

Article 1**LIFE DRAMA PAPUA NEW GUINEA: CONTEXTUALISING PRACTICE****By Andrea Baldwin (Australia)****Abstract**

This article presents the Life Drama project as a case study in how theoretical and contextual factors may inform the development of an applied theatre initiative. Life Drama is a workshop- based, participatory form of applied theatre and performance being developed in Papua New Guinea. At this time, the aim of Life Drama is to address the gap between 'awareness' and behaviour change in relation to sexual health, particularly HIV. The paper situates Life Drama within three fields of theory and practice – applied theatre, theatre for development and HIV education – and critically reflects on the ways in which this program is attempting to meet key challenges identified in the literatures of these fields.

Biography

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LIFE DRAMA PAPUA NEW GUINEA: CONTEXTUALISING PRACTICE

Introduction

As applied theatre practitioners, we are often engaged fully in designing and implementing projects to meet identified needs, and struggle to find the time to articulate and share the theoretical and contextual underpinnings of our practice. However, making that effort is a worthwhile exercise, both to help maintain a shared vision for the project among its various stakeholders, and to share with others working in similar fields.

Life Drama is a workshop-based, participatory form of applied theatre and performance being developed in Papua New Guinea. At this time, the aim of Life Drama is to address the gap between 'awareness' and behaviour change in relation to sexual health, particularly HIV. It is envisioned that the program could be adapted in future by applied theatre practitioners seeking to address a range of issues that may confront communities.

The purpose of this article is to use Life Drama as a case study to illustrate some of the contextual and theoretical factors that have informed the development of this health education initiative to date. First, we will endeavour to situate Life Drama within the field of applied theatre and performance. Next, we will locate Life Drama as a form of practice under the umbrella of Theatre for Development. Finally, we will show how Life Drama has been informed by previous practice and research into HIV education. The article explains how the developers of Life Drama have attempted to address theoretical, ethical and practical dilemmas identified in the literature of these fields.

Situating Life Drama Within Applied Theatre

To begin with, we have chosen to define Life Drama as a form of 'applied theatre and performance'. By using the term 'applied', we make the unapologetic (though by no means unproblematic) claim for Life Drama that it aims to create change. Life Drama is a research project designed to develop and test a drama-based intervention to help slow the interacting epidemics of sexually transmitted infections and HIV.

Drama-based or theatre-based? Like Helen Nicholson, with the title and subtitle of her book *Applied Drama: The Gift of Theatre* (2005), we are having a bite each way. Nicholson (2005) points out that the terms 'applied drama' and 'applied theatre' are often used interchangeably, although some have argued that 'theatre' says something about space and implies the presence of an audience. Philip Taylor has distinguished between 'applied drama', which he associates with the British tradition of drama in education, and 'applied theatre', which he claims is 'usually centred on structured scenarios presented by teams of teaching artist- facilitators' (Taylor 2003). Nicholson sees in this distinction an echo of an older distinction between drama in education (DIE), regarded as 'a teaching methodology across the curriculum', and theatre in education (TIE), typically a performance by actors for students with some element of interaction or audience participation (Nicholson 2005). Nicholson concludes that across the board, in a field that itself has no unanimously agreed name (and whose journals include *Research in Drama Education*, *Applied Theatre Researcher* and *Music and Arts in Action*), 'there is a reluctance to make a neat separation between process and performance-based work' (2005: 4).

This seems to us only right and proper, since the idea of 'performance' incorporates both the perspective of the actor (the one doing the performing), who is concerned with the processes of performing, and the perspective of the audience member (the one being performed to), who is concerned with the processes of apprehending the performance. However, in the context of the developing world, it is useful to make a distinction between forms of applied theatre that seek to create change *in an audience*, through the medium of a performance by actors, and those that have no separate audience, but seek to create change *in the performers* through the act of performance. We will describe the latter as process-based forms, and the former as performance-based forms, while recognising that this over-simplification trades off rich territories of theoretical nuance for linguistic convenience. In this, we are following Mwansa and Bergman (2003), who differentiate between 'performance-based' and 'workshop-based' forms of Theatre for Development, and state that in the field of HIV education in Africa, 'the most common approach of theatre for development is performance-based' (2003: 13).

Situating Life Drama Within Theatre for Development

Mwansa and Bergman (2003) have analysed forms being used to address HIV in Africa in terms of three elements: play (or spectacle); message; and participation. According to their analysis, forms that work *for* the people tend to emphasise the play; forms that work *with* the people give equal emphasis to all three elements; and forms enacted *by* the people emphasise participation. They view Forum Theatre as a form *for* the people since the animateurs are in charge, and 'the depth of discussions is often narrow and the work is "hit and run"' (2003: 11). Theatre *with* the people means that 'animateurs invite a select group of people to participate in the process. Artists work jointly together with the select group, from the beginning to the end. Together, they present the play to the community and facilitate discussions' (2003: 12). Theatre *by* the people is theatre in which: 'The role of animateurs is limited to that of trainers. Local groups identify and analyse problems, make and perform plays and conduct discussions under guidance of animateurs.' (2003: 12)

Mwansa and Bergman argue that the higher the level of participation, the more likely it is that the intervention will result in behaviour change:

The central target for HIV/AIDS prevention is *behaviour change*. Performance-based approach of TFD without involvement of the target group can hardly bring about meaningful behaviour change. People need to grapple directly with the issues, be the thinkers and problem solvers and testers of new solutions and behaviours themselves. A focus on DRAMA – a process of creating new scenes to try out solutions or show the reality behind problems – needs to replace a focus on THEATRE — where a finished product is being performed for other people. The learning needs to be an active process, which deepens people's own awareness. (Mwansa and Bergman 2003: 12)

The tradeoff, assuming limited resources, is between reaching more people via less participatory models (as Mwansa and Bergman say is the case with Forum Theatre), and reaching fewer people with more participatory models, such as the Drama-Discussion method (attributed to Ross Kidd – see Mwansa and Bergman 2003: 16).

In terms of the above analysis, Life Drama can best be understood as a form that works *with* the people, and aims to be a form eventually used *by* the people. The Life Drama pilot focuses on HIV, a problem identified by donor agencies and the PNG government but not always by communities. The team observed this difference between the two pilot sites. In Tari, Southern Highlands Province, Life Drama was proactively invited to enter the community by community leaders who perceived that HIV posed a growing problem in the area. Karkar Island in Madang Province, on the other hand, was perceived as an appropriate research site precisely because the community did not recognise the threat of HIV on the island. In future, it is envisioned that Life Drama techniques can be used by any community to address a range of problems its members may be facing, whether to do with health, gender relations, peace, governance or environment.

Life Drama Trainers

The Life Drama model aims to mobilise and train trainers, or key individuals who have the capacity to disseminate the training further. Trainers are trained by lead trainers, who at this time are all Australian, but in future will be Papua New Guinean. Six potential Papua New Guinean lead trainers, three male and three female, are at different stages of professional development, with the aim of becoming Life Drama lead trainers and carrying on the initiative beyond its three- year research and development phase.

The pilot study has identified a number of qualities and capacities in people who nominate to be trained as Life Drama trainers, which make them most likely to operate effectively once trained. The most effective trainers are usually individuals with a background in teaching and training, or performance (ideally both). If they do not have a performance background, they must at least have an interest in and passion for drama, and a belief in the educational power of participatory drama. They are usually (though not always) people who hold a leadership role in their own community (e.g. chiefs, church leaders, women's leaders, teachers, police officers, youth leaders, health-care workers). In this role, they must be respected and seen as people of integrity by those they lead. They should have regular access to a group with whom they can work (a school class, Sunday school class, youth group, church congregation, civil society, women's group, outpatients, etc.). Ideally, they are employed or working voluntarily in positions

where they have a mandate to provide HIV education, and some infrastructure or support to do this (e.g. a training space, travel allowance, etc.). Since trainers are trained but not paid or provided with further support by Life Drama, they need to be self-motivated people who are passionate about the welfare of their community, and convinced of the threat posed by HIV and its attendant issues. Finally, they need to have the personal energy, drive, confidence, self-motivation, self-organising skills, social skills and charisma to work effectively as trainers.

While both pilot sites to date have involved the training of community leaders, the next phase of the project will test the effectiveness of a dissemination model focused on teacher educators and student teachers at the University of Goroka.

Life Drama Training

Life drama is a workshop-based approach, which combines techniques drawn primarily from drama-in-education and improvisational drama with non-drama activities such as condom demonstrations and group discussions.

The trainers work with the lead trainers over a period of approximately one week, undertaking the basic Life Drama training. At the end of the course, they receive a certificate of completion. They are provided with the *Life Drama Handbook*, which contains photographic representations of all the activities included in the training, along with short verbal descriptions and space to write notes or draw additional pictorial representations. Since many trainers are illiterate and/or do not read English, they are encouraged to find other ways to support their memory of the training activities (e.g. having other colleagues translate the English words for them, jotting notes in Pidgin). The trainers are encouraged to repackage the Life Drama activities to suit their own groups and training times. Several trainers from the Tari site have already adapted Life Drama techniques from a focus on HIV to other issues of relevance for their own groups (e.g. teaching about gender relations in a high school classroom).

At this time, the basic Life Drama training provided to trainers consists of two nine-hour units, divided into three-hour modules. The first unit engages the training group in processes of working dramatically, including using role work and image theatre. The modules are Fundamentals of Life Drama; Introducing Role Play and Open Story; and Progressing the Open Story. The second unit engages more directly with the HIV content material and the 'world of objective fact'. The modules are Bodies and Diseases; Negotiating Safer Sex; and Overcoming Stigma. Gender relations is a theme that permeates most modules, and it is explored explicitly in the context of Negotiating Safer Sex.

The training experience is structured around an Open Story, concerning a woman, her husband, their daughter, the husband's girlfriend and the communities to which the characters belong. The story is carefully contextualised as happening within the community of the training participants. When the woman discovers that her husband is seeing another woman, and the husband's boss raises concerns about his sexual health, the possibility of HIV infection enters the scenario.



Figure 1: The 'Open Story' unfolds

The participants provide the information that allows the choices made by individual characters in the story to be situated within the local realities of family, community and society. For example, through a combination of planning and emergence, the local Research Advisory Group and workshop participants provide the details of where the husband works, how he met his girlfriend, why she is sleeping with a number of men, what the wife's daily life is like, how she learns of her husband's infidelity, what health services are available to provide HIV counselling and testing, what options are available for treatment and support, how the community might respond to someone who is HIV positive, and what the implications are for the daughter's future.

Importantly, Life Drama seeks to enrich the performance forms 'imported' or created by the Australian facilitators, by harnessing the power of cultural performativity within the workshop group. It has been pointed out that performativity is a valued aspect of daily life in Papua New Guinean culture, from the rituals and individual 'sung prayers' associated with cultivation and food-gathering to more communal and formal performances such as initiation rites, mourning rites and public celebrations (e.g. Murphy 2010). By inviting the participants to tap into their cultural means of expression through body adornment, dance, oration, singing and music, it is intended that the Life Drama experience becomes more culturally relevant, meaningful and memorable, which in turn enhances learning. (The interaction of Life Drama with the 'performance ecology' of each of its sites will be the subject of a future article.)

Situating Life Drama within HIV Prevention

In Papua New Guinea, as in other regions, an intensive and expensive 'awareness' campaign over the past few years has resulted in some 98 per cent of people being aware of something called HIV, but little to no evidence of behaviour change as a result. The literature suggests that one reason for this dispiriting finding is over-reliance on one-way dissemination of messages, through billboards, posters, stickers,

caps, shirts, and advertisements on radio and television. Since the message is externally imposed, the reader, viewer or listener has no ownership of it. The recipient cannot engage or debate with the message, tailor it or change it. In addition, being aimed at a wide audience, the message may fail to provoke the desired response because the recipient receives no specific support, guidance or encouragement to apply it personally.

Life Drama is situated near the opposite end of the spectrum from the one-way, mass-mediated health message. It is highly participatory – group members engage with the content of the workshop with ‘head, heart and body’ (thoughts, emotions and physical enactment). They thus have the opportunity to challenge, question and probe the information provided, to educate one another, and to actively devise various ways of expressing and furthering their understanding.

King (1999) has provided a comprehensive overview of the theories that inform most HIV education approaches in the developing world, divided into three categories: theories that focus on individuals; social theories and models; and structural and environmental models. Rather than being driven by any one theory, Life Drama incorporates aspects of many, within a coherent framework.

Focus on Individuals

Health Belief Model

The Health Belief Model states that a person must hold the following beliefs in order to change health-related behaviour:

- a. perceived susceptibility to a particular health problem (‘Am I at risk for HIV?’)
- b. perceived seriousness of the condition (‘How serious is HIV; how hard would my life be if I got it?’)
- c. belief in effectiveness of the new behaviour (‘Condoms are effective against HIV transmission.’)
- d. cues to action (‘I have witnessed the death or illness of a close friend or relative due to AIDS’)
- e. perceived benefits of preventive action (‘If I start using condoms, I can avoid HIV infection?’)
- f. barriers to taking action (‘I don’t like using condoms.’). (King 1999)

Life Drama engages participants in discussion about the risks of HIV in their local area, and ensures they are provided with accurate, meaningful information. For example, pre-training interviewing revealed that most of the Karkar Island participants believed there was little to no risk of contracting HIV on their island, with perhaps two people affected in the whole population. In fact, surveillance statistics obtained from Gaubin Hospital suggest that over 1000 people on Karkar Island have HIV, but since testing rates are low only a few are aware of their status. The seriousness of HIV infection is explored in the workshop emotionally and cognitively through the Open Story and related activities. Through role-play and discussion, the group explores the effectiveness of behaviours known to prevent transmission, and looks at how realistic these are (e.g. how realistic is abstinence for couples who want children, or condom use for women who lack the power to negotiate sex).

It has been reported in Africa that people only begin to change their sexual behaviour when they have had personal experience of the illness or death of a family member (VSO Tokaut AIDS, personal communication). Life Drama aims to provide the same impetus through vicarious experience, instead of waiting for a real tragedy. Workshop participants are encouraged to identify and empathise with the characters in the Open Story, sometimes by playing the characters, and sometimes by watching and interacting with other participants playing these roles. In this way illness, death, loss and other consequences of HIV infection become ‘real’ experiences, while still providing the safety and distance required for reflection, processing and learning (Haseman and O’Toole 1987). On the other side of the coin, Life Drama allows participants to explore the benefits of preventive action, and to experience a sense of emotional relief that preventive action is possible. Finally, barriers to preventive action are also explored dramatically. An example is the use of a ‘sing sing form’, in which the husband faces the dilemma of whether or not to go for voluntary counselling and testing. The development and implications of ‘sing sing forms’, drawing on indigenous performativity, will be explored in a future article.

Social Cognitive Theory

According to Albert Bandura’s (1994) social cognitive theory, behaviour is determined by the interaction

between two types of cognition: expectancies (beliefs about the positive and negative consequences of performing the behaviour) and self-efficacy (the belief that one is able to perform the behaviour). By providing participants with the opportunity to rehearse real-world behaviours through role-play (for example, going for HIV testing, negotiating condom use, refusing sex), Life Drama aims to increase the self-efficacy of these behaviours. By exploring the consequences of these decisions through role-play and group discussion, participants are able to demystify some behaviours (such as using condoms), and refine vague or unrealistic expectancies. Bandura is also known for the development of social learning theory; his work has demonstrated that expectancies and self-efficacy can be formed through vicarious experience (e.g. observing others) rather than necessitating personal experience (Bandura 2001). While many would argue that personal experience is the more powerful teacher, and that the act of enacting is what gives process-based interventions the advantage over performance-based ones, we postulate that meaningful social learning also takes place through vicarious experiencing in the small- group context of the Life Drama workshop.

Theory of Reasoned Action

The Theory of Reasoned Action, now known as the Theory of Planned Behaviour, is similar to social cognitive theory in that it regards behaviour as volitional and driven by rational cognitions. A person's intention to perform a behaviour is seen as a function of three components: attitude towards the behaviour; subjective norms (beliefs about the social acceptability of the behaviour); and perceived behavioural control (Ajzen 1991). Ajzen has suggested more recently that perceived behavioural control also consists of two related components: Bandura's (1994) concept of self-efficacy (whether the actor can perform the behaviour) and the notion of controllability (whether the performance is within the actor's control).

In a Life Drama workshop, there are likely to be a range of attitudes towards protective behaviours such as condom use. Various workshop activities provide the opportunity for these attitudes to be aired, discussed and debated in relation to the action of the Open Story. For example, the question of whether condoms should be available to unmarried people like the husband's girlfriend was energetically explored in the Tari pilot program through a workshop activity called 'Debate', adapted from a technique used by Wan Smol Bag Theatre.

Social Theories and Models

Diffusion of Innovation Theory

Diffusion of innovation theory (Rogers 1983) describes the process by which an idea is disseminated throughout a community. Interventions using this theory generally investigate the best method to disperse messages within a community, and the best people to act as role models to change community norms. Life Drama aims to enlist community leaders who are, or have the capacity to be, champions for health-promoting behaviours, and build up their skills and confidence to act as trainers.

Since Life Drama techniques rely heavily on group dynamics and interactions, the whole group is encouraged to explore the major issues and find ways to help their community respond. Taboos on talking about reproductive organs and processes have been identified as preventing the dissemination of accurate health information, and creating an atmosphere of mystery in which myths and misinformation fill the vacuum (King and Lupiwa 2009). Similarly, serious issues that are commonplace in some areas, such as teacher-student seduction or gang rape by police, contribute to the spread of HIV and cannot be addressed while they are hidden in social 'silence' (King and Lupiwa 2009). Life Drama provokes participants to speak out about the realities of what happens in their community, and to reach agreement about what does or does not need to change.

Social Influence or Social Inoculation Theory

This educational model emphasises the role of peers in influencing the behaviours of young people (Howard 1990). The metaphor of 'inoculation' is based on the idea that learning to handle peer pressure in a performed context, in the safety and controlled environment of a drama workshop, will give young people the skills and self-efficacy to handle it in the real world. When the Life Drama trainer conducts training with a school class or youth group, a bonus effect may be a reduction in peer pressure (e.g. to

have sex) due to the open, supported exploration of the issue by the group.

Theory of Gender and Power

The theory of gender and power is a social structural theory addressing the wider issues surrounding women, such as distribution of power and authority, and gender-specific norms (Connell 1987). Structurally determined gender differences are explored explicitly in Life Drama through the Open Story and related activities. For example, 'Sexual Network' is a structured activity that explores how the HIV virus may have moved through the community to infect the husband's girlfriend. Each pilot group has identified forced sex, sex expected and demanded within marriage, and sex in exchange for goods or money as realities in many, if not most, Papua New Guinean women's lives. 'Hotseat Roleplay' provides an opportunity for the group to challenge, and hear from, the husband's girlfriend. Individual participants have demonstrated marked changes in discriminatory and judgemental attitudes towards the girlfriend as a result of 'experiencing' her familial, social and economic situation and options through this activity.

Structural and Environmental Models

Theory for Individual and Social Change or Empowerment Model

Werner et al. (1997) state that 'empowerment is the process by which disadvantaged people work together to take control of the factors that determine their health and their lives' (cited in King, 1999: 10). Although empowerment can only come from the group itself, 'enabling empowerment is possible by facilitating its determinants' (1999: 10). King states that interventions using an empowerment approach address issues at the community and organisational level, and include participants in the planning and implementation of activities. Life Drama seeks to add value to the existing efforts of a number of organisations in Papua New Guinea, including the National AIDS Council which is our major partner. In addition, we work with organisations and individuals in each pilot site through a local Research Advisory Group, which plays a major role in planning and implementing the Life Drama training and evaluation. By training community leaders, and seeking ways to support their organisations, Life Drama aims to 'facilitate the determinants' of empowerment and grass-roots activism.

Critical Reflection

Life Drama is in its very early stages – as a pilot project barely eighteen months old. While the project has made a promising start, there are many issues yet to be grappled with as the partnership moves forward and strives to establish a base for sustainability.

Education is Just the Beginning ...

There is plenty of evidence, in the literature and in international practice, that education alone cannot be expected to result in behaviour change that the environment does not support. King (1999), reviewing best practice in HIV education, states that programs must address the determinants of sexual behaviour by targeting the society rather than the individual. Wan Smolbag in Vanuatu, while still working with young people to produce plays, radio plays and a popular television soap opera, has found that the effectiveness of its Theatre for Development projects is greatly enhanced by the other services it now provides. These include a range of life and vocational skills training courses, a computer laboratory, a sexual health clinic and outreach service, regular meals for homeless young people, a drop-in centre, sports and leisure activities, and one-to-one informal counselling and mentoring (Wan Smolbag 2010). While Life Drama can encourage participants to be tested for HIV, the intention may be defeated by the realities of travel costs to the nearest testing facility, inadequate privacy at the clinic, and the low level of resourcing for medical care at the hospital. As a small team of researchers developing a new applied theatre approach to HIV education, we can play only a small role in helping to address these broader systemic issues. At present, our approach is to continue building partnerships with both centralised organisations like the National AIDS Council Secretariat and local stakeholders like Gaubin and Tari Hospitals, in order to help progress the formulation and implementation of HIV policy in whatever ways we can. We also aim to help empower training participants to advocate for and participate in service improvements at the local level.

Individual Behaviour Change versus Community Transformation

In many ways, the aims of Life Drama remain modest: to achieve small but significant and sustained changes in people's knowledge and attitudes regarding HIV, in the hope that these will lead to changes in intention and behaviour. The program seeks to achieve these changes through group processes, in the hope that a shift in the attitudes of a group will resonate out into the community. However, the trainers are aware of a tension between a 'Western' focus on individual characters and their internal processes, and a 'Melanesian' emphasis on the importance of relationships, family and community. The criticism that we have not yet adequately defined the mechanism by which Life Drama can be expected to support community transformation is acknowledged.

Reason and Emotion

It is a general criticism of cognitive science that models tend to treat human decision-making as a 'rational' process, a species of mental algebra, while the impact of emotions on decision-making and behavioural choice remains poorly understood. Since many would argue that the power of applied theatre lies in its capacity for emotional engagement, further theoretical work is needed to bridge the gap between cognitive models of health promotion and applied theatre models of practice. The Life Drama team hopes to contribute to this work as the project moves forward.

How Participatory is Participatory?

Life Drama purports to be a Participatory Action Research project. However, the project has been instigated by Australian researchers, is mostly funded by an Australian research body and is largely conducted by Australian trainers who 'fly in and fly out'. There is an argument that such a model is not truly participatory, since the project has not been instigated by Papua New Guineans to effect a change for which they perceive a need.

A separate article will be devoted to the design of the project, from the point of view of Participatory Action Research. Here, it is important to note that 'participation' is a concept that drives the project on several levels. At the highest, most strategic level, a number of Papua New Guinean organisations have committed cash and in-kind support to the project, and key staff participate via a number of mechanisms including an annual Stakeholder Meeting in Port Moresby, formal reporting channels, email discussions, and ad hoc meetings with researchers. It would not be possible for the project to be conducted if these organisations did not consider it important, and did not contribute their resources and expertise.

At the level of the research team, two Papua New Guinean academics participate actively in the design, delivery and evaluation of each pilot. A Research Advisory Group has been established at each pilot site, and the members of these groups provide perspectives on the group's needs and participate in creative decision-making about activities to be conducted in training. Where possible, local staff are recruited as interviewers to conduct pre-training, post-training and follow-up interviews in the trainees' own language, and also contribute to the design and implementation of the research.

At the level of the trainees, who are considered the major beneficiaries of the project, they are enlisted as co-researchers. They are provided with tools and guidance to report and reflect on their own practice and its impact, as they implement what they have learned with groups in their communities. Data collected by the participants, and provided through qualitative interviews, shape the further development of the Life Drama program.

While Life Drama is currently in its pilot phase, it is hoped that the initiative can be established on a sustainable footing in Papua New Guinea over the next few years, with local researchers and trainers taking more and more control of its direction and implementation.

Time and Structure

King and Lupiwa (2009) have noted that the most successful HIV interventions are those in which educators revisit the same groups repeatedly. In Melanesia, relationships are of vital importance to individual identity and social functioning, and ongoing relationships with high-status outsiders are very highly valued (Wesch 2008). It is not surprising that the VSO Tokaut AIDS program, in which theatre trainers revisit the same communities four times over several years to progressively deepen their knowledge and understanding of HIV and AIDS, is considered one of the most successful models in PNG.

(Levy 2008).

In Tari, we have observed a strong commitment on the part of the trainers, all of whom returned for the second week of training after a month of conducting workshops and research. When we returned for an evaluation visit several months later, approximately half the group could be contacted: reasons for attrition included being in hospital with malaria, being on the run from tribal enemies and being away conducting training in a remote area. It seems inevitable, given the rapid pace of change in Papua New Guinea and the pressures of making a living and supporting a family, that groups will be progressively difficult to reconvene as time goes on. We have attempted to address this difficulty by compressing the Life Drama training into one week rather than two for the Karkar Island pilot. However, feedback from participants indicated that, while they felt they had learned a great deal from the program, they did not yet feel confident enough to act as trainers. We are currently investigating the options for providing a follow-up training module that focuses explicitly on providing supervised practice and building the confidence of the trainers. In the meantime, several of the participants did feel confident that they could adapt the content of the training for a different mode of delivery: the 'performance-based' mode with which they were already experienced. Future evaluation will focus on how the trainers have impacted their community, and what combinations of 'performance-based' and 'process-based' techniques they have adapted from their training.

Conclusion

Health education is a multidisciplinary endeavour, and arguably the work of improving the efficacy of practice is enhanced by considering the gamut of theory which has been generated from various research perspectives. We hope that this case study in how theory has been used to inform the development of a specific practice initiative contributes to ongoing discussion and practice improvement in the area of HIV education in developing regions.

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