

BACK TO BASICS : USE OF POPULAR THEATRE IN THE AIDS
AWARENESS CAMPAIGN.

by R.S. Mupedziswa
Director of Studies
School of Social Work in association with the
University of Zimbabwe

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Introduction

The number of reported cases of Aids and countries reporting Aids have continued to increase. According to the World Health Organisation, between 5 and 10 million people are infected with the virus that causes Aids. It is believed that of this figure, between 500 000 and three million of them are expected to develop Aids by the 1990s. (WHO, January, 1988). In Africa and other developing regions, the situation appears to be getting out of hand. Granted that Aids affected the most productive and reproductive members of the society the increasing impact of HIV virus on manpower and its effect on the already strained health care facilities is indeed most disturbing (Herald 11 May 1989). What is more disturbing of course is medical evidence which has suggested that more than 30% of Aids cases in some African countries have occurred in children (Herald 11 May 1989). This has serious implications for national development per se.

The Aids Problem in Zimbabwe

Zimbabwe, like many other countries has been hard hit by the scourge of the killer disease, Aids. Over the next few years more and more people will be affected both directly and indirectly by the Aids epidemic. MacGarry (1989) in a highly informative article titled "Aids and Development Planning" has done some projections based on simple calculations of mortality in five-year age cohorts at five year intervals, and the result of his exercise are most disturbing - to say the least. Aids was first recognised as a problem in Zimbabwe in 1984 when the first few cases of Aids related diseases were discovered. In 1986 an Ad Hoc Aids Committee was set up within the Ministry of Health and it was later restructured as the Zimbabwe Aids Health Expert Committee (ZAHEC). In March of 1987, the government realised the gravity of the situation and the Minister of Health told the Senate, "There is a possibility of an Aids epidemic in Zimbabwe if the public does not take the proper steps to avoid the killer disease" (Herald, March 19, 1987). At that point, the official figure of Aids cases was given as 57. The revised figure just about 2 years later is 321. Suffice it to say this figure is widely regarded as conservative, especially since there have been some disturbing reports in the national press recently. For instance, in April 1989, Gutu Mission hospital in rural Zimbabwe reported "more than 100 Aids cases.....since January last year" (Sunday Mail 9/4/89). What is not clear is whether this figure had been included in the official reported total to date of 321. Many observers are worried government has not come out clear on the issue and some have called upon government to adopt a more "open" policy on the problem of Aids.

The Aids Awareness Campaign in Zimbabwe

The first real vigorous awareness campaign started in earnest in 1987 and it was apparently spear-headed by the National Aids Awareness Committee, an arm of ZAHEC focusing on Aids awareness and public education. In March 1987 the Ministry of Health put its campaign in gear with the release of a leaflet on Aids. This was followed by a combined national effort which involved NGOs, churches, the media and other organisations. Posters, pamphlets, newspaper articles, workshops, and other initiatives were organised. After this massive exercise had been launched, evidence of the campaign could then be found at all health and education centres, at places of work in beerhalls, at shops and at any other places where people gathered. Thus appreciable efforts have been made to conscientise the public on the Aids disease.

Impact of the Aids Campaign To date

While it may seem a bit harsh to evaluate the effectiveness of the Aids Awareness Campaign to date, even a blind person can see that it has had little effect. As Moto magazine (Feb 1989) for instance has observed, "In Zimbabwe today, Aids as a health problem remains some kind of fiction, if our people's attitudes and behaviour are anything to go by". Indeed most people, it would appear, do not seem to know if the disease is reality. Many others argue that they have not seen a person die of Aids and they don't know if there are any people suffering from Aids or dying of it. What is even more saddening of course is that there are many still who just don't want to know if there are people dying of Aids, - let alone know if they themselves might be infected with the HIV virus.

Thus in Zimbabwe today, many people still fail to recognise that Aids is a serious problem, so that although basic knowledge of Aids is increasing, appropriate attitude and behaviour change do not necessarily follow. Jackson, H (1988) has noted that "Studies of different groups and the evidence of continuing high rates of sexually transmitted disease, suggest that few people are changing their sexual behaviour to reduce risk" in fact in Harare alone, health centres reported a marked increase in cases of sexually transmitted disease (STDs) in the past year. No wonder the authorities have expressed grave concern that since the disease (Aids) is sexually transmitted, it is potentially dangerous with the capacity to break out in epidemic proportions if the public did not take steps to prevent this from happening.

Some people appear still ignorant of the disease. The ignorance is evident not just in the urban areas but even more so in rural areas as well-apparently. For instance, a survey covering labourers, community-based rural workers, rural women's groups, peasant farmers and schools was carried out in the rural areas by a group (Edwin Spicer Publications)

planning an Aids feature film, and the results showed an almost blanket denial that Aids is affecting people in the country side. Most people were well aware of the disease, but felt it affected only townspeople or only people who moved with prostitutes. (Herald 31 Dec 1987). Coupled with this is also the problem of apathy. Perhaps nowhere is this better illustrated than in an entry to the Herald's "I Hate" column which read, "(I hate) Aids awareness posters when I am out with my girlfriend" (Herald 25 May 1988).

Besides problems associated with apathy, ignorance etc, the campaign has also had little impact because of a number of reasons. Some very informative programmes have been screened on television but the question is how many Zimbabweans own a TV set. The radio has also been utilized but again by and large it has similar limitations as the TV. The print media has played a vital role but it too has its limitations. An organisation called the Society for Women And Aids in Africa (SWAA) recently held a workshop in Harare and one of the points that came out loud and clear was that "Although a lot of material on Aids has been printed, it is for the educated few" (Herald 12/5/89). The meeting also expressed concern over the fact that not enough effort to raise awareness in rural women is being done.

Thus it is apparent that conventional channels of communication have had little impact with regard to delivering the message on Aids. Various commentators have noted the glaring weakness inherent in these approaches. And yet the problem is serious and requires urgent effective action. The urgency of the situation has not escaped those people who are seriously concerned about the problem. For instance Jackson (1988) has lamented, "Effective public awareness strategies leading to attitudinal and sexual behaviour, must be implemented rapidly to curb the epidemic". Some scholars involved in the awareness exercise have acknowledged the limitations associated with these conventional approaches to communication and they have resorted to workshops and face-to-face discussion as alternative forms since these latter methods at least encourage discussion. (Aids Action, June 1988). However the fact is the workshop and face-to-face methods too have their limitations. Therefore there is an urgent need to look for other more effective forms of information dissemination and community theatre, for one appears to fit the bill.

Popular Theatre as a Tool of Communication

Community theatre arts are artistic skills that are used as a means to communicate both educational and cultural values. They are therefore a tool of communication. Theatre can indeed be a very effective communication, tool, channel, vehicle or carrier of information. In Africa, theatre is not a foreign phenomenon.

It can take the form of songs, dance, poetry accompanied by artistic elements such as inviting smiles or dismissive gestures and any other expressive faces. Other than in Africa, theatre is also said to have come to be recognised as an important aspect of life in the formerly colonized countries of Africa and Latin America as well. In these developing countries, "community theatre workers and community development workers are increasingly using their organisational and theatre artistic skills" (K Gebau et al, 1983).

In the case of Africa, there is also the fantastic African oral literature which is presented in rich narrative art form such as *ngona* and *zvirahwe* etc. As Ngugi wa Mirii (1988) has correctly observed, "All these and many others have a very rich educational value if properly portrayed and interpreted". Thus indeed there is no doubting that theatre is a very unique and important medium of communication basically because of its ability to create a special kind of relationship between the performer and the audience. An added advantage of using theatre is that its possible to tell on the spot whether your performance is appreciated or not and thereby make adjustments if necessary. Theatre helps people strengthen an awareness and appreciation of particular problems in their community.

Like any other medium of communication, theatre does have its limitations. It can for instance be (mis) used to mystify the social reality by uncommitted playwrights. At times theatre may also fail to communicate. This happens for instance when the drama is not relevant to the culture of the audience. This might cause boredom and even subsequent rejection of both the message and the form of the language of theatre, by the audience. There is also the problem that theatre may at times be used for empty entertainment, by uncommitted playwrights, argues one expert, Ngugi wa Mirii (1988). He further points out that for positive results, theatrical content need not be isolated from its cultural reality. Thus for theatre to succeed, it should never raise issues in a dry and pedantic academic manner, but rather it should recreate and respond to any situation in an imaginative, creative and entertaining way (K Gebau et al, 1983). Thus it becomes an effective means of educating not only the actors but the audience as well. This way they get to understand the social environment depicted by theatre in much a deeper and lasting manner.

Steps in Community Theatre Process

According to experts on theatre there are 6 guiding steps in the community theatre process, and these are as follows:

- (i) Problem identification - where the group identifies and tries to understand the problem.

- (ii) Problem analysis - ensuring a clear understanding of the problems
- (iii) Creation of the story line - where the indentified problem is coded in the form of a story.
- (iv) Trying out/improvising - at this stage the final details like the characters and language to be used in the story are agreed upon.
- (v) Rehearsals - that is, the practise sessions of the play in order to develop actors' artistic creativity and also to refine the message.
- (vi) Performance or presentation to the public - the ideas are now shared in a dramatic form with the entire community.
- (vii) Discussion of the play with community - this is the stage at which you discuss the issues raised by the play with the target group.
- (viii) Action - the process may or may not end up with action being taken by the community.

Approaches to Theatre

According to Ngugi wa Mirii and Kimani Gecau (1983), there are basically 3 approaches to theatre.

- (i) The travelling theatre approach - using this approach, a group might or might not organize workshops for and hold discussions with its audience. In this approach, the audiences who are the community are not involved and do not participate in the play making process.
- (ii) The outside team workers approach - This is where a group goes to a community, stays with that community, listens to and observes the peoples' main problems and concerns, exchanges opinions with the people and then goes back to make a play on what were seen as the major themes arising out of the discussions and observations. The resulting play is then brought back to the community - written and acted by people from outside. The usual discussion after the play might be tacked in.
- (iii) The participatory approach - a group of theatre workers goes into a community and listens to the community's problems, concerns and discusses, observes etc. However, instead of moving away from the community, to evolve and make a play around the issues arising out of the community, the group stays with the community with whom it makes the play.

Although the participatory approach may seem the most appealing, and hence preferable, the choice of an approach will obviously have to depend on a number of important factors such as the nature of the problem etc. It is submitted here that it would seem more logical to adopt the second approach (i.e. the outside team workers approach) where the problem of Aids is concerned. This approach appears the most obvious in situations where a problem has already been identified (as is the case with Aids). Incidentally the outside team workers approach was the one adopted for the ACT sponsored Community Theatre Project which is described in detail below.

Popular Theatre and the Aids Campaign in Zimbabwe

In Zimbabwe, a number of popular theatre groups have developed material on Aids (Jackson, (1988). One theatre group has been contracted by the Aids Counselling Trust (ACT) a voluntary agency, to develop material on Aids and the group has been working flat out preparing material in the last few months. Another drama group called Just Four Women has also developed a lively and entertaining but highly informative play on Aids. Other groups that have done work on Aids include the Tose Sonke Theatre Group in Bulawayo and the Blue Star Theatre Group in Chitungwiza. The theatre groups have an umbrella body called the Zimbabwe Association of Community Theatre (ZACT). Quite a number of theatre groups are registered under this umbrella body. Harare alone is said to have 21 theatre groups registered under ZACT. The average size of each group is said to be 6 members and they are mainly working in high density suburbs.

The group sponsored by ACT, like some of the other groups has taken the project very seriously and they have undergone initial training over a number of months. ACT, a non-governmental organisation which is supporting government's efforts at Aids awareness, undertook to sponsor this Community Theatre project as part of its programme to fight the spread of the killer disease, Aids. The project was started in September, 1988. The objective was to train already experienced actors (who are mainly adolescents) in the dissemination of meaningful information about Aids through community theatre. A budget proposal was drawn up and agreed upon. ACT members were responsible for Aids training for the participant group but because their (ie ACT's) expertise in theatre work was limited, the Zimbabwe Association of Community Theatre (ZACT) was invited to help in this regard.

The training programme would go through 4 phases, which were drawn within the context of the 6 general guiding steps outlined above:

Phase 1 - community survey by actors - in this regard actors went into the community and tried to find answers to a number of questions by listening to people, talking to people at beer halls, bus stops, shops, workplaces etc. Questions which required answers included whether people thought Aids was a problem, how they thought it was spread, its prevention and possible cure, and indeed what questions the people themselves asked about Aids. This information was collated and later used to build stories for a drama about Aids.

Phase 2 - involved Aids education of the performers by members of ACT. The idea was to ensure that the members of the drama group would be provided with basic information about the disease, so that they would at least be in a position to answer simple questions on Aids from the audience once the performance got under way.

Phase 3 - involved message development and scenario building. This was a combined activity with both ACT and ZACT personnel being involved at a 2 day workshop.

Phase 4 - would involve the production itself i.e. the group would then do performances throughout the country.

A video recording was done as a means of documenting each phase of the programme in order to facilitate the reapplication of similar projects at both national and regional levels.

Despite financial and other constraints, the project appears to have worked out well so far. The theatre group is just as keen to see the project succeed as are members of ACT who were involved in the exercise. So far things appear to have gone on pretty well and only time will tell how useful the exercise has been. ~~However~~^{Indeed}, given the fact that theatre has always been part and parcel of the traditional bag of tools in terms of communication in Africa in general and Zimbabwe in particular, it would not be far fetched to assume that theatre groups such as this one will make an impact in the Aids awareness campaign.

Problems faced by Theatre Groups in Zimbabwe

Theatre, like many other forms of communication in Zimbabwe and elsewhere has to content with tremendous limitations. At a community-based theatre workshop held in Bulawayo in 1986, "It was noted that many community based theatre groups experience financial problems of transport, of hiring performance and rehearsal venues, money for publicity etc" (Zimfep, 1986). Many of the people involved in theatre are actually young school-leavers who make a living out of theatre. Hence if the income from theatre is too meagre then they might easily become demotivated. What is therefore lacking in Zimbabwean theatre is adequate sponsorship and financial support for the performers

True, some non-governmental agencies like ZIMFEP have done a lot for the development of theatre in Zimbabwe but a lot more still needs to be done, particularly where theatre groups involved in the national Aids awareness campaign are concerned.

Conclusion

To attempt an evaluation of the success or otherwise of the use of popular theatre in the Aids awareness campaign in Zimbabwe at this juncture would be premature, especially since theatre is only beginning to get onto the campaign scene. However from talking to people who have been involved in the plays either as performers or on the audience side, one gets the impression that theatre is an excitingly different form of communication. People appear to appreciate the role of theatre. indeed one wonders whether this has to do with the fact that theatre has always existed as a tool of communication in traditional African life or whether its simply to do with the fact that it is a powerful and yet entertaining weapon. One expert has indeed commented that its probably to do with the nature of theatre, that is, the fact that theatre is "a double edged sword" which entertains and educates at the same time.

As mentioned elsewhere, in Zimbabwe, theatre has for a long time been used in campaigns on other health related topics such as immunisation and nutrition, with quite a high measure of success. The paper is by no means prescribing theatre as a panacea for effective communication, theatre is by no means the "be all and end all" method of communication. in any event, theatre could be used in conjunction with the "conventional" approaches to communication for even better results. Ngugi wa Mirii an expert on theatre has beautifully summed up the argument when he commented, "While methods used so far (like posters) are useful, they may not be adequate enough to cater for the other problems faced in the health development communication process. Thus we need to employ other methods to reinforce our struggle. Community theatre is one way of communication we could effectively use" With the Aids menace rearing its ugly head and threatening to wipe out whole nations, there is an urgent need to identify effective forms of information dissemination and education. Henceforth it makes sense that we 'go back to basics' and take advantage of a traditional strategy of communication that has stood the test of time in the African context - that of popular theatre.

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