Theory Meets Theatre Practice: Making a Difference to Public Health Programmes in Southern Africa. Professor Lynn Dalrymple: South African Scholar, Activist, Educator

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ABSTRACT

Lynn Dalrymple is a pioneer in the field of communication about HIV and AIDS in South Africa. Her work has influenced practitioners, researchers and thinkers in South Africa and beyond. This review explores Dalrymple’s background as a teacher in the rural areas of Zululand in South Africa, and how she came to apply theatre theory for one of the most pressing problems faced in the area, that of HIV and AIDS. Dalrymple is the founder of the non-governmental organisation DramAidE, which uses drama to explore HIV and AIDS issues and to bring about behaviour change and social change in a context that is full of contradictions. When Western bio-medical information meets traditional African practices, there is often a clash of ideologies that needs to be mediated for public health messages to have an effect. Dalrymple’s use of participatory theatre provides the space for this mediation. This review looks at three central texts written (and in one case co-authored) by Dalrymple. The review explores how these texts have marked a turning point in the way that public health communication is envisioned and implemented in South Africa. Dalrymple’s focus on culturally relevant participatory strategies for communicating about HIV and AIDS has influenced many scholars and practitioners in southern Africa, and the authors of this article hope to extend the recognition of the importance of her work beyond the sub-continent.

Professor Lynn Dalrymple is a participatory theatre education scholar who has made significant academic and practical contributions in the area of HIV and AIDS education in South Africa. Dalrymple started her career as a teacher of English and Drama in the late 1960s in a small rural town in Zululand, South Africa. Later, she was appointed lecturer in the Department of English at the University of Zululand (UNIZUL). During this period she challenged the accepted practice of using only Western texts and teaching methods at the university, and fought for the inclusion of more relevant
texts. This argument for contextual relevance was to become a central theme in much of her later work, and will be explored later in this article. Dalrymple later established the Department of Drama, where she was Professor and Head between 1988 and 1996. During this time she pioneered the use of drama in education and drama for development, ensuring that a generation of students was exposed to a way of thinking that linked academia to the surrounding community through meaningful interventions.

Dalrymple was influenced by the works of community-based theatre interventions such as those of Augusto Boal (1979) in Brazil, Ngugi wa Thiong’o (1998) in Kenya, Ngugi wa Mirii (1989) in Zimbabwe, and David Kerr (1995, 1997) in Malawi and Botswana. Learning from these practitioners, and strongly influenced by the liberatory pedagogy of Brazilian educator Paulo Freire (1970, 1973, 1977), Dalrymple created a dynamic dialogue-driven approach to using drama, particularly to explore HIV and AIDS. This approach has been adopted by a number of organisations and received accolades around the world.

Because of her reputation for pioneering new uses for theatre, Dalrymple was approached in 1992 by a local doctor, the late Allan Jaffe, who was confronted with a new and potentially deadly virus, HIV. At the time, the prevalence of HIV was estimated at 1.2% of the population (Avert, 2010; Ntozi, 2009). The Department of Health was in need of educational programmes to inform young people about preventing sexually transmitted infection. To address this need, Dalrymple initiated the DramAidE (Drama in AIDS Education) project, using innovative methodologies to communicate about HIV and AIDS.

The initial DramAidE project was implemented in 800 secondary schools, and facilitated by university graduates. Many of these facilitators had studied under Dalrymple, and were now employed as “actor/teachers,” using performance and facilitation skills for the purpose of educating youngsters about HIV and AIDS, with the primary goal of preventing infection with HIV. This opportunity allowed the organisation to undertake operational research and to explore the uses of drama and theatre in the South African context, particularly in the context of rural, undeveloped areas. The pilot project was evaluated by du Toit and Dalrymple (1993).

Seven years after its inception, DramAidE had become a national project and a member of a consortium that later won the Department of Health’s tender for a national Beyond Awareness Campaign, as well as numerous other contracts and funding grants from both local and international donors. DramAidE is now affiliated with the Centre for Communication, Media and Society (CCMS) at the University of KwaZulu-Natal in Durban, while it is managed from the rurally based University of Zululand, 200 kilometres north. DramAidE projects have been conducted in a number of provinces within South Africa, working in secondary schools and with all of South Africa’s universities.
DramAidE is now one of the most studied projects in this field in southern Africa (e.g., Baxter, 2008; Botha, 2009; Chinyowa, 2009; Mugira, 2008; Nduhura, 2004; Thorpe, 2002; Young, 1997). It has set a standard of excellence with regards to personal, participatory HIV and AIDS communication. Dalrymple made this possible through her commitment to praxis and to the links between practice and research necessary to ensure the cultural appropriateness of DramAidE methodologies. Dalrymple’s work has significantly influenced a number of other scholars and practitioners, both in South Africa and internationally (e.g., Baxter, 2008; Botha, 2009; Bourgault, 2003; Tomaselli & Chasi, 2011).

In 2000, as Director of DramAidE, Dalrymple was appointed Adjunct Professor in CCMS, a position she retained until her retirement from both DramAidE and CCMS at the end of the decade. In our individual capacities and as members of CCMS, we have had the opportunity to work with Dalrymple on a number of other campaigns and projects over the past 20 years. Our experiences working with her have allowed us to develop a deep understanding of—as well as an appreciation for—her contribution to the field of communication for development. In CCMS Dalrymple established a graduate module in Entertainment-Education for Public Health Promotion, which was offered for the first time in 2002 with the assistance of Johns Hopkins University’s Bloomberg School of Public Health (later known as the Johns Hopkins Health and Education in South Africa). This module acquainted students with broad approaches to communicating for health promotion, focussing specifically on the role of entertainment-education or “edutainment.” This was the start of an evolving course that by the end of 2010 had approximately 176 graduates with Honours, Master’s, and doctoral degrees, many of whom are working in the field pioneered by Dalrymple.

In addition to her academic work, Dalrymple chaired the HIV and AIDS Committee of Council and Senate for the University of Zululand. She was responsible for the development and implementation of university policy and programmes on HIV and AIDS. She was also a member of numerous government task teams, including the Department of Education’s National Arts and Culture Curriculum Committee, the Department of Health’s National Life Skills Committee and National Communication Forum, as well as the task team leader of the Peer Education Committee for the South African Universities Vice Chancellor’s Association. She was also a key leader on the Beyond Awareness Campaign spearheaded by the South African government.

Dalrymple’s contribution cuts across boundaries, and she has had an impact on the fields of both HIV and AIDS education as well as drama pedagogy, initiating a new interest in communication for public health and entertainment-education in South Africa. A key aspect of Dalrymple’s work is the understanding that people do not change their behaviour in a vacuum. A range of social and cultural factors feed the AIDS epidemic and give rise to behaviours and practices that place people at risk of HIV infection. There-
fore, any intervention needs to take these factors into account in a culturally appropriate way. Dalrymple’s background in drama and theatre studies provided the impetus for an innovative and appropriate response to the complex problem of HIV and AIDS in the South African context.

**Battling the Odds: Dalrymple and DramAidE**

While HIV was recognised relatively late in South Africa in comparison to Western countries, the epidemic took hold comparatively quickly, and Zululand is now at the global epicentre. By 2008, HIV rates had increased to 20% of the adult population, with an estimated 6 million citizens living with HIV, and more than 350,000 deaths from AIDS each year (UNAIDS, 2008). Despite numerous government interventions since the mid-1990s, the HIV prevalence rate has not declined noticeably. A number of factors have contributed to this: the legacy of apartheid, migrant labour, gender inequality, and the breakdown of traditional family structures that has fuelled the epidemic (Hargrove, 2007). Poor living conditions, social inequality, stigma, taboo, and fear add to these problems. AIDS in South Africa poses a complex problem that requires a complex and nuanced response (Pettifor, Macphail, Rees, & Cohen, 2008).

The recognised key to reducing HIV prevalence is to provide information about HIV and AIDS and to encourage people to adopt behaviours that reduce risk from infection. According to Mitchell, Nakamanya, Kamali, and Whitworth (2001), behaviour change interventions offer the best chance of preventing the further spread of HIV and AIDS in developing countries. The primary focus of these behaviour change interventions should be to ensure that the audience for any public health communication has the necessary information, motivation, and access to resources to change their sexual practices and thus reduce the likelihood of HIV transmission. While there is a high level of awareness about HIV and AIDS in South Africa (Gow & Desmond, 2002), the continuously high prevalence figures suggest that this awareness has not always translated into individual behaviour change and the adoption of safer sex practices.

Broad awareness campaigns that provide information alone are not sufficient to reduce the risk of HIV infection, as access to information does not necessarily bring about a change in behaviour (Francis & Rimensberger, 2005). Furthermore, these campaigns typically do not address a range of social and cultural factors that fuel the epidemic and give rise to behaviours and practices that place people at risk of HIV infection. Dalrymple’s work has focused particularly on both understanding and addressing the social and cultural factors that have led to the high HIV prevalence rates in South Africa, and using cultural practices as vehicles for communicating about the epidemic.

DramAidE uses storytelling, drama and theatre to engage young people to communicate effectively about issues relating to sex, sexuality and HIV.
and AIDS. The DramAidE Act-Alive programme in schools is perhaps its most well-known project, and is essentially a two-step process. The first step involves DramAidE staff facilitating participatory workshops on HIV and AIDS issues and training young people in “action media.” The second step involves young people in the creation of their own plays, posters, poems, songs and dances, which they then present to their peers and more broadly in their communities. As such, DramAidE links with the international practice of entertainment-education, harnessed, popularised, and studied by Johns Hopkins University, and in developing countries around the world.

INFLUENCING A NEW GENERATION OF SCHOLARS: DALRYMPLE AND ENTERTAINMENT-EDUCATION

Dalrymple’s work through DramAidE meshes theory with practice. Her teaching used textbooks as a starting point against which her students rewrote and re-evaluated accepted assumptions about research, theory and the world. Both students and faculty working within the CCMS, including ourselves, have jointly reconceptualised theory, methods, and explanations within the field. This work has been largely based on the work of Dalrymple. This has been implemented through a range of strategies that have benefitted students, staff and professionals working in the field of HIV and AIDS communication.

In many instances students have been embedded into funded projects that are linked to grant-holder bursaries, thus securing the financial stability of both (often very poor) students and the projects. Students have also been connected with international research collaborators and global research networks, especially via Johns Hopkins Health and Education South Africa, which has built bridges and sparked international collaborations. Dalrymple has also facilitated the publication of students’ work, either solely or in co-authorship, thus encouraging them to engage with academia globally and giving them the confidence to do so. These strategies have built research capacity between successive student cohorts and encouraged them to retain their research interests and collaborations after they have graduated. This has helped to build a critical mass of graduate students and post-doctoral researchers, as well as strategic research partners, strengthening the capacity in the field of communication for public health in South Africa and further afield.

Dalrymple was the first in South Africa to take drama out of the theatre as a form of Eurocentric high culture, and into the daily texture of African communities as an applied problem-solving arts practice (Dalrymple, 1987b, 1989). To this end, she played a key role in the decisive break from the ahistorical and decontextualised speech and drama paradigm of Arnoldian-based national high culture, where culture is understood to be linked to scholarship of the “high” arts (Arnold, 1932). Dalrymple argued in opposition to this dominant paradigm, for a shift towards a critical
popular performance approach in the mid-1980s. Dalrymple’s PhD (1987a), in which this break is explained and applied to the context of the Zulu communities, was significantly ahead of its time and fundamentally impacted on the drama and performance studies discipline as a whole across the country. This move introduced development issues and critical theory/cultural studies into the discipline (Dalrymple, 1992).

Dalrymple redefined the discipline and practice of performance studies, and applied these to health, development and life skills education at both secondary schools and university campuses (Dalrymple, 1989). With her DramAidE colleagues, many of whom were her own former students, she developed a nationally applicable approach that was specific to local conditions. In so doing, her own CCMS-based students produced groundbreaking research into previously unexplored areas such as the attitudes and acceptance of health-related messages amongst South African university students (Botha, 2009; Kunda, 2009; Mulwo, 2008), levels of participation in AIDS-related theatre interventions (Durden, 2010), and the juxtapositioning of traditional cultural beliefs and bio-medical health messages (Gumede, 2010).

Influential Texts by Dalrymple

For the discussion in this paper, we have selected three central texts written by Dalrymple that have become the most influential in the field. Her article, “The Use of Traditional Forms in Community Education” (1997), was an important exploration of the need to balance tradition and potentially lifesaving new information through harnessing local art forms for health education. The widely distributed practical guide for health organisations Communicating Beyond AIDS Awareness: A Manual for South Africa (1999/2000) was co-authored with Warren Parker and Emma Durden (one of the authors of this paper). It marked a shift in the way that the South African government approached HIV and AIDS communication. In her article “Has It Made a Difference? Understanding and Measuring the Impact of Applied Theatre With Young People in the South African Context” (2006), Dalrymple provides a self-reflexive examination of DramAidE’s programmes, which problematises the issue of evaluating this work. In what follows, we discuss each of these publications in sequence.

“The Use of Traditional Forms in Community Education”

By 1997, the HIV prevalence rate in South Africa was estimated at 17% of the population (Department of Health, 2000, p. 3). This was a growing crisis for the young democracy that had been established in 1994. It was clear that renewed efforts for combating the epidemic were necessary. These efforts needed to explore how HIV and AIDS policy at the govern-
ment level could be implemented at the societal level, and what communication channels would be best suited for this.

The 1997 issue of *Africa Media Review* provided a forum for research on communication theory, practice and policy in Africa in relation to the use of drama in education. The overall aim of the issue was to “raise awareness about the interconnections between media, communication and social processes, and how these shape and are affected by policies and practices at global, regional and local levels” (CODESRIA, 2011, p. 1). Dalrymple’s contribution to this journal explores how drama can be used at a local level to explore HIV and AIDS messages that are relevant and useful, rather than top-down-driven initiatives that may not take into account the social consequences or constraints that influence behaviour.

Dalrymple’s paper provides a strong argument for understanding the culture, traditions and the communication mechanisms of a given community, rather than imposing inappropriately designed and inadequately delivered health messages. HIV and AIDS prevention campaigns fail where campaign messages have been based on a Western bio-medical and monocausal understanding of health, and where the emphasis is on individual cognitive processes and individual behaviour change (Waisbord, 2003). Dalrymple recognises this, and in this paper challenges the entrenched Shannon and Weaver (1949) model of communication that incorporates a sender, a message and a receiver, and where the sender has a goal: to get the receiver to hear the message and to take action accordingly. Dalrymple argues for greater emphasis to be placed on the role of the receiver in health communication. The paper uses the case of DramAidE as an example of an alternative approach to health education that is cognisant of the structural and environmental conditions in which the audience finds itself (see also Airhihenbuwa & Obregon, 2000; Parker, 2004).

Consistent with this approach and its focus on the “traditional cultural forms” in educating communities, in this article Dalrymple provides a wider focus for the understanding of community education, specifically because of the focus on culture. Dalrymple (1997) asserts that culture “denotes forms that express a whole way of life, allowing me to include customs and rituals in this discussion” (p. 79). This focus on culture is a vital step in recognising and understanding the context of interpretation and the reception of health messages. Many other theorists focus on the individual’s own cognitive processes and desire to change behaviour. Dalrymple, however, recognizes that it is community norms and culture that have a greater impact on the behaviour of an individual, who should be seen as part of the greater community. This builds on the understanding that notions of health in many African cultures are more closely tied to the health of the community than to individual health (Airhihenbuwa & Obregon, 2000).

The recognition of health as a culture-bound concept prompts Dalrymple to foreground the inter-relation between physiological and cultural constructs. The work of DramAidE is informed by this view, addressing
health within a holistic approach that includes an exploration of self-image, self-esteem and self-confidence. This emphasis on “self” may seem contradictory in light of the assertion that health is a communal concept in African cultures. However, Dalrymple recognises the individual within the context of the wider community, making decisions based on cultural and communal values, mores and norms. To resolve this contradiction, Dalrymple explains that the DramAidE projects encourage young people to reflect on their inherited values and practices. DramaAidE invites them to develop essential life skills that can help them to make decisions and act on these within the context of their own communities and cultures.

It is the central recognition of the role of culture in shaping decisions and behaviors related to HIV-related prevention that prompts Dalrymple to assert that drama is a vehicle that is well suited to address the issue. She asserts that rather than a lecture delivered to young people, which contains linear messages about how HIV is transmitted and prevented, “a play is a much more complex system of signs” (p. 83). Dalrymple recognises the intimacy and the immediacy of theatre as a way to introduce health-related information:

> It [a play] 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. (p. 83)

Dalrymple argues that theatre and drama are ideal vehicles to explore HIV and AIDS in Zulu communities in particular, as the culture of learning and teaching through performance is well established through the oral traditions of storytelling and praise poetry. To this end, she builds on the work of other African scholars such as Christopher Kamlongera (1989), Zakes Mda (1993), David Kerr (1995, 1997) and Ross Kidd (1983) who have investigated the use of theatre for instructional purposes in traditional African societies, and how these practices can be applied to contemporary education. The work of these scholars reflects on how indigenous performances that combine spectacle with learning are well integrated into communal life, with a strong functional element and dual role, to both entertain and to teach.

Dalrymple argues that a drama approach is not only holistic, but is also participatory and experiential. For her, drama “provides a broad framework in which to explore ideas from a range of different perspectives” (p. 84). The notion of different perspectives is an important acknowledgement in the field of health education, which has been otherwise characterized by top-down messaging from medical “experts” to a mass audience. Tomaselli (1997) asserts that this practice of top-down-message imposition has an alienating effect and results in audiences feeling that the message is not relevant to their own circumstances. If messages about HIV and AIDS
are simply generated by “experts” external to the target community they may not be seen as relevant and accessible by the audience, who should be more actively involved in message making.

The emphasis on community participation in the DramAidE programmes marked a major departure for health education in South Africa, particularly in the field of HIV and AIDS. Dalrymple (1997) explains that the DramAidE methodology involves a participatory approach based on Paulo Freire’s (1970, 1973, 1977) principles of dialogue, interaction, problem-posing reflection and conscientisation. The theatre form used in DramAidE’s work draws on the notion of the “spect-actor” from Augusto Boal’s (1979) liberatory theatre in which the audience is involved in the action through both spectating and acting. As such, audience members enter the action, “proposing new points of view and enacting alternative solutions” (Dalrymple, 1997, p. 85).

Dalrymple’s practical work in DramAidE includes two primary activities: a drama workshop and educational theatre. The drama workshop (facilitated in school classrooms or playgrounds) is interactive and participatory, and it includes games, different role-plays and discussion reflecting on the theme of the workshop. The educational theatre aspect involves plays, songs, dances and poetry that are devised and presented by young people for their peers. The aim of drama and theatre workshops is to pose problems creatively.

DramAidE facilitators stimulate interactive engagement amongst the participants using problem-posing techniques. Workshops provide safe environments for sharing information, simulating HIV/AIDS risk situations and finding practical ways to cope with or counteract these issues. Dalrymple explains that the workshops focus on building self-esteem and self-awareness as a vital first step in assisting young people to make choices about healthy behaviour change. “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” (1997, p. 84).

Dalrymple (1997) notes that these games are based on the traditional childhood games of the participants, which express the values of the group while at the same time bringing self-awareness into focus. The meanings of the games are discussed among the group (led by a facilitator from DramAidE) and together they explore how the game is a preparation for life. Using the familiar cultural activities of games, the participants are able to better understand themselves, their culture, and how this relates to new information about HIV and AIDS, which is presented in the workshop. In addition, the DramAidE facilitators are Zulu speaking and the workshops are offered to young people in isiZulu (their home language).

Traditional Zulu society is highly organised and patriarchal in structure. One of the results of this is that sex between young people is practised but not discussed. The use of Zulu-speaking facilitators enables youth to interact with new role models, familiar with their own
culture, who encourage them to grapple with the issues around HIV and AIDS. Dalrymple’s insistence on working within the culture rather than working “on” the culture has made the organisation a strong force, able to examine and challenge some of the traditional practices such as polygamy, gender inequality, and strict taboos around sex that may exacerbate the AIDS epidemic.

The role-plays that are a part of the DramAidE workshops also allow the participants to respond from a culturally familiar place. Dalrymple suggests that these role-plays begin with “exploring traditional or stereotyped responses, but shifts can be made so that alternatives can be explored” (1997, p. 84). In this way, the role-plays allow the learners to understand that there are alternative responses to a situation. These allow the learners to “rehearse different presentations of the self and different perspectives” (p. 84). This methodology, Dalrymple argues, allows young people to see things from the perspective of their own lives and cultural practices, while also beginning to understand that there may be other workable solutions to the problems that they face, some of which are specifically a result of everyday cultural practice.

Building on Boal’s (1979) assertion that theatre should be “a rehearsal for life,” Dalrymple asserts that the participants in the DramAidE programme can apply the ideas and skills explored in the classroom outside of the workshop environs. Dalrymple argues that the DramAidE methodology develops group efficacy in co-operative task-related activities. A sense of support, belonging and group appreciation of each individual’s uniqueness contribute to building self-efficacy and self-esteem. Again, this builds a sense of community in the group, the recognition of which is essential to understanding health in the African context.

The second stream developed by Dalrymple in the DramAidE programme is that of self-generated educational theatre performances. Through the use of educational theatre, the DramAidE methodology gives young people an opportunity to express themselves in the language and idiom of their choice in a way that is accessible to other people living in the same community. This includes their peers at school, and their parents and other adult community members through public “open day” performances. Dalrymple goes on to explain how young people are encouraged to create their own plays, songs, dances and poems based on the theme of HIV and AIDS. Through creating their own plays, learners have found appropriate ways to engage with HIV and AIDS issues. The use of narrative techniques enables participants to retell their own personal HIV/AIDS stories.

Encouraging the use of theatre, DramAidE plays a catalytic role. Dalrymple notes DramAidE’s primary aim as “to activate processes through which the young people learn to learn, and act, in order to make other actions possible” (1997, p. 85). Kennedy Chinyowa (2009) comments on the capacity for DramAidE to allow a “staged authenticity,” where young people enjoy a certain amount of poetic licence that allows them to
comment on sensitive issues, such as gender, sexuality and HIV/AIDS. Young people respond well to the DramAidE methodology. An exploratory evaluation by Fredrick Mugira (2008) found the following positive response to the programme’s use of live drama: “enjoyable,” “good,” “exciting,” “interesting,” “creative” and “interactive” (2008, p. 4). Further programme evaluations have suggested that these messages have been retained by both the participants from the schools and their audiences, and that DramAidE has had a lasting impact on improving the social and physical conditions within the schools and the broader community (Frizelle, 2003). These evaluations provide evidence that Dalrymple’s approach has made a difference through the work of DramAidE, and that this work has the potential to bring about social change.

Dalrymple’s assertions that participatory drama provides a way to communicate about health-related issues in a non-judgemental and culturally appropriate way have paved the way for many other South African HIV and AIDS communication projects occurring in multi-cultural contexts (Low, 2010). The use of culturally appropriate forms that are popular amongst young people and build a movement towards involvement does, however, raise some problems. Many participatory programmes are viewed with suspicion by those with power, as they have the potential to undermine institutions of power and may bring about community conflict (Boon & Plastow, 2004).

Evidence from DramAidE (2004, 2006) reports suggests that where young people are empowered through the programme, they may clash with their more conservative parents and other authority figures and be prevented from making the changes that they desire in their own lives. Dalrymple’s work does not provide solutions to this potential problem, and this provides a space for other researchers to examine this dilemma.

Communicating Beyond Awareness

Communicating Beyond AIDS Awareness: A Manual for South Africa, co-authored by Dalrymple with Warren Parker and Emma Durden (first author of this review) in 1999 and reprinted in 2000, was funded by the National Department of Health. This manual has become a handbook for NGOs, as well as a required text for university courses that explore the field of HIV and AIDS communication. The manual was an integral part of the Beyond Awareness Campaign, for which Tomaselli (second author of this review), Shepperson, & Parker (2002) developed a communication strategy at the request of the Department of Health (see also Parker, 2000). DramAidE was a key member of a consortium of NGOs brought together to manage and implement the campaign between 1996 and 2000. The primary focus of the campaign was to provide and promote access to communication tools and resources that could be used in support of local level HIV and AIDS prevention, care and support activities and initiatives.
The essential premise of the manual is that as a country, South Africa is aware of HIV and AIDS, but South Africans need to be moved beyond this awareness to the point in which they are compelled to make decisions and change their behaviors to prevent HIV infection and transmission. The manual explores this through providing a theoretical discussion on communicating about behaviour change around HIV and AIDS, and then examining this theory in practice in mass media, small media and participatory interventions. The manual provides examples through citing case studies of best practices and suggesting strategies for implementing HIV and AIDS awareness campaigns at the local level. It goes on to explore how these various media can feed into the notion of social change, and how they can be evaluated to examine their impact.

While Warren Parker contributed much of the theoretical discussion of the manual, Dalrymple’s contribution to the manual was primarily to explain how to translate this theory into practice. Her contribution involves the recognition that HIV and AIDS communication cannot be left in the hands of the government’s health system alone. Thus, she outlines strategies to involve ordinary citizens in arts-based activities that encourage them to engage with issues around HIV and AIDS. Dalrymple’s contributions to the manual also explore both the direct educational and therapeutic benefits of participating in these media activities for individuals, and how this could benefit society more broadly. She explains that the artistic end results of such projects provide a way for ordinary people to talk about HIV and AIDS and to break down some of the stigma around the disease in an era characterised by discrimination and fear. The practical strategies that Dalrymple provides in the manual are part of a broader effort to encourage ordinary people’s deeper involvement in action around HIV and AIDS and to explore effective solutions to the epidemic.

Dalrymple’s contribution to the manual is predominantly in the area of promoting small media, and providing an understanding of what this is, how it works and how to implement these media strategies in HIV and AIDS campaigns. Small media are identified in opposition to mass media, as channels of communication that are personal and require minimal technology. These are often real-time, dialogue-based strategies that include arts-based methodologies, posters, booklets, promotional items, participatory workshops, events, activities and other forms of face-to-face dialogue. The “subject-generated” media that Dalrymple explores includes print materials, audio and audio-visual media, visual media, utility media (such as T-shirts, caps, badges and other branded items), and interactive media (such as e-mail and the Internet). Dalrymple argues that these media can be used effectively to provide backup to dialogue-oriented strategies and other participatory strategies. Small media are often cheaper to produce than their mass counterparts, but these technologies have drawbacks in
that they are labour intensive and can only reach smaller groups of people at one time. These strategies can also provide non-standard information if not carefully regulated. The benefit is that small face-to-face media have the potential to be more interactive and community-based and to involve local stakeholders to a greater degree than the mass media is able to do through participatory projects and activities.

Given that understandings and beliefs about HIV and AIDS are generated at a local or micro-level, small media strategies provide the opportunity for the creators of health campaigns to devise relevant and acceptable messages for sub-national audiences, sectors, or groups, and to allow for more nuanced communication. Using these smaller media channels allows for variations in the audience composition. This gives an opportunity to create messages that are both target and context specific, which impact on how they are received. As dialogues about HIV and AIDS happen at the local level, communication campaigns that encourage participation and the creation of messages in partnership with the target community are likely to be more effective than mass media strategies. This marks a shift from the emphasis on *messages* about HIV and AIDS to an emphasis on *understandings* about HIV and AIDS. In a multi-cultural and divided country such as South Africa, Dalrymple argues that small media are better suited to exploring the nuances of different cultural understandings about HIV and AIDS.

South Africa faces the difficult task of balancing cultural rights with other human rights because its constitution commits its citizens to both equality and the preservation of customary values and traditional practices. Dalrymple’s earlier work recognises that in many South African communities, customary or traditional values, particularly those regarding women, do not promote equality and are therefore contrary to both the South African Constitution and to efforts to curb the spread of HIV. Her contributions to this manual propose finding solutions to these contradictions through involving people in practical arts-based projects that explore some of these issues. The activities promoted in the manual emphasise the importance of information sharing, mutual understanding, agreement and collective action. The emphasis shifts from persuasive top-down messaging to information gathering in an ongoing cultural conversation. The primary premise of the manual is that the move away from mass media to bottom-up “subject-generated” media is expected to be more effective in influencing attitudes and changing behaviour.

The manual has a focus on the importance of using dialogue-based strategies, especially in the African context, where electronic mass media is not always accessible, and where radio and television, for example, are not always language and context specific. Dalrymple argues that strategies that include counselling services, community theatre, events, folk media, and workshops allow for personal communication that is vital in ensuring that the audiences are able to ask questions and negotiate the meaning of
health messages. This marks a departure from the modernisation approach to communicating about HIV and AIDS, where experts design messages for a mass audience through media such as newspapers, television and radio. For example, loveLife, a mass media campaign for youth audiences, has been criticised as missing the mark with its focus on branding and consumer culture, rather than a focus on the realities of its target audience (Tomaselli, 2009). While the authors recognize that mass media does have an important role to play in the dissemination of HIV and AIDS prevention messages, the manual argues that these efforts must be supported on the ground by locally based initiatives.

Dalrymple asserts that the use of participatory small media strategies promotes information in locally appropriate language by breaking down barriers to talking about sex and sexuality, and HIV and AIDS; challenging myths, stereotypes and attitudes; and offering a space to explore alternative ways of responding and behaving. Dialogue-based strategies increase the opportunities for interaction between people, encouraging a more communal understanding of HIV and AIDS. This communal discussion seeks to provide opportunities for people to find solutions to the problems that face them and to accept change.

The Communicating Beyond AIDS Awareness manual is a practical tool rather than an academic work. As such, it has been used widely by the South African government, including the Department of Health and the Department of Water Affairs. It has also been used widely by South African NGOs. An assessment of the manual suggests that it had been useful in guiding the HIV and AIDS communication campaigns of a variety of organisations (Hurt & Parker, 2000).

The manual presents the notions of individual behaviour change within a wider context of social change as accepted theory without a rigorous critical examination of these concepts. Yet, it has inspired other scholars, including the two of us, to examine these concepts and to consider how to move people beyond simple awareness of HIV and AIDS, towards actively engaging in finding solutions to the problem (see Durden, 2010; Tomaselli, 2009). Those of us influenced by Dalrymple’s work argue that broad awareness campaigns that provide information alone are not sufficient to reduce the risk of HIV infection, as access to information does not necessarily bring about a change in behaviour (see also Francis & Rimensberger, 2005). The local social and cultural factors that give rise to risky behavioural practices are not directly addressed in mass media campaigns. Dalrymple asserts that more detailed and segmented campaigns that address these factors from a development perspective may be more effective in curbing the epidemic. Durden’s (2010) work builds further on this notion of applying a development perspective to HIV and AIDS education, highlighting the importance of participation, for which Dalrymple is a strong proponent. Understanding how this participation happens, and how it has an impact is explored by Dalrymple in her later work.
Dalrymple’s 2006 paper “Has It Made a Difference? Understanding and Measuring the Impact of Applied Theatre With Young People in the South African Context,” published in a special issue of *Research in Drama Education*, provides some conclusions based on her work with DramAidE over the course of 15 years. In this paper, Dalrymple explores the term *impact*, which she suggests gathered a set of layered meanings in the field of research and evaluation. Dalrymple uses the term to understand the effect that an activity or experience has had on its target audience, asking: “Has the experience changed things in any way? Has it made a difference?” (p. 201). The paper explores what is meant by “impact” in different contexts and considers some of the results of DramAidE project.

Dalrymple has been a strong proponent of the need to constantly evaluate programmes and ensure that they are effective, arguing that they can be made more effective through the evaluation process. This paper on understanding and measuring the impact of theatre begins by interrogating the issue of what questions are asked of theatre practices, and how these are asked. She suggests that the standard question for theatre-for-development (TfD) projects in South Africa in the past has been: “has the process liberated or domesticated its target audience?” (p. 203, italics added). This question is clearly related to the ideologies that supported the struggle for freedom and an end to apartheid. She argues, however, that “there were no clear cut criteria established for answering these questions” (p. 203).

Dalrymple notes a shift over the past decade away from this liberatory paradigm and towards evaluating applied theatre projects from a presumably more “neutral” standpoint. She suggests that impact studies support the declared agenda of such projects (often dictated by donors), such as broadly meeting the needs of poor and disadvantaged communities, without examining these projects in their larger political and ideological contexts. She argues that the ideologies that inform the way the project is conceptualised, structured, and implemented must be recognised and stated in programme evaluation, and that not doing so raises some ethical issues.

Dalrymple examines the impact of the DramAidE programmes from the starting point of Bandura’s (1977) social learning theory. For Bandura, human learning can occur through observing role models, and coupled with self-efficacy (having a feeling of competency), individuals can adopt new health behaviours recommended by these role models. Dalrymple suggests that these theories underpin the work that DramAidE does, in that the educational drama and theatre activities focus on “developing a sense of self-worth, particularly in the contexts of different forms of oppression” (2006, p. 206). She further illustrates how the teaching of life skills (including psychosocial competencies and interpersonal skills) relates to the development of self-efficacy and self-esteem. These theories come from a development approach, informed by the idea that individuals making
health-related decisions can be part of a social movement towards broader social change.

As in the works discussed earlier, Dalrymple points out the need to recognise that these individual traits must be seen within a broader cultural context. She discusses how the DramAidE programmes have a focus that is broader than promoting individual healthy behaviour, including interpersonal, social, and cultural determinants. The programmes take into account issues such as peer pressure and the support mechanisms that are available to young people to sustain healthy lifestyles, as well as the need to understand the schools in which DramAidE works in their social and cultural context. The DramAidE programmes address all of these components in a holistic programme, seeking to understand whether and how DramAidE meets these goals is a complex process.

This broad-based programme approach is not without its detractors, and Deborah James (2002) argues that it may lose some of its funding because of the perception that the programme “had become too diffuse to be effective” (p. 182). Initial studies into the efficacy of DramAidE involved quasi-experimental designs to investigate whether more young people attended clinics after exposure to the DramAidE programme (Harvey, Stuart, & Swan, 1995; Irlam, Jaffe, & Stuart, 1995). The results of these studies proved that it was difficult to attribute clinic attendance directly to the DramAidE project. Later quantitative evaluations of the project’s impact demonstrated that the objectives of the project had to some extent been achieved (Kelly, 2001). However, none were able to show that these projects had definitely contributed to a reduction of infection with HIV, a finding that would require a longitudinal experimental study of different schools over time.

A more extensive study conducted by Harvey, Stuart and Swan (2000) involved a randomised community intervention trial with over 1,000 pupils in 14 secondary schools, some of whom were exposed to the DramAidE programme, and others to a booklet with the same information that DramAidE provided. The study included a pre-intervention survey followed by a post-intervention survey on the same students 6 months after completion of the programme. The study found that the students exposed to the DramAidE programme showed a significantly higher increase in knowledge about and improved attitudes towards HIV and AIDS, and in reported condom use. While Dalrymple asserts that these investigations and statistical analyses do yield useful information about project outcomes, she argues for a more qualitative and arts-based approach to investigating arts approaches. Qualitative research conducted on DramAidE projects (Botha & Durden, 2004; Frizelle, 2003; Mugira, 2008; Young, 1997) has indicated that young people appreciate DramAidE’s methodology and the way in which it provides opportunities for them “to express themselves in ways that they found authentic and culturally relevant” (Dalrymple, 2006, p. 210).
There is a need to approach this qualitative research with analytical rigour. The DramAidE work in process has been described in a number of impressionistic accounts, including this one by the researcher Frederick Mugira (2008):

By the end of their traditional song, which contained information about safer sex, condom use and prevention of HIV/AIDS in general, even those who had not stood up to dance were swinging their heads to the tunes of the song as they keenly glued their eyes on the performers. (p. 1)

This description of the work of DramAidE, while capturing the mood of the performance, does not provide sufficient rigour to allow for an understanding of why the audience responds like it does. Instead, Dalrymple (2006) argues that there may be other more effective ways to investigate the work of DramAidE and similar organisations working in the arts:

There is a missed opportunity in working out the effectiveness of this type of applied theatre project and it lies in analysing the content of the plays, songs and dances themselves. Throughout “Act Alive” [a DramAidE project], young people have devised literally hundreds of skits, songs and poems and these speak to other young people. What are they actually saying and how are they being received? Discourse and reception analysis would surely reveal a great deal about the understanding of the epidemic and the dilemmas faced by this group. (p. 211)

Dalrymple’s proposal for the application of discourse analysis moves investigating applied theatre clearly into the social sciences and allows for a more rigorous approach to research than is generally applied within the arts. Reception analysis is conventionally used as a research approach in the arts, and the combination of the two marries the disciplines appropriately to allow a better understanding of aspects of culture and communication, the fields that Dalrymple’s work straddles. Evaluation of programmes through both reception and discourse analysis could then uncover why results are or are not achieved, the unintended consequences of the programmes, and shed light on issues of interpretation, effectiveness, efficiency, impact and sustainability. This would provide a bigger picture of how a particular intervention works and why. Dalrymple suggests that this is particularly important as “assumptions about cause and effect cannot be made lightly and the possibility of unintended effects cannot be ignored” (p. 212).

Reaching this understanding requires, Dalrymple argues, “a basic knowledge about the target audience, carefully considered indicators and an honest appraisal of outputs and outcomes” (p. 12). She suggests that in the South African context there has been a history of top-down interventions in the health field. Individuals in positions of authority who are not members of the targetted communities make decisions about what should be the “right” information and determine the desired impact of particular pro-
grammes. These interventions are likely to be unsuccessful if they clash with local traditions and beliefs, and Dalrymple argues that the DramAidE programme has been able to avoid this dilemma by operating within the framework of action research from its inception. The argument in favour of action research builds on Dalrymple’s early research, which was presented in a paper published in the 1992 *AIDS Bulletin*, at the very start of the epidemic in South Africa (Dalrymple, 1992). In this early paper, Dalrymple argues for the applicability of action research as a way to understand not only some of the problems involved in HIV and AIDS communication, but also different ways to make the programmes more effective. Dalrymple’s application of the techniques of action research proved to be a useful way to evaluate DramAidE’s strategies.

Action research is seen as a way of learning while doing, facilitating practice and research simultaneously. Rory O’Brien (1998) suggests that action research has an emphasis on scientific study in which

The researcher studies the problem systematically and ensures the intervention is informed by theoretical considerations. Much of the researcher’s time is spent on refining the methodological tools to suit the exigencies of the situation, and on collecting, analyzing, and presenting data on an ongoing, cyclical basis. (p. 1)

Informed by Freire’s notion of praxis as action and reflection, Dalrymple has developed a systematic approach to evaluating the work of DramAidE in a way that ensures continuous improvement for the project. This marked a departure for health education studies in South Africa. Bourgault (2003) discusses the efficacy of this approach:

In discussing with me the choice of Action Research she [Dalrymple] explained that South Africa’s HIV/AIDS pandemic was too serious for project leaders to wait until summative evaluations were submitted before changing course. Action Research permitted ongoing critical evaluation of projects and the implementation of corrective action as soon as was warranted. (p. 1)

The action-research cycles stem from practical problems that arise, for example, when the response to an activity indicates that it needs to change. Dalrymple argues that this approach allows DramAidE to bridge the gap between practice and research. The facilitators also become researchers with the aim of constantly improving both the organisation’s strategy and methodology. DramAidE has adjusted its programme to meet the needs of the target audience as the AIDS epidemic has progressed. Dalrymple (2006) asserts that “this approach is about finding the way together as we go along” (p. 215). This practice of action research has influenced the work done by a number of scholars within the health education field, and both researchers and practitioners alike have adopted this praxis-inspired approach to their programmes. Examples of this include the examination of the effects of the Problem-Solving Theatre Project, which uses partici-
patory forum theatre to explore HIV and AIDS issues (Durden & Nduhura, 2007); and an examination of the Spiral participatory theatre project which explores issues of identity, race and gender (Edlmann, 2006). Questions remain, however, about the rigour of action reflection as an approach to research, and how to ensure that research findings genuinely inform practice going forward.

The three texts that have been discussed here bring attention to the impact that Dalrymple has had in HIV and AIDS education in South Africa. In the first paper discussed, she argues the need to take into account cultural practices and community norms when exploring issues of health with individuals. In the manual *Communicating Beyond AIDS Awareness*, Dalrymple bring focus to the benefits of individual and community participation in HIV and AIDS prevention efforts. In the final paper discussed above, we note her attention to the continuous improvement of these participatory drama-based methodologies through action-reflection praxis. These works have had wide-ranging impact.

**INTERNATIONAL INFLUENCE**

Dalrymple’s work has been globally influential and extensively studied. For example, Professor Louise Bourgault of the Department of Communication and Performance Studies at Northern Michigan University, who has worked extensively on performance and media interventions throughout Africa, writes that Dalrymple’s theatre activism inspired her “to produce a book on the subject of AIDS performance,” *Playing for Life: Performance in Africa in the Age of AIDS* (Bourgault, 2003). Bourgault asserts that Dalrymple’s work with DramAidE has served as an inspiration for her book, as well as an exchange programme that invites South African HIV and AIDS activists to the United States.

DramAidE attracts interns and delegations from South Africa and around the world. Students of both communication and health are attracted to the work that DramAidE does, and Dalrymple has been a highly sought-after academic supervisor for work in these fields. In the years that she was with CCMS, post-graduate scholars from Kenya, Malawi, Lesotho, Swaziland, Zambia and Zimbabwe came to South Africa to study under her guidance, and have since returned to make a difference in their own countries. In these ways, Dalrymple has influenced a generation of scholars, bringing a more sophisticated understanding to the educational theatre field, previously informed by gut-feel responses of what sounds good, what works and why. She has argued strongly for a more systematic approach, with the provision of theory-based interventions and projects that relate to theories of behaviour change, participatory action research and interactive participatory learning.

Dalrymple has also consistently focused on the need to work with young people, recognising the need to engage with them before they
become sexually active, and understanding that they will go on to be the next generation of leadership in South Africa. She has ensured that the programmes are youth-centred, dynamic and creative, and this essential vitality of the DramAidE work has been recognised around the world. It is the dual focus of reaching the individual within the broader context of a particular time, place, and culture that has made Dalrymple’s work with DramAidE a success. Dalrymple’s work should be recognised as pioneering in the health education field, particularly in Southern Africa, where she has undoubtedly influenced the approach to AIDS education. She has also made a great contribution to the field of applied theatre, with an emphasis on the need for theatre to be culturally appropriate and participatory, ultimately having greater benefits for both participants and audiences.

In 2009 an award in Dalrymple’s name was created for outstanding research in the field of applied drama and theatre studies at the University of the Witwatersrand’s Drama for Life programme. She was also awarded the Alan Jaffe Humanitarian award for lifetime achievement from Johns Hopkins Health and Education South Africa. These are fitting tributes to a remarkable scholar who has managed to translate theory into practice through the creation of DramAidE and through tireless dedication towards ensuring that young people have a voice in alleviating the AIDS epidemic in South Africa.

REFERENCES


