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The Use of Traditional Forms in Community Education

By Lynn Dalrymple

Abstract

This paper challenges the entrenched Shannon and Weaver model of communication and suggests alternative approaches to community health education. An alternative, where the emphasis falls on the receiver or 'reader', is examined with special reference to DramAidE. DramAidE is a South African state funded HIV/AIDS education programme in which plays, workshops and community days become a process through which dialogue around health issues is established between health workers and a school community. The approach is to use local expressive forms (plays, songs, poems, dances and posters) as enabling resources or mechanisms of learning and of re-enacting and re-telling the 'story' from shifting positions. The issues raised about the impact on the community of HIV/AIDS and other sexually transmitted diseases are further explored in participatory workshops with the intention of changing attitudes and developing some skills.

The work is based on the premise that good health is dependent on social, psychological, economic and environmental factors. Likewise, sicknesses are states which must be seen in a holistic sense. The understanding of the meaning of health in this approach is culture bound

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and it is important not to separate out the physiological from the cultural. A further contention is that health, as a constituent and dynamic component of subjectivity does not refer to a state so much as to a process. This means that health is about self-image, self-esteem and self-confidence. The drama based workshops offered in the programme focus on building self-esteem and self-awareness as a first step in making choices about healthy behaviour.

Therefore, health education should not be actively aimed at changing personal behaviour alone. Young people need to demonstrate skills in changing their social environment and to this end DramAidE is forming clubs in schools that will become self-sufficient and to encourage the school community to take pride in building a culture of learning and health promotion in the school.

The long term aim of DramAidE is to develop a social movement around celebrating the joy of choosing to live a healthy life style. We are asking ourselves and young people to 'Act Alive'. One strategy for mobilising young people is build an awareness of the interaction between human rights and health and thus find a common theme that cuts across differences of heritage and culture.

Utilisation des Formes Traditionnelles dans l'Éducation de la Communauté

Par Lynn Dalrympe

Resume

Cette communication conteste le modèle Shannon et Weaver de communication, tout en donnant des approches alternatives, en ce qui concerne l'éducation de la santé au sein de la communauté. On fait un examen détaillé d'une approche alternative, qui cherche à privilégier le récepteur (lecteur), avec DramAidE comme point de référence. DramAidE est un programme de sensibilisation à la maladie HIV/SIDA, dans lequel on se sert des pièces de théâtre, des ateliers ainsi que des journées communautaires pour établir la communication. Le dialogue, qui s'en suit, permet une discussion entre le personnel du département de la santé, et la communauté scolaire. Cette méthode emploie des formes expressives locales (pièces de théâtre, chansons, poèmes, danses, posters), pour renforcer les messages de tous les côtés. On organise, par la suite, des ateliers où tout le monde participe à la discussion des questions soulevées sur HIV/SIDA ainsi que sur d'autres maladies sexuellement transmissibles. L'objectif principal demeurant, à chaque fois, de faire passer une éducation qui puisse mener au changement des attitudes et des comportements sexuels.

Ces travaux se basent sur la supposition que la bonne santé dépend

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des facteurs sociaux, psychologiques, écologiques et environnementaux. De ce fait, il faudrait situer la maladie dans le contexte global, pour bien discerner les facteurs impliqués. Ainsi on évite la séparation des aspects physiologiques des aspects culturels. Cette communication conteste aussi la présentation de la santé comme un état statique. Dalrymple soutient qu'il s'agit d'une composante dynamique d'un processus qui évolue sans cesse. A son avis l'image/l'estime de soi et la confiance en soi sont à mettre dans le même paquet que la santé. C'est d'ailleurs la raison pour laquelle on s'efforce, au cours des ateliers, de faire valoir ces aspects de la personnalité, comme première étape vers le changement des comportements.

De ce fait, il ne suffit pas de focaliser les efforts uniquement sur le changement du comportement personnel. Il faudrait incorporer les Jeunes aux activités qui visent à changer l'environnement social. A cet égard le DramAidE s'implique dans la création des clubs, qui s'auto-soutiennent, et encourage la participation de la communauté à la promotion de l'éducation de la santé, au niveau des écoles.

Le but ultime du DramAidE est la création d'un mouvement social, au soutien du choix de mener une vie, synonyme de bonne santé. C'est pourquoi l'auteur demande aux Jeunes d'agir "Tant qu'ils Sont Vivants".

L'une des meilleures stratégies de mobiliser les Jeunes est l'intégration de ce mouvement à celui des droits de l'homme. Ainsi on aurait deux mouvements liés par un thème commun, qui ne saurait être sapé par les différences sur les plans de l'héritage et de la culture.

Introduction

To most South Africans, 'traditional dance' means the local folk or indigenous dance forms of Africa, although of course ballet is also a 'traditional' dance. The question is whose tradition? A broader sense of 'traditional' is 'established', and in this paper, as the argument develops, 'traditional' takes on this broader connotation.

One of the difficulties of socially contested words such as culture is that they instantly raise suspicion in people's minds. For example, what does a woman with a different heritage know about traditional South African cultural forms? One of the narrower meanings of 'culture' is 'the arts' and so by 'traditional cultural forms' I mean a general body of art forms. Why then did I not entitle this paper 'The use of art forms in community education?' I preferred 'traditional cultural forms' because it is a broader concept which denotes forms that express a whole way of life, allowing me to include customs and rituals in this discussion. For me, traditions and cultures are not fixed or bound but free-flowing and by their very nature are ductile, flexible and interactive. Apartheid was rooted in fixed notions of culture and heritage, with the tragic consequences that I do not need to rehearse here.

I have made an effort to understand theoretically the meaning and function of some of the traditional cultural forms I have encountered. My different heritage, especially relating to language, has most certainly limited this experience but to set boundaries around 'tradition' and 'culture' would be to argue against the central tenets of this paper. One of the narrower meanings of 'culture' is 'the arts' and so by 'traditional cultural forms' I mean a general body of art forms.

I shall speak about 'community education' with special reference to DramAidE. DramAidE is a state-funded sexuality and HIV/AIDS education programme offering information

about the transmission and prevention of the spread of HIV/AIDS and STDs, and providing life skills to cope with the implications of the information (Dalrymple 1994). The emergence of a global AIDS pandemic has aroused a global response. AIDS, as a disease of the late 20th Century, with no cure, has brought the cultural politics of information and education into the foreground.

Community Education and Theories of Communication

Clearly, education in all its forms, is a highly contested cultural site. The increasing globalisation of knowledge, and the emergence of global exchanges of ideas on the Internet, is having a considerable impact on education. There is increasing pressure on nation states to pass on key information from a global perspective, and in the case of HIV/AIDS, it is information about survival. However, the concepts to be passed on may be inaccessible, or may contradict or run counter to the sets of values and viewpoints that define the culture of a region, or of a local community. In South Africa, and indeed throughout Africa, this has meant attempting to convey information from a biomedical paradigm to communities with a different world view.

One of the difficulties is that we are in a constant and ongoing struggle against common sense understandings of the communication process. In the seemingly logical linear models of communication, such as those developed by Shannon and Weaver (1948), it is understood as a process of transmission from source to receiver with the possibility of the message being distorted by 'noise'. In the case of HIV/AIDS education, nurses have been trained throughout the country to explain to their local communities the five ways in which the disease is transmitted (blood contact, injection needles, the unsterile blades used by traditional healers, mother to child and through sex) and the three ways to prevent the spread of the disease (abstinence, faithfulness and if you cannot manage either of those, use a condom).

The Shannon and Weaver model, as appropriated by human communication scholars, universalises all sorts of inappropriate assumptions regarding communication and culture (Tomaselli and Shepperson 1991), few of which are useful to the work of DramAidE. For example, military metaphors abound in Western medical discourses on AIDS (Sontag 1990). Susan Sontag (1990) notes that disease is seen as an invasion of alien organisms to which the body responds by its own military operations. In public health education, disease is described as invading the society and efforts to reduce mortality are called a fight, a struggle, a war.

The first funding we received for DramAidE from the former KwaZulu Homeland Government was in a budget called 'The war against AIDS'. However, traditional Zulu thinking about disease does not include metaphors of war. Disease is understood in metaphors that include the displeasure of the ancestors and bewitchment (Berglund, 1976, confirmed by many informants).

Metaphors of the displeasure of the ancestors and witchcraft carry very different connotations to those of war. In the latter case, efforts are made towards atonement, putting relationships in order or dealing with dark forces rather than a focus on the body fighting off invaders. Furthermore, these thought patterns are not the same as the plagues, judgements and punishments that relate to disease in Old Testament Christian thinking, which still remain as a thought pattern in many modern world views. This means that the notion of invaders into the body in the form of germs is not necessarily easy to comprehend by people whose understanding of disease is differently conceived.

So, especially when we shift from one paradigm or frame of reference to another we need alternatives to the transmission model. An alternative where the emphasis falls on the receiver or 'reader' has been provided by many scholars (Fiske 1987; Tomaselli 1996). Areas of interest are the sign itself, the codes or systems' which the sign is presented and the culture or environ-

ment in which we are working. It is within this semiotic framework that the DramAidE programme is attempting to address issues of communication and development with regard to health.

DramAidE: The Drama Approach to Community Education

The DramAidE programme was initiated in 1992 in the former KwaZulu Department of Health as an innovative response to the need for HIV/AIDS education. Now, the Directorate: HIV/AIDS and STDs, in the National Department of Health is committed to implementing five key strategies within the framework of the National AIDS Plan. One of the objectives within the strategy is life skills education targeted at youth. The aim is to reach all young people within schools through incorporating and offering life skills education within the curricula for guidance and health education and to train teachers in an appropriate methodology to offer this education.

Our approach is to use expressive forms (plays, poems, songs and dances and posters) as enabling resources, or mechanisms of learning, of re-enacting and 're-telling' from shifting positions.

The issues raised are further explored in participatory workshops with the intention of changing attitudes and developing some skills (Dalrymple and du Toit 1995).

In this approach the programme is initiated by the presentation of an AIDS play by a DramAidE team of actor-teachers and nurses. Following the play, issues are teased out by engaging the pupils in question and answer sessions and drama workshops. The aim of the workshops is to deal in more depth with issues raised, and to develop some communication and negotiation skills with the further aim of developing material for presentation about HIV/AIDS to parents and the local community at an Open Day. About 600 Open Days have been held throughout KwaZulu-Natal (KZN) in secondary schools and the message

about HIV/AIDS has thus found its way into the broader community through the gateways provided by young people. They draw on a range of both popular and traditional cultural forms adapted for this purpose to inform and suggest ways of responding to this modern health crisis.

Unlike the lecture with its linear messages about the five ways that AIDS is transmitted and the three ways that it is prevented, a play is a much more complex system of signs. It immediately allows for different points of view to be presented and for some of the debates around the news of a new disease to emerge. The barriers of disbelief, myths that emerge, and fear that is aroused can be addressed by characters with whom young people identify. By now, we have made about 50 short AIDS plays that are tailor made to meet the needs of the school community where they are presented. In KZN most have been in Zulu and have drawn on well known songs, dances and characters to attract young people and frame biomedical information in a way that at least challenges the audience to enquire further. The DramAidE plays are presented to the whole school. Research has shown that they are very successful in raising awareness (Harvey et al 1995; Irlam 1995). At the end of the play after a question and answer session the school is challenged to create their own plays, songs, dances, poetry and posters to pass on this information to their local community.

In the next phase, DramAidE offers workshops to young people in the classroom with a separate workshop for teachers. The premise that good health is dependent on social, psychological, economic and environmental factors is the starting point. Likewise, sicknesses are states which must be seen in a holistic sense. An understanding of the meaning of health is culture-bound and it is important not to separate out the physiological from the cultural. The two must be seen in relation to each other. This means that health related interventions, be they primarily physiological or social, need to take place in a holistic setting. The drama approach is holistic in that it is participatory and

experiential and provides a broad framework in which to explore ideas from a range of different perspectives.

However, health, as a constituent and dynamic component of subjectivity does not refer to a state so much as to a process. This means that health is about self-image, self-esteem and self-confidence. The drama-based workshops focus on building self-esteem and self-awareness as a first step in making choices about healthy behaviour.

Improvisation and role play provide opportunities to present the self. Naming games and games that show the ways in which the body expresses emotions are played. These games are often traditional childhood games that express the values of the group while bringing this self-awareness into focus. Meanings of the games and the ways in which they are a preparation for life are explored. Playing different roles in sketches is liberating in that it allows for choice and for the recognition that there are alternative responses to a situation. Role plays inevitably begin with exploring traditional or stereotyped responses, but shifts can be made so that alternatives can be explored. Role play allows the participants to rehearse different presentations of the self and different perspectives. One of the claims consistently made by drama teachers is that role play allows the participants to stand in someone else's shoes.

Drawing on the work of Augusto Boal (1985), and in a workshop that we have called 'The Man and the Woman on the Road to Life', we demonstrate to school audiences how the whole shift from one cultural frame to another can be explored. A tableau or still picture is set up of a man standing in front, fierce and proud holding a stick or traditional weapon. Behind him stands a woman carrying many burdens on her head and her baby on her back. The performers ask the participants to comment on the tableau by changing the picture and explaining the reasons for making the changes.

The play begins with discussions of why this is a traditional relationship between men and women within some cultures.

Discussion on the need for men to have their hands free to protect their women and children from the danger of wild animals or human enemies follows. As we discuss the development of a modern industrial society the participants in the workshop inevitably call for more sharing of burdens such as child care and for men and women to walk side-by-side. Romantic love is usually an ideal, and the economic arrangements that underpin traditional Zulu marriages are replaced by ideals of romantic love. In the tableau this is expressed by the man and woman in an embrace or at least walking arm-in-arm. The tableau illustrates the re-framing that is required as the shifts that are made from one set of values to another are explored.

Through this conscious and physical exploration of cultural changes young people's frames of reference can broaden to incorporate new sets of meaning, with the reformulation being according to individual understandings. A teacher who is sensitive to the complexity of this process can use these exercises, linking them to the pupils' own experience, deepening their understanding of the 20th Century cultural fluidity which, in the South African case, is exacerbated by the current post-apartheid social transformation.

The twin aims of our workshops are, therefore, to persuade young people to understand themselves, and to increase in their competence in interpretation and in handling situations, researching, questioning and challenging the complexity of living healthy life in the environment in which they find themselves. DramAidE thus aims to activate processes through which the young people learn to learn, and act, in order to make other actions possible. The long-term goal is for young people to choose healthy behaviour. The programme is informed by participatory action research, meaning that everyone involved is a researcher into the reasons for choosing certain actions, and in this way DramAidE hopes to develop critical thinking. In the dramAidE view, health education is a process of enabling

people to increase control over, and improve their health. But, health promotion should not be an activity aimed at changing personal behaviour alone. People's health is a complex product of the social and physical environments in which they live (speaking broadly), so attempts to understand and improve these environments will impact on their good health. To this end, DramAidE is forming clubs in schools that will become self-sufficient and begin to take a pride in the school and the surrounding community. This is intended to develop a culture of learning and a tradition of health promoting schools.

DramAidE: Community or Open Days

The culmination of the DramAidE programme is the Open or Community Day. This is a day on which young people share their understanding of HIV/AIDS and related problems with their local community through songs, dances, speeches, poems and plays. Some of these Open Days have been truly phenomenal in depth and range of the work created. The most recent that I attended was here in Gauteng in Mamelodi where the day was held at Vista University organised by Phateng Comprehensive School. The day was opened by His Worship the Mayor of Pretoria, with talks by representatives from the Departments of Health, Education and by a young woman who is HIV positive. The programme included plays, songs, dances, and modelling, and the hall was decorated with posters. Attendance of the event was impressive.

DramAidE Open days have seen traditional dances in the sense of dances drawn from the Zulu heritage, folk dances such as the Zulu gumboot dance and *isicathimiya* after the style of Ladysmith Black Mambazo, *pantusla* jive, and drum majorettes, which are all on the theme of HIV/AIDS. An example of the re-invention of custom is a dance of young women that was traditionally performed at *umemlo* ceremonies, or ceremonies

to show that a young woman is of marriageable age. In a semi-rural school this dance was performed and the virtues of *ukusoma* or traditional thigh sex extolled. Later, in a play by another group, thigh sex was rejected as old fashioned. This dance is nevertheless locally appropriate and an acceptable starting point for the performance and discussion of safer sex and the possibilities of negotiation.

There are indications that meanings of existing ritual forms and performances, including songs and dances, may be opened up and fractured, and even dismissed, as a basis for learning through dramatic resources in some socially conservative communities. However, evidence exists that mass culture can be also used to explore and act out feelings and experiences relating to pressing social issues. An example is the prime-time TV programme, *Soul City*, broadcast from Johannesburg, which also workshops its scripts in ways that mediate grassroots audience concerns (Everatt et al 1995).

Open Days follow the pattern of special days held by the school. They always begin with prayers, include speeches from important people from the school and local community, and choirs, dances and plays. They end with singing the national anthem. DramAidE provides some funds for refreshments, adding to the sense of a ritual celebration. In other words, Open Days draw on known rituals. Where DramAidE has succeeded in creating an appropriate metaphor is in the paradox of the ritual celebration of life in the face of a devastating disease. The dances, the poems, and the interest in modelling and beauty parades, speak of life and of the way young people enjoy showing themselves. They take pride in the beauty of their bodies, probably revealing an ancient underlying theme of being ready to procreate.

The dilemma of working with established forms is that intrinsic to the form is the value system that it is expressing. The value system might be in direct contradiction to the new ideas

that it is seeking to convey. For example, many indigenous dance forms play out the gender roles that are inherent in their society of origin. Some of these societies are patriarchal, and the oppression of women is socially accepted and regarded as common sense. Women are considered to be weak and inferior to men. The dances reflect these gender and social power-relations. This needs to be carefully considered, and the meanings reflected on, when working with cultural forms such as dance. What has been interesting in the DramAidE programme is the way the young people seem to have intuitively recognised this. They have solved this problem to some extent by refusing to accept the gender specificity of these forms. For instance, the gumboot dance, usually involving only males, and which originated in the mines, is now also performed by young women.

Keyan Tomaselli directed a video of some of these events, and we have seen young women perform the traditional Zulu *ngoma* dance as part of the troupe. All their movements were typically masculine and it was only the breasts behind the crossover skins over the chest that allowed us to identify the dancers as women. When we enquired of the dancers (and their male teachers) why they had chosen to take part in this traditionally male dance, they replied, 'Why not, it is the new South Africa and women can do anything'. It is too early to tell but it seems to me that this is a step in the emancipation of women from gendered roles that fuel the sense of their inferiority.

The plays presented on Open Days are very varied and draw on a range of styles. They provide an opportunity for young people to show and explain the circumstances of their lives. Many parents, teachers and nurses have laughed with some embarrassment to see themselves through the eyes of young people. In the Zulu heritage there is a strong tradition of respect for elders and no room for criticism. These plays have provided a voice for comment framed in an acceptable form. They are presented with humour, often very skilfully and they make their

point. A predominant style is short episodic scenes with the stage being divided into a number of locales suggesting the influence of television soap operas. This attempt at realism suggests that lives are made meaningful through being shown as a story in a recognisable form.

In a study of DramAidE's work by Dr Gill Seidel (1995), who has an international reputation as a scholar in the social dimensions of HIV/AIDS in Africa, she noted that the critical frameworks on which DramAidE draws are necessarily plural and eclectic. Seidel argues that a lot of seriously original work does not fit into existing paradigms and that this is the position of DramAidE. She points out that openness is absolutely necessary to address the meanings and realities of a society in transition, adding that there are indications that meanings of existing ritual forms and performances provide a basis of learning, and that these may be fractured and opened up to provide new forms which may help to create non-exploitive female solidarities. She further suggests that it is altogether remarkable that DramAidE is carrying out its activities in crises ridden settings in which sex is 'do-able' but 'unspeakable', where there is little or no parent-child communication on sexual matters and no sexuality teaching in schools. The pupils assisted by actor-teachers are clearly fashioning their own experiences and producing their own meanings, 'learnings' and 'knowings'.

Many schools have now planned community days without needing DramAidE as a catalyst and it is our hope that days that focus on health issues and provide young people with a voice will become a tradition in our schools.

Health as a Human Rights Issue

DramAidE is involved in developing a social movement and we have achieved some success in breaking the tradition that we do

not speak about sexual matters, especially in KZN, where we have worked for four years. If we can link AIDS to the mobilising power of human rights and increase people's ability to see the connection between a 'rights issue' and their health then we might find a common theme that cuts across differences of heritage and culture. But even in this arena there are difficulties such as the right to confidentiality but that is a whole new topic. It is our experience that young women get really excited when they understand that they have the right to say no to sex and it is our intention to contribute towards a culture that is based on the concept of human rights.

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