

Entertainment-Education: A Communication Strategy for HIV Prevention

A R V I N D S I N G H A L

Consider the following two entertainment-education interventions in South Africa:

1. In the 1999 "Soul City" entertainment-education television series in South Africa, a new collective behavior was modeled to portray how neighbors might intervene in a domestic violence situation. The prevailing cultural norm in South Africa was for neighbors, even if they wished to help a victim, not to intervene in a domestic abuse situation. Wife (or partner) abuse is seen as a private matter, carried out in a private space, with curtains drawn and behind closed doors (Usdin, Singhal, Shongwe, Goldstein, and Shabalala, 2004).

In the "Soul City" series, neighbors collectively decide to break the ongoing cycle of spousal abuse in a neighboring home. When the next wife-beating episode occurred, they gathered around the abuser's residence and collectively banged pots and pans, censuring the abuser's actions. This prime-time entertainment-education episode, which earned one of the highest audience ratings in South Africa in 1999, demonstrated the importance of creatively modeling collective efficacy in order to energize neighbors, who, for cultural reasons, felt previously inefficacious (Usdin et al., 2004). After this episode was broadcast, pot banging to stop partner abuse was reported in several locations in South Africa (Singhal and Rogers, 2002). Patrons of a local pub in Thembisa Township in South Africa exhibited a variation of this practice: They collectively banged bottles when a man physically abused his girlfriend (Soul City, 2000).

2. In Westville Prison in Durban, South Africa, a group of Black women inmates — all convicted for murdering their partners — perform an autobiographical play for their fellow prisoners, the prison staff, and representatives of the Justice Department, the South

African Gender Commission, and media journalists (Young-Jahangeer, 2002). The protagonist is an "every woman" whose husband abuses her. When she seeks her parent's help, they tell her that her husband's family paid lobola (bride price), and that she should put in more effort to make her marriage work. When she goes to the priest, he asks her to kneel down and pray. She goes to the police station to report her abuse. The policeman, who knows her husband, gives him a telephone call. The husband goes to the police station and beats her, while the policemen, silent colluders in the act, look on. Outraged and desperate, the woman hires an assassin to kill her husband. She is convicted for murder and sentenced to life imprisonment.

At the end of the play, the women stand and sing "emhlabeni sibuthwele ubunzima", a traditional Zulu song of endurance. Then, one-by-one, they face the audience to recite gut-wrenching personal testimonies about their physical abuse, psychological torment, and daily victimization. The Westville Prison Theatre, a project of the Department of Drama and Performance Studies at the University of Natal, is based upon Paulo Freire's (1970) liberatory pedagogy and Augusto Boal's (1979) theater of the oppressed (TO) to empower women who face "quadruple" oppression on account of their gender, race, class, and inmate status (Young-Jahangeer, 2002; Singhal, 2004).

Through Prison Theatre, women inmates make visible the tortuous abuse that motivated their crime, and show the gender insensitivity of the laws under which they were tried and convicted. Prison Theater influenced local police officials, judiciary, and correctional staff to revisit the sentences meted out to women inmates, and to raise awareness about the importance of making South Africa's legal and prison system more gender sensitive. Prison Theater's power lies in its participatory, emotionally

engaging, and autobiographical narrative, and in its ability to connect “oppressed” and “oppressive” structures in a non-threatening manner (Singhal, 2004).

The entertainment-education strategy, as exemplified by the “Soul City” television series and Westville’s Prison Theater, has been consciously applied to HIV/AIDS prevention in the form of (1) radio and television soap operas, for instance, “Twende na Wakati” (“Let’s Go with the Times”) in Tanzania, “Soul City” in South Africa, “Ushikwapo Shikimana” (“If Assisted, Assist Yourself”) in Kenya, “Dehleez” (“Threshold”), “Tinka Tinka Sukh” (“Happiness Lies in Small Things”) and “Taru” in India, “Nshilakamona” (“I Have Not Seen It”) in Zambia, “Malhacão” (“Working Out”) in Brazil, “Sexto Sentido” (“Sixth Sense”) in Nicaragua; and “Kamisama Mo Sukoshidake” (“Please God Just a Little More Time”) in Japan; (2) talk shows such as “Good Times with DJ Berry” in Uganda and “Erotica” in Brazil; (3) popular music and celebrity concerts, for instance, Franco Luambo’s hit song “Beware of AIDS” in the Democratic Republic of Congo and the “Hits for Hope” concerts in Uganda; (4) feature films such as “Philadelphia” in the U.S., “It’s Not Easy” in Uganda, “On the Edge” in Tanzania, and “Phir Milenge” (“We’ll Meet Again”) in India; (5) animation films like “Karate Kids” and “Sara” targeted at children at risk for HIV; (6) newspapers and magazines like Straight Talk in Uganda and Femina in Tanzania; (7) street theater groups like DramAidE in South Africa, Nalamdana in India, and Bricantes Contra a AIDS (Street Artists Against AIDS); and (8) competitive events like bicycle rallies in Uganda, soccer matches in Cameroon, and condom-blowing contests in Thailand (Singhal and Rogers, 2003).

Research evaluations of these programs suggest that the entertainment-education strategy — through its use of formative research, audience segmentation, a multi-media campaign approach, media celebrities, and other creative techniques such as humor, animation, claymation, and others — can effectively promote HIV/AIDS prevention behavior (Piotrow et al., 1997; Church and Geller, 1989; Singhal and Rogers, 2004; Vaughan et al., 2000).

The present article analyzes the contributions of the entertainment-education strategy to HIV prevention, highlighting the use of television and radio soap operas, as well as school-based participatory theater strategies, to engage audiences emotionally, and to encourage public discussion.

The Entertainment-Education Strategy

The entertainment-education (E-E) strategy in development communication abrogates a needless dichotomy that mass

media programs must either be entertaining or educational (Nariman, 1993; Singhal and Rogers, 1999; 2002; 2004). Entertainment-education is the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience members’ knowledge about an issue, create favorable attitudes, shift social norms, and change the overt behavior of individuals and communities.

The entertainment-education strategy contributes to social change in two ways:

1. It can influence audience awareness, attitudes, and behaviors toward a socially desirable end. Here the anticipated effects are located in the individual audience members. An illustration is provided by a radio soap opera, “Twende na Wakati”, in Tanzania that convinced several hundred thousand sexually active adults to adopt HIV-prevention behaviors (like using condoms and reducing their number of sexual partners) (Rogers et al., 1999).
2. It can influence the audiences’ external environment to help create the necessary conditions for social change at the group or system level. Here the major effects are located in the interpersonal and social-political sphere of the audience members’ environment. Entertainment-education media can serve as a social mobilizer, an advocate, or agenda-setter, influencing public and policy initiatives in a socially desirable direction (Wallack, 1990). Community members of several Black townships in South Africa opposed domestic violence in the neighbourhoods by banging pots and pans. These system-level social changes resulted from entertainment-education (Usdin et al., 2004).

Why Entertainment-Education?

Entertainment-education (E-E) programs represent a viable weapon in the worldwide war against HIV/AIDS (Singhal and Rogers, 2003). Such programs utilize the popular appeal of entertainment formats (such as melodrama) to consciously address educational issues (Singhal, Cody, Rogers, and Sabido, 2004; Singhal and Rogers, 1999; Piotrow et al., 1997). These interventions earn high audience ratings, involve audience members emotionally, and spur interpersonal conversations among audience members on various topics. E-E’s ability to stimulate conversations can bring taboo topics like HIV/AIDS into public discourse. While audience members are usually reluctant to discuss the details of their personal life in public, they feel comfortable talking about the lifestyles of their favorite characters, and commenting on the accom-

panying consequences.

E-E's appeal comes from its narrative approach, which is not perceived as didactic or preachy by audience members. Walter Fisher (1987) argued that humans are essentially storytellers (*homo narrans*) who employ a narrative logic in processing discourse. E-E soap operas, whether on television or radio, represent highly complex narratives with various protagonists and antagonists, plots and subplots, and conflicts and resolutions. Such narratives, designed with the use of formative research, are perceived by audience members as more coherent, believable, and involving, than straightforward rational appeals. E-E viewers enjoy conflict-laden, suspenseful drama. Repeated empathic distress from seeing a favorite character in imminent danger often enhances the enjoyment of drama and the resolution of the threat (Zillman and Vorderer, 2000).

E-E programs appeal to the emotions of audience members. Affect from a media character is communicated to audience members, often through the process of parasocial interaction, the tendency of individuals to perceive that they have a personal relationship with a media or public personality (Horton and Wohl, 1956; Sood and Rogers, 2000). Audience members perceive media characters as their personal friends, and welcome them into their homes at an appointed hour (through a television or a radio set), so as to have an ongoing relationship with them. Audience members often talk out loud to their favorite characters, laugh and cry with them. The characters "infect" the audience members with their feelings. Such is the power of entertainment-education in behavior change communication.

Key Elements in Creating Entertainment-Education

What are the key elements in creating entertainment-education?

The Values Grid

Prior to launching an entertainment-education intervention, a framework of the specific educational issues to be emphasized in an entertainment-education intervention, a values grid for the educational messages, is created (Singhal and Rogers, 2003). This framework can be derived from a nation's constitution, its legal statutes, or from documents such as the UN Declaration of Human Rights, to which the country is a signatory. For instance, a constitutional right such as "All citizens will have an equal opportunity for personal and professional development" provides the basis for media messages about gender equality.

The values grid, often derived from formative research, is a chart of the educational issues to be tackled, and the positive and negative values to be encouraged and discouraged. It contains statements such as "All girl children have the right to attend school" and "It is a violation of a girl child's rights not to send her to school". A values grid specifies the behavior changes that are to be encouraged or discouraged in an entertainment-education project such as a soap opera. The values grid contributes to the consistency of the characters and storyline with the intended goals of an entertainment-education intervention. The grid also helps to bring on board key stakeholders, providing credibility to the intervention, and blunting later attacks. The setting, characters, storyline, and sub-plots are based on the values grid.

Formative Evaluation Research

Formative evaluation research is conducted with the intended audience to design the entertainment-education intervention. Formative evaluation is a type of research that is conducted while an activity, process, or system is being developed or is ongoing, in order to improve its effectiveness (Singhal and Rogers, 1999). Research-based information about the characteristics, needs, and preferences of a target audience can fine-tune the values grid, and sharpen the design of entertainment-education. For example, a formative evaluation survey in Tanzania in 1992 found that many adults, including those using the rhythm method of contraception, did not know the days in the women's menstrual cycle when fertility was most likely. Correct information was then provided in "Twende na Wakati".

Theory-Based Message Design

Messages for an entertainment-education intervention are designed on the basis of theories of behavior change communication. At the heart of understanding the process of entertainment-education is Albert Bandura's social learning theory (1977; 1997), which states that human learning can occur through observing media role-models. This vicarious learning can, under certain conditions, be even more effective than direct experiential learning. For instance, why should a couple have more children than they can afford, and suffer economic hardship throughout their lives, to realize eventually that it was a mistake not to adopt family planning? They could learn the same lesson by observing media role-models, who face realistic consequences of adopting or not adopting family planning in a television soap opera.

Multi-Media Campaign Activities

Launching a multi-media broadcast with supportive activities is crucial in effective entertainment-education. Further, E-E interventions have their strongest effects on audience behavior change when messages stimulate reflection, debate, and interpersonal communication about the educational topic among audience members (Papa et al., 2000), and when services can be delivered locally. One means of stimulating peer reflections and conversations is to broadcast to organized listening groups (Singhal, Sharma, Papa, and Witte, 2004).

Process and Summative Evaluations

Entertainment-education campaigns can be strengthened through such process evaluation activities as the analysis of audience letters, monitoring of clinic data (to track the number of AIDS blood tests, for example), and content analysis of the entertainment-education messages (to determine if the scripts are consistent with the values grid). Feedback can thus be provided in a timely manner to entertainment-education producers for appropriate mid-course corrections. Process evaluation consists of gathering data about the effectiveness of an intervention program while it is under way.

Summative evaluation research measures the effects of an entertainment-education intervention on audience behaviors. Often multi-method triangulation is employed to ascertain effects. For example, an entertainment-education radio soap opera, "Tinka Tinka Sukh" ("Happiness Lies in Small Pleasures"), in Hindi-speaking Northern India was evaluated by a field experiment (using pre-post, treatment-control audience surveys), a content analysis of the episodes and viewers' letters, and a case study of one village in which the program had strong effects (Papa et al., 2000).

Entertainment-Education Soap Operas for HIV Prevention

Here we describe several well-known E-E soap opera initiatives that have addressed HIV prevention, care, and support.

Soul City in South Africa

Soul City is a notable entertainment-education intervention that utilized a multi-media campaign to promote HIV/AIDS prevention in South Africa. In 2004, almost 5 million adults (25 percent of the adult population) in South Africa were HIV-positive and an estimated 500,000 children were orphaned by AIDS (Singhal and Howard, 2003). So HIV/AIDS is a very high priority public health problem in South Africa.

Soul City is a unique example of entertainment-education in that it represents a series of integrated, ongoing mass media activities, year after year. Each year a series of mass media interventions are implemented, including the flagship "Soul City", a 13-part prime-time television drama series, broadcast for three months, and that promotes specific health issues. Simultaneously, a 60-episode radio drama series is broadcast daily (Monday through Friday) at prime-time in nine South African languages. While the story in the radio drama is different, the health issues it addresses are the same as in the television series. Once the television and radio series are broadcast, three million health education booklets, designed around the popularity of the television series' characters, are distributed free-of-cost to select target audiences. The booklets are also serialized by 11 major newspapers in South Africa.

The first "Soul City" television series, broadcast in 1994, focused on maternal and child health, and HIV prevention. The second "Soul City" series, broadcast in 1996, dealt with HIV, tuberculosis, tobacco control, and housing reform. The third "Soul City" series, broadcast in 1997, dealt with HIV, alcohol abuse, and energy conservation. The fourth "Soul City" series (in 1999) focused on violence against women, AIDS and youth sexuality, hypertension, and personal finance and small business management. The fifth "Soul City" series (in 2001) dealt with HIV/AIDS, youth sexuality (including date rape), coping with disability, and management of micro-enterprises. The sixth and seventh "Soul City" series have dealt with the effect of HIV/AIDS on children, HIV testing and treatment, and early diagnosis of cervical cancer. Only issues of national priority (such as HIV/AIDS prevention) are woven into the "Soul City" storyline.

The "Soul City" television storyline is set in an urban township (called "Soul City"), much like Alexandra, and revolves around the workings of Masakhane Clinic, patterned after Alex Clinic. Many of the health problems depicted in "Soul City's" broadcasts are based on real-life cases that occur in townships like Alexandra. For instance, the fourth "Soul City" series began with a murder mystery. A sub-plot centered around 15-year-old Tebogo, whose friends tell him he will go mad if he does not have sex, warning him that pimples are the first symptom (McNeil, 2002). After a movie date with a classmate, Tebogo pulls out a condom, and insists that his date owes him sex because he paid for the movie, popcorn, and soda. She refuses, but Tebogo lies to his friends that he succeeded. When she finds out about Tebogo's empty boasting, the girl is livid, and Tebogo apologizes. Her girlfriends tell her "She is lucky

— their boyfriends sometimes rape them” (McNeil, 2000, p.6). Indeed, a national survey of 26,000 youth in South African schools showed that, by the age of 18, one in four males admitted to having forced sex without a women’s consent (Ncube, 2000). Further, one in six schoolboys thought a woman who had been raped enjoyed the ordeal; and twice as many thought that she had “asked” for it. A majority of women were “resigned to their fate and believed that sexual violence, or rough sex, was a fact of life” (Ncube, 2000, p.15). The connection of “Soul City’s” storyline with reality gives dramatic excitement to the broadcasts; sparks a public debate about power, masculinity, and sexuality; and provides alternative models of sexuality that are respectful of women’s sexual rights.

Since 2000, Soul City began broadcasting “Soul Buddyz”, a prime-time television series aimed at children aged 8 to 12, which addresses substance abuse, race and xenophobia, and AIDS and sexuality, including a storyline on how children cope with the death of their parents from AIDS (Goldstein, Usdin, Scheepers, Marker, and Japhet, 2003). By carrying out these multiple health promotion activities, Soul City has emerged as a highly recognized and trusted name in South Africa, an honor they use to their advantage. The cornerstone of the Soul City health promotion strategy rests on producing high-quality media materials. Only skilled scriptwriters, actors, producers, and directors are hired, including Darryl Roodt, the highly-acclaimed South African director of films such as “Cry”, “My Beloved Country”, and “Sarafina”. They are paid at market rate or more. The “Soul City” television series is broadcast at 8:30 p.m., a prime-time slot when one-third of South Africa’s population is tuned in.

The Key Role of Research: Formative and summative research are key to designing and evaluating Soul City’s mass media interventions. Formative research is conducted to identify health issues of national priority, and to ensure that the mass media interventions can be backed at the ground level by the needed infrastructure. Formative research activities include focus group discussions and in-depth interviews, participatory rural appraisals, archival research, and pre-testing. Formative research ensures that Soul City’s television and radio series are realistic, and resonate with audience members.

Summative research procedures include gathering ratings and viewership data, and conducting before-after national and regional sample surveys to determine the effects of the television, radio, and print interventions. Summative research reports show that the Soul City mass media interventions increase knowledge about health issues, promote more positive attitudes toward them, influence

social norms, facilitate media and political advocacy, and contribute to behavior change. Further, “Soul City” influenced viewers of all age groups to always use condoms in sexual encounters to prevent HIV. Further, after watching Soul City, a majority of its viewers reported being convinced that a HIV-positive person should not keep his/her HIV status secret from loved ones (CASE, 1995; Japhet and Goldstein, 1997; Soul City, 2000; Singhal and Rogers, 2003).

Raising Efficacy: Soul City models both individual self-efficacy (defined as an individual’s perception of his or her capacity to organize and execute the actions required to manage prospective situations to produce desired attainments) and collective efficacy. The pot-banging episode (discussed at the top of the chapter) described how neighbors collectively displayed the efficacy to intervene in a private domestic violence situation.

Collective efficacy, defined as the degree to which the members of a system believe they have the ability to organize and execute actions required to produce desired attainments, was also modeled in a recent episode of “Soul Buddyz”. A grocery store owner fires a young employee when he finds out the employee is HIV-positive. Friends of the youth picket the store and urge the community to boycott it, forcing the owner to rehire the former employee. Much like the pot-banging episode, this “Soul Buddyz” episode teaches the power of collective efficacy in combating HIV-related stigma and discrimination.

Outreach: The reach and influence of Soul City extend beyond South Africa. Soul City materials, through local in-country partnerships, are being produced and distributed in neighboring Botswana, Zimbabwe, Lesotho, Swaziland, Namibia, and Zambia. Evaluations show that the materials are highly popular in these countries, where audiences find these messages are culturally-shareable (Japhet and Goldstein, 1997; Singhal and Svenkerud, 1994). African countries like Nigeria, Ghana, and Malawi have also requested Soul City materials for local use (Singhal and Rogers, 2003).

“Malhacão” in Brazil

Brazil is the land of telenovelas (television soap operas). Not only are soap operas the most popular television fare in Brazil, but telenovelas are exported by Brazilian networks to 60 other nations around the world. Thus it is not surprising that a soap opera played an important role in putting the issue of HIV/AIDS on the national agenda, and also taught many individuals how to live as HIV-positive people taking the anti-retrovirals (Singhal and Rogers, 2003).

“Malhacão” began broadcasting in 1995 as the first youth soap opera in Brazil. Initially, the telenovela was set

in a workout gym in Rio de Janeiro, where young people gathered to develop perfect bodies and to boast of their love conquests. "Malhacão" means "working out" in Portuguese. This Brazilian version of "Baywatch" earned low television ratings, and so "Malhacão" changed to a middle-class school setting and to a focus on social issues, particularly HIV/AIDS. The ratings jumped to an average of 30 points, rising to a spectacular peak of 37 when the teenage star of the show, Erica, learns that she is HIV-positive.

The HIV-positive Erica wrestles with such dilemmas as whether or not she can have boyfriends, and whether she will be able to have children. When Erica dates her heartthrob, Touro, one of the continuing uncertainties of the telenovela is whether or not they should have sexual intercourse. "Malhacão" appeals to adults as well as youth, in part because audience members feel that the telenovela tackles real-life issues. After 1996, when the Brazilian government began to distribute free anti-retroviral drugs to HIV+ people, the telenovela dealt with how to live with HIV, a familiar situation for many members of the television audience.

"Malhacão" does not follow the formative research based formula for the entertainment-education strategy as exemplified by "Soul City". Rather, it represents the social merchandizing approach of TV Globo, Brazil's largest national television network, in which telenovela scriptwriters are encouraged to incorporate contemporary social themes such as land reform, breast cancer, HIV, and democracy (La Pastina, Patel, and Schiavo, 2004).

"Jasoos Vijay" and "Haath Se Haath Milaa" in India

Between 2002 and 2004, in partnership with the Indian government's National AIDS Control Organization (NACO) and Prasar Bharati (the Indian national broadcaster), the BBC World Service Trust (BBC WST) launched a major DFID-funded initiative in five low HIV-prevalence states: Rajasthan, Haryana, Delhi, Uttar Pradesh, and Uttaranchal. The DFID is the British government's international development aid ministry. The India HIV/AIDS initiative, the largest media health initiative ever funded by DFID, includes a strong entertainment-education component: (1) A detective television series, (2) a reality-based television program that follows the lives of 80 youthful audience members who journey on buses across the four states, (3) radio talk shows, and (4) public service announcements on HIV prevention (Singhal and Rogers, 2004).

The 200-plus episode entertainment-education detective series titled "Jasoos Vijay" (Detective Vijay) ran for 2 years from June, 2002 to May 2004. Each month, Vijay

solved one case. In Case Story #1, Vijay is commissioned by an urban family to check out the background of a rural girl, who they wish their son to marry. When Vijay arrives in the village, he discovers the girl is missing and her family is trying to cover up her disappearance. When her body is found in the village well, the epilogue-giver in "Jasoos Vijay" poses the question to the audience members: "How did she die? As the story unfolds, audience members find out that the dead girl was a childhood friend of a village outcast, who was ostracized by the community because he was HIV-positive.

"Jasoos Vijay" is an interactive, fast-paced drama series in which episodes end with a cliffhanger and an epilogue, delivered by a famous celebrity. The epilogue-giver, Om Puri, a Bombay film actor, summarizes plot developments, focuses the viewers' attention to the key HIV/AIDS dilemmas, and urges viewers to write in responses to the central question posed (Singhal and Rogers, 2004).

Complementing "Jasoos Vijay" was the youth reality television show, "Haath Se Haath Milaa" ("Hand in Hand Together"), set aboard two buses (one for boys, one for girls), that journeyed in the five Indian states. Each bus, at any given time, carried two humsafars (co-travelers), with each pair of humsafars spending no more than two weeks on the bus. The buses, decked with bunk beds, cooking facilities, television cameras, and a presenter visited cities, villages, college campuses, ancient forts, farms, and temples, signifying the youth journey of a lifetime. During this journey, the humsafars learned the skills to live life to the fullest, to protect themselves from HIV/AIDS, and to have more compassion for those living with AIDS. Each week, the presenters provided the humsafars with a creative, entertaining challenge: For instance, who is least embarrassed to buy a condom; a role-playing game where they repulse the advances of the opposite sex; and so forth.

The "Jasoos Vijay" and "Haath Se Haath Milaa" campaign reached over 150 million people in India, signifying that entertainment-education is increasingly at the center of most media-based HIV/AIDS interventions.

"Ushikwapo Shikamana" in Kenya

In Kenya, Population Communications International's 15-minute radio soap opera, "Ushikwapo Shikamana" ("If Assisted, Assist Yourself"), has been on air since 1998. It is broadcast by the Kenyan Broadcasting Corporation (KBC), twice a week on Mondays and Wednesdays with a 30-minute omnibus on Saturdays. The language of the soap opera is Kiswahili, Kenyan's national language. "Ushikwapo Shikamana" has a crackerjack scriptwriting team, headed by Dr. Kimani Njogu, a specialist in Kiswahili literary

criticism. "Ushikwapo Shikimna" is sponsored by Unga Limited, a Kenyan company that manufactures nutritional products, thus recovering some of its production costs.

The story of "Ushikwapo Shikamana" is about life's struggles (Singhal and Rogers, 2003). It begins when the elders of two prominent families, Gogo and Mchikichi, decided to marry off their school-age children, Kinga (a boy 18 years old) and Pendo (a girl of 14). Once this decision was made, the bride-to-be, Pendo, had to be initiated into womanhood according to prevailing cultural practice. Everyone supported Pendo's circumcision ceremony except Pendo; the village school teacher, Tatu, who herself escaped this brutal practice of female genital mutilation in her home village; and Kinga, the groom-to-be.

The decision to circumcise Pendo led to a protracted struggle between the younger and the older generations, a struggle that is painful and bitter, leading Kinga to leave the village. After Pendo is circumcised, she learns that her marriage is being arranged with Konga, an old man, and she runs away to the city. Eventually, Pendo finds true love in Sulubu, who shares the value of being monogamous, and they both undergo pre-marital testing for HIV/AIDS. The couple cares for the growing number of AIDS orphans in their community. Pendo and Sulubu work closely with the local school teacher, Tatu, who organizes women in the local community to take care of AIDS orphans. HIV/AIDS is a major theme in "Ushikwapo Shikamana". The story conveys information on risk factors, means of transmission and prevention, testing, informing partners, debunking myths surrounding HIV, coping with illness, compassion for the sick, and death and dying.

A 1999 survey showed that 99 percent of all Kenyans exposed to the radio regularly, listen to the Kenyan Broadcasting Corporation (KBC), and of these, 90 percent listen to KBC's Kiswahili service. Fifty-six percent of the Kiswahili listeners had tuned in to "Ushikwapo Shikamana" the previous month, and of these, 61 percent listen to the program regularly (Singhal and Rogers, 2003).

Participatory Theater Approaches for HIV Prevention

Several entertainment-education participatory approaches promote HIV prevention, care, and support. The work of DramAidE in South Africa and Vera Paiva in Brazil is especially noteworthy.

Drama AIDS Education in South Africa

DramAidE, short for Drama AIDS Education, is a university-based non-governmental organization (NGO) that uses Freire's (1970) and Boal's (1979) participatory theatrical

methods and other interactive, non-judgmental, and culturally-sensitive educational methodologies to train students, teachers, nurses, caregivers, and members of churches and community-based organizations in HIV/AIDS prevention, care, and support (DramAidE, 2001). It works primarily in KwaZulu-Natal Province of South Africa, where some 35 percent of people in the age group 15 to 49 are HIV-positive. By 2002, DramAidE initiated participatory plays, workshops, and community events in over 1,000 secondary schools in KwaZulu-Natal Province, using locally expressive forms such as drama, songs, dances, and poems. DramAidE looks at health holistically, promoting among the youth a sense of pride in their bodies, and generating in them a positive self-image, self-esteem, and self-confidence (Dalrymple, 1996).

DramAidE's school-based program involves community education, plus lifeskills education targeted at secondary school students. First a DramAidE team of actor-teachers stages an AIDS play in front of the entire school. The play is followed by an intense, interactive question-and-answer session; and the students and teachers are challenged by DramAidE officials to create plays to reflect their own vulnerability to HIV/AIDS, including ways to prevent it (Dalrymple, 1996). Drama workshops are held for students and teachers that include group discussions, role-playing, and teamwork; as also, self-evaluations of the risk of contracting HIV, and culturally-acceptable strategies to address these problems. The DramAidE program culminates with an "Open Day", a community event in which students perform an HIV/AIDS play for their parents, teachers, local leaders, and people living with AIDS (PWAs). In a cultural context where sex is "do-able" but "untalkable", and where there is no parent-to-child or teacher-to-student communication about sex, the "Open Day" brings sexual taboos into the open (Dalrymple, 1996). Through the medium of play, students feel free talking about hitherto sensitive topics such as masturbation or ukusoma (non-penetrative "thigh sex"). The HIV/AIDS play is part of an all-day event which includes prayers; speeches by local leaders, headmasters, and headmistresses; and traditional Zulu songs and dances.

The goal of the DramAidE intervention in secondary schools of KwaZulu-Natal Province is to create, in a Freirean sense, a generation of "sexual subjects", who can regulate their sexual life, as opposed to being objects of desire and the sexual scripts of others (Paiva, 2000). To create sexual subjects, DramAidE's theater workshops are holistic and participatory, emphasizing improvisations and role plays, and allowing participants to rehearse different presentations of the self (Sutherland, 2002). For instance, drawing upon

Boal's work, a tableau in a drama workshop may show a picture of a fierce, proud Zulu man holding a stick in his hand (Dalrymple, 1996). Behind him is a woman carrying a heavy load on her head and a baby on her back. Participants are asked to react to the picture, encouraged to change it, and provide reasons for the change. The ensuing discussion, initially, centers on the need for the man to have his hands free to protect his family; however, later the discussion moves to talking about the importance of the couple sharing the burden, including responsibilities for child care. Some participants may suggest that the man and the woman need to walk side-by-side, holding each other's hand. DramAidE's workshops are designed to stimulate critical thinking among young people, and empower the youth to learn, rehearse, and take actions to practice healthy behaviors. The gumboot dance, usually done only by men, is performed by both male and female students during the Open Day celebrations.

DramAidE's focus is not just on changing individual behavior of students through participatory theater, but also to influence the existing social norms of the community about HIV/AIDS, including those of parents, teachers, church leaders, nurses, caregivers, and local officials. DramAidE's participatory interventions seek to catalyze a social movement of healthy lifestyles, which has room for both sexual restraint and abstinence, as well as a window to celebrate sexual healthy passions. Participating schools often initiate, at the encouragement of DramAidE officials, health promotion clubs, which establish programs for cleaning toilets, disposing of unhygienic waste, and ensuring a clean drinking water supply. Several of these youth-initiated clubs raised their own funds to purchase toilet paper, disinfectants, and gloves (Sutherland, 2002).

An evaluation of DramAidE's school-based interventions showed that participating students, including members of health promotion clubs, were less likely to engage in risky sexual behavior, more likely to behave like empowered "subjects" (as opposed to powerless "objects"), and more likely to practice behaviors that reflect gender-role equality (Sutherland, 2002). School teachers unanimously praised the participatory, experiential, entertaining, and engaging methodology employed by DramAidE: "DramAidE's approach is very good because it comes in the form of a game....We as educators are lacking in using dramatization, plays, and music....whereas the learners are entertained by them" (Sutherland, 2002, p. 34).

Vera Paiva's Pedagogy of Prevention in Brazil

In 1990, Vera Paiva, a psychologist at the University of São Paulo and an expert in HIV/AIDS and gender issues, used Paulo Freire's participatory approach and Pichon Reviere's (1988) group process methodology to involve students and teachers in the low-income schools of São Paulo City in HIV/AIDS prevention. Based on a deep understanding of the socio-cultural dimension of risk, the goal of the intervention was to create "sexual subjects" (much like the aim of the DramAidE project in South Africa, discussed previously). A sexual subject is one who engages consciously in a negotiated sexual relationship based on cultural norms for gender relations, who was capable of articulating and practicing safe sexual practices with pleasure, in a consensual way, and who is capable of saying "no" to sex.³

In collaboration with students, teachers, and community members, Paiva developed a pedagogy of HIV prevention which sought to stimulate collective action and response from those directly affected by HIV, and who live in a vulnerable context (Singhal and Rogers, 2003). Face-to-face group interaction with girls and boys pointed to the importance of understanding the role of sexual subjects in various "sexual scenes", composed of the gender-power relationship between participants, their degree of affective involvement, the nature of the moment, the place, sexual norms in the culture, racial and class mores, and others (Paiva, 1995). Words such as AIDS, *camisinha* ("little shirts" or condoms), and others were decoded, and participants proposed new words and codes for naming the body and gender rules, thus generating new realities.

Paiva employed a variety of creative, engaging, and dramatic techniques to help participants formulate a pedagogy of prevention: Group discussions, role-playing, psychodrama, team work, home work, molding flour and salt paste to shape reproductive body parts and genitals, games to make condoms erotic, and art with condoms (to be comfortable in touching them with one's bare hands). To break inhibitions during role-plays, a "pillow" was placed in the middle of the room, symbolizing a sexual "subject". For example, the pillow could represent an "in-the-closet" gay or a lesbian, a virgin schoolgirl, or a bisexual schoolboy. Participants could adopt the pillow to have internal discussions with the subject, experience themselves in the place of the other, or understand their own fantasy. The pillow provided a vehicle to speak out through an imaginary character, while preserving individual privacy (Paiva, 1995).

Group processes showed that sexual inhibitions could be broken in the context of *sacanagem* (sexual mischief), accompanied by exaggerated sexual talk and eroticization of the context (Paiva, 1995). Condoms became easily discussable when both the boy and the girl were ready to "loosen the hinges of the bed", or "turnover the car", while engaging in sex. Thus the pedagogy of prevention was based on an "eroticization" of prevention.

Evaluation of Paiva's project were not based on counting the number of condoms used; but on the progress made by students, teachers, and community members in becoming "sexual subjects". They were collectively empowered to make choices, and to act them out in culturally appropriate ways.

Conclusions

The entertainment-education strategy, through use of formative research, role-models, epilogues, a multi-media campaign approach, and other creative techniques, such as humor and animation, can be highly effective in promoting HIV/AIDS prevention. E-E effectiveness in this regard has been proven in South Africa, Brazil, India, and dozens of other countries.

When entertainment-education interventions are properly planned and implemented, as exemplified by programs such as "Soul City" and *DramAidE* in South Africa, this strategy can be very effective in stimulating public discourse about HIV, thus breaking the silence. Entertainment-education has the capacity to stimulate interpersonal peer communication, such as between an individual and his/her sexual partner. Such interpersonal communication is uniquely able to bring about behavior change, such as HIV prevention.

References

- A. Bandura, *Social learning theory* (Englewood Cliffs, NJ: Prentice-Hall, 1977)
- A. Bandura, *Self-efficacy: The exercise of control* (New York: Freeman, 1977)
- A. Boal, *The theatre of the oppressed* (New York: Urizen Books, 1979)
- CASE (Community Agency for Social Inquiry), *Let the sky be the limit: Soul City evaluation report*. (Johannesburg, South Africa: Jacana Education, 1995)
- C.A Church, and J. Geller, "Lights! camera! action! Promoting family planning with TV, video, and film" in *Population Reports*, J-38, (Baltimore, Johns Hopkins University, Population Information Program, 1989)
- L. Dalrymple, "The use of traditional forms in community education" in *Africa Media Review*, 11(1996): 75-91
- DramAidE*, Annual report. 2000/2001 (Kwadlangezwa, South Africa: *DramAidE* Office, University of Zululand, 2001)
- W. Fisher, *Human communication as narration* (Columbia, SC: University of South Carolina Press, 1987)
- P. Freire, *Pedagogy of the oppressed*. (NY: Continuum, 1970)
- S. Goldstein, S. Usdin, E. Scheepers, A. Marker, and G. Japhet, "Multimedia campaign for children's health in South Africa: The treatment of AIDS in "Soul Buddyz"" in Arvind Singhal and William Stephen Howard (Eds.) *The children of Africa confront AIDS: From vulnerability to possibility* (Athens, OH: Ohio University Press, 2003, 193-210)
- D. Horton and R.R. Wohl, "Mass communication and para-social interaction: Observation on intimacy at a distance" in *Psychiatry*, 19 (3), (1956): 215-229.
- G. Japhet and S. Goldstein, "Soul City experience" in *Integration*, 53, (1997): 10-11.
- A., La Pastina, D.S., Patel, and M. Schiavo, "Social merchandizing in Brazilian telenovelas" in A. Singhal, M. Cody, E. M. Rogers, and M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (Mahwah, NJ: Lawrence Erlbaum, 2004: 261-280)
- D.G McNeil, "On stages and screens, AIDS educators reach South Africa's Youths" in *The New York Times*. (2002, February 3: p. 6)
- H.N. Nariman, *Soap operas for social change: Toward a methodology for entertainment-education television*. (Westport, CT: Praeger, 1993)
- J. Ncube, "Sex: The shocking truth" in *Drum* 24, (2000) July 13: 14-15
- V. Paiva, "Sexuality, AIDS, and gender norms among Brazilian teenagers" in Han ten Brummelheis and Gilbert Herdt (Eds.) in *Culture and sexual risk: Anthropological perspectives on AIDS* (Amsterdam, Netherlands: Gordon and Breach, 1995): 76-96
- V. Paiva, *Fazendo arte com a camisinha; Sexualidades jovens em tempos de AIDS*. (Sao Paulo: Summus Editorial, 2000)
- M.J. Papa, A. Singhal, S. Law, S. Pant, S. Sood, E.M. Rogers, and C.L. Shefner, "Entertainment-education and social change: An analysis of parasocial interaction, social learning, collective efficacy, and paradoxical communication" in *Journal of Communication* 50, 4 (2000): 31-55
- P.T., Piotrow, D.L. Kincaid, J. Rimon and W. Rinehart, *Health communication: Lessons from family planning and reproductive health* (Westport, CT: Praeger, 1997)
- P. Riviere, *O processo grupal*. (Sao Paulo: Martins Fontes, 1988)
- E.M. Rogers, P. W. Vaughan, R.M. A. Swalehe, N. Rao, P. Svenkerud, and S. Sood, "Effects of an entertainment-

education radio soap opera on family planning behavior in Tanzania, in *Studies in Family Planning*, 30, 3 (1999): 193-211

A. Singhal, "Entertainment education through participatory theater: Freirean strategies for empowering the oppressed" in A. Singhal, M. Cody, E. M. Rogers, and M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (Mahwah, NJ: Lawrence Erlbaum, 2004): 377-398

A. Singhal, M.J., Cody, E.M., Rogers, and M. Sabido, (Eds.) (2004). *Entertainment-education and social change: History, research, and practice.*(Mahwah, NJ: Lawrence Erlbaum Associates, 2004)

A. Singhal, and W.S. Howard, (Eds.) *The children of Africa confront AIDS: From vulnerability to possibility.* (Athens, OH: Ohio University Press, 2003)

A. Singhal, and E.M. Rogers, *Entertainment-Education: A Communication Strategy for Social Change.* (Mahwah, NJ: Lawrence Erlbaum Associates, 1999)

A. Singhal, and E.M. Rogers. "A theoretical agenda for entertainment -education" in *Communication Theory* 14, 2 (2002): 117-135

A. Singhal, and E.M Rogers, *Combating AIDS: Communication strategies in action.* Thousand Oaks, CA: Sage, 2003)

A., Singhal, and E.M.Rogers, "The status of entertainment-education worldwide" in A. Singhal, M. Cody, E. M. Rogers, and M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (Mahwah, NJ: Lawrence Erlbaum, 2004): 3 -20

A., Singhal, and P. Svenkerud, "Pro-socially shareable entertainment television programs: A programming alternative in developing countries" in *Journal of Development Communication* 5, 2 (1994): 17-30

Soul City The Evaluation of Soul City 4: Methodology and Top-Line Results. Paper presented at the Third International Entertainment-Education Conference for Social Change (Arnhem, The Netherlands, 2000, September).

S.Usdin, A. Singhal, T. Shongwe, S. Goldstein, and A. Shabalala, "No short cuts in entertainment-education. Designing Soul City step-by-step" in A. Singhal, M. Cody, E. M. Rogers, and M. Sabido (Eds.), *Entertainment-education and social change: History, research, and practice* (Mahwah, NJ: Lawrence Erlbaum Associates, 2004): 153 - 176

S., Sood, and E.M. Rogers, "Dimensions of parasocial interaction by letter-writers to a popular entertainment-education soap opera in India" in *Journal of Broadcasting and Electronic Media* 44, 3 (2000): 389-414

L. Sutherland, *DramAidE RBM project: Evaluation report.* (Durban, South Africa: DramAidE Office, University of Natal, 2000)

P.W. Vaughan, E.M., Rogers, A. Singhal and R.M.A. Swalehe, "Entertainment-education and HIV/AIDS prevention: A field Experiment in Tanzania" in *Journal of Health Communication*, 5 (Supplement, 2000), 81-100

L. Wallack, "Mass media and health promotion: Promise, problem, and challenge" in C. A. Atkin and L. Wallack (eds.) *Mass communication and public health* (Thousand Oaks, CA: Sage, 1990): 41- 50

M. Young-Jehangeer, *Working from the inside/out: Drama as activism in Westville female prison.* Paper presented to the International Conference on Convergence: Technology, Culture, and Social Impacts, (University of Natal, Durban, South Africa, 2002, May)

D Zillman, and P. Vorderer (Eds.) *Media entertainment: the psychology of its appeal.* (Mahwah, NJ: Lawrence Erlbaum Associates, 2000).

ENDNOTES

1 *This article draws upon Singhal and Rogers (2003) and Singhal (2004).*

2 *DramAidE is a collaborative venture of the University of Zululand and the University of Natal, Durban, South Africa.*

3 *Vera Paiva (1995, 2000) also used Freirean methods to launch community and school-based HIV prevention programs in Sao Paulo, Brazil.*

HIV/AIDS, cultural constraints and education

ANDERS BREIDLID

Introduction

In this article some of the challenges in dealing with HIV/AIDS in the context of South African culture are discussed. The article asks more questions than it answers, but focuses on situating the HIV/AIDS issue contextually and culturally.

There are a number of conceptual issues that arise from the literature on cultural values, and on cultural values and HIV/AIDS. The most important is that the terms 'culture' or 'traditional culture' is often used to signify an essentialist African culture without careful definition of which African culture is being referred to. It is not clear in the South African research context to what extent the behaviour of Xhosa adolescents (Wood & Jewkes, 1998) can be compared with the behaviour of, for instance, Zulu adolescents (Tillotson & Maharaj, 2001). In some studies, however, it may be inferred that the results are indicative of a specific culture's values (for instance, LeClerc 2001, 2002, Breidlid, 2002). As has been noted in relation to the Xhosa culture:

There is a sense that despite the intertextuality and dialogic exchange between various value systems, the indigenous cultural values are retained, not only as a means of social cohesion, or as a kind of low-key cultural resistance, but as a fundamental element of Xhosa identity construction (Breidlid, 2002: 43)

While it is acknowledged that tradition is often subsumed in modern practices and vice-versa, tension can exist where communities are still very traditional and youth is influenced both by tradition and modernity, thereby making difficult the challenge of navigating their way within social and cultural practices that are fluid and sometimes contradictory (Breidlid, 2002).

This difficulty notwithstanding this article suggests that cultural practices impact seriously on the spread of HIV/

Aids in Southern Africa and that various intervention programmes have been largely inefficient in halting this development since they have not taken cognizance of cultural factors and since the interventions often have been put across in a culturally alien language. Admittedly changing cultural practices is very difficult even in the face of this serious pandemic.

A number of South African studies acknowledges explicitly or implicitly the importance of cultural context in the efficacy of intervention programmes, e.g. Cohen (2002) who suggests that cultural aspects have serious constraints in the attempt to fight the pandemic (besides socio-economic circumstances) and Archie-Booker et al (1999) who state that HIV/AIDS prevention education must be responsive to culture in order to be effective.

However, not only is the impact of cultural beliefs on sexual behaviour, negotiation and change not always clearly spelled out, but the use of cultural knowledge in intervention programmes seems more or less absent. The reason for this may be the sensitiveness of the issue due to aspects of class, ethnicity and gender, and may also be deemed politically incorrect in a nation striving to achieve a national identity across the former differences.

The seriousness of the pandemic means, however, that such cultural and political considerations must yield in an attempt to design more efficient strategies.

Cultural constraints in fighting HIV/AIDS

Cohen's suggestion that there are serious cultural constraints in fighting the pandemic is an important point of departure for the following discussion.

The discussion starts out by exploring the so-called Caldwell hypothesis that African sexuality is different from Eurasian sexuality. It proceeds to discuss more specifically cultural sexual traits in Africa, with a particular emphasis on

Southern Africa and the myths surrounding the prevention of HIV/AIDS infection among certain population groups.

Thirdly the South African government policies on HIV/AIDS are explored, focusing particularly on the ideological and cultural content of strategies linked to prevention programmes..

Finally the article explores the role of education as a site for knowledge transmission and queries to what extent the correlational link between knowledge and behaviour is properly addressed in educational intervention programmes.

The Caldwell hypothesis

While there is a danger of projecting age-old western stereotypes and prejudices onto African cultures, there is also the risk of evading the whole topic of African sexuality and just talk of preventative measures that are often Western in approach and origin. Caldwell, Caldwell and Quiggin argue that "there is a distinct and internally coherent African system embracing sexuality, marriage, and much else, and that it is no more right or wrong, progressive or unprogressive than the Western system" (Caldwell et al, 1989: 187).

According to Caldwell et al, there are certain elements of African cultural practices with a bearing on sexual behaviour which may have adverse consequences in the age of HIV/Aids. According to Caldwell et al, aspects of sexual behaviour are not placed at the centre of African moral, religious and social systems nor do such systems sanctify chastity (Caldwell, et al, 1989: 194), in deep contrast to the focus on sexual behaviour and chastity and the tremendous solemnity regarding sex in large segments of the Euro-North American population. The impression is that attitudes towards the sexual act are simple and straightforward, and that virtue is related more to "success in reproduction than to limiting profligacy." (Caldwell et al, 1989: 188). Reproduction is, according to Caldwell et al, a central element in indigenous African religion. It is also claimed that polygyny exists on a scale not found in the Eurasian system, and that the basic family unit thus is the mother and her children.

According to Caldwell the touchstone of the contrast between Eurasia and Africa is not male but female sexuality.

A pragmatic attitude exists in Africa toward the latter, with a fair degree of permissiveness toward premarital relations that are not blatantly public, and a degree of acceptance that surreptitious extramarital relations are not the high point of sin and usually should not be severely punished (Caldwell et al, 1989: 197).

There is no indication that female premarital chastity nor male sexual abstention have been supported by religious sanctions. Moreover, the claim is that many African societies admire risk-taking, especially dashing behaviour by young men (Caldwell et al, 1989: 224-225)

According to John Mbiti, there is in some areas the 'joking relationship', in which people are free and obliged not only to mix socially but to be in physical contact which may involve free or easier sexual intercourse outside the immediate husband and wife. There are areas where sex is used as an expression of hospitality. This means that when a man visits another, the custom is for the host to give his wife (or daughter or sister) to the guest so that the two can sleep together... In cases where the husband is forced by circumstances to stay away from his wife, it may also be arranged by the individuals concerned, and with the passive understanding of the community, that a friend... may go to his wife and have sexual intercourse with her as may be convenient... These religious and social uses of sex are held sacred and respectable. If there is a breach of them, this is taken very seriously (Mbiti, 1969: 147).

Unfortunately Mbiti does not specify which ethnic groups he refers to, and it is therefore open to conjecture whether similar practices take place among population groups in South Africa. It is important to note, however, that according to Mbiti there is no anarchy in terms of sexual norms. Sexual offences are taken very seriously: "when adultery is dealt with it is seriously dealt with... Fornication, incest, rape, seduction, homosexual relations, sleeping with a forbidden 'relative' or domestic animals, intimacy between relatives,... all constitute sexual offences in a given community." (Mbiti, 1969: 147-148).

Sexual culture in Southern Africa

Natrrass acknowledges that sexual culture in Southern Africa is an important dimension relating to the AIDS pandemic (Natrrass, 2004: 279). According to her "gender inequality, sexual violence, a preference for dry sex, fatalistic attitudes and pressures to prove fertility contribute to a high-risk environment" (Natrrass, 2004: 26-27).

LeClerc-Madlala is more specific in her discussion of cultural sexual practices by referring to the Zulu sexual culture which is "underpinned by meanings which associate sex with gifts, and manliness with the ability to attract and maintain multiple sex partners" (LeClerc-Madlala, 2002: 31-2). This of course contributes to the spread of HIV.

LeClerc Madlala goes on to characterise the Zulu culture in terms of gender inequity, transactional sex, the

socio-cultural isoka of multiple sexual partners, lack of discussion of both men and women to accept sexual violence as 'normal' sexual behaviour along with the 'right' of men to control sexual encounters, and the existence of increasingly discordant and contested gender scripts (LeClerc-Madlala, 2001: 41).

Other problematic cultural traits refer to the practice where young women form sexual liaisons with older men for financial advantage and where sex is a currency by which African women and girls are frequently expected to pay in a desperate situation ("There is no romance without finance"). Survival sex, i.e. the exchange of sexual favours, is not a favourable environment for changing behaviour. Natrass refers to Zambia where women, educated about the virus, nevertheless offered sex during a famine because they would rather die of AIDS than of hunger (Mail and Guardian, 1-7 November 2002). This means that they are vulnerable to HIV infection because relationships based on exchange or money are circumstances where young women have little power to insist on condom usage. (Kelly and Ntlabati (2002: 52).

The link between poverty and sexual behaviour poses major challenges for AIDS interventions. To the extent that women's sexual behaviour is a product of economic circumstances, interventions at the level of individual behaviour and sexual culture are unlikely to be very successful.

Added to these cultural sexual practices are the myths surrounding the disease and the possible cures for it. While some myths are harmless ("African potato cures Aids"), others are critically dangerous to the spreading of HIV, particularly the myth that having sex with a virgin or a baby will provide a cure. Moreover misconceptions that HIV can be caused by witchcraft weaken intervention strategies, as well as the current debate about whether forced sex is rape or simply sex1 (Mandela, 2002: 82). These myths and misconceptions have sprung out of cultural beliefs that are nurtured by an indigenous epistemology based on magic and supernatural phenomena and explanations. Such myths are associated with the reported increase in child rape and the sharp increase of HIV among young girls. The strength and pervasiveness of this myth is, however, disputed (Natrass, 2004: 141).

Sexual culture and ethnicity

The cultural sexual practices referred to above are associated with Black African culture, and are, if Caldwell et al are anything to go by, different from Euroasian sexuality. Natrass questions this difference by referring to a qualitative study by Marcus. Marcus found that it was usual among

white university students in South Africa to engage in multiple partnering (both serial and concurrent), as well as casual sex for its own sake (Marcus 2002: 32).

Marcus' research notwithstanding there seems to be no study on white sexual behaviour in South Africa which identifies so clearly ingrained cultural sexual practices (also coupled to religion) with the spread of HIV as those related to Black cultural practices. Moreover, the link between myths, magic and HIV does not seem to be as pervasive (if at all) among the minority white population.

Pointedly a district survey in Western Cape (Mail and Guardian, online, October 13 2004) carried out at 374 facilities, involving the testing of 5 964 people, revealed that the black townships Gugulethu/Nyanga had a prevalence rate of HIV of 28,1% and Khayelitsha 27,2%, far above other districts in Western Cape.

While the prevalence of HIV follows ethnic lines, it is worth noting that the prevalence also

seems to follow income groups and education levels. Both Gugulethu/Nyanga and Khayelistsha are townships with relatively low income and education levels. While African households in Western Cape have an average annual household income of 22000 R, the white household has 98000R. (UNDP/UNAIDS, 1999?: 33) According to Natrass there is good reason for assuming that poverty helped hasten the spread of HIV in sub-Saharan Africa (Natrass, 2004: 29) since malnutrition and parasite infection increase HIV susceptibility. Moreover a national survey of South African youth reported that there were lower reported levels of sexual activity among better educated youth. Those with tertiary educational qualifications had lower rates, and "those in high skill bands have relatively low levels of HIV infection" (see Natrass, 2004: 30). However, these figures have not been broken down in terms of ethnic affiliation.

Government policies

Weak responses by most African governments no doubt contributed to and are still contributing to the AIDS pandemic. South Africa, which had more resources than other African countries, has performed especially weakly, not the least due to president Mbeki's confusing messages on HIV/Aids. The often-defensive reaction by the government to criticism of its HIV/Aids policies eliminated an avenue for improving those policies. By dismissing the input of many HIV/Aids stakeholders, the government missed the opportunity to receive quality evaluative input and improve the nation's Aids policies.

It seems, however, that the South African government's policies regarding the pandemic are changing slowly but

surely. In the government's The HIV/AIDS Emergency: Guidelines for Educators (DoE, 2000/2002) it is acknowledged that the HIV pandemic is an emergency and that there is good evidence that over 3 million people in South Africa have HIV right now. "If the current rate of infection does not slow down, by the year 2010 one in every four people in the country will have HIV. In ten years, the disease will have made orphans of three-quarters of a million South African children."

The Guidelines also acknowledge that the disease is spreading so fast "mainly because many South Africans, especially men, are careless about their sexual behaviour... This means that the death rate from HIV/Aids is still climbing rapidly among men and women of all ages, especially among sexually-active people." The Minister warns that "Unless we take the necessary precautions any one of us may contract HIV." The Guidelines go on to state what has already been referred to above that "Research has shown that certain social conditions make it more likely that high rates of HIV infection and death from HIV/AIDS will occur. These include poverty, malnutrition, poor sanitation and hygiene, violence, including violent and abusive behaviour...sexual promiscuity, especially among men, sexual activity among teenagers, and high rates of sexually transmitted infections."

To what extent do the various strategies to combat the pandemic take into account the major concern in this article, viz. the cultural factor?

In the HIV/AIDS/STD Strategic Plan for South Africa 2000-2005 (GoSA, 2000: 16), "an effective and culturally appropriate information, education and communications (IEC) strategy" is stressed. But implementation seems to a large extent to be focusing on the use of condoms, of improving access to and use of male and female condoms, especially amongst 15-25 year olds (GoSA, 2000: 19).

The ABC strategy that prioritises A for abstinence, then B for Be faithful and finally C for use condoms has been criticised in South Africa by some quarters for paying too little attention to abstinence and faithfulness and too much reliance on condoms, especially as regards the allocation of resources, both in terms of funds spent on the purchase and distribution of condoms as well as the funds spent on promoting them.

The reason for the focus on condom distribution is not necessarily due to a sexual liberation ideology, but more likely due to the acknowledgement that changes in sexual behaviour are both time-consuming and very difficult, and that 'safe' sex is an urgent priority even if ingrained sexual practices (other than condom use) are not changed. How culturally appropriate this quite technical approach to HIV

prevention is, however, contested, not the least because condom use among South African youth is still quite low and outright rejected by many: "Using condom is equivalent to eating a banana with the peel on."

The cultural appropriateness of the probably most commonly known awareness campaign in South Africa, loveLife, has also been hotly debated.

loveLife is a branch of the 'mother organisation'² – Planned Parenthood (as it is known internationally) and the Planned Parenthood Association of South Africa (PPASA). PP positions itself as a sexual health provider and educator. They offer sexual health services right the way from abortion to contraception, sex education curricula, to lobbying governments to legalise abortion (South Africa included).

loveLife has a budget of over R600 million annually mainly accessed from the Bill and Melinda Gates Foundation, the Kaiser Foundation, as well as the South African government, UNICEF, the Nelson Mandela Foundation and the Global Fund on HIV/Aids, TB and Malaria.

loveLife has an "in your face" approach to HIV/Aids and sexuality. They claim to be more than a mass media campaign. They regularly place adverts and inserts in national newspapers (such as Thetha-Nathi and S'camtoPRINT in The Sunday Times), but also make use of television and radio. Their billboard advertising is not without a history. They were initially banned for being offensive and encouraging promiscuity and early sexual activity. This decision was however overruled on the grounds that they were intended to (and supposedly do) "encourage discussion" in their teenage target audience. This is often said to include discussion between child and parent. However, loveLife's own surveys have revealed that as few as 27,2% of respondents answered "yes" to the leading question that their billboards "caused them to think." Significantly the Aids activist organisation, the National Association of People Living with HIV/Aids (Napwa), celebrated New Year by vandalising and scrawling "Napwa" across three loveLife billboards in Germiston. They claimed, "a lot of money has been pumped into loveLife and they are wasting it on meaningless messages", "...the message displayed on their billboards is public pornography and isn't interpreted properly for its target market to understand" (Mail and Guardian, "Aids activists lose patience with allies", 13/01/2003).³

loveLife's vision is to "reduce the rate of HIV infection among 15-20 year olds by 50% in five years" This will be achieved by combining high-powered media awareness and education with adolescent-friendly reproductive health services. The entire strategy is premised on the notion that

if people talk openly about sex, they will practice safer sex. loveLife believe it is impossible to change behaviour, but it is possible to change attitudes.

Leclerc-Madlala (medical anthropologist and head of the anthropology programme at the University of Natal), in a critical article, indirectly aimed at loveLife, points out that South Africa, more than any other African country, has had the benefit of resources to put together a sophisticated media blitz against Aids, yet still South Africa has the highest rate of Aids infections of any country on the African continent. Something is failing. She then points out that the chic images used to reach the youth are “spiked of hair and pierced of navel, beautiful, hip, straight-talking teens” who, she argues, are more typical of Los Angeles or Glasgow than our local context. While this global approach fails to appeal to the diversity within the South African local context, it does appeal to a “narrow band of privileged youth” – the “middle class” who enjoy “multi-racial camaraderie in suburban rave clubs”. This is the privileging of the values, norms and practices of the South African new multi-racial middle class (Mail and Guardian, online, October 4 2002).

The controversy about loveLife is interesting since it highlights the cultural complexity of transmitting the message on HIV to a population which is extremely heterogeneous in terms of cultural values and norms. Clearly loveLife’s chic marketing and the use of the English language only is a modernist approach to a culturally diversified South African population where traditional cultural practices mix with more modern ones. Similarly the government’s sex education programmes are also premised on modern notions which do not necessarily go down very well among the majority of South African parents.

The lack of cultural sensitivity and diversity which loveLife can be criticised for seems to have been counteracted recently, at least to a certain extent, by the government’s guidelines for educators.

HIV/AIDS and education

The HIV/AIDS Emergency: Guidelines for Educators (DoE 2000/2002) focuses on culture and cultural practices that are detrimental to HIV prevention. As a matter of fact the changing of culture is referred to as one important measure in combating the pandemic.

HIV/AIDS is a new disease that was not there when our old customs were created. The arrival of HIV means we have to make some changes to our culture because if we do not make these changes very large numbers of our young people may die and we may do so as well. Changing the rules about discussing sex does not mean that our culture will be threatened. There is much more to our culture

than codes and practices relating to sex. In fact, cultures change all the time. That is how it survives...We need to adapt our customary attitude toward sex and talking about sex, because the lives of our spouses and partners, our children, and those in our care, depend upon us.

The message from the Department of Education (DoE 2000/2002) also refers to aspects of religious beliefs that are detrimental in relation to the present HIV pandemic:” Some of our religious beliefs about sexual morality may make it difficult for us to discuss sex with children, but we cannot expose young people in our care to life-threatening situations when we have information that could save them.” Moreover the message stresses the moral aspects involved:

“...The threat of HIV does not mean to discard our moral code. A strong and clear moral code was never more necessary.”

This emphasis on the moral aspects is important in a situation where the government’s HIV campaigns have been criticized for being too technical and too Western in their approach, not the least through the loveLife campaign.

In another article Baxen and the author (Baxen & Bredlid, 2004) have explored educational interventions in the field in South Africa. While much has been done in terms of transmitting knowledge and information, success in terms of behavioural change seem meagre.

In the article we state that some studies (see e.g. Wood et al, 1997; Levine and Ross, 2002) have sought to examine and gain some understanding of what knowledge, attitudes and practices (KAP studies) those participating in the educational endeavour (teachers, youth, and adolescents) carry. Often these studies have as their main outcome recommendations towards the development of ‘effective’ prevention strategies for those perceived as ‘most vulnerable’ [in many instances adolescents and youth between 14-24].

These studies assume a correlational link between knowledge and behaviour since the primary aim of such studies (and use of results) has been to contribute to the development of ‘more effective’ prevention programmes. Our criticism is that there is a delinking of the individual from context and culture and a downplaying of the discursive nature of the pandemic and the cultural and social practices in which it is embedded. Moreover there is an assumption that teachers can, are able to and will teach about deeply private, personal topics in a public space which brings their own sexuality and sexual practices into the spotlight and a disembeddedness of sexual identity from larger debates about power and gender and finally inferences about the

uncontested nature of the research process.

There is very little co-ordinated information on what South African youth knows about reproductive health. Judging from some of the studies, some South African youth have a very sketchy understanding of reproduction, puberty and sexually transmitted diseases (Wood et al, 1997). However, Kelly (2000), in a study commissioned by the Department of Health, found that youth had good access to accurate HIV/AIDS information, and were regularly exposed to such information.

Even though Kelly's research might give a correct picture of the knowledge level, educational intervention programmes have not, it seems, been able to effect a positive correlation between knowledge and behaviour.

It seems therefore that knowledge does not necessarily protect teenagers because some South Africans are constructing, as has been noted, their sexual identity and their safety from infection in terms of competing knowledge systems and within contexts that produce, reproduce and send conflicting messages to the youth.

In an attempt to examine ways of increasing the possibility of behavioural change, Wight (1999) found in his study that learner driven classes do not work as well as teacher driven ones. Wight argues that there are severe limits to the efficacy of pupil empowerment in sex and HIV/AIDS education. Skinner (2001), however, finds that educators were seen as out of touch with youth. He describes this as another factor distancing youth from scientific information and making them inclined to look to alternative sources of knowledge.

Although a number of studies describe South African cultural beliefs that have a bearing on sexual behaviour, it has been noted that few studies seem to investigate the intersection between either cultural context or cultural beliefs, and intervention programme efficacy.

The emphasis on intervention and prevention programmes (giving youth more knowledge) referred to above seems to be underpinned by reductionist views of the association between knowledge and behaviour. This view creates a dissociation of the interface between sexual identity, education and HIV/AIDS. More importantly, what it leaves unattended is the deeply complex nature of the social, contextual and cultural discursive fields in which youth receive and interpret the HIV/AIDS messages and how they understand, experience and use this knowledge in the face of or while constructing, performing and playing out their sexual identities.

Louw argues that the medical model which favours information on safe sexual practices, especially condom use, has had some results, but "it has been shown that

information and education campaigns (as in the case of tuberculosis) do not stop the spread of a disease; medical information is not enough in the long run" (Louw, 1991, p. 101). He favours an ethical model as the only long-term strategy. This of course raises the question – whose ethics? And what ethical framework is capable of retaining, controlling and ultimately defeating the HIV/AIDS pandemic?

In The HIV/AIDS Emergency :Guidelines for Educators (DoE 2000/2002) educators are given a special responsibility along the lines of an ethical model: "Educators must set an example of responsible sexual behaviour . In so doing, they will protect their families, colleagues, learners and themselves."

The role of the teacher is not, however, without its problems. Some teachers are refusing to teach some aspects of this HIV/AIDS curriculum as they fear it may encourage promiscuity (similar claims are made by church groups and denominations).

Moreover, while teachers are required to teach sex education to children, some teachers' track record may need closer scrutiny, giving rise to legitimate doubts about their position of authority as role models over their children's lives. A study exposed that teachers commit a third of all child abuse in South Africa. If teachers are sexually abusing children, this is made all the more drastic in that "South Africa's 443 000 educators constitute the largest occupational group in the country. At least 12% are reported to be HIV positive." (Coombe 2000: 6) This means that in excess of over 40 000 teachers are HIV positive. To give credence to these fears, Hickey (2002: 45) states: "Schools, particularly in rural areas, can be a breeding ground for the disease by providing opportunities primarily via sexual relationships between male teachers and young girls. Reportedly the measured infection rate amongst young women between age 15 and 19 rose from 12.7% in 1997 to 21% in 1998." There seems, however, to be a political will to confront teachers who abuse their position and those entrusted to their care. Whether a warning from the Ministry ("Educators may not have sexual relations with learners or students" (DoE, 1999: 14)) is enough to crack down on these tendencies is, however, another matter, in light of some the sexual cultural practices noted earlier in this article. The above-mentioned situation illuminates some of the complexities involved in HIV/AIDS prevention, not the least in the educational sector.

Conclusion

Sontag (1990) has suggested that the ways in which we understand HIV/AIDS are more indicative of our broader

societal discourse of politics and economy than of any salient features of the disease itself. The discourses of tradition and modernity may seem to play an important role here where alternatively modernity in terms of women's behaviour and tradition in terms of male sexuality are played out as culprits of the prevalence of the disease. When HIV/AIDS is blamed on the 'modern' behaviour of women, and when control is reasserted over women's bodies in virginity-testing through the contemporary reinvention of traditional practice, that is the expression of an anxiety over the relationship between tradition and modernity.

The rediscovery of a certain cultural stereotype of black South Africans, and with African culture in general, can be related to early colonial and apartheid definitions of the Other (Steinberg, 2002). On the other hand, while cultural essentialism should be discarded, the interventions in school are almost completely devoid of an acknowledgement of cultural and contextual aspects which I have noted clearly play an important, and sometimes a detrimental role in the negotiations and decision-making with respect to sex. Specific cultural practices related to sexual behaviour are therefore obviously an important driver of the pandemic – especially in sub-Saharan Africa, where transmission is overwhelmingly heterosexual.

But sexual culture cannot alone explain the virulence of the spread of AIDS in Africa. It is the combination of socio-economic factors and biomedical factors with unsafe sexual practices that produces the basis for the spread of HIV. Prevention programmes can thus not only be limited to certain sectors of society, i.e. education or health, but must address the multiplicity of areas that critically impact upon the spread of HIV and AIDS. Moreover, these interventions must transcend a mere economic and technical discourse and take into account the deeply ingrained cultural factors and practices among the various ethnic groups in order to effect behavioural changes.

Footnotes

1 These beliefs seem to be fairly pervasive within certain ethnic groups where forced sex is not seen as coercion. The longer the relationship, the more "right" a male has to demand sex from the "submissive" female. Should she resist, he has the cultural "right" to beat her into submission. Cultural systems carry immense gender inequalities.

2 PPASA is referred to within most *loveLife* publications with the phrase, "*loveLife's* initiatives are implemented by a consortium of leading non-governmental organisations." PPASA is one of these NGOs.

3 *Napwa* is predominantly a Black organisation. Generally (and specifically traditionally) speaking, Blacks are conservative when it comes to talking about sex. Traditionally the mother and the father do not tell their children about sex the uncle and the aunt do. Former President, Nelson Mandela admitted in an

interview that he did not do enough for Aids while he was president (*The Star, Mandela: I failed SA's Aids challenge, 04/03/03*). He said he avoided the topic because he wanted to be president and did not want to offend the Black voters. This is telling. Your average Black person is uncomfortable with the topic. Equally so, they may be unlikely to criticise discussions of sex (*loveLife* aims to get people to discuss and talk about sex) for cultural reasons. These may include politeness and loyalty to the predominantly Black ANC government.

References

- D. E Archie-Booker, R.M. Cervero and C.A. Langone, "The politics of planning culturally relevant AIDS prevention education for African-American women" in *Adult Education Quarterly* 49, 4 (1999): 163-176
- J. Baxen and A. Breidlid, "Researching HIV/AIDS and education in Sub-Saharan Africa: Examining the gaps and challenges" in *Journal of Education* 33 (2004)
- A. Breidlid, "Schooling, tradition and modernity in South Africa" in *UWC Papers in Education*, December, 2 (2002): 37-50
- J.C Caldwell, P. Caldwell and P. Quiggin, "The social context of AIDS in sub-Saharan Africa" in *Population and Development Review* 15, 2 (1989): 185-233
- D. Cohen, "HIV and education in sub-Saharan Africa: Responding to the impact" in *Perspectives in Education* 20, 2 (2002): 13-23
- C. Coombe, "Managing the Impact of HIV/AIDS on the Education Sector" (Pretoria: 2000) C:\ceec\HIV\South Africa\FINALECAHIV.doc
- A. Hickey, "HIV/AIDS spending policy and intergovernmental fiscal relations" in *The South African Journal of Economics*, 70, 7 (2002)
- K. Kelly, and P. Ntlabati, "Early adolescent sex in South Africa: HIV intervention challenges" in *Social Dynamics*, 28, 1 (2002): 42-63
- K. Kelly, "Communicating for Action. A Contextual Evaluation of Youth Responses to HIV/AIDS," in *Sentinel Site Monitoring and Evaluation Project Report*. (Pretoria: Department of Health, 2000)
- S. LeClerc-Madlala, "Demonising women in the era of AIDS: on the relationship between cultural constructions of both HIV/AIDS and femininity" in *Society in Transition* 32 (1) (2001): 38-46.
- S. Levine, and F. Ross, "Perceptions of and attitudes to HIV/AIDS among young adults at the University of Cape Town" *Aids and Society Research Unit, Centre for Social Science Research* (2000) UCT, (<http://web.uct.ac.za/depts/cssr/papers/wp14.pdf>. 14 pages. Accessed: January 8, 2003)
- D. Louw, "Ethics and Aids in the development structure" In A van Niekerk (ed) *Aids in context: A South African perspective*. (Cape Town: Lux Verbi. 1991)

loveLife. 2000. Hot prospects, Cold Facts: Portrait of Young South Africa. loveLife in conjunction with the Sunday Times

Mail and Guardian; 1 - 7 November 2002

Mail and Guardian Online. 4 October 2002; 13 January, 2003; 13 October, 2004

N. Mandela, NHSRC Study of HIV/AIDS. Household Survey. (Cape Town: NHSRC Publishers. 2002)

T. Marcus, "Kissing the cobra: sexuality and high risk in a generalised epidemic- a case study of white university students" in African Journal of AIDS Research, 1, 1 (2000): 23-39

J. Mbiti, African religions and philosophy. (London, Ibadan, Nairobi: Heinemann 1969)

National Department of Education (DoE). National Policy on HIV/AIDS for Learners and Educators in Public Schools. Pretoria, Government Printer (<http://education.pwv.gov.za/1999>)

National Department of Education (DoE). The HIV/AIDS Emergency: Guidelines for Educators. Pretoria, 2000/2) (<http://education.pwv.gov.za/content/documents/70.pdf>. Accessed December 17, 2004)

National Government of South Africa (GoSA) 2000. HIV/AIDS/STD Strategic Plan for South Africa 2000-2005. Pretoria

(<http://www.info.gov.za/otherdocs/2000/aidsplan2000.pdf>. Accessed December 17, 2004)

N. Nattrass. The Moral Economy of AIDS in South Africa. (Cambridge: Cambridge University Press, 2004)

D. Skinner, How do the youth in two communities make decisions about using condoms? Aids and Society Research Unit: Centre for Social Science Research, UCT. (2001) (<http://web.uct.ac.za/depts/cssr/papers/wp2.pdf>. 36 pages. Accessed September 1, 2003)

S. Sontag, IDS and its metaphors (London: Penguin 1990)

J. Tillotson and P. Maharaj, "Barriers to HIV/AIDS protective behaviour among African adolescent males in township secondary schools in Durban, South Africa" in Society in Transition 32, 1, 001): 83-100

UNDP/UNAIDS, HIV/AIDS and Human Development. (Johannesburg, Amabhuku Publishers, year not given)

D. Wight, "Limits to empowerment-based sex education" in Health Education, 99, 6, (1999): 233-243

K. Wood and R. Jewkes, "Love is a dangerous thing": Micro-dynamics of violence in sexual relationships of young people in Umtata (Medical Research Council) (<http://www.mrc.ac.za/researchreports/finallove.pdf>. 48 pages (1998) Accessed January 17, 2003)