as a 'degenerate' activity (Arendt, 1958).

This being said, the majority of learners seemed not to be empowered enough to extend DramAidE's action, notwithstanding the enthusiasm and overt consciousness acquired by most of them, because their ability to operate changes was tossed about by the above misunderstandings along with their context's hostility:

(Male) Sometimes you encounter problems: some people when you talk to them about AIDS, they think that you look down upon them, and they tell you such stupid things like 'I'd rather die by AIDS than being killed by someone' *[sic]* (FGD, 2004).

But maybe the most particular challenge worth highlighting here is the lack of enthusiasm – I would even say a kind of hostility – shown by one of the schools towards DramAidE, chiefly because the project was thought not to fit in the classical

curriculum. With regards to that, learners expressed their call to DramAidE as follows:

(Female) We'd like to see it go further ... like maybe, their programmes; in this school, DramAidE is not important to most of people; they don't want it; the principal, he doesn't really care about DramAidE, he just takes it like one of the things; because we do DramAidE during study time and he does not want us to do DramAidE during study time, and says we have to do it after study time, and we can't stay out of school because we didn't tell our parents; so we would like to see more things about DramAidE happening in this school [*sic*] (FGD, 2004).

Some of the learners also voiced the need to move from theoretical teachings about HIV/AIDS and be shown people who are suffering from the pandemic. This would imply a certain ignorance of the seriousness of HIV/AIDS, even though obviously one should not overlook the fact that the pandemic is invisible.

At this stage therefore, one would wonder how long the critical consciousness noticed above could last since the learners are still young and their environment keeps changing. Thus, they constitute a group that is receptive to influence. This is supported by the fact that "they are in the process of forming views on relationships and sexuality" (Dalrymple and Botha, 2001: 35). Further doubt about the effectiveness of the claimed newly acquired confidence may stem from the fact that in some South African rural areas there exist no clear boundaries between childhood sexual games and sexual intercourse, which may lead many young people to indulge in sexual experiences when they are not really prepared to become sexually involved (Kelly, Parker and Oyosi, 2001).

Moreover, lack of empowerment is manifest through a handful of stumbling blocks where learners needed more assistance from DramAidE. These problems ranged especially from the need for children to see their acquired life-skills enhanced to the need to get further information. They needed enough information on how to conduct their sexual relationships, how to deal with peer pressure, and, especially for female learners, how to resist males' presumed power and violence and be able to 'have the last word' when negotiating sexual intercourse.

Attention should be drawn to the learners' eagerness to be given opportunities to understand a number of issues, such as drug abuse, homosexuality, and the like so that they can participate more efficiently in the transformation of their communities. Workshops and Open Days were said to be the right place where children learnt a lot and at the same time passed on their knowledge to a large number of people. However, the frequency of these workshops was said to be insufficient and the high number of club members was questioned.

Further concern shown by learners was about DramAidE's limited presence in rural communities. Incapable of taking action on their own as a result of various challenges of whom lack of credibility among their peers is the main one, learners saw DramAidE's follow-ups as more than a necessity. One of them explained:

(Male) Because in my community there is no club, not because they are not willing but because they lack knowledge. So I'd like DramAidE to visit my place, do something in my place. Because I cannot do something enough, because we can do something when we are here at school but we cannot go to places like, we don't have transport, things like that [*sic*] (FGD, 2004).

The above situation is delicate insofar as when a belief is reached, human thought rests, but only for a short while. Given that belief stands as a rule for action, the application of which implies further doubt and further thought, it is obvious that at the same time that it is a 'stopping-place', it can also be seen as a 'starting-place' for further thought (Peirce, 1878:129). This is another way to show that the durability of the learnt life-skills cannot be taken for granted. However, it is not indicated either that further thought will necessarily lead to the crumbling of the learnt life-skills. Once the hampering influences are mastered – no matter how long this can take – learners may cling to the newly acquired life-skills and change their behaviours.

As it appears, learners were involved in DramAidE's activities and seemed to be committed to shift from knowledge to action. However, stumbling blocks persisted, such as myths and misunderstandings, and a number of holes that learners would like DramAidE to fill in, thus empowering them to transform their milieu. Given all these hitches, communities were said to be very 'different and complicated', which is why peer educators taught DramAidE's messages only at school where they could get

themselves ‘understood’. In relation to that, it must be remembered that individual behaviour change is effective only in the context of broad social change (UNAIDS, 2001).

Teachers’ perspectives

From the outset, teachers in charge of DramAidE’s health clubs in schools had a positive impression of DramAidE. They saluted the training provided to them where they increased their skills as to how to communicate easily with pupils about their sexual behaviours, as summed up by one of them:

DramAidE has helped me and encouraged me especially in how to see when a child has problems and how I can help him. Of course, I talk about sexual issues without problems because I’m teaching this field, but DramAidE helped me a lot (Interview, 2004).

Therefore, they challenged the claim made by some learners that there existed a kind of gulf in their relationships with pupils. Instead, they admitted to being consulted by children about all their problems more regularly than they talked to their parents who intimidated them. In any case, confronting teachers’ and pupils’ views, one would conclude in favour of pupils – since they are the ones who underwent the oppression – and say that their relationships were not to be seen through rose-coloured glasses.

Teachers were satisfied with DramAidE’s methodology that uses traditional expressive forms (drama, songs, plays, poems and posters) and they considered that this education “opens paths for their better future” (Interview, 2004). Despite this, they maintained the idea that DramAidE’s teachings somewhat contradicted pupils’ culture. This may be because some learners cherished ‘traditional’ beliefs and attitudes, especially with regards to gender equality (males’ violence towards females, females’ submission to males, etc.). The silence around sexual problems, also pushed them into making mistakes whereas they publicly seemed to be imbued with DramAidE’s life skills.

Further challenges existing in some schools were related to the fact that DramAidE’s activities were not yet sustainable, as they had been running for only one year, on the

one hand. Teachers and learners, on the other hand, were not always able to reconcile the classical schedule and DramAidE's activities:

Actually this is our major problem. We need always to stop lessons and do this drama thing, and that is why the principal is sometimes against DramAidE and tells us to do it after classes [sic] (Interview, 2004).

Teachers were also concerned about children's inconsistency with regards to the life skills acquired:

Some of them behave better. You know kids are stubborn, they behave better today, and tomorrow they change, for example some who still smoke drugs (Interview, 2004).

This inconsistency could be probably linked with peer pressures observed by teachers in their clubs, which led some club members to undervalue DramAidE and resent participating in its activities:

Another serious thing is that learners do not cooperate. Not all of them. Well, I don't know why, but maybe they are influenced and discouraged by others, their colleagues ... Maybe [because] they are jealous (Interview, 2004).

Despite difficulties encountered, teachers believed that DramAidE had done enough to empower them although most of them remained sceptical about the possibility of carrying on teaching life-skills on their own if the project ceased its interventions. They still needed to be backed up by DramAidE's teams as catalysts to sort out a number of problems, and they sometimes lacked funds and logistics. This lack of sustainability to a certain extent challenges DramAidE's objective which is to form clubs in schools that will become self-sufficient and to encourage the school community to build a culture of learning and health promotion in schools (Dalrymple, 1997).

Parents' perspectives

In general, parents seemed to have understood the dire need for their children to be provided with life-skills enabling them to live their lives positively within their community. One respondent summed up parents' satisfaction towards DramAidE's education as follows:

DramAidE has made my growing boy to be a respectful and active person, so I appreciate that my child get those life skills education as much as he want them [*sic*] (Data from questionnaire, 2004).

The same parents cherished a glimmer of hope when they saw their children, equipped with 'brainy ideas' from DramAidE, serving sometimes as role models for their peers in a variety of activities, including games, teaching their friends about HIV/AIDS and other STDs, loving and taking care of people infected and affected by HIV/AIDS, etc.

However, unlike teachers, many parents recognised the difficulty that they experienced in communicating with their children, either because they did not have time to follow up their children or because the latter were more open to their friends than to their families. But the most important reason for this lack of sexual education stemmed basically from their culture that considered the discussion of anything related to sexuality as taboo, as shows this statement:

It is because sometimes we as Zulus see that if we talk openly about these things, it feels as if we put shame on ourselves letting the children know about what we do [*sic*] (Data from questionnaire, 2004).

Zulus are not the only ones to keep sexuality secret. Of all the cultures in South Africa, none of them has traditions that make it easy for men and women to talk openly and seriously about sexual behaviours (Deutsch and Swartz, 2002).

However, some parents, torn between the necessity to preserve their culture and the need to provide their offspring with a serious sexual education, said they were very open to their children getting sexual education from elsewhere, such as at school, but

not from themselves. Despite that, some parents remained worried about the outcomes of DramAidE's education, as they argued:

It might be dangerous for them because at their age whatever they hear that can be done physically they want to try if what they are taught is right [*sic*] (Data from questionnaire, 2004).

In the same vein, parents seemed to dislike the way their children were isolated by their age group and got 'bad names' when they practiced the life skills they had learnt from DramAidE. Some of them thought that this life-skills programme was probably the cause of the academic failure of their children who spent much of their time preparing and performing plays. This view comes within a general understanding of many teachers and parents in South Africa, who think that schools are being asked too much, and instead of concentrating on academics, they distract pupils with life-skills games. Some educators substantiate this point with the argument that the best predictor of health and longevity is educational achievements. Therefore, schools would serve health and social needs better by focusing exclusively on academics, such as reading, science, and so on (Deutsch and Swartz, 2002).

An analysis of this parental position with regards to DramAidE's education, coupled with children's feeling of being overprotected by parents, reveals that this education probably clashes with parental expectations of their children's future. This confirms to a certain extent what Seidel (1995: 135) suggests: "DramAidE is carrying out its activities in crises-ridden settings in which sex is 'do-able' but 'unspeakable', where there is little or no parent-child communication on sexual matters".

In short, it must be noted that pupils had gained a lot in terms of life-skills. Compared to how they used to think and act before joining DramAidE, their life had manifestly changed and they had undertaken to change their neighbourhoods despite a number of hindrances such as peer pressures, culture, gender inequality, and so on. Those barriers impinge on DramAidE's endeavour to impact on the schoolchildren's intimate realm in order to bring their sexuality to a form of identity assertion. Teachers and parents had also been involved with DramAidE, but their contribution still left a lot to be desired.

CHAPTER FIVE: SUMMARY AND CONCLUSIONS

The results of the present study need to be understood and summarised in light of the following statement:

The literacy process, as cultural action for freedom, is an act of knowing in which the learner assumes the role of knowing subject in dialogue with the educator ... a process through which men [*sic*] who had previously been submerged in reality begin to emerge in order to reinsert themselves with critical awareness ... the right of self-expression and world-expression, of creating and re-creating, of deciding and choosing and ultimately participating in society's historical process (Freire, 1972: 29-30).

To the extent that its whole enterprise is based on a constructivist approach, DramAidE strives to apply this participation-driven pedagogy, taking into consideration the needs of the learners in order to empower them to intervene in the making of their history. This is brought about by providing learners with life-skills that enable them to become critical, to liberate themselves from any kind of oppression, and to control their own destinies, thus becoming agents of social change. The logic intrinsic to this liberating pedagogy is dealt with by Shor (1987: 48) in the following lines:

A population richly critical and creative would be a risk to hierarchy and exploitation. Critical learning aids people in knowing what holds them back; it encourages them to envision a social order which supports their full humanity. By critically studying the lives they live uncritically and the culture which eclipses reason, students begin changing their powerless places in society.

It was observed that DramAidE's work will achieve success because the project's endeavour is aimed at establishing dialogue between health workers and school communities through plays, workshops and Open Days (Dalrymple, 1997). Conclusions from focus group discussions with learners, questionnaires intended for parents, and in-depth interviews with teachers from Lihlithemba High School, Sisebenzile Secondary School, Amatshezulu High School, Nogunjwa High School, Mnyameni Zenex Secondary School, and Siyajabula High School, converge to prove this.

However, this path to success is littered with mixed achievements despite previous research that hailed a positive side of the project. On the one hand, a number of life-skills had been imparted to young learners especially because the latter related to and participated enthusiastically in the traditional expressive forms used by the project. Self-confidence, assertiveness, decision-making skills, informed sexuality, and improved communication, among other life-skills adopted by learners, were noted. A number of these life-skills were materialised by some learners among peers at school and, to a lower extent, in their communities where peer educators contributed to various activities aiming to further their milieu and expanded DramAidE's action – as far as it was possible – by teaching to their peers. Moreover, teachers' enthusiasm with regards to DramAidE's programmes could translate possible long-term sustainability of the project in schools. Therefore, a certain critical consciousness was somehow dawning.

On the other hand, despite these substantial achievements noted by DramAidE and a real move towards a social change, various oppressions subsisted. They included the 'banking education' system, caregivers and teachers who did not fully play their role in education, cultural beliefs and attitudes, and peer pressures. Further gaps were also noticed with regards to the information and support necessary for peer educators to play a significant role in their community. All these shortcomings prevented young people from being what they aspired to. This is evidence that critical thinking – which is the springboard for Freirean *praxis* – is not necessarily synonymous with 'correct thinking' (Taylor, 1993). Learners themselves, or their environment, still harboured a certain level of denial, fatalism, fear, shame and violence against women, which constitute the breeding grounds for HIV/AIDS. Therefore, even though reason and knowledge are important, they do not on their own account for action or decision. Impulse, emotions, and the power of individuals' environments step in to determine how people master or not their own destinies (Deutsch and Swartz, 2002). Bandura (1997) refers to this situation in terms of self-efficacy and self-esteem, which, according to him, should be differentiated. Individuals who regard themselves as highly efficacious in an activity that give them 'a sense of self-worth' may however take no pride in performing it well because of its injurious consequences.

To the extent that any issue related to sexuality was still deeply concealed in their intimate realm, children were not likely to change their behaviours easily, especially those learnt through transmission of the generational memory (Attias-Donfut and Wolff, 2003). As Deutsch and Swartz (2002) argue, one cannot expect that young boys, on the one hand, will easily learn to disentangle from the practices of their fathers, uncles, cousins and heroes. On the other hand, it sounds improbable that the elderly will accept that they need to teach their offspring what they never learnt and practiced themselves. As a matter of fact, the problem with these claimed life-skills in this study is that they are mostly anchored in the intimate realm as most of the time they are closely connected to the very sensitive area of sexuality. It would be venturous to maintain for instance that informed sexuality is really internalised and lived by learners, since there is almost no proof for that in the social realm. Thus, it would be somewhat early to talk about perfect *praxis*. DramAidE acknowledges this situation but advocates patience, as the effects of its messages will not be evident overnight (Interview with Gumede, October 2004).

On basis of the above considerations, one would assume that theories developed on how individuals change behaviours, do not tell the whole story in this field. For instance, the Health Belief Model (Becker, 1974) or the Theory of Reasoned Action (Fishbein and Ajzen, 1975) hold that behaviour change occurs when people make rational and systematic use of the information available to them. This research showed that this is not always the case. Information does not always yield the intention to seek change, especially when the doubt to be irritated – to use Peirce’s terminology – is deep-rooted in beneficiaries’ culture.

For a significant settlement of new beliefs (Peirce, 1877) to take place, a major step should be reached: peer educators should be able to practice what they learn and serve as examples or role models for their peers (Bandura, 1977). However, peer educators were not always up to it. Peer pressures and other culture-based hindrances abounding in their communities prevented them from spreading information they got from DramAidE. They were not always credible, thus they could not settle opinion by authority (Peirce, 1877). As a result, they only clung to teaching peers at school most of the time. Therefore, Deutsch and Swartz (2002) seem to be right suggesting that

peer educators are likely to be most efficient when they are recruited from and teach a population of the same age, sex, education, and so on, as they are.

Learners maintained that they were more open to friends when it came to talking about sexual behaviours and teaching life-skills. They were also inclined to gain self-confidence that enabled them to fix their newly acquired life-skills through social networks such as conferences, Open Days, and so on. Maybe this would be an indirect way to understand the necessity of promoting informal networks in the form of friendships, voluntary networks consisting of activities such as involvement in sports and youth clubs along with formal community networks in an attempt to develop a supportive environment for these young peer educators. Putnam (1993) referred to these social networks as 'social capital' that plays an important role in people's well-being in a community. The concept consists of the existence of social and community networks, civic engagement, local identity and a sense of belonging and solidarity within community members, and norms of trust and reciprocal help and support.

The findings of this research establish therefore that Freirean pedagogy is used *mutatis mutandis* by DramAidE in the sense that it has been readapted, 'honed and moulded' (Thomas, 1996) to local circumstances where the project's action initially clashed with the community's cultural beliefs. Shor's (1993: 35) argument justifies such re-adaptation: "Freire has opened a frontier of liberating education which we will have to develop in our own places, on our own terms, in our own words". On the one hand, the South African context is not similar to the Brazilian one where this pedagogy was first conceived and applied. On the other hand, the object of oppression and beneficiaries to be liberated are also different. Whereas Freire aimed to conscientise adults and liberate them from illiteracy, DramAidE deals especially with youths in order to liberate them from gender inequalities, and other culture-based oppressions that usher in HIV/AIDS, which attacks through the intimate realm. Young people constitute a population portion that is not easy to manage and is therefore different from adults especially when it comes to risky behaviours (Moore and Rosenthal, 1992).

Another point worth mentioning is that the context in which DramAidE works supports the changes that are being advocated in that the South African constitution

provides the touchstone for DramAidE's work. Although social change is difficult but it is not being attempted in a vacuum. It is being attempted in a broad social context that supports the principles of gender equity, human rights and tolerance for cultural diversity.

In that sense, one may conclude that Freirean pedagogy is applicable to the South African educational context provided that participatory techniques are readapted frequently to fit beneficiaries' needs. To the extent that follow-ups constitute a crucial step in Freire's *praxis*, there is a need for DramAidE to keep on operating on the lines of scientific investigation (Peirce, 1877) that suggests that one should start by observed and known facts and proceed to the unknown. This is important because those who believe in science maintain that the processes of investigation, when carried far enough, are likely to give sustainable solutions to any kind of question where they are applied (Peirce, 1878). The project will probably need to implement the observations and recommendations made by various researchers on its activities to fill in possible gaps observed on the field.

Notwithstanding a participatory sense that drives DramAidE's enterprise, it was noticed that in general no consultation had been carried out with either schools or the wider community prior to introducing an AIDS education programme or about how this should be done (Dalrymple and Preston Whyte, 1994). From Freire's perspective, this kind of situation might constitute a serious failure given that the people to be liberated are in most cases the ones who know what their oppressions are, which is the reason why their voices should be heard. But maybe in the future, a deeper study – both qualitative and quantitative – will be able to determine whether and to what extent the above exception to Freire's principles is likely to impede DramAidE's work.

It must be remembered here that DramAidE's work is based on the premise that good health is dependent on social, psychological economic and environmental factors (Dalrymple, 1997). It has also been shown that economic factors have a strong influence on individual sexual behaviour, mostly through poverty and underdevelopment (UNAIDS, 2001; Scalway, 2001). One would assume therefore that DramAidE's work with regard to initiating change should not be seen through

rose-coloured glasses since some of the rural and urban communities reached by the project live in delicate economic conditions.

More than any other social group, women are the first victims of this situation and appear to be prey to men's violence and other risky behaviours that result in the spread of HIV/AIDS. Thus, they need to be empowered both economically and emotionally. However, this challenge which is not DramAidE's prerogative, but a national one, is viewed as an impossible vision given that South Africa has a high rate of unemployment, poverty, gender inequalities, and inadequate education that cannot be overcome overnight (Sondergaard, 2000; Deutsch and Swartz, 2002). In other words, many more efforts need to be made by DramAidE and other stakeholders in terms of fixation of beliefs.

All things considered, it is worth highlighting the difficulty imbedded in evaluating a project such as DramAidE. This project operates in a world where information and influences of any kind with regards to HIV/AIDS and life-skills come to young people through a variety of media, for instance LoveLife, Soul City and interpersonal communication. Thus, it would be difficult to measure whether, and to what extent, changes that occurred in knowledge; attitudes/beliefs are attributable to DramAidE specifically.

REFERENCES

Primary sources

Coetzer, L. (2000). *DramAidE. Act Alive* (Video). Durban: DramAidE.

Focus group discussions with learners

In-depth interviews with teachers in charge of DramAidE's health clubs

Questionnaire distributed to learners' parents

Interview with DramAidE's staff: Duduza Ngcobo (facilitator), September 2004 and Mkhonzeni Gumede (Project Manager), October 2004

Dalrymple, L. and Botha, P. (2001). *A facilitator's guide to 'See you at seven'. A video about developing gender responsibility*. Funded by Johns Hopkins University.

DramAidE's Annual Report 1996/1997.

DramAidE's Annual Report 2000/2001.

DramAidE's Annual Report 2002/2003.

Gomes, F. (1992). *The blue eyes of Yonta: a video presented by Paulo de Sousa*. Bissau: Eurocreation Production.

Kelly, J. (2002). *Baseline report preceding the extension phase of the Ndwedwe Child Survival Project*. South Africa: MCDI/DramAidE.

Kelly, J. (2001). *Evaluation report of the DramAidE intervention in the Ndwedwe Child Survival Project*. South Africa: MCDI/DramAidE.

Related publications

Abraham, E.W. (1992). Crisis in African cultures. In K. Wiredu and K. Gyekye (Eds). *Person and community. Ghanaian philosophical studies, I*. Washington: The Council for Research in Values and Philosophy.

Airhihenbuwa, C.O. and Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. In *Journal of Health Communication*. Vol. 5 (supplement). 5-15.

Arendt, H. (1958). *The human condition*. Chicago: The University of Chicago Press.

Bandura, A. (1977). *Social learning theory*. New York: General Learning Press.

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H.Freeman.

Becker, M.H. (1974). The health belief model and personal health behaviour. *Health Education Monographs*. 2. 324-508.

Boal, A. (1985). *Theatre of the oppressed*. New York: Theatre Communications Group.

Boal, A. (1995). *The rainbow of desire*. London: Routledge.

Boal, A. (2002). *Games for actors and non-actors*. 2nd edition. London: Routledge.

Boloka, G.M. (2001). Porous borders and the changing geography of social relations: encountering the 'other'. In K.G. Tomaselli and H. Dunn (Eds). *Media, democracy and renewal in Southern Africa*. Colorado Springs: International Academic publishers. 281-296.

Bourgault, L.M. (2003). *Playing for life. Performance in Africa in the age of AIDS*. North Carolina: Carolina Academic Press.

Coleman, P. (1999). The enter-educate approach for promoting social change. In *The Journal of Development Communication*. 75-81.

Dalrymple, L. (2004). Participation or propaganda? Some ethical dilemmas in approaches to health communication campaigns. Paper presented at the 4th International Conference on Entertainment Education in Cape Town, South Africa.

Dalrymple, L. (1997). The use of traditional forms in community education. In *Africa Media Review*. 11(1). 75-91.

Dalrymple, L. (1995). Researching the use of drama for AIDS and lifestyle education in KwaZulu-Natal. In DramAidE (1992-1995). *Is DramAidE making a difference? Evaluations of the DramAidE programme*. 259-270.

Dalrymple, L. and Preston-White, E. (1994). Participation and action: reflections on community-based AIDS intervention in South Africa. In DramAidE (1992-1995). *Is DramAidE making a difference? Evaluations of the DramAidE programme*. 111-128.

Dalrymple, L. and Du Toit, M.K. (1993). The evaluation of a drama approach to AIDS education: the 1991 pilot project. In DramAidE, (1992-1995). *Is DramAidE making a difference? Evaluations of the DramAidE programme*. 15-32.

Deutsch, C. and Swartz, S. (2002). *Rutanang: learning from one another. Towards standards of practice for peer education in South Africa*. South Africa: Department of Health.

DramAidE (1995). *Act alive: life-skills education 1996*. The Department of Media Services: University of Zululand.

DiClemente, C. and Prochaska, J. (1992). Stages of change in the modification of problem behaviours. In M. Hersen, R. Eisler and P.M.P. Sycamore, (Eds). *Progress in behaviour modification*. Illinois: Sycamore Publishing Company. 28-50.

Du Plooy, G.M. (2002). *Communication research: techniques, methods and applications*. Lansdowne: Juta and Co. Ltd.

Fishbein, M. and Ajzen, I. (1975). *Belief, attitude, intention, and behaviour. An introduction to theory and research*. Reading: Addison-Wesley.

Flesher *et al.* (1993). Risk-taking behaviour of Cape Town high school. Part VIII. Sexual behaviour. In *South African Medical Journal*. No 83. 495-497.

Freire, P. (1972). *Cultural action for freedom*. New York: Penguin Books.

Freire, P. (1974). *Education for critical consciousness*. London: Sheed and Ward.

Freire, P. (1990). *Pedagogy of the oppressed*. New York: Continuum.

Freire, P. (1993). *Pedagogy of the oppressed*. New York: Continuum.

Freire, P. and Shor, I. (1987). *A pedagogy for liberation: dialogues on transforming education*. London: MacMillan Education.

Gunaratne, S. (1996). Old wine in a new bottle: public journalism movement in the United States and the erstwhile NWICO debate. Paper presented at the International Communication Division of the IAMCR Conference. Sydney: Australia.

Hall, S. (1997). *Representations: cultural representation and signifying practices*. London: Sage and Open University Press.

Harding, F. (1998). Neither 'fixed masterpiece' nor 'popular distraction': voice, transformation and encounter in theatre for development. In K. Salhi (Ed.). *African theatre for development. Art for self-determination*. Exeter: Intellect. 5-22.

Harpring, S.A. (1995). An evaluation of the DramAidE Project. In DramAidE (1992-1995). *Is DramAidE making a difference? Evaluations of the DramAidE programme*. 173-258.

Harvey, B., Stuart, J. and Swan, T. (1995). Comparative intervention trial of the DramAidE programme in KwaZulu-Natal high schools. In *DramAidE (1992-1995). Is DramAidE making a difference? Evaluations of the DramAidE programme.* 33-56.

Hawkey, S. (2003). HIV/AIDS messages not getting through. In *Action*. No 254. December 2003. 1-2.

Hope, A. and Timmel, S. (1984). *Training for transformation*. London: Intermediate Technology Publications.

Husserl, E. (1970). *Logical investigations*. New York: Humanities Press.

Illich, I. (1982). *Gender*. New York: Pantheon.

Janos, A. (1986). *Politics and paradigms: changing theories of change in social sciences*. Stanford: Stanford University Press.

Kerr, D. (1995). *African popular theatre: from pre-colonial times to the present day*. London: James Currey Ltd.

Kidd, R. and Byram, M. (1981). A fresh look at popular theatre in Botswana: demystifying pseudo-Freirean non-formal education. In *Rural Development Participation Review*. 3/1. New York.

Kincaid, D.L. et al. (2002). *Communication for social change: an integrated model for measuring the process and its outcomes*. New York: Rockefeller Foundation.

Laws, P. (1998). Didactic showmen: theatre for development in contemporary South Africa. In K. Salhi (Ed.). *African theatre for development. Art for self-determination*. Exeter: Intellect.

Lernoux, P. (1980). *The cry of the people. The struggle for human rights in Latin America and the Catholic Church in conflict with US policy*. New York: Penguin Books.

- Lippmann, W. (1922). *Public opinion*. New York: Harcourt, Brace and Company.
- Mc Laren, P. and Leonard, P. (1993). *Paulo Freire: A Critical Encounter*. London: Routledge.
- Mda, Z. (1993). *When people play people. Development communication through theatre*. London & New Jersey: Zed Books.
- Melkote, S.R. and Steeves, H.L. (2001). *Communication for development in the Third World. Theory and practice for empowerment*. 2nd Edition. London: Sage Publications.
- Moore, S.M. and Rosenthal, D.A. (1992). Australian adolescents' perception of health related risks. *Journal of Adolescents Research*, 7(2). 177-191.
- Mouton, J. *et al.* (2002). *The practice of social research*. Cape Town: Oxford University Press.
- Mowlana, H. (1995). Communications and development: everyone's problem. In C. Okigbo (Ed). *Media and sustainable development*. Nairobi: African Council for Communication Education. 26-55.
- Nyirenda, J.E. (1996). The relevance of Paulo Freire's contribution to education and development in present day Africa. In *Africa Media Review*. 10(1). Nairobi: ACCE. 1-20.
- Okagbu, O. (1998). Product or process: theatre for development in Africa. In K. Salhi (Ed.). *African theatre for development. Art for self-determination*. Exeter: Intellect. 23-42.
- Okigbo, C. (1996). Contextualising Freire in African sustainable development. In *Africa Media Review*. 10 (1). Nairobi: ACCE. 31-53.

Papa, M.J. *et al.* (2000). Entertainment-Education and social change: An analysis of parasocial interaction, social learning, collective efficacy and paradoxical communication. *Journal of Communication*. 50(4). 31-55.

Peirce, C.S. (1868). Some consequences of four incapacities. *Journal of Speculative Philosophy*. 2. P140-157. Reproduced in N.Houser and C.Kloeser (Eds.). (1992). *The Essential Peirce. Selected philosophical writings. Vol.I (1867-1893)*. Bloomington and Indianapolis: Indiana University Press. 28-55.

Peirce, C.S. (1877). The fixation of belief. *Popular Science Monthly* 12. P1-15. Reproduced in N.Houser and C.Kloeser (Eds.). (1992). *The Essential Peirce. Selected philosophical writings. Vol.I (1867-1893)*. Bloomington and Indianapolis: Indiana University Press. 107-123.

Peirce, C.S. (1878). How to make our ideas clear. *Popular Science Monthly* 12. P286-302. Reproduced in N.Houser and C.Kloeser (Eds.). (1992). *The Essential Peirce. Selected philosophical writings. Vol.I (1867-1893)*. Bloomington and Indianapolis: Indiana University Press. 124-141.

Putnam, R.D. (1993). *Making Democracy Work. Civic Traditions in Modern Italy*. Princeton, NJ: Princeton University Press.

Rogers, E.M. (1983). *Diffusion of Innovations*. 3rd Edition. New York: The Free Press.

Rostow, W.W. (1960). *The stages of economic growth: a non-communist manifesto*. Cambridge: Cambridge University Press.

Seidel, G. (1995). DramAidE – Towards a critical overview. In DramAidE (1992-1995). *Is DramAidE making a difference? Evaluations of the DramAidE programme*. 129-172.

Servaes, J. (1996). Participatory communication (research) from a Freirian perspective. In *Africa Media Review*. 10(1). Nairobi: ACCE. 73-91.

Servaes, J. (1999). *Communication for development. One world, multiple cultures*. Cresskill: Hampton Press, Inc.

Shannon, C. and Weaver, W. (1949). *The mathematical theory of communication*. Urbana, Illinois: University of Illinois Press.

Shor, I. (1987). *Critical teaching and everyday life*. Chicago and London: The University of Chicago Press.

Shor, I. (1993). Education is politics. In P.McLaren & P.Leonard, (Eds.). *Paulo Freire: A critical encounter*. London: Routledge.

Singhal, A. and Rogers, E.M. (1999). *Entertainment-education. A communication strategy for social change*. London: Lawrence Erlbaum Associates Publishers.

Sondergaard, L.Y. (2000). *Evaluation of the South African Memorial Quilt Project*. Durban: University of Natal.

Sood, S. (2002). Audience involvement and Entertainment-Education. *Communication Theory*. 12 (2). 153-172.

Taylor, P.V. (1993). *The texts of Paulo Freire*. Buckingham and Philadelphia: Open University Press.

Thomas, N.P. (1996). Locating Freire in Africa today: Problems and possibilities. In *Africa Media Review*. 10(1). Nairobi: ACCE. 21-30.

Tomaselli, K.G. (2002). Safaris and guerrillas: communication for development. Johannesburg: *SACOD Forum Report 2001*. 4-24.

Tomaselli, K.G. (1996). *Appropriating images. The semiotics of visual representation*. Hojbjerg: Intervention Press.

Tomaselli, K.G., Parker, W. and Shepperson, A. (2002). Comprehensive and integrated HIV/AIDS prevention campaigns: potentials for South and Southern Africa. In A.O. Alali (Ed.). *Health communication in Africa: contexts, constraints and lessons*. Lanham/USA: University Press of America. 220-241.

UNAIDS (1999). *Communications framework for HIV/AIDS: a new direction*. Geneva: UNAIDS.

UNAIDS, (2001). *Sexual behavioural change for HIV: where have theories taken us?* Geneva: UNAIDS.

Watt, J.H. and Van den Berg, S.A. (1995). *Research methods for communication science*. Massachusetts: Allyn and Bacon.

Wolpe, H. (1988). *Bantu education as a reformist strategy of the South African State*. Essex: RESA.

Xian, G. (2002/2003). Cultural diversity and sustainable development. In *Culturelink. Cultural diversity and sustainable development. Special issue 2002/2003*. Zagreb: Institute for International Relations. 163-170.

Yoder, P.S., Robert, R.C. and Chirwa, B.C. (1996). Evaluating the program effects of a radio drama about AIDS in Zambia. *Studies in Family Planning*. 27(4). 188-203.

Young, M., Pather, P. and Walker, D. (1996). *Participation or transfer? Negotiating cultural symbols in a post-apartheid situation: the example of DramAidE*. Durban: CCMS.

Zachariah, M. (1986). *Revolution through reform*. New Delhi: Vistaar Publications.

Online sources

Attias-Donfut, C. and Wolff, F.C. (2003). Generational memory and family relationships. Available at <http://bonjourn.sc-eco.univ-nantes.fr/~cebs/> Accessed August 10th 2004.

Dalrymple, L. (1987). Explorations in drama, theatre education: A critique of theatre studies in South Africa. PhD Dissertation.

Available at www.ukzn.ac.za/ccms/publications/dissertations/PhD.theses.asp?ID=4 Accessed May 10th 2004.

Durden, E. (2003). Problem-solving theatre: a case study of the use of participatory forum theatre to explore HIV/AIDS issues in the workplace. MA Thesis. Available at www.ukzn.ac.za/ccms/publications/dissertations/matheses_default.asp Accessed August 20th 2004.

Durden, E. and Nduhura, D. (2003). Entertainment education for public health. Participatory forum theatre for HIV/AIDS education in the workplace. Available at www.ukzn.ac.za/ccms/mediacommunication/pubhealth_articles.asp Accessed April 28th 2004.

Henslin (n.d.). The sociology of human sexuality.

Available at www.ablongman.com/htm/henslintour/henslinchapter/ahead1.html

HSRC (2002). Nelson Mandela/HSRC study of HIV/AIDS. South African national HIV prevalence, behavioural risks and mass media: household survey.

Available at www.hsrepublishers.co.za/index.html?hiv.html~content

Accessed May 08th 2004.

Kelly, K., Parker, W. and Oyosi, S. (2001). Pathways to action. HIV/AIDS prevention, children and young people in South Africa. A literature review. CADRE/Save the Children. Available at www.cadre.org.za accessed August 30th 2004.

Rawjee, V.P. (2002). Effective HIV/AIDS communication campaigns: a case study of an HIV/AIDS awareness campaign targeted at young adults at a tertiary institution. MA Dissertation. Durban, South Africa. Available at

www.ukzn.ac.za/ccms/publications/dissertations/masters_dissert.asp?ID=29

Accessed May 18th 2004.

Scalway, T. (2003). Missing the message? 20 years of learning from HIV/AIDS. Panos. Available at www.panos.org.uk Accessed August 08th 2004.

Scalway, T. (2001). Young men and HIV. Culture, poverty and sexual risk. Panos. Available at www.panos.org.uk Accessed August 08th 2004.

Waisbord, S. (2003). Family tree of theories, methodologies and strategies in development communication, Rockefeller Foundation. Available at

www.comminit.com/familytree.pdf Accessed April 12th 2004.

www.ukzn.ac.za/ccms/dramaide. Accessed April 08th 2004.