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A Critical Analysis of Interventionist Theatre Strategies: A Case Study of Hisia, Lumumba and Mlimani Performers Theatre Groups in Dar es Salaam

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Research Report submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in Partial Fulfilment of the Requirements for the Degree of Master of Arts in Dramatic Art

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ABSTRACT

This study: "*A Critical Analysis of Interventionist Theatre Strategies: A Case Study of Hisia, Lumumba and Mlimani Performers Theatre Groups in Dar es Salaam"* attempts to explore how interventionist strategies are framed to make them communicate specific messages to specific target communities. Through this exploration we expect to map out what might be considered as appropriate strategies that would be deployed in communicating HIV/Aids issues and messages more effectively. This study is motivated by the realisation that there has been inadequate focus by previous studies on youth intervention theatre strategies in Dar es Salaam particularly and Tanzania in general. Our study employed qualitative research in order to acquire in-depth understanding of how the three groups in Dar es Salaam deploy techniques of applied theatre in their HIV/Aids intervention initiatives. The methods utilised included observation and structured interviews. The study was theoretically guided by the ideas of Augusto Boal and Paulo Freire. Freire demonstrates how the marginalised populations regain their lost voices through dialogue and problem-posing education, a situation whereby the roles of the educators and educatees are flexible and interchangeable. The study also draws heavily from Boal, especially his argument that lack of power creates fears in peoples' heads, what he describes as *cops in our heads*. Boal believes that all the cops in our heads have identities and headquarters in the external world that need to be located. This is one way in which oppressed people can confront their internalised forms of oppression. If we are to draw an analogy from Boal, the HIV/Aids conditions that disempower infected people can be interpreted as an oppressive situation. The findings of this study reveal weaknesses in the methods which are deployed by the applied theatre practitioners in HIV/Aids intervention initiatives. This study therefore suggests a rethinking in the way that intervention theatre practices are framed to make them become more effective tools of communicating issues and messages related to HIV and AIDS.

PLAGIARISM DECLARATION

I declare that *A Critical Analysis of Interventionist Theatre Strategies: A Case Study of Hisia, Lumumba and Mlimani Performers Theatre Groups in Dar es Salaam* is my own work and that all the sources that I have used and quoted have been indicated and acknowledged by means of complete references. I have not previously submitted it in its fully or in part at any university for a degree.

……. ……

Signature **Date**

DEDICATION

To my wife Grace Nakilo and the daughters Jackline Muyango and Gladness Kasaka.

ACKNOWLEDGEMENTS

I express my deep feelings to all who contributed towards the accomplishment of this research report.

First and foremost, to my supervisor Professor Christopher Joseph Odhiambo. He was the first person to read my research proposal in its very nascent form. As my supervisor he helped in shaping all the drafts through the criticism that he offered diligently. I acknowledge the head of Dramatic Art Department- Warren Nebe for initiating the early activities that opened possibilities for the research area to grapple with. I also acknowledge the efforts of Catherine Duncan, Nicola Cloete, Njewele Delphine, Liz Trew and Selloane Mokuku for their contributions.

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ABBREVIATIONS

TfD - **Theatre for Development**

HIV - **Human Immunodeficiency Virus**

NGO - **Non-Government Organization**

PASHA - **Prevention and Awareness in Schools of HIV/Aids**

ABU - **Ahmadu Bello University**

SIDA - **Swedish International Development Agency**

UNICEF - **United Nations International Children's Emergency Fund**

AIDS - **Acquired Immunodeficiency Syndrome**

EAT - **East African Theatre Institute**

SATI - **Southern African Theatre Initiative**

GTZ - **German Technical Cooperation**

WHO - **World Health Organisation**

TUSEME - **Let's speak out (In Kiswahili)**

UNESCO - **United Nations Educational, Scientific and Cultural Organisation**

TGPSH - **Tanzania German Programme to Support Health**

UMATI - **Chama cha Uzazi na Malezi bora Tanzania**

UKIMWI - **Upungufu wa Kinga Mwilini (Kiswahili) or HIV in English**

PLHA - **People Living with HIV and AIDS**

CHAPTER ONE

1.0 BACKGROUND TO THE STUDY

This chapter provides background information to the study. The discussion is directly based on statement of the problem, aim, rationale, research question, theoretical framework, and structure of the report. The study attempted to explore the work of three intervention theatre groups that grappled with halting the spread of HIV/Aids through disseminating information theatrically in Tanzania.

The three theatre groups under scrutiny are all located in Dar es Salaam, and interestingly enough, share the same historical background. For example, Hisia Theatre troupe started in June 1996 as a drama club for primary school pupils in Temeke Municipality. The objective of its founding was to uplift the dramatic skills among the youths. In 2000, the group amended its constitution in order to focus more on anti-polio and HIV/Aids messages.

Lumumba Theatre troupe also started in 1996 as a drama club specifically placing its focus on an anti-drugs campaign in primary schools in Ilala Municipality, but later shifted its focus to address HIV/Aids through theatre as a tool of intervention. Mlimani Performers emerged in 2002 as a youth theatre group putatively focusing on HIV/Aids initiatives and interventions in Primary schools in Kinondoni Municipality. All the three groups at various times have responded to HIV/Aids by creating theatre related awareness programmes in and for their communities, to enhance 'correct modes of behaviour' as well as to alter perceptions with regard to sexual attitudes. All the three groups are situated in Dar es Salaam, which has the most HIV/Aids victims in Tanzania.

The three theatre youth groups use TfD as their approach to intervene through dissemination of HIV and AIDS messages to target groups.

1.1 Statement of the problem

This study is a critical analysis of interventionist theatre strategies focusing on three case studies: Hisia, Lumumba and Mlimani Performing Theatre Groups all located in Dar es Salaam. It is premised on the fact that there has not been adequate attention from previous studies directed at youth intervention strategies in Dar es Salaam in particular, and Tanzania in general. The main aim is to identify and analyse how these theatre groups frame and structure their intervention theatre for effective communication. To achieve this objective the study maps out the history of the theatre companies, the philosophies of their theatre praxis, their strategies of research, their play devising process, how they organise audience mobilisation, how they facilitate the performances, and the content of their performances with regard to HIV and AIDS issues and messages.

1.2 Aim

This study aims to critically analyse interventionist theatre strategies in Dar es Salaam in Tanzania. The analysis as already mentioned focuses on interventionist theatre praxis of three theatre groups: Hisia Theatre Troupe from Temeke Municipal, Lumumba Theatre Troupe from Ilala Municipal and Mlimani Performers from Kinondoni Municipal. The ultimate aim of the analysis is a description of strategies that are deemed as more appropriate in comparison to those that are currently deployed by these theatre groups.

1.3 Rationale

Dar es Salaam is a major industrial and transportation centre in Tanzania with an

estimated population of more than 3 million people. It is among the four leading regions in HIV infections in Tanzania with an HIV prevalence rate of 10.9% - 16% higher than the national average of 7% (Tanzania HIV/Aids Indicator Survey 2003 – 07). The precarious position of Dar es Salaam and its vulnerability to HIV/Aids makes it an interesting site for the study (http://www.hivmapper.com/ accessed on 13th June 2008). Theatre interventions have been generally successful in addressing social problems. In the Eritrean struggle for independence in the 1950s, for instance, theatre was the most effective tool deployed to rally people around the ideas of nationalism and independence. History reveals that most independence achievements of the 1960s were born out of the evolution of theatre in Africa (Guingane 1990: 2). In recent times, TfD has been extended to HIV/Aids prevention, community mobilisation, information dissemination and is used widely, for example, through the work of The Aids Support Organisation (TASO) in Uganda; in South Africa through the work of many groups employing dance, puppetry and dialogue drama; and in Tanzania it has been used for promoting girls' education (Mwansa and Bergman 2003: 6). NGOs and individuals currently are running theatre interventions along HIV/Aids lines in Tanzania. GTZ and PASHA contracted the University of Dar es Salaam in 2007 to train theatre groups that were spearheading their communities to debate the theme of reproductive health and HIV/Aids in the Mtwara region in Tanzania (Hatar 2007: 1). Kimara Peer-educators launched the 'Tuelimishane project' in 2004 in Dar es Salaam to address risk behaviours in HIV and gender-based violence using Community Theatre and Peer Education (WHO, 2005: 29 & Heidi et al. 2004: 202).

The interventions in HIV/Aids have been applied by various groups since the first

HIV/Aids cases were reported in Tanzania in 1983 (National Policy of HIV/Aids 2001: ix). Of all the efforts and other joint interventions, the impact of the HIV/Aids pandemic is still catastrophic. As the National Policy of HIV/Aids states:

> We must, therefore, fight the HIV/Aids pandemic with everything we have got. We must begin by preventing new HIV/Aids infections, targeting about 85% of the sexually active population that is still free from HIV. These must be informed, empowered and helped to ensure they remain HIV negative (Ibid).

Initially, HIV/Aids was perceived purely as a health problem and the initiatives against it involved the health sector, but later the government decided to involve the community and other stakeholders, including individuals and theatre groups, to play a role. Theatre groups in Tanzania have mushroomed all over the country claiming to create and convey awareness-raising messages through persuasive approaches to target behavioural changes. It is within this kind of background that it became imperative to investigate how the three theatre companies previously mentioned frame their theatres as tools of intervention in communicating issues about HIV/Aids.

1.4 Research question

This study attempts to answer the question: "what kinds of intervention theatre strategies do the three theatre groups deploy in their HIV/Aids initiatives?"

1.5 Theoretical framework

Augusto Boal and Paulo Freire's conceptualizations and ideas inform this study. Boal's Theatre of the Oppressed sets out clearly to change society. Freire's critical consciousness and awareness of the forces of oppression are used by Boal as keys of his techniques because they challenge the use of theatre as a tool for social control since they suggest a new way of conceptualising theatre, its function and its forms. In Boal's

techniques the audiences are active in the theatre process; they develop critical consciousness of the world with which they are confronted whereas Freire intends to transform the marginalised groups through his *Pedagogy of the Oppressed* (1970). The two scholars' conceptualizations and ideas have been used by many TfD practitioners in Africa. Because this study is a research on theatre intervention, specifically analysing its strategies as deployed by three nascent theatre companies in Dar es Salaam, Boal and Freire qualify to guide it in terms of their theoretical conceptualisations and ideas. Boal's *Theatre of the Oppressed* is basically a form of rehearsal theatre designed for people who are committed in learning ways of fighting against oppression in their daily lives. His techniques are based on Freire's principles of dialogue, interaction, problem posing, reflection and conscientisation. Our study was based on the ideas and conceptualizations which are purposely designed to activate spectators to take control of the situation instead of staying passive when things happen to them. Boal (1979) defines spect-actor as the audience member who takes part in the action. These are the activated spectators or audience (1979: 122).

In participatory theatre the audiences are invited to discuss a play at the end of the performance. Boal modified this technique again into a situation that allows audience members to stop a performance on stage and suggest different actions to the actors, who would then carry out the audience's suggestions. The passive spectators (audience), in that sense, change into actors who become transformers of the dramatic action on stage. The spectators (audience) either act or think in their place by assuming a protagonist's role (1979). In doing so, they change the dramatic action, propose various solutions, discuss plans for change and train themselves for social action in the real world.

In an intervention theatre performance the members of the audience who are normally passive (spectators) are encouraged to take roles on stage (spect-actors) and suggest the direction of the selected role on HIV/Aids; propose solutions related to HIV/Aids and discuss plans for change. The state of spect-actor is reached when the audience member stops a performance and replaces the protagonist by imposing his/her ideas that he/she think are ideal on stage.

This study also employed *cops in their heads* approach as one of the techniques from Augusto Boal. The main purpose of *cops in their heads* is to make the unequal equal or the unjust just (Boal 1992: in http://www.unomaha.edu/~pto/augusto.htm retrieved on 28th January 2009). Boal argues that most people are hesitant to take political action because of *cops in their heads* (Ibid.). Cops in the heads signify their fear of oppressors. The cops in people's heads are, therefore, explored and strategies for eliminating these fears are mapped. A performance by itself is a conscious intervention and a rehearsal for social action based on a collective analysis of shared problems of oppression (Ibid.).
In the case of HIV/Aids in our study cops in the audiences' heads are fears which prevent people from taking HIV as a community problem; fears that make couples eschewing stating publicly their status; and fears of not deciding to use condom during the sexual act. 'Cops in our heads' are fought when audiences take part in a process of analysing critically how HIV/Aids oppress it and articulate strategies of defeating HIV/Aids. The theatrical exercises usually take part on stage.

The Joker approach, among Boal's conceptualizations and ideas, is further deployed as an additional theoretical lens of this study. A joker is a master of ceremonies who invites the spectators to replace the protagonists at any point in the scene where they believe an

alternative action could lead to a solution in a Forum Theatre game on stage (Boal 1992: xxi). In this approach any person can propose a solution. In this study, the Joker can either guide the audience to step on stage to replace the protagonist or lead the audiences to express their views on HIV/Aids. In a Forum Theatre the scene is replayed several times with different interventions from different spectators. Usually, this results in a dialogue about the oppression, an examination of alternatives, and a rehearsal for a real solution (Boal 1979: 175). The joker sets up the rules of the event for the audience, facilitates the spectators' replacement of the protagonist, and sums up the essence of each solution proposed in the interventions (Boal 1970: 81).

The study used Freire's empowerment theory of concientisation with its central focus of empowering marginalised groups. Freire (1978) hypothesised that the poor are poor due to lack of voice and therefore have accepted the culture of silence (1978: 72). According to him the culture of silence is reinforced by banking education where learners are treated as empty vessels to be filled with knowledge. Freire argued that the marginalised could gain back the lost voice through dialogue and what he called problem-posing education in which the roles of the educators and learners are fluidly interchangeable (Ibid.). Freire states: "the teacher and students become jointly responsible for a process in which all grow" (Ibid: 80). Problem-posing education is a kind of education which is supposed to provide the participants with new perceptions which would enable them to decode the coded systems of their reality. HIV/Aids as a condition that oppresses human beings disempowers those who are HIV positive.

Empowerment begins when a person gets the confidence and ability to analyse his/her own social, and economic situation, articulates challenges, proposes possible action for

prevention of spread of HIV/Aids, and creates unity with others in transforming the existing situation. Realisation of an individual's oppression leads to the ability to recognise his/her repressive situation (1972: 80). Thus being within discursive power-relations permits the oppressed subjects to emerge from their subjugation and struggle for the ability that would enable them to intervene in their reality as it is disclosed (Ibid.). In HIV/Aids prevention, empowerment is considered to be taking place when there is community participation in the key stages of theatre making in conjunction with the external interveners. For the oppressed to wage their liberation struggle "they must perceive the reality of oppression not as a closed world from which there is no exit, but as a limiting situation which they can transform" (Freire 1972: 31).

In an HIV/Aids society the process of empowerment begins when an interdisciplinary team calls a meeting on site with the local population (Freire 1972: 110). This is a joint team which is formed of the external interveners and community representatives from the target community. The agenda for the meeting is to launch a project by inviting interveners from the local population to form a joint investigation team. The aim is to establish rapport and trust with the target community. The reasons for the investigation, its method and how the investigation will be used are explained. If accepted, then the joint team begins visits in the community to explore how its members relate with HIV/Aids. The intention is to explore how HIV and AIDS oppress the community, aiming at looking for solutions. This is the initial decoding phase when the joint team records everything related to HIV/Aids information as related to the community under study. In Freire's view, "each team member writes a report (a "decoding essay") after each visit" (1972: 112).

Next, the team meets on site to analyse the social reality. The team selects some of the contradictions that constitute what Freire calls limit situations; then develops codifications of these selected limit situations in terms of drawing, photograph, and drama. After that the team of investigators brings together a group to help decode the test codification. This process is meant to reveal new perceptions. All the contradictions that emerge out of the codifications are examined thoroughly (Freire 1972: 116). A play which is created jointly from information collected from the community opens a room for the audience to intervene by analysing it in order to engage with issues of HIV/Aids that hitherto has been silenced by their culture.

1.6 Structure of the report

The report is divided into five chapters. Chapter one provides the background information to the study, aim, rationale, research question, theoretical framework and structure of the report. Chapter two provides the methodology which includes research design, research method, limitations and ethical considerations in conducting research. Chapter three provides a review of the related literature on intervention theatre. It reviews the works of various theatre practitioners who have worked in Africa in general, and Tanzania in particular.

Chapter four provides a critical analysis of the findings. The case studies are organised into three sections each dealing with a specific case study. The findings are based on the variables such as HIV/Aids play devising process, audience mobilisation, space and audience arrangement, the actual performance of HIV/Aids play, facilitation, message relevance and a conclusion. Chapter five summarises the ensuing issues, drawing conclusions from findings from the case studies. It also provides recommendations on

how efficacious intervention HIV/Aids performances can be framed.

CHAPTER TWO

2.0 METHODOLOGY

Methodology is a set of principles or criteria by which the researcher (methodologist) can apply to judge a problem existing in an area targeted by the researcher (investigator). The researcher's intention is to come up with valid and reliable findings. This chapter, therefore, presents the criteria that were applied by the researcher to collect information showing how interventionist theatre practitioners frame their performances in Dar es Salaam. The subheadings used are research design and research method. Other subheadings included in this chapter are limitations and ethical considerations in conducting research.

2.1 Research design

The methodology used was qualitative and data was collected through interviews. In some cases the researchers observed performances and held discussions with groups of theatre practitioners.

2.2 Research Method

Method organises the apprehension of truth (MacKinnon 1989: 106). According to the author method determines what counts as evidence and defines what is taken as verifications. Research method establishes the criteria by which one judges the validity of conclusions and consequently carries with it not simply technical skills but deeper philosophical commitments and implications (Ibid.). In general, research methods are approaches to searching for truth. The subheadings included here are the initial action plan, informants, limitations, and ethical considerations in conducting research.

2.2.1 The Initial Action Plan

The plan was created to enable information gathering. Interviews were primarily

conducted with all group representatives and thereafter observation of performances in three Municipals in Dar es Salaam.

2.2.2 Informants

Five representatives from each of the three theatre groups in Dar es Salaam city were interviewed. The sample was purposive and included theatre practitioners that were using drama to confront the spread of HIV/Aids. Fifteen people representing three theatre companies: Hisia Theatre Troupe, Lumumba Theatre Troupe and Mlimani Performers took part in the study, which focused on the way that intervention theatre programmes are framed. All the participants in this research have been acknowledged accordingly. The report contains contributions from all participants. The fieldwork took place from the 25th June – 15th July 2007.

2.3 Limitations

The fieldwork was conducted in a very limited period of time and covered three Municipalities in Dar es Salaam City in Tanzania. The participants were given short notice, within which the researcher managed to conduct the interview and watched some of the performances within their specific locations.

The study did not include Cultural Officials at municipal level. All the theatre companies visited were urban-based. The short time did not allow the researcher to watch other performances that were happening in the area of research at the same time.

The researcher is aware that some important information has not been included, that the report does not exhaust the extensive literature review that cover TfD works related to HIV/Aids in Tanzania. However, I hope that in a very modest way the report provides

insight on various ways that the three theatre companies in Dar es Salaam frame their interventions in regard to HIV/Aids information and messages.

2.4 Ethical considerations in conducting research

A number of ethical issues were considered in the process of conducting this research. First, consent was sought from Temeke Municipal's cultural officer (for Hisia Theatre Troupe), Lumumba Theatre Troupe's leader (for Lumumba Theatre Troupe) and Kinondoni's resource centre coordinator (for Mlimani Performers). Apart from this the participants in respective theatre companies needed to know the information they were requested to provide to the researcher before the beginning of the research. This meant that the researcher had to enter into contract with all individuals participating. The researcher requested their consent by providing consent forms to be completed by participants. It was important that a contract involving everyone is instituted at the beginning of the research.

Further, there was the question of confidentiality in order to maintain the participant's privacy in cases where information was deemed to be sensitive. There was also the need to be committed to confidentiality in terms of the group's work. There was also the issue of power relations within the group in terms of gender, academic level and leadership. It was the responsibility of individual participants to recognise this in order to bring harmony and enable everyone to contribute in the research. Moreover, since all participants have the right to ownership of information, all participants have been acknowledged by the researcher though none of them was sent a copy of the report. Finally, as a researcher I was obliged to share this research report with my supervisor as my promoter and the University of the Witwatersrand where this degree is provided.

CHAPTER THREE

3.0 LITERAURE REVIEW

TfD is used globally as a tool and process that combines research to disseminate information and effect change in communities. As a method it is used to reach various target groups; and as a process it is used interactively to engage participants in interrogating their social ills and finally suggest solutions. It has been used in Africa in an attempt to empower the communities through a bottom-up approach in respect to their development programmes. Currently, TFD has been widely used to address HIV/Aids related issues in Africa in countries such as Uganda, South Africa and in Tanzania (Mwansa and Bergman 2003: 14 - 15). The reviewed literature covered the works of Nyoni (2003) Kahumuza (2004) Lebejo (2005), Mabala and Allen (2002) Hatar (2007, Mlama (1991), Odhiambo (2004), Mwansa (2003), Chinyowa (2005) Malamah-Thomas (1986), Kalipeni & Kamlongera (1986), Eyoh (1984) and Komlan (2005).

This study was motivated by paucity of studies that directly focus on how youth can frame intervention theatre to confront the challenges of HIV/Aids. A survey of previous studies reveals for example that Nyoni (2003) concentrated on the effectiveness of theatre for development as a participatory catalytic tool in village planning and communication for development whereas, Kahumuza (2004) focussed on the use of popular theatre for political conscientisation. Both scholars were more interested in messages rather than on the effectiveness of the modes of conveying those messages. Lebejo (2005) analysed drama as an effective tool of communication among the youth: focussing on TUSEME project as a case study. Lebejo's study, although important, only analyses the form and content of TUSEME plays and determines their impact and effectiveness but does not

examine the dynamics of framing intervention strategies as those of TUSEME plays. Theatre intervention as a tool is meant to pass access information and messages in order to bring about awareness.

UNICEF contracted the Tanzania Theatre Centre and Bagamoyo College of Arts to carry out a participatory action research project in four districts in Tanzania. They were Kisarawe (Pwani region), Masasi (Mtwara region), Bagamoyo (Pwani region) and Musoma Rural (Mara region). Mabala and Allen (2002) state that "the project's intention was intended to break the silence about sexual and cultural practices leading to HIV transmission in Tanzania" (2002: 1). This project applied popular theatre approach as the basis on which to build a programme for out- of-school youth. According to the authors, a district approach was utilised because the impact is exponentially greater though experience has shown that the project which runs the whole district is more expensive at first (2002: 2).

The project started by training two artists in each ward of the four districts, who would return to their communities to familiarise an additional 6–8 artists with the methodology, carry out the research under the supervision of their trainers, and introduce them to the popular theatre approach to HIV/Aids education (2002: 3). Apart from learning facts about HIV/Aids and life skills the artists were also exposed through a popular theatre methodology from data collection and analysis to performance, leading a discussion (Ibid.). Mabala and Allen (2002) state that the team of artists went through the process of data collection and analysis involving many community members in each ward (2002: 3). During the data analysis the issues that were identified were broken down into two main categories: problems related to sexuality and HIV/Aids; and other social problems. From

Kisarawe and Bagamoyo the findings showed how girls are trained to be good wives and good mothers, and are also encouraged to have a spouse and another sexual partner whereas in Masasi, a ritual called *ndindi* was identified as a factor that encourages young boys from 6 to 10 years of age to get ready to engage in sex (Ibid.). In Musoma, the project also identified pressure on women to find a sexual partner so that they won't have to undergo cleansing rituals when their husbands pass away (Ibid.). According to the authors, the artists transformed their analysis into performances and the community members attended rehearsals and a festival. During and after performances at all levels, the young artists guided the audiences through discussions to identify root causes, effects and solutions of the problems.

This project, which was conducted in four districts in Tanzania, is not directly linked to our study. However, it has been able to address the strategies that were used by scholars to tackle the HIV/Aids pandemic in their specified areas. Mabala and Allen (2002) do not state the criteria that were used to select the two artists who were trained in order to train their fellow artists. They do not state the trainees' education level.

TGPSH launched the participatory Theatre Workshop training in Mtwara, Tanzania, to train theatre artists' groups in 2007. The training was intended to produce better reproductive health performances based on HIV/Aids. Hatar (2007) outline the specific aspects of theatre for development that this workshop covered. Of importance was the facilitators' attempt to connect research with performance. However it is recorded that the performance fell short of involving the target communities in interrogating the problematic HIV/Aids questions. Though this study is not related directly to our own, it does in a way illuminate on TfD techniques necessary in conducting community theatre

in specific locales as well as strategies of creating intervention performances.

Mlama (1991) describes the popular theatre projects that took place in Malya, Bagamoyo, Msoga and Mkambalani between 1982 and 1986. Using the projects as templates, Mlama demonstrates how popular theatre utilising local aesthetics can participate in development. Though the aesthetics are local the performances follow the tested theatre for development procedures and processes. Although Mlama's projects do not link to our study she shows the importance of the target community in any community project. The community has to own the entire project since the project is meant for it. She says that a joint team which is formed of the target community and the facilitators for the purpose of participating in the follow-up is worthy because it gives the facilitators more chance to assure the sustainability of the project. It also mandates the community full authority in monitoring its project. Mlama also sets out the procedures that need to be taken in account in conducting any community-centred project though she does not address HIV/Aids issues.

Odhiambo's (2004) using Boal's and Freire's theoretical paradigms as prisms interrogated the framing of TfD in Kenya. The aim of the study was to arrive at a methodology and a procedure that would make the practice more efficacious for practitioners in Kenya. This study is important to the present study as it offers a template upon which the case studies in Tanzania can also be analysed.

Mwansa (2003) reports on his work on TfD in HIV/Aids and behaviour change, in Zambia with specific focus on the armed forces. He applied Paulo Freire's thoughts of conscientisation as his paradigm. The project focused on defence personnel of all ranks

and their families in Zambia's army. Mwansa's motivation was guided by his belief in TfD since it has proven a major tool in investigation, disseminating information and organising people; hence it can also be used to address behavioural change in the defence forces. Mwansa's study, although different from our study, links with this study on how the target community can be involved in any community project elsewhere including Tanzania. He doesn't address how various theatre companies in Zambia frame their intervention theatre.

Kalipeni & Kamlongera (1986) delineate a process that was used to launch TfD project related to health care at Mwima in Malawi in 1986. They delineate four stages of TfD approach, applied by a theatre/drama team in Malawi. Firstly, the theatre group consults with Public Health Care field workers which discusses and simply accepts issues raised by health people; secondly, a sketch is improvised and taken to the village; thirdly, the scenario is prepared using findings of the first meeting in the village and rehearsals; and finally, the play is presented to villagers (1986: 67). Kalipeni & Kamlongera's study provides an outline on how the theatre groups in Tanzania can involve medical practitioners to bring a clear dissemination of the message on health matters but does not state how different theatre groups in Malawi address HIV/Aids issues through TfD techniques.

Chinyowa's study (2005) on *Manifestation of Plays as Aesthetic in African Theatre for Development* intends to illustrate the different discursive stages that may constitute a typical theatre for development workshop (2005: 97). He describes how workshops frame the development process with specific reference to *Pungwe* Theatre in Zimbabwe (Ibid.). In his study he regards framing as a workshop process by creating new frames of

existence through play discourse. His approach of framing TfD through play creates an entry point in framing our study even though Chinyowa does not focus on HIV/Aids.

In general the reviewed literature can be situated into three groups. The first group is formed of scholars who grappled with the framing of TfD. Their aims attempt to create uniformity in framing theatre works, although it is not easy to make theatre practitioners work in uniform. A mirror guides TfD practitioners to select proper strategies in framing their productions because the mirror is used as a yardstick. Odhiambo (2004) and Chinyowa (2005) fall in this group

The second group is composed of scholars whose ambitions were to experiment with TfD. The scholars who qualify to be in this group are Mlama (1991), Mwansa (2003), Malamah-Thomas (1986), Kalipeni & Kamlongera (1986), Eyoh (1984) and Komlan (2005). Most of these scholars were experimenting with TfD to see how the process can work. They were still treating the communities as their case studies. Mwansa starts with a workshop-based process but ends with a performance-based one. The weakness of a performance-based approach lies in situation where a distinction is drawn between the educator and the educatee. The artist as an educator takes a role of educating the audience (educatee). In a situation like that the audience's role is weakened because it is treated by the educator as an empty vessel. The audience that was toured by the artists experienced banking education. Banking education, in Paulo Freire's *Pedagogy of the Oppressed's view* (1970) treats the audience as an empty vessel.

Hatar (2007) and Mabala & Allen (2002) qualify to be situated in the third group of scholars whose target was to equip the theatre groups with skills to address reproductive

health and HIV/Aids in their communities. The projects were intended to minimise the spread of HIV in the community although the effectiveness is doubted because one is not being sure if the artists' works were created from conducting research as a strategy of locating the performances in the target communities. As stated earlier, the reviewed literatures, although not similar to our study, provides a kind of a mirror for our study, especially in framing TfD projects.

CHAPTER FOUR

4.0 ANALYSIS OF CASE STUDIES

This chapter analyses the findings of the three case studies: Case Study One (Hisia Theatre Troupe), Case Study Two (Lumumba Theatre Troupe) and Case Study Three (Mlimani Performers). As stated earlier, the study intended to research how interventionist theatre strategies are framed for the realisation of effective communication of HIV/Aids and how such strategies are deployed in particular contexts. The case studies have been organised into three sections. Section 1 presents findings for Hisia Theatre Troupe, Section 2 presents findings for Lumumba Theatre Troupe, and Section 3 presents findings for Mlimani Performers.

4.1 SECTION 1: HISIA THEATRE TROUPE

4.1.1 *Hisia Theatre Troupe: the background.*

Hisia Theatre Troupe was officially registered on 11th July 1997 by the National Arts Council under both the National Arts Council Act, No. 6[1] of 1974 and National Arts Council Act No. 23[2] of 1984.The National Arts Council promotes the development and production of artistic works; revives production and preservation of indigenous and traditional artistic works and undertakes or assists any institution or person in the undertaking of production, importation, exportation and sale of artistic works for any matter pertaining to artistic works in Tanzania (The United Republic of Tanzania No. 6 of 1974).

[1] The National Arts Council Act no. 6 of 1974: authorized the establishment of Act No. 23 of 1984 and the National Arts Council which promotes the development of arts.
[2] The National Parliamentary Act no. 23 of 1984 that foster the development of art by emphasising in music, theatre arts and works of art.

Hisia Theatre Troupe is based in Temeke Municipality. Its objectives since 1996 when it was formed fall within the National Arts Council regulations. Since its inception the group has been addressing issues related to epidemic diseases and Sexual Transmission Diseases (gonorrhoea and syphilis), including HIV/Aids, by staging public theatre performances. It was awarded a certificate for its positive participation in secondary schools Theatre Bonanza in Dar es Salaam in 2001.

4.1.2 ANALYSIS OF FINDINGS

When we went for field research we were interested in searching the following variables: researching HIV/Aids performance, play devising process of HIV/Aids, audience mobilisation, space and audience arrangement, the actual performance of HIV/Aids, facilitation, and message relevance. They are essential components used to assess intervention theatre. In the field of TfD, it was necessary to find a particular group which deals with HIV/Aids in society.

4.1.2.1 Researching for HIV/Aids performance

Research is an important component of intervention theatre as it assists in identifying target community's problems and consequently in the making of a performance that provides the community with a forum to debate and solve its own problems. Information can either be obtained through questioning or observation. Research for HIV/Aids performance, according to the informants drawn from Hisia Theatre Troupe, is conducted through visiting *Vijiwe vya Wazee* and *Vijiwe vya Vijana. Vijiwe vya Wazee* are recreation centres that constitute male adults only. One such centre is called *Kijiwe cha Wazee* whereas many are called *Vijiwe vya Wazee*. One centre is called *Kijiwe* and *Vijiwe* in the plural. *Vijiwe* are based on cultural matrices that are gender exclusive whereby males

cannot mix with females.

The importance of *Vijiwe* is that they are recreation centres where male adults engage in activities for leisure. Most of the members of *Vijiwe vya Wazee* play cards, drafts and *bao* and drink dry coffee. This is served with coconut cakes and those who provide this service in *Vijiwe* are male dealers only. Female dealers are restricted because of the patriarchal nature of *Vijiwe*. *Vijiwe* usually operate from 4:00 pm to 7:00 pm everyday. Hisia Theatre Troupe's leader explained that the majority of centres for adults are politically affiliated. Most of *Vijiwe* members are supporters of the Tanzania's ruling party whereas others are supporters of the opposition parties. There are very few *Vijiwe* which are not politically inclined.

The centres, according to the group leader, are normally located in busy streets alongside major roads. The centres are usually sheltered by either tents or used corrugated iron sheets. Members sit on benches, mats, and used carpets. *Vijiwe vya Vijana* like *Vijiwe vya Wazee* are centres that constitute male youths/young men only. Their structures resemble that of *Vijiwe vya Wazee* in terms of culture, discourse and hobbies.

We asked Hisia Theatre Troupe's group leader to outline other activities, apart from political matters, which are performed by *Vijiwe vya Vijana* members. He said that "some of the young men participate in "car-wash, carpentry, gardening, shoe shining / repairing, and petty businesses". The location of *Vijiwe vya Vijana* is the same as that of *Vijiwe vya Wazee* in terms of a seating plan, furniture, operating time and activities. The youths like the adults in *Vijiwe* participate fully in political affairs of the political parties that they are affiliated to during national elections.

According to the theatre group leader, *Vijiwe vya Wazee* consists of people who are employed and non employed; highly educated and moderately educated; retired officers of different cadres; business people; those who are married and unmarried; and widowers. They have experienced various cases of HIV /Aids.

In the case of *Vijiwe vya Vijana,* Hisia Theatre Troupe is interested in how the groups are structured. Everyone who participates in *Vijiwe* gets an income from a particular activity. Those who do not generate an income cannot survive in *Vijiwe* because they will be laughed at. Hisia Theatre Troupe, as a group of youths, considers itself among the most vulnerable group to HIV/Aids infection because some do not observe preventive measures when they engage in sexual activities.

As mentioned earlier, Hisia Theatre Troupe conducts research through visiting *Vijiwe*. Before visiting they meet for briefing under the group leader. The HIV/Aids agenda is prepared by Hisia Theatre Troupe's Steering Committee under the Secretary General. He circulates a paper where everyone writes his/her own agenda, including the major agenda on HIV/Aids. After the circulation all the agendas are compiled by the Secretary General, gone through to be considered and a consensus reached. Every one in the group is then asked to write five questions which he/she assumes can interrogate HIV/Aids information in *Vijiwe vya Vijana*. The questions are listed by the Steering Committee, discussed, restructured and accepted by all artists in the theatre group before conducting research in the community. Below is a sample of questions given to us from the Hisia Theatre Troupe's office.

1. Kuna hasara gani unayoipata unapotumia kondomu katika kujamiiana?
2. Wewe umewahi kutotumia kondomu mara ngapi katika kujamiiana?
3. Ni tahadhari gani unayotakiwa kuchukua kabla hujatumia kondomu?

4. Je, umewahi kufanya tendo la kujamiiana ukiwa umelewa?
5. Kama jibu ni ndiyo; je ulitumia kondomu?

Translation

1. What is the disadvantage of in using a condom during sexual intercourse?
2. How many times have you participated in unsafe sex?
3. Which precaution do you consider before using a condom?
4. Have you ever performed sexual intercourse when you are drunk?
5. If the answer is 'Yes', did you use a condom?

After that the artists visit *Vijiwe* to begin an interview. We were also informed by one participant that the theatre group does not conduct interviews in *Vijiwe vya Wazee* because the artists, who are mostly youths, are restricted from accessing information from *Vijiwe vya Wazee* due to their age limit. He added that "*Vijiwe vya Wazee* are researched anonymously through observation methods only". As stated by one participant, "every member of Hisia Theatre Troupe is assigned three areas of his/her interest in HIV/Aids that can be researched through observation". Below is a sample of observations in Kiswahili which was extracted from the Hisia Theatre Troupe's office:

1. Msamiati unaotumika kuelezea unyanyapaa katika UKIMWI.
2. Msamiati unotumika kuelezea ngono isiyo salama.
3. Msamiati unaotumika kuelezea ngono salama.

Translation

1. The terms which are used to explain stigma in HIV/Aids pandemic.
2. The terms which are used to explain sexual intercourse without a condom.
3. The terms which are used to explain sexual intercourse with a condom.

After formulating the questions and the vocabulary for research the male artists form two groups. One group is assigned to conduct interviews in the locations of *Vijiwe vya Vijana* whereas another group goes to *Vijiwe vya Wazee*. As said by Hisia Theatre Troupe leader, the female artists are excluded among the artists who conduct research in both *Vijiwe vya Wazee* and *Vijiwe vya Vijana* "because the patriarchy culture does not allow them to do so". In his view "the female artists fit in their theatre group because the constitution of

Hisia Theatre Troupe does not address gender differences". In addition he stated: "our theatre group's constitution believes in equality. It does not entertain any kind of discrimination".

Hisia Theatre Troupe does not leave the female artists idle when their fellow group members go out for research. The Secretary General stated:

> The female artists go randomly in the streets to interview and observe female community members anonymously along HIV/Aids with reference to observation schedule and interview questions. The female researchers intervene to the female youths groups wherever they find them. No one can suspect anything about them because they are concealed and are part of community members.

When we asked one participant to mention the underlying principles of their research she stated that "during the briefing session both groups of researchers are instructed to conduct their research anonymously". According to her the intention is to avoid any unnatural behaviour from the participants. In addition she said that "if the researchers may introduce [themselves] to the participants some of the participants may refuse to be interviewed". The group leader also stated that the community members associate conducting research with making money. Some community members assume that those who conduct research are paid; hence anyone who needs to access information from the community has to pay the information provider. In the view of Hisia Theatre Troupe's leader the group cannot afford to pay them. The group management, therefore, came to the decision of conducting research anonymously to avoid payments.

According to the Secretary General of the group "the time allocated for conducting research is fourteen days in any area of research". Normally the researchers make appointments by one member or two. Since *Vijiwe* provide dry coffee services, the researchers may pretend to buy dry coffee; they spend about five to ten minutes drinking

coffee and watching *bao* or card players but also observing. The time allocated for research in *Vijiwe vya Wazee* is the same as that allocated for *Vijiwe vya Vijana*. The researchers who usually carry notebooks and pens with them generally take notes when they have left the recreation centres.

When the researchers go into *Vijiwe vya Vijana* as fellow members they talk to those people who are there, interview and observe them anonymously. Recording or note-taking is only done when the researchers have left *Vijiwe* recreation centres. The written field report is submitted by the researchers to their head office after fourteen days when a committee is selected to analyse the information. This committee involves the Secretary General, group leader, and two representatives from female artists. Usually female representatives are selected by ballot. It was also observed that when the theatre group is contracted by either NGOs or any other organisation to run a theatre programme on HIV/Aids in a community the group is provided with themes, which are translated into a script, rehearsed and finally performed for specific purposes in the community. Other themes are also extracted from brochures, millennium goals and posters. Between 2003 and 2006 Hisia Theatre Troupe was commissioned by Medwell Health Centre and UMATI centre from Temeke Municipality to stage plays on polio, malaria and fistula in different phases in Temeke Municipality. This is also how Hisia Theatre Troupe deals with HIV/Aids in Temeke Municipality.

Hisia Theatre Troupe's research resembles ethnographic case studies. According to LeCompte et al (1993), "ethnographers gather information by watching, talking with people, by reading available reports and records" (1993: 39). Observation is the main tool in an ethnographer's equipment, and they spend a good deal of their time in the field

observing, either as non-participant or participant observers. Hammersley (1990) explains that ethnography is a focal point that "may include intensive language and culture learning, intensive study of a single field or domain, and a blend of historical, observational, and interview methods" (http://www-rcf.usc.edu/~genzuk/Ethnographic _Research.html retrieved on 10th October 2008).

Hisia Theatre Troupe uses the same approach to conduct research in its community. The most important element of fieldwork as ethnographer is being there: to observe, to ask seemingly sensitive questions, and to write down what is seen and heard, as Hisia Theatre Troupe does. Ethnographers plan questions and develop interview protocols to ensure that the interview flows and questions are clear. The exception in this theatre group is that every researcher is assigned to formulate the questions which in turn are blessed by the Steering Committee.

The issue of ethics is not privileged in Hisia Theatre Troupe researches. It was revealed that the group does not consider participants' consent in conducting research, so the researchers normally operate anonymously without seeking the participants' input. Ethics is required to ensure that people understand what the researcher is doing and to seek their accepted input. If this is accomplished then the participants remain anonymous if their identity is not disclosed, or that their identity and individual information be kept confidential. The participants in any kind of research should be informed of their rights by the researcher and whether their identity has to be disclosed or not and how the information has to be used.

Hisia Theatre Troupe does not conduct research in partnership with the community.

Freire (1970: 60) recommends “dialogue”, which provides opportunities of a discussion between the educator and educatee on the root causes of their oppression because dialogue transfers knowledge to the extent of discovering the reality of a situation. Community involvement in conducting participatory research is the first step of opening a dialogue with the oppressor; that of HIV/Aids in our case. The oppressed will identify and name the oppressor through this learning process; and when the oppressor is named, according to Freire, “the world in its turn reappears to the “namers” as a problem and requires them to engage in a new naming” (1970: 60-61). The implication is that after the oppressor has identified and named the oppressor he/she (the oppressed) starts actions to eliminate and free his/her oppression. In order to transform the reality of the community, Hisia Theatre Troupe should find the possibility of creating partnership with the community in conducting research.

4.1.2.2 Play devising process of HIV/Aids

A play devising process refers to creating a play for the purpose of performing it. The process involves organising the themes into drama in order to enable the artists to perform it to a target audience. The play devising process begins with research or gathering of information from the target community in order to get themes. These are analysed; stories are created and rehearsed and finally the product is performed in a specific location for the audiences. It is an important aspect in intervention theatre because, in our case, it portrays the reality of HIV/Aids on stage for the audience to watch and engage in discussion.

Hisia Theatre Troupe devises its plays through team improvisation. All the team members contribute in the process. The artists craft the themes on HIV/Aids which are

identified from the field, from brochures, NGOs, millennium goals and posters. They do it under their group leader, selecting one member from their group to assist daily with the group leader in facilitating rehearsals. Individuals' ideas from the group members are acknowledged. After every rehearsal the whole team conducts reflection sessions and at the same time they invite suggestions and criticism from every group member.

In order to arrive at an HIV/Aids theme the theatre group selects a Steering Committee to scrutinise and group the information around a specific theme. As stated by one participant "the more the gathered information produces more variants the more the themes they get". After getting the themes on HIV/Aids they are scrutinised and subdivided by all artists, which is chaired by the group leader. The process leads into creating sub-themes. After getting these the group forms into two, with each group assigned to create a story based on the themes. When the group leader was asked to explain how the theatre group imagines the plot and characterisation along HIV/Aids play he said that usually the story's events are based on who does what in a specific situation. According to him characters are constructed in line with identifiable behaviours in the community. From that concept the theatre group imagines the characters who are taking a role in a story. In this theatre group the artists in their working groups are advised to create a story with a simple plot. When asked why this is so, the group leader explained that it is a story which can easily be understood by any community member, including the children. In addition he said: "Our messages do not specify a particular group because HIV/Aids does not specify as well".

According to the group leader the characters are imagined by the artists. The artists' imaginations reflect on the types of behaviours which are portrayed by community along

HIV/Aids. He gave an example of prostitutes; counsellors; how people behave towards stigma; and how stigma is contested. Characterisation is therefore imagined by exploiting realities and experiences of the community in regards to HIV/Aids. As mentioned earlier, rehearsals are conducted in two groups. This is after the themes have been identified. Each group starts to rehearse its own play under the selected facilitator among the small group membership. After two days of rehearsing the pieces are presented to a selected audience in order to get criticism and feedback. The selected audiences include all the artists and also members who are not artists. After presentation the audience is invited to give its views by considering the ideas that worked and that didn't work to address HIV/Aids. The two groups again are given two more days to sharpen their pieces by including the suggestions that were given by the audience. Then the pieces are re-presented to the same audience for further critique on the message accuracy. The critique is facilitated by the group leader.

According to the group leader the intention of reworking the two pieces is meant to make each piece an independent scene of the major play on issues of HIV/Aids, hence intensive rehearsals have to be done from the beginning. The group leader stated that after the critique, the two pieces are merged in order to get single play on HIV/Aids.

Hisia Theatre Troupe conducts rehearsals for two weeks consecutively under the group facilitator. A dress rehearsal is performed in full costumes and props to the selected audience that had first viewed the group performances before they were merged. The intention is to see how the artists can implement the previous suggestions given to them by the audience (Photo 1: page 91).

Hisia Theatre Troupe's play-devising process can be equated to the Italian Commedia *dell'Arte* in which the artists chose the themes; imagined the characters and named them including their relationship to one another (Bellinger 1927: 153). In *Commedia dell'Arte* "the situations were also clearly determined and outlined" (1927: 154). Everything was done beforehand. Then the material was divided into acts and scenes with a prologue (Ibid.). The situations in Commedia dell'Arte were made clear, together with the turn of action and the outcome of each scene. Bellinger (1927) states:

> The actors considered smoothness, constant surprise, clearness, and spontaneity. They rehearsed thoroughly to meet the requirements of their objective in their play. Their dialogue and their parts were clearly studied (1927: 155).

Actors/actresses played a significant role in the realisation of their characters ensuring that intended messages were rendered with much clarity. Hisia Theatre Troupe also rehearses to ensure that every actor or actress is conversant with his/her lines. The two weeks rehearsal by Hisia Theatre Troupe is meant to keep the theme consistent through memorising the lines, strengthening the actors / actresses in their characters and roles as well as strengthening character relationships in the play. What every actor/actress maintains is to keep the theme constant all the time. The characters in *Commedia dell'Arte* were identified by costumes, masks, and even props (Bellinger 1927: 153). In Hisia Theatre Troupe the characters are not only identified in terms of costumes and props but also in the roles they play.

The absence of community partnership with the artists in conducting research is also echoed in the play creation process. This is a stage where the community after identifying and naming the oppressor (HIV/Aids) takes roles in structuring the information in drama for the entire community to see and reflect upon. Through drama "the community

develops their power to perceive critically the way they exist in the world with which and in which they find themselves..." (Freire 1970: 64). Play creation process is a problem posing scheme which seeks to transform structures of oppression by enabling the community to critically reflect on and take action to transform their situation. Rehearsals as part of play creation process encourages the community (learners) to collectively problematise and re-name their world, moving from being spectators to actors by taking roles in a play which tries to eliminate HIV/Aids in their culture (Boal 1970 in Jackson 2002: xxvii). The play creation process is an effort to enlighten and make people aware of the obstacles impeding them in order to get clear perception of reality that enquires community participation in the making.

4.1.2.3 Audience mobilisation

Audience mobilisation as one of the major components of intervention theatre processes intends to bring the target community together in order to discuss solutions to issues raised. According to Thompson and Pertschuk (1992) mobilisation is a process through which community members become aware of a problem, identify it as a high priority for community action and decide steps to take action (1992 in http://www.comminit.com//en /node/1558/36 retrieved on 6th October 2008). UNICEF (1993) and Wallack (1989) define it as “bringing together all feasible and practical inter-sectoral social allies to raise people's awareness and demand for a particular development program” (Ibid.). With regard to intervention theatre audience mobilisation intends to invite the target community to watch the performance, take active roles and sometimes step on stage to debate the issues raised. The objective is not simply for the audiences to attend but importantly to participate in the dialogue intended to raise their consciousness about the

risks of exposure to HIV/Aids. There are various approaches that can be used to communicate the intended message to a specific community. The approach depends mostly on the community and type of communication which it can access. Mobilisation can be done through the use of local media such as newspapers, magazines, radio, TV stations, internet, phones, drumming, megaphones, to mention a few.

Hisia Theatre Troupe mobilises audience through the use of megaphone, snake dancers, drumming, *ngongoti*[3] procession, and public notice boards. Two artists are assigned to go round the streets using bicycles to inform the community through a megaphone five hours before the time of performance. Snake dancers and *ngongoti* procession also move into the streets to mobilise the audience using megaphones. They move around the community and when they meet any gathering of people they perform a dance for about three to five minutes after which they inform them about the event, venue, time and space. (See Appendix photo 3: page 92)

Ngongoti procession is a masquerade dancer who stands on stilts which make him appear extraordinarily tall. His height reaches beyond the normal house's roofs. To that extent he looks extraordinary, attractive, tantalising and exciting. The *Ngongoti* procession does not go very far from the performing space because the dancer can become tired due to the long poles that support him. The dancer is always accompanied by a person who is ready to provide support if he gets tired. As he moves in the street he announces through a megaphone (see Appendix photo 2: page 91).

The Hisia Theatre Troupe also mobilises through invitations which are normally pinned

[3] Masquerade dancer on stilts

up on public notice boards a week or two before for the community members to access information. The theatre group also applies for permission from Ward Executive Officers, Hamlet leaders and Street leaders before staging a performance in the community. Audience mobilisation as organised by this theatre group is characterised by artistic creativity that purposely intends to win over the audience. Generally, audience mobilisation depends on how the theatre group can mobilise other media to boost the publicity of the project concerned. Audience mobilisation also depends on the set-up of the location and availability of the media.

4.1.2.4 Space and audience arrangement

Space and audience arrangement like other aspects in intervention theatre is important. The way that members of the audiences occupy the performing area enhances or prohibits their involvement. In intervention theatre this space is so fluid and is liberally shared by both the actors/actresses, facilitators and the audiences. Theatre performances in the community take place in different locations varying from place to place. Space can also be determined by the nature of the performance. Other performances may need a small space whereas others may need a large space that may require a changing room. Other performances which need to be performed in a market square may need a space that will be available only at a certain time.

Theatre spaces can be categorized into four types: proscenium theatres, thrust theatres, arena theatres, and found spaces (http://www.geneseo.edu/%7Eblood/Spaces4.html retrieved on 6th October 2008). Proscenium theatres were developed during the Italian Renaissance in the period between 1400 and 1600. All audience members sit on one side of the arch and all actors are framed in front of it. Audiences remain as spectators. A

thrust theatre has audience members on three sides of the stage, leaving one side for taller scenery. An arena stage has audience members on all sides of a square or circular stage. In Western culture the audiences remain as spectators but in the African culture every community member is allowed to participate in the ensuing performance depending on its nature. A ritual performance may require specific criteria for one to participate (Soyinka 1976). For example, where a certain role may need an adult person the youths are automatically restricted. Found spaces are performing spaces which are transformed depending on the nature and requirement of the space. These are spaces which are determined by the environment of the performance. The performances which are normally staged in the community prefer to locate the audience in one space to avoid audience intrusion. Other theatre practitioners do not know other spaces because they were brought in through a proscenium type of space.

Oblinger (2006) defines space as a change agent when she defined learning as a central activity of colleges and universities (2006: 1). She also states: "learning occurs in classrooms (formal learning); other times it results from serendipitous interactions among individuals (informal learning)" (2006: 1). In that perspective learning activity/process does not occur in a single specified space. She reminds us that:

> Space - whether physical or virtual - can have an impact on learning. It can bring people together; it can encourage exploration, collaboration, and discussion. Or, space can carry an unspoken message of silence and disconnectedness (2006: Ibid.).

Space can provide positive and negative interpretations from the learners depending on how one perceives it. It can open interactive communication or not.

Fulton (1991) states how a particular seating arrangement "may increase satisfaction but may decrease participation if a certain learner wants to remain relatively anonymous in a

new setting" (1991: 20) or "a multi-sensory presentation may increase achievement while decreasing a person's satisfaction if a non preferred learning style is engaged" (Ibid.). Then Fulton states how the physical environment can be defined by learners / audience's perceptions as he says:

> Thus, a place can have high density but be rated as crowded by one group and not crowded by another or a certain room temperature can be considered cool by some and warm by others (Ibid.).

Individuals therefore have their own perceptions about a space. One can judge it in a negative way whereas another one can consider it normal (positive). To that extent, the educator/facilitator must always bear in mind the potential enhancement and detraction from learning that any changes to the physical environment can simultaneously ratify. Space is considered important by this study because it serves as a learning space where artists and audience interact or congregate for the purpose of achieving HIV/Aids messages. It is not only the space but the quality of the space that needs to be considered; hygienically dustless space; space that allows interactive facilitation and a space that can consider audience categorisation such as children, disabled and able-bodied as well as adults. One of the challenges in interactive HIV/Aids initiatives is to change this space into one which will accommodate dialogue and conversation in order to make the facilitation process successful. In space, the audiences can either be crowded or not depending primarily on the size of a space.

Hisia Theatre Troupe's performances were held in open spaces at Tandika Primary School, Madenge grounds and Sandali grounds. The artists demarcated the performing space into a rectangle shape by using wooden poles which were tied with strings. The role of poles acts as boundaries that create two different spheres. This reflects the

Western spaces where the audience is just a spectator who watches without intervening on the performance. The actors/actresses used the inner part of the space while the outer part was left for the audience. The actors/actresses dominated one part which was used for exits and entrances. There was no reserved space for a changing room. The remaining part was specifically for the audience.

The performance took place on the same level ground. When it started the players were almost surrounded by the audiences. The artists decided to select one artist to monitor the discipline in order to prevent the audience from invading the actors/actresses' space. The arrangement of the audience was in a semi-circle. Children who did not get the front space squeezed themselves among the adults. In general the audience was too crowded (see Appendix photo 4 page 92).

Although the former seating plan was destroyed, the performances went on smoothly. These spaces were the only ones available for public activities in the communities concerned. With all the difficulties in space and audience arrangement the theatre group performed successfully.

4.1.2.5 The actual performance of HIV/Aids

The Actual Performance of HIV/Aids is enacted by the artists before a targeted audience. It is a product of a play devising process which reflects the social reality of HIV/Aids in the community. Like other major aspects of intervention theatre already mentioned, the actual performance of HIV/Aids depicts attitudes and practices of the community members. It acts as a restrictive or preventive measure to the community members who would like to involve themselves in risky behaviours. Through the performance it is

anticipated that the community can see its reality mirrored for it.

Hisia Theatre Troupe begins the actual performance of HIV/Aids (see Appendix photo 4: page 102) immediately when the traditional dance ends. There is no body to introduce the group or provide a prelude to the performance. The group presents the message chronologically and there is hardly any audience participation from the beginning to the end. In the particular that I watched the skit was about a married man called Musa whose wife, according to the play, died of AIDS two years ago. Through voluntary testing Musa proves HIV positive. The reality of his status leads him to contemplate committing suicide by hanging. He ties his neck with a strong string, mimes climbing a tall tree with the strong string round his neck and ties the other end of the string around the tree. Before accomplishing his mission his neighbours arrive at the scene and save him.

Musa is counselled and finally becomes a good person. His neighbours speak to him in a didactic manner: “You are not suffering from AIDS but you are living with HIV. You are HIV positive but you are not suffering from AIDS. HIV does not kill but AIDS kills.” Then the play ends. The audience did not get involved at all.

Hisia Theatre Troupe’s actual HIV/Aids performance ignored audience participation. Generally the performance did not deploy any of Boal’s techniques to elicit audience participation. From my assessment of this performance, it is perhaps correct to assert that the audience was treated as an empty vessel as Freire’s conceptualization of traditional modes of pedagogy. In the audience interactive theatre performances, the engagement should lead the audience into some kind of transformation; a situation that catalyses the audiences to be conscious of the nature of their oppression and therefore undertake action

for their liberation. The performance is supposed to accommodate a space for the audiences to transform themselves from being passive into active by picking roles of their choice from the performance and stepping on stage in order to voice and show direction of getting rid of HIV/Aids in their community through the selected roles.

The artists should share knowledge with the audience in order to liberate themselves but in this group the audiences are passive spectators that have nothing to share with the artists. The audiences (oppressed) should create their own world in a performance by becoming actors/actresses (spect-actors). Instead of being led they lead (Boal 1995: 42); and “the oppressed becomes the artists” (1995: 43). To fight oppression, what Boal calls “cop in the head”, needs one to be an active observer, projecting and guiding own actions.

Hisia Theatre Troupe approximates Freirean banking education where education “serves an oppressive society by “mythologising reality -something to which people, as mere spectators, must adapt" (Freire 1970: 135). Freire (Ibid.) recommends the performance to engage the audience critically with the issues and consequently enable them to alter their perception of their lived realities and experiences (Freire 1970). It is only through deliberate participation that genuine liberation from HIV/Aids can be achieved.

4.1.2.6 Facilitation

Facilitation is a technique of organising audience members either to take roles in a performance or to discuss the performance by asking questions. Odhiambo (2004) defines facilitations as:

> Facilitation as is typically interrogative and the intention is to invite the participants to explore the familiar with eyes wide open, so that what was once believed as

> deterministic, inevitable and fixed now appears as transitory and capable of being transformed through human efforts and actions (2004: 175).

Facilitation is the harmonisation of an activity which encourages group members to participate meaningfully.

Hisia Theatre Troupe did not encourage the community to participate in the project. Only few selected people were approached in a situation that did not open a room for the community concerned to be aware of that was planned for it. The theatre group did not set the agenda together with the community. Generally, the whole process such as researching HIV/Aids performance, play devising process of HIV/Aids, audience mobilisation, space and audience arrangement, the actual performance of HIV/Aids, and facilitation were dominated by Hisia Theatre Troupe's artists. Although facilitation in intervention theatres begins with designing the agenda as this case study did, the weakness is that the theatre company neglected community involvement in running the project. The theatre group did not assign roles to the community at all.

Hisia Theatre Troupe's performance began as soon as the traditional dance ended. The weakness with the Hisia Theatre Troupe technique is the dichotomy that it creates between the performers and the audience; not opening up enough dialogic opportunities for the audience to engage with the issues raised in the performance.

4.1.2.7 Message relevance

Encarta World English Dictionary (2008) defines relevance as "connected: having some sensible or logical connection with something else such as a matter being discussed or investigated (http://uk.encarta.msn.com/dictionary_1861770127/relevant.html retrieved on 6th October 2008). It also refers to "having social significance: having some bearing

on or importance for real-world issues, present-day events, or the current state of society (2008: Ibid.).

Hisia Theatre Troupe's actual performance of HIV/Aids presented the reality about HIV/Aids in Tanzania. The performance was based on a person who attempted to commit suicide after he tested HIV positive. The major issues around HIV/Aids interrogate the significance of HIV/Aids in Tanzania (National HIV/Aids Policy), HIV Testing, issues of counselling, HIV and AIDS education, and suicide attempts.

With regard to the significance of HIV in Tanzania the National HIV/Aids Policy was launched in 2001 and the government declared HIV/Aids a disaster that needed National response at that particular moment. The establishment of the National HIV/Aids Policy was evidence to the presence of HIV/Aids pandemic. The first three cases were diagnosed in the early 80s. The policy states:

> In Tanzania the first three AIDS cases were reported in 1983 in Kagera region. By 1986 all the regions in Tanzania Mainland had reported AIDS cases. By the end of 1999 there were some 600,000 cases of HIV/Aids and a similar number of orphans (Ibid: 9).

The figure above shows how HIV spread quickly within a short time. All initiatives on HIV/Aids in Tanzania are administered and taken care of with regard to the policy concerned. Since then HIV/Aids remains as one of the key challenges in the prevention and control of the epidemic (2001:3).

HIV testing is another issue that was raised by the actual performance. It is one of the specific objectives of the National HIV/Aids Policy (Ibid: 12). Through HIV testing programme the policy has outlined the ethical conditions in testing for HIV for surveillance of the epidemic, diagnosis, voluntary testing and research (Ibid: 28). For

voluntary HIV testing, pre-and-post test counselling should be done to enable test results to be communicated to the person tested or, in the case of minors, to parents or guardians (Ibid: 28). The issue of counselling which was also raised by the actual performance is dealt with under HIV testing. The main aim of HIV testing as stipulated by the Policy is:

> To reassure and encourage the 85 - 90% of the population who are HIV negative to take definitive steps not to be infected, and those who are HIV positive to receive the necessary support in counselling and care to cope with their status, prolong their lives and not to infect others (2001: Ibid).

Voluntary HIV testing in Tanzania is administered through informed consent which is obtained from the person before HIV testing can be done (Ibid: 29).

HIV and AIDS education is among the challenges that hamper HIV/Aids prevention in Tanzania. The practice of female genital mutilation, unsafe circumcision, and unsafe sex still exist among the community members. For example, Tarime district is among the HIV affected areas of Mara region because the residents in this area embrace the practice of circumcision to both female and male community members; the practice which is criticised for how it can contribute to the HIV transmission (Chacha 2002: 2). HIV/Aids education needs to be a continuous initiative in the community in order to serve a person like Musa in Hisia Theatre Troupe's HIV/Aids actual performance who decides to attempt suicide because of his HIV positive status.

The suicide attempt as raised by the HIV/Aids performance is not a new case in Tanzania. The title "HIV/Aids and challenges of euthanasia" was reported by The Guardian (2008-01-21) of Tanzania on 21 January 2008. The reporter outlined suicide attempts as follows:

> A resident of Maramba village in Mkinga District, Mariam Ninde (25), committed suicide in her room by hanging herself using a piece of rope after she tested HIV positive,

> according to Tanga Regional Police Commander Simon Nyakaro Sirro. Frank Sanga (22) a former Form Six student at St. Aggrey Secondary who was living at Uyole locality, Mwawamji street in Mbeya City committed suicide on December 19th, 2007 in similar circumstances, as relayed by Justin Sanga, an elder brother of the deceased. Simon Mwakasindile alias Maneno (29) also hanged himself in his room at Kibaoni in Singida after his girl friend informed him that she had tested and found to be HIV positive, according to Celina Kaluba, Singida Regional Police Commander. In Dar es Salaam, Mohammed Omari (29) committed suicide in his room by using a khanga after he tested HIV positive, as said by Kinondoni Regional Police Commander Assistant Inspector Jamali Rwambo (http://www.ippmedia.com/ipp/guardian/2008/01/21/106724.html retrieved on 6th October 2008).

Musa's suicide attempt in the performance described in this case study may have been instigated by the fear of stigmatisation.

Suicide attempts related to HIV/Aids have been experienced worldwide. A study by Meel (2003) on *Suicide and HIV/Aids in Transkei* in South Africa describes suicide attempt as risk which is associated with HIV/Aids. According to the author, a suicide attempt occurs when an individual knows his/her status. HIV positive results is a sudden unexpected and a person is unprepared to disclosure of HIV test result; it leads him/her to depression that finally leads him/her committing suicide. Meel (2003) recommends preventive efforts, education, and counselling by physicians as solutions to minimise risk of suicide. In the scholar's view it is essential to screen, identify, and treat depression among patients entering care for HIV disease. The author draws evidence from South Africa as stated below:

> Depressive symptoms are common among patients with HIV infection. The lifetime prevalence of depression in patients infected with HIV has been estimated at 22-45%. (…) Many people with HIV suffer from depression and suicidal ideation, which responds to antidepressants, counselling, education, and cognitive strategies (2003 in http://psy.psychiatryonline.org/cgi/content/full/39/5/405 retrieved on 6th October 2008)

Kelly et al (1997) investigated the prevalence and predictors of suicidal ideation and past suicide attempt in an Australian sample of HIV positive and HIV negative homosexual

and bisexual men. They outline factors associated with suicidal ideation such as being HIV-positive, the presence of current psychiatric disorder, higher neuroticism scores, external locus of control, and current unemployment (Kelly et al. 1997 in Blalock et al. 2002: 400 – 404). The findings of Kelly et al's study indicated increased levels of suicidal ideation in symptomatic HIV-positive men and highlight the role that multiple psychosocial factors associated with suicidal ideation and attempted suicide play in this population (Ibid).

Guni (2005) on *Combating HIV/Aids-Related Stigma and Discrimination* outlines the consequences of stigma such as negative emotions, rejection of HIV antibody test, stress related to hiding of the condition, anxiety, depression, guilt, loss of support, difficulties with family dynamics, emotional or physical violence and deterioration of relations with health care providers (2005:13). The author states that an HIV positive person may develop suicidal thoughts and feelings of despair that sometimes may make him/her not to want to go to work (2005: 13). Rejection of the HIV antibody test occurs either when a person rejects to get tested or when he/she rejects the results of the test (2005: 14). Stress related to hiding of the condition occurs when a person living with HIV/Aids is afraid to disclose his/her status for various reasons even to loved ones (Ibid). If he/she discloses it to the family members they can hide the condition and keep it a family secret; hence putting the infected into tremendous pressure (Ibid.). Either way, anxiety arises from a failure that society may know your status even though you have not disclosed to anyone (Ibid). It happens when a person makes unusual comments or gestures that you perceive as different from their normal behaviour and you begin to suspect that they know something (Ibid). The author states that depression is related to high level of stress in the

suppression of the immune system thereby compounding HIV infection. According to him depression can lead to loss of appetite, and fatigue, to mention a few.

The author describes that an individual feels guilty about having violated those standards when society stigmatises him/her (Ibid). This depends on attitudes, beliefs, values and standards by the stigmatised. It is also common for people to blame themselves when they feel like they did not meet their personal expectations and goals (Ibid). Where stigma is eminently present it is common for the HIV positive person to lose moral, social and economic support that they would otherwise have if their HIV positive status were not known (2005: 14). Some service providers may choose to terminate their services to individuals once they know (2005: 14). Family relations can dramatically change once they realise that you have HIV. Once someone's positive HIV status is known, even close relations may be the first ones to cast out or discriminate against those with the virus (2005: 15).

Goffman (1963) states that fear of societal reprisal may lead to unwillingness to be tested or to disclose one's status (In Guni 2005: 15). Men often suffer the emotional torture of disclosing their status to their loved ones based on their perception of how their loved ones would react. Women often suffer physical and emotional abuse and violence when they disclose their status (Ibid.). Being HIV positive often comes with medical complications that may require more attention than usual. In resource poor settings where health providers are underpaid it may lead to service frustration and spontaneous negative attitudes towards people living with HIV/Aids (2005: 16). Hisia Theatre Troupe grappled with suicide attempts by educating the main character (Musa) on how HIV positive results should be handled. As we have previously stated, in the actual HIV/Aids

performance above, Musa is educated by his neighbours who have conflicting ideas to his. He is told that he does not suffer from HIV/Aids but he has HIV. Furthermore, his neighbours insist that HIV does not kill, what kills is AIDS. His neighbours' responses to Musa are a kind of counselling which brings relief. Among the solutions recommended by Meel (2003) above to avoid suicide attempts include preventive efforts, education, and counselling (2003 in http://psy.psychiatryonline.org/cgi/content/full/39/5/405). Musa is ignorant because he cannot differentiate HIV and AIDS. There are many people like Musa in the communities who share the same ignorance around HIV/Aids. This needs an everlasting HIV/Aids education. Hisia Theatre Troupe has tried to attach the actual performance of HIV/Aids to the current events resulting from HIV/Aids.

4.1.3 Conclusion

Although the group is working tirelessly disseminating HIV/Aids messages, it still needs to improve some of its intervention theatre techniques. Research and the play creation process need to consider community involvement whereas facilitation and the actual performance require the skills of involving the audience in a performance to make them audience-centred. The aim is to guide the audience into becoming aware of what impedes behavioural change towards HIV/Aids.

4.2 SECTION 2: LUMUMBA THEATRE TROUPE

4.2.1 Lumumba Theatre Troupe: the background.

Lumumba Theatre Troupe was officially registered on 7 August 2002. As part of the three case studies the regulations that were used to register Hisia Theatre Troupe in Section 1 were similarly applied to Lumumba Theatre Troupe. Although both theatre

companies have been dealing with HIV/Aids issues, Lumumba Theatre Troupe has been specifically targeting HIV/Aids and drug abuse. Lumumba Theatre Troupe operates in Ilala Municipality in Dar es Salaam.

4.2.2 Analysis of findings

Since Lumumba Theatre Troupe is part of the three case studies as already mentioned above, it was registered in the same criteria like Hisia Theatre troupe. The variables that were applied to assess Hisia Theatre Troupe in section 1 on how the theatre groups frame their works are therefore retained.

4.2.2.1 Researching for HIV/Aids performance

Research is the process of discovering unknown knowledge because there is nobody who knows everything. Normally the collected information has to be supported with evidence. We can get evidence through interviewing people, from observation, from reading books, journals, to mention a few. The information needed for creating HIV/Aids initiatives in a community is usually gathered by consulting the local community in a location of study because the local community is the one which has the knowledge of the particular problem in its area. This is what makes research an important component in intervention theatre because of its characteristic which regards the community as a key component in addressing any community programme.

Lumumba Theatre Troupe conducts research through visiting *Vijiwe vya Wazee* and *Vijiwe vya Vijana,* as we have explained Hisia Theatre Troupe does in section 1 above. The set up of *Vijiwe* in the first case study and Lumumba Theatre Troupe is the same. Both two locations: Temeke Municipality and Ilala Municipality are defined in terms of

patriarchal cultures and structures where households are dominated by males.

The exception with Lumumba is that the agenda for conducting HIV/Aids research is submitted by the group leader at a meeting. According to one participant the meetings are not frequently done so when the group leader feels there is a need he calls for an emergency meeting. When the agenda is made everyone contributes for the purpose of reaching the objective.

The questions for information gathering are also devised by the group. After that the group leader assigns the artists (researchers) to conduct research. The researchers are provided with pens and note books for recording but they are cautioned to keep their identity anonymous like in Hisia Theatre Troupe. The group conducts research for ten days but the researchers are normally asked to submit their reports to their head office within fourteen days.

Below are samples of interview and observation schedules we were given by the group leader in Kiswahili language:

1. Hadithi za waganga wa jadi wanavyodanganya kuwa wanatibu UKIMWI.
2. Hadithi za wanafunzi wa kike wanavyodanganywa kwa chips.
3. Wanafunzi wa kike wanavyoambukizwa UKIMWI.
4. Wanafunzi wa kike wanavyodanganywa na wazee wahuni.
5. Malezi mabaya ya watoto wa kike.
6. Wazee waongo wanavyoongea.
7. Taarifa za watu waliokufa kwa ukimwi na hadithi zao.

Translation

1. Tales about traditional healers along HIV/Aids.
2. Stories about how school girls are lured by teenagers with chicken and chips.
3. How school girls are infected with HIV.
4. How school girls are tricked by sugar daddies.
5. Parents' irresponsibility to their daughters.
6. Sugar daddies' gossips and fake stories.

What are referred to as questions in Lumumba Theatre Troupe are really points of reference expected to guide the researchers, and can be linked with peoples' behaviours around HIV/Aids and commitments in different tasks and roles. The researchers in this theatre group observe behaviours and their attendant narratives that relate to HIV/Aids. The researchers do not make appointments with anyone in either *Vijiwe vya Wazee* or *Vijiwe vya Vijana* because they don't want the group members in *Vijiwe* to know their mission. A participant said they had tried to inform them previously, but when those to be interviewed asked for payment, the researchers decided to operate secretly instead. The researcher needed clarification on how the female artists are engaged in research if the community does not accept them, either in *Vijiwe vya Wazee* or *Vijiwe vya Vijana*. The Lumumba Theatre Troupe's constitution is not gender insensitive but problems arise because there are some members who still discriminate against females. The group leader said, "it is the nature of the community which does not allow them [women] to enter in those pastime centres".

Lumumba Theatre Troupe also conducts workshops on HIV/Aids by inviting the youths of both sexes as sources of information on HIV/Aids. The theatre group invites the female and male youths to discuss the role of the youths in addressing the HIV/Aids pandemic in their communities. In the workshops the youths are guided to brainstorm, discuss and reach conclusions, and are then assigned to collect information on HIV/Aids related behaviours vis-à-vis drug abuse from their communities and submit reports to the Lumumba Theatre Troupe's office. The youths are instructed to design individually the procedure of gathering information. Normally they conduct research for seven days and submit their reports in writing. The collected information is then used by Lumumba

Theatre Troupe to create HIV/Aids plays for community initiatives.

There are two issues which seem to link Lumumba Theatre Troupe and Hisia Theatre Troupe. These are ethics and community partnership in conducting research. Ethical issues are not observed completely. Apart from that, Lumumba Theatre Troupe tricks the youths who are sent to the community to do research on its behalf. However, if anything wrong happens in the location, who will be answerable? And how does Lumumba Theatre Troupe believe in the youths who are sent in the community to conduct research? Community participation can help in the planning and preventing of HIV/Aids. Community members can identify the causes and extent of the problem because they are the ones who create that community. HIV/Aids cannot be approached in isolation because it is a partnership issue which affects the entire community. The community can assist the theatre group to design and implement strategies to reduce HIV/Aids transmission because they know themselves how they behave and live with HIV/Aids. It is easy to mobilise the community when the group locates itself in the community. It is easy for the theatre group to get community perspectives to HIV/Aids if the community is part of the process. The community has a lot of knowledge on culture and the members know their constraints. HIV transmission cannot be halted if the target community is ignored in the programme. Freire's paradigm considers people by citing their local realities as evidence of achievement. He recommends enabling the people to "...develop their power to perceive critically the way they exist in the world with which and in which they find themselves..." (1972: 64). They cannot be enabled if they are not given responsibility. Moreover, the research aspect should not be neglected because it helps to get the reality of the community on HIV/Aids matters. The community therefore as the

target population has to be the central and source of all information that intend to bring behavioural change.

4.2.2.2 Play devising process of HIV/Aids

Play devising process of HIV/Aids is a procedure which usually translates the research data of a specific location into drama for the purpose of using it to raise awareness in that particular HIV/Aids community. The play is meant for that specific location because the data which is used to create it originates from that particular location. It is recommended to use it to raise awareness on HIV/Aids within that specific location because the information belongs to that particular location.

Lumumba Theatre Troupe devises HIV/Aids plays through an improvisation process similar to Hisia Theatre Troupe seen in Section1. The difference is that in Lumumba Theatre Troupe the group leader imposes the idea of HIV/Aids. After getting the field report the group leader compiles the field work information to decide on one theme. Then the group leader requests the artists to create a story but instead of all artists working together they select two members to work on that particular theme.

After designing a story the group draws the rehearsal schedule and begins rehearsals (see Appendix photo 5: page 93). They usually start at 4: 00 pm and end at 6: 00 pm for three weeks consecutively. Two facilitators are selected to supervise rehearsals. The selection does not involve the group leader. He joins the group to facilitate the rehearsals after two weeks where he becomes the overall facilitator. According to the group leader, dress rehearsals are done on the last three days of the third week. With reference to how the theatre group imagines plot and characters in devising a play one participant stated:

> We pick characters from the society. We study what people do in relation to HIV/Ads in our community; how they behave and how they say then we use them in our plays. We consider all levels of peoples' understanding including the children in order to convey a clear message.

The way the group imagines the plot and the characters on HIV/Aids is the same as that of Hisia Theatre Troupe.

Lumumba Theatre Troupe does not devise HIV/Aids performance differently from Hisia Theatre Troupe. The problem of ignoring the community completely that was observed in Hisia Theatre Troupe is also echoed in Lumumba Theatre Troupe. The time located for rehearsals in this theatre group exceeds that of Hisia Theatre Troupe by one week. Apart from ignoring the role of a community in its process to be maintained by this group there is also a problem of facilitation during rehearsal where the group leader takes over the facilitation after working under a different facilitation for two weeks. This can hamper the rehearsal if he imposes new ideas.

4.2.2.3 Audience mobilisation

Audience mobilisation is how we consider inviting people to attend a performance that intends to raise awareness around HIV and AIDS in the invited community. When people are aware of what is intended for them they may easily attend, although others may be aware of what is going on they may decide not to attend. Audience mobilisation can also be done through various ways such as radio, television stations, and newspapers.

Audience mobilisation as practised by Lumumba Theatre Troupe is done through applying for the permission to stage performances in the locations, the use of public notice boards, megaphone, community leaders and drumming. Normally, Lumumba Theatre Troupe applies for the permission before staging a performance. Applications for

permission which are channelled by Lumumba Theatre Troupe Secretary through The Municipal Cultural Officer are sent to the Municipal Director, District Commissioner, Ward Executive Secretaries, Hamlet Secretaries and Street Chairpersons.

The invitations are pinned on public notice boards one or two weeks before for the community to get information on when to attend the public performances. The public notice boards are situated in the Ward Executive Offices, Hamlet offices or Street Offices in the Municipal Council.

Then the Artists go round the streets on foot to invite the community to attend the public performance through megaphones. The exercise usually takes place three to four hours before the public performance to begin. Community leaders such as Ten-cell leaders, Street leaders and Hamlet leaders also are requested by the artists to inform community members on the public performances. These are leaders who are very close to the people because they reside among the community members in the community concerned. Apart from that, drumming is also done for more than an hour to attract audience in a space. Few selected artists who are assigned by the theatre company's authority play drums in the locations purposely for inviting the audiences.

Audience mobilisation as practiced by Lumumba Theatre Troupe depends on the set up of the community and how the entire community is approached by the theatre company. The problem with this theatre company is that it does not involve the community leadership from the beginning. The community leaders are only approached by the theatre company to support it (the theatre company) at the phase of staging performances in the community. This situation can cost the theatre company if the permission for

staging a performance is rejected by the authority concerned.

4.2.2.4 Space and audience arrangement

In most community open performances take place in public spheres and those who come to watch them sometimes participate by taking roles in those performances. In these performances, the audience have no specific seats and normally stand while others, such as children, sit on the ground. Generally, there is no specific audience arrangement in space.

Lumumba Theatre Troupe had planned to stage two performances in Ilala Municipality. The first was planned to be performed at Vingunguti B grounds while the second was planned to be performed at Ukonga grounds. In both locations the performances were confirmed by the street leaders. However, the performance for Vingunguti B was cancelled because the space had double allocations as there was a football match scheduled to be there.

The performance at Ukonga grounds was done at the same level in the open space. The artists began by creating their performing space in front of one tent which was brought in for polio awareness. It was an advantage for the audience to sit under a tent when they were watching a performance. The space for the artists was not marked but the artists thought the audience would occupy spaces under the tent. As a result when the performance started the artists were surrounded by the audiences. Other audience members were watching the performance from the backs of the artists (see Appendix photo 6: page 93).

Space and audience arrangement is still a problem in most of the communities, especially

when we consider the children who normally sit down in a crowded situation. Although the theatre group has no control of the performance spaces the communities themselves should consider establishing spaces that may suit different audiences for community functions in the community concerned.

4.2.2.5 The actual performance of HIV/Aids

The actual performance of HIV/Aids in this case study was enacted to the audience in Ilala Municipality. A performance itself had been created by Lumumba Theatre Troupe on HIV/Aids themes that resulted from a research conducted in the community. Specifically, the skit dramatised experiences of those affected by HIV/Aids.

Lumumba Theatre Troupe began their performance when the mobilisation dance ended. It opened with an opening song for saluting the audience. The setting of the first scene is 'at home.' The play focuses on the girl child (*Bahati*), father (*Baba Bahati*) and mother (*Mama Bahati*). The skit shows how the home plays a major role in determining the child's behaviour. *Bahati*, who leaves in fear as a result of having to co-exist with drunkard parents, inherits her parents' behaviours. Because the parents' aberrant behaviour she can not remain in school. After the first scene the Joker intervenes with questions that target the audience.

Joker: Is the girl child's behaviour good or bad?

Audience (*in chorus*): Bad.

Joker: Where did the girl child inherit this behaviour?

Audience (*in chorus*): From her parents.

Joker: Where does prostitution lead a girl child?

Audience (*in chorus*): HIV.

The second scene takes place at home. The central issue focuses on the girl child (*Bahati*), parents (*Baba Bahati* and *Mama Bahati*), a traditional healer (*Mganga wa kienyeji*), medical doctor (*Daktari*), lawyers (*Mwana-sheria*) and the teacher (*Mwalimu*). The skit shows *Baba Bahati* in a series of interactions with *Daktari* and *Mganga wa Kienyeji* after his wife has passed away. He begins with *Daktari*. He is tested but before collecting the results he changes his mind and goes to *Mganga wa Kienyeji*. *Mganga wa Kienyeji* instructs him (Baba Bahati) to cleanse his family through sexual intercourse with *Bahati* (his daughter). In the event he infects *Bahati* with HIV. When *Bahati* discloses the matter to *Mwalimu* and a follow up is made *Baba Bahati* is charged and finally sentenced to thirty years imprisonment. But *Bahati* as a victim of circumstance remains in a dilemma not knowing what to do. This scene is interrupted by the joker's questions as follows:

Joker: Why did the *Baba Bahati* rape his daughter?

Audience (in chorus): He was told by the traditional healer.

Joker: Is it good for the father to rape her daughter?

Audience (in chorus): No.

Joker: What did the father infect his daughter with?

Audience (in chorus): HIV.

Joker: Are the traditional healers good or bad?

Audience (in chorus): Bad! Good! No!

The performance followed closely on Boal's techniques of using a Joker as a mediator. In the facilitation the Joker asks three questions in the first scene and four questions in the second scene. The Joker expected to receive one answer from each question posed in the

chorus form but instead more than one answer was echoed back. For example, for the last question in the scene, the audience provided three answers but the Joker did not provide the proper answer. The Joker anticipated 'bad' as an answer but the answers shouted back were 'bad', 'good' and 'no'. The responsibility of a Joker is to make sure that he/she clears ambiguous statements that may arise when he/she engages the audience in a discussion. The Joker did not work towards that end. In performances where the Joker is used, he/she is someone who liaises between the dramatic world of the characters and the real world of the spectators. His/her role is to encourage and help the play advance through his/her own questions and comments (Boal 1979 in Jackson 2002: xxvii). The Joker may even demand to repeat the scene. The Joker does not allow the chorus answers because his/her intention focuses on transforming an individual, not a group.

Lumumba Theatre Troupe's performance of HIV/Aids echoed the banking education techniques as denounced by Freire. Lumumba Theatre Troupe's banking education system does not diverge from Hisia Theatre Troupe as explained in an earlier section

4.2.2.6 Facilitation

Facilitation is the art of managing a performance in space. It is how a performance is mediated, between the artists and the audience and how dynamic structure of engagement that ensues between artists and the audience. Facilitation depends more on the skill of a facilitator. An unskilled facilitator cannot manage to advance the performance into a complex level where the audience can begin critique the performance in terms of their lived realities and experience.

In the case of Lumumba Theatre Troupe, facilitation in the performance space started

with an opening song. This was a salute to the audience by the performers. Then the actual performance followed. This was intercepted by the Joker who intervened. The intention was to open a space for the audience to contribute to the performance. After engaging the audience for a little while, the second scene started. This also engaged audience participation which was led by the Joker. The performance ended when the Joker ended the facilitation.

Lumumba Theatre Troupe faced the same facilitation problems as the Hisia Theatre Troupe in Section 1. The interception of a Joker created a problem because most of the issues raised were not clarified, especially the questions that received more than one answer. The Joker was supposed to raise more questions in order to clarify hidden issues. For example, he could ask to know 'why do people go to traditional healers if they are not helpful? What is important in them in relation to HIV? Is there any logic behind father to have sexual intercourse with a daughter because of cleansing? How does cleansing relate with *Bahati*? Has *Bahati* contributed in her mother's death? Facilitation is supposed to alter views and affect transformation. As we stated in Section 1, facilitation needs a skilled person who can guide the audience in discussions and come up with a solution.

4.2.2.7 Message relevance

The performance highlighted three issues. First, how the home environment can shape children's behaviour making them vulnerable to HIV; second, the implications of the belief that traditional healers can cure HIV; and third the responsibility of society to child's welfare and rights.

From the first scene of the HIV/Aids performance of Lumumba Theatre Troupe we realise how a child can become a victim of circumstance at the home environment. Baba Bahati who is drunkard creates fear in Bahati. He makes Bahati uncomfortable at home. The second scene shows how the home can play a significant role in the transmission of HIV. Baba Bahati, HIV positive, is instructed by Mganga wa kienyeji (traditional healer) to have sex with Bahati. The performance suggests how false beliefs can damage the future of innocent children. Traditional healer (*Mganga wa Kienyeji*) is the source because he has no HIV knowledge.

Lugakingira et al (1993) examined how traditional healers determine their knowledge and awareness of HIV/Aids (1993: http://gateway.nlm.nih.gov/MeetingAbstarct/ma?f=1022 07141.html retrieved on 6th October 2008). The results of those interviewed from one hundred randomly selected traditional healers from Kagera region and Ukerewe district in Mwanza region showed that:

> Most respondents 97% confirm that AIDS is a big community problem, awareness levels of HIV/Aids were below 20%. They couldn't distinguish between asymptomatic HIV infection and the disease AIDS. Only one main mode of transmission was known (sex). Besides poor awareness of condom use the respondents disliked and fought against them, thinking that condoms promote promiscuity; burst; distrust to marriage and that HIV is planted in them (1993: http://gateway.nlm.nih.gov/MeetingAbstarcts/ma ?f=102207141.html retrieved on 6th October 2008).

With reference to Lugakingira et al's exploration we can conclude that the majority of traditional healers have low levels of knowledge and awareness of HIV/Aids. Homsy et al (2004) admits how traditional healers have little knowledge about HIV/Aids as they state:

> However, many conventional health workers distrust traditional medicine and traditional healers, while healers have little information about AIDS and lack standardized training and practices. In addition, herbal treatments have often never been rigorously evaluated, are not always properly prepared or standardized, and are frequently poorly packaged and

> preserved, limiting their usefulness and accessibility to the immediate production site (2004: 905).

Most of the traditional healers perform their duties without considering standards and hygienic requirements. Some of them approach their clients through trial and error methods. *Baba Bahati* did not inform the traditional healer of the reality of his problem. Lack of HIV knowledge led the traditional healer to provide wrong instruction to *Baba Bahati.*

The last part of the performance also shows the responsibility of the teachers, medical practitioners and judiciary in taking their roles to assist *Bahati* who has been infected with HIV by her father. This was only possible when *Bahati* presented her problem to the teacher. In the play the teacher reports the case to the medical practitioner, and then the case is sent to the court of law where *Baba Bahati* is locked up.

The Child National Policy of 1996 of Tanzania has outlined the rights of the child as "Survival rights, development rights, protection rights and participation rights" (1996: 12). The community and the entire society are requested by this policy to ensure that the child gets and enjoys these rights. Along with the rights of the child, the Child's National Policy has stipulated measures against the offenders of rights of the child. The measures are stated as "Police, Judiciary and prison ensure that child offenders are treated in such a way that their rights as children according to existing laws are not affected" (1996: 15). This shows a bureaucracy where the responsible organ to a child's welfare delegates authority to another organ as if they belong in the same ministry. Children like *Bahati* and others who may decide to surrender because of the prolonged bureaucracy can be affected by the established bureaucracy in a system. Lumumba Theatre Troupe grappled

with the rights of the child by showing how the authorities concerned are able to solve it if they are well informed. *Baba Bahati* is jailed though Bahati is infected. The performance showed the role of the mentioned authorities to assist the child. The message delivered by Lumumba Theatre Troup was relevant to the community concerned.

4.2.3 Conclusion

Although Lumumba Theatre Troupe addressed HIV/Aids with specific focus on drug abuse, it did not include any drug abuse message in the performance. Conducting research anonymously as the artists do prevents the community from being sources of information. The artists do not acknowledge the community at all. The created play is therefore not owned by the target community but the artists. The actual performance of HIV/Aids was administered by a weak Joker. He was not explorative because he was not able to engage the audience during the discussion. This group also reveals the same weaknesses encountered by Hisia Theatre Troupe (Section 1) in all areas.

4.3 SECTION 3: MLIMANI PERFORMERS

4.3.1 *Mlimani Performers: the background*

Mlimani Performers like the former two case studies in Section 1 and 2 was registered under the same regulations of the National Arts Council. It was registered on 20 February 2004. This theatre group like the other two groups mentioned in Section 1 and Section 2 has been serving the community by messaging HIV/Aids information in primary schools in Ilala Municipality since its inception.

4.3.2 ANALYSIS OF FINDINGS

The variables that were used to explore the previous two case studies in Section 1 and 2

in the society of HIV/Aids were also applied to Mlimani Performers.

4.3.2.1 Researching for HIV/Aids performance

Research is a process of gathering information which seeks evidence. This can be reached through observation or consulting other written sources. Statistics is one of prime sources of evidence that proves or falsifies information. Research begins with planning and identifying a problem to be researched. For intervention theatre practitioners who need to address a social problem on HIV/Aids need to approach the community to get evidence on HIV/Aids.

Mlimani Performers company does not conduct research at all. According to the group leader research is not conducted because the community is not ready to provide them with information. The group tried to conduct research in 2004 but stopped because the participants demanded money. He said that since the group has identified schools as its target community the artists draw from experience to create themes that relate with the life of the pupils at home and at school.

The theatre group comes up with the ideas on the themes of HIV/Aids through a meeting organised by the group leader to chart out an agenda for creating a play for community awareness. After accepting the agenda every group member is tasked to prepare two themes to be submitted to the Secretary General of the group the next day. Then the themes are arranged in categories in order to come up with specific themes focussing on issues related to primary schools' pupils. The motivation for Mlimani Performers to focus their intervention on Primary Schools instead of other community institutions was stated by the Secretary General of the group as follows:

> Schools are part of the community. It is easy to deal with the schools because we are assured of getting the audience. Those who are centring in the suburbs are ignoring the schools. Their messages speak generally but in schools we are specifically negotiating with our clients: the pupils. We cannot go all in the suburbs. Who will go to the schools, then?

Mlimani Performers use their experience in the community to get themes for HIV/Aids. The advantage of their approach is that they don't waste time to plan for research in the field because they can easily observe without physically moving from where they are located. Unlike the two cases which move to the location anonymously, the Mlimani Performers keep on observing wherever they are and pick up sensitive information which they use in their plays. To that extent the Mlimani Performers' type of research on HIV/Aids resembles ethnographic methodologies. Though Mlimani Performers tactic of gathering information without moving into the community works well for them, the method inherently has a lot of weaknesses. They miss a lot of information which they can easily achieve by exchanging views with the community members.

4.3.2.2 Play devising process of HIV/Aids

The play devising process of HIV/Aids, like the other two case studies in Section 1 and 2, refers to the creation of a production that is intended to portray the image of a community concerned with HIV/Aids. This process is usually preceded by conducting a partnership research formed by the artists and selected community members from a target community. The intention of the research is to locate the play in a specific community. Mlimani Performers play devising process of HIV/Aids issues involves every group member's to contribution. Every group member is requested to formulate a theme which in turn is treated as an independent scene of the play (see Appendix photos 7 and 8: page 94). Their intention is to bring a relevant and non complicated story. The artists use

simple stories that can be understood by all pupils in school from grade one to grade seven. The group leader stated that the artists are aware of the messages that fit grade one to grade seven pupils. The messages which are deployed in the plays correspond to the levels of the pupils at school.

Mlimani Performers come up with the HIV/Aids play after creating stories on the themes that every one is assigned to formulate. Then the stories are rehearsed for two to three weeks depending on the attendance of the artists. The rehearsal schedule is from 4:00 pm to 6:00 pm everyday except on Saturdays and Sundays. The group leader facilitates the rehearsals but anyone who feels like putting forward his/her ideas is accepted. Before starting of rehearsals all artists usually perform the so-called '*tambiko*'. This is not a ritual but a routine which engages everyone in physical fitness exercises and reflections on the previous event. The artists use this time to provide suggestions on a specific process. The reason for using '*tambiko*' is to reflect on the facilitation of rehearsal so as to avoid unnecessary interruptions during main rehearsal time on stage.

Mlimani Performers consider dress rehearsal like other rehearsals. When an artist is assigned a role in a play production he/she is also made to be in charge of his/her costumes, props and the portrayal of his/her character. Character assessment (development) of every actors/actress is assessed daily, such as how he/she keeps on maintaining his/her character. Mlimani Performers consider local traditional art forms, such as songs, traditional dances, story telling and recitations as means of delivering messages.

Mlimani Performers in general have no dress rehearsal. Dress rehearsals should not be

taken for granted because they are normally done to check accuracy and clarity of a production. They are intended to identify and avoid oversights from happening during the actual performance. The dress rehearsal should run from the beginning to the end with actors/actresses in their costumes and props, including an invited audience. This in turn will be evaluated. In that sense we cannot call a normal rehearsal done before fellow artists as dress rehearsal.

The reflection session is supposed to be done immediately after the rehearsal in order to avoid overlooking some important issues. This helps to start new ideas with new perceptions on what was suggested the previous day rather than reflecting later. The facilitator can delay taking action on suggestions made because there is need to plan in advance. Reflections determine what needs to be done afterwards; so doing it immediately after the rehearsal is ideal.

Play devising process should be supported by conducting research in some schools and the neighbouring environment to see how they can locate their performances in school communities rather than using experience. Through research the artists can get relevant information which can later be used as themes during the process of devising a play.

4.3.2.3 Audience mobilisation

Audience mobilisation is done differently from place to place and from one group to another. In most African cultures drumming was a way of calling a congregation. Other cultures used horns or sent a person physically. What was considered is dissemination of information aimed at reaching the required person.

Audience mobilisation as practised by Mlimani Performers is different from the two case

studies as stated in Section 1 and 2. Audience mobilisation is negotiated verbally between Mlimani Performers' group leader and the head teachers of the schools concerned. After concerting the head teacher the date and time are set. The head teacher then informs the staff and the pupils. Mlimani Performers do not need to send invitations. During the day of the performance Mlimani Performers open with a traditional dance as a welcoming note. It is the school's mandate to select a performing space. The school authority does not allow outsiders to attend the performance because the performance is meant for the pupils and their teachers.

In order to create a sense of awareness to the pupils Mlimani Performers' representatives may go to the school, especially during break time, to introduce themselves. This helps establish a sense of readiness rather than ambushing the pupils who have very little knowledge of the event or occasion. Although the school administration prepares a performance space for the theatre group, the performers themselves won't be aware of the type of space for the group to imagine how to stage the performance. Being aware of the type of space in advance helps the theatre group think about using the specification to suit the performance, such as thinking about entrances, outlets, and the position of the audience. These need to be known earlier before arriving at the location.

4.3.2.4 Space and audience arrangement

Audience arrangement in space is normally determined by location. Some performances done in the open public spaces have no specific arrangement. In controlled spaces like in theatre halls or schools the audiences sit in a proper manner which is controlled by the location.

Mlimani Performers hung the backdrop, titled "*Hatima ya Mtoto*" on the wall of a class veranda, which indicates "The future of a child". This was meant to identify the theme of the play. The audience consisted of teachers and pupils of the school's morning session. The teachers were seated on office chairs and benches whereas the pupils sat on the ground facing the performers. The performers and the audiences were almost facing each other to approximate a sense of proscenium arch stage (see Appendix photo 9 page 95). They situated themselves on the left corner of the stage to get enough space for the backdrop. Most of the pupils were seated except the prefects, who were instructed by the teachers on duty to maintain discipline.

Mlimani Performers planned to perform twice at Mabibo Primary School, running two sessions. The first performance was meant for the morning session pupils, whereas the second performance was for the afternoon session. The first performance was held but unfortunately the second performance was not possible because the first phase overlapped the located time.

Space and audience arrangement is among the challenges that affect community theatre because those who practise it have no control of either the space or audience. With reference to Mlimani Performers, the audience was controlled by the teachers and the prefects and ordered to keep quiet. This may contribute to making the audience passive although some audience members can be active when they are situated in terrifying situations.

4.3.2.5 The actual performance of HIV/Aids play

The HIV/Aids performance is a dramatised play that reflects a real situation of Kinondoni

Municipality. Mlimani Performers who reside in Kinondoni Municipality are committed to raising awareness in primary schools.

The Mlimani Performers group was introduced by the teacher on duty. The teacher then cautioned the pupils to be attentive and calm before allowing the theatre group to begin. The performers started with a traditional dance as a salute to the community. Its message focused on how an obedient pupil should behave and respect others. When the dance ended the actors/actresses began the play. The sequence of the presentation was in chronological manner, as other previous two case studies in section 1 and 2.
The play was based on a grade four pupil whose parents died of AIDS. It was divided into two scenes. The setting for Scene One was at home. It is a home where *Jalia* (the pupil) lived with her uncle (*Mjomba*). *Mjomba* was married with three daughters who were studying at the neighbouring school, all in grade four.

The scene opens at 2:00 pm with Jalia returning from school. As soon as she arrives home she greets her sisters Sakina, Mwanne and Aisha as they had already returned from school. All of them keep quiet. Jalia goes in the house, changes her clothes and looks for lunch. She serves the food, invites Sakina, Mwanne and Aisha to join her but they refuse. Jalia starts eating while Sakina, Mwanne and Aisha abuse and provoke her using insulting language: “to hell with your AIDS!!” They pull her from the dining table but she resists and keeps on eating. Mjomba suddenly arrives but he doesn’t notice the problem. Jalia informs Mjomba about the matter but the scene ends before the resolution from the uncle (end of Scene 1).

Then the Joker intervenes, asking the following questions:

Joker: Why is Jalia isolated at home?

Audience: Her parents died of AIDS

Joker: Who are isolating her?

Audience: Her relatives… Her sisters… Uncle's daughters.

Joker: Why?

Audience: They are not good. They are fools. They think she has AIDS.

Joker: What should we do as community members?

Audience: Help Jalia. Punish her sisters.

Joker: What do we learn from Jalia?

Audience: She is not sick. To report when we are troubled by others.

The setting of Scene Two was in a classroom and partly outside of the classroom. It is the next morning. Jalia enters in the classroom. Her desk-mate (Jema) refuses to share the text book with her, so she moves away with the book. Jalia remains quiet. Jema insults her saying: "I don't want your parents' AIDS. Go to hell alone". When the teacher enters in the classroom, Jalia reports the matter to the teacher but Jema denies what she has said. Then the teacher discusses the matter with the whole class and requests support from the class members. The play ends when the teacher starts a discussion with the class. The Joker intervenes with the same questions again:

Joker: Why is Jalia isolated at home?

Audience: Her parents died of AIDS

Joker: Who are isolating her?

Audience: Her class-mate … Mwanne…. We don't know …

Joker: Why?

Audience: They hate her. She has AIDS….She has HIV…They are not good…

Joker: What should we do as community members?

Audience: Report to the head teacher. Don't isolate her.

Joker: What do we learn from Jalia?

Audience: She is a good person. To report the issue to the teacher.

The performance then ended with a traditional dance.

Mlimani Performers performance techniques reflect Boal's techniques of Forum Theatre especially in the use of a Joker though the skills of a joker do not emerge significantly. Because the Joker is not skilled in managing facilitation the audience remains passive, as reflected in Lumumba Theatre Troupe's performance. In fact, Mlimani Performers resonates closely the reality of Lumumba Theatre Troupe as shown in Section 2. Chorus answers which are requested by the Joker normally are contradictory because it is not easy to identify who gave the answer. Those who don't know the answer can easily be proofed by those who know. Others who don't know the answer may decide to keep quiet.

The Joker in Mlimani Performers complicates the issue by intervening in two scenes with the same questions though it seems the areas he cites look similar. We assume, the Joker expected to get only one answer from the audience but however when he gets more than one, he doesn't make any effort to cross check with the audience so that he can eliminate the apparent contradictions. He decides to go on with the next question as he had rehearsed.

Transformation cannot be achieved in a community if the Joker does not guide the

audience into the process of change through questioning. The audience can actually be made to overcome of HIV/Aids structures of oppression through the Joker's facilitation if the audience is enabled to be the source of knowledge. This helps the audience to become masters of their knowledge, privileging their thoughts and views of the world, explicitly or implicitly manifest in their own suggestions and those of their comrades, as Freire could say (1972: 110). Through questioning the Joker makes the audience think critically on the issues raised. Critical questioning endorses confidence and searches for dialogue among the students (audience) (Ibid.). For example, through questions the Joker can guide the audience to explore possible reasons for why Jalia is alienation by her school-mate. In a critical way the Joker can guide the audience to fight subjugating feelings in their minds (the cop in the Head) by asking questions such as: Does the performance reflect our society? What makes it reflect our society/what makes it not to reflect our society? Why do you think Jalia has AIDS? Why do you think Jalia has HIV? What is the difference between HIV and AIDS? What kills people between HIV and AIDS? Why, to mention but a few. The Joker does not educate but rather guides them towards transformation.

This is in tandem with Boal's working principles that theatre should transform the spectator into spect-actor (…) and rehearse alternatives for his situation; to extrapolate into his real life the action he has rehearsed in the practice of theatre (1995: 40). It is in this sense that the audience is catalysed; indeed helped to assume the changes which are not taught.

4.3.2.6 Facilitation

Intervention theatre productions normally focus on effecting change among the

community members. What is mainly considered is the process (facilitation) that enables individuals to achieve the goals (change). Facilitation is how appropriately the process is guided to reach the intended target.

Mlimani Performers' facilitation techniques follow closely those of Lumumba Theatre Troupe. The difference is only that Mlimani Performers' Joker uses the same questions in audience participation whereas Lumumba Theatre Troupe uses two different samples of questions in two different scenes. Both theatre groups open a performance with a traditional dance, then the actors /actresses follow, after which the Jokers intervene with questions. This is followed by another scene; the Jokers intervene; and finally the performances end with traditional dances.

Facilitation is a challenge to most theatre practitioners because those who are normally assigned to facilitate as Jokers or directors lack skills. The cultural officials in the locations, who are normally patrons of the theatre groups, do not take intentional responsibilities in assisting groups to improve their skills.

4.3.2.7 Message relevance

Message relevance seeks logic, clarity and proper facilitation in the process of delivery. It is also concerned with the assessment of a work of art in a targeted community. Mlimani Performers' HIV/Aids performance addresses stigma and discrimination and their impact in the community. Both stigma and discrimination have been stipulated by the National HIV/Aids Policy of Tanzania that was launched in 2001. National HIV and AIDS Policy recognises stigma as one of the major challenges in preventing and controlling HIV/Aids because it is linked in people's minds to sexual behaviour which

again is regarded as ‘promiscuous’ behaviour (2001: 3). According to HIV/Aids Policy, promiscuous behaviour “puts PLHAs into unnecessary hostile and embarrassing situation, they face discrimination and sometimes neglect” (Ibid). Apart from that “stigma leads to secrecy and denial that tends to hinder openness about the HIV and prevents people from seeking counselling and testing for HIV” (Ibid). HIV is associated with sex or prostitution (immoral) though does not mean that HIV is transmitted through intercourse only. Other people are infected through blood transmission, sharing unsterilised syringes, to mention a few. Stigma which is related to HIV is therefore a challenge because of how it is perceived by some people.

Guni (2005) defines stigma as “a discrediting mark or attribute of shame. It is a feeling of undesirability that an individual possesses that reduces self-esteem and status both in their own eyes and those of society” (2005: 2). Stigma is therefore a label. A person is labelled by other people or community. The label depends on an individual’s point of reference.

Discrimination is a prejudicial act that is carefully selected based on a distinct stigmatising mark, theory, fear or perception. Guni (2005) defines discrimination as a differential act based on prejudice, emanating from the distinguishing feature of stigma (2005: Ibid). This is the act that individuals take against the label for an individual. The labelled can be isolated from a group, pointed fingers, whispered, to mention some. In Guni’s view, discrimination does not exist in the absence of stigma, and you cannot have discrimination without stigma. However, you can have stigma without discrimination (Ibid.). Stigma is what determines discrimination.

In Mlimani Performers' play Jalia is labelled with reference to her late parents. She is then discriminated by her fellow school-mate because her parents died of AIDS. She is pushed away from the dining table, scorned and isolated during break time because her parents died of AIDS. The performance's message is relevant because the issues raised by the performance exist in Tanzania's community. Mlimani Performers group grapples with HIV-related stigma by showing its side-effects, especially when Jalia is innocently stigmatised at home by Sakina, Mwanne and Aisha. They abuse and provoke her saying "to hell with your AIDS!!" She is labelled because her parents died of AIDS, so automatically, according to them, she is infected. At school Jalia is discriminated by her classmate. Her classmate does not want to share a textbook with her and during break-time nobody accompanies Jalia.

4.3.3 Conclusion

Apart from Mlimani Performers' weaknesses in staging plays for HIV/Aids in primary schools in Kinondoni Municipality the theatre group deserves to be commended for opting to work with school pupils. The theatre company, however, does not conduct research. If there is no research there is no new knowledge which is generated. This issue also affects the relevance of the message in the actual performance of HIV/Aids because the play does not originate from the target community. Space and audience arrangement did not favour the audience to express its feelings because the sitting plan was administered by the teachers on duty and the prefects. Audiences (pupils) were warned not to make noise. The Joker was not creative during the actual performance of HIV/Aids because he applied the same questions to interrogate the issues raised in two different scenes that were performed by the theatre company. Although team-work approach in

play devising of HIV/Aids is sometimes recommended, it limits the facilitators to reach the intended goal quickly because of its nature that accommodates various ideas from the group members.

4.4 OVERALL CONCLUSION

None of the three case studies designed its performance in a situation of involving the audience to take part in the performance on stage. Hisia Theatre Troupe's performance had no room for audience participation. Lumumba Theatre Troupe and Mlimani Performers involved audience participation through question and answer however encouraging the audience to respond in chorus. No audience member was allowed to intervene meaningfully. In general the theatre companies apparently had no intention of actively transforming the audience. Neither Boal's 'spect-actor' nor 'cops in our heads' techniques were utilised by the theatre companies in Dar es Salaam.

The three theatre companies did not create their performance in a situation which the audience could take opportunities of analysing critically how the community is hindered by HIV/Aids. Generally, the theatre companies did not fulfil the objective of cops in the heads. For example, 'why is Musa opting for hanging himself in Hisia Theatre Troupe?' Why is Jalia discriminated in Lumumba Theatre Troupe; and why does Baba Bahati decide to rape Bahati in Mlimani Performers? The performers were supposed to lead the audience to analyse the performances' situation although they didn't.

In a performance on HIV/Aids initiatives the joker facilitates the intervention by guiding the audience to participate in a dialogue on stage. He/she guides the audience into a discussion on HIV/Aids' matters related to either preventive measures against the spread

of HIV or use of condoms. Lumumba Theatre Troupe and Mlimani Performers are the only case studies that applied the joker though not very effectively. As already stated earlier the joker facilitated through question and answers; short answers in chorus form. The jokers were completely not skilled to run intervention performances. Hisia Theatre Troupe did not utilise the joker technique completely.

For the case of HIV/Aids in our study, disempowerment as propounded by Paulo Freire (1972) takes various forms such as isolation, discrimination in various relationships such as jobs and in family. Another form of disempowerment was revealed when the infected person opted to consult a traditional healer instead of a medical practitioner who can correctly diagnose HIV. Suicide attempts due to fear of being exposed among community members is also an added form of disempowerment. There have been evidences of people committing suicide in various places in Tanzania in 2007 as already mentioned earlier.

Stigma has been revealed to be strongly attached to HIV/Aids in families in Tanzania. Stigma leads to secrecy and denial, hinders openness about the HIV and prevents people from seeking counselling and testing for HIV. HIV and AIDS education has been revealed as a challenge among community members in Tanzania. Awareness levels of HIV and AIDS has been reported to be below 20% due to the fact that some people couldn't distinguish between asymptomatic HIV infection and the disease AIDS.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 CONCLUSION

This study embarked on a critical analysis of interventionist theatre strategies in Dar es Salaam in particular and Tanzania in general. This was an effort to search for more appropriate strategies in comparison to those that are currently deployed by the three case studies in Dar es Salaam. The variables that guided the analysis are *researching for HIV/Aids, play devising process of HIV/Aids, audience mobilisation, space and audience arrangement, the actual performance of HIV/Aids, facilitation and message relevance*.

Researching for HIV/Aids performance is not uniformly done by most of the theatre companies in Dar es Salaam in particular and Tanzania in general. The theatre companies that conduct research overlook a number of issues, including ethics and community involvement. There are other theatre companies that pretend not to do research in a sense that they are using experience but in a real sense they conduct research through observation. The significance of conducting research lies in its process where the facilitators and the community members study and explore the community's hindrances along HIV/Aids in partnership. They explore what oppresses the community and the extent to which the community is oppressed.

Dialogue is the first construct of Freire's model. Dialogue can be applied in community-based rehabilitation to provide opportunities of having a two-way discussion among the educators and the oppressed on the root causes of their situation. Dialogue is a means of handing over knowledge on oppression and skills in rehabilitating people who are

oppressed by HIV/Aids.

The 'process' of conducting research is a fundamental technique of problem-posing education and a liberation strategy that enables dialogue (Glanz et al. 2002). Freire considers dialogue as a process and practice of liberation. He believes that any individual engaged in dialogue is liberated because he/she exchanges information with others in a process although the statement is not necessarily true. The groups that conduct research reject 'banking education' automatically. Anti HIV/Aids programmes cannot effect behavioural change if the community will keep on depending on ready-made answers which are aired by theatre companies that evade the target communities in their projects. Researching is a naming phase where the facilitators and community members ask the question: 'What is the problem?' or 'What is the question under discussion?' Gugushe (1996) considers research as a listening stage which is conducted in equal partnership with the community members to identify problems and determine priorities (1996: 734). If this stage is skipped by any theatre intervention practitioner, behavioural changes towards HIV/Aids cannot be easily achieved by the planners of the intended projects.

A Play Devising Process of HIV/Aids is the reflection phase where one could pose the question: 'Why is this the case?' or 'How do we explain this situation?' Gugushe (1996) calls the play-devising process as the dialogue stage in which discussion objects called "codification" or "codes" are created to structure problem posing dialogue around these issues (1996: 736). A code is a physical representation of an identified community issue in any form. It can be in a form of role plays, stories, slides, photographs, songs, to mention a few. A play devising process of HIV/Aids has to guide the participants to express their emotional and social responses. It has to: lead the audience and the entire

target community to describe what they see and feel; as a group to define many levels of the problem; share similar experiences from their lives; question why these problems exist; and develop action plans to address the problems (Ibid.).

The three case studies of our report devised their HIV/Aids plays through improvisation but none of them involved the target community in the process. In order for the community to act alongside behavioural change against HIV/Aids it needs help from planners and other implementers by involving the community in a play devising process. Participation itself is a learning process and a means of "freeing" people from the "culture of silence" due to the way it engages people in a dialogue. The process is an effort to identify and address the underlying systemic forces of oppression. It is a process of "humanisation" or an effort to enlighten people about the obstacles preventing them from a clear perception of reality. A play devising process on HIV/Aids has to raise questions without expecting any predetermined answers.

Audience mobilisation was dealt with by the theatre companies in two ways: by applying for permission and through invitation. Audience mobilisation appears to be complex for theatre intervention practitioners, who ignore community participation in the implementation of HIV/Aids initiatives in various communities. The theatre companies that run various HIV/Aids initiative projects in the community are confronted with many questions from community leaders and community members who want to know the messages which the groups intend to disseminate to the community. Examples of questions include: Does the message contain any political propaganda? Is the performance not meant for opposition initiatives? Are you paid for the performance? What do you benefit from staging plays in the community? Are you sponsored for your

programme? Since the community's affairs are administered by the government none of the theatre company can stage a play without applying for permission from the local government's office in a target community. Sometimes bureaucracy is imposed on the applicants if the project's goals may look ambiguous to the community leaders.

If the group is commissioned to stage a play by any NGO in a community, permission has to be provided through payment for space and organising an assembly of community members. If there is no NGO's involvement then the permission is provided free of charge. All the case studies applied for permission from the Ward Executive Secretaries in the communities concerned because the performances were meant for awareness and empowerment initiatives on HIV/Aids.

The techniques employed by the three case studies in audience mobilisation varied. Hisia Theatre Troupe focused on creativity. The theatre company used snake dances and other traditional dances to attract people. Such creative activities are powerful in motivating the audience. Lumumba Theatre Troupe did the same as Hisia but Mlimani Performers communicated verbally with the heads of schools. In general there is no specific modality of conducting audience mobilisation.

In respect to space and audience arrangement, the theatre groups do not have a specific strategy for organising the audience in a space. The performers usually set themselves in front of the audience to create face-to-face communication with their audience. The audiences usually organise themselves in space although children have a tendency of placing themselves in front of adults. In some cases the audiences surround the performers. This usually happens when the audiences refuse to sit in a format that allows

face-to-face communication. There was a controlled seating plan in the spaces located in learning institutions. Mlimani Performers' performances were all staged in schools where the seating plan was controlled by the teachers on duty and the school prefects but the other two case studies were performed in the community where it was not possible to control the audience in space.

The Actual Performance of HIV/Aids should be able to involve the audience in the target community including the animateurs/facilitators' ability to implement and evaluate collectively their social reality on HIV/Aids. Freire (1976) describes it as the process of changing "objects" (who have a naive consciousness of reality) into "subjects" (who see the theory behind the reality) (Sharma 2006: 45). The actual performance of HIV/Aids implies possession of "social consciousness". It does not intend to "integrate" people into the structure of oppression but to transform structure so that they can become "beings for themselves" (Freire 1970 in Sharma 2006: 46). The actual performance of HIV/Aids in the society of HIV/Aids should open rooms for the audience (target community) to intervene and critically analyse the issues raised. The performance should not only be a reflective action or active reflection of tying up theory and practice that links the source of knowledge and reality but also as an object for the problem-posing process. Hisia Theatre Troupe's actual performance of HIV/Aids ignored the audience and the target community in its totality although the Lumumba Theatre Troupe and Mlimani Performers did consider the audience partially as the audiences were requested to answer questions in chorus. Audience participation was through answering questions. Effective interventionist theatre strategies should be community-centred because the target intends to change the community members' behaviour in light of HIV/Aids. Boal (1979) reminds

us saying:

> In order to understand this *poetics of the oppressed* one must keep in mind its main objective: to change the people – "spectators" passive beings in the theatrical phenomenon – into subjects, into actors, transformers of the dramatic action (1979: 122).

The intention is to transform the community. The audience should be approached by the theatre practitioners openly but not anonymously. Partnership between the facilitators and the target community should be given the first priority by any project that intends to transform the community. Actual performance for HIV/Aids has to be community-centred in terms of its creation, contents and public presentation.

Facilitation is an aspect which is not handled systematically by most of the theatre groups in their initial plans for HIV/Aids initiatives in various communities in Tanzania. Facilitation can be observed broadly in terms of supervision. For example, the joker facilitates during theatre performances by guiding the audience to participate on stage. Rehearsals in intervention theatre are facilitated by a facilitator but rehearsals in non intervention theatre are facilitated by a director. Every stage in an intervention theatre setting is facilitated by a selected person who assumes such role in fulfilling the projects' obligations.

Message relevance in an intervention theatre setting depends on how the message is located in a target community setting. Relevance can easily be reached by conducting research in the target community. In a national programme setting message relevance can also be supported by policies that have been set to administer such programmes. The National HIV and AIDS of Tanzania and the Child National Policy of 1996 of Tanzania are examples of government documents that can support to determine message relevance.

5.2 RECOMMENDATIONS

From the findings of this study the following recommendations are proposed for improving interventionist theatre along HIV/Aids:

- Researching for HIV/Aids should be done jointly by the external facilitators and community members' representatives. This enables the community name its oppression believing that the community is a source of information and has the right to possess and permit release of any form of information to anyone who needs it. Research is a means of opening a dialogue of those who are oppressed. Success of any HIV/Aids initiative depends on how the community is oriented in the process.
- Play devising process of HIV/Aids should be community-centred to allow its members to present their ideas on their oppression and the means of approaching it. This helps the community to have an imagination of the oppression and it mandates the community to determine the way out of oppression. The process should be theatre-with-the-people-oriented where animateurs inculcate group dynamics, social mobilisation and theatre skills into local groups and together with local groups they engage communities in the TfD process. Performers have to come from the community since the target of the project is the community.

- Audience mobilisation should be exercised at the level of the community set-up. Local leaders at grass root level such as ten cell leaders and street leaders or Hamlet leaders have to be involved because of their closeness to community members. Wherever there is a possibility of using other advanced means to do this the theatre company should not hesitate. Audience mobilisation also depends on

the familiarity of the theatre company concerned in the community. Experience has shown that if the community is involved from the early stages of the project, audience mobilisation can be done through involving the community members.

- For respective spaces, the Theatre companies should form special committees that will be responsible for use of space. The committees will advise the group leadership on how to manage that space and audience arrangement. Theatre practitioners who deal with intervention theatre should take initiatives to visit the locations before staging a performance in order to look for possibilities of allowing audience participation on stage and possibilities of opening a room for the audiences to step on stage.

- The actual performance of HIV/Aids has to be created in a situation that permits the audience to debate on stage on how to control the spread of HIV. The goal is to eradicate 'banking education' through live involvement of the audience members on stage to bring alternative ways of improving the current HIV/Aids situation.

- Theatre companies have to consult the National Arts Council and the Municipal Cultural Offices to request the possibilities of running short courses, seminars and workshops that will equip the artists with facilitation and management skills. The effort will minimise the artists' weaknesses in managing the performances on stage.

- Message relevance can be effective by locating the projects in the community. This can only be possible if the community in the target community will be fully

informed / involved in the project concerned from its initial establishment.

The findings of this report also explored the issue of funding, especially when the theatre companies were financed by NGOs or other funding institutions. It was revealed that the projects which are facilitated by the theatre companies through funding normally fulfil the funding obligations only. Some of the funding projects prioritise the use of condoms only, while others prioritise oral contraceptives in a community that culturally does not believe in such programmes. Those who prioritise condoms target to distribute as many condoms as they can and others that deal with oral contraceptives concentrate on their duties as well. The projects focus on the user, and whoever goes looking for a condom or oral contraceptive is served. They deal with individuals but not communities. Such a project can be modified to make those individuals discuss how best the use of condoms or oral contraceptives can be done or practised instead of operating quietly and alone or anonymously. The weakness of some HIV/Aids funded projects arises from the fact that they ignore community involvement and its cultural identity. Although it is good to deal with an individual in order to change his/her behaviour it is much better to put the individuals in group in order to make them analyse what limits them to achieve total behavioural change within their cultural identity. Funded projects should look for the possibility of incorporating the community in order to create an opportunity of addressing cultural issues that may hinder the projects in fulfilling funding obligations.

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7. APPENDICES

7.1 APPENDIX A: PHOTOS



Photo 1: Hisia Theatre Troupe's play devising process



Photo 2: Hisia Theatre Troupe's *Ngongoti* in Audience Mobilisation



Photo 3: Hisia Theatre Troupe's Audience Mobilisation through traditional dance



Photo 4: Hisia Theatre Troupe's HIV/Aids actual performance



Photo 5: Lumumba Theatre Troupe's performers in play devising Process



Photo: 6: Audiences seated at the back of Lumumba Theatre Troupe's performers



Photo 7: Mlimani Performers' play devising process



Photo 8: Facilitator at work: Mlimani Performers



Photo 9: Controlled audience in space with Mlimani Performers

7.2 APPENDIX B: RESEARCH PERMITS

Research Permit from Temeke Municipal Council

TEMEKE MUNICIPAL COUNCIL

[Barua zote zipelekwe kwa Mkurugenzi wa Manispaa Temeke]

Simu: +255 22-2851054
Fax: +255 22-2850640
Barua pepe: temekemanispaa@raha.com
Tovuti: temekemanispaa-tz.org



S.L.P: 46343,
BARABARA YA MANDELA/TAIFA,
DAR ES SALAAM,
TANZANIA.

Kumb. Na.TMC/UT/BASATA/VOL.2/62

6th MAY 2008

DEAR, MR. MTIRO,

RE: REQUEST TO CONDUCT A RESEARCH WITH HISIA CULTURAL GROUP

Refer to the heading above,hisia cultural group which is located in temeke municipality has accepted your request of conducting a research with them concerning your field of study.

We as Municipal cultural department, we have known the group for such a long time now, is registered with Tanzanian arts council under the law No.23 of the year 1984 act No.15.

We are expecting that you will get all the information you need in your research.

We wish you all the best in your studies.

Yours faithfully
Emanuel ndumukwa
Municipal cultural officer

Research Permit from Lumumba Theatre Group - Ilala Municipal Council

LUMUMBA THEATRE

P.O. BOX 453 Dar-es-Salaam Tanzania Mob: 255-754-303317 255-755-904314
Email : Lumumbatheatre @ hotmail .com

GROUP

6th /MAY/2008

MR. CHAHYA J. MTIRO
UNIVERSITY OF WITWATERSARAND
JOHANNESBURG
SOUTH AFRICA.

Sir/ Madam,

RE: REQUEST FOR RESEARCH PERMIT

Refer to the above heading.

Your request for research permit is granted.
Lumumba group welcome you to share experience especially in the field of Theatre and Drama in general.
Lumumba threate group has a very history in staging threatre productions including HIV/ AIDS local government programmers' civic education and show as well.

Hoping to meet you in June as you requested.

Yours truly.

THE CHAIRMAN OF LUMUMBA THEATRE GROUP
P. O. Box 453/16660
TEL: 0744-303317
DAR ES SALAAM

.....

Dyuto Komba
Chairman of Lumumba theatre group

Research Permit from Mlimani Performers - Kinondoni Municipal Council

MIKUMI TEACHERS RESOURCE
CENTRE
P.O BOX 33161
DAR ES SALAAM
TANZANIA

3RD MAY, 2008

MR. CHAHYA-MTIRO
WIC WATERS RAND UNIVERSITY
JOHANESBURG
SOUTH AFRICA

RE: FIELD RESEARCH

Following your request of doing research in Tanzania, Kinondoni Municipality and in the Teachers Resource Centre in specific, I am glad to inform you that your request has been considered. You will conduct your research at Mikumi Teachers Resource Centre and the neighbouring resource centres.

I hope you will follow the regulations and logistical issues as will be arranged for you.

Yours sincerely,

MKUU WA KITUO CHA ELIMU
WILAYA YA KINONDONI
P. O. Box 9583 DAR ES SALAAM

Masaki
Coordinator
Mikumi Teachers Resource Centre