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IMPLEMENTING AN APPLIED THEATRE INTERVENTION FOR HIV AND AIDS AWARENESS AND EDUCATION WITH THE VIEW TO CHALLENGE EXISTING STIGMA:

A CASE STUDY OF ASSIN NORTH GOLD COAST COMMUNITY

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INTRODUCTIONS

Since the first cases were reported in the early 1980s, an estimated total of 60 million people have been infected with HIV. Although the HIV/AIDS pandemic is a global crisis, prevalence rates differ from place to place and from one population to the other. Even though the virus continues to increasingly affect the general population, most new HIV infections have been occurring among injection drug users, commercial sex workers, and men who have sex with men. There is therefore the need to implement HIV prevention interventions that are able to be disseminated to a large population (http://clinicaltrials.gov/ct2/show/NCT00698529).

HIV and AIDS

HIV means human immunodeficiency virus, a virus that scientists discovered in 1985. This virus is transmitted from person to person through the exchange of body fluids such as blood, semen, breast milk and vaginal secretions. Despite the fact that it can also be transmitted by sharing needles when injecting drugs, or during childbirth and breastfeeding, the most common mode of transmission is through sexual contact. If a person contracts HIV, his or her body's immune system is affected and the body becomes susceptible to illness and infection. There is currently no known cure for HIV infection but the condition is manageable (http://aids.about.com/od/aidsfactsheets/a/whathiv.htm).

AIDS means Acquired immune deficiency syndrome. The term is used to describe the advanced state of HIV infection. At this stage of HIV infection, the virus has progresses and causes a significant loss of white blood cells (CD4 cells). Due to the further damage of the immune system, this stage of the infection is also characterized by cancers and other infections that result from immune system damage. Those illnesses and infections are said to be "AIDS-defining" because they mark the onset of AIDS. Being the advanced stage of HIV, AIDS also has no known cure for until this day (http://aids.about.com/od/aidsfactsheets/a/whathiv.htm).

Research Problem

Due to the fact that in the 1990s HIV and AIDS education in Ghana was associated with a danger symbol that represented death; disease stigma was ignited in many people and today this is affecting HIV prevention activities or anti–stigma campaigns especially in the rural areas of the country. Even though today the symbol has been changed to the red ribbon (current HIV and AIDS symbol), the disease stigma that caught fire in view of HIV and AIDS still remains. Even though I was young then, I remember most of the adverts and songs on television and radio that were directed towards educating Ghanaians stated categorically that AIDS is a disease that will eventually kill anyone who is infected. This gave people another name for the pandemic, a 'strange disease'. This made most people very sceptical about sudden deaths during that period. Since the results of post-mortem are usually mentioned to the families of the deceased, it became common for one to think that sudden deaths were possibly caused by the 'strange disease'. In addition to the danger symbol, early HIV education also came with pictures of people infected with the disease and looked close to skeletons. Ethically, this is improper and may result in scepticism around confidentiality related to the pandemic with respect to counselling and testing. Those pictures also projected an idea that should someone fall sick and lose weight, he or she was thought of as being infected by the 'strange disease'. Another reason for this disease stigma is the fact that sex is associated with HIV and AIDS as a common mode of transmission. This reason is fuelled by the issue of prostitution as an illegal practice in Ghana. Most people easily think that people living with HIV were prostitutes, unmarried women who jump from one man's bed to the other or married then they were unfaithful to their partners as well as womanizers. Skinner and Stein share the same view that such association with the pandemic deepens the stigma related to it (Skinner 2002; Stein 2003a). The fear of been infected by such a disease with stigma associated with it informs the decision of people who ignore Information Education Communication and anti-stigma activities. Today, HIV and AIDS interventions in Ghana do not only seek to educate Ghanaians about the pandemic but, as much as possible, these interventions try to erase the threatening images and perceptions while creating friendly and welcoming ones in a non-threatening environment. Even though it has not been that easy to project the pandemic as a manageable condition other than a 'killer disease', reconstructing the architecture of HIV and AIDS education to make it more interactive and participatory can help to bridge the gap with time.

HIV education in my country (Ghana) has not seen the active implementation of applied theatre as a medium of HIV education. Information Education Communication (IEC) and Voluntary Counselling and Testing (VCT) activities have mostly been in the form of talks (with questions and answer sessions) and video shows. Other means such as the media (radio, television, magazines etc.) are also used for HIV education. Even though the organizers of most IEC/BCC activities try as much as possible to make use of medical experts from particular communities in which the activities take place, "message burn out" becomes an issue to consider because of the multilingual nature of most Ghanaian communities. This is due to migration with the view to make a better living as well as inter-regional trading activities in the country. Most people in these communities, who do not have a good grasp of the language that is used at a particular location as well as some who do understand the languages, participate in IEC activities and take up VCT because of the free items such as T-shirts, Cups & condoms etc. that these activities offer rather than an understanding of what is communicated. This is a personal observation that I made between October 2008 and November 2009 when I was working with GIZ-ReCHT, an HIV and AIDS project office then known as GTZ-PPP HIV & TB Project. With my involvement in our activities, I came across people who were not convinced that they needed to know their status but wanted to have 'their share' of the free items that was being offered. When they are refused these items, some of these people change their minds and get tested in order to get the items. This was a clear indication that they go for the test because of the free items. This means that people have not in any way understood the HIV and AIDS education. My interaction with such people as well as many others during such trips also gave me an understanding of the fact that there is still a substantial amount of fear that dominates people when they hear the term HIV and AIDS.

As a life threatening condition that people are afraid[1] of contracting, the various metaphors associated with the pandemic have also contributed to the perception of HIV and AIDS as a disease that affects "others," especially those who are already stigmatized because of their sexual behaviour, gender, race, or socioeconomic status, and have enabled some people to deny that they personally could be at risk or affected (UNAIDS 2000; Malcolm et al. 1998; Daniel and Parker 1993).

[1] Fear in this situation becomes an element of stigma

In order to clear these hindrances to HIV and AIDS education and to reduce the spread of the pandemic, there is the need to direct our interventions simultaneously towards extracting the fear, changing wrong perceptions as well as educating people about the pandemic. I think IEC/BCC activities should not only be technical in terms of information and 'hit & run' in terms of implementation (as it is with some intervention projects) but rather seek to establish a community in a conducive and non-threatening environment, facilitate trust in the community in order to allow participants to engage on a more personal, as well as communal level to facilitate this process.

Aim of the Study

Through a 5-Session workshop with members of selected cocoa farming communities of the Assin North District under the GIZ-iMPACT project as participants, the study sought to implement a participatory and interactive of HIV and AIDS intervention for the purpose of awareness creation and education with the view to challenge the existing stigma in Ghana.

Prior to the implementation of this study will be a process of modelling an IEC/BCC activity on participatory and interactive applied theatre techniques where necessary and applicable. Session 2-5 of the workshops will touch on an area of HIV and AIDS education that includes mode of transmission, prevention and protection, counselling & testing and living with PLHIV[2]. The proposed workshops sessions will be as follows:
Session 1 – Establishing Contact with the group and ground Rules
Session 2 – Introducing the context and the medium
Session 3 – Sexual or Intimate Relationship and HIV and AIDS
Session 4 – HIV and AIDS and Other Diseases
Session 5 – HIV and AIDS and Society
Apart from the first session, the other four depends to a large extent on the outcome of the previous sessions.

[2] PLHIV – People living with HIV and AIDS

Case Study

The study employed a case study approach with Gold Coast Camp, a cocoa farming community as the selected case study. The cocoa farming communities of the Assin North District were chosen out of all the districts in the central region of Ghana as case study for this research for the purposes of this study because of the rural nature of the communities as well as the fact that due to its geographical location (surrounded by high HIV prevalence communities), it is prone to the pandemic. The Assin North District can be found in the Central Region of Ghana next to the Western Region, which shares borders with Côte d'Ivoire, one of the African countries with a high prevalence of HIV and AIDS. I deem it prudent to extend and intensify prevention interventions to such areas as Assin North that are close to high risk areas like the Western Region, as the pandemic keeps spreading around the area due to migration and trading activities between Ghana and Côte d'Ivoire. Even though the spread of the pandemic is mostly around the border areas, with time there will be a high possibility of widening up further into the central parts of the country. Another geographical issue that makes Central Region of Ghana prone to the pandemic is that it also shares regional borders with Ghana's highest prevalence region, called the Eastern Region. Prosper K Hoeyi, National General Secretary of YMCA (Young Men Christian Association), expresses a fearful anticipation of an increase in prevalence from Côte d'Ivoire towards the Eastern part of the country if extra effort is not injected into HIV prevention interventions especially in these areas.

> The HIV prevalence rate is steadily increasing in the region, with the last official figures putting it at 4.2 per cent in comparison to the national official figure of 1.9 per cent. "Of concern is that 90 per cent of new infections are in the 15 - 49 age brackets. This is the productive age meaning the country's labour force is at risk of dying in their prime time," Prosper K Hoeyi, National General Secretary of YMCA said in a statement issued in Accra. He said research had revealed that the high prevalence rate in the area was due to the rural nature of the communities and lack of education on HIV and AIDS, coupled with traditional beliefs. The region is also bordered by four regions whilst there is migration of the people to Côte d'Ivoire in search of greener pastures. "Côte d'Ivoire has the highest HIV prevalence rate in West Africa and we think this may be having a major impact on the increase of infection rates in the Eastern Region," he said (http://www.ymcaghana.org/home/read.php?news_id=23).

Theory and Research Methods

This study aligns itself with the qualitative research approach. In its attempt to implement an HIV intervention mechanism with the view to challenge existing stigma, the study employed a case study research method. Yin (1984:23) describes the case study research approach as: An empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. Considering time limitation, this methodology helped the researcher to narrow scope of the research study.

This report presents in Chapter Three a detailed discussion of the research methods that the study employed.

Key Concepts

Different people understand concepts and use terms differently. This section will therefore attempt to clarify the key concepts that are embedded in the study to ensure uniformity and clarity in understanding.

Theatre and Drama

More often than not, the terms theatre and drama are interchanged. This makes it difficult to differentiate between the two. However, I will attempt to position the study with regards to some definitions available. According to Warren (1989)

> Theatre is a collective art. Theatre requires many people — actors, writers, designers, technicians, etc. — all working together in a period of rehearsal and creative exploration towards a common goal. Whatever the benefits experienced by participants along the way, theatre is evaluated by how well the performance communicates to its audience.
>
> Drama is an individual pursuit undertaken within a social context. Defined by human action and interaction, drama is primarily concerned with what happens to participants while they are engaged in activity. It is an extension of children's play and, like that play, is often free and spontaneous. Drama has no fixed end product, no right or wrong way of doing. As a result, its effects, unlike theatre performances, are often unique and unrepeatable.

With regards to its implementation structure and in line with Warren's definition, the study will make use of the term theatre to mean an artistic performance created for a specific purpose.

Applied Theatre

By applied theatre, I mean nothing more than how Prentki T. and Preston S. define it:

> A term describing a broad set of theatrical practices and creative processes that take participants and audiences beyond the scope of conventional, mainstream theatre into the realm of a theatre that is responsive to ordinary people and their stories, local settings and priorities… Applied theatre usually works in contexts where the work created and performed has a specific resonance with its participants and its audience and often, to different degrees involves them in it (2009, p. 9).

In a variety of geographical and communal setting, specific or relevant to the interests of a community, applied theatre more often than not takes place in informal spaces and non-theatre locations. Under the umbrella of applied theatre, keenly or reluctantly, exists such techniques as community theatre, community performance, theatre for social change, popular theatre, interventionist theatre, drama in education, prison theatre, theatre for development and many others (Prentki T. and Preston S. 2009, p. 9). The various forms of applied theatre techniques have been used around the world in diverse ways for varied purposes. According to Philip Taylor, applied theatre teaches us to teach others, helps communities to process issues and heightens awareness: raises awareness, poses alternatives, heals psychological wounds, challenges contemporary discourse as well as voices the views of the silent and marginal (2003, pp. xix - xxx).

In view of this study, my interest in applied theatre is the deliberate use of the medium as mechanism for HIV and AIDS awareness creation and education with the view to communicate reliable information that will help shift perception, stimulate behavioural change and reshape society. Talking about participatory communication, Singhal (2001) affirms that it is a dynamic, interactional, and transformative process of dialogue between people, groups, and institutions that enable people, both individually and collectively, to realize their full potential and be engaged in their own welfare (Singhal 2004, p. 142). I will therefore argue that considering the aesthetics of applied theatre in designing HIV and AIDS intervention mechanisms, the pandemic can be well addressed and the stigma related to it can

be well challenged. HIV education intervention needs to be in smaller, more intimate groups and it needs to be experiential.

Participatory Space

For the purposes of this study and taking into consideration the interplay of the Freirean dialogic pedagogy, the games and exercises as well as Image Theatre Techniques that will be employed, Participatory Space and Dialogue & Knowledge Sharing will be the guiding principles in implementing its HIV and AIDS intervention with the view to challenge existing stigma.

For the purposes of this study, I will explain participatory space as a safe space for participatory communication, a space in which participants can engage actively with the subject matter as well as a space which is interesting with regards to participation.

Dialogue and Knowledge Sharing

Again for the purposes of this study and in my point of view, dialogue and knowledge sharing are very vital components of participatory communication. Offering a platform for dialogue fosters knowledge sharing among participants. This approach to learning is one in which there is no permanent teacher or student. Both participants and facilitator swap roles in the learning process. This teacher-as-learner and learner-as-teacher practice is one that augments a mutually transformative learning process (Freire & Faundez, 1989 cited in Singhal 2004, p. 144).

Taxonomy of Personal Engagement

According to Morgan and Saxton's (1987:22-29) Taxonomy of Personal Engagement, a participants level of involvement can be categorized into six (6) levels. All the levels of involvement in an activity contribute to the meaning that participants make. The levels are categorized as follows:

- 'Interest: we have used this term rather than 'attending' because developmental psychologists consider that interest is an emotion in its own right and one of the earliest to appear.
- Engaging: being involved in the task.

- Committing: the development of the sense of responsibility toward the task
- Internalizing: the recognition of the relationship of the task to the self, revealed as a 'change of understanding'.
- Interpreting: the need to communicate that understanding.
- Evaluating: the willingness to put that understanding to the test' (Morgan and Saxton 1987, p. 22).

Based on the theories that hold this research, it is clear that this report is one that advocates for theatre to be used as a tool with regards to HIV and AIDS education. This is with the view to provide comprehensive and effective education on HIV and AIDS.

Structure of the study

In Chapter One the reader is introduced to the historical background to HIV and AIDS, current interventions around the globe and in Ghana. Chapter Two focuses on the theoretical framework for Applied Drama and Theatre as an HIV and AIDS intervention mechanism with regards to this study. In chapter three, the aim of the study as well as the structure and strategies of the implementation of the aim are elaborated. The chapter then introduces the selected case study. Finally, the methodology that informs this study is explained and the data collection and analysis process described. Chapter Four provides the reader with a descriptive analysis of the workshop sessions as well as the findings and discussion based on it.

Finally the report concludes that the education mechanism with regards to HIV prevention must be modified to move away from the banking system to a more interactive and participatory one. There is therefore the need to intensify prevention efforts all around the country and more especially in high risk areas to ensure that the existing stigma does not translate into a shoot up in the prevalence rate of the country.

CHAPTER ONE:

1.0 Introduction

This chapter provides a historical background to HIV and AIDS, current interventions around the globe and in Ghana. The chapter also gives the reader an understanding of some of the challenges that Ghana as a country has with regards to HIV and AIDS prevention.

1.1 HIV and AIDS as a major pandemic internationally and in Ghana

According to the AIDS epidemic update (2009:11) by UNAIDS, the estimated number of people living with HIV and AIDS worldwide was 33.2 million in the year 2007. Sub-Saharan Africa bears the greatest burden with more than two thirds (68%) of all persons infected with HIV. Still in the year 2007, an estimated 1.7 million adults and children became infected with HIV in Sub-Saharan Africa, and 1.6 million died of AIDS.

Although there have been developments in recent years in the treatment of HIV and AIDS, the number of people living with HIV continues to grow, as does the number of AIDS deaths. New HIV infections are heavily concentrated amongst young people aged 15-24 years of age in many regions of the world. Two thirds of all adults and children with HIV globally can be found in Sub-Saharan Africa. The region continues to bear the brunt of the epidemic (http://www.tfacafrica.com/What-we-do).

HIV and AIDS in Ghana

Ghana is located on the west coast of Africa with a total land mass of 238,537 square kilometers. The country is surrounded by three francophone countries: Burkina Faso to the north, Cote d'Ivoire to the west, Togo to the east. On the south is the Gulf of Guinea extending 560 kilometres. Ghana is a multi party democracy with an elected president, a unicameral legislature and an independent judiciary. The population of Ghana in 2008 was estimated at 23,404,686.

The first case of AIDS in the country was diagnosed in 1986, and by the year 2004 an estimated 380,000 adults and 14,000 children were HIV-positive (UNAIDS, 2004a). The nature of the epidemic in the country has exhibited a different pattern from that found in Eastern and Southern

Africa where prevalence rates have exceeded 25 percent within a short period. Since the start of the HIV/AIDS epidemic, the number of people infected with HIV in Ghana has risen steadily. By 2004, the cumulative number of people diagnosed with AIDS was 36,000. Prevalence rates increased from an estimated 2.6% in 2000, to 3.6 % in 2003, an 3.1 % in 2004 (National AIDS/STD Control Programme, GHS, 2005). Between 2008 and 2009 the estimated adult national HIV prevalence decreased from 1.9% to 1.7% with an estimated 236,151 persons living with HIV and AIDS (98,306 males and 137,845 females) in 2008. The number of PLWHA is expected to increase to about 500,000 by 2015 even if new strategies are developed to reduce the spread of the virus (REF). The year 2008 also witnessed 22,541 new infections and 18,082 AIDS deaths. Both the annual number of new AIDS cases and the annual number of AIDS deaths are projected to increase to over 45,000 by 2015 (GAC 2006:8).

The observed patterns of high rates of five per cent or more in some areas, the male-female variations, the extremely high rates among some sections of the population and the emerging increasing rates among people in the middle income group have formidable implications for the socio-economic development of the country. As an epidemic affecting people in their productive and reproductive ages, it will affect the number of people available for work, health, and the economy, and create an orphan population with which the existing social system may be unable to cope. Thus, if not checked, the effects of the epidemic can negate developmental efforts. Even though prevention efforts are required everywhere, high risk areas require additional targeted efforts. The population aged 5-14 years is frequently referred to as a "window of hope" and will require an intensive effort to ensure that they remain uninfected. Eastern region continues to be the region with the highest prevalence level (GAC 2006:6).

> Despite this seemingly low prevalence in comparison with other countries in the sub region, Ghana has target populations with a much higher HIV prevalence. For example, research work has shown that the most at risk populations (MARPs) in Ghana have a significantly higher HIV prevalence. HIV prevalence in Female Sex Workers (FSW) in Accra and Kumasi vary between 24% and 52% respectively. In Accra, Cote et al studied a group of male clients of FSW aged 15 to 59 years. They found that 84% of HIV cases among men are attributed to transactional sex. The same study showed that HIV rates among clients of FSW varied for 5.0% to 15.8^. Men who have Sex with Men (MSM) in Ghana also contribute as higher risk of HIV infection. The HIV prevalence among a group of Accra and Tema MSM who participated in a survey in 2006 was 25% (Cote et. al. 2004; pp:18-25). These sub populations at higher risk may continue to contribute disproportionately to the spread of HIV, whilst sexual networking in the general population is sufficient to sustain an epidemic. In addition,

> HIV prevalence varies widely between the ten regions of Ghana as shown from the results of the annual HIV Sentinel Survey Reports (GTZ ReCHT 2010:1).

Although the HIV prevalence in Ghana is low, it is firmly established within the whole society, and sub-populations with higher prevalence and risk of transmission remain a reservoir for sustaining the epidemic. Even though her HIV epidemic has been described as a generalized one with pockets of high prevalence, Ghana must consolidate all her intervention activities if a further improvement in prevalence is expected.

1.2 Current interventions in Ghana.

HIV continues to spread unabated in many developing countries. In recent years there has been a move away from highly individual-oriented interventions towards more participatory approaches that emphasise techniques such as community-led peer education and group discussions. However, this move towards more community orientated intervention techniques has not been matched by the development of evaluation methods with which to capture and explain the community and social changes which are often necessary preconditions for health-enhancing behaviour change (http://eprints.lse.ac.uk/2907).

The Ministry of Education in Ghana has introduced youth counselling, peer education, and HIV/AIDS life skills education into the curricula of teacher training colleges. The Ministry of Employment and Social Welfare also has ongoing HIV/AIDS workplace programs to prevent the spread of HIV/AIDS in Ghana. The GAC works with the Partnership Forum, technical working groups, and regional and district AIDS committees to solicit feedback on current programs and adjust the national response to the epidemic accordingly.

Public-private partnerships (PPP) have become a powerful tool for both health systems strengthening, providing opportunities for PLWHA, and promoting HIV prevention. Mars Inc. has committed to a three-year PPP with the government of Ghana, local stakeholders, and German Technical Cooperation (GTZ) now German International Cooperation (GIZ) to promote sustainable financing of the health system, enrol PLWH in the national health insurance system, and provide care through mobile outreach units. As of January 2009, the PPP was working with 12,000 cocoa farmers in 19 communities across two districts, identifying-HIV positive farmers and enrolling them in care and treatment programs. The use

of mobile units as part of this program has increased enrolment in care programs and uptake of counselling and testing services (GTZ-ReCHT, 2010:8).

Apart from these specifically mentioned interventions, Ghana must be grateful to all bilateral donors or development organizations, implementers and NGO's for their tremendous contributions in the area of HIV prevention.

1.3 Obstacles and challenges in Ghana

Personal observation within the last three years of my involvement in HIV and AIDS prevention has led me to believe that most NGO's and implementers on behalf of development organizations and donors in the area of health have very nice ideas with regards to implementation but practically these outfits have much more interest in the money that they make in the process of discharging their duties as compared to the communal, regional or national benefit. In terms of implementation strategies, the influx of funds for the purposes of HIV and AIDS prevention gave birth to some theatre based organizations without any professional foundation. This has contributed in a large extent to our poor use of theatre in the area of health especially HIV and AIDS.

In this chapter I have looked at the historical background of HIV and AIDS in Ghana. We have also highlighted some current interventions worldwide as well as some challenges to prevention in Ghana. The next chapter is an attempt to construct a theoretical framework to provide the reader with a firm foundation that will hold the analysis of this study.

CHAPTER TWO

2.0. Introduction

The previous chapter sought to analyse the current state of HIV and AIDS in Ghana. In this chapter I will attempt to construct a theoretical framework for Applied Drama and Theatre as an HIV and AIDS intervention mechanism with regards to this study. The chapter will look at Applied Theatre theory and practice, the Theory of Education with reference to Paulo Freire and Augusto Boal as well as Games and exercises with regards to education, current Applied Theatre approaches to HIV and AIDS in Africa and elsewhere, and why I advocate the use of theatre as a dialogic approach in HIV and AIDS education in Ghana. The chapter concludes that Applied Theatre can be an effective tool for education when it is used well. HIV and AIDS interventions in Ghana must therefore be designed to adequately make use of the positive impact that theatre offers as an educative tool.

2.1 Applied Theatre Theory and Practice

According to Taylor (2003, xx), this is theatre that is placed out of the conventional setting purposely to help participants grapple with an issue, an event or a question of immediate public and personal concern. He posits that the art form becomes a transformative agent and put its participants in direct or immediate situations in which they witness, confront and analyse aspects of their actions as well as that of others.

By applied theatre, I mean nothing more than how Prentki and Preston define it:

> A term describing a broad set of theatrical practices and creative processes that take participants and audiences beyond the scope of conventional, mainstream theatre into the realm of a theatre that is responsive to ordinary people and their stories, local settings and priorities… Applied theatre usually works in contexts where the work created and performed has a specific resonance with its participants and its audience and often, to different degrees involves them in it (2009, p. 9).

In a variety of geographical and communal settings, specific or relevant to the interests of a community, applied theatre more often than not takes place in informal spaces and non-

theatre locations. Under the umbrella of applied theatre, keenly or reluctantly, exist such techniques as community theatre, community performance, theatre for social change, popular theatre, interventionist theatre, drama in education, prison theatre, theatre for development and many others (Prentki T. and Preston S. 2009, p. 9). The various forms of applied theatre techniques have been used around the world in diverse ways for varied purposes. According to Taylor, applied theatre teaches us to teach others, helps communities to process issues and heightens awareness: raises awareness, poses alternatives, heals psychological wounds, challenges contemporary discourse as well as voices the views of the silent and marginal (2003, pp. xix - xxx).

In view of this study, my interest in applied theatre is the deliberate use of the medium as a mechanism for HIV and AIDS awareness creation and education with the view to communicate reliable information that will help shift perception, stimulate behavioural change and reshape society. Talking about participatory communication, Singhal (2001) affirms that it is a dynamic, interactional, and transformative process of dialogue between people, groups, and institutions that enable people, both individually and collectively, to realize their full potential and be engaged in their own welfare (2004, p. 142). I will therefore argue that considering the aesthetics of applied theatre in designing HIV and AIDS intervention mechanisms, the pandemic can be well addressed and the stigma related to it can be well challenged. In this study, I wish to argue that HIV education interventions need to be in smaller, more intimate groups and that the interventions need to be experiential.

2.2 Education

I will begin with an attempt to understand what the term education means. According to the popular source, Wikipedia,

> Education in the largest sense is any act or experience that has a formative effect on the mind, character or physical ability of an individual. In its technical sense, education is the process by which society deliberately transmits its accumulated knowledge, skill and values from one generation to another (http://en.wikipedia.org/wiki/Education).

This means that education is a transformative process. Over the years, the process has taken various forms depending on societies, institutions as well as individuals that endeavoured to

offer some kind of holistic transformation or as a socio-economic form of development or even as a form of oppression.

With regards to education for the purposes of this study, let us focus our view to Paulo Freire's argument around two forms of education, the *banking system of education* and the *dialogic form of education*.

2.2.1 Freirean Dialogic Pedagogy

Freire's (1970:58) principles are based on his argument that the 'banking' system of education, where deposits are made by experts, is dehumanizing because it views learners as empty containers ready to be filled with knowledge. According to him, the teacher student relationship in the banking system of education, involves a narrative subject (the teacher) and a patient listening object (the students). In the process, the substance of the teacher's narration tends to become motionless, compartmentalized, predictable and petrified. The teacher's task is to fill the supposedly empty headed students with the contents of his narration. He is therefore regarded a better teacher once he completely fills the receptacles (students) with his narration. The scope of action allowed to learners on the other hand, extends only as far as receiving, filling and storing the deposits. Their ability to remain meek receptacles and permit themselves to be filled by the teacher makes them better students. The sound of words in the process of narration becomes the exceptional characteristic of the banking system of education as compared to the transformative power that education is supposed to bear. On the other hand, he advocates for a dialogic form of education: a kind of dialogue that will stimulate a process of critical reflection and awareness by learners to create possibilities of reflective action that was before non-existent (Freire, 1970, pp. 57-58). Friere believes that through problem posing, critical thinking and reflection, both teachers and learners explore, gain and share an understanding of a chosen theme as they swap roles in the teacher as learner and learner as teacher relationship through the learning process. This dialogic pedagogy acknowledges and makes use of no matter how little knowledge a participant has.

This study therefore approves of Freire's dialogic pedagogy as a HIV intervention education approach. In a broader sense, dialogic pedagogy aligns itself with what some scholars and practitioners have referred to as Participatory Communication[3].

2.2.2 Participatory Communication

Centred on Freire's dialogic pedagogy, participatory communication means working with and by the people (participants or community). This approach is based on interpersonal and collective dialogue in a community setting and has practically been used for the purposes of community development, literacy education, participation and transformation (Singhal 2004, p. 143).

Today, HIV and AIDS is not only regarded as an individual medical condition but also a social community-based issue and must therefore be handled with both 'sides of the coin' in consideration. Intervention strategies must, in my view, integrate the medical explanation with the realities of the social context of the beneficiaries of the intervention. I believe including participants in the learning process by making them the subjects of the subject; for discussion can go a long way to facilitate a transformative learning process.

The approach that this study seeks is one that will provide a safe space for participants to engage with the reality of HIV and AIDS in their social context on an interpersonal and communal level. Through the interactive and participatory exercises and games the participants will build an intimate community for the purposes of interpersonal and collective dialogue with regards to the intervention. The study will employ Image Theatre as a participatory applied theatre technique. This kind of learning process is transformative by nature, for it serves to educate the individual within a community, helping them free themselves and each other from the oppressive nature of HIV and AIDS stigma and discrimination.

[3] A dynamic, interactional, and transformative process of dialogue between people, groups, and institutions that enables people, both individually and collectively, to realize their full potential and be engaged in their welfare (Singhal 2004, p. 142).

2.2.3 Image Theatre

Image Theatre is part of Augusto Boal's Theatre of the Oppressed techniques: an international movement to use theatre as a vehicle of participatory social change. Boal's Theatre of the Oppressed techniques draws from Freire's principles of dialogue, interaction, problem posing, reflection and conscientization (Singhal 2004:145-147). These techniques are designed to trigger participants or audience members to take control of situations, rather than inactively allowing things to happen to them.

Image Theatre begins with an arrangement of human bodies in several poses and with various facial expressions to represent participants' version of a prevailing reality. By configuring their bodies, their expressions and the surrounding prop, participants are then asked to portray an ideal image. Following the same procedure, participants are finally challenged to portray a transitional image. At the core of the process, participants are challenged to think through how to move from a prevailing reality to an ideal image. Various options are tried, discussed and refined. By so doing participants make their thoughts visible and in this lies the power of Image Theatre (Boal 1979, p. 137).

Apart from Boal's Image Theatre, the study also employs games and exercises in order to offer an experiential process of education to facilitate transformation.

2.2.3 Games and Exercises

> Teaching expert David Elkind warns that "the greatest pedagogical error is to throw answers, like stones, at the minds who have not yet asked the question." Rather than focusing only on potentially serious consequences, we need to take the time to build interest and curiosity, and allow learners to actually work through the subject matter themselves. Choosing educational methods that engage learners in the complex issues of human sexuality and reproductive health help ensure the information will be taken to heart—and used (Hendrix-Jenkins A. et al. 2002, p. 5).

Games have been used all around the world as a way to attract and hold attention. The only limits to games are time and imagination. Games are universally loved and they are more often than not characterized by the following:

- Games can get people to relax
- Games can generate a cheerful mood

- Games can challenge players to engage the subject matter
- Games can keep the energy level high throughout a session
- Games can encourage participation and input from everyone
- Games can suit diverse learners

As mentioned earlier games also have in their practise the power to educate. This educative power ranges from critical thinking[4] to retaining and recalling information. This means that games can tap into both higher and lower order thinking skills unlike many traditional educational techniques. A fundamental reason for this flexibility is that game playing is innately participatory; this "interactivity" has been well established in many fields as the hallmark of all good teaching (Hendrix-Jenkins A. et al. 2002, p. 6).

According to Hendrix-Jenkins A. et al. (2002, pp 6-8), the deductive learning power of games is based on the following qualities:

Through voluntary acceptance and submission to rules, games promote participation, self regulation and independence. Opportunities for conflict resolution frequently arise during games—involving both the rules and the educational content. Games allow educators to play at an equal level as participants while still providing facilitation. Finally, games build foundations conducive for teaching. As soon as a game begins in a session, the conventional teacher-student relation is set aside. This is a useful educational dynamic that offers participants the confidence that is needed for decision making. The fun and relaxed atmosphere of games typically fosters active and positive participation among players.

Games are a brilliant medium for facilitating experiential learning. Games present opportunities for participants to work through structured experiential sequences together, within the safe setting of game playing and imagined reality. By making use of forged characters and social situations, games offer opportunities for players to weigh options and imagine results, to reflect on the outcomes of choices and to analyze interpersonal processes that reflect real life.

[4] Critical thinking is a process that has been described as the ability to recall, comprehend, apply, analyze, synthesize and ultimately evaluate subject matter

Games practically remove one of the greatest barriers to sex education, silence. Games are an excellent way to create an atmosphere light and safe enough for its players to express ideas, fears, and questions. Games can be strategically used as a mechanism to support effective sex education (Hendrix-Jenkins A. et al. 2002, pp 6-8)**.**

2.3 Current Applied Theatre approaches to HIV and AIDS

As explained in the introduction as well as earlier on in this chapter, the term applied theatre refers to theatre that is made functional for varied purposes, most importantly transformation of human behaviour. With regards to the functional use of theatre to address and process issues around the globe, it is worthy to note at this point that HIV and AIDS is not an exception. Certain countries in Europe as well as Africa have seen the use as a means of educating people on HIV and AIDS. As Taylor affirms,

> Drawing on the traditions of storytelling and narrative discourse, troupes engage in theatre as the principal way to heighten understanding of AIDS, HIV, and safe sex (Taylor, 2003: xxi).

Theatre is currently being used as a tool for education on HIV and AIDS in various parts of the globe. Some people use this tool to suit the needs of the beneficiaries of their efforts. For instance

> Innovative "Forum-Theatre" techniques have been applied for preventive HIV and AIDS education in the Republic of Belarus. The project was conducted by the Republican Public Organization "Belarusian Association of UNESCO Clubs" to educate young people about the issues of HIV and AIDS with the use of the "Forum-Theatre" technique. Activities of the project were aimed at widening the range of cultural resources used for HIV prevention, mobilizing professionals in culture and education fields to fight against HIV, as well as designing methodological guidelines on use of socio-cultural resources for effectiveness of HIV and AIDS preventive education. The project was to achieve outcomes, such as raising awareness among policy makers, artists, crafts people, art and culture managers, educational and research institutions on the use and application of a cultural approach in strategies, policies, projects and fieldwork; strengthening methodological tools and guidelines for the purposes of HIV and AIDS culturally sensitive prevention campaigns, using arts in HIV and AIDS non-formal education, and mobilising young creative professionals in generating public awareness on HIV and AIDS issues (http://www.unesco.org/en/moscow/dynamic-content-singleview/news/innovative_forum_theatre_techniques_are_applied_for_preventive_hiv_and_aids_education_in_the_republic_of_belarus/browse/3/back/21910/cHash/6cfbef967b/?tx_ttnews[cat]=132,135,466,133,134,459,460&tx_ttnews[year]=2009).

In Zambia, the Peer Education Programme Against AIDS (PEPAIDS) and Simalelo AIDS Peer Education Programme (SAPEP) collaborated for an HIV project. The project is implemented through the MARS Theatre group, an AIDS Action Club based in Ndeke township in Mazabuka. The group uses the Theatre for Development (TFD) technique in which everyday situations are enacted in order to illustrate the choices that members of the community have when it comes to protecting themselves from the pandemic. During the lively discussion sessions and debate about the meaning of the play, the power of these dramatic performances is extremely manifested. They do not only use the performances to raise awareness on HIV and AIDS related issues, but also to reduce the stigma associated with the illness. **(**http://www.charityinsight.com/blogs/strategy/the-engage-blog-using-theatre-to-fight-hivaids-in-zambia_13_12_2010**)**.

CARE Kenya's Communication Resources for Under 18s on STDs and HIV (CRUSH) project on HIV and AIDS works in Kisumu District in Nyanza Province, Western Kenya. The project was commissioned as an additional effort to strengthening Kenya's present HIV and AIDS response through Participatory Educational Theatre (PET). It has proved highly successful, both with large community audiences (up to 400 people) as well as with the same numbers in secondary schools. 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 as opposed to 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. The idea behind this aim is to allow the community to examine their attitudes towards the unresolved dilemmas and contradictions presented through a drama piece. In the implementation of the project, a 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 in solving the dilemmas presented in the initial scenes. This participatory approach provides opportunities for:

- community members to interrogate characters and situations within the drama pieces presented
- participants to intervene and determine the narrative sequence of the drama as well as to be involved in the contradictions and paradoxes raised and by so doing they gain empowerment

- participants to put themselves in the position of the characters in the drama through improvisational role-play (http://www.planotes.org/documents/plan_02314.PDF).

Even though the study argues that HIV intervention in Ghana has not seen much use of theatre as compared to other countries, it is worthy to commend an organization such as the youth wing of Planned Parenthood Association of Ghana (PPAG), *Young and Wise* as one of the very few players in the HIV field that uses theatre in a participatory way as a form of education. From what I understand, the *Young and Wise* drama group uses a technique that aligns itself with that of TFD. The fact that the group, in describing to me what they do and how, did not state clearly that they use TFD techniques point out the possibility of the misuse of the participatory nature as well as the transformative power of theatre as a tool for education. My reason for this viewpoint is that a blend of theory and practice ensures proper and meaningful implementation of applied theatre techniques.

2.4 Theatre as a dialogic approach in HIV and AIDS education in Ghana

Despite the fact that the world is yet to discover a medical solution or an effective cure in the form of vaccine for the HIV and AIDS pandemic there is the need to uphold prevention as the only logical solution. In view of this, immediate alternative intervention strategies need to be identified and implemented. The essence of such intervention strategies is indisputably for the purposes of awareness creation, education as well as behaviour change. Both awareness creation and education together offer a transformative step towards behavioural change either instant or gradual. It is therefore the responsibility of implementers of HIV interventions to plan and execute interventions with this transformation in mind.

There are many art forms that are used as education tools with regards to HIV and AIDS interventions including print, film, video, radio, outdoor media, posters, leaflets, discussion, and dance. Interactive theatre has proven to be particularly valuable in HIV and AIDS education given its special ability to engage and connect with its audiences. Theatre has been argued to be an effective educational tool by many practitioners because of its transformative power. Taylor (2003, xxvi) refers to Applied Theatre as a Transformative Agent and argues that it:

> ...is committed to the power of the aesthetics form for raising awareness about how we are situated in this world and what we as individuals and as communities might do to make the world a better place (Taylor 2003, xx).

The transformative power of applied theatre is embedded in the characteristics of its performance. The implementation of most participatory applied theatre forms offers its participants with transformation through problem posing, critical thinking, individual and communal reflection. Howard posits:

> ...Performance is a socio-political process because it serves as an indicator of social change as it illuminates problems, encourages awareness or dissent, and serves as a forum for civic discourse. Performance as a psychosocial exploration is a method of self-understanding or a tool for personal change... Performance provides individuals with an experiential, communicative tool to express what might otherwise be inexpressible. Performance is a socio-political process because it serves as an indicator of social change as it illuminates problems, encourages awareness or dissent, and serves as a forum for civic discourse (2010, p 219).

As humans, we relate easily to theatre because it makes use of voice, speech, language, the body and emotion. Theatre performances reflect life's reality for audiences as well as for actors. It makes people think and respond to what they witness. Should we consider the world as a stage, we as humans become actors playing different roles in our lives. We become different characters depending on where we find ourselves as well as what we do in every single moment. Using theatre as an educational tool is an approach that is very entertaining. This is because theatre combines oral communication, physical expression, dance, image, music and song, which work together to maintain people's interest over time.

Other reasons that make theatre an entertaining yet educative tool is that it brings people together to openly discuss issues, it arouses strong emotions and passions. Taking audiences through such processes involving the whole body makes the experience full of learning that cannot easily be forgotten. Many people learn best while enjoying themselves at the same time. Certain applied theatre forms such as Theatre for Development, Forum and Image Theatre encourages participation and self-expression, especially from those who often go unheard.

All these attributes together put practitioners in a position to argue that theatre and applied theatre for that matter has transformative power which can be tapped into only when it is well implemented as an educational tool.

With regards to HIV interventions in Ghana, very few of the implementers that resort to theatre as an educational tool, use the participatory form of the medium in their activities. Most interventions use theatre as a mechanism to attract audiences. Once they have the audience gathered, they resort to what Freire calls the banking system of education (1970:50). Other interventions come close to making full use of the medium as an educational tool by communicating whatever message they have for participants through a theatre performance but without a space for dialogue around the issues that the performance raises. In situations like this, I think the discussion may or may not continue among participants after the performance.

The conventional intervention strategy that is mostly used in addressing HIV and AIDS in Ghana aligns itself with Freire's explanation of the banking system of education. The only advantage here will be the question and answer component that is allowed for participants to dialogue with the presenter who is usually in this case a medical officer. This strategy undoubtedly offers a platform for dialogue but not with depth especially in a country like Ghana where there is a high level of sensitivity over sex related issues such as HIV and AIDS. Participatory theatrical techniques can facilitate this paradigm shift.

The implementation of the intervention that this study advocates will make use of the teacher-as-learner and learner-as-teacher approach to learning. Participants will be given the platform to share what they know about HIV and AIDS and how they understand the condition. Participants will also have the opportunity to discuss their perception of HIV and AIDS in our society, the modes of transformation as well as what we can do to help ourselves by way of preventing HIV.

Apart from building a community (of participants) and creating a safe space for interpersonal and collective dialogue with regards to the reality of HIV and AIDS in our society through games and exercises, Image Theatre will be employed as one of the Participatory theatrical techniques to facilitate in-depth dialogue and transformative learning.

In an attempt to construct a theoretical framework, this chapter looked at Applied Theatre theory and practice, the Theory of Education with reference to Paulo Freire and Augusto Boal as well as Games and exercises with regards to education, current Applied Theatre approaches to HIV and AIDS in Africa and elsewhere and the use of Theatre as a dialogic approach in HIV and AIDS education in Ghana. The chapter also established that Applied Theatre can be an effective tool for education once it is well planned and implemented. The next chapter will give the reader an understanding of the aim of the study as well as the structure and strategies of the implementation of the aim. The reader is also introduced to the selected case study and the history of the case study. Finally, the reader is presented with the position of the study with regards to methodology data collection and analysis.

CHAPTER THREE

3.1 Introduction

This chapter is made up of three sections. It first presents the aim of the study as well as the structure and strategies of the implementation of the aim. The chapter then introduces the selected case study and in the process provides a brief history of the case study. Finally, the methodology that informs this study is elucidated and the data collection and analysis process is also described.

3.2 Aims

The study is an implementation of an applied theatre intervention for HIV and AIDS awareness creation and education with the view to challenging the existing stigma in Ghana through a 5-Session workshop with members of selected cocoa farming communities of the Assin North District under the GIZ-iMPACT project as participants. In the process of the

implementation, the study seeks to explore the extent to which a participatory and interactive applied theatre HIV intervention can address 'message burn out' in a multilingual community such as Assin North. The study also seeks to explore the usefulness of applied theatre's participatory and interactive form as an HIV intervention mechanism in Assin North considering the high level of sensitivity associated with sex related issues in Ghana.

Prior to the implementation of this study there will be a process of modelling an IEC/BCC activity on participatory and interactive applied theatre techniques where necessary and applicable. Session 2-5 of the workshops will touch on an area of HIV and AIDS education that includes the following:

- mode of transmission,
- prevention and protection,
- counselling & testing and living with PLHIV[5].

The proposed workshops sessions will be as follows:
Session 1 – Establishing Contact with the group and ground Rules
Session 2 – Introducing the context and the medium
Session 3 – Sexual or Intimate Relationship and HIV and AIDS
Session 4 – HIV and AIDS and Other Diseases
Session 5 – HIV and AIDS and Society
Apart from the first session, the other four will depend to a large extent on the outcome of the previous sessions.

3.3 Structure of the Intervention

According to the implementation plan attached to this document (appendix 1), each workshop session has an opening episode which is usually a warm up exercise or game. This episode is expected to draw participant's attention into the workshop space and of course to quicken their bodies for the day's activity. For instance the very first workshop session had an exercise through which participants get to introduce themselves to each other. The process of doing the exercise ensures that participants become active and alert. After the warm ups come the main agenda episode for each day also in the form of either an exercise or a game. The

[5] PLHIV – People living with HIV and AIDS

number of exercises for the main episode varies from one day to the other depending on the agenda for each day. The exercises and games in this episode offer participants a platform to dialogue on the agenda for the day either by action (experiential) or verbally (discussion). The main agenda episode is followed by a reflection episode. The reflection episode offers participants the platform to share their interpretation of the different processes that they go through as well as any lessons learned from the process. This episode also makes space for any questions that may be asked and addressed by participants. To conclude each day's session, there is the closing episode. An episode that ends the session, ensuring that all participants are emotionally and physically relaxed and able to go ahead with the rest of their day. The outline of each day's intervention will therefore look like this:

1. Opening (warm-up)
2. Main Agenda (exercises, games and other activities with lesson outcome)
3. Reflections
4. Closing

3.4 Intervention Strategies

The strategies that the study draws on are based on the principles of participatory space as well as dialogue and knowledge sharing. The interplay of these two main principles is what the study draws on to break away from the conventional intervention mechanism which is based on the banking system of education (with a teacher-student relationship) and to make use of the participatory dimension of applied theatre as intervention mechanism.

3.4.1 Participatory Space

For the purposes of this study, a participatory space means a safe space for dialogic communication, a space in which participants can engage actively with the subject matter as well as a space which is interesting enough to keep participants throughout the intervention.

When I talk of a participatory space been safe for participants, what I mean is a conducive environment in which the relationship between and among participants is cordial enough for sharing and discussing issues without expressing any form of shyness or embarrassment. It

should also be an environment in which participants are assured of a non-judgmental attitude in order to ensure that participants express themselves freely. It is worthy to note at this point that a non-judgemental attitude or otherwise can be facilitated by the terms and conditions spelt out in the contract that a group of participants agree on for the purposes of a particular workshop session. According to the implementation plan of the study, the exercises and games would ensure that participants interact with each other. Participants would, it was hoped, learn to respect each other, touch and hold each other appropriately, talk to each other, laugh with each other and in general terms play with each other. This kind of interaction is the first step of building trust among participants. The plan also had a trust building exercise, the blind circle. This exercise was deliberately part of the plan to draw participants' attention to and to reflect on the term trust among themselves throughout the sessions.

The possibility of an intervention to engage participants actively is another feature of a participatory space. Engaging participants actively means integrating an intervention with activities related to the subject matter in which they will be involved in as part of the learning process. These activities should be the ones that participants will relate to and easily identify with for the purposes of experiential learning. Again the environment should be one that will foster the willingness of participants to engage in the activities and to learn through that process. Even though the offer is not enough the famous condom demonstration under the conventional HIV intervention in Ghana for instance, is a good example of an activity that actively engages participants in the teaching and learning process. The intervention plan for this study had, in addition to the usual condom demonstration exercises, variations that deal with issues such as how strong a condom is as well as how easy and simple it is to wear. These variations come in the form of games so that the sense of competing will 'whip up' the interest of participants. Apart from engaging interests, the process of demonstrating how to properly use a condom offers male participants for instance an opportunity to embody the act while for the female participants, the opportunity to take on the role of checking, wearing and using a condom. This requires sensitive, but accurate information giving. All the other exercises such as 'group agreements', 'blind circle', 'fruit salad', 'apple dance', 'Image Theatre' exercises, it was hoped, would serve to help participants express ideas and perceptions as part of the intervention plan and offer participants the opportunity to either embody actions and ideas or to take up roles with regards to issues related to HIV and AIDS. This is an aspect of the learning process in which retention can be embedded.

Another feature of a participatory space with regards to this study is an interesting environment consistently attracts participants. The intervention should present to participants an interesting environment that will constantly yield to good attendance and participants will be ready to watch, listen and respond to the proceedings. This will ensure that participants will want to attend to interventions rather than complain about sitting and listening to the 'same boring HIV sermons' all the time. The aim here is to address traditional HIV and AIDS education fatigue. Once an intervention attracts audiences, participants will be in a good position to listen, watch and engage in activities, if there be any, and respond. Apart from the fact that the intervention plan is participatory, the learning was deliberately coined into the process of engaging in the games and exercises. The games and exercises offered participants an experiential learning process, while the activeness of the process was planned to help maintain interest.

3.4.2 Dialogue and Knowledge Sharing

For the purposes of this study, dialogue in participatory communication is a learning process where participants are offered the platform to contribute to the learning with their knowledge no matter how little. This is undoubtedly a transformative learning process that empowers participants to be aware of themselves and the world in which they live, and to take charge of situations in which they find themselves. The dialogue process should also be guided in the light of problem posing and critical reflection as a means to represent what participants think and know to ensure that learning and transformation takes place where necessary. This will to an extent depend on the structure of the intervention as well as the facilitation process. It is worthy to note at this point that both the structure of the intervention and the facilitation process should make room for participants to communicate their understanding, express their thoughts, talk about their feelings and listen to other perceptions on the subject in question. Once these happen, together with personal and or communal reflection, a transformative learning process is assured probably, but not instantly. It is clear that the conventional HIV interventions do offer a platform for dialogue but these interventions only encourage a question and answer kind of dialogue which identifies itself with the banking system of education as articulated by Freire. What I mean by this is, for example, where participants ask

questions and the Medical Officer answers. In this scenario there remains that dehumanizing effect where participants are viewed as empty receptacles.

With this kind of teacher-as-learner and learner-as-teacher dialogue in process, there will certainly be knowledge sharing. It is just unfortunate that the conventional HIV interventions lack sensitivity to a participant's knowledge. This reminds me of the saying, 'knowledge does not lie in one person's head' [translated from the twi language]. This saying affirms dialogue and knowledge sharing in all aspects of life. By facilitating dialogue, participants will be empowered and their knowledge can be made available for discussion, critical analysis and adaptation. These were my broad goals I set myself when I planned the workshop sessions with the Assin North District community. It was my hope that I could utilise applied drama techniques in order to break the oppressive nature of HIV and AIDS didactic interventions that exacerbate 'HIV education prevention fatigue'.

3.5 A Review of the Community

The cocoa farming communities of the Assin North District were chosen out of all the districts in Ghana for the purposes of this study because of the rural nature of the communities as well as the fact that due to its geographical location (surrounded by high HIV prevalence communities), it is prone to the pandemic.

The Assin North District can be found in the Central Region of Ghana next to the Western Region, which shares borders with Côte d'Ivoire, one of the African countries with a high prevalence of HIV and AIDS. I deem it prudent for players in the field of HIV and AIDS to extend and intensify prevention interventions to such areas as Assin North that are close to high risk areas like the Western Region, as the pandemic keeps spreading around the area due to migration and trading activities between Ghana and Côte d'Ivoire. Even though the spread of the pandemic is mostly around the border areas, with time there will be a strong possibility of widening up further into the central parts of the country if prevention efforts are not strategically administered. Another geographical issue that makes the Central Region of Ghana prone to the pandemic is that it also shares regional borders with Ghana's highest prevalence region, known as the Eastern Region. Prosper K Hoeyi, National General Secretary of YMCA (Young Men's Christian Association), expresses a fearful anticipation of

an increase in prevalence from Côte d'Ivoire towards the Eastern part of the country if extra effort is not injected into HIV prevention interventions especially in these areas.

> The HIV prevalence rate is steadily increasing in the region, with the last official figures putting it at 4.2 per cent in comparison to the national official figure of 1.9 per cent. "Of concern is that 90 per cent of new infections are in the 15 - 49 age brackets. This is the productive age meaning the country's labour force is at risk of dying in their prime time," Prosper K Hoeyi, National General Secretary of YMCA said in a statement issued in Accra. He said research had revealed that the high prevalence rate in the area was due to the rural nature of the communities and lack of education on , coupled with traditional beliefs. The region is also bordered by four regions whilst there is migration of the people to Côte d'Ivoire in search of greener pastures. "Côte d'Ivoire has the highest HIV prevalence rate in West Africa and we think this may be having a major impact on the increase of infection rates in the Eastern Region," he said (http://www.ymcaghana.org/home/read.php?news_id=23).

Brief History of Gold Coast Camp

Before 1957, Gold Coast camp was a settlement known as Timber Camp. It was basically a settlement for workers (unskilled labour) of a timber company hence the name Timber Camp. The high level of unemployment caused different people from far and near villages such as Ayitey, Sabina and Agrevi to join the Timber Camp settlement in search for greener pastures. Some of the settlers of the then Timber camp were Openyin Nzema, Kwabena Abeka, Kojo Ata, Kwesi Amoah and Kojo Adufa. After Years of timber work, the company closed down and the settlers of this mixed community resorted to cocoa farming to make a living.

The current Chief of the community, Nana Ocran changed the name from Timber Camp to Gold Coast Camp because Ghana was formerly known as Gold Coast.

Today Gold Coast Camp remains a mixed community that has no specific culture or tradition probably because of the different cultures of the settlers. Even though members of the community speak a common language, one can tell from the different names in the community that settlers migrated from different cultures in different parts of the country. A personal observation of the young men and women in the community reveals the appeal of western life to these people as compared to what is known to us as Ghanaians. There seem to

be a complex cultural hybrid emerging with lots of contradictions especially among the young men and women in the community.

3.6 Methodology

A case study approach was used in the implementation of this study. In this section, I will attempt to explain the methods and decisions that were employed in designing overall research procedures.

Silverman (2000, p. 88) states that methodology is the 'general approach to a research topic.' Due to the complexities surrounding the pandemic as well as the stigma that is related to it coupled with the fact that the study made use of a participatory and interactive medium, a qualitative research approach was selected to be more appropriate for this journey. This study will therefore not be interested in the number of participants but rather in gathering in-depth data from the process that participants will be taken through as well as how participants will respond to the experience.

> Qualitative research is a type of scientific research which in general terms is an investigation that: seeks answers to a question, systematically uses a predefined set of procedures to answer the question, collects evidence, produces findings that were not determined in advance and produces findings that are applicable beyond the immediate boundaries of the study. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations. The three most common qualitative methods, explained in detail in their respective modules, are participant observation, in-depth interviews, and focus groups. Each method is particularly suited for obtaining a specific type of data:
>
> • *Participant observation* is appropriate for collecting data on naturally occurring behaviors [Sic] in their usual contexts.
>
> • *In-depth interviews* are optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.
>
> • *Focus groups* are effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups

represented. (http://www.fhi.org/nr/rdonlyres/etl7vogszehu5s4stpzb3tyqlpp7rojv4waq37elpbyei3tgmc4ty6dunbccfzxtaj2rvbaubzmz4f/overview1.pdf)

Mouton & Marais (1990, pp. 155-156) help us grasp the meaning of qualitative research. They say that qualitative research encompasses those approaches in which 'the procedures are not strictly formalized, while the scope is more likely to be undefined and a more philosophical mode of operation is adopted'. Qualitative Researchers attempt to gain a holistic view of a context under study and explicate the ways people in certain settings come to understand and take action in their day-to-day lives (Miles and Huberman, 1994 cited in Roberts, 2002. p. 37).

This means that with the qualitative research approach the researcher gains insight into people's lives, attitudes, behaviours and experiences using transparent and non-intrusive methods. The approach is one that respects participants' lived experiences with which they come into the workshop space.

According to Gordon and Langmaid (in Holibar *et al* 1994:54), qualitative research 'is concerned with understanding things rather than measuring them'. Webb (1993:112) also argues that:

> Qualitative research is mainly used for answering 'how' 'why' and 'what' questions. It is not used for 'how many' questions, that is the provenance of the quantitative research schools of thought.

Rossman and Rallis (cited in Marshal and Rossman 2006:2) explain the characteristics of qualitative research in detail as follows:

(a) 'naturalistic', meaning that it studies things in their natural surroundings,

(b) 'draws on multiple methods that respect the humanity of participants in the study'. This means that qualitative research recognises the wealth and complexity of people's stories and lived experiences which locates them as knowing beings and not just objects of study

(c) 'focuses on context', meaning it recognises that human beings do not exist in a vacuum but rather, are part of an intricate system that influence their conceptions and perceptions,

(d) is emergent and evolving, denoting that peoples life stories and experiences are never static but constantly changing and developing and

(e) 'is fundamentally interpretive', implying that it endeavours to decode, to read happenings in light of the meanings that people attach to them (Rossman and Rallis cited in Marshal and Rossman 2006:2).

I am aware of the fact that there are many approaches that are categorised under the qualitative research approach including action research, case study ethnography and evaluation which all often intersect. This study used a case study approach essentially for its ability to provide illumination to difficult and complicated issues involving people's lives. O'Toole (2006:44) explains that case study is:

> ...where we examine some phenomenon by identifying, then observing and documenting a 'typical' or an 'untypical' or 'deviant' example, and then analyze the data, looking for its special characteristics.

With regards to the attributes of case study as a research approach, Soy (cited in Mwalwanda 2009:50) comments that case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships.

According to (Mwalwanda 2009:50) the case study approach is useful to drama research. The approach does not merely position participants as a source of data analyses but also honours their agency. This is however possible in situations where the researcher operates from inside the group and makes use of dramatic role conventions.

Carroll's point of view on the researcher's position of operation is reflected in the implementation of this study. I, as the researcher, also played the role of facilitator, hence I was a participant-observer. According to the initial plan, participants together with me as facilitator would have made contact, built trust, shared our knowledge on intimate relationships, explored HIV and AIDS (mode of transmission and prevention) as well as condom use via games and exercises; and further explored the society and individual's perception of HIV and AIDS as well as PLHIV via Image Theatre. Participants would have in the process interacted, discussed and refined various solutions (their own ideas) to problems

posed through the theatrical techniques as well as issues of concern to them personally and collectively.

It is worthy to note at this point that the implementation plan was not designed only to rely on participants' knowledge but also the expertise of a medical officer and/or professional who was sought to add depth and clarity to the dialogue. The idea here was that after a while, participants would have been familiar with each other in discussing intimate personal and collective issues with regards to the reality of HIV and AIDS in their context and considering the safety of the space to them, they would be in a position to ask more complex medical questions no matter the depth.

It is also worthy to note at this point that the games and exercises that were included in the planning and implementation of the kind of intervention that this study advocates, do not only hold the power to build participants into a community and to create a safe space for dialogue and knowledge sharing, but also hold deductive learning power[6].

The study made use of carefully chosen games and exercises such as 'Fruit Salad', 'Blind Circle', 'Apple Dance' as well as condom demonstration games and exercises in addition to the Image Theatre techniques in addressing HIV and AIDS with the view to challenge existing stigma in Ghana.

'Fruit Salad' is an interesting exercise that can also be facilitated in different variations. In the 'Fruit Salad' variation, participants name a number of fruits of their choice and each of them represents one of the chosen fruits. At every point in the exercise there should be one participant without a chair to sit on and this person stands in the middle of the circle of chairs and gives a command. The command in this variation is that the participant without a chair calls out one of the chosen fruits and the representatives of that fruit have to move from their seats to any empty seat except the ones on their immediate left or right. Apart from calling out one of the chosen fruits for the exercise, the participants can also call out fruit salad which means that representatives of all the chosen fruits will have to move. In place of the fruits, the exercise can be varied with physical things that can presently be associated with the participants in the session, emotions, activities that we undertake as human beings just to

[6] Power is used for the purposes of this study to mean influence

mention a few. This exercise is used to get participants to discuss and share sex related issues during the workshop sessions. As it were, HIV and AIDS discussions cannot be fruitful without talking about sex since it is the main mode of transmission. I was very much aware of the sensitivity that comes with discussing sex related issues publicly in a country like Ghana but I was ready to explore participants' response by introducing this exercise with all the fun and running through the different variations.

Considering the sensitivity of the subject matter, HIV and AIDS, and the confidentiality associated with it, discussions and knowledge sharing on such an issue demands trust among participants. The 'Blind Circle' exercise is one that metaphorically helps to foster trust among participants and was specially employed for this purpose. The group forms a tight circle around a player in the centre, whose eyes are closed and feet are together. Participants in the circle pass the player in the centre around while she or he completely relaxes and allows the group to move her or him. Each member of the group takes a turn until all have participated in the centre. The possibility of participants to let go and fall into the arms of the supporting circle formed by fellow participants is what reveals the level of trust that operates among participants.

The 'Apple Dance' is another exercise that the study employed for integration among participants. It is a game that Augusto Boal uses as part of his Theatre of the Oppressed techniques to foster integration among participants. To do the exercise, partners dance with an apple clasped between their foreheads. The apple must not drop and their hands are not allowed to support the apple. The game works on power relations as well as differences in status between and among participants. For instance a facilitator dances with a member of a community or a teacher dances with a student and in the process they talk, make eye contact touch each other and so on. All these games help to give participants a sense of belonging, equality and help to build a relationship among themselves.

Condom demonstration games and exercises were also integrated into the intervention plan that this study seeks to implement. As male and female participants contest in the condom wearing competition, they learn how to wear condoms properly without thinking about how long it takes to wear it. The game also teaches participant how easy it is to wear a condom and the fact that it does not take all the time in the world to do so. Other condom demonstration contests such as the condom balloon, stuff-the-condom and condom stretch

were also fixed into the implementation plan. In the condom-balloon contest, whoever blows up the biggest condom-balloon without popping it wins. In the Stuff-the-Condom contest, participants will stuff the condom with oranges, apples, guava, green mangoes or other local fruit. Whoever stuffs the condom with the most fruits wins. In the Condom Stretching contest, participants were to stretch out the condom by pulling it gently, but firmly at both ends like you would prior to blowing up a balloon. Participants were to stretch the condom over different body parts, e.g. head, arm, foot or leg. Whoever succeeds in stretching the condom over the largest area without popping it, wins. This is for convincing people that the condom is able to stretch to fit even the largest penis. These condom demonstration games and exercises demystify condoms, allow participants to touch them without the shyness associated with sex, illustrates how big and strong condoms are, and is fun.

Prior to the implementation of the workshops, I undertook research to ensure a comprehensive understanding of the community I was going to engage with. Research forms an integral part of applied drama interventions. I made an effort to get information about IEC activities, HIV related stigma, counselling and testing offers and uptake, and how the selected community in which my participants live, respond to these and other activities on the pandemic. This was done through unstructured interviews with the District Coordinator of HIV and AIDS under the National Response to the pandemic (appendix 2). As part of the implementation of this study, I as researcher modelled an HIV and AIDS education intervention on different applied drama techniques. These techniques were employed with the view to create a convenient environment for intimate talk on HIV and AIDS issues on individual and community level, to encourage ordinary people (other than technical staff/officers) to dialogue about such issues and share their concerns (personal experiences) as well as find answers to their questions in a way that they understand. This means that the workshops were geared towards educating its participants on basic knowledge of HIV and AIDS, including modes of transmission, protecting ourselves, counselling and testing, prevention and living with PLHIV.

During the implementation of the workshops, as a participant-observer, my reflections were based on my understanding of participants' response and reactions to each session of the workshops as well as information from my research journal. The feedback sessions of each workshop also served as a source of information that fed into my research report. Apart from these sources, I also had conversations (unstructured interviews) with individual participants.

3.7 Conclusion

In conclusion, I will reiterate that making use of medical professionals to explain how viruses cause HIV and AIDS in our rural communities can be quite unconvincing due to difference in status. Based on the traditional system of education of these communities, setting up a learning environment among the members of these communities by them and for them could be of help. With regards to the initial plan, I intended using a peer education approach. This study sought to implement a peer education model so that participants would be able to share what they learn with their friends and family. The idea behind this was that when we hear advice and suggestions from our peers, it sounds more feasible than hearing it from a higher authority such as a medical officer or professional or any other person of higher status.
The success of such an implementation plan can be experienced exponentially in the long run. It can bring great progress to HIV interventions in rural areas because of their communal way of life as well as what is usually known as the traditional system of education in rural Ghana where values and morals are handed over from one generation to the other (from parents to children, leaders to followers, elderly to young ones etc.). In fact the entire community takes part in the socialization or education process that children and for that matter young ones go through without necessarily considering parental relationships. In traditional African societies, communal life is held as natural to the human beings. Traditionally, children are educated by their parents, community leaders and their peers. Thus, even though the upbringing of the child is the direct responsibility of parents in practice, all adults and the adolescents are involved in the process (Nukunya 2004, p. 162).

This chapter has explained the aim of the study as well as the structure and strategies of the implementation of the aim. The chapter also introduced the reader to the selected case study, the methodology, the data collection and analysis process that informs this study. The next chapter will present the reader with an overview of what happened in the workshops as well as the researcher's interpretation of these happenings with regards to using theatre as a dialogic tool for HIV and AIDS education.

CHAPTER FOUR:

4.0 Introduction

This section will present a descriptive analysis of the workshop sessions as well as the findings and discussion based on it. This is to give the reader an overview of what happened in the workshops as well as the researcher's interpretation of these happenings in the light of using theatre as a dialogic tool for HIV and AIDS education.

4.1 Workshop Sessions

First Workshop Session:

27 members of the community agreed to be part of the workshops. The number could have been more if all or most of the other people who were reached in the audience building process attended. Some of them agreed but did not turn up. The ages of the 27 participants ranged between 20 and 29 years.

The first session started on time. Participants were introduced to the workshop and were given the chance to decide on start and stop time at their convenience. All other issues concerning the workshop and related to participants such as number of sessions to attend and what was expected of participants were explained.

The first exercise for the first session was an integration exercise which gave participants the platform to know themselves. Participants shared about themselves information such as their names, where they live, what they do what they like or dislike. This was done in pairs and each person introduced his/her partner to the larger group. Getting to know each other as participants in a workshop session through this process was the first step of building trust among them.

The introduction was followed by a dedicated episode for building trust among participants, an exercise known as blind circle. In four (4) groups of seven (7), participants went through the trust exercise after the facilitator had shown them an example. All along, the word trust was not mentioned. This was with the deliberate view to allow participants to analyse and make meaning of the process of engaging in the exercise without knowing that the exercise has anything to do with trust. Participants engaged alright but not with the seriousness and critical attention that the exercise needed. Most participants were playfully pushing instead of supporting the fellow participants in the middle of the blind circle. There was only one group that had a good level of calm in doing the exercise. This was probably due to the presence of a teacher from the only school in the community. A careful observation of the group showed that the participant who was taking her turn in doing the exercise at that moment did not trust in her group. She was protecting herself so much from falling and this was not too much of a problem because it was the beginning of the workshop and the trust for this new community was yet to grow. In the reflection that followed the exercise, participants did not respond in order to share their understanding of the process of doing the exercise.

The workshop proceeded to the next episode to allow participants to assimilate different processes slowly. The agenda for the next episode was to generate an agreement for the workshop sessions. The process and purpose of generating the agreement was explained to participants. Apart from the Teacher, all the other participants were given the opportunity to contribute to the agreement for the workshop. The teacher was excluded to give participants the complete ownership of whatever they come up with as agreement but unfortunately the process did not work. Participants did not respond to the invitation to contribute to the agreement and for the purpose of professionalism, I as facilitator could only contribute by explaining the process over and over again in the local language but to no avail. It seemed as though participants expected the facilitator to tell them what to do.

The workshop continued with the final episode for the day. This episode was made up of an a dance exercise originally known as the apple dance but for the purposes of this workshop we will call it the orange dance because we used oranges instead of apples. The exercise was with the view to make participants integrate and get used to working together in such a participatory environment. Participants had fun playing this game too. Participants engaged playfully but they did not respond during the feedback session. It was difficult to get them to talk about what they think of the orange dance as well as what it meant to them. Participants were asked open ended questions to allow them express themselves but no one responded. The facilitator brought the session to a close.

Second Workshop Session:

At this point in the process of implementing the workshop sessions, I as facilitator found the participants resistant because they were not responding to the activities as I expected. Their reactions were as though the process seemed foreign and bizarre. This was evident in a conversation with some of them. According to participants, the community does not meet in such an environment as the first workshop session to play or have fun. This helped me realise that these participants needed to be integrated into this new way of learning, slowly and carefully. I decided to help teach the participants the language of applied drama. This meant that I needed to let go of my original goals. This is an important lesson for any facilitator. The people always come first.

The second session was modified to allow participants to familiarize themselves with this foreign learning process. This was to be done slowly for participants to get used to the techniques at their own pace.

The second session started with a name game. Participants were taught to play the game with a rhythmic clap. It took a while thought but with time most participants got used to playing the game fairly. In the feedback episode of the session, one of the participants, the only one who volunteered to comment, mentioned that trying to remember the names that were new to him was what made him go out of rhythm more of the time.

The session continued with the orange dance. Once again participants engaged playfully but not critically. Participants did not make enough effort to keep the orange from falling. Once the orange fell, they were quick to clasp it and continue dancing with their partners. Some of

them would pause and look around to see their friends whose oranges were also falling. In the feedback episode the volunteer who spoke after the previous episode again spoke and as soon as he mentioned that it was fun and an opportunity for him to dance with his partner who in this case was a female, I realised some others nodding. In an attempt to find out what the nodding meant, most participants agreed to the fact that the exercise was fun. It was difficult to get them to talk about what they think of the exercise as well as what meanings these could bring but it was interesting to note that their response was better compared to the first session.

Third Workshop Session:

In the third session, a game called 'Fruit Salad' was introduced. The idea behind using this game was to break the silence with regards to discussing sex related issues in public and to do this in a way that will gradually drive away the shyness and embarrassment that is associated with such discussions. The 'Fruit Salad' game was to facilitate this process and lead us into creating a safe space for sharing issues about sex. The game was explained to participants in the local language. To encourage participants to relate to the game easily, the names of the fruits chosen for the game were mentioned in the local language. These were fruits that participants were aware of. The rules of the game were explained as participants played along. One rule at a time in order not to get them confused. This also took time but participants got used to it to an extent that they could tell when someone flouted a rule. Their feedback about this game was that it was fun as usual and that moving around the space for an empty seat needed a lot of energy. It was worrying to note how they all easily agree with what only one participant responds to or contributes during reflections say.

The orange dance was repeated in this session with the view to get participants to integrate and building a community safe enough to share intimate issues in relation to HIV and AIDS. As usual, it was quite difficult to end the session when they are given the opportunity to do this fun exercise. Participants were caught up so much in the dancing that even though the orange fell very often, they quickly fixed it and continued dancing. In an attempt to warm down and close the session in unity, participants were taken through the 'Pass the pulse' exercise which did not work until the session had to close.

Fourth Workshop Session:

The plan for this last session was to take the 'Fruit Salad' exercise to a more intimate level to find out if it can help to break the silence by getting participants to talk about sex in public. Participants were reminded of how the fruit version of the game was played. Participants played the fruit version for a while and then another version was introduced. This the new version, the fruits were replaced with physical things that we could see as part of the body or can be found on participants body, for instance shoes, watch, mouth, nose, shirts etc. Moving from the fruit variation to the physical things was not difficult. Participants adapted to the change with ease. Participants played this version for a while and moved on yet another variation. This time it had to do with sex related issues. This was a great moment. The room went quiet all of a sudden, full of tension and no one responded to the game at this point. After explaining how this variation should work, the game continued and it seems as though everyone was waiting for someone else to move. Participants were looking at who was or was not moving. The movement was in kind of a slow motion. Finally one of the participants, Raymond moved. His movement made about 8 other participants comfortable enough to move. The facilitator gave participants the opportunity to continue on the same theme. The tempo slowed down drastically but the game did not end. Participants gave offers such as everyone who

- has a breast,
- has tasted sex,
- has seen a condom,
- has a sexual organ etc.

It was interesting to notice how the sensitivity and silence that holds issues of sex in such a community slowed down the tempo of the exercise. Participants spent more time thinking of what to say and how to say it as compared to the earlier variations. As facilitator, I was glad we could play the game up to this point and I was ready not to push the issue but to allow participants to work at their own pace. The session ended with a reflection episode. In reflecting on the episode, participants were questioned about how they felt playing the game considering all the variations. Again the room went silent so the facilitator through questioning tried to probe the silence. After a while, Issah said it was fun and demanded a lot of energy. The questioning was then directed towards the sex theme variation. Elizabeth said it was difficult to play the variation with the sex theme. Issah also said there was much ease in using the fruits than the sex related issues and that is what slowed down the game because

no one wants to mention something that will make him or her look bad in the eyes of other participants. As a facilitator from such a community, I could understand what participants were explaining about the sex theme variation. As it were, for this community discussions about sex among young people was considered a bad thing to do. The session continued with an exercise similar to 'pass the pulse' (an exercise that participants were introduced to earlier) but this time it was modified to make it easy for participants to engage. Instead of passing the pulse that no one could see but rather feel, the exercise was modified. 'Pass the energy' is an exercise that is more physical. It involves different movements and a clap that makes passing on the energy a lot easier to engage in. The invisible energy is passed by clapping to one direction, either left or right. The participant on the left or right in the direction in which the energy is passed receives the energy and passes it on to the next participant. The modification made the exercise a much easy one for participants to engage in. This brought back some fun and calm into the house until the session closed. It is important for the applied drama facilitator to use exercises to help bring people together at the end of a session. People need to de-brief and they need to relax and be calm before exiting the space.

Just as we were putting the room in order, Kwame, one of the participants found two packs of condoms that were brought for them. He asked about the condoms and he was told to share with anyone who wanted. As soon as participants heard about condoms to be shared for them, almost all of them rushed on him so the facilitator quickly took over the sharing and asked if anyone knew how to use them properly. The plan was to do a condom demonstration game that was originally in the initial plan of work but unfortunately no one responded. The facilitator then took that opportunity to do a condom demonstration and invited a volunteer to try it. Kwame volunteered and while he demonstrated to the group. The facilitator paused at intervals to find out from the house if he was doing it right. Participants corrected Kwame when he made mistakes and reminded him of things he forgot to do as and when there was the need. It was exciting to note how participants expressed their interest in the condoms. This was also a great opportunity for me as facilitator to implement an aspect of the initial plan Even though this was not done in the form of a game according to the implementation plan (appendix 1), participants learned the proper way of using condoms. Facilitators must be alert and ready to make use of participants' response as a learning avenue.

4.2 FINDINGS & DISCUSSION

At this point, I will review the implementation of this study with regards to my theoretical framework which is centred on Participatory Communication through Applied Theatre Techniques in Addressing HIV and AIDS with the view to challenge existing stigma. The review will therefore be structured into the two guiding principles under my theoretical framework: participatory space and dialogue and knowledge sharing. It is worthy to note at this point that these two main principles are derived from Morgan and Saxton's (1987:22-29) 'Taxonomy of Personal Engagement'. Freire's ideas around dialogic pedagogy will also be referred to in this analysis.

Participatory Space

As mentioned earlier and for the purposes of this study, participatory space has to do with a safe space, a space that offers participants the opportunity to engage actively as well as a space that is interesting enough to motivate participants to want to come again.

Safe Space

As a participant-observer, I noticed on the first day that participants expressed a certain level of shyness during the introductions among themselves and towards me as facilitator. Even though some of them know each other, the introductory exercise split the group into pairs based on the sameness of the cards that were distributed randomly. Participants could not look into each other's faces. Considering all the four (4) sessions, one could tell how the games and interactive exercises drove away the shyness that existed in the first session. The level of responsiveness increase slowly between the first and the fourth sessions. Apart from the fact that participants did not engage and reflect critically, the liveliness that accompanied their participation was higher in the last three sessions as compared to the first. For instance, participants appreciated doing the orange dance the second and the third time than they did the first. My understanding of what was happening is that even though the community gathers for various purposes, the environment that this workshop offered was in many ways different. The activities that participants were taken through were both foreign but they got used to coming into the same space again and again as well as playing some of the games repeatedly with me.

The shyness and unresponsiveness of participants as revealed by this study should be of great concern to implementing organizations with regards to planning and rolling out HIV and AIDS interventions. This observation shows that traditional education that seeks to help in our response to the epidemic ends up covering such issues as shyness and strengthens the silence attached to sex related education activities. HIV and AIDS education has to be comprehensive and help teach people to be more open, confident, and trusting in order to grapple with some of these serious issues. HIV and AIDS education has to encompass psychological, cultural and social factors as much as it must address the medical aspects of the condition.

It is true that participants did not open up as expected during reflections after almost all the activities but I would not regard their shyness as the cause of their non-responsiveness to the reflection episodes of the sessions. This non-responsiveness reminds me of the dehumanization effect that Freire talks about in advocating for a dialogic pedagogy. Freire explains this succinctly in the following extract:

> A careful analysis of the teacher-student relationship at any level, inside or outside the school, reveals its fundamentally narrative character. The relationship involves a narrating subject (the teacher) and patient, listening objects (the students)... The teacher talks about reality as if it were motionless, static, compartmentalized, and predictable... His task is to "fill" the students with the contents of his narration-contents which are detached from reality, disconnected from the totality that engendered them and could give them significance... Worse yet, it turns them [students] into "containers" into "receptacles" to be "filled" by the teacher... Education thus becomes an act of depositing in which the students are the depositories and the teacher is the depositor. Instead of communicating, the teacher issues communiqués and makes deposits which the students patiently receive... This is the "banking" concept of education... The more students work at storing the deposits entrusted to them, the less they develop the critical consciousness which will results from their intervention in the world as transformers of that world (Freire 1970, pp. 57-60).

It was clear to me that the kind of education that these participants were familiar with was the banking concept of education. They were shy, non-responsive and unfamiliar with participatory processes. Due to the fact that participants have not experienced participatory approaches to learning, their imagination and creative power was minimized (Freire 1970, p. 60). All I received from them is the readiness to be 'filled' with what I as facilitator brought for them. In my opinion the situation is such, that participants feel so dehumanized that they have no courage to express themselves. Applied theatre can be used as mechanism to change

this mind set. Through the games and exercises, participants were loosening up at a very slow pace. My understanding of this experience is that if participants from the Gold Coast community are taken through such learning process repeatedly, they will reach a point of empowerment and the dehumanizing effect will be driven away.

In relation to HIV Education activities in this community, a conversation (appendix 3) with the Coordinator of HIV activities in the Assin North District under which Gold Coast Camp is located revealed that the banking concept of education is mostly resorted to as the main form of education. Most of such interventions make provision for question and answer time but the fact of the matter is that the setting and the environment remains under the teacher-student or depositor-receptacle relationship. According to the conversation, it was clear that once in a while there is the innovative use of film shows as part of their interventions but not in a participatory way of communicating to the community. Unfortunately the film shows are used only to attract the community members to the intervention so that once people are gathered there is the opportunity to address them with whatever message is prepared for the people.

I must admit that as a facilitator, I had a high expectation for participants from such a community to be familiar with participatory activities and communication. I realise that this was a dangerous assumption. One of the main sources of entertainment in most Ghanaian villages is participatory activities such as story telling (in the evenings after a hard day's work by a fire area) as well as other games and exercises (singing drumming and dancing). The situation is very different at Gold Coast Camp. The community does not engage in any such forms of entertainment. The only participatory activity they engage in is what is termed 'Nno bua'[7], literally translated farming help. The term is used to describe situations where members of the community come together to help one another on their farms. In a conversation with two of my workshop participants, Joana Ocran the Chief's daughter and Elizabeth Kudjoe, it was clear that apart from about two or three houses that are 'blessed' with televisions, the main source of entertainment for the community is a Pub where most people gather in the evenings to drink and or listen, enjoy and dance to the music provided by the Pub. The community does not engage as one big family in participatory storytelling,

[7] 'Nno bua' – A term used to describe a farming system where members of a community help with the labour work that is needed on one community member's farm. Today the term is used to describe the same system of providing help but in other activities such as building houses etc.

singing, drumming and dancing or playing games as it were in other villages. This seems to be one of the reasons why the implementation of this study appeared to be strange to them at the beginning of the process.

Active Engagement

The initial implementation plan (appendix 1) for this study was such that participants would be actively engaged from introductions through reflections to conclusion. The plan was deliberately designed as such to facilitate an experiential learning process for and with participants. It is worthy to mention at this point that the plan was designed to engage participants through the activities and the discussions in each session. The plan also included an episode where a Medical Officer would be invited to engage with participants towards the end of the 5-day workshop in a one-hour discussion where they will have the opportunity to ask questions HIV and AIDS which may not have been answered in our discussions.

Unfortunately, the initial plan did not work for my participants because the participatory nature as well as the kind of activities seemed to be a foreign element for them. For this reason and due to the time limitations, the initial plan was strategically changed. The strategy was to slow down the process and do activities repeatedly to get participants used to the process. The facilitator together with participants actively engaged in games and exercises as a learning process. This helped model a new way of learning and helped grow a different culture of interpersonal relationships. Even though the change of plan was directed towards getting participants used to the process, an activity such as the 'Fruit Salad' game was chosen to open up the space and make it safe for discussions on sex related issues. This means participants were engaged for two purposes at the same time thus, familiarizing themselves with the participatory techniques and breaking the silence associated with discussing sex related issues.

Active engagement with regards to a participatory space has to do with participants not just being involved in activities but also relating to the activity, identifying with the activity and bringing along their imagination from the real world into the learning space to make meaning of the activity. According Morgan and Saxton (1987:23), engaging means participants are able to actively identify with imagined roles and situations. If participants are able to operate

this way in the process of engaging in activities, they can easily make meaning of the metaphors that are integrated into the activities in order to facilitate a transformation learning experience.

As a participant, observer and facilitator, my opinion on how participants engaged in the first session was that participants engaged in exercises that they could not relate to. This was also evident in their non-responsiveness during reflection episode of the various sessions. Consider the trust building exercise for instance. The exercise seemed strange to participants so instead of engaging critically in order to make meaning of the processes that they went through, they were having fun, which was not a bad idea, but also laughing and pushing each other instead of supporting volunteers from falling. Participants made an effort to do the activity but without thinking critically about what meanings can be derived out of the process. They were engaging playfully in the activities without bringing their imagination of the real world into the workshop space to make meaning of what the exercise could be and for learning to take place for that matter. Their imagination could not be directed towards what it meant to throw one self and have others support him or her from falling as well as the fact that this support could be translated into safety and trust. In my view, the structure of the intervention offered participants the opportunity to critically engage in activities in order to learn through the process but due to lack of exposure and how they have been groomed with regards to learning, they were not able to. Apart from not engaging critically, participants could not also reflect on the processes that they managed to involve themselves in. Their inability to reflect explains their acceptance of a permanent role in the learning process. Participants took on only the role of receptacles (student) and expected me as facilitator to play the role of the depositor (teacher). Participants were not ready to swap between these roles in the learning process. This means that when participatory theatre processes are introduced, they need to be done with care, insight and skill. It also means that the work cannot be rushed. This suggests that short-term workshop interventions are not nearly as effective as we would like them to be. With regards to Freire's dialogic pedagogy under participatory communication, both facilitator and participants take on two roles from time to time: teacher-as-learner and learner-as-teacher and for Freire this augments a mutually transformative learning process (Freire & Faundez, 1989 cited in Singhal 2004, p. 144).

Interesting Space

As expressed in the theoretical framework and for the purposes of this study, an interesting space is one that is attractive, appealing and will consistently yield to good attendance and participants will be ready to watch, listen and respond to the proceedings. Again in Morgan and Saxton's taxonomy of personal engagement, interest refers to those components without which drama cannot take place. Components such as attending, watching, listening and reacting on the part of participants are very crucial in a workshop session such as what this study implemented (1987:22-23). For the purposes of this discussion, I will first look at participants' interest in the intervention and later the interesting space that an intervention should provide.

Let me bring to your notice at this point that participants' interest in an educative event is very necessary for learning to take place. Participants' presence, making and maintaining eye contact, evident listening and response is what will characterize their interest in an event. When these characteristics are present, learning is bound to take place because we learn as we make meaning and our thoughts and feelings are involved in making meaning (Morgan and Saxton 1987, p. 23).

The participants who attended the workshops sessions were members of the Gold Coast community who had interest in HIV and AIDS activities. The reason is that these were people who attended a Health Fair that was organized for the community. This activity served as platform for audience building for the workshop sessions for this study. The audience building was extended to the general community but at the end of the day only the community members that were contacted at the health fair attended the workshop sessions. This explains how interested these participants are with regards to HIV and AIDS issues as compared to those participants that were contacted but did not turn up at any of the activities.

It is worthy to mention at this point that even though the final session ended with less number of participants than it started with, the reason had nothing to do with participants' interest. The number of participants was deliberately reduced from 27 to 16 after the first session when there came the need to slow down the process in order to give participants the opportunity to familiarize themselves with this intervention mechanism. Reducing the number of participants to a much more controllable size under the new strategy was not an easy thing to do. It took me as facilitator some time to negotiate with participants until we came to a conclusion that those who stayed far from the workshop space will be permitted to

be excused from the group. 11 participants opted out and the remaining 16 participants proved their interest in the HIV intervention by attending all three subsequent sessions. This number is considered to be an effective group number for group psychotherapy.

The participants' interest was evident in their response to the familiarization strategy that was incorporated along the line of the implementation of this study. Let us take the 'Fruit Salad' game for instance. It took a bit of time though but participants showed interest in playing the game. Their response to the different variations was of great concern to me as facilitator. We navigated smoothly from the 'Fruit Salad' variation to the physical object variation. Nonetheless the navigation was not that smooth from the physical objects variation to that of the sex related issues. The room went quiet all of a sudden and one could tell how difficult it was for participants to discuss sex related issues in public. The movement in playing the game slowed down drastically but the game continued. This is because the high level of sensitivity for public discussions on such themes as sex in most Ghanaian communities. This is very evident in most Ghanaian languages. In most of the local languages the expression for sex in such public discussions is preceded by the phrase 'excuse me to say'. The situation is gradually changing though but this change is comparatively better in the urban than in rural areas. My opinion based on my experience of such activities is that integrating such exercises into workshop sessions and interventions of similar or related themes can help to bring out sex as an issue that can and should be discussed in public freely.

As individual humans, what each of us considers as interesting varies from one person to the other. For this reason and due to the fact that participants did not quit attending the sessions that offered them the opportunity to engage with activities of such foreign nature to them, it would not be wrong to say that their interest was captured. Considering the elements that make up interest in Morgan and Saxton's taxonomy of personal engagement, participants attended, they watched, listened and reacted. Their interest is evidenced by these elements. In view of this study, the ages of participants ranged from 20 – 29 years. Young people of this age like to have fun or to entertain themselves more often than not therefore integrating fun into an educational processes like the plan of work for this study helps to capture their interest for learning to take place. Such an approach to education is a viable weapon in the worldwide war against HIV/AIDS (Piotrow et al., 1992 cited in Singhal and Rogers 2003, p. 291).

Dialogue and Knowledge sharing

Apart from a participatory space considering the safety, interest as well as active engagement, the other guiding principle that this study is based on for transformative learning is dialogue and knowledge sharing. The implementation plan (appendix 1) was designed to offer participants the opportunity to dialogue through games, exercises, Image Theatre techniques as well as through discussions. The plan was carefully designed to ensure that participants will not only discuss or listen to talks but also they will engage in the activities and by so doing they embody ideas and thoughts through which learning takes place. The recognition of the relationship between activities and the self is what Morgan and Saxton (1987:22) refers to as internalizing under their taxonomy of personal engagement.

The various aspect of the implementation plan such as:

- Discussions on Participants knowledge and perception of HIV/AIDS, mode of transmission as well as how to prevent this medical condition.
- Condom Demonstration games and exercises
- Time with a Medical Officer
- Society's perception of HIV and PLHIV through Image Theatre

would have offered participants the platform to dialogue through both actions (exercises and games) and words (discussions). Each of these aspects of the plan had a reflection episode where through the facilitators questioning, participants would communicate and dialogue around their understanding of the processes that they will go through. Apart from the reflections, participants would also have the opportunity to ask questions in order to clarify issues. According to Morgan and Saxton (1987:22), this is how participants communicate their understanding be it in action or in words. This is referred to as interpreting under their taxonomy of personal engagement.

Unfortunately, due to the fact that participants needed a gradual familiarization of the techniques and learning approach that this study was to implement and the non-responsive nature of participants during reflection episodes of the workshop sessions, I cannot boast of an effective dialogue. As mentioned earlier, this non-responsiveness is present because participants are used to what Freire refers to as the banking system of education with a strong teacher-student/ depositor-receptacle relationship. Nonetheless, through the familiarization strategy, there was knowledge sharing. I got to know the history of Gold Coast Camp and

participants learnt to play games like ‘Fruit Salad’, orange dance. It is worthy to note at this point that the condom demonstration at the end of the last session also taught participants how to properly use a condom.

Addressing ‘message burn out’ and challenging existing stigma.

The accomplishments of the implementation of this study will not put me in a position to argue convincingly on the issue of addressing ‘message burn out’ through this intervention mechanism. This is because like other episodes, I was not able to implement the Image Theatre aspect of the workshops plans which was specially chosen as part of the plan to address ‘message burn out’ as a concern raised in the early chapters of this document. According to the plan nonetheless, the fourth session of the workshop was designed to use image theatre to dialogue around PLHIV in society to find out how effective communicating without words but rather embodied actions is as compared to using words.

With regards to challenging existing stigma, it is evident from the beginning of this document that a combination of the early approach to education and the sensitivity that Ghanaians have in view of sex related issues contributed to the definition of stigma for the purposes of this study. This high level of sensitivity has created some sort of silence with regards to sex related issues. Breaking this silence will facilitate a reduction in the existing stigma that has to do with participating in HIV prevention interventions as well as other platforms for sex related discussions. Even though prostitution and homosexuality remains illegal in Ghana, the practise still exists under cover. There is therefore the need to move away from the silence associated with sex in general to enhance easy access to sex education freely and publicly. In the implementation of this study, participants expressed the silence associated to sex as we played the sex theme variation of the ‘Fruit Salad’ game. My take on this is that exercises and games such as ‘Fruit Salad’ and its sex theme variation are games which will offer participants the opportunity to share and dialogue on sex issues publicly and freely. Such exercises and games can be used to negate the silence that exists in Ghanaian communities and by asking the question why the existence of this silence and designing interventions to deal with answers to this question, the aspect of stigma that is related to the silence can be reduced.

Even though the implementation did not work as initially planned, I will still argue that through the playful nature of games, exercises and theatre techniques, participants are

challenged to take on roles that under normal circumstances would not be the case and in the process of playing out these roles, participants embody actions that help in the learning process. Apart from embodying actions, the discussions on these processes also enhance a further digestion of issues.

In this Chapter, we have looked at a description of the workshop proceedings as well as the findings and discussion based on it. The next chapter will conclude on the whole report. In concluding, the reader will be presented with lessons learnt, challenges and recommendations for the future, limitations of the study as well as concluding remarks.

CHAPTER 5:

5.0 Introduction

The study set out to implement an Applied Theatre Intervention for HIV and AIDS awareness and education with the view to challenge existing stigma. Like other countries, Ghana requires prevention efforts everywhere. This is not to say there are no prevention efforts in the country at the moment but rather as established earlier, the education mechanism must be modified to move away from the banking system to a more interactive and participatory one. Another issue of concern is that even though Ghana's prevalence rate is comparatively low, there is an existing stigma that shows up during implementation of prevention efforts especially among young people who are a vulnerable population. There is therefore the need to intensify prevention efforts all around the country and more especially in high risk areas to ensure that the existing stigma does not translate into a shoot up in the prevalence rate of the country.

5.1 Lessons Learned, Challenges and Recommendation For The Future.

Theatre can be an effective tool for education but in a situation like that of Gold Coast Camp, a short term intervention is not advisable. The entertainment aspect of theatre as a tool for education can assist in audience building for HIV and AIDS intervention for countries such as Ghana with a good number of young people who are not interested in such interventions.

As part of this section of the report, I will make the following recommendations. Apart from HIV/AIDS interventions, other projects and social issues should be addressed through a participatory communication medium. I believe this will help to empower communities like Gold Coast camp to take charge of their lives and to strive to achieve no matter the situation in which they find themselves. The fact that these communities are deprived of certain developmental facilities creates a form of oppression (in Augusto Boal's terms) so it is possible that making use of the 'banking system' to educate them puts them in a position to think that they can only achieve when they migrate to the city. On the other hand, I believe that Applied Theatre's participatory communication has the power to build participants creativity, imagination and critical thinking skills that could make communities like Gold Coast Camp realise potentials in themselves and how to make use of such potentials in combination with whatever little resources they have at their disposal in order to achieve.

As a facilitator, I was anxious to see positive results that agree with my proposed plan. This anxiety almost made me loose the energy with which I had travelled to do the workshops when I realised that participants were not responding as I expected. Having gone through this small experience, I posit that a facilitator must be ready to accept whatever participants offer and work with and around it in a way that will facilitate a goal achieving process. As I pondered over this point in the process of writing this report, I realised that I missed an opportunity in the workshop sessions to make use of what my participants have or know. At the point where I realised that members of the community do not get together for recreational purposes and therefore were not used to participatory and interactive entertainment like most rural communities in Ghana do, I should have taken advantage of that opportunity to find out what games they know or play. This would have been with the view use such games that participants appreciate or are familiar with to get them to be more participatory and to express themselves as well as to help loosen the hold on the silence that operated more often than not through the workshop sessions.

With a community like Gold Coast Camp that is so used to the banking system of education as compared to participatory communication, I think it will be a good idea to play a lot of games in a familiarization process like I did especially games that will make participants contribute verbally and in action. With different games and exercises addressing different issues, participants will get used to the approach with time.

Based on the findings of this study, interventions that employ such participatory Applied Theatre approach to implementation should be designed over an ample time frame and of course with follow up plans. Short term plans should be avoided in order to benefit from the full potential that theatre is embedded with.

5.2 Limitations

Time was a major limitation to the implementation of this study considering the fact I had to travel from Wits University in South Africa to Gold Coast camp in Ghana to implement the workshops within one week. Even though we had five (5) meetings and four (4) workshop sessions, I realised that one (1) week was just too little for such an intervention especially with a community like Gold Coast camp that is so new to participatory communication and

Applied Theatre techniques for that matter. The response that I got from participants necessitated a longer stay which I could not afford and grammar a consistent application of participatory Applied Theatre Techniques. As an applied theatre practitioner, there will certainly be the opportunity to use the implementation plan of this study possibly with Gold Coast Camp as well as other rural communities in Ghana but due to the time limitation of this report as part of my Applied Theatre course, the response will not be included in this report.

5.3 Concluding Remarks

The process of implementing this study has been revealing to my experience as an Applied Theatre facilitator. The practise of the process has added to my knowledge and understanding of what I have been learning in Applied Theatre as a course. I must acknowledge the fact that this experience will be very vital to my subsequent practice of Applied Theatre in the HIV field with regards to Ghana.

It is unfortunate that the study has not addressed all the concerns on which the initiation of the study is based. The response from the participants of Gold Coast Camp as well as the familiarization strategy that I had to implement also did not put me in a good position to answer all my research questions in detail. Nonetheless, I appreciate the experience that the implementation of this study has offered me as compared to the perception that I built for myself in the process of doing my Applied Theatre course. I must also mention that the study has also revealed to me that different participants will respond differently to Applied Theatre techniques depending on their exposure and social background. In this same light, I think participants of Applied Theatre projects need a level of education or enlightenment and conscientisation of themselves as well as the world in which they live in order to uncover the effectiveness of the project. This means that facilitators need to be educated and mindful of who they are working with, how they are working, and what they need to do in order to help bring about the change desired.