

## **USING PERFORMANCE AND THEATRE ARTS IN HIV INTERVENTIONS AND HIV PROGRAMMING IN SUB-SAHARAN AFRICA: A SCOPING REVIEW OF EXTANT LITERATURE**

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### **ABSTRACT**

To raise awareness and knowledge of the human immunodeficiency virus (HIV); information, education and communication (IEC) strategies are needed. Entertainment education (EE) uses performing arts and theatre, as form of HIV programming, and is increasingly utilised in sub-Saharan Africa (SSA), a region impacted by a generalised HIV epidemic.

A scoping review was conducted mapping and describing extant performance and theatre arts literature in HIV programming in the region. 27 records (between 1999-2019) were charted and thematically analysed.

Performance theatre as a health education and promotion strategy in HIV programming was reported in South Africa, Botswana, Mozambique, Namibia, Swaziland, Uganda, Malawi, Lesotho, Zambia, Nigeria and Tanzania. This innovative strategy raised awareness, enhanced knowledge and corrected community myths; was transformative in changing cultural views and attitudes; and enhancing behaviour change.

This review highlights the potential for continued use of innovative performance and theatre arts in HIV interventions and HIV programming in SSA.

### **Keywords**

Performance Arts; Theatre Arts; Entertainment education; Edutainment; Drama; HIV prevention, HIV intervention, HIV programming

## INTRODUCTION

Early into the discovery of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic three decades ago, it soon became clear that the HIV issue was not just about health. As the devastation of the epidemic was unfolding through high morbidity and mortality, the epidemic left in its wake a trail of destruction as people in the prime of their lives succumbed to the disease leaving behind orphans, child headed households and exacerbated poverty among communities and stalled economic growth and development. It soon became clear that HIV touched on all aspects of life therefore it is a social, cultural, political, economic, rights, health and development issue. It was quickly observed that the synergy between the HIV response and social development (UNAIDS and Stop AIDS Alliance (2015).

A range of information, education and communication (IEC) strategies were utilized across the globe to raise awareness and knowledge on the disease. At the end of the new millennium the United Nations came up with 17 Sustainable Development Goals (SDGs). One of the core principles of the 17 SDGs and AIDS response is that no one should be left behind, and 10 goals aim at ending AIDS by 2030 (UNAIDS 2017). As the epidemic evolves and new information and treatment is discovered, continued education remains the nerve of the response globally. Despite a dearth of documented evidence, of the few studies analysed, in this review benefits in the use of different theatre arts strategies as a novel edutainment tool, especially in low resourced countries where there are low literacy levels were found.

Entertainment education (EE) or edutainment programmes using performance and theatre arts based interventions are increasingly employed globally within programming to address the HIV/AIDS epidemics, and are recommended as cultural strategies by UNAIDS and UNESCO for HIV/AIDS awareness raising (Nduhura and Durden, 2007; Sloman, 2012). Such performing arts and theatre-based interventions have a longstanding history of use in health promotion interventions, targeting sexual health, HIV literacy and HIV risk behaviours (Dalrymple, 1992; Denman, Pearson, Moody, Davis and Madeley, 1995; Seguin and Rancourt, 1996; Blumberg, 1997; Glik, Nowak, Valente, Sapsis and Martin, 2002; Guzmán, Casad, Schlehofer-Sutton, Villanueva and Feria, 2003; Heap and Simpson, 2004; Francis, 2011; Simons, 2011; Lieberman, Berlin, Palen and Ashley, 2012; Jaganath, Mulenga, Hoffman, Hamilton and Boneh, 2014). Many are underpinned by the work of Augusto Boal (Boal, 1979; 1995) and the Theatre of the Oppressed, and the popular education movement developed by Paulo Friere (Conrad, 2004; Francis, 2011; Simons, 2011). They utilise participatory theatre methods (techniques such as popular theatre, forum theatre, performance ethnography and process drama) to actively engage audience members and communities in the exploration and active discussion of key difficult issues, generation of ideas, problem solving, and debate and critique on complex health and social issues, and are underpinned by the aim to achieve a sense of ownership among those involved (Conrad, 2004; Simons, 2011; Francis, 2011).

Participants are encouraged to develop their critical consciousness and challenge their cultural, social and historical realities, whereby the audience actively engages with performers in scenarios (Boal, 1979; Freire, 1993; Conrad, 2004). The atmosphere within a safe and stigma free space generated through both cognitive and affective exercises in sharing information and examining values and attitudes, and encouraging active learning, raises participants' consciousness of social and political forces that influence their health and social realities, behaviours, risks and vulnerabilities (Ball, 1994; Heap and Simpson, 2004; Francis, 2011; Bell and Desai 2011). Ultimately these EE techniques are hypothesised to transform the participant by raising awareness, and initiating and supporting health behaviour change through modelling

(Boal's *'rehearsal for life'*, Boal, 1979) (Conrad, 2004; Jackson 2007; Glanz, Rimer and Viswanath, 2008; Francis, 2011; Simons, 2011; Sloman, 2011; Grewe et al., 2015).

EE interventions using performance and theatre arts are especially useful in HIV awareness raising and can have a measurable impact on HIV risk behaviours, and the sexual and cultural practices leading to HIV transmission (Mabala and Allen, 2002; Cardey, Govender and Dyll-Mykelbust, 2013; Jaganath et al., 2014). Performance and theatre arts in HIV intervention programming is increasingly utilised in the sub-Saharan Africa (SSA) region, a region impacted by a generalised HIV/AIDS epidemic where it is globally estimated 66% of people living with HIV (PLHIV) are located (UNAIDS, 2016, 17). According to UNAIDS in 2018 among this group 19.6 million are living in East and Southern Africa, with a recorded 800,000 new HIV infections in 2017. Those most vulnerable to infection in SSA are young women, men who have sex with men, transgender people, sex workers, prisoners and people who inject drugs (World Health Organisation, WHO, 2016). New HIV infections in SSA are highly concentrated on young men and women aged 15–24 years. Three in four new HIV infections in the region are among girls aged 15–19 years, with young women aged 15–24 years twice as likely to be living with HIV than men (WHO, 2016). The improvement of community-based and provider initiated HIV testing services has resulted in three out of four PLHIV being aware of their status, and with access to antiretroviral treatment increasing.

Whilst laws and cultural traditions vary between SSA countries, ingrained cultural, structural and legal barriers are present which act as barriers to HIV prevention. These include HIV related stigma and discrimination caused by cultural beliefs about HIV and AIDS around contamination, sexuality and religion, the status of women, criminalisation of sex work, drug use and same sex relations, HIV exposure, non-disclosure and transmission undermining public health initiatives, structural and resource barriers in health care responses, and surveillance. The complexities of sexual behaviour, political, social, cultural and biological factors which underpin HIV risk behaviours and transmission rates in SSA, therefore, require a more nuanced approach in order to stimulate a social movement that promotes healthy lifestyles (Pettifor, MacPhail, Rees and Cohen, 2008; Durden, 2011; Jaganath et al., 2014). There is an identified need in the region for participatory prevention programmes which are culturally sensitive, community focused, multi-disciplinary and empowering. Hence, we conducted a scoping review to map and describe extant literature on the use of performance and theatre arts in HIV intervention programming in SSA.

## **METHODS**

Scoping reviews are increasingly used as a stand-alone methodology to synthesize, map and describe extant literature on a particular topic or research area (Daudt, van Mossel and Scott, 2013). Within health research, they are particularly useful to identify key concepts; types and sources of evidence to inform health care practice, policy-making and directions for further research (Arksey and O'Malley, 2005; Levac, Colquhoun and O'Brien, 2010; Daudt et al., 2013). The underpinning research question for this scoping exercise was; *'What is known in the literature about the use of performance and theatre arts in HIV interventions and HIV programming in sub-Saharan Africa?'*. The team adhered closely to the six-stage iterative scoping review process (Arksey and O'Malley, 2005). Several key steps were followed which were (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarizing and content analysis of polices, and (6) an international expert advisory review exercise.

Search terms were generated, and combined with SSA region, and the specific countries presented in Table 1. The general search strategy is illustrated in **Table 1**.

<b>Table 1. Search Strategy and Search String</b>	
<b>Key Word</b>	<b>Alternative(s)</b>
Performance Arts	Performance Arts OR Theatre Arts OR Edutainment OR Drama
HIV Programming	HIV Programming OR HIV Interventions
Search String: (((Performance[All Fields] AND ("art"[MeSH Terms] OR "art"[All Fields] OR "arts"[All Fields])) OR (Theatre[All Fields] AND ("art"[MeSH Terms] OR "art"[All Fields] OR "arts"[All Fields]))) OR Edutainment[All Fields]) OR ("drama"[MeSH Terms] OR "drama"[All Fields])) AND (((("hiv"[MeSH Terms] OR "hiv"[All Fields]) AND programming[All Fields]) OR (("hiv"[MeSH Terms] OR "hiv"[All Fields]) AND interventions[All Fields]))	
African Countries	Sub Saharan Africa*OR Africa*OR and the names of all the individual countries in Sub Saharan Africa

The search was conducted during May 2019 using the University of Zimbabwe Library catalogues, PubMed Clinical Queries, and Scopus (exploratory search with selected references downloaded for the purpose of clarifying search terms), and with support from a university librarian. Comprehensive searches restricted to the time period of 1999-2019 were subsequently conducted in PubMed, the Cochrane Library, Science Direct, EBSCO, Host, Medline, Embase, Medline in Process, PsycINFO and CINAHL. No limitations on language were applied. We included published and grey literature and follow up search strategies included hand searching of reference listings, and searches on websites of SSA country governments. All records were managed using EndNote. Initial screening of the title and abstract of each record was conducted by the second author, with all authors independently reviewing a portion of included and excluded records to determine inclusion status. All records warranting inclusion by the team were procured for full text review. The second-round screening of full texts were conducted in consultation with all three authors. Records were excluded at this stage if found not to meet the eligibility criteria. **Figure 1** reflects inclusion and exclusion criteria used to chart the studies.

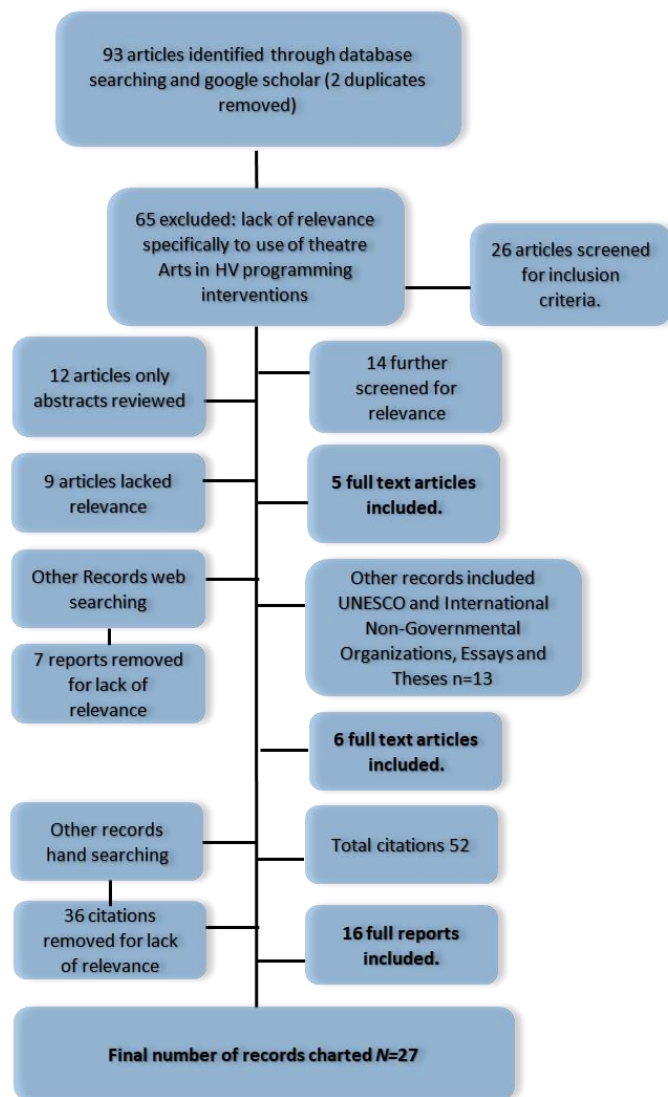


Figure 1. Flowchart to show inclusion and exclusion criteria of records

Following application of exclusion measures, records were charted, summarised and analysed using a charting spreadsheet which collated and presented key pieces of information from each record. This spreadsheet charted relevant data (data collection categories, year of publication, author, location, method and aim, details of the programme or intervention, key findings and conclusion) and was used to identify commonalities, themes, and gaps in the literature. A charting exercise was tested on five records as recommended by Levac and colleagues (2010) in order to maintain alignment with the scoping review parameters. This was followed by a joint consultation to ensure consistency with the research question and the purpose of the scoping review. Based on this preliminary exercise, prior categories were created to guide the subsequent extraction and charting of the data from the records. The process of documentation and analysis of information generated specific themes pertaining to use of performance and theatre arts in HIV interventions and HIV programming in the SSA region. Where additional data extraction categories emerged, consultation guided decisions around allocation and reporting. Disagreements around allocation of content and organisations of themes and categories were resolved through team discussion.

## RESULTS

Out of the 49 SSA countries literature on the use of performance theatre as a health education and promotion strategy in HIV programming was found in 11 countries. The countries were South Africa, Botswana, Mozambique, Namibia, Swaziland, Uganda, Malawi, Lesotho, Zambia, Nigeria and Tanzania. We present the countries with corresponding type of record (for example journal paper, report, etc.) in **Table 2**. Further extensive detail on all included records are documented in the supplemental **Table 3**.

<b>Country</b>	<b>Journal Articles</b>	<b>Essays</b>	<b>Case Study Toolkit</b>	<b>Academic Thesis</b>	<b>Total</b>
Botswana	3				3
Lesotho	1			1	2
Malawi	1				1
Mozambique	1				1
Namibia	1				1
Nigeria	1				1
South Africa	8	1		3	12
Swaziland	1				1
Tanzania	2				2
Uganda	1				1
Zambia	1				1
<b>Country Cluster:</b> Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe.			1		1
<b>Total</b>	<b>21</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>27</b>

**Table 3. Supplemental Table: Scoping review of papers detailing performance and theatre arts in HIV interventions and programming in sub-Saharan Africa**

Reference		Intervention Detail				Study Detail			
Author(s)	(Year) Title. Journal, Volume(Issue), Pages	Type of art	Target audience	Context and Country of delivery	Intervention strategy/aim	Aim of study	Sample	Method	Summary of results
Davis HV (Thesis)	Theatre as Intervention Tool in IHIV/AIDS Education with Specific Reference to “Lucky, The Hero!” 2012 <a href="http://hdl.handle.net/10019.1/20247">http://hdl.handle.net/10019.1/20247</a> Accessed 6 May 2019	Theatre	Afrikaans speaking farm workers	South Africa	Improve HIV related knowledge and behaviour change among this community	The study aimed to identify the need for HIV/AIDS education; explore the purpose and importance of theatre as educational method and explore the possibility of theatre as educational method in the HIV/AIDS	Over 2000 participants were also tested during the 14-day intervention.	Mixed method approach using qualitative focus group discussions and quantitative approaches use of a questionnaire. Drama Lucky the Hero plays targeting farms and communities Comparison of baseline and post intervention knowledge	It improved general knowledge of HIV infection amongst participants and motivated intentions towards positive behaviour change. Theatre as intervention tool proved to be effective in this specific instance as most participants agreed that educational theatre was an appropriate method to positively influence HIV/AIDS related behaviour in the community. They also expressed the wish to see the performance again and said they would encourage others to see it. Although the evaluation methods served

									their purpose in proving that theatre was an effective tool in HIV/AIDS education and provided basic information and results about HIV/AIDS and the intervention strategy method and campaign, a multi-integrated approach needs to be considered. The latter should include follow up interventions focusing on ongoing HIV/AIDS education and training in order to achieve feasible and sustainable long term results
Audet, C. M., Salato, J., Vermund, S. H., & Amico, K. R.	(2017). Adapting an adherence support workers intervention: engaging traditional healers as adherence partners for persons enrolled in HIV care and	Theatre presentations	HIV/AIDS community stakeholder and developers of the “Adherence Support Worker” programme	Community Mozambique	Theatre presentations were used to simulate interventions to generate data and knowledge for intervention development. The Adherence Support Worker programme is not in itself a theatre intervention, rather, theatre was used as a tool in the research process. Theatre was used to explore	To examine the efficacy and further develop the partnership with traditional healers in a current Adherence Support Worker	108 participants including: people living with HIV, traditional healers, clinicians, community members. Aged between 28- 51 years	Three theatre presentations were developed in association with clients, health workers, and researchers and presented following which discussions took place. Following this	Reported that a holistic approach to addressing the adherence in the management of HIV as a chronic disease is critical. Traditional healers were found to be vital allies to engage community members. The



	treatment in rural Mozambique. Implementation Science, 12(1), 50.				untapped resources within the community (e.g. traditional healers) that may be used to encourage community members to engage in services.	programme in rural Mozambique.	of mixed gender.	12 focus groups were undertaken using open ended semi-structured questions. Data was analysed using framework analysis.	Adherence Support Worker programme was adapted as a result of the theatre presentation process, as this allowed participants to explore potential barriers and challenging subject matter.
Botha, P., & Durden, E.	(2004). Using participatory media to explore gender relations and HIV/AIDS amongst South African youth: The example of DramAidE. Paper presented at Learning and empowerment: Key issues in strategies for HIV/AIDS prevention, Chiangmai, Thailand, March 2004.	Interactive forum theatre	Young people and students	Community context in South Africa	The Woza Nazo project provides culturally appropriate and gender sensitive life skill materials to schools. This includes resources such as a set of role-play cards and character cards which help develop interactive workshops. The "Mobilising Young Men to Care" project is a series of workshops, video and guidebook to discuss issues around masculinity, femininity, and gender. Projects target young men in secondary schools, although both male and females engage in the project, schools run a number of workshops followed by playmaking workshops in which the play is presented to the community in an	This workshop paper draws on reports and proposals from the work of the DramAidE project. In particular the issue of gender is explored in the context of these interventions with young people. Overarching aims of these interventions is to reduce infection rate of HIV, promote gender awareness and understanding of the quality and human rights, healthy choices.		Outcomes of these projects include the development of materials and products in which schools and community groups can engage young people in a creative form. Young people report feeling empowered to talk and engage with others in a supportive manner regarding gender issues and HIV/AIDS. Skills development are reported.	

					interactive forum theatre context. This process was video recorded in the video used in a training context. The second phase of the project targets university students were young people and staff engaging workshops to become AIDS activists. Phase 3 of the project includes young people living with HIV serving as peer educators at the institution.				
Cameron, M., Cockcroft, A., Waichigo, G. W, et al.	(2014). From knowledge to action: participant stories of a population health intervention to reduce gender violence and HIV in three southern African countries. AIDS care, 26(12), 1534-1540.	Entertainment-Education radio drama	Community members	Community context in Botswana, Namibia and Swaziland	8 episodes called "Beyond Victims and Villains" are aired followed by group discussions. The aim of the intervention is to support attitude change, build knowledge and support behaviour change.	To evaluate an audio drama and discussion intervention.	108 participants of mixed gender took part in the intervention.	Quasi-Experiment design whereby participants described their experiences of personal change following the intervention, narrative storytelling was used to collect data with thematic analysis used to analyse. It was unclear what sampling method was used.	While some participants felt there was no change, they felt they were too early in the process to be clear. For others there was a positive change in terms of an improvement in their knowledge, their attitudes towards HIV/AIDs, their intention to change sexual behaviours, and a greater sense of control in their lives was experienced.
Dalrymple, L.	(2006). Has it made a difference? Understanding	Applied theatre	Young people and local communities	Communities in South Africa.	Drama for AIDS Education (DramAidE) is an organisation using drama and theatre for	This discussion paper examines results of theatre and drama projects with young people presented by DramAidE. The aim of the paper is to explore the impact of applied theatre and compare drama projects delivered by DramAidE. Dalrymple, discusses the challenges for monitoring and			

	and measuring the impact of applied theatre with young people in the South African context. Research in drama education, 11(2), 201-218.				social change. The organisation have delivered a number of projects. These include: a) A three phase intervention using a play called “what if it’s true?” First there is the presentation of a play at a school, followed by a drama workshop, then an open day in which the students and community members engage in performances. The aim of the project is to improve knowledge and attitudes around healthy sexual behaviour b) “Act Alive” out-of-school club where players devised using a series of drama-based workshops work is presented to the school and local community and aims to promote healthy social and physical environment c) “the health promoters project” this is a social influence intervention aiming to impact policy social structures and cultural practice, it includes performances using forum theatre and big screens at universities followed by workshops.	evaluation of such interventions noting that the use of both drama workshops and public performances provide opportunities for young people to engage in subjects that are challenging and difficult allowing students to express themselves and explore issues around stigma and fear. While, students appear to feel a greater sense of self-efficacy and confidence in challenging others, quantifying behaviour change is difficult and requires longitudinal studies.			
Durden, E., & Nduhura,	(2003). Participatory forum theatre	Participatory forum	Factory of 50 employees	South Africa	The Problem-Solving Theatre project uses forum theatre to explore issues of	This research essay aimed to investigate the	14 factory workers, age and gender not	A formative research approach used	Reported participatory forum theatre was

D.	for AIDS education. Culture, Communication and Media Studies, University of Natal, Durban. <a href="http://www.kit.nl/frameset.asp">http://www.kit.nl/frameset.asp</a> .	theatre	in the greater Durban area		HIV/AIDS in the workplace. Audience members watch a play, then through discussion and interaction create alternative credible and practical solutions to the end of the scenario. The project aims to explore practical and personal solutions to problems for employees, both at work and in personal lives.	suitability of forum theatre in the workplace as a tool for exploration of HIV/AIDS related issues.	reported. Occupations include: one company risk manager, one occupational health sister, one quality controller, and 10 factory workers.	random selection of participants and semi-structured in-depth interviews with people in the factory who had engaged in the performance. Data analysis method was not stated.	a powerful strategy as a tool in raising HIV/AIDS awareness, knowledge, correcting myths that exacerbate the spread of the virus among workers resulting in negative impacts on production.
Francis, D. A	(2010). 'Sex is not something we talk about, it's something we do': using drama to engage youth in sexuality, relationship and HIV education. <i>Critical Arts: A Journal of South-North Cultural Studies</i> , 24(2), 228-244.	Participatory Drama	Students (16-17 years old)	Community context KwaZulu-Natal, South Africa	Drama is used in three ways a) as a didactic tool, b) as spectacle, and c) as a process. Drama in the classroom aims to stimulate discussion, draw on personal experience and understanding, support behaviour change.	To examine how drama is used to communicate issues of HIV in schools.	21 school children aged 16-17 (gender not stated).	The overarching study design or data reported however; students were purposively sampled into focus groups with open ended questions used to collect data.	Positive changes in student knowledge and skills development were reported. Drama was felt to help stimulate discussion amongst young people, as it provided them an opportunity to express and identify their own problems as well as helped to share ideas around prevention.
Goldstein, S., Usdin, S., Scheepers, E., & Japhet, G.	(2005). Communicating HIV and AIDS, what works? A report on the impact evaluation of Soul City's	Television and radio drama, plus print material	Community members	Community context in South Africa.	In a national multi-media health promotion intervention, Soul City produced a range of health messages via a number of different medium. They used a 13 part prime time television drama, 45 part	To compare the effectiveness of HIV/AIDS communication through a range of media.	Pre and post questionnaire included 2000 participants at pre-test and a different sample post-test (number	Mixed methods research design included: Random sampling of pre and post questionnaire analysed by	Positive changes were reported, including improved knowledge, reduced stigma (greater tolerance to those with

	fourth series. Journal of health communication, 10(5), 465-483.				radio drama, and 3 full colour booklets printed a million each and published in 10 national newspapers. Aim of the intervention was to promote behaviour change, increase knowledge, and change attitudes towards HIV/AIDS.		not stated). 31 focus groups of Soul City residents (total number of participants, ages and gender, not stated). 30 semi-structured interviews with community members (ages and gender, not stated).	inferential statistics; Focus group and semi structured interviews were thematically analysed (sampling strategy not documented).	HIV/AIDS), greater confidence and empowerment (young people reported being able to resist peer pressure to engage in unsafe sexual behaviour), and an improved ability to discuss sensitive and challenging material. There was, however, no reported behaviour change; each intervention in isolation did not have any effect, but when delivered in conjunction with each other, there was an increase condom use.
Harvey, B, Stuart J, & Swan T	(2000). Evaluation of a drama-in-education programme to increase AIDS awareness in South African high schools: a randomized community intervention trial.	Drama in education: Drama Approach to AIDS Education (DramAide)	Students	Community context in South Africa.	Three-phased intervention: a) teachers/actors and nurses present a play incorporating issues surrounding HIV/AIDS b) Drama workshops use participatory techniques c) Closes with a 'school open day' focusing on HIV/AIDS students produce visual art.	To evaluate the effectiveness of a high school drama-in-education programme.	1080 pre-intervention questionnaire plus 699 post-intervention questionnaires from students aged 13-25 of mixed gender.	Quasi-Experiment using Questionnaires to measure changes in knowledge, attitudes and behaviour. Participants randomly selected and data analysed	Positive changes in knowledge and attitude towards HIV/AIDS.

	International journal of STD & AIDS, 11(2), 105-111.							using Inferential statistics.	
Jaganath, D., Mulenga, C., Hoffman, R., Hamilton, J., & Boneh, G.	(2013). This is My Story: participatory performance for HIV and AIDS education at the University of Malawi. Health Education Research, 29(4), 554-565.	Participatory performance	Community members	Community in Ghana	The 'Process and Collaboration for Empowerment and Discussion' method was used to engage community members with performers both people living with and without HIV/AIDS. Intervention uses community participation to discuss issues and empower people, build trust and help with HIV prevention. Five-week process culminating in a final performance.	To evaluate participatory drama intervention.	45 18-55-year-old university students of mixed gender.	The study design was not clearly reported however, after convenience sampling, semi-structured interviews were undertaken 12 months after taking part in the intervention. Data was analysed using thematic analysis.	Long term positive change was found in building confidence and empowerment of participants, changing their attitudes towards HIV/AIDS and provided a forum for them to feel able to discuss this topic. In particular trust, issues of equality, and the effects HIV/AIDS has on women were key discussion themes.
Kamo, N Carlson, M Brennan, R. T & Earls, F	(2008). Young citizens as health agents: Use of drama in promoting community efficacy for HIV/AIDS. American Journal of Public Health, 98(2), 201-204.	Drama	Community members	Community context in Tanzania.	Young Citizen Programme carried out after school over 28 weeks/2-3-hour weekly sessions. After being trained by teachers and facilitators young participants develop HIV/AIDS dramatizations. that are performed in public spaces. The aim of the intervention is for young people to plan and implement integrated health promotion activities that they then take into their communities and	To examine the effectiveness of a young citizens as primary change agents, using drama.	1114 audience members (gender and age not stated).	Random control trial in which test and control sample were given attitudinal and knowledge surveys following the performance. Inferential statistics used to analyse data.	Positive change was reported in relation to people's attitude towards HIV/AIDS and an improved ability to discuss sensitive and challenging material. There was no change in audience members knowledge, but people were more responsive to young people as health promoters.

					encourage others to take action towards HIV/AIDS prevention, testing, and treatment.				
Logie, C. H., Dias, L. V., Jenkinson, J., et al.	(2019). Exploring the potential of participatory theatre to reduce stigma and promote health equity for lesbian, gay, bisexual, and transgender (LGBT) people in Swaziland and Lesotho. <i>Health Education &amp; Behavior</i> , 46(1), 146-156.	Participatory theatre	Community	Community members in Swaziland and Lesotho.	3 short plays were performed separately, whereby a solution to the problem was not offered. During the second performance of the play, audience members were invited to participate as community stakeholders to resolve the issue. The aim of the intervention was to engage community members into behaviour change, improve knowledge and reduce stigma.	To evaluate participatory theatre intervention.	106 nursing students, health care providers, educators and community members (38 men, 63 women, 4 Transgender, ages not documented).	Phenomenological approach adopted with 106 in-depth interviews, purposefully sampled audience members. Analysed thematically with 12 focus groups sampled through snowballing, data analysed thematically.	Positive changes were reported in relation to an acceptance of other people personal choices and views; reduced stigma, and an improved ability to discuss sensitive and challenging material.
Makwambeni, B., & Salawu, A.	(2018). Accounting for youth audiences' resistances to HIV and AIDS messages in the television drama Tsha Tsha in South Africa. <i>SAHARA-J: Journal of Social Aspects of HIV/AIDS</i> , 15(1), 20-30.	Entertainment-Education television drama	Young adults. Plus, DVDs available to be used in schools and prisons.	South Africa	A three series televised drama called Tsha Tsha based on fictional characters and their experiences with HIV.	To examine why there is resistance to HIV/AIDS Educational Entertainment messages.	15 students (age and gender not reported) took part in one to one interviews. They were purposefully sampled A further 28 students aged 18-24 (gender unknown) took part in 12 Focus Groups. The videos of	Data from interviews, focus groups and document and videos were analysed using content and thematic analysis.	Content analysis of Tsha Tsha video includes the following themes: conceptualisation of HIV/AIDS; issues of multiple sexual partnerships; notion of abstinence; confronting hegemonic masculinities; challenging female stereotypes; negotiating sexual

							the drama were also analysed.		rights. Interview and focus group analysis found this study was resistance to change was due to audiences being unable to affiliate with media messages due to sociocultural conflict.
Middelkoop, K., Myer, L., Smit, J., Wood, R., & Bekker, L.-G.	(2006). Design and evaluation of a drama-based intervention to promote voluntary counselling and HIV testing in a South African community. Sexually transmitted diseases, 33(8), 524-526.	Drama	Community members	Community in South Africa	This community-based education programme aimed to promote and encourage service users to access the services of Voluntary Counselling and Testing (VCT). They used a drama-based intervention of 80 performances over 12 months (3-4 performances a week) were delivered in a range of community settings e.g. taxi ranks, bus stops, taverns, churches, shops, the local clinic, and busy street corners.	To evaluate a drama-based intervention delivered in places where members of the community congregate.	Estimated audience sizes of varied from 20 to over 300 people, and most audiences were between 30 and 50 people data on gender and age were not reported.	Quasi-experimental with outputs measured by attendance at VCT services pre and post intervention. Sampling strategy not stated but data collected using documents and records with descriptive statistics for analysis.	A 17% increase in self-referral to VCT services was reported, indicating positive behaviour change.
Mitchell, K., Nakamanya, S., Kamali, A., & Whitworth, J. A.	(2001). Community-based HIV/AIDS education in rural Uganda: which channel is most effective?	Four forms include: drama, video, community education and	Community members	Community context in Uganda	The intervention aims to promote behaviour change through increasing knowledge, skills, developing attitudes and motivational support. The four forms were delivered concurrently across the Ugandan community.	To compare four forms of media used in community-based interventions.	37 community members working as field staff were interviewed along with 3 focus groups (age and	Mixed method design used with systematic sampling for both the one to one interview and focus groups data collection and	Positive changes were reported in an increase in people's knowledge, a reduction in stigma and an improved ability to discuss sensitive and



	Health Education Research, 16(4), 411-423.	leaflets					gender unclear). Questionnaire One included 105 audience members (46% male and 47% under 25). Questionnaire Two included 69 audience members (49% male and 51% under 25). 8 focus groups including 53 audience members (27 male and 30 aged under 25)).	questionnaires. Data was analysed using descriptive statistics and thematic analysis.	challenging material. Drama as a medium appeared to be the preferred option followed by video as these media made the issues real and relatable to people. While leaflets were a good mechanism to produce lots of visibility not everyone could always read and understood the messages. Community education appeared to have the longer lasting impact on change - this maybe as it is a one to one type intervention.
Nduhura, D	(2004). Freirean pedagogy as applied by DramAidE for HIV/AIDS education. (Masters of Arts)	Drama	Students	Community in South Africa.	Drama for AIDS Education (DramAidE) is an organisation using drama and theatre for social change. The organisation has delivered a number of projects. A three-phase intervention using a play called "what if it's true?" s. First there is the presentation of a play at a school, followed by a	This Master's thesis explores a specific pedagogical perspective and its utility in the delivery of DramAidE.	Schoolchildren, teachers, and parents. Age, gender, and total number involved in each element of the study were not reported.	Phenomenological approach using four focus groups (6-12 students in each), semi structured in-depth interviews (six teachers, one from each school), and a questionnaire	Positive outcomes included greater dialogue between stakeholders across the community; life skills such as confidence and decision-making were improved; and students also reported being able

					drama workshop, then an open day in which the students and community members engage in performances. The aim of the project is to improve knowledge and attitudes around healthy sexual behaviour.			(given to focus group attendees). Six randomly selected schools, which was approximately 10% of the schools presently reached by the DramAidE and questionnaires distributed to communities through school children who had participated in the FGDs.	to discuss issues more openly.
Pappas-DeLuca, K. A., Kraft, J. M., et al.	(2008) Entertainment-education radio serial drama and outcomes related to HIV testing in Botswana. AIDS Education & Prevention, 20(6), 486-503.	Entertainment-Education radio drama	Community members	Community context in Botswana.	“Makgabaneng” is a radio drama that models behaviour change. The story used for study was about HIV testing. Objective to increase a) positive attitudes towards abstinence, monogamy, and condom use; b) knowledge and services to prevent mother-to-baby transmission; and c) favourable attitudes and motivations towards testing.	To measure psychosocial and behavioural changes in relation to HIV testing.	807 sexually active participants (past 12 months) 63% aged 25+ of mixed gender.	Survey Research, cross-sectional in design. Measures include stigma; intentions; and talking and testing behaviours. Clustering was used to sample participants with interviews used to collect data and inferential statistics used to analyse data.	There was no behaviour change although there was a change in people's intention to seek testing. There were changes in stigma and an improved ability to discuss sensitive and challenging material.

Sicherman, C.	(1999). Drama and AIDS education in Uganda: An interview with Rose Mbowa. South African Theatre Journal, 13(1), 110-117.	Drama	All stakeholders in HIV/AIDS education in Uganda	Community and state contexts in Uganda	Prof. Mbowa discusses a range of projects that include dance, mime, and drama arguing that these mediums cut across language and cultural barriers. She advises that exploring effectiveness of interventions include discussion and that change behaviour can take years to evidence. She notes performances can be delivered in any context and setting indoors and outdoors, however, community-based theatre should be delivered by the community.	This paper documents an interview with Prof. Rose Mbowa regarding drama and AIDS education in Uganda. As such, there are no details to document.			
Obasi, A., Cleophas, B., Ross, D., et al.	(2006). Rationale and design of the MEMA kwa Vijana adolescent sexual and reproductive health intervention in Mwanza Region, Tanzania. AIDS care, 18(4), 311-322.	Drama	Students	Tanzania	This drama intervention is part of a larger programme that aims to decrease morbidity in teenagers by supporting behaviour change. A six-part drama serial required children to discuss the drama and role play avoidance skills of the characters. Process is informative as well as entertaining.	To examine the effect of socioeconomic , cultural and infrastructural factors on intervention content and implementation.	Student sample details not provided. Delivery of whole intervention included 62 schools, 18 health units, 189 teachers, 11 ward education co-ordinators, 62 head teachers, 63 ToPs, 228 CPDs	Questionnaire	Increased awareness of STI and condom services. Use of different intervention components designed to act synergistically Community activities, to address socio-cultural barriers to adolescent behaviour change and to promote acceptance of and support for the intervention through drama,

									poetry, songs and rap with a reproductive health theme in an annual one-week inter-school competition.
Heap, B., & Simpson, A.	(2004). "When you have AIDS, people laugh at you": A Process Drama approach to Stigma with pupils in Zambia. <i>Caribbean quarterly</i> , 50(1), 83-98.	Process drama	Students	Community of Zambia	Process drama conducted by drama practitioner. Aim is to provide a safe place for participants to engage with issues around stigma, gender stereotypes, myths around living with HIV/AIDS etc.	This article describes the use of process drama to address HIV related stigma and discrimination in Zambia. The paper describes a drama session for 40 students aged 16-18 Grade Nine pupils (19 girls and 21 boys). Pupils are described to have demonstrated a high degree of awareness of the about the consequences of the HIV/AIDS epidemic. Increased awareness. Many pupils knew people living with AIDS-related conditions or indeed had watched their slow decline without access to anti-retroviral therapy and this they had observed in their own households, in their families and beyond their homes where they conducted their everyday lives. They creatively devised for themselves the responses that challenged stigma and discrimination. The pupils willingly participated and revealed reservoir of talent and ideas that has often been ignored because of their position in a society where strict hierarchies are based upon generation and age hold sway. There was recognition that gender in-equalities fuelled the dilemmas around the human crisis of HIV/AIDS. The use of process drama was able to transcend contextual barriers within the Zambian context and portrayed contextual issues driving the epidemic including stigma and discrimination that has a key barrier to uptake of HIV/AIDS interventions			
Buthelezi, M., & Hurst, C.	(2003). A Brazilian theatre model meets Zulu performance conventions Westville prison-the case in point. <i>Current Writing: Text and Reception in Southern Africa</i> , 15(1),	Forum theatre	Prison populations	Correctional services in South Africa	Prison Theatre project (male maximum-security prison) at Westville Prison in Durban. Project involved 6 inmates as actor/facilitators performed to a group of 250 inmates. After interactive performance, groups are split into smaller discussion groups to discuss problems and form solutions to issues raised in	This paper draws on Paolo Freire's Pedagogy of the Oppressed and Boal's Theatre of the Oppressed (2000) in addressing social problems in prisons using participative theatre practices in engaging the audience in a public problem-solving discussion. The A high quality of debate was achieved as a result of the <i>amagosa (dance marshals)</i> posing questions constantly through the discussion. In discussing how to live positively with HIV/AIDS in a maximum-security prison, the juvenile inmates were able to analyse their situation and criticise their own behaviour including the attitudes and behaviour of the prison staff, towards people with terminal illness. The images created by the <i>amaviyo (platoons)</i> and shown to the rest of the <i>ibutho (a regiment)</i> during the feedback session were mainly about treating sick people with more compassion. In the safer and altered reality of performance, as an <i>ibutho</i> the inmates were able to express an			

	123-134.				the performance. Solutions then re-enacted at the end to demonstrate resolve and offer hope.	idealised code for the treatment of the terminally ill. Just as the public display of dancing manufactured consent to belong to the <i>ibutho</i> , so these images manufactured consensus around how to treat ill people. The gentler behaviours were not stigmatised as un-masculine because they had emerged from within the masculine performance aesthetic of the <i>ibutho</i> . Cultural knowledge present amongst the inmates had been used. Even though the protest tradition of <i>toyi-toyi</i> songs and dances is not distinctly Zulu, in the context of the performance the <i>toyi-toyi</i> tropes could be read as an extension of the Zulu masculine and military tropes. The use of <i>toyi-toyi</i> extended the significance of the message to include notions of fighting AIDS and protesting against prejudiced behaviour. This used cultural forms of building consensus around the messages in the images. One of the contributory factors driving the HIV epidemic in sub-Saharan Africa were cultural practices and gender inequalities. Stigma was and still remains a negative force in interventions aimed at addressing HIV/AIDS. For those inmates living with HIV and in prison they suffer a double stigma. Hence interventions to address HIV/AIDS in order to increase awareness, knowledge, fight stigma and correct myths and misconceptions needed to address cultural practices using song, dance and theatre as information dissemination strategies are critical. These strategies had been undervalued at the onset of the epidemic yet they are culturally appropriate.			
Bagamoyo College of Arts a, Tanzania Theatre Centre, Mabalac, R Karen B. Allen	(2002). Participatory action research on HIV/AIDS through a popular theatre approach in Tanzania. Evaluation and Program Planning, 25(4), 333-339.	Participatory theatre	Community members	Communities in Tanzania	Arts programmes across 16 wards in Bagamoyo District were undertaken culminating in a two-day District Arts Festival. The aim of the participatory action project was to reduce the risk of HIV infection in youth populations in rural Tanzania. Specific objectives include: increase knowledge, change attitudes and improve practices of young people; involve young people to find solutions to	This paper documents the use, process and outcomes of the participatory action project in rural Tanzania.	Cascaded training of artists under the age of 24 years on popular theatre approach HIV/AIDS education including facts about HIV/AIDS and life skills, from data collection and analysis to	Data was collected through artists field notes and observations during the development of performances, festival and post-festival meetings and evaluations.	The paper reported on the strength of participatory theatre in identification of cultural practices and opening up unfettered discussions these practices that fuelled the spread of HIV in the context of Tanzania. This resulted in positive changes in the following areas:

					issues; develop skills of young people to bring about behaviour change in relation to HIV/AIDS; produce videos for young children		performance and leading a discussion in 4 districts of Tanzania. Over 30,000 people attended performances at the festival.		social cultural practices driving HIV epidemic were identified (social, economic and health) thus, transcending cultural barriers; myths were corrected including condom use and issues of promiscuity; poor HIV/AIDS/STD information, education and access to resources exacerbated the spread of HIV; stigma was reduced; people felt free to discuss sensitive issues. Generation gaps were overcome, and community members challenged cultural practices that increased HIV risk vulnerability.
Kafewo, S. A.	(2008). Using drama for school-based adolescent sexuality education in Zaria, Nigeria. Reproductive	Drama	Female students	Education context in Nigeria	The project “For Tomorrow” uses peer education participatory drama methods to explore issues affecting girls in Nigeria. In this project, participants focussed on abortion, premarital sex		This paper describes the use of participatory drama to address adolescent sexuality issues in a girls-only secondary school in Zaria, Kaduna. The dialogue approach helped, adolescents to move from lack of knowledge and a culture of silence in a paternalistic system to participation, dialogue and the freedom to learn. The drama performance increased the knowledge of students on sexuality issues and confidence in discussing the issues in comparison to before the implementation of the intervention. The drama scenarios unearthed a number of problematic sexuality issues		

	Health Matters, 16(31), 202-210.				and pregnancy, teacher-student relationships, and lesbianism. Through discussion and development of a storyline/scenario creation, characters are developed that present a problem with a number of solutions. Students perform the scenes. The facilitator stops the drama allowing for audience members to discuss and chose options and solutions for the characters in the play.	in the school, (especially single sex) in a girls-only school. Efficacy of allowing young people to have a say in their own educational process was observed. The highly informal learning atmosphere helped the students to openly and freely discuss with facilitators, offering the opportunity to learn more and develop a sense of pride and ownership in the project. The school as an institution plays an important role in information dissemination and the advent of HIV has increased this role as adolescence fall back on the system for correct and informed information on issues affecting them. There is evidence that Peer education strategy in health education and promotion not only among adolescence but also adults			
Malibo, R. K.	(2008). Using popular participatory theatre as a research method to expose the relationship between HIV/AIDS and silence in Malealea Valley, Lesotho. (Master of Arts)	Popular Participatory Theatre		Community members of Lesotho	The Malealea theatre project uses Popular Participatory Theatre to address issues related to HIV/AIDS both the stigma and myths as well as an attempt to prevent the spread of the disease. A two-week project involves the development of a play that is performed, followed by workshops of the project members, followed by a further newly developed play.	This Master's thesis, evaluates Popular Participatory Theatre (PPT) as a research method with which to investigate the culture of silence around HIV/AIDS issues in Malealea Valley	Total number of focus group participants was not detailed however a total of thirty villagers included across interviews and focus groups	Data was collected using five in-depth interviews (2 women, 3 male) and three focus groups with mixed-gender participants ages 16-49 years.	The thesis reported positive outcomes for participants who engaged in the intervention, including: changes in attitudes/less judgmental; tackled issues with sensitivity and without blame; people could relate to characters and the cultural positioning of the drama; and allowed people to make their own choices.
Le Cordeur, W. P.	(2008). Workshopping the AIDS Play with men.	Participatory Theatre	Students	South Africa	Four participatory plays were used, these include: "It's not what you say" "Say what you do";	An explorative study of four collaboratively created	Sample sizes are unclear. While qualitative data was collected using interviews, video recordings, and questionnaires; the analysis process of the data and its findings were not fully presented. However, the author		

	(Master of Arts)				<p>“The Sacred Cow” “Carpe Diem” through collaborative story making participants developed the narratives and structures of each play. This was followed by creation of material, scripts and performances at three campuses.</p> <p>Aims of interventions included: behaviour change, promoting access to treatment and support services, raise awareness, promote equality, engage young people to talk about sex, explore values and attitudes around HIV/AIDS, disseminate information to promote change and growth in the community</p>	<p>HIV/AIDS plays. The thesis aimed to measure the outcomes of the workshop processes with special focus on the problems of gender, masculinity and cultural memory in creating narrative with men in the workshop theatre process.</p>	<p>reported process theatre to be a powerful tool in unpacking how notions and problems of gender, masculinity and cultural memory exacerbated and fuelled the spread of HIV within the context SSA. The play <i>It’s Not What You Say</i> was reported to promote a sense of ownership of the problems involved with VCT and HIV awareness on campus. Most of the cast members were students themselves, although two members of a local community theatre group were also part of the ensemble. Similarity of age between performer and target audience, the wide variety of different character types, were said to have spoken to the cultural backgrounds and personal experiences of most of the audience members. The evaluator and some of the audiences had observed that “ reactions towards the different masculinities that were illustrated in the performance addressing cultural barriers and notions of masculinity. The audience to identify with the characters shows that the group created realistic, if not authentic, examples of students on campus. The masculinities portrayed were viewed as helpful indicators for the way in which men on campus could behave. In the play <i>Say What You Do!</i> An evaluator was of the opinion the play had stimulated the target audience and allowed them to engage with the play and the different issues that it dealt with.</p> <p>The play <i>The Sacred Cow</i> the participants were reported to have undergone through their involvement in the production based on their comments that masculinity and culture was often named as the cause of sexual behaviour and violence by the men involved in the workshop process. A Zambian, Zimbabwean and an English-speaking South African, described problems with their fathers and the history they shared of patriarchal dominance. The dominance was said to be often associated with sexual acts of violence.</p>
Meyanathan, S., Diala, C.,	(2012). Addressing AIDS fatigue	Participatory material	Community members with low	Lesotho, Malawi, Namibia,	The tool kit includes activities such as guided discussions, role-play	This paper aimed to identify the factors of AIDS fatigue using Non-Traditional Communication Approaches. The project included stakeholder consultations with government counterparts, donors, and	



Parker, W., & Becker-Benton, A.	with non-traditional communication approaches: The C-Change Community Conversation Toolkit - participatory development, use, and evaluation. C-Change Communication for Change.	in the form of a “Community Conversation Tool Kit”	levels of literacy	Nigeria, South Africa, Nigeria, Swaziland, Zambia and Zimbabwe	cards, storytelling finger puppets, playing cards and dialogue buttons – this kit helps engage adults with lower literacy levels around issues related to HIV prevention.	partners for technical input. It was reported that low literacy was identified as having negative impacts on self-esteem and self-confidence a factor that increases risk vulnerability to HIV infection. One way of addressing low literacy is through an interactive format. This allows audiences with lower literacy to form connections and engage with the topic by acting out a situation or talking about it, rather than just passively watching or listening. Additionally, it triggers problem-solving and dialogue in ways audiences can understand and internalize, creating pathways for change for both individuals and communities.			
Cockcroft, A., Marokoane, N., Kgakole, L., Mhati, P., Tswetla, N., Sebilu, I., & Andersson, N.	(2019). Acceptability and challenges of introducing an educational audio-drama about gender violence and HIV prevention into schools in Botswana: an implementation review. AIDS care, 1-6.	Audio-drama	Community members, for this study students	Botswana	Eight audio-drama episodes called Beyond Victims and Villains (BVV). Aim of the intervention is to create an enabling environment for young women to change and recruit them for support.	To measure the use of audio-drama that covered gender, violence and HIV (BVV) trained teachers.	103 teachers in 89 schools in four districts	Teachers were interviewed using an electronically administered questionnaire between 14 and 26 months after their BVV training. Statistical analysis was used to establish implementation rates of BVV in schools	Study found primary schools, were less likely to use the BVV materials but schools with a working MP3 player more likely to have started BVV sessions Male teachers were more likely to have started BVV than females. 72% teachers reported that it was easy or very easy to use. 86% of teachers said that the response of the students in the BVV sessions was “excellent”. All 26 teachers in

									<p>secondary schools reported excellent responses from students; 8 of 46 in primary schools reported an “average” response and 2 a “poor” response. The pupils were reported to enjoy the audio, subject matter was interesting, actively participated in discussions, intervention enabled open communication about personal experience.</p>
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Several areas of interest and importance emerged from our review of 27 diverse records detailed in **Table 3**. Three main themes were generated: *'Using performance and theatre arts as an innovative strategy to raise awareness, enhance knowledge and correct community myths; 'Using performance and theatre arts as transformative medium in changing cultural views and attitudes'; and 'Enhancing and measuring behaviour change following performance and theatre arts interventions.'*

### **Using performance and theatre arts as an innovative strategy to raise awareness, enhance knowledge and correct community myths**

The emergence of interactive forms of HIV programming using performance and theatre arts has occurred as alternative to information education and communication (IEC) campaigns in the SSA region, hampered by low literacy rates and HIV information fatigue (Meyanathan, Diala, Parker and Becker-Benton, 2012). In 2012 an innovative way of addressing low literacy and information fatigue with non-traditional communication approaches was identified by the C-Change community following stakeholder discussion with government counterparts, donors, and partners in the region (Lesotho, Malawi, Namibia, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe). An interactive format was devised allowing target audiences with lower literacy to form connections and engage with the topic by acting out a situation or talking about it, rather than just passively watching or listening (Meyanathan, Diala, Parker and Becker-Benton, 2012). The advocated use of an interactive format was based on its ability to trigger problem-solving and dialogue in ways audiences could understand and internalize and creating pathways for change for both individuals and communities. Similarly, in assessing impact of applied theatre with young people in the South African context, Dalrymple (2006) used drama workshops to effectively attract students and capture their attention, in settings where students avoided traditional routes of information provision. Forum theatre was observed by them to create a space in which students could engage in meaningful discussion about HIV/AIDS and sexuality. Durden and Nduhura (2003) also used participatory forum theatre in a factory setting in South Africa, with positive feedback on the continual use of theatre as alternative method in stimulating thought, engaging with and educating low literacy workers, also exhibiting HIV/AIDS information fatigue.

Varied degrees of utilization of theatre and performance arts in health education and promotion among different target groups in SSA countries are described in **Table 3**. Theatre, as a medium to improve knowledge and awareness, was perceived to be the most preferred and effective option for enhancing knowledge, particularly when compared with other forms of communication such as leaflets (Mitchell, Nakamanya, Kamali and Whitworth, 2001). The use of different theatre and performance arts strategies such as drama, edutainment radio, serial drama, theatre presentations, audio drama, participant stories and video was observed to result in increased awareness and knowledge on HIV among different target groups in South Africa, Botswana, Mozambique, Namibia, Swaziland, Uganda, Malawi, Lesotho, Zambia, Nigeria and Tanzania (Sicherman 1999; Harvey, Stuart and Swan, 2000; Darden and Nduhura, 2003; Heap and Simpson, 2004; Obasi et al 2006; Dalrymple 2006; Kafewo, 2008; Pappas-DeLuca et al, 2008; Davies, 2012; Cameroon et al., 2014; Audet, Salato, Vermund and Amico, 2017; Logie et al., 2019). Theatre interventions in these studies served to help correct myths and misconceptions around sex, sexuality, HIV/AIDS and thus, enabled people to not only correct their own distorted ideas, but challenge others (Dalrymple, 2006). By exploring myths and misconceptions through a theatre context, participants were able to explore and redress errors around gender and sexuality, STIs

and condom use thus generating greater tolerance of those with HIV/AIDS (Goldstein et al., 2005; Dalrymple, 2006; Obasi et al., 2006; Pappas DeLucas et al., 2008, Logie et al., 2019). These myths included the following; the belief that condom promotion encourages promiscuity; the spread of HIV by lesbian and gay individuals, the ability to identify someone with HIV, and that a child which drank a lot of milk and rested often could be cured from HIV/AIDS (Davis, 2012). In Lesotho, a combination of theatre styles or acting techniques that included Image Theatre, song, dance and poetry in Lesotho was positively received as messages were clear, and it appealed to different target groups (Malibo, 2008).

Theatre in particular was observed to be a powerful information dissemination strategy to increase knowledge and awareness in student populations (Botha and Durden, 2004; Dalrymple, 2006; Francis, 2010; Harvey, Stuart and Swan, 2000; Obasi et al., 2006). Heap and Simpson (2004) in a Zambian study using process drama reported that pupils demonstrated a high degree of awareness about the consequences of HIV/AIDS. The Obasi et al. (2006) study in Tanzania reported significantly higher levels of knowledge in the intervention schools compared to the comparison schools. In Tanzania, Bagamoyo College of Arts Tanzania Theatre Centre, Mabala and Allen (2002) used participatory action research on HIV/AIDS through popular theatre to enable youth in rural Tanzania to reduce their risk vulnerability of HIV infection. In older populations, drama was successfully employed to help build knowledge and insight and reduce stigma within the workplace (Durdin and Nduhura, 2003). Mitchell et al., (2001) compared the use of drama and video as information dissemination strategies in rural Ugandan communities. Respondents indicated that drama taught them many new things about HIV/AIDS with nearly 60% indicating their preference to watch drama as opposed to videos, because plays *felt 'more real'* and could be supported by discussions. Weaknesses observed in both media was the requirement for acceptable and relevant messages, and the lack of opportunity to target messages at specific groups. In the Makwambeni and Salawu (2018) review of TV dramas, their participants reported poor cultural messaging, in that the characters and storyline did not resonate with participants or viewers; thus, the message was lost. Of note is that some drama-based evaluations in Tanzania and Malawi observed no change in pre and post intervention knowledge on HIV/AIDS (Kamo, Carlson, Brennan and Earls, 2008; Jaganath et al., 2014). Expansion of the content of drama programmes to include messages on gender violence and HIV was also observed to be encouraging (Cockcroft, 2011).

### **Using performance and theatre arts as transformative medium in changing cultural views and attitudes**

Changes in attitudes were reported in most records, demonstrating the transformative power of performance and theatre arts when utilised as communication strategy to challenge community attitudes toward HIV and HIV risk populations in the SSA region, and stimulating a shift in cultural views and attitudes around HIV/AIDS. In three SSA countries (South Africa, Swaziland and Lesotho) (Harvey, Stuart and Swan, 2000; Darden and Nduhura, 2003; Goldenstein Usdin, Scheepers and Japhet, 2005; Malibo, 2008, Davis, 2012, Logie et al., 2019) interventions were observed to reduce judgemental attitudes toward lesbian, gay, bisexual, and transgender (LGBT) individuals, and PLHIV/AIDS. In Swaziland and Lesotho, Logie et al., (2019) used participatory theatre to reduce stigma and promote health for LGBT people. Participants reported that prior to watching the plays they lacked understanding of what it meant to feel attraction to the same gender. The intervention provided an avenue for participants to expand their understanding of gender identity and sexuality, increased awareness of LGBT people's feelings was shared as an output of the intervention. Dalrymple (2006) reported

that participants felt confident to not only explore issues around stigma but also challenge others who presented with stigmatised attitudes towards others. Goldstein et al. (2005) reported that participants had a greater tolerance towards those living with HIV/AIDS, after engaging in the radio and TV drama intervention.

Buthelezi and Hurst (2005) combined Zulu songs, dances, and war and work chants in seven sessions using workshops in a prison setting in South Africa and which extended the significance of messages to include notions of fighting AIDS and protesting against prejudiced behaviour. The combination of strategies used cultural forms of building consensus around the messages in the images. Similarly, Bagamoyo College of Arts et al., (2002) used drama plays that were performed during festivals in the districts. Artists used a combination of acting, poetry and song, to demonstrate issues surrounding the contribution of certain customs and initiation rites that increased risk vulnerability to the HIV epidemic including social, economic and health factors. Post festival evaluations indicated changes in community practices e.g. example, control the all-night dances that accompany the end of initiation.

In Botswana, Namibia and Swaziland following an audio drama intervention, discussions included the pressures for men and women to conform to “*normal*” behaviour in their communities and peer groups, and particularly how community norms centred on trans-generational sex (Cameron et al., 2014). The theme of gender violence and HIV underpinned these discussions in terms of challenging concepts of gender inequality, acceptance of gender violence, sexual risk taking, and how these concepts contributed to HIV transmission in communities (Cameron et al., 2014). In South African workshops, Le Cordeur (2008) explored the interplay between masculinity, gender inequality and HIV risk.

The use of theatre as a medium to profile, discuss and communicate issues and solutions around HIV/AIDS, sex, sexuality, gender etc. meant that participants’ ability to discuss challenging topics and communicate with others about these issues were improved. This was noted for young people in particular in five SSA countries namely, South Africa, Malawi, Tanzania, Botswana, Namibia and Swaziland (Harvey, Stuart and Swan, 2000; Botha and Durden, 2004; Nduhura, 2004; Dalrymple, 2006; Kamo et al., 2008; Francis, 2010; Jaganath et al., 2013; Cameron et al., 2014). Participants reported feeling far more confident and able to discuss sensitive and challenging issues (Mitchel et al., 2001; Botha and Durden 2004; Goldstein et al., 2005; Pappas-DeLuca et al., 2008; Cameron et al., 2014; Logie et al., 2019). Nduhura (2004) and Francis (2010) in South Africa both reported on how drama techniques could support the generation of life skills such as self-confidence, assertiveness, decision-making skills, informed sexuality, and improved communication. Kafewo (2008) reported some success in the implementation of a schools-based drama programme in Nigeria, to address adolescent sexuality issues in girls. A process evaluation conducted to assess the outcomes of HIV testing in Botswana using audio-drama by (Cockcroft et al., 2011) reported that while at first pupils were shy to discuss gender based violence and HIV in the sessions, as the sessions progressed, they were able to approach teachers and disclose their own experiences. In Botswana, Namibia and Swaziland, Cameron et al., (2011) study highlights how gender based violence and HIV discussion helped to fill gaps in knowledge, knowledge sharing and stimulate positive action in terms of personal reflection of own behaviours and attitudes, and aligning with attitudes that supported gender inequality, rejection of gender violence and risky sexual behaviours, and empowerment to negotiate safe sex. The use of plays and video clips demonstrated ways that safer sex could be negotiated and the consequences of certain choices (Dalrymple 2006). Botha and Durden (2004) observed how

young women demonstrated an ability to speak out about their thoughts following a participatory media intervention.

In Malawi, Jaganath et al., (2014) reported on how a drama programme allowed students to confront their own personal barriers to HIV testing. In Mozambique, Audet et al., (2017) through their intervention were able to open up debate on some cultural values and practices that impeded health seeking behaviour, and which exacerbated the spread of HIV in communities. The use of drama with clinicians, local community leaders and healers generated ideas that helped address local cultural barriers, promote adherence among patients taking anti-retroviral drugs (ARVs) and allowed support programmes to develop localised strategies to support PLHIV/AIDS. Likewise, using young people as change agents in South Africa helped address cultural barriers across a range of generations (Francis, 2010). Kamo et al., (2008) involved children and adolescents as change agents in Tanzania to open public health channels of communication with adults and increase their sensitivity toward the impact of the HIV/AIDS pandemic on children, particularly on issues of stigma and disclosure of HIV status.

### **Enhancing and measuring behaviour change following performance and theatre arts interventions**

Ultimately, these performance and theatre arts interventions aimed to support behaviour modification and change within the context of HIV prevention. HIV/AIDS behaviour change interventions are optimal when implemented in a supportive context where individuals are empowered to act within the group. Sixteen studies in eleven countries measured outcomes. Some studies reported an intention to change behaviour, which is encouraging, but did not evidence change (Goldstein et al., 2005; Pappas-DeLuca et al., 2008). Cameron et al., (2014) conducted a randomized trial of a complex intervention using audio drama (CASCADA) in Botswana, Namibia and Swaziland. Areas of behaviour change attributed to the intervention included reduction in gender violence, reduction in multiple concurrent partners, transactional and trans-generational sex, increased condom use and reduced alcohol use. In the early stages of CASCADA some participants described increased knowledge and changes in attitudes while others in later stages in the sequence, reported feelings of agency, discussion of change and actual change; and profound changes in behaviour and life (Cameron et al., 2014). In a South African study using drama in education and written information as intervention strategies among school going youth (Harvey et al., 2000) noted behaviour change among sexually active pupils in comparison to the pupils who received written information. On the three behaviour questions in sexually active students the mean percentage score increased from 58.1 to 64.1 in DramAide intervention schools in comparison to schools receiving booklets alone, whose score stayed level at 57.7 before and 57.3 after. Other encouraging findings included increased uptake of voluntary counselling and testing (VCT) post an entertainment education serial drama in Botswana (Pappas- DeLuca et al., 2008), and in South Africa (Middelkoop Myer, Smit, Wood and Bekker, 2006). Dalrymple (2006) discussed the difficulties in measuring appropriated behaviour change, in that longitudinal and mixed sources of data are required.

### **Discussion**

The scoping review represents a unique, and first step, toward mapping available literature on the use of performance and theatre arts in HIV interventions and HIV programming in SSA. It focuses on an important topic, namely the use and success of innovative approaches using the arts in HIV awareness raising, knowledge

enhancement and cultural change in SSA. We have presented a broad overview for experts and authorities in the field. Its contribution to the field is twofold, **first** it summarises and highlights the diverse range of performance and theatre arts which aim to tackle the HIV epidemic in SSA, their target groups (students, workers, rural communities, prisoners), the complexities of awareness-raising, community discourse and challenging of HIV/AIDS related myths and prejudices toward LGBT and PLHIV in African culture, cultural and attitudinal transformation around transgenerational sex, interplay with masculinity, gender inequality and violence; gender empowerment and negotiation of safe sex particularly among young girls; and **second** it draws attention to what is still a clear lack of specific evidence pertaining to attributable outcomes and HIV risk behaviour change (i.e. reduced sexual risk taking, increased uptake of HIV testing) resulting from these innovative participatory interventions. We recognise the limitations of this review centring on the relative lack of data sources with only 11 countries represented. Strengths centre on the thoroughness of the review approach in terms of its multi layered strategies to locate all forms of information.

Our review supports the theory that performance and theatre arts-based interventions have the potential to act as a form of agency for change, by virtue of its asset based, participatory, learner centred and inclusive approach in HIV prevention (Maritz and Coetzee Drama Departments, 2012). This is particularly encouraging given that HIV information fatigue is present in SSA, and awareness raising is hampered by low literacy in general and key populations (adolescents, women, sex workers, LGBT, prisoners). Whilst there is still restricted research and evaluation on the effect of participation in theatre and performing arts interventions (Glik et al., 2002; Ponzetti et al., 2009), there are several studies in the United States and the United Kingdom which have described resilience, empowerment, self-discovery, confidence, interpersonal skills, leadership, communication and artistic growth as a result of participation (Douglas, Warwick, Whitty and Aggleton, 2000; Glik et al., 2002; Haines, Neumark-Sztainer and Morris, 2008; Grewe et al., 2015). Our review reiterates these aspects and illustrates the positive aspects to participation in performance and theatre arts based HIV interventions for the participants themselves in opening up channels for expression of feelings and opinions around HIV/AIDS, externalization of sexuality and HIV, community stigma and prejudice against LGBT and PLHIV, and the ability for participants and communities to reflect within gender, social and cultural contexts. Positive outcomes reported elsewhere also focus on participant enhanced knowledge about the socio-historical context of HIV, stigma, beliefs and attitudes about HIV and communication about sex, awareness and knowledge about sexual health, biological facts around HIV, and choices and intentions to delay sex and use contraceptives (Denman et al., 1995, Guzmán et al., 2003; Lieberman et al., 2012; Grewe et al., 2015).

This is especially important given that in the SSA region patriarchy, gender identities in sexual behaviour and power, gender-based violence, transgenerational sex, traditional cultural beliefs and practices and strong conservative religious influences, inhibit open discussion about HIV/AIDS, and may contribute to increased infection rates. In this way, innovative performing and theatre based arts programmes open up the debate on HIV/AIDS in SSA on a community level to engage participants in identifying and overcoming boundaries and barriers to HIV prevention, community awareness and acceptance of LGBT and PLHIV, and empowering the community to take action in developing solution focused ideas relevant to their cultures and their community (Durden, 2011; Jaganath et al., 2014). The review underscores the need for culturally acceptable and relevant messages in underpinning content and implementation of successful performing and

theatre-based arts programmes, along with dedicated longitudinal evaluations of potential measurable impact on HIV risk behaviours, and the sexual and cultural practices leading to HIV transmission in the SSA region.

## Conclusion

This review highlights the potential for continued use of innovative performance and theatre arts in HIV interventions and HIV programming in SSA. Theatre and arts-based strategies can reach and support low resourced countries with low literacy levels, thus contributing to the UNs SDGs and core principles that no one should be left behind (UNAIDS, 2017). Continued research and arts funding are, therefore, required alongside international technical assistance to countries in the SSA region to support these forms of HIV interventions, and to a range of identified risk populations (students, adolescent girls, workers, rural communities, prisoners) and the communities where they live. Ultimately these interventions may well offer a new road toward social and cultural change in adopting HIV prevention measures, reducing social stigma of LGBT and PLHIV, and the empowerment of women in tackling gender-based violence.

**Funding:** Medical Research Council Grant Ref: MC\_PC\_MR/R024278/1

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