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Opvattingen over aids in Theatre for Development: aidsvoorlichting in Noord Tanzania

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Summary

This thesis is the result of research concerning conceptions about Aids among the inhabitants of the Mwibara peninsula in North West Tanzania. The aim of this research is to establish what the Aids discourse is among the population: which images and conceptions do they have about the illness and its course? What knowledge do they have of the disease and what is their need for knowledge? The motivation for this research stems from experience with top-down given education and the results of another research from which it has become apparent that this form of education often misses the mark. Top-down education is given by medical experts, who are often not quite aware of the questions among the population. I saw this happening in the eighties of the previous century when I was living in Tanzania during several severe cholera epidemics. In 2006 I saw the devastating effects of Aids on the peninsula. The ignorance concerning the disease, the secrecy and the fatalistic attitude about it were characteristic of this period in which so many died as the result of Aids.

In 2007 when young people asked me to participate in founding a theatre group to provide education about Aids, I decided to participate and to investigate how giving bottom-up information works.

In **chapter 1** I describe the research area, the Aids situation in the region, my research questions and the data and theoretical orientation on which the analysis of these data is based. The research area is the Mwibara peninsula in north west Tanzania on Lake Victoria. It is a savannah-like area in which the population mainly belongs to the ethnical Jita group. Besides Kijita the inhabitants of the peninsula all speak Swahili. The majority of the people can hardly provide a livelihood for their families. Most families live from small-scale agriculture and livestock farming, growing crop like cassava, corn and rice. The sanitary facilities are bad and most houses don't have any electricity. Schools struggle with a lack of resources and a shortage of staff. The latter due to the Aids epidemic.

The last decades industrial fishing of Nile perch has taken place. The fishermen mainly live on the islands in front of the peninsula. Truck drivers transport the fish across the peninsula to the cities of Mwanza and Musoma for further processing. The inhabitants hold fishermen, truck drivers of the fishing industry and bar girls responsible for the spreading of Aids. Since the rise of the fishing industry many bars and small restaurants have settled along the thoroughfare. The inhabitants complain about overt prostitution. They are mainly concerned about young students getting involved in sexual contacts.

Numbers concerning incidence and prevalence of Aids are hardly available during this period. The illness Aids is concealed by patients and their families. Patients run the risk of being cast out by their families and at funerals other causes of death are mentioned than Aids. There are no newspapers available on the peninsula and there is hardly any information about Aids. Health care is available at the hospital in Kibara which is situated in the middle of the peninsula. Here people can get tested for Aids but there is little enthusiasm for it. It is considered useless, because the widespread idea is that the disease can't be prevented. Antiretroviral medication is hardly available. Most sick people also consult local healers.

My research takes place in Kibara which is centrally located on the peninsula and nine surrounding villages.

I formulate my research question in the following sub questions:

- Which conceptions does the population around Kibara have about Aids, what do they think about the spreading of the disease and its treatment?
- Which questions does the population have about Aids?
- What are the reasons for resistance to change of behaviour?
- What messages are spread, in which way and by whom?
- Are there any noticeable changes in the Aids discourse as the result of the education given by the theatre group and if so, what are the effects?

In order to answer the research questions I have translated and analysed the texts of the theatre group KIUKAKI. The group gave performances during three years: in 2007, 2008 and 2009. I followed the group extensively during those years. I made many audio and video recordings and collected a big corpus for research. Too much material for this thesis. The data that I have used for this research are twelve songs, *Nyimbo*, (appendix 2), three *Utenzi* poems (appendix 3), five *Shairi* poems (appendix 4), four texts of *Ngonjera* plays (appendix 5), eleven rap songs (appendix 6), 200 post-performance questions and approximately ten plays. I have translated these texts from Swahili into Dutch. I have translated the rap songs into English. During the analysis of the texts I took inspiration from the theory of Critical Discourse Analysis (CDA). Next to these texts I have also analysed the metaphorical denominations of Aids used during that time. The analysis of the metaphorical denominations I have based on the Conceptual Blending Theories of Fauconnier & Turner (2003) and Hart (2008)

The theatre group KIUKAKI consists of 30 men and women between twenty and thirty years of age. They visit the selected villages twice a week. Each of the villages gets a performance once a month. The members

of the theatre- group make an inventory of the questions that live in the community and register what is going on, on the basis of which they make their plays, poems and songs.

One entire day of a performance is described in **chapter 2**. The performances take place in the open air in the middle of the village square. The audience stands around the place of the performance. The theatre group makes use of different genres. The show begins and ends with *Nyimbo* songs, a genre which is familiar to the audience. The other different genres that are used are: *Utenzi* poems and *Shairi* poems, which are both also familiar to the public.

The group also has three rappers, who perform rap songs during each show. This genre is not familiar to the audience and surprises them by the way in which they are performed and the slang that is used. The *Ngonjera* play is a recurrent part of the performance. In this play a discussion is acted out between a group of educators and a group of citizens, in which the educators try to convince the citizens that Aids is a very serious disease. At the end of the performance there is a big show, the contents of which refer back to events that are recognizable to the audience. Afterwards there is a post-performance discussion, in which the inhabitants can say what they think of the show and ask questions about subjects they would like to get answers to. The performers answer the questions.

Chapter 3 deals with which messages are carried across. The different genres of the performances are compared concerning content, use of language and the way in which the audience is addressed. There are similarities and differences between the different genres. The similarities are that in each genre the recurrent message is that prostitution and unsafe sex are a big risk which can cause Aids. The genres emphasize different aspects of content and language dependent on their audience. In the *Nyimbo* songs information is given about the symptoms of Aids, when Aids first came about in the country and what can be dangerous behaviour. Advice is given on healthy food, physical exercise and living with hope. Parents are also advised to keep a close watch over their young girls. In these songs girls and young women are held responsible for the spreading of Aids and nothing is mentioned about the behaviour of men. The use of language and the way of presentation are familiar to the public. In the rap songs on the contrary the audience is surprised by the slang, the way of presentation and the contents. The contents are narrative and the rappers speak from their own experience. Their advice is blunt. As such they advise using a condom, which is sensitive in these environments. With slang words they denote different forms of unsafe sex. The rappers don't only appeal to young women but they also unequivocally address the behaviour of men and call for a change of

behaviour. The call for a change of behaviour also sounds in the *Utenzi* poems. Still also mostly girls are addressed, though not judgmentally but reprovably. They are advised to refrain from sex and to finish their education. The manner of presentation and recitation is familiar to the audience. The *Shairi* poems are also familiar concerning their presentation, but innovative as to their contents. In these poems not only young women are addressed but also the behaviour of men. The uncertainty in the community about change of behaviour and the resistance to change is acted out in the *Ngonjera* plays. The audience also recognizes the dilemmas in their familiar performance. The audience reacts enthusiastically at the end of the *Tamthilia* play. The performers act out events that are recognizable to them. Nearly always a form of unsafe sex is the main theme, but the situations differ. Rich and poor people, men and women are addressed. The power of the combination of the different genres is that each genre stresses different aspects and has its own presentation, but it always conveys the recurrent message that Aids is a fatal disease that can be avoided by stopping prostitution.

The metaphorical denominations for Aids are analysed in **chapter 4**. The aim of the analysis

is to track down the hidden meaning behind these denominations for Aids. Metaphorical names are analysed like *Mgeni* (guest), *Nyambizi* (submarine and healthy looking woman) *Umeme* (lightning, electricity) *Juliana* (clothing brand) and *Adui/ Jambazi/ Gaidi* (enemy/ thug / terrorist).

The hidden meaning behind these metaphorical denominations derives from the concept that Aids comes from the outside, an attacker that strikes unexpectedly and unrecognizably, is deadly, something that happens to you, which is hard to defend yourself against.

The hidden meaning of the metaphorical denotation *Nyambizi* is that the woman is to blame. In the course of time the metaphorical denominations for Aids have been going out of use and the official name for Aids *Ukimwi* is used more frequently. Yet the metaphorical name *Nyambizi* is still popular.

The questions discussed during the post- performance Q&A, which were collected and written down beforehand by the theatre group, are analysed in **chapter 5**, as well as the analysis of what knowledge the audience has and which questions they have about Aids.

At the beginning of the research period it were mainly men who asked the questions, mostly about the origin of the symptoms of Aids. In the course of time more women started to ask questions as well. The questions also became more medical, personal and intimate.

The audience wanted clearer answers as to what the virus is, how it can spread, how long it stays active in the bodily fluids and what they can do to protect themselves against contamination. The questions have become more intimate: questions are raised about socially sensitive subjects, like the use of condoms and sexual behaviour. The respectful atmosphere during the post-performance discussion, in which everybody listens to each other, has broken the taboo of discussing sensitive subjects. The audience learns from each other during the Q&A and the performers learn from them. The audience also tells the performers when they find certain aspects of the performance confusing. An example of this is that the contaminated people in the play die quickly, while the performers point out in their information beforehand that the course of the illness may take a long time. The performance group ask and get feedback on their own functioning, by which they can continue to develop themselves. The performers take the feedback and the questions from the audience as the starting point for their new plays. In this way a circular learning process is created.

The development of the knowledge of the audience has been growing during the time of the research. So much so that at the end of the research period the performers are feeling overwhelmed. There are questions that they don't know the answers to. The performers can't get hold of good medical books or information. They do get a workshop from a doctor at the hospital, but at a certain moment that appears insufficient to keep up with their growing need for knowledge.

In **chapter 6** the research questions are answered and the procedure of the Theatre for Development is reflected on concerning the changes in views, the use of metaphorical connotations and attitudes and the changes in information which the performers give and the changes in the knowledge of the population are described.

The approach used by the Theatre for Development, as applied by the theatre group KIUKAKI has proved to be a valuable means of health education. Being part of the community themselves, the performers know what is going on among the people, they are aware of the developments around Aids and they speak the same language. All of this appears to be a good basis to continue exploring the need for specific knowledge and the working method appears to be suitable for giving further information to the population. The post-performance questions make clear that the theatre group have successfully managed to make the population consider a change of behaviour. In the diagram according to Prochaska and DiClemente (figure 1.3, chapter 1 page 19) we see that the audience has moved from the phase of pre-contemplation and contemplation to actually considering a change of behaviour and being prepared to make a plan for change.

The combination of genres and the reinforcement of words (texts) by images (theatre), increase the power of persuasion of the performers and increase the motivation for change of behaviour. This can be concluded from the change of attitude towards Aids: from an evil coming from the outside to the awareness that people can put a stop to further spreading of the disease themselves. This working method also achieves that people can contemplate their own behaviour and dare to talk about it together. Possible changes of behaviour are being contemplated. In this way the taboo of talking about sex and condoms is also broken. We see that the dissembling metaphorical connotations for Aids have gradually vanished in the course of time and the disease Aids is named as such.

This bottom-up method, which motivates change of behaviour and increases knowledge among the population, is also reaching its limits. The performers realise in the course of time, exactly because of the increased knowledge among the people, that their own knowledge is limited. Now it is time for the next phase. A phase in which the performers get additional training and guidance by medical experts in the field of Aids. It remains commendable that performances are held by people from within their own community, as was done by the theatre group.

In conclusion we can state that the views on Aids, the questions of the population and the dilemmas concerning a change of behaviour have been documented. The bottom-up approach of the Theatre for Development has revealed these views.

The interaction of supply and demand between the theatre group and the audience has brought about a change of views and attitudes. There has been a development from ignorance and a culture of fear towards awareness and a willingness to change in behaviour. It is a circular learning process in which the audience with their feedback and questions give the theatre performers a new input for their show, creating a circle that works successfully.