

## **Theatizing AIDS in Local Communities: Lessons Learnt**

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### **Abstract**

The abundance of information on even such deadly menace as AIDS has not resulted in proportionate change of behaviour. One of the arguments is that probably the methods being used to communicate may not be as effective as they are expected to be. This paper elaborates on an approach adopted by the Tanzania AIDS Project (TAP) of using community-based and originated theatre methodology for its AIDS intervention work. TAP based its approach on the assumption that in view of what is generally known about AIDS, it is the local communities that can best express how they have been "touched" by the incidence of the epidemic. All in all, 18 different community plays were produced, each reflecting the peculiar concerns of the community. The process in putting together of two plays is described in detail as an example of the general methodology. There is also a summary of major lessons learnt as a consequence.

### **1. An Overview of Mediated Communication of Issues**

Despite the abundance of information on many issues, the pace of adopting the required behavior has disappointingly not matched expectations. Information on many issues—some crucial for survival—has even measured up to over 90% as is the example of knowledge about AIDS. Yet big gaps remain between the knowledge those holders of that information have and the practice which they engage in. There is now growing recognition that the mere provision of information is in itself not enough, especially when the information is top-down information communicated from someone who knows the good thing to do, but is not the one that is going to do it (Mlama, 1991; Mda, 1993).

This has led to cynicism among people, who view these communicators with indifference as people who have all the nice words, but have no knowledge of the realities to be encountered. When these messages are passed over the impersonal electronic media, or even in books and pamphlets, then the distance between communicator and receiver of the information gets even larger, as there

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is no opportunity to hold a discussion with the originator of the message. Thus what is gained as a result of mass dissemination of information is sometimes lost due to the inability to seek immediate clarification of a point, for example, or to ask a question, or even stop for a while to think. The messages can even then be euphemistically said to fall on the people like rain falls on the back of a duck (Brockett, 1992).

The mass media as such lose out on their impersonality and indifference, as well as on their being sender-receiver media, with very limited opportunity even at the best of times, for dialogue. To be effective, communicating issues will need to involve the subjects of the issues in question in meaningful dialogue about the whole issue in question, in the discovery of the problem, understanding its ramifications, devising strategies in dealing with it, and charting out a plan of action. This can only be possible if the people are involved in the whole process, and are initiators rather than mere recipients of information from "well knowing and well-intentioned sources".

Recent work in communication using theater has shown that people can be resourceful in using theater to conscientise themselves, and in charting appropriate courses for solving their problems, as they perceive them. Theater is capable of providing an opportunity for dialogue, especially popular theater, rooted in a people's traditions (Wadulo, 1990; Ehrenhaus, 1984; Hanna, 1987; Mlama, 1991; Conquergood, 1988; Mda, 1993). This paper outlines lessons learnt from work done in nine Tanzania AIDS Project clusters in *theatizing* AIDS and STD issues. It examines how theater has enabled them to handle a sensitive issue in their communities.

## **2. Brief Background on Theater**

Theater has been used extensively from time immemorial as an important tool of communication. It is due to its widely accepted pedagogical potential, especially in moving people, that philosophers like Plato wanted to ban it from his Republic, arguing that people would believe what they saw portrayed on stage. The early Christian church equally wanted to ban it, accusing it of being able to raise spirits contrary to Christian pursuits. Then towards the latter half of the first millennium, the Christian church found dramatization such an effective carrier of messages—especially for the uneducated masses—that they adopted it, through their use of mystical and miracle plays to carry their messages of salvation. This debate of the impact likely to be caused by dramatization of issues even went to the extent where in 1584, Oxford University introduced a Master's Degree on whether "dramatic presentations" should be banned in a "well organized state" (Carlson, 1984:81).

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This however, goes contrary to traditions of African theater, in that such performances often tended to be spontaneous. People danced and sung what they felt, and when they felt it. Even though in some instances the performers may have been limited in what they said or did by the boundaries of certain rituals for which the performance was intended, still some words could be juggled around, especially if one of the leaders or some other personality was creating problems for the community. Then the performers could point it out in a song or dance.

As such the traditions of African performances were often a great opportunity to highlight important community issues. These could range from wayward wives, husbands or children to despotic rulers or other exploitative systems. The performances could also be used to praise achievements of individuals or groups, or even pass on information to the young and old. Hence traditions of African theater were rooted in positive views of society, in that the anti-social behavior was pointed out, and the desired goals of the community were generally highlighted. Lazy farmers were satirized, women who could not keep their compounds clean were lampooned, and even those who could not make their beds properly, somehow this information could leak out and be subject of a lively dance! African theater here is used in its wider sense to refer to all the traditional theatrical forms practiced by African peoples, such as story telling, poetic recitations, mimes, rituals, songs, dances, riddles, formal and informal dramatisations (Mlama, 1991).

In the context mentioned above, theater was an effective tool for imparting specific values and attitudes seen as vital for community survival. Through dances, stories, etc., the young were made to understand the ethos of the society, and the old were also made to stay in line with the community's aspirations. Theater, therefore, was an important medium for imparting knowledge and information in Africa, in addition to its entertainment function.

It is with this background that in more recent times, organizations working in development in Africa have begun to adopt theater in their strategies of passing on development messages. In the sixties, the three East African Universities had embarked on what was then called the travelling theaters, where actors from those universities—armed with the latest acting skills—went to rural areas like missionaries, and performed in the open to the delight and edification of the masses.

The performers took to the villages what they considered serious problems confronting the populations, and acted them out for them with no discussion, or even involvement of those who came to watch them. After about ten years of such performances, this strategy was abandoned for types of performances

where the producers went to the village, researched problems prevalent in the village, and then went back to perform resultant plays in those villages. This too has largely been abandoned, as it was seen as *manufacturing solutions for problems of the village elsewhere*. The trend now is for community-based and community-produced performances, where the team that goes to the village are facilitators of the productions, and together with the village residents they research and discuss the problems; but it is the residents themselves who design their performances and propose solutions for the problems they themselves envisage. (Mda, 1993).

After such performances, the whole community participates in a general discussion of what the implication of the performance is, what could have been done better or differently, and even in some versions of such methodology, performances are interrupted to include the proposed versions by the audience-community. Subsequent to the discussions, a plan of action agreed upon by the community members is adopted, and mechanisms of follow-up are also laid down.

Through these theater methods, bridges have been built in Cameroon and Swaziland, pit latrines have been dug in Lesotho, Malawi, Zimbabwe, Botswana, and so on; and land was distributed to youths in Tanzania. In Tanzania a village was able to shake up an administrative machinery bent on misappropriating their land. Mlama (1991) describes in detail the developmental achievements of the theater method as has been applied in Tanzania and elsewhere, so does Frank (1995) who specifically discusses theater work and AIDS in Uganda, and Mda (1993) who participated in different versions of development theatre productions and then got to write about it.

It is this same power seen and known to be encapsulated in theater that has also made many organizations in Tanzania and elsewhere take to it in order to promote some of their development wares to the general population. Among such organizations are UNICEF, Tanzania AIDS Project, The National Aids Control Program, Tanzania Gender Network Program, The Ministry of Health, The Ministry of Education, Environmental Groups, GTZ, the Friedrich Ebert Foundation, World Vision, institution like the University of Dar es Salaam, Bagamoyo College of Arts, and many others.

Among the subjects that have been dealt with using the popular theater approach include civic and voter education, women's rights, female circumcision, family planning, safe motherhood, the use of safe drinking water, environment degradation, child defilement, desertification, mistreatment of children, rape, reforestation, various aspect of AIDS control and prevention, social problems

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like drunkenness, wife-beating, epidemics and even in some aspects of formal education. Other areas include general social problems such as exploitation of the poor, unfair political and social systems, the denigration of poverty, and so on.

Thus the theater approach is gaining ground and credence in Tanzania and elsewhere as one of the most effective ways of communication with and for the masses about many of the issues that relate to their advancement.

#### **3. Tanzania AIDS Project (TAP) Theater Work in the Clusters**

Tanzania AIDS Project came into existence in 1989. It was funded by the United States Agency for International Development, and its main activity was AIDS intervention. At its inception, TAP concentrated on the high-risk areas and activities. They put most of their effort in working with sex workers, truck drivers, work places, and so on. In order to reach these target groups, they worked with local Non-Governmental Organizations (NGOs) in the areas they operated. Soon they realised that there were many NGOs in the areas where they worked, and as such there was a lot of duplication of effort.

They also realised that work in AIDS intervention could not be directed from central offices, but could best be approached from the communities themselves, where the problems were. Each community approached the AIDS question based on the intervening variables appertaining in that community. It would be prudent, therefore, to approach AIDS work from the communities themselves, via the local organizations that already were working in those communities, and knew the community.

What seemed necessary, therefore, was a way to bring the NGOs working in the area together, so that they adopt a common approach to the AIDS questions in their area of operation. That way, those local organizations—most of which were community-based—would share experiences, and draw up a common strategy to fight the AIDS scourge. Rather than TAP sending officers in these communities as well, you would have local people from those communities handling the issues of AIDS intervention. In this way then, intervention approaches would be originating in the community, and would not be top-down and imposed on the people. This would make it easier for “funders” to support a common platform, and would also build capacity in the community for planning and executing AIDS intervention programmes, which would create opportunities for sustainability.

This led to the formation of NGO clusters in 1995, after an internal review of the existing NGOs in the areas of intervention. These clusters would then elect a

coordinating machinery, but TAP would then pay the coordinator, the accountant and minimal support staff. The NGOs in the cluster would draw up a programme of action which they would then submit to TAP for funding, with each NGO knowing whether its specific programme was funded or not. The first clusters were in Iringa, Morogoro and Dodoma, followed by others in Arusha, Tanga, Dar es Salaam, Kilimanjaro, Tabora, and Shinyanga.

In principle, the clusters proposed programmes and strategies of intervention, but quite often they worked with expert officers from TAP itself to revise such programmes. Most of the initial work in the clusters was in training trainers to help in AIDS intervention work, and be community resource persons; but it was becoming increasingly clear that sensitising people with regard to AIDS required greater effort in awakening the communities to see the real dangers of AIDS in their communities. That is when theater came in.

TAP's interest in theater work stemmed from the recognition that the mere provision of information was not enough, and that in the fight against such sensitive but deadly enemy like AIDS, new strategies had to be developed. Also motivating this strategy was the increased realization discussed above: that the fight against AIDS was a community affair, a grassroots affair, and could not efficiently be imposed from the top. The people themselves had to do it, and TAP saw its major role as being to facilitate their efforts, providing know-how where it was needed, and offering financial assistance when possible. The communities were seen as the ones who knew, and were aware of, the danger zones in their own communities, and could best bring them out. The best storytellers of the incidence of AIDS in the communities would therefore be the people themselves, and in styles best known to themselves.

For TAP, the theater approach was not textbook plays performed correctly for the people in the clusters. It was a combination of the folk media approach, which included songs and dances of the people themselves, organized into community performances. Thus TAP could only assist with professional know-how, because all professions have at least some basic principles on how they are done. The identification of the problems to be highlighted, the nature of the story to be played out, the type of characters that were to perform, and so on was, however, a local affair.

Thus the theater in the clusters for TAP revolved around local concerns about the devastating effects of the spread of AIDS, and other sexually transmitted diseases (STD). The plays were the local people's creation and reaction on what they saw happening in their communities, based on their first hand knowledge

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about themselves, their friends, neighbours, or even families. The plays were the people's own reaction and response to the catastrophe, externalised through drama, song and dance. And in their communities, the plays served to remind whoever was there that yes: this is what is happening amongst us, and choices are available to us of fighting and defeating the scourge of AIDS.

Thus rather than TAP telling them in their communities that this is what was happening *vis-a-vis* AIDS, the communities reminded themselves about what was happening with regard to AIDS, and also through those plays, they equally reminded themselves what the alternatives were.

### **4. Methodology**

The methodology used in the nine clusters was basically the same. Facilitators from the Tanzania AIDS Project, who included a theatre expert, a traditional media expert, and someone well-versed in the latest information about AIDS issues went to a cluster, that had been informed in advance of the coming of the group.

The facilitators were briefed about the major issues with regard to the AIDS epidemic that were specific to the area. Together with the cluster management, an area was chosen which was to be the centre of the creative exercise. Among the considerations taken into account in the choice was:

- (a) the stability of the likely participants—that is those who were deeply rooted in the community;
- (b) those areas that were perceived as hard hit by the epidemic;
- (c) community groups that had initiated their own theatrical activities and needed reinforcement ;
- (d) any outstanding habits or practices known to be existing in the community that were conducive to the spread of AIDS;
- (e) communities that had made specific requests for help in sensitization; and
- (f) groups which could be existing and could have specific impact on fellow community members. This was particularly so for a group of traditional healers in Pangani, Tanga, who already were receiving visits from patients. It was felt that if they enacted their experiences with the patients, then their message could carry weight.

Once an area or a group was chosen, then the facilitators, together with a someone from the cluster, went to the area and started working with the group. In most cases the groups were ad-hoc, put together specifically for the exercise.

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There were often chosen more for their willingness to participate, rather than any other reasons. It is important to note, however, that participants were not chosen for their performance experience. If there were some experienced performers, it was more by luck than design.

Once the participants were identified, there then began a roundtable discussion of how AIDS was seen and understood in their communities. Each participant, young or old, talked of his/her personal experiences with regard to AIDS: how he/she understood it, its manifestations in the community, any special experiences or observations about it that the participant was aware of, personal or community behaviour that could aggravate the situation, and what he/she felt they could do, as an individual or as a community.

Such exchange of experiences usually took 2-3 days, for everyone to talk. It did not matter if the participants repeated issues raised by others before, as even for repetitions, there were new angles. This was followed with trying to identify if there were any local songs, dances or stories that went with any of the behaviour or practices described by the participants. This usually took a day.

After all these, the facilitators—together with the participants—then began putting together a “dramatisable” story, which relied essentially on the behaviour and practices described by the participants. The creation was done together, the facilitators being only watchful for the aspects that related to their expertise. For example, in helping with the singing and choreography for staging, in refining the messages (an example of such is where they would say condoms burst, and then we would help to add that if they are used more than once, and so on). The facilitators also helped them in focussing their stories and in dramatisation designed to hold the public. The basic story and the lessons to be drawn from dramatised actions were left basically to the community participants.

The plays would then be performed for community members at the end of the rehearsals, and in view of the post-performance discussions, the facilitators together with the participants would then hold a post performance corrective rehearsal, and the community group would then be expected to perform to fellow community members in collaboration with the cluster offices.

During the performances, arrangements were always such that the people who come to the show were encouraged to discuss the theatre, and were equally encouraged to devise a strategy or a plan of action to combat the identified ills. The LePSA methodology (LePSA implies a Learner centered approach to a



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problem, identifying the Problem, trying to find a Solution and designing a plan of Action) was used, which seeks answers to the following questions:

1. What did you see in the performance?
2. Are the problems shown in the performance common in your community?
3. In your view, what are the major causes of those problems?
4. What can be done to solve those problems, and by whom?
5. When should efforts to solve those problems begin, and who should be involved, and how?

The discussions always raised interesting and lively debates among the community with many people from the audience wanting to share their views about the way they saw the AIDS problem, and even suggesting better ways of performing the plays. The songs in particular which were either in the local language or in Kiswahili, nearly always pulled the audience into active participation; and even months later, the songs were still household material especially among the young.

### **5. A Brief Review of the Plays Created in the Clusters**

The plays produced in the clusters ended up taking on local colors, reflecting on how the communities saw the bigger threats that were heightening AIDS risks. In Arusha, for example, they perceived the greater problem to be the influence of both tradition and modernity, they produced two plays, one which deals with the inheritance of wives, even when the husband is suspected to have died of AIDS; and another play centered around young women some of whom are dropping out of school to go around with the increasing tourists and moneyed communities in the town.

In Moshi, they put together a play about the problems women face in the communities when a husband dies. These include being asked to vacate the house the wife built with the husband, and the misappropriation by relatives of the husband of all the goods the wife and husband had acquired. While in this area many wives are left behind when the husband goes to urban areas to "make money", when he dies of AIDS, the relatives of the husband often accuse the wife of being the cause of his death. Worse still are fears that people still hold about the spread of AIDS, demonstrated by even the woman's relatives refusing to stay with her children. They highlighted the dilemma of orphans, and the dilemma the children face when parents die from an avoidable disease like AIDS. The other plays revolve around unfaithfulness among young couples and its consequences, as well as the young, newly out of school youths who think drinking and having sex is fun until hit with the AIDS dilemma.

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In Tanga, the traditional healers and birth attendants had begun to get patients with obvious symptoms of AIDS and so they devised a play warning people about how AIDS is acquired, and especially also about the false notion that traditional healers have cures. Another play in Tanga revolved around mutual love that is necessary and possible between wife and husband when both are afflicted with the AIDS virus. This was put together by members of the Seventh Day Adventist Church, who could only dramatise AIDS acquisition via blood transfusion, and *not* via sexual intercourse!

In Dar es Salaam, two major issues were dealt with: that of the temptations of young students, who fall prey to marauding men offering all kinds of presents that parents do not offer. But they also showed community response that is possible when a guest house owner refuses to hire out a room between an adult male and the young school girl. Another issue raised in the Dar es Salaam cluster is the fact that despite the visible deaths from AIDS seen everywhere, people still carry on risky behaviors. When the wife in the play knows that the husband is indeed involved in risky behavior, she challenges him to three basic choices: abstinence, the condom, or separation.

In Morogoro youths out of school designed a play based on their particular problems: the fact that they are at that rebellious age when they do not so much respect their parents' advice, and feel they are totally in control of everything. They feel God brought them to this world to enjoy sex, but when AIDS strikes, the proud young man realizes he has lost all those he thought were his friends, and he has nowhere else to turn to except to his old parents. When he arrives in such a sorry state, and dies soon after, the old parents are overwhelmed. In Morogoro also was the first play entirely by primary school kids, in standard five and six, who put together a play about the temptations specific to their age: sweets, soft drinks, cakes, chicken and chips, and so on. They were able to show that children need to be strong and say no to such temptations.

Iringa was an area where women performed virtually against all odds. Apart from having suffered initial harassment from their partners about joining such worthless project the women's play characterized the men as the trouble-makers: roaming around looking for women to pick, offering them a few local drinks, and then having sex with. After working with them to streamline their play, and after several performances in the village and other places, men are on waiting lists to join their group, and the harassment has virtually disappeared. They have also inspired fellow women in other villages to start their own dramatic activities.

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In Dodoma, the emphasis was rather different. The play there was based on the known practices of the men there, where even if the man was getting old and did not have sufficient means, he still felt he could have another young wife. Of course the old man in this case fails to satisfy her material and physical needs, and in the end the wife falls victim to temptations from younger men of her age, and ends up infecting everybody in the circuit (husband and co-wives) with a Sexually Transmitted Disease, and even possibly AIDS. In Dodoma a video film of the play was also made on location, and it received positive acclaim from those who saw it..

Two other plays were also produced in Dodoma by rural groups: one based at Mvumi hospital, about 40 kilometres from Dodoma; and the other at Handari, about seven kilometres from Mvumi. Both were reflections of what happens in rural areas: women who went away returning to die of AIDS in their village. The men in the village however get attracted to them because they return with excellent make up, great hair styles, and despite their apparent sickness, they become stars in the village, and every man wants to boast to others that he has biblically "known" her. They also showed how young village girls admire "shiny" looking men in the village, even when they show signs of AIDS. They still accept to get married to them.

In Shinyanga, two major problems were identified by the communities. First was that identified by the adult group which centered on the strong belief in witchcraft where obvious AIDS cases were taken as the work of witches. Thus they wanted to show that having multiple partners and eventually becoming ill as not the work of witchcraft, but possibly AIDS. Hence when their patient who in the play has multiple partners gets sick, he is told by the witch doctor that it was his sexual behavior rather than witchcraft which was the cause of his sickness, and his best hope is at the hospital. Another problem was that of young school girls who were often pulled out of schools and forced to marry men formerly married to their sisters, in cases where their sisters died. This was done so that the parents do not return the cows given earlier as bride price. Even when the man was obviously sick and dying of something like AIDS, the young girls could be forced to marry the man. They wanted to demonstrate to their parents how wrong the practice was.

Tabora preferred another way of dealing with theater: they wanted a play that combined a lot of the risky behaviors that are commonly practiced there, thus leading to AIDS. Hence their play is about a girl in a certain village who knows she is seropositive and moves to Tabora. As is said to be the practice, she is immediately picked up by "hunting" men, who think she is a fresh chick. She

herself admits her main interest is to die with as many as possible. Hence when we see the men flocking to her, and young men from *vibarua* (temporary employment, often hard work) lining up for her and tossing a coin to determine who will go first, it turns out to be macabre comedy.

#### **6. A Close-up on the Processes in Tabora and Arusha.**

The selection of Tabora and Arusha for a more detailed description does not in any way imply that they were special. They are selected only to show how the process worked in detail, and how the different cluster communities brought out their different concerns and approaches.

When discussions begun in Tabora, the common concerns revolved around the problems of the town being an important railway station, with trains going north, west and south west. As such there were thousands of travellers who stopped in the town, some for dubious proposes. One of them, as described by many, was that commercial sex workers and other women such as barmaids on their way from the major towns in the East and South such as Dar es Salaam, Tanga, Morogoro, Iringa, Mbeya and so on tended to drop off for a few days in Tabora, to augment their fares from the Tabora men. As such, it was pointed out during the discussions that men tended to hang around the train station waiting for nice women coming off the train.

Often, it was argued, such men rented rooms for these women, who also begun other activities such as selling alcohol in their rooms, and augmenting their incomes from extra sexual activities. Young men who worked on tobacco farms and performed other agricultural labours rushed to these women's rooms for alcohol and the sex when they got their pay.

Our story then was of a young woman whose two boyfriends die of AIDS symptomatic complications elsewhere, not in Tabora. She realises she will not get other boyfriends in that town as they will suspect her of having AIDS. She goes for a test and she is told she is serropositive, and so she decides to leave town for a new destination, to find those to "accompany" her to her death. The boyfriend she lives with opposes the separation, but she insists and leaves town.

We next "catch" her in Tabora dropping off a station. Some men hanging around find her attractive, and as she looks like she is lost, one offers to help. He eventually keeps her, rents a room for her, and starts treating her as his second wife. He provides her with money to start selling beer in her room. For her, however, the objective is to have as many men sleep with her as possible so as to have the largest cortege in her death.

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As this is her intention, she offers beer at the lowest rates, offers easy credit terms, as her loss is always compensated by the “permanent” boyfriend. The young men from the tobacco farms always meet there, and occasionally will toss a coin as to who will go first and so on. The “permanent” boyfriend has virtually abandoned his family, and the wife learns that it is because of this “new” woman in town. In revenge she also picks a boyfriend, who she asks to take her to that woman's place, in the hope that she can meet her husband there.

And indeed they meet there. On the day they do, the “permanent” boyfriend had gone to his “new” woman's house, and found the young men lining up to go to bed with her. He tries to argue with them that it is his wife, but they threaten to beat him if he interferes, for they know she is not married, and so she is for everyone. In his anger he decided to withdraw all his materials. It is on that day that he meets with his wife there, whose companion is the former boyfriend of the girl while she was in the other town, who had come to Tabora in search for her. So the AIDS circle is complete.

The next scene is that of the wife and husband who are now so sick that they cannot even look after their children. They send for the children's grandfather who is so aged and frail, and it is so pathetic that he is the one who is being asked to look after the children.

All the scenes are accompanied with local songs which comment on each particular situation and re-raise the pertinent issues for the audience.

In Arusha, the concern was different. There were two main issues that came up in the discussions. One was about the insistence on the traditional practice of wife inheritance after the death of the husband. The other was the one caused by the tourist industry and the international nature of the town, whereby young girls were dropping out of school in response to even a slight smile from a tourist or an international worker.

The first story was of a young man whose elder brother died of AIDS related symptoms, and the father wants him to “look after” his dead brother's wife. The son tries to explain to the father that he cannot “look after” his dead brother's wife, not only because he cannot afford it and that his own wife would not permit it, but also because his brother died of AIDS related symptoms, and if he “looked after” her, he too would die.

Then comes the late brother's wife, who is also sick, and the symptoms she describes relate indeed to AIDS. She however says they were poisoned and

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bewitched by jealous people who were envious of them. The father-in-law also believes this. He takes her to a traditional healer, as he thinks hospitals are useless in case of such “poisoning”.

The traditional healer rattles him so much when he tells him that it is not poison, but a disease that is finishing most young promiscuous people; and that there is no medicine, and the hospital is the right place for his patient. Humbled, the father goes home and apologises to his son, who now promise that he will in fact help look after the sister-in-law, but not “sexually”, the way father originally intended.

In the second play, a young woman rejects her poor boyfriend in favour of a white tourist she met on the street. She drops out of school, and accompanies the tourist everywhere, and even insults her parents and relatives when they try to advise her. The tourist has of course been giving her dollars in exchange for sexual favours, and she has been flouting the dollars all over.

Then the shock comes. As she is preparing to go to one of the exclusive tours in the national park with him, she receives a letter from him that he actually has tested serropositive due to a test he had to take. He has therefore left the country as he is devastated by the problem. He sends her \$100 and regrets that they had not used condoms due to *her* particular insistence. She is devastated, but she has been so nasty to everyone, such that it is difficult to know what “sympathy” to have for her.

### **7. Lessons Learnt**

The above is a brief description of only 3 out of 18 plays in the clusters, all with different local community themes and colours, and all using a combination of the traditional folk media.

One of the crucial lessons to come from this experience is that the people in the communities know and understand the AIDS crisis in their communities and know its manifestations. This came out clearly in the discussions, in the plays they put together, and in the songs and dances they selected to accompany their performances. Not only did they show that they understand, they also showed that they know what to tell their fellow community members in order to minimise the AIDS problem in their communities. What they needed is for someone to help organise them and put a little more energy in their efforts and struggles against the disease.

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A second important lesson we learnt was the willingness with which they came out to discuss their problems and views with regard to the issues of AIDS in their communities. These were real issues direct from the horses' mouths, and not based on conjecture and averaging, common in research. No outside ideas of AIDS were brought in, but rather the people talked of their problems the way they saw them and knew them.

Looking at the 18 plays in the nine clusters, one automatically relates this to mapping, in that each community identified particular areas of concern and particular threats and possibilities. The tendency in the fight against AIDS has been in the globalisation approach, as its major causes are known, and hence explanations have been simplified to go with the known causes, rather than community particularities with regard to the causes. While unprotected sex is risky everywhere, the reasons why people will engage in it will be different from community to community, and even from individual to individual. This too was a big lesson to learn.

Equally important, was the realisation that what theatre we were actually producing was a people's way of saying something about themselves. The contents or themes were real, the contexts were real and relevant, the language and mannerisms were those of the people directly. Hence there was no time wasted on debating whether the theatre or even messages were culturally correct, or sufficiently sensitive, as the products were those of the people creating and at the same time were part of the target audience for whom the theatres were intended.

Two other specific advantages that were gleaned from the exercise also need mention. The first relates to the fact that since the theatres were produced by communities in their localities, what was needed for follow up were moral encouragement to go on. Secondly, the cost of maintaining the groups were minimal. Thus the groups were capable of being self-sustaining and cheaper than taking a group of professional performers to the community who could only perform at a high cost, and then leave, without leaving much else behind. This kind of exercise therefore holds considerable promise for the AIDS intervention in local communities than the traditional methods of preparing materials at headquarters to take to the villages.

### **8. Conclusion**

The approach adopted by the Tanzania AIDS Project showed that the people can realistically face the AIDS challenges in their communities. The traditional

approaches of going to the local communities to tell them what is good for them implies manufacturing solutions to hypothetical problems, in ways that may not be culturally sensitive or even in response to the "deep-structure" dynamics of the AIDS crisis in the local community. This approach empowers the people themselves, and makes the struggle against the devastating disease their own. Perhaps one could suggest that this approach which shows positive signs of being effective could be coupled with other factors that are "co-sponsors" of AIDS, such as poverty alleviation, strategies for income generation, rights of women, and so on. Then communities could have integrated approaches to problems menacing their lives, fortifying them even more in the fight against AIDS.

### **Bibliography**

- Brockett, O. 1992. *The Essential Theater*. Fort Worth, TX: Harcourt Brace Jovanovich, Publishers. 5th Edition
- Carlson, M. 1984. *Theories of the Theater*. Ithaca & London: Cornell University Press.
- Ehrenhaus, P. 1984. Culture and the Attribution Process: Barriers to Effective Communication. In Gudy Kunst. ed., *Intercultural Communication Theory. Current Perspectives*. Beverly Hills: Sage Publications
- Frank, M. 1995. *AIDS-Education Through Theater*. Bayreuth: Bayreuth University
- Hanna, J.L. 1987. *To Dance is Human. A Theory of Non Verbal Communication*. Chicago & London: The University of Chacago Press.
- Kerr, D. 1995. *African Popular Theater*. London: James Currey Ltd.
- Mda, S. 1993. *When People Play People*. London: Zed Brooks.
- Mlama, P.M. 1991. *Culture and Development: The Popular Theater Approach in Africa*. Uppsala: Nordiska Africainstitutet.
- Wadulo, G. 1990. *Theater for Development in Uganda*. Research Report.
- Williams, F. 1989. *The New Communications*. Belmont, CA: Wadsworth Publishing Company.