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Participatory educational theatre for HIV/AIDS awareness in Kenya

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• Introduction

CARE Kenya's CRUSH project on HIV/AIDS works in Kisumu District in Nyanza Province, Western Kenya. CRUSH stands for Communication Resources for Under 18s on STDs and HIV. It is a programme for out-of-school youths which aims to prevent and control STDs and HIV. The programme also seeks to enlist adult support from communities for youth education programmes for AIDS prevention and control. I was approached by CRUSH to collaborate with them on developing the drama and theatre component of their project.

Drama, being one of Kenya's most popular and accessible communication mediums, has great potential as a more effective, interactive approach to HIV/AIDS. Being the most social of the art forms, drama uses the tools of myth and metaphor, which are common to all societies but are a particularly familiar and real part of the society and cultures of Kenya. However, many of the dramas previously produced in Kenya for HIV/AIDS work have consistently assumed a non-participatory, lecturing approach which has been unsuccessful at attracting and sustaining audience and participant interest.

Participatory educational theatre

CRUSH and I proposed that one way to strengthen Kenya's present HIV/AIDS efforts would be through Participatory Educational Theatre (PET). PET is an educational theatre methodology which uses a participatory approach to allow the audience to probe, reflect on and respond to issues which concern them.

This approach poses questions and problems, rather than supplying answers and solutions. The aim is to bring about change in the target community's perception of the world and themselves as individuals within it. By changing perceptions we do not simply mean raising awareness, but allowing the community to examine their attitudes towards the unresolved dilemmas and contradictions presented in the drama which reflects their lives.

A PET project aims to communicate first to people through their emotions and to then allow the participants to reflect on and examine these feelings objectively. The PET projects thus form two main stages:

- The scene is set by the actors/educators through short episodes of scripted theatre; and,
- Through the role of the facilitator, the audience is invited to participate to help solve the dilemmas presented in the initial scenes.

This participatory approach provides opportunities for:

- community members to interrogate both characters and situations within the drama;
- empowerment, by allowing the participants to intervene and determine the narrative sequence of the drama;
- involvement of the participants in the contradictions and paradoxes raised by the drama; and,
- improvisational role-playing to allow participants to put themselves in the position of the characters in the drama.

• PET in Kisumu

My collaboration with CRUSH involved working with two groups - the Kama Kazi youth group in urban Kisumu and the Apondo youth group near rural Ahero. My brief was to direct an educational theatre piece for each group to perform in the 14 sub-locations of Kisumu District where CRUSH works. Both projects had to be in the local language and would be performed outdoors during the day. The target group was to be young people between the ages of 12 and 18. However, this changed once we began touring as we found it impossible to separate the rural youth from the village as a whole.

An initial month was spent talking to the two groups about the impact of HIV and AIDS on their communities. During this time I also met artists and educators working locally from whom I recruited two local counterparts and an expatriate volunteer¹. Following these discussions, we started the two PET projects. The aim of each project was to address the issues relating to HIV and AIDS which CRUSH had identified as priorities for the under 18s. These issues included child and youth sexuality; modes of transmission and prevention; and barriers to the adoption of preventative measures such as peer pressure, traditional customs, religious objections and other personal and social dilemmas.

The starting point for both projects was the imaginative ideas about HIV/AIDS that the two groups of young unemployed school leavers created. From the material they generated, we structured a series of improvisations and other drama tasks. The important aim in developing the material was that it always remained the groups' own. Whilst we provided the structure, they provided the content. After working on the material we would always take it back to them to discuss and to develop further.

Red ribbons for you? Sigand Tom - Ngimani gi Thoni?

The above *Dhuluo* title for Kama Kazi's PET project means "*Tom's Story - Your Life and Death?*". The narrative traces the life of a young man, Tom Omondi, through infancy, puberty, adolescence and young manhood up to and immediately following his death at the age of 23. He contracts the HIV virus whilst studying at university. Some other members of his immediate family and friends, whose stories are interwoven with Tom's, also contract the virus at other points during his life. In fact it is Tom's father, Samuel, who is inadvertently infected, who triggers off the chain of infections in this particular group of people.

The creative process: participatory decisions and discoveries

A storyboard provided the central educational, aesthetic and visual stimulus for Tom's story. The storyboard is neither a conventional theatre set nor a conventional teaching blackboard but a three-dimensional resource which combines both. For *Red Ribbons For You?* the storyboard consisted of three joined sheets of plywood which were painted with an overall design, onto which the central questions relating to each of the nine scenes were hung separately using hooks (see below). A storyboard is intended to invite informal interest, provide a focus, and ensure a common theme runs through that day's participation. Rather than perform the project on a raised stage with distance between the audience and the drama, it is better to present the project outside, perhaps under a tree with audience on three sides and the storyboard making up the fourth side.

¹ The other authors of this article.

The storyboard questions

THE FUNERAL	CHILDHOOD GAMES	TEENAGE ANXIETY
Why is everyone fighting at Tom's funeral?	Are children aware of sexuality when playing "Mothers and Fathers"?	How did Tom and his friends first learn about sex when they were young teenagers?
PEER PRESSURE	GREAT EXPECTATIONS	THE TRIANGLE
What were the pressures on Tom to make love for the first time?	What went wrong for Tom after he'd made love for the first time?	What is Tom suffering from? Is it demons? Is it AIDS? Is it <i>chiraa</i> *?
THE MEDICINE MAN	REJECTION	DELIRIUM
Can the Medicine Man, or religion, cure Tom of AIDS?	Why did Tom's younger brother, Mike, kick him in the teeth when he was down?	Why did Tom attempt to commit suicide?

*Chiraa is a traditional Luo illness resulting from the breaking of a cultural taboo. If it is not dealt with in time by the performing of certain culturally prescribed rituals, then death will be the certain outcome. Naturally, the HIV/AIDS pandemic in Western Kenya is complicated by such customary beliefs, together with others such as wife inheritance by one brother on the death of another; and Ke, the obligatory performance of sexual intercourse by all immediate members of the family before dispersal following a funeral.

Tom's story was broken into nine separate free-standing sections, each of which would make sense in their own right, but when linked together would equally make sense as a whole, rather in the same way a jigsaw does. This element of puzzle-solving is a very important element in encouraging participation. Each section of scripted theatre varies in length between 7 and 15 minutes. The duration of the participatory drama which follows each section is entirely in the hands of the community and facilitator. It usually lasts between 15 and 75 minutes. There is no reason why the project has to be confined to a single day. It could be phased over a week or even two months. This is especially so if you want to integrate the project as a specific educational resource within a broader pattern of PRA activities.

Allowing the community to choose the sequence of the nine sections themselves gives them control over the process. We select the first and last section for structural clarity and they determine the seven sections between. They choose a section they want to watch by selecting a question they want to answer. When a question has been selected that particular question board is unhooked by the

facilitator to reveal a symbolic design², visually summarising the question, and the actor/teachers act the chosen section.

The nine central questions are carefully selected and phrased to penetrate the heart of the specific strands of CRUSH's HIV/AIDS aims and objectives. The questions are designed to be provocative and alluring, thereby engendering informal discussion amongst the community and with us from the moment of our arrival when the storyboard is put up.

The role of the facilitator and the actor/teacher

A facilitator acts as a bridge between the actor/teachers and the community to assist with their understanding and eventual participation. The facilitator's role is crucial in the steady development of the community's active involvement. After each of the nine scenes is acted, the facilitator encourages the community to participate in the drama themselves. By putting themselves into the

²The symbols were designed and painted by a local artist who is a primary school teacher, and therefore in touch with the community.

shoes of one or more of the characters' predicaments community members can try to stop them contracting the HIV virus (see Box 1).

This allows the participants to view themselves from the safety of an 'other'. Instead of feeling exposed and vulnerable, as often is the case when we are being ourselves, under the guise and protection of a role we can express and explore our attitudes and emotions without fear of being laughed at. The facilitator's style must genuinely indicate at all times an openness, a humour, an egalitarianism and an unselfconscious lack of authoritarian status if he/she is to establish and then sustain a meaningful rapport with the community.

In the case of these two PET projects the two local language speakers in our team of four initially acted as facilitators. Over time they

trained the volunteer members of the youth groups to take over this role. In subsequent PET projects, facilitators have been drawn from volunteer community health workers recruited from local villages.

The actor/teachers must be able to interact with any new character the community deem as being necessary in their attempts to resolve the particular dilemma, for example a neighbour, relative, elder, chief, counsellor, doctor, medicine man, peer, etc. They must also be open to partially or wholly changing either their attitude and/or behaviour, but only when the community has provided persuasive enough arguments. When this happens it invariably results in a moment of spontaneous applause and celebration. Those are the moments to cherish, when you really know what PET is about and what can be achieved with any community (Boxes 1 and 2).

**BOX 1
PET IN ACTION**

At one point the community watches a scene where one partner has the HIV virus (in this case a nurse, Joan, Tom's sister) while her husband does not. In the drama the husband's dilemma is whether to keep Joan as his wife or insist that she should leave the home. After the scene, the community felt strongly that she should not stay with her husband, especially as they did not yet have any children. However a small number of people felt that her husband should keep her. One member of the audience suggested that a friend should talk to him. The facilitator asked him to come and help by stepping into the shoes of the friend. The friend spoke to the husband for approximately 20 minutes, during which time the audience remained acutely attentive. Gradually the husband began to reconsider and, finally agreed that he may be able to keep his wife and use condoms. There was a spontaneous round of applause from the audience. In the discussion that followed the facilitator asked the audience what had changed their minds and they repeated some of the arguments the friend had used such as marriage is not just about having children, he had not married her just for sex, if he was sick he would want her to care for him and so on.

On another occasion Samuel, Tom's father, a middle-aged conventional man and perhaps the most difficult character for the community to move from his position, was persuaded by a member of the community who stepped into the shoes of an AIDS counsellor, that Tom was not suffering from *chiraa* but from AIDS and should receive proper treatment in hospital. The detailed arguments, sensitive ideas and persuasive truth that the community member had brought to the drama had been so convincing that the actor/teacher was able, while remaining true to character, to change his position.

BOX 2

A SCENE FROM *POSITIVE PEOPLE*: THE APONDO YOUTH GROUP'S PET PROJECT

The 12 positive people are at an HIV/AIDS counselling centre. Members of the community are then given the role of their counsellors. The project allows people to choose whose story they want to hear first and whom they want to counsel first.

A sceptical old man, who does not believe in the existence of AIDS, suddenly clears his throat. He can neither read nor write but is attracted to the story of the village carpenter who on his elder brother's death is forced by the elders to inherit the widow. He has been attracted to this character by the symbolic graphic design that illustrates the carpenter's dilemma. A sudden hush falls on the 400 members of the community. Here is a village sage, whose word on custom and tradition is faultless. He explains the philosophy behind wife inheritance slowly but firmly, citing a wealth of ageless ancestral wisdom. The old man sits down after 20 minutes and there is no doubt in the minds of the people that wife inheritance is blameless, as far as AIDS is concerned.

The carpenter begins to tell his story to a keen and curious community. There is nothing unusual in his life. His story is the community's story until he tells how he discovered that his elder brother, whose wife the elders forced him to inherit, committed suicide after he was diagnosed to have AIDS. Without pathos, he declared that he himself has since tested positive, together with his first wife, their last born baby and the second wife he inherited from his late brother. Nobody speaks for a long time, until a teenage schoolboy begins to point out the contradictions of wife inheritance. For the next half hour a discussion ensues between the youth and the elders. What was accepted before the drama as sagacity is slowly reconstructed in the light of HIV/AIDS. There seems to be an impasse until a woman steps forward. The facilitator is quick to notice her, for women rarely stand to give their opinions in such weighty matters in this village. She brings a different angle to the stand-off between youth and elders, challenging the assumptions of tradition and custom about the place of a woman in marriage and society. AIDS is for a moment put on one side as the spotlight is turned full glare onto the rights of women to inherit property, including land. People listen, people argue, people venture into the performing area to wear the cap of the carpenter at the crossroads of his life. Attempts are made at changing the outcome of events. This culminates in instantaneous applause when the elder who started the argument declares he has been convinced by a doctor (played by another member of the community) that AIDS does exist.

As always, the actor/educator has to determine how far to push the boundaries of what is culturally acceptable in any given place, whilst not compromising the integrity, truth and principles of the theme. This has a direct bearing on drama's usefulness in this field of community education as it is through doing this that real social change can be achieved. In this Luo community people do not often talk openly about sex and sexuality, yet during the PET they were able to talk very freely about it in a community gathering of both sexes, all ages, and most classes (Box 2). These projects have demonstrated the power of participatory drama for cutting through the cultural barriers to communication.

• **Conclusion**

We didn't know how this PET initiative was going to be received by the communities. There were large elements of risk involved for us all but, in the event, it has proved highly

successful, both with large community audiences (up to 400 people) as well as with the same numbers in secondary schools. In six months no single performance has been like another. The audience is always bringing into the dramatic situations new and exciting possibilities encouraging a feeling of strength and success where they previously felt powerless and confused.

Our aim now is for PET projects to become more integrated into the work of NGOs and other organisations actively involved in using PRA, not only in the HIV/AIDS field but also in any area of development that involves people and their interactions. However we remain unsure about the extent that behavioural change can be brought about through any short-term project. It is a highly difficult matter and there are many questions which need to be explored further. By undertaking more preparation and follow-up work, we hope to establish an

effective monitoring and evaluation system to determine this.

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NOTE

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