USE OF PSYCHODRAMATIC ROLE-PLAYING IN HIV/AIDS COMMUNICATION AMONG THE YOUTH IN MSAMBWENI, KWALE COUNTY, KENYA

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M88/26953/2011

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AUGUST, 2016
DECLARATION

This thesis is my original work and has not been presented for a degree in any other university or any other award.

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DEDICATION

This thesis is dedicated to my beloved mother the late Rose Awinja Omuyoma for inspiring me to the heights.

To my father Samson Omuyoma for giving me the strength to soldier on.

To my wife Emily, children Joy, Jerry and Ricky.
ACKNOWLEDGEMENTS

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ABBREVIATIONS AND ACRONYMS

ABC: Abstain; Be faithful; use Condoms
AIDS: Acquired Immunodeficiency Syndrome
CBO: Community Based Organization
GoK: Government of Kenya
DSW: German Foundation for World Population
GVIWORLD: Global Vision International World
HIV: Human Immunodeficiency Virus
ICTA: Information and Communication Technology Agency of Sri Lanka
KNA: Kenya News Agency
NACC: National Aids Control Council
NASCOP: National Aids and STI Control Programme
NCAPD: National Coordinating Agency for Population and Development
NIDA: National Institute on Drug Abuse
STD: Sexually Transmitted Diseases
UN: United Nations
UNAID: Joint United Nations Programme on HIV and AIDS
UNICEF: The United Nations Children’s Education Fund
UNFPA: United Nations Population Fund
U.S.A: United States of America
<table>
<thead>
<tr>
<th>Acronym</th>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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OPERATIONAL DEFINITION OF TERMS

**Audience:** The group members during an enactment.

**Auxiliary:** A group member who plays a role in another person’s drama.

**Diorama:** Building an exciting scene in a small space

**Director:** Researcher/facilitator.

**Encounter:** Honest, direct dialogue and willingness to appreciate another’s point of view.

**Gatekeepers:** Individuals at the research site who provide access to the site and allow or permit the research to be done.

**Mzungu:** European.

**Protagonist:** The individual who enacts his/her life situation.

**Psychodrama:** An action learning experience, in which one person enacts a life situation from the past, present, future, or from his/her imagination.

A spontaneously created play, produced without script or rehearsal, with improvised props, for the purpose of gaining insights that can only be achieved in action.

**Role creation:** To identify or project with either self or other personalities.

**Role playing:** Participant’s spontaneous improvisation and ability to fit into role.
Role reversal: Exchanging one's focus of experience with the other person in an interaction.

Role taking: The act of embodying a particular role, usually one that is not part of one's ordinary life.

Self efficacy: Individual’s belief in his or her capacity to execute behaviour necessary to produce specific performance attainments.

Social awareness: Recognizing others’ feelings and knowing how and when to assist them.

Social skills: Skills facilitating interaction and communication with others.

Sugar daddy: Men who use money to exploit young women sexually.

Sugar mummy: Women who use money to exploit young men sexually.

Surplus reality: The realm of dramatic action in which the ideas of the mind can find expression.

Youth: Individuals between the ages of 15-24.
ABSTRACT

Communication remains central in controlling and preventing the spread of HIV/AIDS because of absence of cure and vaccination against the disease. Instead of using applied theatre forms to generate dialogue and critical thinking in response to HIV/AIDS, many groups perform set plays that are not relevant to youth’s issues and needs. This study therefore explored psychodramatic role-playing in HIV/AIDS communication among the youth in Msambweni, Kwale County. Using Psychodramatic Theory of Roles, Health Belief Model and the Theory of Planned Behaviour, the study explored psychodramatic role-playing in enhancing perceptions about HIV/AIDS health threat and health behaviours. The study examined use of psychodrama in predicting a variety of outcomes including improved insights and social-awareness, social skills and therapy among the affected youth. This mixed method research adopted a case study design to explore HIV/AIDS communication through psychodrama process. It utilized the strengths of both qualitative and quantitative research. Using purposive sampling, three wards were selected in Msambweni Sub-county. A sample of 40 which constituted 29.25% of the total population of Lamukani CBO was drawn. The male and female representation was 21 and 19 respectively. The study consisted of participant observations and participant focus group discussions (entrenched in psychodrama process). Thematic and conversational analyses were used in assessing the variables associated with effective HIV/AIDS communication. Quantitative data analysis was used to authenticate participants’ insights and observation. The findings show the efficacy of psychodramatic role-playing in HIV/AIDS communication. The psychodrama process enhanced participative communication among the youth. This facilitated empathy which led to improved insights and social awareness among the participating youth. The process facilitated increased group efficacy leading to group advocacy against HIV/AIDS risk factors in selected schools in their community. Psychodramatic role training also helped the participants to realize their individual weakness and difference. This helped the participants improve on social skills. Psychodramatic role-playing also proved to be an instrument of therapy that can enhance positive attitudes and improve the perceptions of the youth towards HIV/AIDS. For instance, some of the youth who had never tested for HIV/AIDS because of stigma overcame their fears after experiencing the process. In some instances however, the outcomes show that if psychodramatic role-playing is not facilitated with expertise, it can be a source of inhibitions that hinder HIV/AIDS communication among the youth by generating fear and stigma. The findings will make a positive contribution to the use of theatre in HIV/AIDS communication programmes. The outcome indicates that psychodramatic role-playing has a participatory focus which can build on conventional theatre to enhance bottom-top communication in facilitating social learning.
CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Parents in Kwale County have been accused of encouraging their children to engage in prostitution with tourists and other clients for cash (Mbaji, 2006). A study by UNICEF (2006) which examined the extent and effect of sex tourism and sexual exploitation of children on Kenyan Coast, carried out in Malindi, Mombasa, Diani, and Kwale, indicates that 75% of respondents either accepted the practice as normal and tolerable or actively approved of it. This put the lives of the young in the path of many dangers including the risk of HIV/AIDS contraction and transmission (Mbaji, 2006). Moreover, a rise in the trend of drug abuse has been observed in Ukunda, Diani, Maganyakulo, Kombani and Mwambungo: all in the South Coast (KNA, 2013). Since young people are likely to make unsafe sexual choices when they are high on drugs or share needles, drug abuse puts them at greater risk of contracting HIV/AIDS. Reciprocal role reversal aims at facilitating the process of social learning by which people come to recognise, practise and identify with the values, attitudes and basic belief structures (Kellermann, 1994). This study explored the use of psychodramatic role-playing in facilitating dialogue and behavioural change in relation to sexual practices among the youth in Msambweni.
There is a high prevalence of HIV/AIDS in Msambweni Sub-county. In 2011, out of 147 people tested for HIV at the Shimoni Public Dispensary, 87 (59%) were positive (GVIWORLD, 2012). There is no known cure for HIV/AIDS. Therefore, more effort and resources need to be put in enhancing effective HIV/AIDS communication for prevention. Participatory theatre has the ability to achieve community participation and change in ways that other tools do not (Abah, 2007, as cited in Sloman, 2012). It builds community cohesion and can help communities address issues (Sloman, 2012) such as HIV/AIDS pandemic. The use of psychodramatic role-playing techniques such as role reversal, sculpting and role representation generated insights associated with HIV/AIDS sexual behaviour among the youth in Msambweni.

According to the coordinator of Germany Foundation for World Population (DSW), an NGO that runs HIV/AIDS preventive programme among the youth in Kwale, Kilifi and Mombasa regions, infections and transmissions are due to ignorance, lack of access to contraceptives, lack of in-depth knowledge and skills about protective living in the context of HIV/AIDS and psychological instability. It has been found that 80% of the youth aged 12-19 believe that they are at a risk of contracting HIV/AIDS but 70% still engage in risky behaviours (John, 2013). Indeed, while socialisation is a necessary part of all interpersonal functioning, strengthening the self as subject is an important part of psychodrama (Kellerman, 1994).
The HIV/AIDS epidemic has affected millions of children and adolescents and is placing increasing numbers at risk. HIV/AIDS weakens such traditional protective mechanisms as parental care and support, intensifies vulnerability and income poverty, and provokes stigma and discrimination. This increases children’s risk of exposure to abuse, exploitation and neglect (Greenberg, 2007). The impact of HIV/AIDS has been evident in Kwale County for a long time. The 2005-2010 Kwale District Strategic Plan for implementation of the national population policy for sustainable development indicated decrease in agricultural productivity, increase in the number of homes headed by children and grand parents, child labour, increased number of orphans and children without decent behaviour. It further noted that prevalence of HIV/AIDS could be attributed to strong cultural beliefs, poverty in community, stigmatization of infected or affected people and the fact that the fight against HIV/AIDS was initially left to the Ministry of Health only. Thus, there is need to mitigate the spread of HIV/AIDS in the County by initiating and expanding programmes to educate the people about HIV/AIDS and its effects. The causes of HIV/AIDS risk behaviours are structural, social, economic and political in addition to being individual, familial and cultural in origin. The communication component of a solution needs to address these complex root causes that are invariably relational and therefore involve relational situational analyses (Mody, 2006, as cited in Fuller, 2010). This study sought to investigate how the reciprocal role reversal could be used to assimilate the social norms; group-defined standards concerning what behaviours are acceptable or
objectionable in given situations (Kellerman, 1994) among the youth in Msambweni.

HIV/AIDS continues to exert an enormous toll in a multitude of regions and countries throughout the world (Noar et al., 2009). According to the United Nations Children's Fund, HIV/AIDS-related deaths among adolescents (10-19 years of age) increased by 50 percent between 2005 and 2012. There were 2.1 million adolescents living with HIV, which causes AIDS, in 2012 and half of them lived in just six countries: South Africa, Nigeria, Tanzania, Kenya, India and Zimbabwe (Besant, 2013). The HIV/AIDS pandemic is therefore spreading rapidly in Africa. According to the National HIV/AIDS estimates, there are at least 100,000 new HIV/AIDS infections in Kenya annually (Kilonzo & Cherono, 2014). Given the reality of the epidemic, information, education and communication on HIV/AIDS is still very important to reduce the spread of the disease and to strengthen efforts and programmes in care and support (Airhihenbuwa, Makinwa & Obregon, 2000). However, if appropriate participatory processes are not an integral part of the project, then this tool’s impact will be limited (Sloman, 2012). A study by Muturi (2005) on HIV/AIDS communication found that, majority of the population, lack understanding of communicated messages (Muturi, 2005). This research, therefore, sought to examine and recognized the efficacy of psychodramatic role-playing in bringing about active change among the youth by
promoting bottom-up communication and supporting the sharing of HIV/AIDS stories.

Moreno (1923) developed psychodrama which he defined as a science that explores truth by dramatic methods. It deals with interpersonal relations and private worlds (Fox, 1987). It is a powerful and effective mode of communication that engages individuals and groups. It addresses surplus reality (Pramann, 2008). The invitation to utilize our imagination to say, “if” is the essence of play and psychodrama (Blatner & Blatner, 1997). When talking about things gets combined with enacting them, a new especially dynamic form of discourse is generated (Blatner, 2012). Improvisation helps to discover, unblock, or tune up the psyche and the body which evidently has implications for performance of any kind (Frost & Yarrow, 1990). Psychodrama aims to enact psychological realities, including unexpressed and repressed thoughts and feelings. Since the HIV/AIDS pandemic has to deal with the delicate topic of sex, which in many countries and cultures is a taboo issue and difficult to discuss (Lie, 2000, as cited in Servaes, 2008), this study assumed that psychodramatic role-playing could break the barriers in sex related communication and thus enhance HIV/AIDS communication among the youth in Msambweni, Kwale County.

Psychodramatic role-playing is a major form of experiential and participatory education (Blatner, 2002). Only dialogue, which requires critical thinking, is also
capable of generating critical thinking. Without dialogue, there is no communication and without communication, there can be no true education (Freire, 1972). Psychodrama works on the principle of the two-way communication which Bessette (2004) observes is effective. Role-playing, fantasy enactment and psychodrama bring life into events. Greater involvement in this behaviour enhances the person’s sense of awareness and allows for self-discovery (Coven, 1977). According to Whiteside (2008), the real challenge in HIV/AIDS prevention is to change behaviours to reduce risk. Behaviours can be modified, and the evidence suggests that there are a few key interventions that would have a significant impact on the progress of the epidemic. These include reducing concurrent partnering and delaying sexual debut for young women. Beyond this are the messages that have been used since the early days of the epidemic: abstinence, fidelity, and condom use. Moreno (1923) believes that we can train people to be spontaneous: to be more adequate in their response to situations (Walter, 2011).

During an ‘Intensive Care Nursing’ training programme at a teaching hospital in Ankara, Turkey, Oflaz, Meriç, Yuksel & Ozcan (2011) psychodrama was used to improve self-awareness of nurses. Another study in Turkey by Karabilgin, Gokengin, Dogane and Gokengin (2012) on the effect of psychodrama on people living with HIV/AIDS showed that participants communicated more openly and effectively about the diagnosis. Key to the present study is the exploration of
psycho-dramatic role-playing as a tool of enhancing insights and social awareness, social skills and therapy among the youth in Msambweni, Kwale County.

There is a growing body of knowledge on the use of theatre to improve health-related knowledge and behavioural change (Noone, Maggie, Nguyen, & Allen, 2013). Role-playing is often used outside of psychodrama but it has not been studied much as an intervention in HIV/AIDS communication and prevention. In South Africa, DramAidE, a non-governmental organization which uses drama to explore HIV/AIDS issues to bring about behavioural change in the context that is full of contradiction, has reported positive results on use of role-playing. 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 (Tomaselli & Durden, 2012). Drawing from Boal’s (1979) assertion that theatre is a rehearsal for life, this research assumed that the participants would apply the ideas and skills explored in the psychodramatic role-playing to the larger community of Msambweni to improve on HIV/AIDS communication.

1.2 Statement of the Problem

Communication remains central in controlling and preventing the spread of HIV/AIDS because of absence of cure and vaccination against the disease. Instead of using applied theatre forms to generate dialogue and critical thinking in
response to HIV/AIDS, many groups perform set plays that are not relevant to the youth’s issues and needs. This theatrical approach is mainly a one-way communication that entertains but does not encourage the audience's dialogue and involvement. Most of what is perceived as applied theatre in Kenya is not actively interactive theatre. The didactic theatre where messages are put across to community members by actors from outside the community, lack in discursive engagement with community members. Many of the dramas produced in Kenya for HIV/AIDS work, consistently assume a non-participatory lecturing approach, which is unsuccessful at attracting and sustaining audiences and participants’ interest (Chamberlain et al., 1995, as cited in Sloman, 2012). Given the emphasis placed on HIV/AIDS prevention and care, mostly because of the absence of cure or vaccination against the disease, employing effective communication strategies becomes pivotal in controlling the pandemic (Airhihenbuwa & Obregon, 2002). However, arts approaches that insist on telling the target audience what to do and what not to do are one-way dissemination of information which do not encourage dialogue among individuals on HIV/AIDS issues. This research examined psychodramatic role-playing, in which role reversal, sculpting, mirroring, role presentation and role training facilitate social learning by which the youth can recognize and practise values and attitudes that encourage healthy sexual behaviour.
About 41 per cent of new HIV/AIDS infections across the globe happen among young people aged between 15 and 24 years, with 79% of the new infections in Sub-Saharan Africa (Oudia, 2014). People infected with HIV/AIDS are living longer as a result of improved access to HIV/AIDS treatment. It is therefore anticipated that the total number of HIV/AIDS-infected individuals will continue to increase, approaching 1.8 million by 2015 (NACC & NASCOP, 2012). Talking about HIV/AIDS issues and sex can be difficult for the youth. Theatrical approaches should therefore have designs which are genuinely based on best practices that remove inhibitions and encourage participatory communication among the youth. This study therefore investigated HIV/AIDS communication among the youth in Msambweni through psychodrama process in which role-playing underpins communication and behavioural change.

1.3 Purpose of the Study

The purpose of this case study was to explore the use of psychodramatic role-playing in HIV/AIDS communication among the youth in Msambweni Sub-county, Kwale County. The study sought to determine psychodramatic role-playing in increasing the understanding of health messages regarding HIV/AIDS and maintenance of new healthy behaviours and practices. The following research objectives and questions were drawn to achieve this intent.
1.4 Objectives

a) To determine how psychodramatic role-playing can be used to improve social awareness on HIV/AIDS among the youth.

b) To establish how psychodramatic role-playing can be used in helping the youth improve social skills.

c) To investigate how psychodramatic role-playing can be used as an instrument of therapy for affected youth.

1.5 Research Questions

a) How can psychodramatic role-playing improve social-awareness among the youth?

b) How can psychodramatic role-playing help the youth improve their social skills?

c) How can psychodramatic role-playing be used as an instrument of therapy for affected youth?

1.6 Assumptions of the Study

a) That the aspects of psychodramatic role-playing such as sculpting, role reversal and role representation facilitate sharing of HIV/AIDS stories among the youth.

b) That the youth participating in the psychodrama process gave correct and sincere responses to questions and as such gave reliable information.
c) That the sample selected was representative of the target population (the youth who are exposed to the risk factors, affected or infected with HIV/AIDS).

1.7 Significance of the Study

The reciprocating nature of role-reversal, which is the engine of psychodrama, will enhance assimilation of social norms by facilitating social learning among the youth. This will therefore help the youth identify and practise positive values and attitudes necessary for behaviour change. The reasons for ineffective HIV/AIDS communication among the youth are many and complex. The findings of this study will contribute to HIV/AIDS communication through psychodramatic role-playing among the youth in Msambweni Sub-county, Kwale County. Since HIV/AIDS communication cannot be left in the hands of the government’s health system alone, the findings will provide practical strategies that will encourage people at the grassroots to explore effective solutions to the epidemic. The educational and therapeutic benefits of participating in psychodrama activities will benefit both the youth and the larger Msambweni community by enhancing strategies to involve them in arts approaches that encourage them to engage with issues around HIV/AIDS and thus break the associated stigma. The interactive nature of psychodramatic role-playing will give the youth opportunity to share their HIV/AIDS stories by encouraging participatory communication. This will enhance down-top communication thus facilitating better comprehension of HIV/AIDS messages within the context of the individual and community. The
findings will help educators, health workers, social workers and artiste
development workers to think about, and plan for programmes in life skills,
reproductive health, in healing traumatised communities and individuals, and in
addressing social disintegration such as tribalism. The study will make a
contribution to the body of knowledge on arts approaches to effective
communication in realizing community development at the grassroot level.

1.8 Delimitations and Limitations of the Study

1.8.1 Delimitations of the Study

Though there are many factors that determine HIV/AIDS communication among
the youth, this study was limited to use of psychodramatic role-playing in
generating insights, social awareness, social skills and coping skills among the
youth in Msambweni.

1.8.2 Limitations of the Study

The study covered three wards in Msambweni Sub-county, Kwale County. The
sampling procedure therefore limited the generalization of the findings to
Msambweni Sub-county. The study further limited itself to the membership of
Lamukani CBO. The data collected may therefore not represent all the youth in
Msambweni. Theatre projects need a lot of time. Psychodramatic role-playing is
an aspect of participatory theatre that focuses on process over product (as it is in
conventional theatre). The individuals and groups are guided in coming up with
community based skits representing their issues of interest and concern. It takes a
lot of time to guide the participants into developing and enacting their scripts. Mobilizing community members, establishing rapport and trust among them and with the facilitator/researcher is fundamental in exploring sensitive topics such as HIV/AIDS which revolve around sex and sexual relationships. This is a slow and delicate process which cannot be rushed. Therefore, time and financed were constraining factors in this research.

1.9 Conclusion

This chapter presented the background, the statement of the problem and the purpose of the study. It examined the delimitations and limitations of the research.
CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

This study sought to explore psychodramatic role-playing in HIV/AIDS communication among the youth. This section examines studies on HIV/AIDS, psychodrama and theatre related to communication. It further reviews three theories used as a basis for this study: Psychodramatic Theory of Roles, Health Belief Model and the Theory of Planned Behaviour.

2.2 Related Studies

2.2.1 HIV/AIDS Communication

Kapanya (2012) carried out a study that investigated the factors affecting the effectiveness of HIV/AIDS behavioural change campaigns among the Duruma youths in Kinango District. The study found out that mass media plays a big role in dissemination of information on HIV/AIDS to the youth. The study also found out that economic, cultural, social, and communicative factors negatively influence the HIV/AIDS campaigns for behavioural change. The results of the study showed that most youth were not aware that sharing contaminated needles was one method of transmitting the disease. This indicates that majority of the youth lack clear understanding of communicated messages on HIV/AIDS. According to Slachmujilder (2006) as cited in Sloman (2012), if change within a community is to occur, it will happen only when a community is given a forum for sharing ideas,
understanding one another and developing ways of effecting change together. This study sought to establish the efficacy of psychodramatic role-playing in providing a forum that would facilitate the sharing of HIV/AIDS stories among the youth and thus improve on insights and social awareness.

Muturi (2005) carried out a study in Murang’a District, Kenya, which examined the gap between awareness of reproductive health and change of behaviours and practices. The findings showed that although awareness of sexually transmitted diseases, including HIV/AIDS, was high in Kenya, a majority of the population, particularly those in the rural communities, lacked understanding of the communicated messages. Most sexually active young people did not believe to be at risk and most HIV-positive young people did not know that they were infected with the virus. Thus, they continued living with HIV/AIDS and unknowingly spreading it to others. Muturi (2005) observed that HIV/AIDS communication programmes had not addressed these factors adequately. The study recommended the need for a successful behavioural change in communication that focused on increasing understanding of the communicated messages and of the audience through application of appropriate methodologies. This study therefore investigated the use of psychodrama in HIV/AIDS communication given that psychodrama enactment requires surplus reality and a purposeful positive ending through the utilization of past and future projection.
Chiao, Mishra and Ksobiech (2011) carried out a study in Kenya that examined how demographic and socioeconomic characteristics of cohabiting adults influenced their dyadic communication about HIV/AIDS. A central focus of this research was on how the position of women, relative to their male partners, influences spousal communication about HIV/AIDS prevention. The researchers analyzed gaps in spousal age and education and female partner’s participation in household decision-making as key factors influencing spousal communication about HIV/AIDS, while controlling for sexual behaviours of both partners as well as other individual and contextual factors. Data was obtained from the 2003 Kenya Demographic and Health Survey for 1,388 cohabiting couples. Information regarding spousal communication was self-reported, assessing whether both, either, or neither partner ever discussed HIV/AIDS prevention with the other. Analyses showed higher levels of education for the female partner and participation in household decision-making are positively associated with spousal communication about HIV/AIDS prevention. With females’ education and other factors controlled, couples with more educated male partners were more likely to have discussed HIV/AIDS prevention than couples in which both partners have the same level of education. Spousal communication was also positively associated with household wealth status and exposure to mass media, but couples in which male partners reported having non-spousal sex in the past year were less likely to have discussed HIV/AIDS prevention with their spouses. Findings suggest HIV/AIDS prevention programmes should promote female empowerment and
encourage male participation in sexual health discussions. This research therefore sought to improve on insights and social awareness through psychodramatic role-playing to enhance HIV/AIDS communication among the youth in Msambweni.

In Malawi, a study by BRIDGE, (an organization working on HIV/AIDS prevention programmes) on HIV/AIDS prevention demonstrated a high level of HIV/AIDS knowledge among the target population of males and females of reproductive age. The study showed that corresponding preventive efforts had been hampered since many Malawians did not believe there was anything they could do to prevent HIV/AIDS infection. Inaction was found to be compounded by a lack of open communication about HIV/AIDS issues and a relative lack of personal risk perception (Marlink & Teitelman, 2009).

2.2.2 Use of Psychodramatic Role-playing in Improving Insights and Social Awareness

Oflaz, Meric, Yuksel and Ozcan (2011) conducted an educational session three times, with three separate groups, during an ‘Intensive Care Nursing’ training programme at a teaching hospital in Ankara, Turkey, that aimed at forming a group interaction model for improving the self-awareness of nurses via psychodrama. The outcome showed that this technique helped the nurses to understand themselves, to explore the perspective of others and to make the connection between their own thoughts/feelings and those of their patients. They observed that psychodrama can be an effective teaching tool in addressing the
communication issues that arise in nursing. The nurses found this experience very motivational as well as being an eye-opener for their personal life experiences. Most of them said that participating in the session was like an unexpected journey through a different layer of life. The nurses easily identified the feelings experienced in their relationships with patients and had no difficulty in differentiating and expressing these feelings in a group setting. This experience was replicated in the context of Msambweni to help mitigate the spread of HIV/AIDS by improving insights and social awareness among the youth in the area through psychodramatic role-playing.

Denman, Pearson, Moody, Davis and Madeley (2008) carried out an evaluation study which measured the impact of ‘Someone Like You’, (a theatre in HIV and AIDS education programme, devised for school children). Data on knowledge and attitudes related to HIV and AIDS was obtained before and after the intervention using a confidential, self-completed questionnaire. The children participating in the study were aged between 13-14 years. All were attending 12 Nottinghamshire secondary schools which reported the inclusion of HIV and AIDS education in their curricula. A total of 252 children in the experimental group and 428 children in the control group completed both pre- and post-tests. At pre-test, knowledge levels were high for the main transmission routes and risk factors for HIV/AIDS infection, with some confusion existing over the safety of kissing, receiving blood transfusions in the UK and donating blood. After the intervention, the
experimental group showed significantly bigger gains in knowledge than the control group in these areas. Attitudes were generally positive at the start of the study. However, the experimental group showed significantly greater shifts towards the positive and of the attitude continuum in areas related to the right of HIV-positive children to go to school, confidentiality regarding these children's HIV/AIDS status and use of condoms signifying caring relationships. The study concluded that ‘Someone Like You’ improved knowledge levels and influenced the attitudes of the children participating in the initiative. The study therefore demonstrated the efficacy of interactive theatre in enhancing insights and social awareness which the current study sought to improve among the youth in Msambweni through psychodramatic role-playing.

2.2.3 Use of Psychodramatic Role-playing in Improving Social Skills

A study in Iran by Kooraki, Yazdkhasti, Ebrahimi and Oreizi (2012) examined the effectiveness of psychodrama in improving social skills and reducing internet addiction among female students in Isfahan University. In the semi-experimental study, 36 subjects were selected via convenient sampling and randomly assigned in two groups: 18 as the experimental group and 18 as the control group. The experimental group received ten sessions of social skills training with psychodrama approach. The findings showed that the experimental group demonstrated a significant improvement in social skills in comparison with the control group. The studies showed that interactions between subjects in
psychodrama's group, propound of problems in the presence of participants and discovering the ultimate solution with protagonist are critical factors of the mentioned intervention. The results also suggest that psychodrama can be effective in improving social skills in persons with internet addiction. The current study explored psychodramatic role-playing in improving social skills among the youth with risky sexual behaviours in Msambweni.

According to Sargeant and Macleod (2011), a novel theatre-based role-play communication skills training programme by Cancer Care Nova Scotia, Dalhousie University’s Continuing Medical Education, and the Irondale Ensemble Theatre, Halifax, Nova Scotia, Canada developed interprofessional communication skills workshops for Nova Scotia health professionals. The programme targeted health professionals working with cancer patients and their families to improve community cancer care for patients and families by enhancing health care professionals’ communication skills. Examples of changes reported three (3) months after the workshops included more discussion and active participation with other health professionals, personal reflection on communication in the workplace and changes in individual communication with patients.

Noone, Maggie, Nguyen and Allen (2013) carried out a pilot test of interactive theatre to improve parent communication on prevention pregnancies in Oregon, USA. The study evaluated an intervention using interactive theatre to facilitate
parents' communication with adolescents about sexuality. The purpose of this exploratory study was to evaluate the feasibility of a parenting intervention using interactive theatre and a self-reflective guidebook to facilitate parent communication with adolescent children about sexuality and prevention of pregnancy. The specific aims of this study were to:

- assess the acceptability, perceived benefits, and deficits of a theatre-based intervention to improve communication between parents and their adolescent children about sexuality and prevention pregnancy;
- estimate preliminary intervention impact on parent self-efficacy, comfort with communication, intention to communicate and amount of communication about sexuality and prevention of pregnancy.

Teen actors educated 26 parents in a community theatre setting. Process evaluations and measures of communication, comfort, self-efficacy and intention to communicate were administered. The findings indicated that the interactive theatre intervention facilitated parent–adolescent communication about sexuality.

The current study sought to facilitate HIV/AIDS communication (which is predominantly sexual) among the youth in Msambweni through psychodramatic role-playing.

Hillman, Hovell, Williams, Hofstetter, Burdyshaw and Rugg et al. (1991) undertook a study to assess the effectiveness of New Image Teen Theatre on altering teenagers' attitudes, knowledge, and intentions regarding sexual
behaviours. A total of 143 adolescents between the ages of 13 and 19 viewed the performance. The performance focused on the prevention of pregnancy, AIDS, and STDs and included content aimed at increasing communication. Teen participants completed pre-test and post-test questionnaires. Almost half of the adolescents reported having engaged in sexual intercourse. About one third of the sexually active reported never using birth control, and only 21% reported consistent use of condoms. These results confirmed adolescents’ risk for pregnancy, STDs, and AIDS in particular. Following the performance, the teens significantly showed more willingness to discuss sexual issues with others. They reported greater intention to use birth control (for sexually active teens), and demonstrated greater sexual knowledge. Furthermore, they indicated that they had experienced more positive emotions than negative ones while viewing the production. Results suggest that theatre education may set the stage for more comprehensive interventions designed to prevent pregnancy, STDs, and AIDS. This study aimed at exploring the efficacy of psychodramatic role-playing in HIV/AIDS communication among the youth in Msambweni.

A study evaluating two HIV/AIDS risk-reduction programmes targeted at gay and bisexual men was conducted in the Pittsburgh area in 1986. The purpose of the investigation was to compare the effects on sexual behaviour of an educational intervention programme based on social learning theory which incorporated skills training and small-group lectures, with a programme that consisted of only a
small-group lecture. Changes in behaviour were measured by the subjects' own descriptions called "self-reporting" of their sexual practices (insertive and receptive anal intercourse) and their use of condoms during anal intercourse, at 6-month and 12-month follow-up (Valdiserri et al., 1989).

The programme consisted of two components. Intervention I provided one small-group lecture only, which addressed the transmission and pathology of HIV infection, clinical manifestations and outcomes, the relative risks of infection for specific sexual practices, the importance of reducing risk through the practice of 'safer sex, the proper way to use condoms, and interpretation of HIV antibody testing (Valdiserri et al., 1989).

Intervention II was delivered in two parts. The first was the Intervention I lecture. The second component incorporated a variety of psychotherapeutic techniques, including role-playing, psychodrama, and group process: to promote the social acceptability of safer sex; to teach men who were engaging in high risk sexual behaviours adaptation strategies which would enable them to modify their sexual behaviours; and to explore the non-libidinous functions of sexuality for homosexual men (Valdiserri et al., 1989). Between March 1986 and March 1987, 584 participants were randomly assigned to one of the two interventions. Of the study's subjects, 265 were assigned to 45 Intervention I sessions and 319 to 39 Intervention II sessions.
The study findings showed an overall decrease in the magnitude of sexual activity among homosexual men in response to HIV/AIDS. It suggests that those who were exposed to skills training in Intervention II used condoms with more partners for insertive intercourse. That condom use increased by 44% between pre-test and second follow-up compared with only 11% on average in sessions which did not provide such training. The study's findings also suggest that interventions which teach men how to negotiate safer sex encounters and to rehearse these imaginary encounters can result in benefits which are beyond the mere dissemination of information (Valdiserri et al., 1989). The present study therefore sought to explore psychodramatic role-playing, which is one of the interactive theatres in improving social skills among the youth in Msambweni.

Lauby, LaPollo, Herbst, Painter, Batson, Pierre, and Milnamow (2010) carried out a study to evaluate the efficacy of preventing HIV/AIDS through Live Movement and Sound (PALMS), an innovative, theory-based HIV/AIDS risk reduction intervention that uses theatrical performances and role-play. The study used a nonrandomized concurrent comparison group design. A total of 289 predominantly African American males aged 12-18 from two juvenile justice facilities in Philadelphia were enrolled. At 6-month follow-up, PALMS participants demonstrated greater increases in HIV/AIDS and condom use knowledge and improved attitudes toward HIV/AIDS testing and toward persons living with it than did those in the comparison condition. The study concluded that theatre-based
HIV/AIDS prevention intervention is a potential resource for changing knowledge, attitudes, and behaviours of adolescents in juvenile justice settings.

2.2.4 Use of psychodramatic Role-playing as an Instrument of Therapy among the Affected Youth

In their study, Izmir, Turkey, Karabilgin, Gokengin, Doganer, and Gokengin (2012) examined use of psychodrama in helping people living with HIV/AIDS to gain better insight, overcome the intensity of negative feelings, cope better with problems and prejudices. They evaluated the efficacy of psychodrama in increasing the quality of life. The findings showed that the participants became more courageous in declaring their diagnoses, communicating more openly and effectively and having a better acceptance about the diagnosis. They showed a significant improvement in insight and awareness, skills of coping with difficulties, and relationships. To evaluate the efficacy of psychodrama, and with the contribution of the understanding, loving, caring, non-judgmental environment of psychodrama, the expectations of the participants of this study were fulfilled. The present study explored psychodramatic role-playing as an instrument of therapy to affected youth in Msambweni.

In another study, Karatas (2014) examined the effects of psychodrama practice on university students’ subjective well-being and hopelessness at Mehmet Akif Ersoy University. For each group 15, students that had both low subjective well-being
and high hopelessness scores were accepted in the experiment, control and placebo groups. Experiment control, placebo and true experimental design with pre-test, last-test and follow up test were used in the study. Psychodrama group application for experiment group lasted for 12 weeks, 90-120 minutes once a week. Findings illustrated that the students’ subjective well-being scores in the experiment group increased significantly and their hopelessness scores decreased significantly when compared to the scores of the students in control and placebo groups. The findings revealed that psychodrama practice is effective in enhancing high subjective well-being and decreasing hopelessness. The current research investigated the use of psychodramatic role-playing in improving the youth’s subjective well-being by recognizing themselves and reducing levels of hopelessness that they are in because of their sexuality and the stigma they have about HIV/AIDS.

2.2.5 Summary of Reviewed Literature

Studies reviewed on HIV/AIDS point to the need of expanded communication. Studies reviewed on use of psychodrama in communication concur with Boal’s (1979) argument that theatre is a language. The studies show the efficacy of psychodrama in improving insights and self-awareness, social skills, coping skills and communication that this study sought to explore in the context of HIV/AIDS. Psychodrama process thus depicts what Boal (1995) describes as a theatre which is not didactic, in the old sense of the word and style, but pedagogic, in the sense of collective learning. A really exciting session of drama exploration will contain elements of body awareness, projected play and role-taking. The theatre itself can
inspire us to resolve or change things in our lives or to realize the implications of our behaviour (Jennings, Cattanach, Mitchell, Chesner, & Meldrum, 1994). This study explored the efficacy of psychodramatic role-playing in inspiring change in risk sexual behaviour among the youth in Msambweni.

Theatre is rooted in the community as a place of encounter and transformation. The most important change involves the shifting of borders between theatre and life. What happens on stage is not a mere representation of something resembling the world off stage, but a collective ritual in which the audience is included in a unique and unrepeatable event, at the end of which everybody; actors and audience alike, is changed as a result (Pitruzzella, 2004). It should be noted that, the expressive nature of drama may provide youth with added opportunities for perspective taking and emotional development (Best, 1978; Wright, 2006, as cited in Larson & Brown, 2007). The production of meaningful effects is one of the ways in which theatre and communication possess a common performative structure. Theatrical performance possesses a third plane consisting of the complex network of ideas, impulses and imagery which are transformatively concretized in, or emerge out of the enacted event (Nellhaus, 2010). Theatre can therefore be seen as giving a practical example of how things might happen as opposed to a seminar talk which provides theory (Brodzinski, 2010). None of the studies reviewed has examined the use of psychodramatic role-playing in expanding HIV/AIDS communication among the youth which this study explored. None of the studies
cited on psychodrama communication were done in Africa. This study therefore sought to find out how a Kenyan study would correspond to these studies.

2.3 Theoretical and Conceptual Framework

Different theories account for how we communicate, as well as what governs our health behaviours and how we persuade other people to change their behaviours. This study is guided by Psychodramatic Theory of Roles and the two main Social Cognition Models of Health Behaviour: the Health Belief Model and the Theory of Planned Behaviour. Social cognition models in general have been developed in an attempt to explain, predict and influence health behaviours and outcomes. They are rational reasoning models, in that people are believed to consider consciously the different consequences of the various options before deciding whether or not to engage in particular health behaviours (Berry, 2007).

2.3.1 Psychodramatic Theory of Roles

This study was guided by the Psychodramatic Theory of Roles which focuses on the genuine encounter (Tauvon, 2011). The theory was developed in 1923 by Jacob Levy Moreno, the founder of psychodrama. The theory holds that the behaviour and motives of human beings can best be understood by studying the collection of various roles through which they interact with others (Propper, 2012). Moreno believed that by becoming more aware of the roles we played we could play the roles more creatively (Corsini & Wedding, 2007). The spontaneous expression of implicit knowledge and the facilitation of emotions, adds to the
richness of experience and understanding (Tauvon, 2011). An advantage of role theory over other theories is its framework for exploring interpersonal events (Corsini & Wedding, 2007). The theory emphasizes that people play many roles and the role concept offers a useful basis for a practical language and a useful approach to education (Blatner, 2006). This can be used by professionals of many disciplines and theoretical backgrounds (Blatner, 2007). This study explored possibilities for effective communication for HIV/AIDS prevention through psychodramatic role-playing.

Roles are the expressions in which the self manifests itself, its functioning and its disfunctioning (Moreno, 1939, as cited in Apter, 2003). In using psychodrama, we can examine the roles we play, renegotiate them and choose different ways to play these roles. Role-playing, which is largely an extension of psychodrama involves the sense of ‘playing with’ the role, bring a measure of creativity to it, refining it and at times redefining or radically negotiating the role. It can challenge stereotyped ways of responding to people and break out of behaving within a rigid pattern and creating new dimensions of themselves (Corey, 2008). It is in this context that the theory is relevant for this study that sought to create new health dimensions among the youth in Msambweni.

The strength in role theory is applying it in specific situations in order to clarify what is going on (Blatner, 2006). According to Blatner and many other drama specialists, working with drama allows individuals to step back as playwrights or
directors to consider how else a scenario might be played. It encourages reflection on behaviours and assumptions, motivates actions, gives youth insights into various complex parts of themselves, validates their sense of who they are, increases their sense of who they are, increases their sense of having choice in their lives, develops empathy, helps youth expand their role repertoires and gives them more flexibility in playing out these roles in life (Conrad, 2007). In Moreno’s way of thinking, learning a role begins with perceptions of the functions and actions that comprise the role and expectation about the enactment of the role based on observation of others enacting it (Pramann, 2007). The goals of the theory of psychodrama are to facilitate insight, personal growth, and integration on cognitive, affective, and behavioural levels (Corsini & Wedding, 2007). This theory was therefore important in facilitating the objectives of the study which sought to examine the use of psychodramatic role-playing in enhancing insights, social awareness, social and coping skills among the youth in Msambweni.

2.3.2 Health Belief Model

The Health Belief Model was developed in the early 1950s by a group of social psychologists in the U.S. Public Health Service in an attempt to understand the widespread failure of asymptomatic disease (Janz & Becker, 1984). It was developed further by Becker and Rosenstock in the 1970s and 1980s (Berry, 2007). The Health Belief Model is a conceptual framework used to understand health behaviour and possible reasons for non-compliance with recommended health action (Becker & Rosenstock, 1984, as cited in Turner, Hunt, DiBrezzo &
Jones, 2004). According to Burke (2013), the Health Belief Model is an intrapersonal theory used in health promotion to design intervention and prevention programmes. It assumes that behavioural change occurs with the existence of three ideas at the same time:

- An individual recognizes that there is enough reason to make a health concern relevant (perceived susceptibility and severity).
- That person understands that he or she may be vulnerable to a disease or negative health outcome (perceived threat).
- The individual must realize that behavioural change can be beneficial and the benefits of that change will outweigh any costs of doing so (perceived benefits and barriers).

According to Berry (2007), Health Belief Model was the first analysis of decisions concerning health behaviours which emphasized that such decisions are a function of people’s subjective perceptions about a potential health threat and a relevant behaviour. According to the model, perceived threat motivates people to take action, but beliefs about potential behaviours determine the specific plan of attack. Threat is operationalized in terms of both perceptions of the severity of a particular health problem and perceptions of the person’s susceptibility to that health problem. This means that effective health communications need to emphasize both of these factors in order to influence health beliefs. Relevant beliefs concern the perceived benefits of taking appropriate action as well as any perceived barriers to taking that action (Berry, 2007). Barriers could be anything from losing friends to
not having enough money or even self-efficacy problems such as not believing in one’s self (Burke, 2013). The final element in the model specifies that behaviour is driven by internal or external cues to action (Berry, 2007). Cues to action are events, people or things that move people to change their behaviour (Stretcher & Rosenstock, 1997). In view of community’s tolerance to child prostitution, sex tourism and the trends of drug abuse in Msambweni, this study explored the efficiency of psychodramatic role-playing in projecting the Health Belief Model in HIV/AIDS communication.

2.3.3 The Theory of Planned Behaviour

The Theory of Planned Behaviour (TPB) was developed by Icek Ajzen in 1988. The theory proposes a model which can measure how human actions are guided. It predicts the occurrence of a particular behaviour, provided that behaviour is intentional (Paris & Van den Broucke, 2008). Although health beliefs go some way towards helping us to understand when people will change their health behaviours, it is also now recognized that a complete model of health behaviour needs to pay more attention to the role of behavioural intentions and actions (Berry, 2007). The Theory of Planned Behaviour depicts behaviour as a function of behavioural intentions and perceived behavioural control (Ajzen, 1991, as cited in Conner & Armitage, 1998).

The Theory of Planned Behaviour (Azjen, 1985, 1988, as cited in Berry, 2007) attempts to link health beliefs directly to behaviour. It proposes that intentions
should be conceptualized as plans of action in pursuit of behavioural goals. Intentions result from three factors or beliefs, these being, the attitude towards the behaviour, subjective norms and perceived behavioural control or self-efficacy.

This therefore means that in order to influence health behaviours, health communications need to address these three factors. In general, empirical studies have shown that the Theory of Planned Behaviour can predict a broad array of health behaviours, including exercise, vitamin taking, sunscreen use and contraceptive use (Berry, 2007). In the present study, this theory asserts that intention to communicate emanates from the youth’s attitudes toward communicating among themselves and with significant others. It projects their perception of the subjective norms and self efficacy in HIV/AIDS communication.
2.3.4 Conceptual Framework and Measurement of Variables

The conceptual framework in Figure 2.1 is based on a synthesis of the two theories cited in the theoretical framework. According to the conceptual framework, psychodramatic role-playing is the mediating factor to the Health Belief Model and the Theory of Planned Behaviour. The theories align health decisions to individual’s attitude, subjective norms and self efficacy which mediate perceived severity, susceptibility, benefits, barriers and cues of action. In turn they mediate role creating and role taking thus realizing effective health communication. Application of psychodramatic role-playing (predictor variable) was proposed to predict effective HIV/AIDS communication (criterion variable). Effective
HIV/AIDS communication was depicted in the sharing of individual HIV/AIDS stories, improved insights and social awareness, improved social skills and therapy among the youth.

2.4 Conclusion

This chapter reviewed related studies, the theories and conceptual framework which guided this study. The next chapter deals with the methodology of the study.
CHAPTER THREE
METHODOLOGY

3.1 Introduction

In this chapter, research design, sample and sampling techniques, instruments for data collection and recording procedures, data analysis and interpretation techniques applied in the study are described.

3.2 Research Design

This is a mixed method study which employed the case study research design to explore psychodramatic role-playing in HIV/AIDS communication. The problems addressed by social and health science researchers are complex and the use of either quantitative or qualitative approaches by themselves is inadequate to address this complexity (Creswell, 2009). Qualitative research is generally characterized by inductive approaches to knowledge-building (Leavy, 2009). Theatre practitioners and qualitative researchers share many critical characteristics, including keen observational skills, analytical skills, storytelling proficiency, and the ability to think conceptually, symbolically, and metaphorically. Both practices require creativity, flexibility, and intuition, and result in the communication of information from which an audience generates meaning (Saldana, 1999, as cited in Leavy, 2009). Quantitative methods on the other hand involve the processes of collecting, analyzing, interpreting, and writing the results of a study (Creswell, 2009). It was therefore instrumental in giving strength to qualitative information. Case studies are a strategy of inquiry in which the researcher explores in depth a
programme, event, activity, process or one or more individuals. Cases are bound by time and activity and researchers collect detailed information using a variety of data collection procedures over a sustained period of time (Slake, 1995, as cited in Creswell, 2009).

3.3 Location of the Study
The study was carried out in Msambweni Sub-county, Kwale County in the Coastal region of Kenya. The researcher’s interest to carry out the study in the location was as a result of observations made while working with the community (2001-2010) as an artiste peace worker. HIV/AIDS risk factors such as drug abuse, child prostitution, sex tourism and a culture that tolerated child marriages had become an insurmountable problem in the area. The inaction by the government and the affected community in curbing the menace largely exposed the youth to HIV/AIDS infections. This made it necessary to expand HIV/AIDS communication among the youth in Msambweni.

3.4 Target Population
The target population was the youth in Msambweni sub-county, Kwale County. The sample was drawn from both male and female gender from Lamukani CBO members. This organization was founded in 2001 to advocate for the rights of women and children, provide guidance and psychosocial support among families in conflict and fight for social justice in Msambweni.
3.5 Sampling Techniques and Sample Size

Msambweni Sub-county in Kwale County formed the sampling frame. Through purposive sampling, three wards: Kinondo, Diani and Gombato-Bengwe were selected. These are coverage areas of Lamukani CBO which was instrumental in mobilizing members and sampling participants. The number of the youth aged between 15 and 24 years in the CBO was 40 with gender representation of 21 male and 19 female participants. This formed the total sample for the case study.

3.6 Instrumentation

This section introduces psychodrama as the research instrument used to elicit qualitative information on HIV/AIDS from the participants. Participant observations and focus group discussions were applied to consolidate data.

3.6.1 Introduction to Psychodrama

J. L. Moreno, who founded psychodrama in Vienna in the early 1900s, described it as a scientific exploration of truth through dramatic method (Karp, 1998, in Karp, Holmes & Tauvon, 1998). According to Marineau (1989), psychodrama is a spontaneously created play, produced without script or rehearsal, with improvised props, for the purpose of gaining insight that can only be achieved in action. In psychodrama, life situations and conflicts are explored by enacting them, rather than talking about them (Cole, 2000). The scenes enacted may be based on specific events in a person’s life, their current or past relationships, unresolved situations, desired roles or inner thoughts and conflicts. The method is typically
used in group settings, with group members taking on the various roles in the drama as needed. Psychodrama can offer a wider perspective on individual and social problems and an opportunity to try out new behaviours (Chimera & Baim, 2010). A psychodramatic enactment has three stages: the warm-up, the action and the sharing. Each stage involves extensive activities which enhance communication.

### 3.6.2 The Warm-up Phase

This refers to the first phase of a psychodramatic enactment in which group members become more comfortable with each other and the task at hand (Blatner, 1996). The success of warm-ups in meeting a psychodrama group’s needs can be key to the effectiveness of the series. The more thorough and complete the warm-up, the greater the propensity for spontaneity and creativity in the action and discussion phases (Stietzel & Hughey, 1994). Stietzel and Hughey further assert that all psychodramas have some type of warm-ups which readies a group for an experience of an action-oriented, dramatic nature whether it be a first meeting or well into series. Hollander (2002) observes that starters, which characterize the warm-up phase have many forms. For example, spontaneity tests, situational tests, group exercises, games, role-playing and re-arranging seating configurations are useful physical techniques for helping individuals to begin interacting. Most practitioners conduct the warm-up phase using action and role-playing exercises, rather than having the group members sit and talk (Kipper, 2005). As a warm-up to
more personal psychodrama, drama on a group theme using hypothetical situations and socio-drama may enable the group members to work together, become used to creative action methods and still address personal concerns at one remove (Casson, 2004). During the warm-up phase, a director should consider the following:

- To set a framework for the group, such as how long it will last, what its general purposes are, and what kind of group it is.
- To clarify the tasks of the group and to assist members to clarify their expectations of the group.
- To establish and to model, where appropriate, norms for acceptability of action, spontaneity, and forceful expression.
- To develop rapport and engagement with individual members and with the group as a system.
- To develop group cohesion and a working basis of mutual trust between members.
- To reassure the group of their expertise, their ability to warm up the group and to manage safely what emerges as a result of the warm-up.
- To accept reserved and shy behaviour; tolerance of distance and difficulty indicates respect for members and reassures them that they are not expected to be ‘group clones’.
• To begin a process of information-exchange, whereby new meanings are able to be ascribed to present and past behaviour (Williams, 1991 as cited in Taylor, 1998).

Taylor (1998) has classified warm up exercises into four main groups:

a) **Introductory**

This, according to Taylor (1998), is particularly used with a new group as a way of introducing the individual members to each other, and so begins the process of disclosure in a non-threatening way. This helps to break inhibition and build rapport among group members.

b) **Physical**

According to Taylor (1998), this type of warm-up is designed to increase energy levels, introduce touch, allow the group to ‘play’ and reduce the level of anxiety. The director should however observe the following three points as expounded by Taylor (1998):

- Even though the director may feel this type of warm-up to be nonthreatening, some group members may find them difficult or even feel unable to take part. This can be particularly so for people who have experienced physical or sexual abuse.

- There is always a need to check whether anyone has some physical difficulty. The director should suggest the removal of glasses, long earrings, and watches if there is to be a lot of physical interaction, and be
sure there are no objects that may be a danger in the room. The group needs to feel physically safe as well as emotionally safe.

- Be observant! A group member may be over-enthusiastic — exaggerating the movements, running when the instruction was to walk, in general, not paying attention to themselves or others (Taylor, 1998, in Karp et al., 1998).

c) Intimacy

Trust exercises are included in this category, as these warm-ups are designed to increase the trust amongst group members and to encourage intimacy in an appropriate and safe way, as well as to facilitate disclosure. It is more usual for these warm-ups to be carried out in pairs or small groups (Taylor, 1998, in Karp et al., 1998).

d) Protagonist-centred

These are aimed at establishing a protagonist within the group by helping group members to get in touch with past, present or future conflicts, and to deepen the level of personal awareness and so evoke memories and emotions (Taylor, 1998, in Karp et al., 1998).

3.6.3 Action Phase

Once the residue of anxiety seems dissipated from the audience and the director, and spontaneity appears to have risen, the group is prepared to deal creatively with issues which heretofore were locked (Hollander, 2002). Psychodrama means
literally action of the mind, and it brings out the internal drama, so that the drama within becomes the drama outside oneself. The director uses the group members to play protagonist and auxiliary egos who represent significant people in the drama (Karp, 1998, in Karp et al., 1998). Psychodrama enactment is provided for creative and productive objectives. The enactment requires the inclusion of two principles: surplus reality and a purposeful positive ending through the utilization of future and past projection and auxiliary ego (Hollander, 2002). The director makes observations of the issues and problems posed by the participants and how they explore possible solutions. According to Blatner (2000), there are rich menus of types of explorations in psychodrama:

- Rehearse or desensitize anticipated events.
- Use sociometric methods to find out where one stands in relationship to the group regarding a given concern.
- Explore a moral or ethical dilemma, taking the roles of the different people who might be involved and considering their real predicaments, the feelings they might not easily admit.
- Use psychodramatic methods along with creative arts approaches for self-expression.
- Role train for greater self-assertion, increased expressiveness, or greater self-control.
- Develop other interpersonal and problem-solving skills.

This study employed the following basic components of psychodrama:
a) The Stage

Psychodrama is based on life itself. Constructing the reality of an individual’s space helps the person to really be there and warms them up to produce the feelings that do or do not exist in that space (Karp, 1998, in Karp et al., 1998).

b) The Protagonist

The protagonist, meaning the first in action, is a representative voice through which other group members can do their own work. The protagonist simply states an aspect of life s/he wants to work on. The director, with the protagonist, sets out to create scenes that give examples of the problem in the present, past or future with an eye to a possible behavioural pattern. The protagonist has a chance to review the life script that s/he is using, which may have been handed down for good reason, but fails to be adequate for present life requirements (Karp, 1998, in Karp et al., 1998). A person who was handed a script ‘real men have many sexual partners—marry many women’ may feel that it doesn’t serve in the world faced with HIV/AIDS. One who has never experienced the effects of HIV/AIDS may not comprehend the realities of the pandemic in the society. The person may find a new definition of HIV/AIDS through role-playing.

c) The Group

The role repertoire is expanded by each group member playing a different kind of role in the drama. A member of the group with low self-esteem may be stretched to play a courageous role, surprising both themselves and the group by the release
of creativity hidden in problematic, learned behaviour (Karp, 1998, in Karp et al., 1998) and thus encouraging the taking of the new role. Many societal roles are represented in any group ensemble. For instance a protagonist who is a womanizer may facilitate sharing from a group member who has suffered the consequences of sexual promiscuity.

d) The Auxiliary Ego

The auxiliary ego is anyone in the group who plays a role representing a significant other in the life of the protagonist (Karp, 1998, in Karp et al., 1998).

To realize the set objectives this study applied the following psychodrama techniques:

i. Role Reversal

According to Karp (1998), role reversal is the engine that drives the psychodrama. This is the technique of inviting one person to change places and play the role of another. In an encounter or sociodrama, role reversal ensures that the protagonist has had the other position and can place himself temporarily in it (White, as cited in Blatner, 2006). According to Stietzel and Hughey (1994), the objectives of role reversal are fourfold. First it allows the subject to be the pertinent other. Through this s/he may gain understanding and feeling for that other person’s position and reactions. Like empathy, role reversal begins with the perception of some subtle cues from the other and proceeds through a coordinated use of certain mental
abilities, including memory, fantasy, and awareness of one’s own feelings and thoughts in the role of the other (Kellermann, 1994, in Holmes, Karp & Watson, 1994). Secondly, it allows people to step out of themselves and look at themselves and others through another person’s eyes. Doing so can allow the protagonist to develop a different viewpoint and new understanding of the relationships as well as its possible effect on other relationships in his or her life (Stietzel & Hughey, 1994). This therefore facilitates insights and awareness which this study sought to explore. Thirdly, Stietzel and Hughey (1994) assert that the technique also encourages a shift in perspective. It allows the protagonist to move out of a defensive position into a more spontaneous interaction, allowing for reintegration and opportunity for movement. This is therefore important in triggering behavioural change among individuals who participate in the process which this study sought to examine among the youth in Msambweni. Finally, role reversal gives the auxiliary egos a deeper perspective into portraying the significant characters as the protagonist perceives them. As Moreno points out, at the same time as people become emotionally involved in one another, they are required to observe themselves in action very closely; to register continuously as they warm up to the role, what this role does to them and what they do to it (Moreno, 1972, as cited in Kellermann, 1994, in Holmes et al., 1994). Role reversal was therefore instrumental in facilitating the improvement of awareness and empathy among the participants. Hence, it was therefore important in realizing the objectives of the study.
ii. Mirror Technique

In mirroring, an auxiliary ego assumes the role of the protagonist by stimulating the protagonist’s verbal and non-verbal mannerisms—postures, gestures, demeanour and tone of voice (Stietzel & Hughey, 1994). The director suggests that the protagonist come out of the enactment and the scene is re-played by an auxiliary who portrays the protagonist, while the protagonist observes from the sidelines or farther away in the room. The protagonist may then discuss what is observed with the director and the group (Blatner, 2006). Stietzel and Hughey (1994) further observe that mirroring affords the protagonists a fresh perspective, teaches group members greater observational skills and informs them of the potential for perceptual distortions. The technique was therefore instrumental in projecting the Health Belief Theory and the Theory of Planned Behaviour which informed this study.

iii. Sculpting

Through the process of sculpting, a protagonist produces a kind of living “diorama” of some significant interrelationships. For example, one might depict the interaction of one’s family, a work situation, a traumatic event, and inner aspects of one’s personality or dream. The director asks the protagonist to place the auxiliaries in positions that symbolize how s/he feels about or perceives the various interactions in relationship (Stietzel & Hughey, 1994). This is important in
projecting empathy necessitating insights and social awareness that this study sought to explore.

iv. Role Training

Role training was created to bring about new behaviour and is employed when a problem in a role is revealed (Stietzel & Hughey, 1994). This technique was therefore important in addressing HIV/AIDS which is entrenched in behaviour. Trying out new experiences, role playing solutions to a troublesome predicament, and practising a desired direction in a safe environment can assist an individual in gaining insights, self confidence and skills which can be transferred to real life situations. If a specific problem arises out of psychodrama, role training is often employed at the end of the session, some expressed conflict is clear and a solution needs to be derived and prepared (Stietzel & Hughey, 1994). Therefore, this technique was instrumental in giving the participants opportunity to practice new roles. It also facilitated improvement of social skills which this study sought to explore.

3.6.4 Sharing Phase

After every psychodrama, the players return to their places in the group as a whole. Members respond to the play in terms of what they felt and understood, what it brought to the mind, what was surprising or recognizable (Avron, 1999). Points of most involvement by individual group members are identified, and each member finds out how he or she is like or unlike the protagonist. Often, as in
Greek drama, the audience member is purged by watching the enactment of another’s life story. The sharing is meant to capture this learning process and allow the group members to purge themselves of emotions or insights gained (Karp, 1998, in Karp et al., 1998). This is an important moment for all participants since, in the aftermath of the psychodrama, their experience can be made meaningful and any new association allowed to the fore (Avron, 1999). It is not enough to become aware of one's previously disowned feelings, misunderstandings or denied attitudes which emerge with the catharsis of abreaction. One must further discover some hope that there are ways for effectively dealing with life's challenges (Blatner, 1999). The psychodramatist can gather several observations that either share a common denomination or apparently diverge, and discuss any comments that tend to illustrate defensive tendencies prompted by the play or analytic situation as a whole in an attempt to reveal the instinctual and defense dynamics that have been aroused (Avron, 1999). Points of involvement by individual group members are identified, and each member finds out how he or she is like the protagonist (Wilkins, 1999). It is also important for the psychodramatist to remain sensitive to the general atmosphere and to follow the inter-instinctual organization of verbal and non-verbal communication (Avron, 1999). The researcher had to focus the group discussions at this stage. These sought to:

- Determine whether the youth had been exposed to HIV/AIDS risk factors; and continued to be exposed knowingly or unknowingly.
• Focus on risk behaviour in order to persuade those engaging in risky behaviour to change.

• Focus on the ABCs, promoting available services, emphasizing the importance of getting tested, addressing stigma, dispelling existing myths and address gender-related factors which fuel the spread of HIV/AIDS.

3.7 Pilot study
The researcher carried out a pilot study to test the instruments of the study. It was done in Kinondo ward in Msambweni, Kwale County. This helped to determine the efficacy of psychodrama process eliciting the type of data that was anticipated by the researcher. The information generated was factored and analyzed in relation to the objectives of the study. These helped the researcher make suitable adjustments to enhance validity and reliability of the instrument.

3.8 Validity and Reliability
Validity is one of the strengths of qualitative research and it is based on determining whether the findings are accurate from the standpoint of the researcher, the participant or the readers of an account (Creswell & Miller, 2000, as cited in Creswell, 2008). Creswell asserts that qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures. In ascertaining internal validity, the researcher ensured triangulation of data which was collected through multiple sources that included focus group
discussions and observations. The gatekeepers were involved in the psychodrama process to help check the interpretations and the conclusions drawn. Data analysis took place in the field. Research questions were discussed with key informants. The researcher planned for regular and repeated psychodrama processes and observations for a period of three months. Focus group discussions were employed to validate observations made. The researcher engaged two doctoral students from the Department of Film and Theatre Arts and Department of Educational Psychology as peer examiners. The two supervisors further reviewed the aspects of the process of psychodrama and items of the instruments and established their ability in capturing the concepts under study.

According to Mugenda and Mugenda (1999), reliability is the degree of consistency of a research instrument. Reliability indicates that the researcher's approach is consistent across different researchers and different projects (Gibbs, 2007, as cited in Creswell, 2008). The literature review has indicated that studies have proven internal consistency of psychodrama. The researcher sought to ensure reliability of the study by observing the following procedures:

- Checked transcripts to make sure that they did not contain obvious mistakes made during transcription.
- Made sure that there was no drift in the definition of codes, a shift in the meaning of the codes during the process of coding. This was accomplished
by constantly comparing data with the codes and by writing memos about the codes and their definitions.

- Cross-checked codes developed with the assistant researcher by comparing results that were independently derived (Gibbs, 2007, as cited in Creswell, 2008).

3.9 Data Collection Techniques
The researcher made prior arrangements with gatekeepers of the community through the help of Lamukani CBO to establishing rapport and an operational schedule for the psychodrama workshops before the study. Eight focus group discussions were carried out. Four pre-psychodrama focus group discussions were carried out to generate baseline information. The researcher conducted the group to focus on and discuss specific topics on HIV/AIDS. Four post-psychodrama focus group discussions were also conducted to validate data. Each focus group discussion lasted approximately three hours. In order to analyze the data thoroughly, the discussions were recorded on a tape recorder to supplement note taking method. At the beginning of focus group discussions, the researcher explained to the participants how the discussions were going to take place. The participants were informed about the tape-recordings which they consented to. Observation checklist was used to confirm if psychodramatic role-playing generated essential information. The researcher and assistant researcher observed the participants during the psychodrama process and took notes. Psychodrama
workshops were held on site, twice a month for a period of three months. The participants were informed of the general objectives of the study before introducing them to the psychodrama process. To verify respondents’ insights and observation the researcher issued questionnaires in person to the participants during the psychodrama workshops.

3.10 Data analysis

Common themes were analyzed using thematic and conversational analyses. A thematic analysis is a process of segmentation, categorisation and relinking of aspects of the data prior to final interpretation (Grbich, 2007, as cited in Mathews & Ross, 2010). It is a way of working with data which works from the raw data – the raw verbal or visual data we have gathered – and remains in touch with that raw data throughout the process, to check our interpretations, to look at the data in different ways and to begin to make links between different pieces of data within each case (Mathews & Ross, 2010). Conversational analysis, is a method that looks at patterns of speech, such as how people talk about a particular subject and what metaphors they use (Dawson, 2002). Mathews and Ross (2010) note that working with qualitative data is mainly about interpreting and getting a good understanding of the words, stories, accounts and explanations of our research respondents. We start with each respondent’s words and put them alongside the words of other respondents. To authenticate the qualitative information,
quantitative analysis was applied. Data analysis used descriptive statistics. Frequency tables and percentages were used to present the information.

3.11 Logistical and Ethical Considerations
The researcher got an introductory letter from Kenyatta University and sought a research permit from the National Commission of Science, Technology and Innovation to collect data. The researcher sought consent of the participants and assured them of confidentiality before data collection.

3.12 Conclusion
This chapter has examined the research design, the research instruments, procedures of data collection and analyses, validity and reliability of the study and ethical considerations applicable to the study. In the following chapter, data analyses and interpretations are presented.
CHAPTER FOUR

PRESENTATION, ANALYSIS OF DATA, FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the findings and analysis of the data obtained from a sample of 40 participants from Msambweni Sub-county, Kwale County. The participants were mobilized by the Lamukani CBO. All participants were members of Lamukani CBO aged between 15-24 years old. The study group had 43 participants but three dropped out after the first psychodrama workshop. The psychodrama workshops were held for three months. Twelve sessions lasting six hours each were realized in this study. The researcher conducted the workshops with the help of one research assistant throughout the undertaking. To generate data the researcher used the psychodrama techniques such as theatre games, sociodrama, role plays, role reversal, role interviews and sculpting. Focus group discussions were also applied in data collection. Each group was interviewed before and after psychodrama practices to assess the entry behaviour, changes and development of the participants. The findings of the study were presented under the following research questions:

i. How can psychodramatic role-playing improve insights and social-awareness among the youth?

ii. How can psychodramatic role-playing help the youth improve on social skills?
iii. How can psychodramatic role-playing be used as an instrument of therapy to affected youth?

4.2 Method of Data Analysis

Qualitative and quantitative methods were used to evaluate the efficacy of psychodramatic role-playing on HIV/AIDS communication. All the recordings of the focus groups, enactments and sharing were transcribed verbatim by the researcher and his assistant. The full texts were reviewed separately by both of them. The quotes from the participants were highlighted by hand and coded accordingly. Then the codes of the researcher and his assistant were compared and discussed together. The code lists were categorized and analyzed thematically. The researcher drew inferences from the data under the emerging themes. To authenticate participants’ observations and conclusions during the psychodramatic sharing, the researcher drew quantitative data which was analyzed using frequencies and percentages. Conclusions were then made from the study findings.

4.3 Demographic Characteristics of the Participants

Data was gathered from a total of 40 participants which comprised of 21 male and 19 female participants. Majority of the participants (24) had an average age of 18-21 years. Most of the participants (38) were Muslims and (2) were Christians. The age bracket of 15-17 and 22-24 had 8 participants each. Majority of the participants (32) were not married while eight were married. Of the 16 single
female participants who were not married, eight were single mothers. Majority (14) of the female participants who were not married reported to have had between two to three sexual partners in the previous year. Two female participants admitted that they were cohabiting with their boyfriends. All the male participants acknowledged to have had an average of three to four sexual partners in the last one year. These findings indicate that, the participants were a representative sample of the sexually active youth who were likely to engage in risky sexual behaviour.

4.4 Setting the Stage

This session explored the importance of establishing a safe, trustful and supportive environment for the participants to fully engage in the psychodrama process. It was, therefore, aimed at creating an environment that would encourage participatory communication through role-playing, role reversal, role interviewing, sculpting and socio-psychodramatic sharing. According to Blatner (2000), we need to give more attention and recognition to the importance of fun, interest, and excitement, as motivating elements in life. It has to do with an attitude and knack for turning work into a kind of playful challenge. Blatner further asserts that psychodrama cultivates this ability by emphasizing such elements as exaggeration, amplification, concrete representation, physical action, and imagination. Vitality may be further enhanced by role expansion so that we break out of character, or, better, build in a far more flexible and multifaceted character. This study sought to enhance creativity and spontaneity necessary for psychodramatic role-playing.
among the participants. The researcher guided the participants through a series of theatre games and playful exercises which helped them break their inhibitions and build rapport and confidence necessary for engaging in HIV/AIDS communication. The following activities helped to set a functional sociopsychodramatic stage:

**Activity 4.4.1: Pacing and Partnering**

This exercise aimed at establishing the importance of non-verbal communication. It was also meant to establish rapport and break inhibitions among the participants. The participants were asked to walk around the space as they shook hands with each other without talking. After 2 minutes, the researcher asked them to stop walking. They were then asked to look around and identify a person they would like to partner with. They were further instructed to move slowly toward the partner they had identified quietly after every clap made by the researcher.

**Reactions and observations from the participants:**

- It was difficult locating my partner
- I actually never thought that someone else had identified me as his/her partner. So I kept on seeking my partner who was illusive.
- When I was almost reaching my partner I saw her reach to someone else she had identified. I felt disappointed.

The participants observed lack of clear communication as a hindrance to reaching out to their identified partner. During the group discussion and reflections on the
game, there was general acceptance that they should have used non-verbal communication across the floor through eye contact.

**Activity 4.4.2: Mirror Game**

This exercise aimed at helping the participants speak with their bodies and thus improve their non-verbal communication among themselves. It also set to enhance rapport and confidence among the participants. They were asked to pair up. The researcher then guided the game by asking them to:

- Stand facing each other while looking into each other’s eyes.
- After two minutes they were asked to make one step towards their partner.
- They were instructed to play A and the other B.
- Whenever the researcher called out ‘A’, he/she would initiate action while ‘B’ would imitate it simultaneously as if they were mirroring the actions and vice versa.

Most participants 33 (82.5%), agreed with the observation that initially it was not easy imitating the actions. That they were confused but after awhile they started enjoying it to the point that they did not want it to stop. That it was like dancing together. The game therefore achieved its aim of building rapport and confidence among the participants. It also helped to have the participants energized for the process.
Activity 4.4.3: Image and Perception

This exercise aimed at helping the participants realize that perceptions can be a hindrance to interpretation of present communication leading to distorted information. That people work and relate with their own perceptions based on their social, cultural and environmental context. The participants were asked to observe and form images that had been acted out by the researcher in a flash of a moment. The guidelines to the game were as follows:

- Participants were asked to close their eyes.
- Then open and close their eyes when they heard a clap.
- Observe the action that the facilitator had made within the claps.
- After 10 seconds they were to open their eyes.
- They were then asked to demonstrate what they had seen.
- The exercise was repeated three times.
- The participants were asked to do the same exercise in groups of twos.

When asked to repeat the images, all of the 40 participants presented three to four of the images wrongly. Of the five images presented, 23 (57.5%) participants said that they only got one image correctly while 14 (28%) participants said they got two images correctly. Only 3 (7.5%) participants managed to get four images correctly. When asked why they were unable to show the exact image presented, they responded by pointing out that:

- It was too fast.
- You did not give us enough time.
- We did not see it well.
- Did not comprehend what you did.

The general agreement in the succeeding discussion was that people need to participate in both verbal and non-verbal communication within their contextual set up in order to comprehend and relate to given information. This study set to realize HIV/AIDS communication among the youth through psychodramatic role-playing. This exercise, therefore, enhanced the environment for the participation of the youth in the process.

**Activity 4.4.4: Energizer and Team Building**

This exercise aimed at building group efficacy by enhancing the spirit of working together. The participants were taken through the following chant which they sung as they went around carrying chairs on their heads.

- Tupande mlima........x2  Let us climb the mountain...........x2
- Mlima tutapanda......x2  The mountain we must climb........x2
- Tunapanda mlima...x2  We are climbing the mountain......x2
- Mlima tutapanda......x2  The mountain we must climb........x2
- Tushuke mlima ......x2  We descend the mountain...............x2
- Mlima tutashuka......x2  The mountain we must descend....x2
Tunashuka mlima...x2 We are descending the mountain...x2

Mlima tutashuka......x2 The mountain we must descend......x2

As they sang and danced, they were asked to place the chairs at the centre of the circle one after the other with a target of building the tallest mountain of chairs. Only one participant was allowed to arrange a chair towards the construction of the mountain at a time. If two people moved in at the same time, the game had to stop and begin again. If the mountain collapsed during the construction, the exercise was to begin again until the last chair was placed successfully.

Observations

During the exercise, some participants tended to be in a hurry to place their seats in the initial stage of the exercise when they did not have to struggle to balance the chairs. As a result, they kept on colliding at the centre and forcing the game to start again. When asked why they kept on interrupting the progress of the mountain, they gave the following varied answers which depicted individualistic tendencies and lack of communal spirit:

*Nilitaka kumalizana na mambo ya kubeba viti.*

(I wanted to finish up with the business of carrying chairs).

*Sikutaka kung’ang’ana wakati uegemezaji wa viti una changamoto.*
(I did not want to struggle at a point when it was tricky balancing the chairs).

It was also observed that most participants avoided placing their chairs when the mountain of the same seemed unstable. When asked why they stood back, they pointed out that they were afraid of causing the collapse of the mountain and would be blamed by the group members. During the discussion, the group members acknowledged that everyone was to blame for the delays and frequent collapse of the ‘mountain’ because those who had come first did not consider putting up a proper foundation yet they were the first ones to point an accusing finger at others when the project stalled. The discussion generated the following insights which pointed to the realization of the objective of the game of working together as a team:

- We need to concentrate on establishing proper foundation before raising the mountain.
- We need to work together and not in isolation if we are to achieve a common goal.
- We must have a common vision if we are to realize something collectively.

According to Blatner (2000), another feature of the bimodal perception of play is that the player’s role is, in a sense, placed in a context of tentativeness by the monitoring or meta-role. This means that what is being played "doesn't count" in
the way that it might if it were being performed in the ordinary, non-play world. The theatre games therefore did create a safe environment for individual and group exploration of roles through a creative and spontaneous engagement. The stage had therefore been set for socio-psychodramatic role-playing in HIV/AIDS communication.

**Activity 4.4.5: Communal narratives**

According to Rappaport (1995), both research and practice can benefit from a narrative approach that links process to practice and attends to the people’s interest. A definition of empowerment that includes a concern with resources calls attention to the fact that communal narratives and personal stories are resources. The researcher facilitated communal narratives to generate themes on HIV/AIDS in the community. This activity helped the participants to present this problem from their communal and individual perspective. It was therefore instrumental in generating socio and psycho-dramatic engagements. The participants were asked to form groups of five. This was to ensure that each participant got involved in the process. They were then asked to share their communal and individual narratives on HIV/AIDS issues. They were further instructed to choose one of the narratives and create a skit to present to the rest of the group. The role-plays which were presented generated themes on HIV/AIDS. These formed the basis of psychodramatic role-playing: role reversals, role interviews, sculpting and socio-psychodramatic sharing, thus facilitating HIV/AIDS communication among the
participants. Rappaport (1995) asserts that narrative theory and method tend to open the field to a more inclusive attitude as to what accounts as data and to cross disciplinary insights as well as citizen collaboration. Table 4.1 highlights themes on risky behaviours among the youth in Msambweni according to the communal narratives generated by the participants:

**Table 4.1: HIV/AIDS Themes that Emerged from Communal Narratives**

<table>
<thead>
<tr>
<th>Group</th>
<th>HIV/AIDS Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Abuse of drugs and sexual orgies among the youth.</td>
</tr>
<tr>
<td>Group 2</td>
<td>Peer pressure at school leading to pre-marital sex among the youth.</td>
</tr>
<tr>
<td>Group 3</td>
<td>Party culture... night discos leading to initiation into sex among the youth.</td>
</tr>
<tr>
<td></td>
<td>Traditional wedding ceremonies and risky sexual behaviours.</td>
</tr>
<tr>
<td>Group 4</td>
<td>Prostitution among school girls.</td>
</tr>
<tr>
<td></td>
<td>Sexual violence against the girl child.</td>
</tr>
<tr>
<td>Group 5</td>
<td>Enticing of young girls into sexual intercourse by elderly men-sugar daddies.</td>
</tr>
<tr>
<td>Group 6</td>
<td>Inaction on part of parents leading to risky sexual behaviours among the youth.</td>
</tr>
<tr>
<td>Group 7</td>
<td>Cohabitating among the youth.</td>
</tr>
<tr>
<td></td>
<td>Child marriages.</td>
</tr>
<tr>
<td>Group 8</td>
<td>Sugar mummies.</td>
</tr>
<tr>
<td></td>
<td>Homosexuality among the youth.</td>
</tr>
</tbody>
</table>
4.5 Use of Psychodramatic Role-playing in Improving Insights and Social Awareness among the Youth in Msambweni

The first objective of the study was to determine the use of psychodramatic role-playing in improving insights and social awareness among the youth in Msambweni. Although behaviour and attitude change play a crucial role in the prevention of HIV/AIDS, it is argued that such behaviours and attitudes are produced and reproduced by individuals living in larger communities and being impacted by cultural, economic, social and political influence (Srinivas, Sundeep & Divakar, 2000). The findings of this study show that psychodramatic role-playing is effective in facilitating the exploration of the perspective of other individuals. It enabled the participants to make connection between their individual thoughts and those of other members of the group and the community at large. It led to clarification of values, understanding and expansion of knowledge and shifts in beliefs and attitudes among the youth. According to Srampickal (1994), improvising plays helps the audience to identify with characters and to concentrate on the issues. The collective involvement of all the people in all aspects means that the entire community takes initiatives to assert themselves and to contribute their share to the analysis. The participation itself becomes an educational process and an essential element in the act of conscientization. Srampickal (1994), further notes that, in improvisation, the process of playmaking is the crucial time for analyzing social issues and building social awareness. In this study, psychodramatic role-playing which is mainly tailored around spontaneous
improvisation shows its efficacy in generating insights and social awareness. This was depicted through socio-drama, role-reversal, sculpting, role representation and sharing among the participants as shown below:

**Activity 4.5.1 Socio-drama**

As part of warm up activities, the participants were taken through sharing communal narratives from which they generated HIV/AIDS related themes. One of the groups performed a role play that depicted a young woman who had rejected her fiancé for another man who had fooled her into believing that he was a tycoon. Her desire for materialistic lifestyle she easily fell into the trap of promises of paradise on earth. The man told her that he would buy her a car, build for her a house and take her abroad on holiday trips. By the time she realized that the man had duped her into having sex, it was too late. The man then humiliated her by mocking her about her greed for material things and comfort she did not work for. Later on, she fell ill. Upon going to hospital, she was diagnosed with HIV/AIDS.

**Activity 4.5.2 Sharing**

Socio-drama focuses on the collective aspects of the roles we play. It can therefore help a group to explore cultural roles and how they feel about them (Leveton, 2010). The researcher took the participants through socio-psychodramatic sharing. The participants easily identified with the dynamics of the drama. They shared their feelings and experiences. They related their observations to their everyday life in the community as presented in the themes below:
a) Insights on Risk Perceptions

A number of models used to explain health behaviour posit that highly perceived risk is associated with low levels of risk-taking behaviour. However, despite high HIV/AIDS prevalence and high rate of risky sexual behaviour in South Africa and other Sub-Saharan African countries, young people in these countries perceive themselves as being at low risk of HIV/AIDS infection (Anderson, Beutel & Mauhan-Brown, 2007). The findings in this research agree with these observations. Five participants revealed lack of risk perception among the girls in their community in this context. The following statements exposed the fears that the participants had in relation to risky sexual behaviour.


(Our girls don’t reason…..rather they don’t imagine that their actions are risky. They don’t perceive dangers of HIV/AIDS. They are not afraid of contracting and transmitting HIV/AIDS. Our girls act as if they don’t know the realities of HIV/AIDS. To them it does not exist. Their greed for easy money and materialistic lifestyle suppress their perception of the danger of being infected).
Wanafahamu kuna Ukimwi lakini wanaamini mtu yeyote kwa urahisi. 

Huamini yeyote anayejipendekeza na kutaka uhusiano wa mahaba kuwa mwenye afya. Kwao kunawiri kwa mwili ni afya.

(They know HIV/AIDS is real but they easily trust anybody. If anyone presents interest and insists to have a sexual relationship, then they assume that the individual is healthy. They perceive anyone who appears healthy to be free of HIV/AIDS).

Unashindwa kuelewa mbona sisi wasicha na hatujiulizi swali rahisi.....ikiwa mwanamume huyu ananiambia hivi na vile na kunitongoza namna hivi....ametongoza wangapi mbeleni? Haikosi mume huyu ameshiriki ngono na wasichana wengine wengi amboa huenda wanaukimwi. Unaweza kuwa unajiweka katika hatari ya kuambukizwa ukimwi.

(You wonder why we girls never ask ourselves a simple question. That if this man is telling me this and that and wooing me, how many others has he seduced before me? This person must have had sex with many other girls who may be infected of HIV/AIDS. It is therefore possible you are risking your health; you could easily be infected HIV/AIDS).

Wanajua ukimwi uko lakini wanafikiria kuwa ni ugonjwa wa wakubwa. Kwao ukimwi ni wa watu wazima.

(They are aware of HIV/AIDS but they believe it affects only the grownups).
Following the sharing above that show that some of the youth lack risk perception towards HIV/AIDS risky behaviour, the researcher probed the participants to establish their risk perception. The findings tabulated in Table 4.2 confirm the fears raised by some of the participants that the youth in their community lacked risk perception on HIV/AIDS.

**Table 4.2: Youth Perception on Risky Sexual Behaviour**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Not Risky</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having unprotected sex once with one partner is risky</td>
<td>8</td>
<td>18</td>
<td>11</td>
<td>3</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>% 20</td>
<td>% 45</td>
<td>% 27.5</td>
<td>% 7.5</td>
<td>100</td>
</tr>
<tr>
<td>Having unprotected sex once with two partners is risky</td>
<td>3</td>
<td>6</td>
<td>14</td>
<td>17</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>% 7.5</td>
<td>% 15</td>
<td>% 35</td>
<td>% 42.5</td>
<td>100</td>
</tr>
<tr>
<td>Having unprotected sex once with more than two partners is risky</td>
<td>0</td>
<td>3</td>
<td>13</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>% 0</td>
<td>% 7.5</td>
<td>% 32.5</td>
<td>% 60</td>
<td>100</td>
</tr>
</tbody>
</table>

The findings in Table 4.2 indicate that most participants had very low risk perceptions on risky sexual behaviour. For instance only 3 (7.5%) participants perceived having unprotected sex once as being a great risk, 11 (27.5%) perceived it as a moderate risk, 18 (45%) perceived it as a slight risk while 8 (20%) perceived it as not risky. These findings concur with Anderson, Beutel and Mauhan-Brown’s (2007) explanation that the youth may underestimate risks in general because of a feeling of invulnerability. Since acknowledging one’s own risk admits the possibility of being part of a stigmatized group, the youth may
avoid this by downplaying their personal risk. The above reflections further point to Johansson’s (2011) assertion that, awareness about HIV/AIDS implies an extraordinarily complex comprehension since the epidemic determinants are social, personal, political, sexual, and medical. According to Moreno (2006), the role and role interaction encompasses contact with each other's bodies as well as our minds, on a number of levels and that role interaction makes certain demands on us. This therefore makes the process and impact of psychodramatic role-playing slow and gradual as indicated in the findings where more than half of the participants had not improved on the perception of risky sexual behaviour. Theatre itself cannot solve these health problems. It can only illustrate and expose them. It is up to the people in the audience to take up the challenge and use their indigenous ways of communication and decision-making to shape their own development (Sloman, 2012).

b) Vulnerability of Girls

Girls often lack the information and power necessary to negotiate for delayed or safe sex. Girls living in rural areas are particularly vulnerable. They are living in poverty and have limited opportunities for education and employment (Village volunteers, 2011). The participants shared their insights on HIV/AIDS risk factors which the girl child is exposed to in the community. They talked about the role of socio-cultural and economic environment in rendering the girl child susceptible to HIV/AIDS. Ignorance and desire for materialistic lifestyle among girls are
projected as main factors leading to their risky sexual behaviour. One participant noted that:

Wasichana wengi mtaani wanapenda maisha ya starehe na vitu vya ubwete. Wanaume wametambua chambo cha kuwadanganya na kuwatumia wasichana wajinga. Wasichana wengi hukwangurwa na hawa wanaume wajanja na kuishia kujuta baadaye.

(Most girls in our community have desire for lavish and comfortable life. Men exploit this weakness among naive and unsuspecting girls. Many girls engage in sex with these cunning men and later end up in regret).

One male participant supported this observation. He pointed out that:

Wasichana wetu wanapenda raha. Wanaishi kiholela tu. Kukwangurwa ovyo ovyo. Bora aonyeshwe shilingi atalala na yeyote!

(Our girls love having fun. They lead a careless, promiscuous life. They are willing to have sex with anyone who displays a few shillings in their face!)

Two female participants observed that blind desire for leisure and ignorance among the girls was a risk factor that was bound to lead to spread of HIV/AIDS in the community. The following statements expressed this realization:

Wasichana wenye kupenda maisha ya starehe wana hatari ya kuambukizwa Ukimwi. Huwakimbilia wanaume wenye kuwapa mihadi ya urongo. Unaweza kukutana na mwanaume mwenye pesa na magari

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lakini hasidi. Anaweza kukuambukiza Ukimwi. Wanaume hawa huwafuata wasichana wajinga kuwaambukiza Ukimwi.

(Girls who are materialistic are at risk of contracting HIV/AIDS. They fall for men who give them false promises. You can get a man with a lot of money, cars and many more, but has ill intentions. Such men could infect you with HIV/AIDS. They go for girls who are ignorant.)


(The girls in our village are really naïve. They are easily fooled. They easily trust anybody who has money. It is so easy for them to contract HIV/AIDS. We need to enlighten one another.)

Following the assertion that girls were easily duped into having sex with men, the researcher probed the female participants in order to establish if they had ever been victims to men who exploit girls’ vulnerability. The responses indicated in Table 4.3 suggest that most of the participants had been vulnerable at one point.
Table 4.3: Girls Enticed for Sex

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have previously been enticed for sex through false impression</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>I have previously been enticed for sex through false promises</td>
<td>13</td>
<td>68</td>
</tr>
<tr>
<td>I have previously been enticed for sex by being offered money</td>
<td>15</td>
<td>78</td>
</tr>
<tr>
<td>I have previously been enticed for sex through drugs/alcohol</td>
<td>7</td>
<td>37</td>
</tr>
</tbody>
</table>

The findings in Table 4.3 show that more than half of the girls 15 (78%) had been previously enticed using money, 13 (68%) through false promises, 10 (53%) through false impression while 7 (37%) were enticed through drugs/alcohol. One female participant shared her insights on the risk factors facing young girls in the community. She noted that culturally women believe that men should provide. She observed that women have an inherent culture of dependency on men. However, she accused men of abusing this culture to exploit women sexually. She noted that men entice and lure girls with material things. That men fool girls into believing that they will give them heaven just to have sex with them. As she would put it:

_Wanaume hudanganya wanawake na kuwahadaa ili kushiriki ngono kisha kuwaasi. Huwa hawasemi wowote isipokuwa jina tu. Kwa vile tunatamaa na twapenda vizuri tunahadaïwa kwa urahisi kwa pesa._
(Men woo young women into having sex with them before disowning them. They never tell the truth about themselves. The only truth they are likely to share with the girl is perhaps their name. Now since most of us (girls) love materialistic lifestyle we are easily manipulated with money. We literally worship such a man and before you realize you are being duped, he has already exploited you sexually and dumped you).

In this study, most of the male participants admitted to have previously wooed girls with money, through false promises and impressions as indicated in the findings in Table 4.4.

**Table 4.4: Men Enticing Girls for Sex**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have previously enticed a girl for sex through false impression</td>
<td>13</td>
<td>61</td>
</tr>
<tr>
<td>I have previously enticed a girl for sex through false promises</td>
<td>09</td>
<td>42</td>
</tr>
<tr>
<td>I have previously enticed a girl for sex by offering money</td>
<td>11</td>
<td>52</td>
</tr>
<tr>
<td>I have enticed a girl for sex through drugs/alcohol</td>
<td>02</td>
<td>10</td>
</tr>
</tbody>
</table>

The results of Table 4.4 above show that, most male participants 13 (61%) had enticed girls through false impression, 11 (52%) through offering money, 9 (42%) through false promises and 2 (10%) through drugs/alcohol. Their tendency to
justify their unhealthy sexual behaviour and exploitation of the young women was so spontaneous and puzzling. Amid applause, they robustly made statements indicating a predominant approval of a culture of sexual promiscuity among the youth. They projected heroism in duping and having sex with many girls as if they were oblivious of HIV/AIDS. Sex seemed to be the ultimate goal in their exploits as noted in the statements below:


(If a boy tells a girl that he comes from a poor family, that they live in a shanty, no girl will accept a relationship with him. Girls’ expectations make boys tell lies. If a girl does not know me I will entice her by telling her that I own things like a nice house, a motor bike or even a car. I usually give a girl high expectation by assuring her that I will take care of her education and after school I will marry her. When you give such promises most girls will have sex with you.)
(Since she can’t love me the way I am, I will dupe her about my social and financial status. As soon as she believes and accepts my advances, I will have sexual intercourse with her then dump her. I will have finished my business. I will then end the relationship. I can now tell her the truth after all I already got what I wanted. I will have had sex with her already.)

(The girls call for the lies. They deserve it. If you tell a girl about your poor and miserable background you will never have a girl friend. But if you tell a girl that you have a car, a big house and give her an impression of a rich man she gets enticed. They only prefer the rich men and not love. Tell her lies, have sex with her, move on and seek for another prey.)
In patriarchal societies, as in Kenya, gaps in partner ages and education levels often underscore economic asymmetries, which contribute to gender imbalance regarding sexual negotiations and behaviours (Cain, 1993; Luke, 2005; Maticka-Tyndale et al., 2005; Muturi, 2005; Nzioka, 2001, as cited in Chiao, Mishra, & Ksobiech, 2011). For women, social norms defining their acceptable behaviour, characteristics and responsibilities, economic dependency, and violence make them vulnerable, whereas ideals of masculinity associated with risk taking and sexual conquest also create vulnerability in men (Jewkes et al., 2003, as cited in Flint, 2011). The participants’ insights therefore, indicate the efficacy of psychodramatic role-playing and sharing in illustrating and exposing the vulnerability facing the youth in Msambweni.

The spontaneous thoughts from the three male participants above show the need for continuous HIV/AIDS communication since, as Johansson (2011) asserts, it is a need that reproduces with new generations of sexually active people, which has come as a bitter revelation not only in Africa but also in the North, where a lack of attention to the epidemic has resulted in exponential doublings in incident rates in, for example, the United Kingdom. HIV/AIDS prevention refers to what constitute appropriate sexual behaviour for both men and women. Locating the nexus of appropriate prevention practices requires an understanding of broader discourse dealing with how norms, social practices and behaviour interrelate (Khushrushahi, as cited in Higgins & Norton, 2010) which this study depicts can be realized
through psychodramatic role playing. The need to be cautious in engaging in relationships was voiced by a participant, who after watching the socio-drama observed that:


(Now from the role play we’ve learnt that we should look before we leap. The girl made a wrong choice. She was not ready to live with the man who truly loved her and instead chose the one who was malicious for giving false promises. She was left in regrets.)

These findings concur with the assertion that the role theory’s goals are to facilitate insight, personal growth, and integration on cognitive, affective, and behavioural levels. (Corsini & Wedding, 2007). The warm up phase through socio-drama, generated broader discourse among the participants regarding the prevailing norms, social practices and behaviours that lead to risky sexual behaviour among the youth in Msambweni. It further gave insights of the need to improve on social skills among the youth.

c) Insights on Child Marriages

Child marriage is a human rights violation. Despite laws against it, the practice remains widespread, in part because of persistent poverty and gender inequality. In
developing countries, one in every three girls is married before reaching age 18. One in nine is married under age 15 (UNFPA, 2015). Families might get some money from an older man, while their daughter loses opportunities for an education and independence (Mody, 2006, as cited in Fuller, 2008). Many impoverished parents believe that marriage will secure their daughters’ future by ensuring that another family will be responsible for their care. Some parents see their daughters as burden or commodities (UNFPA, 2015). This observation concurs with the insights generated in the sharing of case stories in the community by the participants. One participant observed that:

Wazazi wakwe hukutukuza na kukuwashimu unapotimiza mahitaji ya familia wasijali masilahi na hatma ya binti yao.

(The parents-in-law will adore you and give you great respect just because you are a provider at the expense of their daughter’s well being and future.)

This assertion further concurs with UNFPA (2015) observation that girls who are married may also be exposed to sexually transmitted infections, including HIV/AIDS. Also, when they get married they are forced to drop out of school so that they can assume household responsibilities. Through socio-psychodramatic sharing, the participants presented the following case stories which revealed parents’ and community’s tolerance and acceptability to child marriages and sexual abuse of young innocent girls by older men:
Case story 1


(There is a girl…..a neighbour. She just sat for her final form four exams last year (2013). She was impregnated by a 70 year old man. She now has a baby. The man provides for the family to the satisfaction of the girl’s parents.)

Case story 2


(My cousin’s daughter was impregnated by an elderly man of about 45 years when she was barely 15 years. The girl was in class 8 then. Her teachers tried to seek justice for her but the parents shielded the abuser. They told them, “Don’t bother him he will marry her.” The parents allowed him to marry her. Now she has two children!)

The sharing of the case stories above point to Pitruzzella’s (2004) assertion that theatre is rooted in the community as a place of encounter and transformation. The
The most important change involves the shifting of borders between theatre and life. The findings in this study indicate that psychodramatic role-playing triggered some of the participants to reflect on and share their personal stories, experiences, feelings and question retrogressive practices in their community.

**Case story 3**

(In my neighbourhood a 14 year old girl was impregnated by a 28 year old man. When the teachers of the girl advised to have the man taken to court to answer for child abuse, the parents refused. They said they did not want the man to be jailed. “If he gets jailed who will marry my daughter? She is already pregnant, that will not change by jailing him.”)

This observation indicates a case of parents who tolerate the abuse of their children, thus encouraging risky sexual behaviour among the girls who fall prey to the lustful adults. According to Chiao, Mishra, and Ksobiech (2011), the Theory of Planned Behaviour emphasizes the significant influence of important others. The role-playing and sharing showed the role that parents need to play in enhancing healthy behaviour among the youth.
Case story 4

_In my neighbourhood we have a class 5 girl, averagely 11 years old who has a 20 year old boyfriend. The man is a ‘boda boda’ operator (operates a motorbike taxi). He picks her to and from school every day. He also buys her small gifts. The girl makes frequent visits to his rental room at the market centre. We suspect that they engage sexually._

In the Theory of Planned Behaviour, subjective norms are socially and culturally constructed through which social normative pressures shape an individual’s perception toward performing behaviour (Chiao et al., 2011) as indicated in the insights shared by the participants. An age gap, considered as a subjective (social) norm, may lead a younger female partner to be less likely to discuss safer-sex practices with her older male partner (Chiao et al., 2011). Through the psychodrama process, the participants were able to project how their community is captive to a socio-cultural environment that accepts and tolerates the exploitation
of the girl child. This, according to the insights of the participants was a major HIV/AIDS risk factor in their community.

**Activity 4.5.3 Mirroring**

One of the girls shared her personal experience of how she was lured into risky sexual behaviour by her friend when she was in standard seven. She agreed to have her story enacted. It depicted one school girl persuading her girl friend to sneak out at night to attend a night disco in a nearby night club. Upon conviction that they were going to have a good experience out, the girl agrees to join her friend in the night adventure. She tricks her parents before leaving for the disco club. When they arrive, the girl introduces her friend to a sugar daddy who readily buys alcohol for them and expresses his interest in the girl. She gets convinced by her friend not to fear and accept the man’s advances because he will give her money. The girl agrees and after awhile she is led to lodging for sexual intercourse. Afterwards, the man buys them more alcohol and gives both of them money before exchanging telephone numbers and bidding them goodbye. They return home late in the night while they are drunk. The parents do not take any disciplinary actions.

**Activity 4.5.4 Role Presentation/Role Interview**

The director, and other group members, when appropriate, ask questions of the person in role to gain further insight into the nature of that role, and to help the role-players become more spontaneous (Propper, 2012). The subjective part of the
self responds from within, in the here and now, at the spur of the moment. While self, as object is conventional, demanding socialisation and conformity, and the self as subject breaks out in spontaneous, uninhibited and sometimes impulsive actions (Kellerman, 1994). The researcher guided the role players and the audience through role interview to help the participants gain more insights of the central roles: the spoilt girls, the parents and the sugar daddy. After the enactment, the role players were asked to remain in character. The other participants were asked to interview the role players regarding their character. The questions posed had a bearing on the character and responsibility of the youth and parents in ensuring healthy sexual behaviour. The parents were put to task to explain their inaction while the youth were challenged about their indiscipline and engagement in risky behaviour. The role players depicted the youth as being undisciplined and promiscuous in a society that did not protect the vulnerable youth. They also indicated that the youth lacked guidance and parental care. Also, ignorance and poverty on the part of the parents rendered them powerless before their children. As a result, the children lacked respect for them. Men were depicted as sex predators who shamelessly abused young girls who were old enough to be their daughters. This was a point of concern among the participants who shared their insights and fears through the following questions which were put across to the three central roles: the parents, the spoilt school girls and the sugar daddy (male sex predator):
Role Interview of the Parents

Question 1: Why did you let your child out in the night?

Father: It is normal; we see nothing wrong to give our children permission to go out.

Mother: There is nothing wrong. They can take care of self.

Question 2: Why is it that you don’t care about what happens to your child? How come you did not reprimand them when they came home late and drunk?

Mother: I love her. If I quarrel her she will be annoyed. She will be unruly.

Father: It is normal to have them relate with friends. I don’t see the need of bothering with trivial things.

Question 3: Why is it that you don’t bother to find out whether your children went to school?

Mother: We don’t know the school programme; we know she goes to school. That is all that matters.

Question 4: Waswahili husema mto hufuata mkondo. Sasa wazazi nyinyi ndio wakuelekeza watoto au watoto ndio wenyekuwaelekeza? (The Swahili say a river follows its course, now should parents be guided by the children or should your children be the ones learning the right ways from you?)
Father: Well, it is the parents to show the way but you know things have changed. When this child goes out once in a while, she provides for the family. If we reprimand her, we will miss out on her support. Life is hard you know.

Question 5: When your child came home late, how come you did not reprimand her? How come you did not enquire why she is late and where she had been?

Mother: I love her. If I reprimand her she will be angry.

Father: It is not the responsibility of a father to take care of a daughter; it is the role of the mother... I need not ask my daughter questions.

This role interview projected the efficacy of psychodramatic role-playing in facilitating the participants’ discussion of the parents’ inaction and ignorance as a contributing factor to risky sexual behaviour among the youth. The process gave the participants an opportunity to question the values and attitudes of parents in their community.

**Role Interview of the Spoilt School Girls**

Question 1: Why are you involved in risky behaviour like abuse of alcohol and premarital sex while you are students? Why can’t you pay attention to your studies first?

Girl 1: Nowadays things are different. We do everything at the same time. We go to school during the day and at night we set to have our fun in clubs, in the morning we go to school.
Girl 2: Studies are important yes, but we also need fun. Drinking is equally good. It relieves one from stress. If your parent annoys you, alcohol will ease the worries.

Question 3: Now why can’t you pursue your education instead of misusing your parents’ hard earned money?

Girl 1: When I get money from my boyfriends I share the spoils with my parents. They also misuse my money.

Question 4: What are your objectives in education? Why are you wasting time going out for fun in bars and engaging in promiscuous behaviour?

Girl 2: When exams come I will do it. What will be, will be; I can’t stop having fun.

Question 5: Whom will you blame if you are hurt or arrested out there?

Girls: I will not blame anybody.

Question 6: Are your parents comfortable with your behaviours?

Girls: Yes.

Question 7: What makes you say they are comfortable?

Girls: We bring them money and food. When we come over we share our spoils.

Question 8: What do you do in the clubs/bars at night?

Girls: Many things, we take alcohol and have fun.

Question 9: After taking alcohol what do you do?
Girl 1: (laughing) Well, we go back home.

Question 10: Would you say that you only go out to take alcohol?

Girl 2: Well we also engage in sexual exploits with men.

Question 11: How does it make you feel?

Girls: Good; really nice.

Question 13: Do you relate with one or different men?

Girls: Many different men.

Question 14: Why?

Girls: Can’t rely on one. Today this one has money; tomorrow the other one has money. Today this one may have money but tomorrow you are lucky to get one with more money. It depends on the fortunes of the day.

Question 16: Do you use condoms?

Girls: There is no need. We don’t.

Question 17: Why?

Girl 1: You may be drunk; you have no control over him.

Girl 2: How would you tell if he has a condom or not? You have no choice but to have sex.

Question 18: Will you make up a good life out of this behaviour?

Girl 1: It depends with one’s luck. I might find one rich ‘mzungu’ who will make me a rich woman.

Girl 2: We have individuals who have gone to school and have degrees but have nothing to show for it; they have no jobs. But my night life can
give me a lot of money. I may be lucky to get a ‘mzungu’ who will give me a lot of money and eventually establish myself; put up a good house; buy a good car and live a good life—while those who have university degrees languish.

Question 19: Do you know that there is HIV/AIDS?
Girl 1: Yes. It is there, it is a normal disease like any other.

Question 20: You don’t fear being infected.
Girl 1: I expect anything. I don’t fear. You can still be infected even if you are a good woman. Even if you keep yourself safe, your husband or boyfriend can infect you. If I get infected with HIV/AIDS in the course of my engagements it will be for a good reason.

Girl 2: I don’t fear. It is just like malaria; if you get infected you take ARVs and just live a normal life. I will go on with my life.

Question 22: If you get infected with HIV/AIDS, will you keep to your present lifestyle?
Girl 2: Yes! Why not?
Girl 1: I will go on with my normal life. Why should I change?

Question 23: Will you make use of condoms?
Girl 1: No I will not!

The insights projected in this role interview of the two spoilt girls, corroborate with Auerbach’s (1994) observation that unsafe sexual practices are often not the
result of a deficit of knowledge, motivation or skill, but instead have meaning within a given personal and socio-cultural context. According to Fuller (2008), the major barriers in preventing risky sexual practices appear to be embedded in a number of African traditions which are reinforced by prevailing economic circumstances. In this study, therefore, psychodramatic role-playing showed efficacy in facilitating the participants’ reflections on specific risky circumstances they face as youth in Msambweni.

**Role Interview of the Sugar Daddy**

Question 1: Why did you have to pick on the younger girl?

Sugar Daddy: Young girls are more romantic than the old ones. The old ones are not sweet.

Question 2: Do you have younger siblings like the girl you were using to satisfy your sexual desires?

Sugar Daddy: Sure. They go to school: I take care of them.

Question 3: Why can’t you take care of the other young girls the same way you take care of your sisters?

Sugar Daddy: Life is all about money. When you have money you use the money. I am using my money. After work I always want to relax. Young girls give me peace. They make my mind ease. They remove my stress.

Question 4: So in one night how many girls do you need to refresh yourself?
Sugar Daddy: It depends sometimes one, sometime two.

Question 5: Do you use condoms?

Sugar Daddy: Condoms are not fun. They don’t give me satisfaction. I prefer not using condoms.

Question 6: Do you realize that you could contract HIV/AIDS?

Sugar Daddy: HIV/AIDS is just like Malaria.

The role players depicted a community where the male adults are irresponsible, immoral and out to harm the unsuspecting naïve girls. Lack of risk perception was depicted in the role players’ assertion that condoms were not fun to use. To them HIV/AIDS was depicted as any other infection like a common tropical disease. However, the participants, through role interviews, had an opportunity to emphasise on the importance of condom use. Through psychodramatic role-playing it could be observed that the youth easily discussed emerging HIV/AIDS issues in relation to pre-psychodrama focus group discussions. The findings of the study therefore agree with Nellhaus assertion that, theatrical performance possesses a third plane consisting of the complex network of ideas, impulses and imagery which are transformatively concretized in, or emerge out of the enacted event.

Activity 4.5.5 Sharing

The role interviews for the spoilt girls, their parents and the sugar daddy, project Johansson’s (2011) assertion that theatre is the mode of testimony and dissent that
reveals such complex, biased and inequitable conditions at a community level. Psychodrama works with our imagination, providing an opportunity to see, feel and even touch some of our inner images by bringing them into concrete, physical reality (Propper, 2012) as depicted in the role-interviews above. They also demonstrate that theatre in campaigns against HIV/AIDS can be fully appreciated and applied as a participatory prevention practice in an epidemic that ultimately hinges on social interactions rather than pills or money (Johansson, 2011). During the sharing session, the participants related the dynamics of the role interviews to their everyday life experiences:

**d) Insights on indiscipline**

Indiscipline is the distortion of controlled moral or mental behaviour. It may also refer to the intentional refusal to follow rules or regulations in a given society. It has been noted that the indiscipline among the youth is born from peer grouping (ICTA, 2010). Through socio-psychodramatic sharing, three participants observed that indiscipline and lack of respect among the youth was a factor that led to risky behaviour among the youth. This was projected in the following statements:

*Watoto hutoroka makwao usiku kuhudhuria ‘viduku’ bila fahamu ya wazazi. Wazazi wameshindwa na watoto wao. Utasikia wakisema eti, “Ashaenda kumchapa si dawa.”*

(Children sneak out of their homes at night to attend traditional wedding parties without parents’ approval. The parents tend to resign to the
children’s indiscipline. You will hear resigned parents lamenting, “Punishing them is not a panacea for the actions done.”


(The young girls in the community are so disrespectful. They are not deterred with parental punishment. They would rather be punished than miss attending night parties. It is common to hear young girls encouraging each other to defy their parents’ ground rules, “Let’s go party. Punishment won’t kill you.”)

Hii ni taswira halisi miongoni mwa vijana wetu. Vijana hudanganyana wakajipata katika mienendo na tabia mbaya. Wenzako watakucheka wakijua hujawahi ingia katika sherehe.

(This depicts a true picture of the young people. Peer pressure contributes to risky sexual behaviour. Peers will laugh at you if they learn that you’ve never had sexual experience.)

Through peer groupings, therefore, the youth are likely to engage in risk behaviours which in turn influence risky sexual behaviours. The common sexually transmitted diseases in Kenya are syphilis, gonorrhoea, hepatitis B, and HIV/AIDS and youth in schools have not been spared either. With their carefree attitude, cases of contact with high risk persons are reported (Wanyonyi, 2014). To
establish the risk experience of the participants in relation to peer pressure, the researcher probed them further. The findings in Table 4.5 below established the role that peer influence had in the participants’ previous risky behaviour:

**Table 4.5: Peer Pressure and Risky Behaviours**

<table>
<thead>
<tr>
<th>Peer pressure</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tried drugs/alcohol</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>I attended night disco</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>I attended night traditional wedding party</td>
<td>33</td>
<td>82.5</td>
</tr>
<tr>
<td>I met my first boy/girl friend</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td>I had my first kiss</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>I had my first sleep out</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>I had my first sexual experience</td>
<td>21</td>
<td>52.5</td>
</tr>
</tbody>
</table>

The findings in Table 4.5 show that indiscipline among the youth is mainly as a result of peer pressure which encourages risky behaviours which expose the youth to HIV/AIDS. Most youth, 33 (82.5%), indicated to have attended traditional wedding parties at night following peer pressure. More than a half of the participants, 21 (52.5), indicated that their initial sexual experience was as a result of peer influence. Other significant influence of peers was in attending night discos, 15 (37.5%), sleep out 13 (32.5%), first kiss 9 (22.5%) and use of
drugs/alcohol, 6 (15%). The findings therefore indicate that psychodramatic enactment and sharing exposed the impact of drug abuse, night discos and traditional wedding parties on risky sexual behaviours among the youth in Msambweni.

e) Insights on Effects of Drug and Alcohol Abuse

Drug abuse and addiction have been inextricably linked with HIV/AIDS since the beginning of the epidemic. The link has to do with heightened risk, both of contracting and transmitting HIV/AIDS. A person under the influence of certain drugs is likely to engage in risky behaviour such as having unsafe sex (NIDA, 2012) as observed by one participant who pointed out that:

Madawa ya kulevya na pombe ni tatizo kubwa kwa vijana katika jamii yetu. Vijana hushawishika kwa urahisi katika matendo ya ngono kwa vile huwa hawana fahamu nzuri.

(Drugs and alcohol are a major risk factor in our community. The youth who abuse drugs and alcohol are an easy target of sex predators since their judgments are impaired.)

Tunastahili kuepukana na madawa ya kulevya. Mara nyingi twajipata tukitumia madawa na kushiriki na makundi potovu. Tunaanza kurandaranda na kufuata shughuli zisizo na mwelekeo. Tunawakosea wazazi heshima na kushawishika visivyo na marafiki. Mwishowe
We need to keep off drugs. Many a times, we get ourselves using drugs and simply getting into bad company. We find ourselves idling and engaging in unproductive activities. We lack respect for our parents. We are negatively influenced by our friends and eventually mess up our lives. We engage into HIV/AIDS risky factors.)

f) Insights on Effects of Night Clubs and Traditional Wedding Parties

Night clubs and traditional wedding parties were presented as the ground where many children fall victim to risky sexual behaviour. This was reflected through the following observations:

_Vilabu kama Calypso na viduku vya usiku vimepoteza watoto wengi sana katika jamii yetu. Vijana wadogo huanza kushiriki ngono kiholela wanapoenda katika ngoma za usiku._

(Night clubs like Calypso and traditional wedding parties held at night are a breeding environment for risky sexual behaviour among the youth.)

_Utashangaa kuona wasichana wa miaka 9-14 wakiruhusiwa kuingia katika vilabu usiku iliwavutie wanaume wenye kufuata wasichana wadogo. Haja yao kubwa ni biashara yao kunawiri._

(It is disturbing to see young girls aged 9-14 years being allowed entry into night clubs to attract male clientele who go out predating on young
innocent girls. They are interested in their business at the expense of these naïve girls.)


(I was once a DJ in a village party. I was shocked to see 8-10 year olds being allowed in at night. There was no age restriction. The managers did not care. Majority of the revellers were children aged 8 to 16 years. Some braved long distances to attend. Now, when the party ended at 3.00 am, most of them were stranded to go back. Some of them fell in the hands of sex predators.)

_Hivi majuzi tulikuwa na kisa cha msichana mdogo mwenye umri wa miaka 12 hivi. Aliletwa kwenye eneo la ngoma kwa bodaboda. Kisha alinijia kwenye nilikuwa akaniomba nimlipie kiingilio tuingie pamoja. Sikuhitaji kutoka jasho kupata mshikaji usiku huo._

(We recently had an incidence of a 12 year old girl. She was brought at a disco hall by a ‘boda-boda’ rider. After awhile, the little girl approached me and requested if I could pay for her entry fee and be her
companion. Now I did not need to struggle to get a companion that night.)

Mazoea ya viduku yana maafa. Wasichana kwa wavulana huhudhuria viduku usiku bila ya vizuizi vya wazazi na wenyе sherehe kujali hali yao. Wasichana wadogo hucheza miondoko ya kushawishi ngono.

(The culture of night wedding parties (viduku), are a risky factor. Many young girls and boys attend the ceremonies without restrictions from their parents or event organizers. The girls’ provocative dances lead to illicit sexual intercourse among the innocent children.)

Msimu wa harusi unaodumu kwa muda wa takriban miezi nne hushuhudia viduku takriban sita kila mwisho wa mwezi. Watoto wengi hujipata katika mtego wa ngono.

(During the wedding season which lasts for a period of four months, we usually have approximately six night wedding parties every weekend. This is a very vulnerable season for the young ones in the community. It exposes them to risky sexual behaviour).


(Nobody takes care of these children out there. No one guides the children on their morals. There is no protection for the children. You
will find many children out making erotic noise in the bushes. I once attended a wedding party in the village. I was surprised to see children taking cover in the nearby bushes and engaging in sexual intercourse. I blame the parents.)

Utapata watoto kwa watoto na upande mwingine watoto kwa watu wazima wakishiriki ngono. Tuna watu wazima ambao huwaandama wasichana wadogo haswa wenye miili mikubwa. Utapata msichana yuko darasa la 4 au 5 lakini jibaba halijali. Inashangaza kuona wazazi hawashughuliki hata wanapopata habari.

(The children engage in sexual activities with both age mates and grownups. There are adults who pursue these children for sexual exploitation, especially children who show physical maturity. The girl could be in class four or five but you will find a shameless man engaging her sexually. It is interesting that the parents do nothing about it even when they have knowledge.)

These findings indicate that the psychodramatic role-playing and sharing process gave the participants the efficacy to question given behaviours and cultural activities that are risky factors among the youth in Msambweni. The findings of this research are in agreement with the study by UNICEF (2006) that examined the extent and effect of sex tourism and sexual exploitation of children at the Kenyan Coast. It showed that 75% of respondents either accepted the practice as normal and tolerable or actively approved of it. This therefore indicates that
psychodramatic role playing can enhance communication on sexual behaviour and thus help raise insights and awareness among the youth and the community at large.

g) Insights on Gender Violence

Gender violence includes rape, sexual assault, relationship violence, in heterosexual and same sex partnerships, sexual harassment, prostitution and sex trafficking. Gender is the most powerful prediction of rape, sexual assault and relationship violence. These crimes are predominantly against women and perpetrated by men (Duke University, 2014). According to Flint (2011), gender-based violence, together with its causal links to the spread of HIV/AIDS, is embedded in socio-cultural norms. Young women and girls tend to suffer most from sexual violence. Victims of sexual violence can suffer sexual and reproductive health consequences including forced and unwanted pregnancies, unsafe abortion, traumatic fistula, sexually transmitted infections including HIV/AIDS and even death (UNFPA, 2015). The findings of this study indicate that through socio-psychodramatic sharing, the participants noted that during cultural functions such as wedding parties held at night, most young women were victims of rape but the cases went unreported. As one participant would point out:

Wakati wa viduku huwa kuna visa vya wasichana kunajisiwa lakini huwa hawasemi kwa vile huwa wametoroka nyumbani bila ruhusa ya wazazi. Wasichana wengi huviziwa na kunajisiwa. Athari
yake hujitokeza tu pale ambapo wanashika mimba. Huwa tunazungumzia tu mimba bila kufikiria hatari ya Ukimwi inayowatazama.

(Rape cases are usually rampant during the cultural wedding parties held at night. Most cases go unreported since the girls are usually out without their parents’ knowledge. Indeed many girls are usually waylaid and abused sexually. However we never get to know the repercussion until we see them pregnant. We talk about pregnancy but never imagine that these children are exposing themselves to HIV/AIDS.)

**h) Insights on Child Prostitution**

Child prostitution has been defined by the UN as the act of engaging or offering the services of child to perform sexual acts for money or other consideration with the person or any other (Laccino, 2014). Although prostitution in Kenya is illegal, studies indicate a growing incidence of child sex tourism. A study carried out by UNICEF (2006), on the extent and effect of sex tourism and sexual exploitation at the Kenyan Coast indicates that 30% of all the 12 to 18 year-olds living in Malindi, Mombasa, Kilifi and Diani are involved in casual sex work. It is estimated that 30,000 girls between the ages of 12-14 years are lured into hotels and private villas and exploited sexually. Through psychodramatic role-playing and sharing, the participants illustrated aspects of child prostitution in Msambweni. One participant pointed out the tragic events that face a typical girl child prostitute in their community:
(We have young girls who live at home but fend for themselves. One can take 3 months without eating at home yet they don’t miss a meal. They get good breakfast, lunch and dinner. They engage in transactional sex. The sad thing is that upon pregnancy they are deserted by their lovers. They are left alone and helpless. They drop from school. Life gets real tough for them. They don’t get help from home since they had chosen to defy their families. To survive they have to look for another man, any man who comes their way. The man may also seek to have a
child with her. Now life gets tougher for her. Eventually she contracts HIV/AIDS. She becomes a beggar, a “chokora” a prostitute at the beach or does prostitution in the village under cover. She gets so desperate that she accepts transactional sex at 10/20 shillings. Everyone now sleeps with her. Even small boys who want to have sexual experience. She becomes a risky factor in the village. They obliviously spread the scourge.)

The above insights concur with Johansson’s (2011) assertion that the degree of risk-taking implicated in the spread of HIV/AIDS relates to social groups lacking a livelihood which would allow them to make safe choices in life. The most vulnerable group, women aged between 15 and 24, is trapped in a vicious circle where the lack of resources often leads to interrupted schooling, early marriages, and pregnancies, and ensuing transactional sex as depicted in the role interview and sharing among the participants. The findings, therefore, show that the interactive nature of psychodramatic role-playing can facilitate communication among the youth on sexuality and HIV/AIDS.

i) Insights on Homosexuality

Homosexuality refers to an enduring pattern or disposition to experience sexual affection, or romantic attractions primarily with people of the same gender. Those involved in the homosexual orientation are described as gay, lesbians or bisexuals.
Gay is used in reference to “homosexual man” while lesbianism is strictly sexual relationship among females (Michael, 1994, as cited in Wanyonyi, 2014). One participant observed that the discussion was concentrating on heterosexual relations and forgetting that homosexuality was entrenched in the community to the surprise of more than half of the participants, 21 (52.5%), who disagreed that the practice existed. The following statements made by four of the participants indicated that indeed homosexuality was a risk factor in the community and needed to be addressed in line with heterosexual risk, though the larger community lived in denial of its existence:


(It is not easy to talk about homosexuality and its risk. They won’t listen because everyone pretends it does not exist while the vice is well entrenched in our community. When we were in school, we had a boy who used to sodomise other students when asleep. One only gets scared if you think about HIV/AIDS. Many students in boarding schools are in grave danger.)

*Ushoga pia umekolea shule za wasichana. Rafiki yangu katika shule ya msingi aliniambia ndio hali ya maisha katika shule za mabweni.*

(Lesbianism is also entrenched in girl schools. My former school mates in primary school told me that lesbianism is a way of life in boarding schools. You know girls relate so closely it is hard to suspect. Girls hug, call each other sweetheart and hold hands in public. They even peck in public and we perceive it as normal when in real sense they are lovers. People are really crazy. They have test tubes with rough surfaces which they share. The girls who resist are usually forced. It is like being raped. Now imagine if one of them happens to be HIV/AIDS positive. Some children may not be aware that they are contracting and transmitting HIV/AIDS while at school.)

Since homosexuality is widely considered a taboo and a criminal offence in Kenya, homosexuals have been forced to keep their sexuality a secret. Two participants shared how they had been surprised to learn sexual orientation of individuals known to them in their neighbourhood:

Kuna vijana watatu mtaani ambao huishi pamoja. Huwa tunapiga gumzo mara kwa mara. Huwa wanajaliwa kuwatembelea lakini

(There are three boys living together in my neighbourhood. We talk. We chat quite. They have always invited me to visit them in their house on several occasions. Recently, I was told they are gay. I have kept off. Am afraid of what they would have done to me if I had gone there. You see they are three....imagine! They would have sodomised me. They are interesting. They leave in a big house, one of them owns a Toyota RAV 4 yet they don’t work.)


(Men have been turned into women (homosexuals).They are enticed with presents such as motorbikes and money. Men want short cuts in life. They don’t want to work hard. They want to take easier but dangerous paths. I was surprised to learn that a friend of mine is gay. I
used to hear rumours about it. Then one day I chose to ask him for the truth and he admitted that he was a sex worker.)

The findings of this study, therefore, show that enactment and socio-psychodramatic sharing empowered the participants to discuss homosexuality (a rare topic in the community) and HIV/AIDS. They all had a realization that HIV/AIDS is just not all about boy-girl engagement but also a girl-girl and boy-boy sexual relationships. The findings coincide with the study of Noone, Maggie, Nguyen and Allen (2013) which evaluated an intervention using interactive theatre to facilitate parent communication with adolescents about sexuality. It showed that interactive theatre intervention facilitated communication about sexuality.

j) Insights on Sugar Mummies

The presence of women who use their economic status to sexually exploit young boys in the community was brought to the fore by one participant who observed that the vice was rampant but many people were not aware. He noted:

(The boys are also enticed by sugar mummies. We have sugar mummies in the village but most of us are not aware. They lure small and big boys. They prefer small boys; they entice the innocent boys with the pleasures and comfort of life in return for sex. Most of these women are usually mistresses of rich European men. Their European lovers provide them with upkeep but come around once in a while may be once or twice a year. In their absence the women lure the young boys whom they use to satisfy their sexual desires. When the European lover is about to return the boy is usually sent away. In some cases the boy may masquerade as a gardener. When the “mzungu” comes he will hardly realize that the gardener is her boyfriend. When the “Mzungu” travels back to Europe the boy resumes his duties as a husband.)

Commercial sex, whether heterosexual or homosexual transactions, is potentially risky both for sex workers and their clients. How people behave may determine their risk of infection, but behaviours result from the environment in which people live and operate from (Whiteside, 2008). This realization was revealed during the socio-psychodramatic sharing when three participants made the following observations:

_Ukweli ni kuwa tabia hii ina hatima mbaya. Inatuathiri. Wapatapo pato kutokana na usenge wao wavulana hawa, hurudi mtaani wakipeleka pikipiki na kuwaonyesha wasichana uzuri. Wanaanza kwadanganya watoto wa shule. Wana msururu wa wasichana wanaowahadaa. Huwa_
wanavaa vizuri. Ndio masta mtaani. Wanawahujumu watoto wa shule za msingi na upili. Sasa kama ni ukimwi kutoka kwa shughuli zao si wasichana wetu wanaendelea kuangamia?

(The truth, however, is that this behaviour has a bad impact. It affects us negatively. When the same boys get empowered economically they come back to the village riding motor bikes and impressing the village girls. They now take turn to abuse the innocent school girls. These boys have a trail of girls whom they woo. They dress well. They become village heroes. They start exploiting both primary and secondary school girls. Now if it is a case of spreading HIV/AIDS from their engagement don’t you think our girls are endangered?)


Inakuwa ni wakati wa kulipa madeni.

(These boys entice the school girls with money for lunch and fare. The boys with motor bikes offer the girls free rides to school. Once they have developed dependency the boys have easy prey. They start abusing them sexually. For instance a boy would meet a girl during lunch hour and offer her a hundred shillings. After a while the girl makes it a habit.)
Then the boy will remind the girl, “I always buy you lunch why can’t you have sex with me.” You see it is time for the girl to pay back.

*Mvulana mjanja atamwendea msichana na kumwambia “ikiwa mimi hukupa shilingi mia 100/500 ununuwe chakula cha mchana na wewe si mshikaji wangu hebu fikiria nitakacho kupa ukiwa wangu?”*. *Hapo msichana hujitupa mtegoni kabisa.*

(A sly boy would reach out to the girl and remind her that I do give you 100/500 shillings for lunch every other time yet you are not my girlfriend. Now, imagine what I would do for you if you were my girl. Now that makes the girl fall deeper into the trap.)

The results above indicate that following psychodrama enactment the youth were more willing to discuss sexual issues and the risk of HIV/AIDS in their community. They easily talked about child prostitution and abuse and homosexuality than they did during the pre-psychodrama focus group discussions. Out of the 40 participants only 2 female participants tended to show reluctance in sharing the emerging issues. However they were active when it came to role playing where they were free to converse in Kidigo (the local language).

**Activity 4.5.6 Mirroring**

Upon the above reflections, there was a trigger of psychodrama from one female participant who almost fell victim to a man who was infected with HIV/AIDS. The man was intentionally luring and infecting unsuspecting girls. The man was going around the village enticing young girls with promises of heaven and offering them
money in exchange for sex. The girl’s uncle, who used to work for the rich man had convinced the girl’s mother to have her marry the man because they would benefit from his wealth. The girl, aged 16 years at the time had accepted to get married to the man after being prevailed upon by both the uncle and the mother. However, at one point the girl’s younger sister reported to her that the same man had tried to entice her to having sex with him by offering her money. They chose to trace the man’s background only to find out that he was infected and was known to lure small girls with intention of infecting them. She rejected the man despite the push from her uncle and mother who did not want to believe their findings.

**Activity 4.4.7 Sharing**

During the sharing, the participants brought to the fore the need to be aware of infected individuals who purposefully reach out to infect unsuspecting sexual partners. One participant pointed out to the protagonist in the above psychodrama that:


(You should count yourself lucky. We have individuals who intentionally seek to infect others. They want to revenge. They say they
can’t die alone. In fact they keep a list of names of the people they have infected. They are bitter for having been infected.)

This insight triggered the sharing of the following case stories where individuals known to some of the participants fell victims to HIV/AIDS infection:

Case story 1

_Ndoa ya shangazi yangu ya miaka nane ilivunjika baada ya kuathirika._


(My aunt’s marriage of eight years ended as a result of HIV/AIDS infection. The husband was employed as a casual labourer while she worked for an NGO. The work involved frequent travels for workshops and seminars. The wife found it necessary to employ a house girl to maintain the house while she was at work. She shared the idea with the husband which he accepted. They employed a young beautiful lady and set ground rules for her in the house. Shortly the man entered a sexual
relationship with the girl. She would practically take the role of his wife in her absence. Sadly, it ended tragically. The wife tested HIV+ during her regular health checkups. It turned out that the house help was HIV/AIDS positive and therefore had infected the man who in turn infected her.)

Case story 2


(There was a boy who lived with his foster father. When he grew up, he moved out and got married. The foster father had a crush on his wife.
One day he called his son to send the wife home to address a domestic issue with the mother. The son obliged not knowing that the father had set a trap for his wife. When the lady went home she found the man alone. His wife had travelled. The man drugged the lady before raping her. The lady realized later. The man pleaded with the lady to keep the secret between them. However the tragedy is that the foster son was HIV+. He had infected the wife who infected the father who then infected the mother and as such the whole family was infected.)

**Case story 3**

(There was this man and his wife of 10 years. They had been living a simple life since the man had no stable job. Later on the wife got a job. However, instead of things changing for the better, it turned out to be a curse for the couple. She was enticed into an affair with one of her supervisors at work and shortly after she started treating her husband with contempt. Later on, she left him for the other man. The husband tried everything possible to keep the marriage in vain. However things did not go well for her in the second marriage. The second husband died shortly after. Little known to her the man was HIV/AIDS positive. She is now ailing. It is as if she jumped from a frying pan into the fire. It was better where she was earlier.)

The case stories above raised more awareness and insights among most of the participants who pointed out the need for the youth to avoid sexual promiscuity and embrace the use of condoms. As one female participant would point out that:

\begin{quote}
Vijana wengi huchukulia ushiriki wa ngono kama jambo la mzaha. Wengi husema eti kutumia mipira ni kama kula ndizi na ganda lake. Lakini kama mambo ni haya basi heri tulile ndizi na ganda lake.
\end{quote}

(Most youth take sex so casually. Most of them say that using a condom is like eating a banana with its peel. But if this is how the situation is then we should rather eat the banana with its peel.)

Most of the participants agreed with the insights and pointed out the need to be careful when choosing a partner for sexual relationships. Many of them pointed
out the importance of condom use by the youth. The findings of this study therefore indicate the efficacy of psychodramatic role playing in influencing the attitudes of the youth towards their sexual behaviour. The outcome of this research is similar to the results of the study of Denman, Pearson, Moody, Davis and Madeley (2008) which evaluated a theatre in HIV and AIDS education programme, devised for school children. It showed improved knowledge levels and influenced the attitudes of the children participating in the initiative regarding use of condoms.

**Activity 4.5.8 Role Reversal**

Gender roles and cultural values and norms influence the behaviour of women and men and the nature of relationships in which sexual activity occurs (Auerbach, Wypijewska & Brodie, 1994). In traditional and patriarchal societies, where men dictate the norms and the economy, women are their sexual objects as indicated in the psychodramatic role-playing and sharing above. In order to foster empathy towards the vulnerability of young women in the community, the researcher asked the participants to perform a drama of seduction and wooing in reversed roles. The boys played the role of girls who were being wooed while the girls took the role of the cunning boys.

**Activity 4.5.9: Sculpting**

Social context is an important mediating factor in shaping individuals’ behaviour and attitude related to HIV/AIDS (Prohaska et al., 1990). The justification of
promiscuous sexual behaviour and sexual exploitation of vulnerable young women in Activity 4.5.2, showed lack of HIV/AIDS risk perceptions among the youth. It showed their lack of empathy and initiative towards tackling the challenge of the epidemic. The researcher guided the participants into sculpting an image in which the central role of the vulnerable girl was that of a sister, a daughter, a niece or a friend. This created a social atom necessary to generate empathy. All the participants represented the significant others to the central role. This was aimed at cementing empathy for the vulnerable women which had been generated during activity 4.4.8: Role reversal. The enactments exhibited creative, spontaneous engagement and metaphors which took eight of the participants into surplus reality triggering empathetic insights and resolve to take collective preventive actions as depicted in the sharing (4.5.10).

**Activity 4.5.10: Sharing**

Psychodrama enables the enactment of scenes that did not occur but which should have happened. Through spontaneity, the flexibility of the method allows for exploration of new ways of relating with significant others, thus raising the level of differentiation of self (Farmer & Geller, 2005). After the role-players rejoined the group they were asked to give their insights and share their feelings and experiences. This was helpful in projecting insights that enhanced empathy on the side of both genders. The participants had an interactive discussion about their concerns in that the female gender needed to be protected and empowered against
the sex predators. They observed that the girls needed to enhance their decision making skills to help them make informed choices especially in matters to do with sexuality since they were vulnerable to abuse and HIV/AIDS. They took roles of protective, sensitive and caring individuals who were ready to protect the girls and young women in their community from sexual exploits and risk. This was highlighted through the following inputs from eight participants, five males and three females:

k) Insights on Inaction of Parents and Government

According to the insights raised by the participants poor parenting fronted with ignorance and inaction on the side of the government were factors that encouraged risky sexual behaviour among the youth. The following assertions reflected on participants’ raised concerns about the factors leading to the vulnerability of the girls:

*Ni vigumu kuwelekeza wadogo wetu. Kizuizi kikubwa ni wazazi wetu.*

*Ukimwekea mdogo wako ukali ndio wa kwanza kwatetea.*

*Watakukaripia mwanzo na ukizidi utaambiwa, “Huyu ni mtoto wangu wala si wako.”*

(It is hard for us to guide our younger siblings. The biggest hindrance is our parents. If you try to be strict with your sister the parents will tell you to leave her alone and mind your business. They will retort that, “This is my child not yours.”)

(Our only hope is prayer. Our community is at a very precarious point that only God can salvage us. When a child is abused sexually it is so hard to fight for and protect them. The custodians of the law, the chief and the police are usually compromised by the culprits. They abuse children with impunity knowing that they can buy justice. When we have cases like these, parents are usually given money to withdraw the case from the police to have the matter settled out of court.)

1) **Group efficacy**

Participatory theatre can provide a means for people to express their relationship with their social and physical environment. In relation to a community development agenda, the process encourages groups to work together (Carey & Sutton, 2004, as cited in Sloman, 2012). This study demonstrated that through psychodramatic role-playing, which is participatory in nature, the participants developed collective efficacy. During sharing, a sense of hopelessness towards the vulnerability of the young women in the community was depicted in the assertion by one of the participants that ‘our only hope is prayer.’ However, this triggered reactions from fifteen participants who expressed the need to take action as
opposed to sitting back while the situation unfolded to the worst. At this point the sharing was marked with a resolve and confidence that the youth could change the direction of intense risky behaviour if they took appropriate action other than waiting for other stakeholders. They tended to urge one another to take initiatives that would enhance positive attitude and behaviour among the youth to help decrease risky sexual behaviour among the youth. According to Prince & Jackson (2005), when you “try on” the roles of others, you have the opportunity to discover how they feel and what they want or need. Thinking as someone else helps one to expand one’s way of looking at things and strengthens your own decision-making skills. The following statements pointed to the assertion that psychodramatic role-playing can help the youth to improve on their insights and social awareness:


(We should not expect the parents to bring change. They have nothing to lose. I think it is us who have the responsibility and ability to bring change. We can empower our fellow youth.)

Shida yetu kubwa ni ukosefu wa malezi bora kutoka kwa wazazi. Wazazi wote wakiajibika hali itakuwa tofauti. Utapata kuwa wazazi ndio wanaowahimiza watoto wao kuingia katika ushirika mbaya. Niliwahi shuhudiya mzazi akimweleza bintiye wa darasa la nne avae nguo haraka ili aungane na wenzake waliokuwa wakienda ngoma ya
usiku. Tunaweza kufanya warsha na uigizaji kama huu ili kuwahamasishe wazazi kama hawa.

(Our biggest problem is actually poor parenting. If all parents took care of their children, things would be different around here. But parents encourage risky sexual behaviour. Parents encourage and tolerate risky behaviour among their children. I once over-heard a parent encouraging her school going daughter in class 4 to dress up and join her friends who were going to a night party. We can organize workshops and perform role plays like this to empower such parents.)


(In other communities children are protected while here we tolerate child abuse. If a man impregnates a school girl it is an opportunity for the parents. The parents in our village use their daughters to trap men
who can provide for the family. When the man provides for family upkeep, the parents don’t mind him having their underage daughter. They turn blind eyes to the abuse. In fact when the man comes around, they will set a room for him and the daughter. It is interesting that you can be allowed to have sex with the girl in their house when you are a provider. It is so annoying. Now it doesn’t matter how old you are. In fact, in most cases, you will find the man is older than the girl’s parents. We can mobilize ourselves and demonstrate or even call in media people whenever such shameful acts occur. This way we will discourage the culprits.)


(We must fight for ourselves if we are to survive. If something like this happens to your family, to your sister or any family member what will you do? I think the youth have to unite and find a way of protecting ourselves. It is alarming. Last year (2013), four school girls aged less than 15 years in my village dropped out of school because of pregnancy.)
Now, if cases of pregnancy among the school children are high can we envisage cases of HIV/AIDS infection?)


(It is time we started talking and acting. The youth are in grave danger. Many are aware of condoms but they don’t want to use them. They say you can’t eat a banana with its peel. God forbid! If a person infected with HIV/AIDS decides to infect two hundred girls in this village it will not take a week I swear! We must take preventive action.)

*Tunaweza kuanza kufanya michezo hii ya kuigiza na kuwahamasisha wenzetu mitaani na shuleni. Tukikumbushana tutaoko wengi wetu.*

(We can perform plays and empower our fellow youth. If we talk about these issues we will be able to save many of us.)

The sharing above concurs with the assertion that arts-based practices can also promote dialogue, which is critical to cultivating understanding. By connecting people on emotional and visceral levels, artistic forms of representation facilitate empathy, which is a necessary precondition for challenging harmful stereotypes (Leavy, 2009). If villagers were to use the language of theatre to express their circumstances and explore their problems they could together decide on a course
of action (Mavrocordatos & Martin, as cited in Nelson & Wright 1995). By the second month of psychodrama engagement with the participants they had built enough confidence for action. They planned for HIV/AIDS awareness programmes for primary school children in Msambweni Sub-county. They reached out to three primary schools in Msambweni to raise awareness on HIV/AIDS using role playing and theatre games they had learnt. Teachers who were impressed after watching the youth engage the pupils on sexuality and HIV/AIDS issues were reported to have welcomed the initiative. This showed the efficacy of psychodramatic role-playing in improving insights and social awareness among the youth.

According to Greenberg (2007), publicly questioning taboos, such as sexual behaviour, harmful traditional practices and hidden violence which affect girls and women, can help children claim and promote their rights. In this study, psychodramatic role-playing encouraged empathy and open discussions on sexual abuse and exploitation. Greenberg (2007) further asserts that facilitation of open discussions could promote community owned social change by ensuring appropriate participation among the youth. This study showed that psychodramatic role-playing can appropriately facilitate and stimulate HIV/AIDS discussions and collective preventive actions among the youth in the community. This finding concurs with Johansson’s (2011), observation that community theatre takes on a crucial place in HIV/AIDS prevention with regard to the mobilization of young
people, gender-balanced programmes, and a communal re-examination of traditions through past and present cultural practices.

4.6 Use of Psychodramatic Role-playing in Improving Social Skills among the Youth in Msambweni

According to Blatner (2000), human beings also need opportunities to learn skills. Psychodrama emphasizes the learning of more social skills, such as becoming more assertive or, perhaps, its opposite, less impulsively aggressive. Role-playing allows one to take safe risks with thoughts and ideas in order to establish one’s own set of values and beliefs (Prince & Jackson, 2005). Establishing a playful context offers "room to manoeuvre" and is thus more emotionally supportive. This informed the activity on role training to address a concern raised by one of the participants in the context of the case stories shared. The case stories prompted the participants to seek to know what one should do to keep herself safe from individuals with ill intent and risky situations:

_Ni vigumu kujua kuwa mtu anakuhadaa mpaka pale ashalala na wewe. Huwa wangwana, watulivu na wenyewe kukupa matumaini mpaka pale wanaposhiriki ngono na wewe na kukuathiri. Utajuaje kuwa haja yake ni kulala na wewe kisha akutupe kwenye jaa. Utajuaje anataka kukuambukiza Ukimwi._

(It is difficult to tell that you are being duped until the person has had sex with you. They are so cool, caring, patient and promising before
having sex with you and infecting you. Their true colours come out shortly after engaging you sexually. How does one tell that this person wants to simply have sex with me and then dump me? How do I tell that this person is out to infect me with HIV/AIDS?

**Activity 4.6.1 Role Training**

Psychodramatic role training is used to sharpen self-advocacy, increase listening and self-disclosure skills, and improve patient–provider relationships. Participants are encouraged to talk, play, and create new roles that would serve them in managing their sometimes complicated health care (Levton, 2010). According to Shapiro (2004), effective communication, the foundation of social success, consists of many distinct skills. With practice and encouragement, effective communication can be taught. The following playful activity aimed at enhancing the participants’ use of and comprehension of non-verbal communication in managing their health behaviours.

**a) Exercise 1: Keeping Eye Contact**

The participants were asked to pair up and keep eye contact with each other. At one point they were asked to move closer to each other while keeping the eye contact.

**Observations**

Initially all participants were unable to keep eye contact. They kept on giggling, fidgeting and bursting into laughter. The researcher reminded the participants that
the exercise would not go to the next level unless they maintained silence and eye contact. Through evident struggle, only two managed to sustain eye contact in silence. When asked why they were unable to maintain performance well, the participants gave responses which revealed fear and lack of confidence in their respective person. The following reasons were presented:

- *Niliona uoga kwa vile alikuwa ananikodolea macho.*
  
  - (I felt shy because he was glaring at me for long.)

- *Ana macho makali.*
  
  - (My partner has harsh look/eyes.)

- *Nilipata hisi fulani zilionifanya kucheka*
  
  - (I had feelings that tickled me so much.)

- *Sielewi sababu iliyonifanya kucheka.*
  
  - (I can’t really tell why I had to laugh.)

- *Mwenzangu alicheka nami nikajipata nacheka.*
  
  - (My partner was laughing and as such, I responded.)

- *Mimi naona tulikuwa twacheka nafsi zetu. Nilianza hisi kuwa kunatatizo au kasoro fulani.*
  
  - (We were actually laughing at ourselves. I started feeling that there is a problem or something was wrong with us.)

People speak with their eyes as well as their words. When people make eye contact, they look at the person to whom they are talking or listening. Without
even speaking to you, other people are constantly giving you feedback about what you are doing. If you don’t make eye contact with them, you will not be aware of their reactions (Shapiro, 2004). In the conclusive discussion, the participants realized the importance of eye contact in their interpersonal communication and relationships as depicted in the second stage of the exercise below.

The next stage of the exercise involved talking while looking at one another. The participants were asked to share the following information with their partners without taking off eye contact:

- Tell your partner where you spent last weekend.
- Tell your partner everything you did during the weekend.
- Tell your partner how you met your boy/girl friend.
- Tell your partner the last time you had sex.
- Tell your partner the last time you cheated on your boy/girl friend.
- Tell your partner if you have ever had sex without a condom.
- Tell your partner about your HIV/AIDS status.

**Activity 4.6.2 Sharing**

The participants were asked to share their observations and feelings about the exercise with their partners. The insights showed individuals who were keen on non-verbal communication as depicted in the following statement made by one of the participants:
I did not believe when he claimed that he knows his HIV/AIDS status. His face showed it all. He should just have said that he didn’t know….. for instance I don’t know my status because I have never gone for an HIV/AIDS test.)

It was interesting to note that when the respective partner was asked if he had anything to say in response to that assertion he admitted that for sure he had never gone for a HIV/AIDS test. Five more participants admitted that they had never gone for an HIV/AIDS test though they told their partners that they knew their status. When their respective partners were asked if they had believed their companions’ assertion, two of them acknowledged that they believed them. They said that they did not have any reason to doubt them. But interestingly, their partners accused them of having been shy when asking about condoms and HIV/AIDS status. As one participant would put it:

*Aliniuliza akicheka cheka huku miguu zikichakura mchanga.*

*Hukunitazama hata kidogo!*

(She asked me while giggling and fidgeting on the ground. You did not look at me even for a second!)

In the ensuing discussion the girls were blamed for lacking courage to ask questions and address their doubt before getting in a relationship. That girls lacked
confidence and self efficacy. They let the men take control of them easily and that was the reason they fell into harmful and untrue relationships with them. As one female participant would put it:


(Those claiming that they use condoms all the time are feeding us with false information. No girl is capable of demanding use of condoms. They are the same ones who always say they can’t eat a banana with its peel (can’t use a condom). Use of a condom is upon the man. If he chooses sex without a condom then that is it.)

The participants, therefore, challenged each other on the need to assert themselves in communication by practising to use their bodies fully and reaching out to the power of non-verbal communication through eye contact. They seemed to acknowledge the assertion that communication involves more than simply getting a message across. Rather, it involves building relationships and empowering people so that they can make appropriate health-related choices and decisions (Katz et al., 2000, as cited in Berry, 2007). Thus, it can produce changes in knowledge and understanding or ways of thinking. It can influence or clarify
values; it can bring about some shifts in beliefs or attitudes; it can facilitate the
learning of new skills and, importantly, it can lead to desired changes in behaviour
or lifestyle (Tones & Tilford, 2001, as cited in Berry, 2007). The findings indicate
that psychodramatic role-training empowered the youth to communicate and
establish their weaknesses and strengths in building healthy relationships. To build
on this, the researcher guided the participants through the following theatre game
to help them further reflect on their personal ability in enhancing effective health
awareness.

b) Exercise 2: Control Game

This exercise aimed at helping the participants understand the different role
repertoire we play in life. This was meant to help them build empathy, self-
awareness and self efficacy. Sometime we tend to satisfy our needs by controlling,
avenging and seeking attention without considering how our roles infringe on
others. Also, we may find ourselves engaging in social activities that sometimes
infringe on our person negatively. The participants were asked to pair up and
identify themselves as either ‘A’ or ‘B’.

- The researcher asked participants ‘As’ to stretch their hands out in front of their
  partners’ faces.

- They were then asked to move their hands to any direction.
• ‘Bs’ were meant to make sure that the distance between their faces and the hands did not change by moving their bodies and struggling to catch up with the gestures.

• After five minutes, they had to change the roles. It was the turn of ‘Bs’ to stretch out their hands and the ‘As’ to follow.

• After five minutes, both ‘As’ and ‘Bs’ were asked to stretch their hands at the same time and move them and their bodies at one go.

Reactions and observations

When asked to share their feelings and experiences of the exercise, most participants had enjoyed the game particularly when they were stretching out their hands because it gave them control over their partners. When the ‘Bs’ took their turn, the ‘As’ reported to have been uncomfortable and afraid that the ‘Bs’ would avenge what they had done to them. The ‘As’ pleaded for mercy while the ‘Bs’ swore to avenge. The following statements projected this characteristic:

• *Nilimshurutisha kwa raha zangu.*

• (I frogmarched him at my pleasure.)

• *Ilikuwa raha kumwelekeza mwenzangu nitakavyo.*

• (It was nice controlling my partner my way.)

• *Nilikuwa na uwezo kufanya nitakavyo.*

• (I had power to do what I wanted.)
• *Ilikuwa raha kuwa mwenye kukabidhi hali.*
• (It felt nice controlling the situation.)
• *Ilikuwa fursa yangu kulipiza kisasi.*
• (It was my time to revenge.)

The participants were made aware of peers who could influence them into certain unhealthy behaviour because of their urge to satisfy their needs. When asked why they had to follow and struggle to do actions they were uncomfortable with during the exercise, the participants gave the following responses:

• *Ulikuwa ni mchezo.*
• (We had to play along.)
• *Ni sheria zilizotukwaza. Tulikuwa tunafuata maagizo.*
• (It was the rules given so we had no otherwise. We were following the rules.)
• *Nilijipata tu nikimfuata.*
• (I just found myself following him.)
• *Sielewi. Nadhani ni hali ya mchezo.*
• (I don’t know, I guess it was a game.)

This exercise brought participants to the attention of the importance of establishing why they have to involve themselves in certain group actions and behaviours to counter negative peer influence. As one participant would point out:
Mara nyingi utapata kuwa umefanya urafiki na mtu ambaye hukuhimiza kufanya hivi na vile na kuenda huku na kule. Ukistukia, ashaa kuingiza mashakani.....aidha vilabuni au wajipata watumia madawa na kushiriki ngono kiholela. Kisha tunaanza sema tulidanganywa ni kama hatuna akili na msimamo.

(Most time we find ourselves making friendship with individuals who mislead us. Before you come to your senses you are already engaged in risk behaviours such as going to night clubs, experimenting with drugs and engaging in risky sexual behaviours. Later we blame others for our troubles as if we cannot reason and make our own decisions.)

When the exercise was repeated, it was observed that the participants were more considerate in their engagement. They led their partners into movements they could easily accommodate unlike the initial engagement. This game therefore achieved its objective of enhancing empathy among the participants.

In the third phase of the exercise, the participants stretched out and moved their hands simultaneously. It was observed that whenever the other partner moved their hands in an unaccommodating position, the other would counter the move to check the partner. The participants had this to say:

- *Hakuwa rahisi kumtawala mwenzangu.*
- (It was not easy to control my partner.)

• (I gave him a hard time this time round. I did not give him a chance to manipulate me. Whenever he took me this way I took him the other way. I felt strong.)

• *Ilibidi tuelewane. Tulilazimika kuchukuwa msimamo wa kadri. Hakuna aliyeikuwa mwenye uwezo wa kutuwala mwingine kama hapo awali.*

• (We had to reach a compromise. We had to strike a balance. There was no way one would take the other to the roof like before.)

This observation was a reminder to the participants that people need to assert their positions and defend their ground in interpersonal relationships if they were to sustain healthy behaviours when faced with peer pressure.

During sharing, the participants related the exercise to their life experiences. Indeed some confessed to have previously been victims of manipulations by their peers. Their friends had them experiment on drugs, attend night discos and, indeed, initiated them into sexual relationships. Most of the participants acknowledged that such situations could be avoidable if they had self-awareness of their efficacy in countering negative peer influence. It affirmed Leavy’s (2009) assertion which theatre-based interventions can increase self-efficacy through critical reflection, transformative personal growth and empowerment. The findings of the research concur with the outcome of the study of Kooraki, Yazdkhasti,
Ebrahimi and Oreizi (2012) that examined the effectiveness of psychodrama in improving social skills. It showed that interactions between subjects in psychodrama's group, propound of problems in the presence of participants and discovering the ultimate solution with protagonist are critical factors of the mentioned intervention.

4.7 Use of Psychodramatic Role-playing as an Instrument of Therapy

The third objective of this study was to investigate how psychodramatic role playing can be used as an instrument of therapy for affected youth. One of the functions of dramatic play—and psychodrama—is highlighting emotions, giving them social contexts so that they have significance (Blatner, 2000). Through the following warm up activities, enactment and sharing the participants had a safe and conducive set up in which they shared their fears and hindrances in dealing with the HIV/AIDS factor in their community:

**Activity 4.7.1: Scratching the Palm**

This warm up exercise aimed at enhancing the role of individuals with respect to the HIV/AIDS pandemic. The individuals were taken through surplus reality to help them think and feel like the infected and affected. The participants were asked to stand up and walk around the psychodrama space. They were further instructed to shake each other’s hands as they kept on with the movement around the space. The director secretly instructed one of the participants to go round and pass a signal by scratching the palms of some of the individuals he greeted. Those
scratched were instructed to pass the same signal to other persons of their choice. After three minutes, the researcher instructed the participants to stop the exercise.

This first phase of the scratch exercise, according to Amollo (2003), aims at launching the first stage in HIV/AIDS acquisition, thus creating stage of acceptance of a later eventuality. The participants who had their hands scratched were asked to move to one group. Now we had two groups. One group’s palms had been scratched and the other one had not experienced the same. The researcher informed the participants that if one experienced a scratch, then that meant that they had sex without using a condom. They were further reminded that they had therefore exposed themselves to HIV/AIDS. This stage of the exercise was intended to enable the participants experience the psychological impact of being told that one could be infected with HIV/AIDS (Amollo, 2003). To enable the participants gain more insights into how people responded to the realization that one could be infected with HIV/AIDS, the researcher guided them through a socio-psychodramatic discussion on the general feelings of the affected parties. It was interesting to note that out of 25 participants whose palms had been scratched, only 10 agreed to be tested. When asked why they chose not to go for the HIV/AIDS test, the respective participants gave the following responses:

- *Naogopa.*
- *(Am afraid.)*
- *Najisikia mwenye afya sioni haja yakupimwa.*
• (I feel healthy. I see no need of going for a test.)

• Sioni hali yangu ya afya ikiwa mbaya licha ya kushiriki ngono bila kinga.

• (I don’t see any signs of healthy problem despite having had unprotected sex.)

• Naogopa matokeo.

• (I fear the diagnosis.)


• (If I learn that am positive I may commit suicide. I, therefore, prefer to live without knowing my status. This way I will prolong my life (better live in ignorance). I may be positive or not but prefer to live without that knowledge; I would rather die than know that am HIV+.)


• (I fear. It is shameful to be positive. People in the village will make me a laughing stock. They will point at me and treat me with contempt everywhere I go. I won’t have a face.)

• Sitaki kufa kwa mshtuko wa moyo.

• (I don’t want to have a heart attack).

• Sina nguvu za kukumbana na ukweli.
• (Am not ready to face the truth.)

• *Maisha hayatakwa na maana tena nikigunduwa nimeathirika.*

• (Life would lose meaning if I found out that am HIV+.)

• *Hapatakuwa na raha maishani.*

• (There will be no fun in life.)

• *Itakatisha maisha yangu. Nitasononeka.*

• (It will make my life short. It will make me miserable.)

• Naogopa kutomana na wasemayo watu. Eti virusi haviui bali ni mawazo. Nikiambiwa nimeathirika naona nitakufa juu ya mawazo.

• (I fear because of what I hear people say. That it is not the virus that cause your death but stress. Now if am told I am positive, I will definitely die of stress… you see.)

The researcher observed that most of the participants who had refused to go for their HIV/AIDS testing were emotional. Their responses tended to entrench the stigma that existed among the youth. The role playing was, therefore, likely to cause distress among the participants. To ease the rising tension, the researcher took the participants through the following chant:

*Malela malela malela x2*

*Malela malela malela x3*

*Malela malela malela x2*

*Malela malela malela x3*
After singing and dancing to the chant, those who accepted to be tested were given their respective diagnosis. They were asked to share their results with the other group members, but only three of them agreed. When the seven participants were asked why they were not willing to share their status, they gave the following responses:

- *Naona aibu.*
- *(I feel ashamed.)*
- *Naogopa.*
- *(I feel shy.)*
- *Sitaki kufanyiwa kikao. Wasabasi hawataisha kunisema.*
- *(I don’t want to be stigmatized, people will gossip about me.)*
- *Watu watasambaza umbeya juu yangu.*
- *(People will start insinuating about me.)*
- *Sitaki kuaibisha jamaa zangu.*
- *(I don’t want to bring shame upon my family.)*

The above exercise projected the stigma of HIV/AIDS among most of the participants. It was observed that 15 out of 25 participants who had their palms scratched had had sex without protection. They refused to go for the test. Despite being reminded that it was but a game they still were reluctant to go for HIV/AIDS test. For the seven participants who tested ‘HIV/AIDS positive’, only three agreed to share their results. This was an indication that if not managed carefully psychodramatic activities can be a hindrance to HIV/AIDS communication. The
study by Karatas (2014) which examined the effects of psychodrama on students at Mehmet Akif Ersoy University revealed that psychodrama practice is effective in enhancing high subjective well-being and decreasing hopelessness. However, the findings above indicate that if the psychodrama activities are not handled by an expert, the reverse could occur.

When asked to advise those who were diagnosed HIV+, the participants gave the following responses:

- *Meza tembe kwa kufata mawaidha ya daktari.*
- (Take drugs as prescribed by the doctors.)
- *Usisambaze.*
- (Please don’t go around infecting others.)

When asked how they felt being HIV+, they gave the following responses:

- *Nasononeka kwa vile nilishiriki bila mpira mara moja tu.*
- (I feel bad because I only had unprotected sex once.)
- *Naudhika kwa kukubali kukwangurwa bila mpira. Sielewi mbona nilimwamini.*
- (I am angry for accepting to have sex without using a condom. I don’t understand why I trusted him.)
Siamini ninao kwa vile nilikuwa mwangalifu niliponkubali kuwa mshikaji wangu.

(I can’t believe because I was careful when I accepted to have him as my lover.)

When asked to advise those who did not go for HIV testing, those who had confirmed their status had the following responses:


(It is better to know your status. It will help you plan your life. For instance am now going to seek doctor’s advice and direction. I believe I will leave a healthy life and plan for my future.)

(When I learnt I was positive, I was initially in shock but I chose to live. With the doctor’s advice and guidance, things are not as hard and impossible as I thought. Actually it is the fear we carry that end up destroying us. If you don’t test for HIV/AIDS it will slowly but surely weaken you and before you know it, it will be full blown AIDS. Sure, if you avoid testing for HIV/AIDS, you will not be stressed and therefore stress will not kill you. However HIV/AIDS will definitely kill you. If you are diagnosed with HIV/AIDS you will be counselled on how to accept and live positively. You will live a normal life. We have professional counselling that will educate you and empower you and therefore reduce the stress levels. Stress can be managed, but not knowing your status is not healthy because your health will worsen without your knowledge. When you know your status you can manage your health.)

The above insights from the participants show that psychodrama can make the youth become more courageous in communicating more openly and effectively, with a better perception of HIV/AIDS. They projected better insights and awareness and better skills of coping with such issues. For instance, after the psychodramatic sharing, three of the participants who had never tested for HIV/AIDS before encouraged each other to go to a VCT centre for diagnosis. This
was an indicator that psychodramatic role-playing helped some of the participants to overcome the stigma that comes with knowing one’s status.

**Activity 4.7.2 Role-playing**

After sharing their insights regarding the scratch exercise, the participants generated a theme on the trauma that the infected and the affected go through at family level. They performed a role play depicting the difficulty of breaking news that one is HIV/AIDS positive to his or her parents. The victim, a school boy, is blamed by his father and mother for having been immoral despite their counsel. He is blamed for bringing shame upon the family. A part from confronting the news that he is positive, he had to live with the stigma that the parents and the community members had towards people living with the virus. The parents were living in shame and fear that their son was dying soon. They diverted the family resources into treating the boy who now had to drop from school because the father felt that was a waste of resources since he had no future to invest in. The role-play depicted a traumatized and dysfunctional family as a result of being affected and infected by HIV/AIDS. Indeed the picture painted in this role-play was of a highly stigmatized society.

**Activity 4.7.3 Sharing**

The stigma surrounding HIV/AIDS in an African family can lead to feelings of guilt and shame leading to isolation. Concealing a loved one’s condition can be
difficult at best, and can lead to resentments, deep-seated rage, even nasty little reprisals (Fuller, 2008). The findings showed the efficacy of psychodramatic role-playing in encouraging the participants to share their insights with specific reference to their experiences in the community through the role play and socio-psychodramatic sharing:


(Parents usually feel very sad. It brings shame to the family. Parents usually feel worthless before other parents. They perceive it as an act of shame. To them life loses meaning. That one has nothing to offer. They see you as being hopeless.)

Mwenye kuathirika hubaki pweke na kuwa mwenye kupoteza matumaini kutokana na mitazamo ya jamaa zake. Wengine hukata tamaa ya maisha kwa kutengwa.

(The infected feels lonely and hopeless as a result of the perception the siblings have towards him. Others see no need for living...because they feel isolated.)

Wazazi ...haswa akina mama huwa wenye wasiwasi sana. Ukipata mafua kidogo au uumuwe kichwa wasiwasi huwaandama. Huona sasa yu

(The parents especially mothers are usually traumatized. If he or she has a flu or minor headache they get so worried. They start imagining that you are dying. They worry that their child is not taking medication. They even wish for death instead of seeing their children suffer… they have no hope.)

_Mtu anapoathirika huwa mzigo mkubwa sana kwa familia yake. Hubidi pesa za mahitaji ya kila siku na elimu ya ndugu zako kuelekezwa kwa huduma yako kama vile kupelekwa hospitali na kununuliwa dawa._

(When you get infected you become a baden to the family. Resources meant for upkeep and educating the other siblings are usually diverted to taking care of you. Taking you to hospital and buying medication.)


(A large number of HIV/AIDS victims do not accept their status until it is too late. Some leave their families without trace. Those infected are also not taking charge in maintaining their status but spread the virus in
revenge, forgetting that there is re-infection. Some visit
witchdoctors/herbalists instead of going to hospital. When the situation
worsens they give up and refuse to observe their ARVs regimen. They
end up succumbing to HIV/AIDS.)

By discussing their experiences and feelings through socio-psychodramatic
sharing, the process had created a conducive environment for the participants to
realize the mental fear they had created making them unable to confront the
HIV/AIDS issue with resolve. The above discussion provided an avenue to express
their frustration and fear of HIV/AIDS and stigmatization within the community.
One participant who had a personal experience of the trauma that stigma can cause
to both the infected and affected shared a family tragedy in the hands of
HIV/AIDS:

*Kaka zangu wawili walikufa mwaka jana (2013) kwa kuugua Ukimwi.*

(I lost two of my elder brothers to HIV/AIDS last year (2013). They learnt of their status late and died shortly, guess because of shock. The elder brother was married but had an extra marital affair. When he was informed by his friends that the woman he was having an affair with was diagnosed HIV/AIDS he suffered shock. He fell ill. When we took him to Kimendo Hospital he died after two days. The wife left shortly after his death because everyone was pointing fingers at her. She was the talk of the village. She had been isolated. Most of her friends isolated her. She was lonely. We don’t know where she went with the children.)


(My second brother was a player. He was a known womanizer in the village. He also learnt of his status when the infection was at an advanced stage. Instead of taking ARVs he went for traditional herbs. He was found dead in his house. My parents are so traumatized. My
mother is the most affected. I am the only son left. They always imagine
I am also going to fall a victim to HIV/AIDS.)

The young man having shared his story admitted being worried about the parents’
health since they spend most of their time grieving and worrying that he will die
just like the others. When asked if he has ever talked to the parents regarding
HIV/AIDS he said that they can never discuss such issues though he wished they
could.

**Activity 4.7.4 Psychodramatic Role-playing**

The researcher guided the participants into psychodrama enactment. When asked
to depict what he would tell his parents in a role play, he easily picked two
participants: one taking the role of his mother and the other taking the role of his
father. In the discourse that followed, he expressed his love for the parents and
thanked Allah for having such loving parents who had showed him the right path
in life. In response, the parents told him that they were very proud of him for
upholding the family name through his good character in the village. That most
parents wished that he could marry their daughters because he has good manners
and that he is a responsible young man. The parents reminded him to avoid bad
company and to tread carefully because the world was no longer a safe place.
More so the mysterious disease that was claiming young people like his brothers
was a monster to be weary of since it camouflages in beautiful girls. In response,
he assured his parents that he was very careful and that the day he will get a girl to
marry he will make sure they go for HIV/AIDS test. For the time being, his mind was on excelling in school so that he succeeds in life. He reminded them that he looked forward to taking good care of them and building for them a good house.

After the enactment, the role players shared their feelings. The parents had a general feeling of pride in their son. As the participant who played the role of mother would put it, “I wish I live to have a good son like that one in the drama. I would be a proud mother.” The protagonist acknowledged that, “Actually it is a good thing to talk and share our feelings and fears with the significant others in our life. We could be their only hope. All they need may just be reassurance.”

After the psychodramatic enactment, the participant acknowledged that he had the urge to talk to his parents which he went ahead to accomplish. He later reported that his parents’ grief and worry had decreased since establishing open communication with them and that they actually trusted and believed in his character. He was happy that there was increased communication with his parents. This development concurs with Treadwell, Kumar and Wright’s (2002) assertion that psychodramatic role playing provides group members with opportunities to generate new ways of thinking and behaving and to use those new techniques in the group to test the impact on those around them before applying them in their everyday life.
4.8 Focus Group Discussions

Where focus groups meet at the end of a project to consider the provisional findings (generated by other methods), the deliberations have sometimes been considered to be a form of validation, `member validation'. This can be defined as the use of one or more of an array of techniques (including focus groups) to demonstrate a supposed correspondence between the researcher's analysis and research participants' understandings of their social worlds (Emerson, 1981, as cited in Bloor, Frankland, Thomas & Robson, 2002). This study used both pre and post-psychodrama focus group discussions to project the efficacy of psychodramatic role playing in HIV/AIDS communication among the youth. During the pre-psychodrama focus group discussions most participants had inhibitions in sharing HIV/AIDS stories. Issues to do with sex and condoms were marked with silence, fidgeting, giggling and laughing, thus hindering free communication. During the enactment and sharing phase of psychodrama, most of the participants were more comfortable talking about HIV/AIDS and sex. For instance, reference to sexual intercourse was easily made metaphorically, “kukwangurana.” Sensitivity about mentioning sex and condoms seemed to decrease the more the participants engaged in warm up activities, enactments and psychodramatic sharing. It should be noted that the expressive nature of drama may provide the youth with more opportunities for perspective taking and emotional development (Best, 1978; Wright, 2006, as cited in Larson & Brown, 2007). The findings of this study indicate that psychodramatic role-playing
enhanced ensemble and a social environment that was free of inhibitions which helped the participants to talk about HIV/AIDS issues with ease. The following selected statements made by participants in the pre and post-psychodrama focus group discussions indicate that psychodramatic role-playing improved HIV/AIDS communication among the participants:

a) **Insights and Social Awareness:**

**Pre-psychodrama Focus Group Discussion**

_Nikiathirika siwezi kufa peke yangu….mimi pia nitaambukiza._

(If I get infected I will avenge on other people……. I can’t die alone.)

**Post-psychodrama Focus Group Discussion**

_Sikuwahi dhani kuwa ikiwa umeathirika na uendele kushiriki bila kinga unajiathiri zaidi. Nilikuwa mwenye kuapa kuwa ningeambukizwa ningesambaza._

(I never knew that an infected person causes self more harm by continuing having unprotected sex. I used to swear that if I get infected then I would also spread it to others.)

The insights above showed the efficacy of psychodrama in facilitating the three assumptions of the Health Belief Model: perceived susceptibility and severity, perceived threat and perceived benefits and barriers.

**Pre-psychodrama Focus Group Discussion**

_Siwezi kuzungumza mambo ya ukimwi na wazazi wangu... sijawahi na siwezi. Nitaanza vipi?_
(I can’t discuss HIV/AIDS issues with my parents. I have never and I can’t. How will I begin in the first place?)

**Post-psychodrama Focus Group Discussion**


(Recently, when I informed my parents about our meetings here, I found myself talking about HIV/AIDS issues with them. I found it interesting that we enlightened each other on a number of issues about HIV/AIDS. I think parents should be encouraged to talk openly about these issues with their children.)

**Pre-psychodrama Focus Group Discussion**


(If I get infected with HIV/AIDS, I wouldn’t tell anyone about it. They will go around spreading the news to everyone. You will be isolated. Family members will be worried. You can’t have a boy friend. They will discourage him.)
Post-psychodrama focus group discussion

Naona kuwa nikia thirika jamaa zangu wanastahili kujua hali yangu.

Litakuwa jambo la kusononesha ikiwa watatafahamu kuwa nilikuwa naathirika baada ya kifo changu. Wenye jukumu la kunitunza ni wao. Kwa hivyo itabidi niwajuze.

(I think my family members deserve to know my status if I test HIV positive. It will be more traumatizing if they learn that I was infected upon my death. They are the ones to take care of me and so I will have to inform them.)

The insights above show that psychodramatic role playing helped some participants to improve on their knowledge, attitudes and communication. The findings are similar to the results of Lauby et al.'s (2010) study which showed that theatre-based HIV/AIDS preventive intervention is a potential resource for changing knowledge, attitudes, and behaviours of adolescents.

Post-psychodrama Focus Group Discussion

Juzi nilikutana na msichana flani ambaye tulikuwa twamzingizia kila mara akipita kwetu eti anaukimwi kwa vile bwanake alikufa. Maskini niliona vibaya nikataka kumuomba msamah. Midomo yetu si mizuri hakika...ukali wa ndimi zetu unaweza kumuuwa mtu. Twasema tu kwa mdomo eti tujali wenyewe kuathirika lakini sisi ndio wakwanza kuwaropoka vibaya.
(I recently met a certain lady we used to point at everytime she passed by insinuating that she was HIV positive because her husband died. I really felt guilty. We really traumatize people by stigmatizing their situations. We claim to care about other people but we are the first ones to stigmatize them.)

The reflections given by this particular participant depicted development of a positive attitude that signified caring relationship with the potential of reducing HIV/AIDS stigma among the youth and the community at large. These findings concur with the outcome of the study by Oflaz et al. (2011) which showed that psychodrama technique helped the nurses to understand themselves, to explore the perspective of others and to make the connection between their own thoughts/feelings and those of their patients.

b) Social skills

Post-psychodrama Focus Group Discussion

Tuna jibaba flani lanifatafata juzi. Nilisimama kidete nikaliangazia macho, kisha nikaliambia... "haya, sema yako yote ukishamaliza uondoke". Alishindwa maarifa. Awali singemtazama mtu machoni....nilishangaa kuwa ukimama kidete hakuna kufanyiwa mchezo. Ule mchezo wa macho umenihamasisha.

(Recently a man was trying to woo me. I turned and looked straight in his eyes then challenged him to say what he intended and go away. To
my surprise I realized that if you take a firm stand no one will fool around with you. The eye contact game has really empowered me.)

According to Health Belief Model, perceived threat motivates people to take action. But beliefs about potential behaviours determine the specific plan of attack (Berry, 2007). The above observation, therefore, indicates that psychodramatic activities facilitated the projection of the model among some of the participants.

c) Therapy:

Pre-psychodrama Focus Group Discussion

Nikipatikana na virusi ni heri nife....nitajitia kitanzi.

(I’d better die if I test HIV positive. I would commit suicide.)

Kupimwa halafu nianze kuathirika kwa mawazo .... Siwezi!

(I can’t go for an HIV/AIDS test. I will be traumatized…. I can’t!)

Post-psychodrama Focus Group Discussion


(Initially I was ashamed to say that I have never tested. Now I am feeling easy saying the truth. For instance I have not gone to a VCT
centre yet. I am considering going soon. It does not really worry me the way it used to. I will accept the outcome and take care of myself.)


(We have been made to believe that being HIV positive is the end of life. When you asked us if we have ever tested for HIV/AIDS, I lied. My assumption has always been that if you tell someone that you have never tested, then they take it that you doubt yourself and even imagine that you are infected. I had never gone for test before. But I gathered courage recently and am glad I know my status. The role plays made me have an in-depth reflection. I used to believe that I must be positive and on several occasions I was reckless with myself because I had already condemned myself. I believe I will be more careful in future.)

The above reflections and insights depict the efficacy of psychodramatic role-playing in mediating the Health Belief Model and the Theory of Planned
Behaviour. These theories aligned health decisions to respective individuals’ attitude, subjective norms and self efficacy which mediated perceived severity, susceptibility, benefits, barriers and cues for action. In turn, they facilitated role creating and role taking among some participants thus realizing effective health communication.

4.9 Conclusion

This chapter presented the data analysis and interpretation. The section explored the use of psychodramatic role-playing in HIV/AIDS communication. In particular, it examined the efficacy of psychodramatic role-playing in improving insights and social awareness, social and coping skills among the youth in Msambweni. Data was evaluated and classified thematically, based on the research objectives. To authenticate participants’ observations and conclusions during the psychodramatic sharing, the researcher utilized quantitative data which was analyzed using frequencies and percentages. The next chapter presents the summary, conclusions and recommendations of the study.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the findings of the study on psychodramatic role-playing in HIV/AIDS communication among the youth. It also draws conclusions and highlights various recommendations based on the literature review and the findings of this study to help enhance HIV/AIDS communication among the youth in Msambweni Sub-county.

5.2 Summary

The study sought to establish the use of psychodramatic role-playing in HIV/AIDS communication among the youth in Msambweni Sub-county. The results were as follows:

i. Psychodramatic role-playing improved the insights and social awareness among the youth by facilitating the exploration of the perspectives of others towards HIV/AIDS. By successfully participating in theatre games, role-playing, socio-drama, role reversal, role interviews, sculpting and socio-psychodramatic sharing, the participants made connections between their thoughts and those of others. This, therefore enhanced insights and social awareness among the youth. The youth productively shared and
collectively realized the HIV/AIDS risk factor facing them in the community. The psychodramatic role-playing enhanced their empathy and collective efficacy. This was depicted in their resolve to reach out to the community through selected primary schools to raise awareness about HIV/AIDS risk factors using psychodramatic role-playing. After the psychodrama experience, they started empathizing with the vulnerable youth. They talked about the vulnerability openly and saw the need to do something to protect themselves and the others. Playing different roles in socio and psychodrama as significant others: mother, father, sister, brother among other roles had made them reflect on their position in the community. It made them to think of the strategies they needed to deal with the HIV/AIDS risk factors facing the youth and the community at large.

The psychodramatic process enhanced group efficacy among the participants. They developed an outreach program for three primary schools to raise awareness about the reality of HIV/AIDS among the school children through role-playing. The outcome concurred with Oflaz et al. (2010) study which concluded that, the psychodrama technique helped the nurses to understand themselves, to explore the perspective of others and to make the connection between their own thoughts/feelings and those of their patients. Other than sit back and blame the young children for behaving badly and deserving the consequences of risky sexual behaviours, the participants realized the need to enhance HIV/AIDS communication.
They realized that the young children needed to be protected from sex predators by advocating children’s rights.

ii. Psychodramatic role-playing improved social skills among the participating youth. The process enhanced participatory communication among the youth through enactment and sharing. Each participant had opportunity and supporting environment to share their views, experiences and possible solutions to the HIV/AIDS question among the youth in Msambweni Sub-county. Having been initially shy, most participants admitted that the process had given them courage to discuss issues to do with sexuality and HIV/AIDS within the psychodrama process and in the community. They felt empowered to speak with their fellow youth about use of condoms, sex and sexual behaviour among the youth and general attitude towards HIV/AIDS. For instance, after watching the participants enact and share during one of the psychodrama sessions, a gate keeper observed that the youth whom he had always perceived as being shy and less assertive had depicted a different picture of boldness. He had learnt with amazement, for example, that they could easily articulate HIV/AIDS issues in the manner in which they did. These findings concurred with Hillman et al. (1991) study which showed that after theatre performance teenagers reported significantly more willingness to discuss sexual issues with others. This study also indicated improved self efficacy and self assertion among the participants with some reporting that they were bolder
than before in taking control of their relationships and questioning and confronting individuals who intended to lure them into unhealthy sexual relationships. These outcomes seem to endorse the findings of a study which suggested that interventions which teach men how to negotiate safer sex encounters can result into benefits which are beyond the mere dissemination of information” (Valdiserri et al., 1989, as cited Amaro, Barker, Cassisy, et al., 1995).

iii. Psychodramatic role-playing as an instrument of therapy was realized in this study. During warm-up exercises, enactments and sharing, the participants showed and expressed their emotional reactions and the fear of being infected with HIV/AIDS. They were able to confront negative thoughts and stigma that hindered their free communication and enquiry about HIV/AIDS. Some of them had stated that they would commit suicide if they tested HIV-positive. Others pointed out that, they would rather not test for HIV/AIDS because knowing their status would traumatize them to death. This was the reason why most of the participants had never tested for HIV/AIDS. By sharing their feelings and alternative thoughts in a relaxed psychodramatic atmosphere, the youth had room to reflect on their irrational thoughts. They observed that enactments and sharing had opened their insights to the misconceptions they had about HIV/AIDS. This enabled most of them to confront the stigma. Five participants who had claimed knowledge of their HIV/AIDS status admitted to having given
false information earlier. They had never tested for HIV/AIDS. During the sharing, 10 of the participants declared their willingness to go for HIV/AIDS test. Later on 7 of them reported to have gone for the diagnosis. These findings are similar to the study of Izmir et al. (2012) which showed that psychodrama helped participants living with HIV/AIDS to become more courageous in declaring their diagnoses.

One of the participants who had established his status admitted to have previously concluded that he was infected, judging from his initial sexual behaviour. This assumption had, on occasions, perpetuated his risky sexual behaviour because he felt that he had nothing to lose. According to Johansson (2011), in Tanzania, few people go for a test and many live with the virus unknowingly, but there are also a lot of healthy people who lead their lives in fear of already being infected. He further asserts that countless households live under a constant state of uncertainty and insecurity, leading to a defeatist or even fatalist attitude about HIV/AIDS as a personal and familial health concern. This situation was depicted among the participants. However, the findings in this study indicated that psychodramatic role-playing can help individuals overcome their fears about HIV/AIDS test and thus stop living in uncertainty. The findings therefore concur with the study of Karatas (2014) which illustrated that psychodrama significantly increased students’ subjective well-being and significantly decreased their sense of hopelessness. The finding further
shows the efficacy of psychodrama in mediating the Belief Health Model and the Theory of Planned Behaviour.

5.3 Conclusions of the Study

The study drew the following conclusions regarding the use of psychodramatic role-playing in HIV/AIDS communication among the youth:

i. There is prevalence of HIV/AIDS information among the youth in Msambweni Sub-county but the findings of the study reveal that they are not deterred in engaging in life threatening sexual behaviours. This study has indicated that, psychodramatic role-playing can provide a rational means of change by provoking risk perceptions and images of HIV/AIDS. The Health Belief Model and the Theory of Planned Behaviour, when mediated with the Psychodramatic Theory of Roles, it facilitate the enhancement of perceived susceptibility and severity, perceived threat, perceived benefits and barriers for individual’s actions. It further improves individual attitude towards health behaviour and self-efficacy.

ii. The three psychodrama phases: warm up, enactment and sharing, provide a relaxed environment, free of inhibitions, for discussing the culturally difficult sexual topics. This opens up discourse, essential in HIV/AIDS communication among the youth.

iii. Application of role reversal and sculpting, aspects of psychodrama, proved to be instrumental in developing empathy and group efficacy among the youth. This improved their social-awareness, an attribute that is necessary
in facilitating collective action towards fighting the spread of HIV/AIDS in the community.

iv. Role interviews, another means of psychodrama, provided the participants with more insights on social, cultural and economic challenges which perpetuated risky sexual behaviours among the youth in the community. It further depicted a hostile and irresponsible familial, extra-familial and institutional environment which exposed young people to HIV/AIDS risks. Therefore, psychodramatic role-playing was instrumental in improving insights and social awareness among the youth.

v. Warm-up activities such as communal narratives, enactment and sharing, provided the ground for participatory communication. This empowered shy participants by giving them opportunity to share their personal stories about HIV/AIDS.

vi. Warm up exercises such as eye-contact game, helped the youth discover their weaknesses in interpersonal communication and self assertion. Hence, they realized the importance of non-verbal communication in enhancing social skills.

vii. The findings of this study, therefore, indicate that application of theatre games, sociodrama, role reversal, role interview, sculpting and role training helped the participants to improve insight, social awareness, social skills and therapy. The study concluded that psychodramatic role-playing can be beneficial in HIV/AIDS communication among the youth.
5.4 Recommendations of the Study

i. When addressing HIV/AIDS and related issues, theatre should not just be applied because of its entertainment aspects. It should also employ approaches which support healthy behaviour among the youth. CBOs and NGOs should be empowered in the use of psychodramatic role-playing in HIV/AIDS communication for the youth.

ii. The findings in this study indicate that learners in primary and secondary schools in Msambweni are vulnerable to the risks of HIV/AIDS. The children are reported to engage in risky sexual behaviour. Schools should, therefore, build the capacity of teachers in psychodramatic role-playing to enhance personal and interpersonal learning in order to facilitate positive behavioural change amongst the students.

iii. Health practitioners should employ psychodramatic role-playing to encourage community-based responses to HIV/AIDS and reproductive health at the grass roots.

5.5 Suggestions for Further Research

Role-playing is often used outside of psychodrama but it has not been studied much as an intervention in HIV/AIDS communication and prevention in Kenya. Hence:
i. A study should be carried out to determine the efficacy of psychodramatic role-playing in HIV/AIDS communication between the youth and their parents.

ii. A study should be carried out to establish the efficacy of psychodramatic role-playing in HIV/AIDS communication between the teachers and their students in both primary and secondary schools.

iii. A comparative study on the efficacy of psychodramatic role-playing in HIV/AIDS communication among the rural youth and urban youth should be carried out.
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APPENDICES

Appendix A: Focus Group Discussion Guide

Thank you for accepting to participate in this study. Anything you say here will be confidential. We are equally required to respect other people’s confidentiality during and after the process. The findings will help policy-makers and local people to expand HIV/AIDS communication and make Msambweni a healthy place to live in.

Insight and social awareness

1. What is your view of somebody being HIV positive?
2. Are the youth in your community at risk of contracting HIV? Why?
4. Can you identify an HIV positive individual? If yes, how?
5. Do you know of anyone in your community suffering from/who has died of HIV/AIDS? If yes, how has it affected the family?
6. In your opinion what led to the individual contracting HIV?

Social skills

7. How would the individual avoid the misfortune?
8. How can we achieve healthy sexual behaviour?
10. Have you ever used the following approaches in HIV communication?
   i) Theatre games  
   ii) Role-playing

Therapeutic

11. What would you do if you exposed yourself to HIV risks?
12. What would you do if:
i) a relative tested HIV positive?  
ii) you tested HIV positive?

13. Anything else you would like to add?

Thank you for participating in the discussion.
Appendix B: Participant Observation Check List

A check list of questions which resulted into data on the psychodrama process is provided in this section.

**Insights and social awareness**

1. How are the warm-up games helping individual group members to develop specific themes on HIV/AIDS upon which to focus?
2. How has role-playing helped individual participants to confront the reality of HIV/AIDS and become more sensitive in their feelings and perceptions of self, other persons, and experiences?

**Social skills**

3. How has psychodramatic role-playing helped individual members to become aware of and integrate unacceptable aspects of self, and relate more deeply to others?
4. What are the possible solutions offered by individual participants on how to confront the challenges they face in respect to HIV/AIDS?

**Therapeutic**

5. Are the warm up exercises alleviating anxieties and fear and building trust among individual participants? If yes, how?
6. Is the psychodramatic role-playing helping individual participants to freely express their feelings about HIV/AIDS? If yes, how?

7. Is psychodramatic role-playing helping the individual participant to experience the director’s and group’s unconditional positive regard without threat? If yes, how?

8. Are individual participants reacting to the experience less in terms of their perception of others’ evaluation of them and more in terms of its effectiveness in enhancing their own health?