

***Qualitative Evaluation of the African Research  
and Educational Puppetry Programme (AREPP)***

***Executive Summary and Recommendations  
January 1995***

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***Background to the evaluation.***

AREPP was established in 1987/8 and initiated their first project "PUPPETS AGAINST AIDS' (PAA), which has continued through to the end of 1994. This programme has been AREPP's major programme and although AREPP has attempted to initiate projects to address some other important social issues, these latter projects are still in the development phase.

AREPP previously commissioned a quantitative "before and after" study in 1990 which revealed that the puppet show did achieve a demonstrable improvement in the audiences knowledge about certain basic facts about AIDS and its prevention (This study document is available from AREPP).

Gary Friedman, Director and founder of AREPP and their major funders commissioned this evaluation of AREPP in order to gain further insight into the efficacy of the AIDS programme.

**The following account is a resume and summary of the research process, major findings of the study, conclusion and recommendations. A more detailed version of the methodology, transcripts of the interviews and focus group encounters, evaluators analysis, and recommendations are provide in the appended document entitled:**

***"Qualitative Evaluation of the African Research and Educational Puppetry Programme,  
Field work, interviews, focus group transcripts and analysis".***

**Readers are urged to consult this document for the necessary detail. Page references in this summary refer to the above document.**

***/AREPP's Objectives....***

## ***AREPP's Objectives.***

**AREPP have previously outlined their objectives and aims of the PAA as follows:**

- \* To provide a travelling AIDS education puppet show.
- \* To aid audience understanding through a facilitated question and answer session at the end of each show.
- \* To provide informed, challenging supplementary AIDS education and knowledge to primarily disadvantaged communities in South Africa.
- \* To identify and address in a non-threatening way, social attitudes, issues and mores that contribute to ignorance, oppression and the proliferation of sexually transmitted diseases (STDs).
- \* To provide seeds of empowerment to individuals and communities to initiate the process of self-growth and knowledge around the issues that AIDS affects.

**AREPP further stated that they attempted to achieve the above objectives by:**

- \* addressing audiences in their own languages.
- \* providing pamphlets in the language of the audiences.
- \* giving condom usage demonstrations on request.
- \* providing free condoms if not locally available and accessible.
- \* informing the audience about local AIDS related support organisations.
- \* involving a senior local support person in the question and answer sessions.
- \* facilitated question and answer sessions after each show.
- \* organising the shows with related local organisations to facilitate follow up.

The evaluation took place during the month of November 1994.

The research team consisted of:

**Ms Beverley Oskowitz** , Researcher in Qualitative Methodology

**Ms Zanele Hlatshwayo**, Research Field Worker

**Dr Clive Evian**, Community Health Physician, Consultant and Researcher.

***/Objectives of the Evaluation....***

### ***Objectives of the Evaluation.***

The following four major objectives were agreed upon:

- 1. To gain insight into the likely impact of the PAA performances on their audiences.**
- 2. To provide the funders of AREPP's PAA programme with an independent assessment of the programme which would be instrumental in determining future funding support for AREPP.**
- 3. To provide AREPP with feedback on their methods, media and content of their AIDS education programme in relation to their target groups, with special emphasis on the acceptability and accessibility of the general content and messages, and the communicable efficacy of the performances.**
- 4. To assess whether, and to what extent, the PAA show and any subsequent interaction with the audiences challenge the prevailing and current knowledge, attitudes, misconceptions, beliefs and prejudices of the target groups concerning AIDS and related issues.**

The study did not attempt to do a cost effective analysis of the programme nor did it attempt to determine the actual effect on behavioural change.

### ***Methodology.***

A qualitative assessment was done using the following process, methods and questions:

#### **1. Show preview.**

The PAA show was pre-viewed at a rehearsal to familiarise the evaluators with its contents and format.

#### **2. Focus group discussion with AREPP staff.**

A focus group discussion was held with AREPP members involved in the PAA production. The exploratory question for this focus group was:

*"Tell me about your personal experience of the AIDS work that AREPP does, what you expect for yourselves, AREPP and the audiences."*

/This question.....

This question was intended to elicit information from the performers and management about:

- \* Objectives and intended impact on audiences.
- \* Personal growth and development and its effect on shows.
- \* Commitment to AIDS issues.
- \* Insight into the organisation's communication dynamics and their expectations of themselves.
- \* Work relationships and how they impact on the shows.

### **3. Participant observation of performances.**

Participant observation was done on 8 completed performances.

### **4. Pre-show (exposure) focus group discussions.**

Three pre-show focus group discussions were held with a total of 25 audience participants ranging in age from 17-55 and of mixed gender. These focus groups functioned as "pre exposure" groups.

The demographic details of participants are outlined in page 43 of the appended report.

The exploratory question for the pre-performance focus group discussion was:

*"Tell me what you know about AIDS, how can you get it, and how can you prevent it."*

### **5. Post show (exposure) focus group discussions.**

Five post-show ("post exposure") focus group discussions were held with a total of 36 members of the audience (these groups did not include participants who were in the pre-show focus group). Their age group ranged from 18 - 40 years, mixed gender. Detailed demographic composition of the groups are outlined in page 65.

The exploratory question put to the groups was:

*"Tell me about the show you have seen. What was it about. How did the story compare to your real life experience, and what did you personally learn from it?"*

The shows and pre and post exposure focus groups were held in the Gauteng (Alexandra Township Displaced Peoples Centre, Soweto Dube area, Vereenigin taxi rank and civic centre gardens, Witkoppen peri-urban clinic,) and in Natal-Kwa Zulu (Isipingo taxi rank, Chatsworth shopping centre).

## **6. Ad hoc discussions with performers (puppeteers).**

Ad hoc discussions were held with puppeteers regarding their views and ideas of the show and their relationship with the organisation.

## **7. Discussion with Director of AREPP - G Friedman.**

A discussion was held with the Director of AREPP regarding his perceptions of and future vision for the organisation.

All meetings and discussions (except the ad hoc meetings) were tape recorded, translated (if necessary), transcribed and analysed.

(The eventual number of performances observed and focus group discussions were considered sufficient, as a point of saturation of new information had been reached. Visits to rural performances and performances outside the Gauteng region were limited by budgetary constraints. However the majority of the findings of the study (outlined below) are independent of and relevant to rural and urban situations and to the variety of regions.)

## ***Findings***

### **Perceptions and views of AREPP management and puppeteers.**

Five puppeteers and 2 senior managers were part of an initial focus group encounter exploring the following question.

*"Tell me about your personal experience of the AIDS work that AREPP does, what you expect for yourselves, AREPP and the audiences."*

### **Puppetry as an educational medium.**

There is a general consensus that puppetry medium is very appropriate for dealing with the AIDS issue. AIDS raises many sensitive and taboo issues such as sex, death, sexual morality, condoms, religious beliefs etc and puppets provide the flexibility, changeability, mobility to address the issues. *"Puppets can do things that people can't do on the stage", "Puppets lack an ego"*. Puppets, it was felt provide a novel and different medium, they are entertaining and attract and draw the audience in to the content.

## **Ethical and moral dilemmas.**

The discussion raised a clear problem in the group relating to the ethical and moral dilemmas that AIDS challenges, both for the audiences, and themselves as educators. It was evident that the puppeteers had very little personal preparation and guidance for dealing with the dilemmas, and are obviously insecure concerning these issues. There appears to be conflicting issues relating to the morality (sexual) of the puppeteer/educator and that with the sexual message which they are promoting. A dilemma relating to *"practising what you preach"* is evident, as well as responding to personal questions from the audience such as *"do you (the educator) use a condom"* (see page 10) or *"do you have many sexual partners"*. There appears to be no policy or AREPP position of how to handle such questions, especially if the practices of the puppeteer differ from their message. A very disturbing comment related to some past practice whereby one of the educators *"goes out on tour and sleeps with members of the audience and doesn't use a condom"* and reference to a written complaint where *"one of your educators is molesting all the nurses in the hospital"* (see page 11). These issues need to be urgently dealt with and appropriate recommendations in this regard are provided in the recommendations section.

A further conflict is evident concerning the script and the content of the performances.

## **The script and content of the shows.**

There is tension and conflict, amongst the puppeteers and management concerning the script.

There has been little meaningful change in the adult script since the originally script was written in 1988.

Although an attempt was made to re-do the script in 1993 and to improve certain aspects, especially the portrayal of women, there has, in effect, been very little obvious change. The script certainly does not address the current views, beliefs and misconceptions about AIDS. It is not sufficiently flexible to be adapted to differing audiences or to inculcate new issues as they arise. There is also disagreement on the 'values' portrayed in the script.

The rewriting of the 'new' script appears to have been done by one individual without meaningful consultation or discussion with the group. There are aspects of the script with which the performers are uncomfortable. There is inappropriate lingo. There is also disagreement on how women, men and personal relationships are portrayed and this was further highlighted in the focus groups (see later).

The research team felt that the script was too outdated and inappropriate for current times.

## **Knowledge and understanding of AIDS.**

Whilst most of the group felt reasonably familiar with the facts about AIDS there are still gaps in their knowledge and certain questions are posing problems for the educators. There is no obvious mechanism to record the problem questions and to clarify the correct answers. There is also very little (if any) contact and experience of people who

have HIV/AIDS and as such the actors are relying only on their intellectual experience of the disease.

### **Impact of performances.**

There is concern among the puppeteers as to whether they are getting their message across to the audiences and there is no formal method used periodically, or even on an ad hoc basis to assess the impact and to gauge the relationship/connection between puppets and the lives of the people in the audience. As such there appears to be some anxiety as to what is being achieved. Surrogate indicators such as audience response, enthusiasm at question time, amount of condoms taken after the performance are being used by the puppeteers as 'feedback'. This form of 'feedback' can be misleading (see pages 13-15).

### **Facilitation of the questions and answer session.**

The question time is felt to be very important. The group expressed a need for guidance in answering certain questions. Later research highlighted a severe lack of facilitation and adult educational skills amongst the performers and many educational opportunities are lost or overlooked.

### **Management issues.**

AREPP has seemingly achieved a stunning administrative success in having managed to send puppetry teams to cover almost the entire Southern African region and farther afield, reaching tens of thousands of individuals, production of media, and super press, TV and radio coverage; AREPP nevertheless appears to be plagued by numerous management issues. This was highlighted by the Director who described the organisation as being in an

*"organisational mess"* and was further reflected by the performers. These issues are outlined on pages 24-26, and there is a crying need for improved management of the organisation and certain structures need to be implemented in order to formally address the many management and administrative in the organisation. These problems are so acute and severe that it is clearly threatening the very survival of AREPP.

The management concern needs urgent redress and is a high priority.

### ***Participant observations at performances.***

The details of these observations can be found in pages 28-36, the following are the major findings:

### **PAA are reaching the 'people'.**

From the 7 selected shows, it was clear that PAA was reaching into the very heart of the populace and connections with very important target groups through their educational street theatre.

The puppetry medium and familiarity of the puppeteers with the 'everyday' people is a major strength, allowing PAA to reach these groupings. The audiences generally respond enthusiastically to the medium and the show. The audiences are on the whole captivated and intrigued, giving PAA an enormous potential to educate effectively.

### **The show.**

The show runs a set course, with a set story. There was very little flexibility or change from audience to audience. The content is orientated to the basic facts about AIDS. Prevention is centred mainly around condoms. The condom demonstration at the end of the performance evokes interest and intrigue which may be due to its unique sexual explicitness. The condom demonstration on occasion prove problematic if young children are in the audience as well as with audiences where there is a religious or cultural rejection of condoms (cf the Chatswood show to a mainly Indian audience). The narrator, though animated, was didactic in her approach and the narration, as well as the puppetry dialogue could be more interactive with the audience. Interaction with the audience would promote more participation of the audience and allow for opportunities to challenge audience perceptions, beliefs, prejudices, behaviour, lifestyle, habits etc and to get a feel for the current state of knowledge and understanding of the audience on certain key issues.

### **The question time allows for issues to be raised and clarified.**

The questions asked are in keeping with the common concerns about AIDS. How to tell if one has the disease, how it is spread, fears of having the disease, oral sex, mosquitoes and the common questions surrounding condoms such as size, safety, correct use, what if it comes off inside the women, female condoms, availability etc. Some questions were also asked about STD's. Transcripts of the questions are provided on pages 37-41.

The question sessions all ended abruptly and prematurely (within 10 minutes). There were no silences allowed before the question sessions were terminated, and sometimes people still had their hands up. At one of the shows the audience were not even invited to ask questions. Of the AREPP cast only the narrator was involved in the question sessions. At three of the shows contact people in the area also involved themselves in the question and answer session. These were the PSI group in Natal and the local authority primary health care worker in Vereenigin.

Some of the questions asked were deliberate sexual harassment of the narrator and it may have served as an educative opportunity to verbalise the harassment. Some questions (a few) were not answered correctly or appropriately.

Many of the questions needed a trained counsellor to answer them. The sessions could be more interactive, allowing more debate and discussion.

Many of the questions could have been thrown back to the audience to give the facilitator an opportunity to pick up on myths and correct them. PAA members could be

mingling around with the audience enabling shy people to ask private and personal questions. There was definitely a need for this because at every show members of the audience came up to the evaluators to ask private questions.

PAA staff are excellent puppeteers and performers but were clearly in need of facilitation skills, health education skills, AIDS and sex education knowledge, counselling and referral skills.

### **Outdated script and content skirting around the key issues.**

The show is very entertaining to usually uncritical audiences and this makes up for deficiencies and inadequacies of the script and content. The content of the show is appropriate in some respects as evident by the relevancy of many of the questions subsequently asked. However, the evaluators consider the content to be outdated and skirting around some of the real and pressing issues. These latter issues relate to the power relationships between men and women, gender issues and other socio-economic forces acting on the lives of the target audience, which often prevent them from being able to make choices or to change their practices.

These forces place individuals and communities in vulnerable circumstances and at high risk. The forces include, alcoholism and other substance abuse, unemployment and poverty, migrant labour, hostels, demographic imbalances in the communities, promoting 'sugar daddies' and exploitation of young girls by older men, sexual harassment, rape and domestic violence. Other issues such as the negotiation of safer sexual practices, acceptance and compassion and anti-discrimination of people with AIDS are dealt with in a cursory manner. Loyalty and faithfulness in relationships, health seeking behaviour for STD's are barely touched on in the play.

The above concerns are not addressed in any meaningful way. The content of the show promote the concept that people get AIDS if they sleep around and have many partners and do not use condoms, and that this new disease ' AIDS' has suddenly descended on the people for no real reason, almost through chance and bad luck, and that the only hope and key safer sex message and recourse you have, is to use condoms (even though accessibility, affordability and acceptability of condoms is usually minimal for these target audiences).

These concepts are complex and need sophisticated scripting, adaption to specific audiences and commitment to the issues. The question time provides strategic opportunities to raise and challenge the audiences around the determinants of the epidemic. This requires carefully facilitated discussions and debates with the audiences. In reality the question time is a relatively passive process of audience questions and static answers, until the audience cease their questions or until the puppeteers decide it is enough. This crucial component of the performance rarely lasted more than 10 minutes!

The reasons for a lack of a more progressive approach needs to be explored with the staff of AREPP. The reasons are likely to be related to attitudes to the organisation, work load, routine nature of the present work schedules, management styles, lack of

affirmation, lack of essential understanding of the epidemic and lack of skills in adult educational methodology and technique. One staff member of AREPP commented "we are scared to change the script".

AREPP needs to combine the theatrical output with popular educational processes. Skilled facilitators, as part of the team, are essential to the educational process. If the performers cannot be adequately skilled in this regard then separate educational and group facilitators should be recruited and trained as part of the team.

For AREPP to achieve the enlightenment and progressiveness it purports to do, it must address the AIDS issue and educational process in a much broader context and to seek assistance and help in doing so.

### ***Pre-performance focus groups.***

Three pre performance focus groups were held.

The research question asked was:

*"Tell me what you know about AIDS, how can you get it, and how can you prevent it."*

The transcripts and evaluators comments of these groups are outlined and detailed on pages 44-63. The following highlights the main issues raised in these groups.

The pre-focus groups raised a wide range of perceptions, understandings, misconceptions and myths about AIDS. They also raised numerous fears, concerns, stigma and prejudice relating to the disease. the reader should refer to the referenced pages for detail.

#### **Awareness about AIDS exists but suspicion on the existence of the disease.**

There appeared to be a general awareness of AIDS, how it is transmitted, how you do not get AIDS, prevention, condoms and safer sexual practices, the lack of a current cure. The evaluators gained the impression, from the pre-exposure groups, that there is general awareness about the basic facts. Despite this general awareness, most people are still suspicious about the existence of this new disease. Some were unequivocal that AIDS does not exist and there was sufficient support for this notion to address it in educational programmes. The invisibility of the disease, the reluctance of people to 'come out in the open' about their HIV infection, the 'silent phase' of HIV infection and the fact that most people are still unaware of their HIV infection lends credibility to this erroneous belief.

#### **Lack of experience of the disease.**

The pre-exposure groups strongly expressed the lack of any experience of anyone who has the disease, what does a person with AIDS look like and how to tell if some one has AIDS

*"Those are some of the important things that we would like to see, things that would*

*make us understand what is going on. We don't just want to hear AIDS, AIDS, AIDS because we are inclined to believe that there is nothing like that you see, so we would like to see it with our own eyes. They should take the person out on TV so that we can all see this person and then tell other people what AIDS is about and what it looks like."*

*"We are able to see people with cancer because they lose their hair and certain parts of their bodies rot but we are not able to see people with AIDS, we would like to see people with AIDS in the same way we see people with cancer. Everyday we hear people saying AIDS, AIDS, AIDS, but up till now we haven't seen what it looks like. There just isn't anything like that."*

*"We will believe that there is nothing like that (AIDS) because we have not seen a single person who has it, we do not even see the signs to be able to tell that a person has AIDS, with cancer we are able to tell that a person has got cancer."*

### **Conspiracy theories.**

There were other serious misconceptions raised, and the culture of suspicion towards the authorities in South Africa (as a result of the apartheid era) has promoted the concept that there must be some conspiracy theory behind AIDS, eg it being a racist plot to control the population of black people by scaring them into using condoms or avoiding sex and thereby reducing their population numbers and strength. The statement by one respondent *"It is difficult to explain what AIDS is, it is better we ask for an explanation from the white man because he's the one who brought AIDS"* highlighted the need to depoliticise the disease in the PAA programme. Another misconception which alluded to confusion is that the presence of so many well and active sex workers mitigates against the presence of this so called deadly disease which is contracted sexually.

*These are commonly held views, which were repeatedly raised in the pre exposure groups and which need to be addressed in some way in the show or as challenges to the audience in the question/discussion time. This was clearly lacking in the observed performances.*

### **Over emphasis on basic facts and neglecting other relevant issues.**

The PAA show superficially highlights and concentrates on the basic facts, even though these are generally known and does not substantially address some of the major misconceptions or the reasons for the misconceptions. This should be a major priority in the future development of the scripts and content of the performance. AREPP should also attempt to include people with AIDS in their team.

### **Fears and confusions.**

There also appeared to be an inherent fear, overt, and sometimes subliminal confusion surrounding most of the issues and a very thin and superficial grasp of the disease. This was apply highlighted by one participant *"What I can say about AIDS is that it has pushed us into a closure. It's mankind in the middle with AIDS surrounding us. If you have lost a partner then it becomes difficult to see the way forward. Let's say you've broken up with your partner, it becomes difficult to start a new relationship."* This

inherent confusion and fear was a consistent finding in the focus groups.

This suggests that there requires more substantial and engaging education programmes, by 'experts' in schools, the mass media and other appropriate educational venues. PAA should also ensure to whom, in the local area, they can refer the audience to gain better understanding, for more information and for counselling.

The level of debate and argument in the pre-exposure focus group discussion was such that the AREPP cast would have benefited from hearing it. It would give the cast insight into some of the beliefs of the people on the ground, which they could then dialogue with during the show. This would need actors able to think on their feet. It would also be in line with the philosophy of research and education being inextricably linked and ongoing, **that education has to be relevant, can never be neutral, and involves problem posing, dialogue and transformation" (Paulo Freire).**

A research component as outlined in the name of the organisation ie the African **Research** and Educational Puppetry Programme would add a valuable and essential component to the programme.

### ***Post exposure (post performance) focus groups.***

The transcripts and evaluators comments on the post exposure are outlined and detailed on pages 66-86. The following highlights the main issues raised in these groups.

The research question posed to the groups was:

*"Tell me about the show you have seen. What was it about. How did the story compare to your real life experience, and what did you personally learn from it?"*

### **Comprehension and recall.**

Participants generally were able to comprehend and recall the content of the show. They were able to identify with the characters and felt that the show was realistic and reflective of their real life situation. The message about condoms and their value in AIDS prevention was very successful. This was captured very well in one participants comment *" The play is telling us that as a man we shouldn't just go around unprepared and tell yourself that you will worry about AIDS later, you should always have the condom on you. Don't go around without a condom"*

Another participant commented *"the other thing I learnt is that people should not go around encouraging people not to use condoms, boasting that they have sex skin to skin. Some people won't use the condom and say that they'll only believe AIDS exists when they see someone who has it. That attitude is suicidal."*

There was consistent understanding and comprehension of the condom message in all

groups.

The focus group discussions raised some of the new awareness gained by the participants about the use of condoms and some of the malpractice and misconceptions (see pages 68-73). PAA performers should study these responses and incorporate some of the issues in the show. There are still many problems associated with the use of condoms, which must be addressed in the show, as AIDS prevention by the use of condoms is currently the central theme of the programme.

One such comment, *"my belief is that men do not want to use a condom and if we are not preventing they swallow their pride for a person they love, they might have to use it. I'll only use it because I would be trying to make you happy because I will not have a mistress if I do not love her, not so? I will use it because I will be trying to please you and I will puncture it in front and make a hole because I will want my seed to go inside because I love my mistress."* suggests that some men still felt bad about using a condom, wasting their sperm and felt the need to make a secret hole in the condom. this was mentioned by more than one participant.

### **Impact.**

The show promoted active discussion in the focus groups on the correct/incorrect use of condoms, using condoms if one has multiple partners or extramarital affairs, female condoms, and rejection or resistance to condoms.

There was obvious potential of the show to promote discussions and debates around a variety of related issues, problems and concerns.

This potential is not being realised as the show is often not part of any overall education programme and arrangements are not usually made to continue the debate elsewhere. However PAA could attempt to encourage local groups to hold discussions about the show in various other forums such as school classes, burial societies, civic groups, youth groups etc and any local AIDS related organisations could follow this up.

There was insight into the association between alcohol and AIDS, the danger of having multiple sexual partners. For some participants the show served to allay suspicion that AIDS was just a conspiracy of sorts and that AIDS does not exist.

Encouragingly, some participants said the show moved them and affected them to the extent that they intended entering relationships with more caution and that they would attempt to remain with one partner as much as possible. For some women it re-enforced their mistrust for men in general. For some, the performance succeeded in highlighting their own high risk behaviour.

*"I appreciate what you have done on behalf of the people like myself who did not believe that AIDS exists. One thing for sure is that I am going to be even more careful now, I'd rather stay single than look for hell."*

The show also succeeded in promoting the notion that everybody has a responsibility towards preventing this disease as it could potentially affect anyone.

### **Entertaining, realistic, relevant and accessible.**

Different people expressed having derived enjoyment, delight, pleasure and information from the show. Many participants liked the show and recommended that it be shown again. People said that they found the medium of puppets interesting, while some wondered why they did not use real people.

People mentioned aspects of the show as being realistic, like Gladys being a typical example of a township woman (this statement was said in a way that uses the show for justifying the opinion that women spread diseases like AIDS).

Participants verbalised that the show speaks the everyday language of its audiences; that the show reaches people at a grassroots level; that the show makes it easier for people to talk about AIDS and ask questions no matter what formal education they have had.

There was appreciation shown about the fact that the show travels to places that do not regularly receive this kind of education, as well as to places that are considered high risk areas, like displaced people's areas. Areas where there are many shebeens and areas that have a high rate of unplanned pregnancies.

Although participants expressed enthusiasm about the production, many participants also made it clear that they did not learn anything new.

### **Disagreement with the perceived message of the play.**

In one discussion all eleven high school participants were unanimous about the safest option for the prevention of HIV infection being no sex before marriage and that the condom message gave people a licence to be unfaithful. Some participants quoted the Bible in this regard and others just referred to values of decency which included being loyal, faithful and committed to one partner in a caring way. One participant emphasized the need for compassion no matter how the person contracted the virus *"be compassionate to Joe because he did not understand the full consequences of his actions"*

Most of the participants, although they felt sorry for Joe, felt angry with his reckless sexual behaviour and blamed him for the fate of Mary and the baby. They found Harry endearing. The boys expressed their concern about peer pressure to have sex and how they were resisting this. On the whole they felt that the play did not challenge them enough.

### **Failings.**

The play did not achieve any success in making AIDS a tangible disease for the audience, it did not adequately address the sexual orientation of people and this association (or its misconception) with AIDS, dealing with the dying process. There remained feelings and desires to reject and isolate people with AIDS as well as discriminatory and prejudicial attitudes towards people with the disease.

There was a consistently strong sentiment of *"them"* ie those with HIV/AIDS and *"us"* ie we without HIV/AIDS.

Some of the participants felt they needed more time for questions and that the puppeteers were too hasty in packing up and leaving. Other comments suggested that there should be more publicity before a show, and that community members should be more involved in the scripting and educational process.

These issues need to be examined by PAA and addressed and counteracted in the show.

### **Successes.**

These findings provide good evidence of the efficacy of the PAA programme in effectively communicating messages. There is no doubt from the discussions in the focus groups that PAA has some impact on the audience, that it stimulates interest and that it has potential to promote active and meaningful debate. In the areas around which PAA is currently focused ie awareness about AIDS, prevention through condoms, dangers of multiple sexual partners, and the seriousness of the disease, the show is clearly and unequivocally effective in impacting on the audience in a positive manner.

### **Need for a dynamic and responsive educational process.**

The comment of a school girl in one of the groups, *"In 1992 the puppets came to my school, Nothing has changed. The show is still the same."* expresses the concern of the evaluation team ie that the medium and potential of the show is beyond question, however the script, content, flexibility, adaptability needs to be more dynamic and current for PAA to reach its full potential.

### **Conclusions:**

The study has elucidated various strengths and weakness of the PAA programme.

The study attempted a qualitative evaluation of the PAA performances and the impact on its audiences, and to give the organisation independent feedback on its methods, media, and content of their PAA programme as viewed against its objectives on page 2. In so doing it also gained insight into the management and educational approach of AREPP. This evaluation should also provide insight and relevant information to AREPP's funders and assist them in making future funding decisions.

AREPP purports to be the African Research in Educational Puppetry Programme. As the title of the organisation implies it has set out to provide puppetry programmes to provide education to the target audiences and to do relevant research. Its major programme PAA has focused on AIDS education and this component of AREPP was evaluated. PAA has achieved notable success in providing a high quality theatrical puppetry show, which has clear impact on audiences and which has reached many tens and possibly hundreds of thousands of people since its inception. PAA is nationally and internationally known. The programme has reached into the very heart of the townships, informal settlements, rural, peri-urban and urban areas, and travelled extensively in southern Africa and has reached further afield into Africa and to a small extent to Europe and Canada. It has focused on delivering shows to especially socio-

economically deprived communities. AREPP has also shared its experience via numerous seminars, workshops, TV and radio broadcasts, and news media and via formal puppetry workshops to a variety of different organisations. AREPP has also developed the skills of numerous local artists in the art of puppetry.

Overall the programme has achieved much success in reaching out to the target groups and providing an entertaining and intriguing show. The evaluation highlighted the enormous potential that the puppetry medium has in reaching audiences and the success in transferring various education messages to the audiences. Whilst there are numerous questions regarding the script and the content, there is no doubt that the show is achieving an impact on the audiences and providing basic awareness about AIDS and its prevention. The shows also have clear ability and potential to promote debate, discussion and possibly further positive action amongst the audience. This potential is, however, not being adequately realised.

AREPP is less successful in achieving the educational and research component implied in its name and much change and effort is required in these areas to make PAA a relevant and effective organisation for the changing South Africa.

The script and content was found to be outdated, narrowly focused and no longer fully relevant. AIDS awareness has progressed and PAA has not kept abreast with this development and has not significantly changed it accordingly. A more structured approach is needed to develop the scripts and content of the future shows.

The popular and adult educational approach, methodology and facilitation of the audiences is clearly lacking and this deficiency needs to be addressed urgently.

### ***Conclusions (continued)***

There has not been any meaningful on going evaluative (research) process operating which is informing the performers and programme in general of the state of knowledge and perceptions of the target audiences or on the overall impact of their performances. Research and evaluation is continually required concerning the overall understanding of the target audiences of the disease and its determinants and of the current and changing perceptions, myths, misconceptions, and prejudices related to AIDS. As such the content has become inflexible, static, and lacks the necessary dynamism to respond to audience needs and to uplift the content of the show so as to be currently relevant, appropriate and enlightened. The content is also too focused on the disease, and insufficient focus on the socio-economic issues, peer and gender relationships which are critically important in determining the spread of AIDS.

A third major weakness which needs urgent attention is the management of the organisation in general and of the performing teams. The evaluation highlighted a growing discontent and disillusionment throughout the organisation which is threatening the very survival of the programme. The policy of employing contract workers is creating job insecurity and possibly contributing to the development of some of the negative attitudes and practices.

AREPP has established a unique and innovative programme which is an asset to the national AIDS prevention effort. The first phase of AREPP's development and achievements have been realised. Every effort should now be made to consolidate on the past effort and experience, and to establish AREPP as a major creative AIDS prevention unit for the future. The evaluators believe that the following recommendations would go a long way to achieving this ideal. It would be tragic if such innovation is allowed to fizzle out.

In light of the above, the following recommendations are suggested:

### ***Recommendations.***

Recommendations are suggested throughout the reports. Below is a summary of the major recommendations to AREPP.

#### **1. Management issues.**

The AREPP management structure needs to be re-organised so as to embrace the 3 major weakness uncovered by the study. The study strongly suggests that AREPP needs to be structured into four major sections ie administration, puppetry, education and evaluation & research.

In addition to the Director, skilled individuals need to be recruited on a full time/part time or consultative basis to ensure the following:

##### **\* There is adequate creative direction and guidance.**

This section would have responsibility to ensure high quality theatrical/puppetry performances and the necessary training and development of the puppeteers. This section would also oversee the need and development of new scripts and ensure that there is adequate preparation, consultation and research into the script development (see also points 3&4 below). Sharing puppetry skills with other relevant organisations would also fall under the responsibility of this section.

##### **\* There is skilled popular and adult educational methodology and techniques operating.**

The education section must ensure that appropriate popular and adult educational techniques and methodologies are adhered to and that the facilitation skills are adequate. This issue is further dealt with in point 5 below.

##### **\* There is an effective process of on going research & evaluation of:**

- The work of the organisation and impact on target audiences.
- Community understanding and perceptions of AIDS.
- New developments in the understanding of the epidemic and related issues.

**\* The existing management process in AREPP needs urgent appraisal and assistance.**

Until the process rights itself, it is recommended that a management consultant be regularly contracted to help develop AREPP management and to iron out major conflicts which are operating. It is understood that the current Director will be resigning his position and as such a special effort should be made to recruit and provide resources for a competent and skilled replacement as soon as possible.

*Structures should be set up in the organisation (if presently lacking) to appraise and review the vision and objectives of AREPP and to review currently held values and positions relating to AIDS and related issues.*

**2. Ethical and Moral Workshops.**

Regular ethical workshops are needed for the staff to discuss ways of dealing with the various ethical dilemmas confronting the educators/performers and to examine various moral issues. AREPP also needs to establish its own position on certain of these moral and ethical issues and demand adherence to these by staff members. Disciplinary action should be taken if such codes are breached. Certain sensitivities relevant to the South African situation such as the racial/gender composition of the puppeteers and the puppets also needs to be considered.

**3. Regular script and content review.**

Regular and formal script and content reviews are needed to keep the current content and script appropriate and relevant. All members of the performing staff and creative personnel should be consulted in addition to utilising applied research and periodic evaluation of performances and audiences and of current knowledge of AIDS related issues. Script development is a dynamic process which should also involve consulting target audiences and experts in adult education, AIDS, sexuality and gender issues. Consultants in these fields could be contracted to service the organisation and professional script writers engaged to produce the scripts. (Experiences in this regard from TV/radio and other theatrical educational programmes should be accessed and discussed in the organisation). The script must address and challenge the currently held views, beliefs, prejudices, misconceptions etc of the target audiences. This was a failing in the current script.

**4. Flexibility and adaptability of scripts and content.**

Content and scripts and/or performance teams need to be more flexible to address differing audience needs. A variety of different scripts should be available for different audience requirements, and performers need to be able to make impromptu changes.

## **5. Popular and adult education skills**

Performers/Puppeteers/Educators need to be developed and skilled in adult education techniques, and group facilitation skills are urgently required. In addition periodic in house education is required concerning AIDS, sexuality, health promotion and gender issues. These issues should then add to the focus on AIDS itself and broaden the educational scope. Various components of the performance and the educational approach and methodology could be improved and enhanced. These include:

- \* clearer stated educational objectives .
- \* measurable objectives stated and clear 'take home messages.
- \* developing a good 'learning climate' with audiences.
- \* demystification of the puppets.
- \* more effective use of the mobile stage.
- \* more interaction with the audiences during the play and question time.
- \* knowledge about AIDS, for performers/educators also needs constant review and updating to improve on the quality and accuracy of answered to questions.

The reader is also referred to pages 88-93 of the comprehensive report for a summary of the evaluators recommendations relating to the performances.

## **6. Involvement of people with HIV and AIDS.**

People with AIDS (PWA), should where possible, be brought into the development and educational process, and staff members should have regular contact with PWA to keep them abreast of the issues and problems experienced by PWA. PWA should also, if possible, be contracted by AREPP to attend performances and to interact with the audiences.

## **7. Appropriate and more effective use of question and answer session.**

Questions and answer sessions need to be more formally appraised and answers to contentious questions formulated. In addition the questions should also form a basis for ongoing script adaption and inform the organisation of educational needs of the target communities. A formal recording of questions is required.

*The question and answer session should be explored and altered to provide a more dynamic and educational role. It could be utilised more effectively to challenge current perceptions, prejudices, beliefs and practices. PAA needs to combine the theatrical team with skilled popular education personnel.*

Skilled facilitators should be part of the team to complement the show. If need be, facilitators and puppeteers can have separate functions. After the show the 'educators' can take over and explore issues with the audience and manage the question and answer session.

## **8. Condom demonstration.**

The condom demonstration needs to be reviewed and evaluated. It has potential to cause embarrassment and offend cultural values. It is inappropriate to be seen by young children. The evaluators recommend this aspect of the show be conducted in

privacy, with more modesty and sensitivity and audience members be invited to the demonstration viewing.

### **9. Staff knowledge about AIDS and rudimentary counselling skills workshops.**

The performances often raise many common and sometimes unique questions about AIDS. At times the performers/narrators/educators answered questions inaccurately or avoided answering sensitive or contentious questions. Workshops to improve on the knowledge and method of handling questions is needed.

On many occasions, performers are approached individually after the show with questions of a sensitive nature. Rudimentary counselling skills are required by the team in order to deal with these approaches appropriately. Counselling skills workshops are also recommended.

### **10. Collaboration with local AIDS and community organisations.**

Where possible AREPP should attempt to collaborate with local AIDS and community organisations to provide sources for referral for the audience and to provide ongoing education and follow up work in the area.

### **11. Quality vs Quantity and AREPPS main vision.**

Should AREPP attempt to reach out to the masses which will inevitably reduce standards as a result of heavy work loads, fatigue, boredom, etc or should AREPP attempt to reach out to fewer audiences but provide a consistently high quality programme, which meets high standards of popular education methodology, theatrical competency, ethical and moral standards, evaluation and research and management efficiency; which in turn, provides a model and example to others involved in AIDS and health promotional activity. The latter then positions AREPP to concentrate more on developing these skills in other organisations and groups and to play a more exemplary and educative role and model for educators and educational organisations themselves. In this way AREPP may ultimately have more impact.

This question needs to be answered by AREPP in order to plan effectively into the future.

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