Use of participatory forum theatre to explore HIV/AIDS issues in the workplace

ABSTRACT

The continued success of entertainment education programmes around the world has seen an increase in the use of theatre for HIV/AIDS interventions. Both UNAIDS and UNESCO recommend the use of such cultural strategies for HIV/AIDS awareness. A brief survey of current evaluations in this field reveals such projects in Kenya, Angola, Mozambique, the Netherlands and Honduras, amongst other countries. Forum theatre is reported as being used as a technique to deepen understanding of HIV/AIDS issues in programmes in Georgia, Tanzania, Burkina Faso and South Africa (The Communication Initiative, 2007).

This paper explores the application of participatory theatre techniques in a South African factory environment in 2003. It investigates the conditions and context for the project, some of the theoretical underpinnings of the forum theatre concept, and the reception of the project by the factory audience. Essentially, the paper seeks to determine whether forum theatre is an appropriate strategy to use for HIV/AIDS awareness in this environment.

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1. HIVIAIDS IN THE WORKPLACE

As HIV prevalence continues to rise in South Africa, more and more private companies are seeing a need to address HIV/AIDS – related issues in the workplace. These initiatives are driven by economic necessity as the HIV prevalence rate climbs amongst the key economically active age group of 15 to 49-year-olds. Businesses with a high number of HIV-positive employees can expect reduced productivity, increased operating costs, a loss of trained and experienced workers, and depressed profits. Absenteeism escalates as workers take time off to attend to their own health needs, as well as to care for sick family members and attend funerals.

Employees who are sick may work more slowly, and a rise in accidents in the workplace may be expected as a result of fatigue and stress. Morale within the company will be low as employees see their colleagues fall ill and eventually die. As deceased and retired workers are replaced, the average age and level of experience of the workforce decreases and the company is forced to bear the cost of employing and training new employees. Health care and medical aid costs rise, and communities surrounding the affected company need support to be able to cope with the effects of HIV/AIDS (Barnett & Whiteside, 2002).

This grim picture has driven a number of South African businesses to develop strategies to minimise the impact of HIV/AIDS, and to develop comprehensive programmes to address HIV infection amongst the workforce. At the time of this study, a surveyed 80% of businesses recognised HIV/AIDS as a "moderate" or "extreme" problem, yet only 72% of them offered HIV/AIDS awareness programmes to their staff, and only 47% of these programmes were compulsory (Deloitte and Touche, 2002). The South African Department of Labour has issued a guide to good practice on key aspects of HIV/AIDS and employment (Government Gazette 426, 2000). These guidelines explicitly recommend education and training on HIV/AIDS issues.

Workplace-based initiatives can and have helped to change the sexual behaviour of members of the workforce (Williams & Ray, 1993). Many of the educational programmes that have been instituted in the private sector have, however, been inadequate where companies have "taken cheap and easy steps rather than those known to be effective" (Keeton, 2003). It is in this context that this paper explores the use of participatory theatre as a private sector intervention for HIV/AIDS awareness in a Durban-based factory.

2. THEATRE IN THE WORKPLACE

Industrial theatre is the term commonly used to describe the use of theatre in the workplace. Industrial theatre is deemed by South African human resource managers to be "an appropriate training and development method" (Maritz, De Beer & Du Plessis, 2003:2). Theatre is found to be captivating and compelling, effective in encouraging audiences to challenge their own attitudes and behaviour "for the purpose of growth and learning" (Maritz et al., 2003:2). The goals of the theatre intervention need to be clearly defined in order for the intervention to be successful. If

these goals are clear, the medium can be used to address any issue within the workplace environment.

Industrial theatre has been used effectively to bring about behaviour change amongst workers in Zimbabwean factories (Williams & Ray, 1993). In South Africa, recent studies on the use of industrial theatre for HIV/AIDS prevention suggest that it is a widely usable and feasible communication medium, although it is not given sufficient credit (AngloGold, 2003; Van Rheede van Oudsthoorn, Van Heerden & Bezuidenhout, 2003; Becker, 2001; Kruger, 2000).

Industrial theatre falls into the broader field of entertainment education. Entertainment education (EE) is defined as:

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 behaviour. This strategy uses the universal appeal of entertainment to show individuals how they can live safer, healthier and happier lives (Singhal & Rogers, 1999:9).

The practice of combining entertainment and education is not new. EE strategies have been used consciously in the last fifty years, though many societies have for decades used entertainment media and traditional cultural forms for instruction, to pass down knowledge and community norms (Singhal & Rogers, 1999). EE has recently risen to prominence in academic study and has been harnessed by health communication campaigners who have made use of a wide variety of media to communicate health messages. As well as using mass media such as television and radio, EE makes use of smaller, more culturally specific media, including popular or folk theatre, storytelling, mime, puppetry, folk dances, songs and music.

3. THEATRE AND EDUCATION

In Africa, the use of theatre for instructional purposes in traditional society, and its modern application, has been investigated by the likes of Christopher Kamlongera (1998), Zakes Mda (1993), Lynn Dalrymple (1995, 1997), David Coplan (1997), David Kerr (1995, 1997) and Ross Kidd (1983). As a communication strategy, theatre can provide information, increase awareness of and sensitise people towards an issue, change audience attitudes, and assist in skills development. Theatre has the capacity to make abstract concepts more concrete, and to give audience members a personal connection to what is happening on stage. Theatre can present ideas and events in terms of real people who are deeply and personally affected by those events. Where audience members see the effects of the actions and choices of the characters on stage, they can identify with these characters and assess the possible application of the relevant staged problems to their own lives (O'Toole, 1992; Selman, n.d.).

4. THEATRE FOR DEVELOPMENT

There are advantages to the use of the performing arts as a medium for encouraging social change and development. Theatre has appeal as an entertaining form; it can easily make use of local languages, idiom and other familiar cultural forms such as song and dance, and can encourage debate and participation amongst the audience. The effects of this are dependent on how theatre is used, and the overarching development paradigm that informs its use.

There are four distinct paradigms of development communication (Servaes, 1995; 1999). These can be categorised as modernisation theory, dependency theory, development support communication and 'another development' (participation). Historically, these paradigms followed each other but did not necessarily erase each other (Tomaselli, 2002). All of the subsequent paradigms are influenced by modernisation, which has become known as the dominant paradigm. It is with this understanding that Waisbord (2003) suggests that for change to happen, top-down and bottom-up approaches should be integrated. While there may be some debate as to whether the DSC approach is a paradigm or simply an operationalisation of the modernisation approach, we choose to see this as a distinct paradigm.

The way in which theatre has been used as a civilising mechanism in Africa is typical of the modernisation approach to development (Kamlongera, 1998). Modernisation often involves high-profile campaigns, driven from the top down. Communication is typically based on the unidirectional communicator-message-receiver model. The profile and culture of target audiences is not taken into account in message and campaign design, and audience members are alienated from what they see (Tomaselli, 1997). There is no sense of ownership of the intervention, and no subsequent personal investment on the part of the target community. The intervention is seen as a product and not as a process. Its outcomes are predetermined at source, and individual community members have no say in their own development.

HIV/AIDS theatre in particular has been inappropriately staged by those in power, and certain voices are marginalised in the process (Blumberg, 1997). Without consultation and the involvement of the target community, the theatre product may be irrelevant, insensitive to local custom, and may miss its intended mark.

The plays of the South African anti-apartheid movement of the 1980s and the trade-union-based practice of workers' theatre are informed by the *dependency* approach to development. This approach grew out of a Marxist critique of modernisation theory, suggesting that interventions informed by this paradigm serve to disempower communities and restrict development (Servaes, 1995). As a means of self-empowerment, dependency theory communication typically involves radical sloganeering, resistance and critique. Workers' theatre has at its heart the aim of conscientising the masses, and alerting them to urgent issues of the day. To a large extent, these communications are also product-orientated (Baxter, 1992). The theatre is a means to an end, and persuasive communication is used, albeit from within the community itself.

Development support communication (DSC) and another development (participation) place greater emphasis on a two-way communication process and takes into account cultural multiplicity (Servaes, 1995; 1999). These theories allow for "multidimensionality, horizontality, de-professionalisation and diachronic communication exchange" (Servaes, 1999:84). The diffusion of innovation theory, using local role models to influence and communicate messages to audiences, is typical of this DSC. Apart from the targeted innovators, identified as gatekeepers in the community, the remaining members of the audience are expected to be passive recipients of information, and are persuaded to adopt new behaviours. The process is thus not entirely participatory. Although local culture and context are taken into account for development programmes, the messages still come from the outside. This practice is criticised as being 'cultural engineering', where indigenous culture is used as a vehicle for development communication, and for 'selling' development strategies (Kerr, 1997).

Participation is emphasised in the paradigm of *another development*. This paradigm is based on the premise that individual communities know best where and how they need assistance, and how to develop this. The community members themselves become the agents of change, rather than being led by outside agents (Servaes, 1995).

The communication model utilised in participation allows for dialogue and the negotiation of meaning. Participants can share ideas and reach consensus as to what they understand by the concepts being explored. Questions about what participants understand as development, where they see a need for it, and how they can implement changes that will bring about that development, can be addressed through participation. Where communication is democratised and all participants are equal in the communication process; clarity, understanding and subsequent empowerment are likely to follow.

The pedagogy of Brazilian educationalist Paulo Freire (1983, 1985, 1987) has influenced notions of participation and the practice of adult education. Freire's critique of education in 1970s Brazil suggested that the 'banking' concept of learning, where learners are empty vessels to be filled with knowledge, was both inappropriate and ineffective, particularly with adult learners. He suggested re-viewing education as a participatory facilitated process, whereby learners build on their own prior knowledge and experience to develop a conscious and critical view of the world (Freire, 1983).

The radical concept of forum theatre has grown from these theories.

5. PARTICIPATORY THEATRE AND AUGUSTO BOAL

Participatory education methods form the basis for Augusto Boal's methodologies in his *Theatre of the Oppressed* (1979). The theatre of the oppressed (TOP) methodology is essentially political, and sets out explicitly to change society, rather than simply reflecting or interpreting it. The Freireian notions of critical consciousness, and an awareness of the forces of oppression, are key in Boal's work. TOP challenges the practice of the use of theatre as a tool for social control, and suggests a new way of conceptualising theatre, its function and its forms.

Boal (1979) asserts that drama is a natural activity and that theatre should be the domain of the populace at large. He suggests that theatre did start as such – "free people singing in the open air"– (1979:119), but changed as the ruling classes took possession of the theatre and developed a separation between actor and audience.

In conventional theatre practices, the audience is passive, required only to view the action on stage, and to live vicariously through the hero, allowing the hero to make mistakes and create solutions. The solutions given are those imposed by the dramatist, and the audience "relinquishes his power of decision to the image" (Boal, 1979:113). This process paralyses the audience. This tradition becomes "a model for the ruling structure, where there are few in power who do, and many who watch" (Paterson & Weinberg, 1996:1). In TOP methodology, the spectators take control, and suggest and rehearse their own solutions to the problems depicted on stage.

The TOP methodology ensures that audiences are active in the theatre process, that they develop a critical consciousness of the world with which they are confronted, and are encouraged to change it. Passive spectators transform into active agents, themselves transforming the dramatic action on stage. The method of *forum theatre* breaks down the traditional barriers between audience and actors, and Boal develops the notion of the *spectactor*, who plays the dual roles of spectator and actor.

In practice, this means that the trained actors perform a scene, and audience members are requested to either finish the scene, to pose alternative endings, or to solve the problems (in action) posed by the scene. Audience members take to the stage and are given a voice and a chance to create and explore their own solutions. This role-shift altogether changes the nature of the theatre experience. Although forum theatre involves individuals taking roles and making decisions, the experience is about collective learning.

6. THE PROBLEM SOLVING THEATRE PROJECT

The Problem Solving Theatre (PST) Project investigated this research used forum theatre to explore issues around HIV and AIDS in the workplace. Based on theories and models of communication and behaviour change, theatre was chosen as a non-threatening medium to explore the sensitive issue of HIV/AIDS in the target factory. Using theatre in a participatory and experiential manner "provides a broad framework in which to explore ideas from a range of different perspectives" (Dalrymple, 1997:84).

The aim of the PST project was to explore practical, personal solutions to the problems that HIV/AIDS poses for employees both in their personal lives and in the work environment. This exploration was facilitated through a series of three scenarios that formed the basis of an HIV/AIDS awareness forum theatre play presented to factory workers. Broad topics for these scenarios included: HIV/AIDS in the workplace, talking to family and friends about HIV/AIDS and knowing your HIV status. The specific content for each scenario was based on the findings from formative research done with the target audience.

Choosing to use a participatory methodology in a traditionally repressive environment was somewhat of an experiment, in an attempt to involve the workforce directly in taking responsibility for addressing HIV/AIDS issues in the factory. Traditional African practices determine that decisions affecting the well-being of the community are made through the communal process of the *indaba*, or group discussion. This draws on the concept of common humanism, *ubuntu* (Dandala, 1996). To some extent, the participatory nature of forum theatre can be seen as an extension of this process, encouraging learning, sharing and a sense of community in the workplace. This should lead to a greater sense of collective efficacy, and bring about a sense of responsibility and accountability amongst the group (Dandala, 1996).

6.1 Project Site

The site chosen for the PST project was a dairy products factory in KwaZulu-Natal, employing approximately 50 employees.

6.2 Formative Research

Formative research pointed to some of the problems that needed to be addressed in relation to HIV/AIDS at the target site, and raised a number of contradictions. Knowledge regarding the sexual transmission of the virus was high, but there was some confusion regarding other modes of transmission, and common myths (such as infection by mosquitoes) persisted.

Fear regarding possible infection through casual contact overrode the knowledge that respondents had regarding infection via bodily fluids. Fear of stigmatisation and discrimination hampered openness in talking about the disease and testing for HIV, and there was also a great deal of fear of death, coupled with low-level knowledge around the progress of the disease and treatment options. Theatre, a medium that appeals to the emotions, was seen to be a good way to address this fear.

There was a powerful sense of 'othering' of the disease and denial that HIV/AIDS was a real personal threat, combined with the seemingly contradictory desire for more information. This suggested that although not willing to publicly acknowledge its presence, people were aware of the disease and wished to be better informed. There was a recognised need for an HIV/AIDS intervention that was participatory, but driven by an outside group, who were more likely to be seen as a credible source.

In summary, formative research suggested that the PST project intervention was both timeous and appropriate for factory workers who had little exposure to HIV/AIDS information at work, and no opportunity to engage with the subject in a meaningful way.

The process of formative research determined the specific focus and outcomes for the PST project forum theatre performance. The defined outcomes were to:

- Create appropriate and realistic scenarios that would bring HIV/AIDS issues closer to the lives of the audience
- Clarify the modes of transmission of HIV
- Encourage dialogue and openness about HIV/AIDS
- Promote the concept of voluntary counselling and testing (VCT) and the idea that an HIV-positive diagnosis does not signal the end of an active and healthy life
- Encourage individuals to take action in their own lives with regard to HIV/AIDS
- Encourage involvement and participation in the development of HIV/AIDS policy and programmes in the workplace

6.3 Creation of the forum model

The final forum theatre script was informed by the formative research conducted in the factory, and based on behaviour change and communication theory.

The PST Project creative team comprised three professional actors and a scriptwriter, who had worked together on a number of industrial theatre performances. The team drew on their experiences as theatre practitioners in South Africa, as well as the dramaturgy of Augusto Boal and the TOP methodology.

The PST Project used a warm-up song to generate consent and encourage participation. The informal mingling of the actors with the audience as they took their seats in the factory, as well as a more formal introduction to each of the actors and to the process of the forum theatre performance served to break down the traditional actor-audience barriers.

Three key characters were created, all of whom were portrayed as workers in the target factory. Characters' names were chosen to be fairly generic, and typical of personality types, to make them instantly recognisable to the audience. The use of realistic and likeable characters in drama facilitates the social learning that may take place, where audiences model their own behaviour on what they see punished or rewarded in the drama (Bandura, 1995).

The performance script for the PST project was divided into three key scenes. Each scene posed a particular problem or related set of problems, and was left open-ended for audience members to suggest solutions to that problem, through both discussion and actual role play. These scenes were based on themes that arose from the formative research. The first scene was lengthier than the subsequent two, in order to familiarise the audience with the theatre process and firmly establish both character and situation. This explored the relationships between the factory workers. The key problems addressed were HIV transmission, and discrimination in the workplace. The second scene explored VCT and knowing one's HIV status, as well as the difficulties inherent in communicating about HIV/AIDS in relationships. The third scene involved one of the characters attempting to talk to his son about HIV/AIDS and sex.

Songs that had been specifically composed to relate to the performance context linked the scenes. Some referred to the factory, while others were traditional wedding songs that most of the audience would be familiar with. Participation in song and dance is typical of Zulu ceremonies and social gatherings, and this tradition serves the forum theatre process well, transforming passive spectators into active spectators (Buthelezi & Hurst, 2003). The use of familiar songs and dances is common in community theatre and theatre for development practices (Dalrymple, 1995).

7. PERFORMANCE: OBSERVATIONS AND ANALYSIS

7.1 Performance time

The performance of the PST forum play was at the end of the working day, allowing workers to leave the factory after the performance. The timing of the performance affects audience reception and involvement in the forum theatre piece. At the end of the day workers are tired and concentration is flagging, which makes it imperative that the performance is stimulating and high in energy, and makes warm-ups for the audience important. The fact that workers leave the factory directly after the performance may mean that they talk about it on the way home, and that it is top of mind when they get home and may discuss it with their families. This relates directly to the theory of the diffusion of innovation (Piotrow *et al.*, 1997), where targeted individuals filter information through into the community. Theories of collective efficacy (Bandura, 1995) and convergence communication (Kincaid, 2001) would, however, suggest that a performance at the start of the day may have more effect, as workers are then together for the rest of the day and can discuss issues raised in their natural working groups and also consolidate lessons learned.

7.2 The audience

The audience consisted of 45 employees. This included factory workers and supervisors, cleaning staff, the factory manager and the company risk manager. Most of the audience were *isiZulu*-speaking and around 60% of them male. There were six English first-language speakers. Based on formative research with the risk manager, it was suggested that the performance would be predominantly in English, with key points repeated in *isiZulu*. Research with the workers, however, suggested otherwise, and the team was prepared to be flexible on this. When the actors started to interact with the audience, and realised how many older men there were in the group, they switched to *isiZulu* as the predominant language, both as a sign of respect to the elders, and to ensure that those with lower levels of competency in English would not be excluded or alienated from the performance. English was used to highlight and reiterate key points in the play, and the joker translated all of the spect-actors' dialogue as well as audience comments into English.

This emphasises the need for professionalism and flexibility by the actors. It also raises some questions about audience segmentation. If the audience had been monolingual, perhaps the

discussion would have been more free-flowing. On the other hand, if the *isiZulu* speaking segment had been separated from the English speakers, the question of racism would have been raised. This was raised as an issue in the formative research, and has been recognised as a common problem with HIV/AIDS education in South Africa, which results in the 'othering' of the disease, which in turn feeds denial and personal belief in risk vulnerability.

7.3 The performance and forum

The venue was the factory storehouse, chosen over the more intimidating and out-of-theordinary training room, to ensure that the audience was familiar with, and comfortable in the space. This is an important factor in the staging of forum theatre, as the audience are more likely to feel empowered and at ease with participation in an environment with which they are familiar.

The audience responded well to the introduction, and enthusiastically joined in the singing with the warm-up song. The joker and other actors spent five minutes warming up the group. Their success in encouraging participation was proven when, once the play started, two audience members spontaneously took to the stage singing and dancing during the opening song.

In the first interactive piece of the play, two audience members joined in with energy and enthusiasm. Although this involvement is not a part of the problem-solving process, this device was useful in familiarising the audience with the process of getting up and being involved in the action, and feeling comfortable with being on stage.

The audience responded well to the humour in the play and vocalised their agreement or disagreement with what was presented. When the group reached the forum part of the session, where audience members are asked to provide solutions or alternatives to what they see on stage, most of the audience were keen to comment and offer advice from where they were sitting. A number of people were actively involved in discussions, and others agreed with the points raised, nodding their heads or commenting to their neighbours.

In the three segments where the audience was directly asked to come onto the stage space, only one audience member came up for each segment. It is common in forum theatre practice to rework an issue a number of times to analyse the problem in depth. This involves a number of different audience members addressing each issue and many people taking on one role in turn.

The audience in this case easily accepted the treatment of the issues raised and the solutions offered. They were not concerned with addressing or countering original arguments. To some extent this may be a failure on the part of the joker to re-introduce these issues. It may also suggest that the audience was happy to accept a simple solution to the problem which avoids

deeper analysis and investigation of their own sexual behaviours. This may be culturally bound, as it is not common to talk about personal relationships within Zulu culture, as is the case with many customary societies.

Another possible explanation for this may have been because audience attention was waning (the forum had been running for 45 minutes by this time).

8. SUMMATIVE RESEARCH

8.1 Methodology

A summative evaluation was conducted with workers and management two days after the forum theatre performance. To obtain different views and confirm the data collected, two separate focus group interviews were held with workers randomly selected from the factory. Each group consisted of four people. Although this is a smaller group than traditional focus groups, the factory production cycle determined that only eight people could be released from machines for this purpose. The focus groups were based on a series of open-ended questions designed to elicit honest opinion about the performance. Informal interviews with both the risk manager and the clinic sister provided views on the success of the PST project from a management perspective.

8.2 Management perspective: results and comment

Both respondents showed a favourable attitude and an appreciation of the performance. Although the clinic sister had not attended the performance, she had received feedback from both management and workers, and commented:

I have had very good reports from management at the factory; they were very happy with the theatre. It was discussed at the Health and Safety Meeting and they were very impressed (Clinic sister, 2003b).

For the intervention to have been discussed at a formal workplace meeting suggests that its impact was noteworthy, it had formal recognition, and there may be potential for the institutionalisation of this kind of project.

The risk manager commented that the performance had been both entertaining and informative; he added: "The play was well appreciated and also seemed to generate some camaraderie" (Risk Manager, 2003b).

It was reported that workers were singing songs from the play in the factory the day after the performance. This may suggest that the intervention served to strengthen links between the workers, increasing collective efficacy and contributing towards a convergence of views and behaviours, as suggested by convergence communication theory.

8.3 Workers perspective: results and comment

All respondents said they enjoyed the performance, and their comments on it included "funny", "nice", "relevant" and "important" (Focus-group discussion [FGD] respondents, 2003).

Recall of the events of the play was high, and the respondents agreed that they had understood what had happened. Asked whether they thought that the play was useful and realistic, they agreed: "It was our pure reality... all that happened in the play is what we face every day in our families or our neighbours" (FGD respondent, 2003). Realistic theatre, dealing with pertinent issues, is more likely to have some impact on behaviour change than theatre that deals with abstract issues and concepts.

The discussion revealed that the respondents had learned a lot from the play, particularly with regard to preventing transmission of the virus through the use of latex gloves, or (if these were not avaliable) plastic bags or condoms. They also commented on the fact that the play had addressed fear of testing:

Well, we learned much because we were taught about AIDS, that we should go for testing. In most cases, we as women are scared and not ready enough to confront AIDS, but we were told that we should not be scared, that instead we should face it courageously (FGD respondent, 2003).

The intervention therefore had an impact on both the knowledge and attitudes of the audience.

Respondents commented that the forum play had made them resolve to adopt certain new behaviours with regard to HIV/AIDS. This included a consciousness of talking about related issues, and all respondents replied that they had talked about the play to their children, husbands or neighbours after watching it. One particular comment suggested that the play had increased the respondents' confidence to address these issues: "We used to fright to talk to our children about AIDS, but now I have that confidence to talk to her [my daughter]" (FGD respondent, 2003).

Some respondents, however, still felt that it was difficult to talk about AIDS in the workplace, "It is difficult to talk about it to the staff, it is better when somebody comes from outside to talk to us" (FGD respondent, 2003). This suggests that workers may have been empowered in their capacity as individuals within their home and social environments, but not as members of the workplace community.

While a face-value reading of the comments of the respondents in the summative research would suggest that the project was a success, it raises a number of questions that were not anticipated. Key amongst these is the difficulty of using a participatory methodology in a traditionally repressive environment (the average South African factory).

The question of participation in the forum theatre was raised in the focus groups. Women in the focus group felt that although given the chance to air their views in the forum discussion,

there was no space for them to actively participate on stage in offering alternatives to what they saw. One respondent commented:

In most cases, only men were needed. We participated in singing and clapping... but, for example, when the guy was discussing with his wife, only a man was needed to go and convince her...Or when the man was talking to his son, they called another man, not a woman, to come and show ...Actually, I think that we didn't participate because roles were basically created for men (FGD respondent, 2003).

In visualising the forum theatre, we expected that spect-actors would be drawn from both genders, and that the audience would be sufficiently empowered to add comments where they felt appropriate, without the roles being seen as gender-specific. The alienation of women from the forum was entirely unintended, and an oversight in the theatre creation and facilitation process.

Another reason that respondents gave for not participating is that they were afraid of what their peers would think and say, as evidenced by the following comment: "Sometimes, we fright to talk with all the people...when the people are together they think that you are better than the other people [if you participate]" (FGD respondent, June 2003).

This is typical of the tall poppy syndrome, where those who stand out are visible and open to victimisation. Until the social conditions which have traditionally discouraged participation and voicing-out change, it is unlikely that factory workers will feel empowered enough to participate fully in such an intervention.

9. CONCLUSION

The summative research suggests that the PST project intervention successfully met its short-term objectives of creating appropriate and realistic scenarios that would be informative and bring HIV/AIDS issues closer to the lives of the audience and encourage dialogue and openness.

The forum theatre intervention allowed audience members to raise questions and issues regarding HIV/AIDS, and to negotiate solutions to the posed problems. The PST project was successful in the application of EE strategy, informed by behaviour change theory. It did meet its stated objectives in terms of increasing knowledge amongst audience members, and finding solutions to the realistic problems of talking about HIV/AIDS and coping with related issues. These effects of the intervention are, however, difficult to quantify.

Longer-term objectives, key to any real behavioural change, were identified at the start of the project as those of encouraging individuals to take action in their own lives and of increasing involvement and participation in the development of HIV/AIDS policy and programmes in the workplace. Our short-term research with the group did not allow insight into whether this was likely to happen or not. Although respondents said that they intended to get involved, there are necessary enabling factors that may not have been in place for this.

Social conditions in non-Western contexts often determine that individuals do not have the personal power or efficacy to carry out decisions that they might have made on an individual level. In the South African context, barriers to self-efficacy may include "poverty, limited access to health and social services, labour migration, urbanisation, unemployment, poor education, the inferior social position of women, diversities in language and culture amongst others" (Kelly, Parker & Lewis, 2001:2).

Although entertainment education interventions based on social models go further than individual behaviour change, theories to encourage behaviour change, full support for these changes can only be enjoyed when society at a broader level has embraced them. The structural and environmental factors that undermine or support behaviour change need to be addressed to ensure healthy communities.

To some extent, the rigid structures of a factory do not make it an environment conducive to participatory methodologies such as forum theatre, but perhaps this is a motivating factor for ensuring that these methods are used in such an environment. This is particularly pertinent when dealing with health issues where behaviour-change theory suggests that people will only adopt new behaviours if they feel empowered to do so, and feel that they are in a supportive environment. Both the factory environment and their home environments should be supportive of change. This points to the need for complementary interventions to be conducted in workers' home communities at the same time as an intervention in the factory.

REFERENCES

- AngloGold. (2003) 'Private sector intervention case example: Programme evaluation'. Available on www.weforum.org
- Bandura, A. (1995). (Ed.) *Self-efficacy in changing societies*. New York: Cambridge University Press. Barnett, T. & Whiteside, A. (2002). *AIDS in the twenty-first century: Disease and globalisation*. Hampshire: Palgrave Macmillan.
- Baxter, V. (1992). *Popular performance in South Africa in the 1980s*. MA dissertation. Durban University of Natal.
- Becker, A. (2001). 'Communication strategy for Daimler Chrysler South Africa' from www.weforum.org. Blumberg, M. (1997). Staging AIDS, activating theatres. *South African Theatre Journal*, 11(2), 155-181.
- Boal, A. (1979). *Theatre of the Oppressed*. (C.A. and M.O. Leal Macbride, Trans.). London: Pluto Press. Boal, A. (1995). *The Rainbow of Desire*. (Jackson A., Trans.). London: Routledge.
- Buthelezi, & Hurst, C. (2003) *A Brazilian theatre model meets Zulu performance conventions:* Westville Prison the case in point. Research essay, University of Natal, Durban.
- Coplan, D. (1987). Dialectics of tradition in South African black popular theatre. *Critical Arts*, 4(3), 5-28.
- Dalrymple, L. & Preston-Whyte, E. (1995). Participation and action: reflections on community-based AIDS intervention in South Africa. In *Is DramAidE making a difference?* Durban, DramAidE.
- Dalrymple, L. (1997). The use of traditional forms in community education. *Africa Media Review*, 11(1), 75-86.
- Dandala, H.M. (1996). African cosmology. In R. Lessem and B. Nussbaum (Eds.) Sawubona Africa: Embracing four worlds in South African management. Sandton: Zebra Press.

- Freire, P. (1983) Pedagogy of the oppressed. New York: Seaburg Press.
- —. (1985) The politics of education. (Macedo, D., Trans.). New York: Bergin and Garvey.
- Kamlongera, C. (1998). *Theatre for development in Africa with case studies from Malawi and Zambia*. Germany: German Foundation for International Development.
- Keeton, C. (2003, 10 August). AIDS: Most companies are in the dark. *Sunday Times: Business Times*, August 10, 2003.
- Kelly, K., Parker, W., Lewis, G. (2001). Reconceptualising behaviour change in the HIV/AIDS Context. In C. Stones (Ed.) *Socio-political and psychological perspectives on South Africa*. London: Nova Science.
- Kerr, D. (1995). African popular theatre: from pre-colonial times to the present day. London: James Currey.
- —. (1997). Cultural engineering and development. Africa Media Review, 11(1), 64-75.
- Kidd, R. (1983) From people's theatre for revolution to popular theatre for reconstruction: Diary of a Zimbabwean workshop. The Hague, CESO.
- Kincaid, D. L. (2001). Drama, Emotion, and Cultural Convergence. *Communication Theory*, 12/2. Kruger, B. (2000) 'Case study: The baby elephant is a giant'. *The Business Stage*, 2(1): n.p.
- Maritz, J. De Beer, J., Du Plessis, H. (2002) *Managerial perceptions concerning the utility of the industrial theatre as medium to assist in managing change*. Honours research essay, University of Pretoria, Pretoria.
- Mda, Z. (1993) When people play people: Development communication through theatre. London, Zed Books.
- O'Toole, J. (1992) The process of drama: Negotiating art and meaning. London, Routledge.
- Piotrow, P. T., Kinkaid, D.L., Rimon, J.G, Rinehart, W.(eds.) (1997) *Health communication: Lessons from family planning and reproductive health*. Westport, Praeger.
- Selman, J. (n.d.) *Theatre for education and change*. Canada, Alberta Drug and Alcohol Abuse Commission.
- Servaes, J. (1999) *Communication for development: One world, multiple cultures.* Hampton Press. —. (1995) 'Development Communication for whom and for what?' *Communicatio*, 21(1): 39-49.
- Singhal, A. and Rogers, E.M. (1999) *Entertainment-Education: A communication strategy for social change*. Lawrence Erlbaum Associates.
- The Communication Initiative: www.comminit.com, accessed on 16 October, 2007.
- Tomaselli, K. (1997) 'Action research, participation: Why governments don't listen'. *Africa Media Review*, 11(1): 1-9.
- Van Rheede van Oudsthoorn, G.P., Van Heerden, G., Bezuidenhout, L. (2003) *Addressing health issues through the use of industrial theatre amongst blue-collar construction workers*. Paper presented to SACOMM conference, Durban, 2003.
- Williams, G. and Ray, S. (1993) Work against AIDS: Workplace-based initiatives in Zimbabwe. London, Action AID.