

## CHAPTER 9

# Taking It to the Village: Reducing Stigma through Traditional Street Theater in Tamil Nadu

In a village in Kancheepuram district, India, the narrator of a street theater performance tells the audience how, after testing positive for HIV, he was no longer allowed to eat with his siblings, he was scolded when he fell ill, and no one would touch his clothes, even though he and his brother used to wear each other's shirts.

The play was developed by We Care Social Service Society, a non-governmental organization established in 1994 that runs a care facility for people living with HIV who have been abandoned or who are too sick to remain at home. We Care's services include nutritional, psychosocial, treatment adherence, and income-generating outreach support for people living with HIV. Because stigma and discrimination often hamper delivery of services, We Care applied to the South Asia Region Development Marketplace (SARDM) for a grant to use a traditional Tamilian street drama (*therukoothu*) to educate and promote discussion about HIV and its associated stigma and discrimination.

We Care's play stops at various points to allow villagers to ask questions about HIV and to discuss the storyline with members of the theater troupe, many of whom are living with HIV. The questions the villagers

most commonly ask reflect their fears and misconceptions about HIV transmission:

- If a mosquito bites a person living with HIV and then bites another person, will it transmit HIV?
- If my HIV-positive brother wears my shirt, will it infect me through his sweat?
- If HIV can spread through blood, breast milk, and semen, why not through vomit?
- Can I buy vegetables from a woman living with HIV even if she touches the vegetables with her hand?
- Can we eat food cooked by a person living with HIV?

Fear of casual transmission is an important driver of HIV stigma and discrimination. It leads people to take what they believe are protective measures against HIV, such as isolating and avoiding people living with HIV. By having people living with HIV share their experiences and knowledge, the play conveys how these actions are hurtful and unnecessary. The storyline emphasizes key messages about HIV:

- HIV does not spread through casual contact, so one need not fear and isolate people living with HIV.
- People living with HIV can lead normal, long, healthy lives.
- A woman with HIV can have a child without HIV.

Actors living with HIV share testimonials, such as how care given by family members has enabled them to lead healthy lives and to support their families. These testimonies showcase to audiences supportive attitudes and behaviors.

## **Implementation**

The troupe performed the play for three consecutive nights in each of 10 villages in Kancheepuram district. The play stopped at various points for discussion and information exchange with audience members. The troupe encouraged audience members to ask questions, offering prizes for participation. The troupe stayed in each village four days, allowing opportunities for interacting with village members and providing information about and referrals for voluntary counseling and testing and care services.

The project undertook a range of activities to develop and produce the play:

- *Script development.* A professional scriptwriter developed an initial storyline, and the HIV and stigma themes were added through a script development workshop that included people living with HIV, HIV experts, troupe members, and theater professionals. In the workshop, the team drew on data from interviews with people living with HIV from three networks in the district. The script combined well-known traditional, mythical stories with real-life experiences of people living with HIV, moving between the two and drawing parallels between modern life with HIV and the ancient stories. During the play, a narrator (*kattiakkaran*) would weave the past and present storylines together. The script continued to evolve throughout the training process and performances, integrating new ideas brought forward by the theater troupe as the process of performing unfolded and taking into account audience questions and reactions.
- *Selection and training of the theater troupe.* Although the original idea had been that the troupe would consist only of people living with HIV (nonprofessional actors), the impracticality of this scheme quickly became apparent. Therefore, the project formed a mixed troupe of professional and nonprofessional actors, which ended up providing opportunities for stigma reduction among the HIV-negative performers. The performance team consisted of seven professional theater performers, five nonprofessional performers living with HIV, and three HIV-negative nonprofessional volunteers. The performers were trained for two months in an array of issues, including self-esteem, group dynamics, team building, life skills, appropriate ways to present themselves in the villages, script development, and *therukoothu*-style performance.
- *Selection of villages and the village project support committees.* With the help of the Tamil Nadu Network for Positive Persons, the project team identified 10 villages that had at least four people living with HIV and in which stigma was particularly problematic. Key leaders in each of these villages, including leaders from youth and women's groups, were contacted and invited to form project support committees. These committees took full ownership of the program. At their own expense, they organized boarding and lodging for the troupe, arranged a stage

and sound system for the performance, and generated publicity about the event in the community.

## **Results**

The project results indicate benefits to multiple stakeholders, including troupe members, villagers, and people living with HIV, though estimating the benefits to this last group was more difficult because many people fear stigma and discrimination and are not open about their status.

### ***Effect on Troupe Members***

Evidence suggests the play empowered troupe members living with HIV, as one man, an actor in the play, recounted:

When I am providing the information [in the play], it makes me feel stronger. . . . I am telling people they can live long with HIV if they take medicine, and so that reinforces that [message] for me and encourages me to [take my medicine]. When I disclose my status on stage, afterwards it leads to [people living with HIV] coming to talk to me, and I can help them with information and referral to services like We Care. I also feel good to share that I got infected through sharing needles and that when I was doing this I did not know it could bring HIV. By sharing this information, hopefully I can prevent others getting infected this way.

The process of the training, performing, and belonging to an accepting, caring, and supportive group was life transforming for several of the troupe members living with HIV. It brought them not only new skills in theater, but also life and social skills that helped them integrate better in their communities and families. Most important, it built their self-esteem and confidence. For some, it provided the impetus and strength to reduce drug use. It also provided income, thereby allowing them to contribute to the household, and thus improved their status and reduced stigma at home. The same troupe member explained the significant positive influence his participation has had on his life:

I credit this play with helping me to stop using drugs. I also learned how to take care of myself, [to] eat better... When I was a drug addict, I used to think I was useless, . . . and I thought I should just use more drugs and die soon. But through the play I got . . . a reason to live, and so I stopped. Once I . . . decided to postpone my drug use, my life system changed. I no longer needed to steal to get money to get drugs—and now I can even save a little money and give [it] to my family.

Benefits extended to troupe members who are not living with HIV. One troupe member described the process of overcoming fear of contracting HIV through casual contact:

We were very hesitant, afraid we would get infected from the [people living with HIV] in the group, at the beginning. . . . [W]e thought by eating from the same plate, touching, we could get HIV. The trainer and madam had to counsel us and explain that [HIV] could not spread this way. So from counseling we got over this, but it took some of us one month to stop asking for a separate plate. Now we are comfortable; we eat together, sleep together, bathe from the same pond, with no fears.

The project also built troupe members' skills and confidence to share information on HIV and challenge stigma in their own families and communities. As one member explained, "Some of the performances were held in our home villages, and we are now seen as a resource in those villages. People come to us to ask questions and for help." The professional troupe members are now, on their own time, taking the message and information they learned to schools.

### ***Effect on Villagers***

The play was well received in most villages, and evidence suggests villagers who attended the performances reflected on and shared the play's key messages. The size of the audience increased from one day to the next, indicating positive word of mouth about the play. One woman said, "It was so good we even missed our TV serials for this play. For three days we missed our serials." Interviews with a wide range of village members indicate that a key benefit of the play was that it opened space for and legitimized discussion of HIV (a taboo topic before the play), particularly between generations. As one woman explained, "Now we can tell, explain, and talk about HIV, which we could not do before—because it was thought to be such a dreaded disease." Village gatekeepers discussed how hesitant they had been at the beginning to allow the play to run because of the topic, but how happy they were that they had finally agreed.

Villagers were grateful to receive new information on HIV, especially about how it is and is not transmitted. They appreciated knowing that HIV cannot be transmitted through routine, daily contact. Many spoke of the fears they had prior to the play about contracting HIV through casual means and how this fear led them to discriminate against people living with HIV.

A number of villagers had not known that treatment for HIV existed or about the prevention of mother-to-child transmission. The fact that people living with HIV can live long and healthy lives and continue to contribute to their families and communities was also a new concept. Echoing a repeated sentiment, one woman explained that she had learned “that it is possible for [people living with HIV] to get married to each other and to live positively . . . and [t]hat we should not feel bad about HIV.” The message about positive living came through in several scenes in the play, but troupe members who disclosed that they are living with HIV and talked about their own lives were able to deliver the message most compellingly. One group of young men said that the play has made them want to get tested for HIV, and they think it would be good if, in the future, HIV testing could be provided in conjunction with the performances.

The messages about the presence of stigma and discrimination and its effects on the lives of people living with HIV and their families were clearly heard and understood. Villagers described how stigma can lead to social and physical isolation and depression, can discourage people from taking medicine, and in extreme cases can result in suicide. At the end of one interview, an elderly woman confided that “long back there was a death here. He committed suicide because no one was accepting him, only his mother. Now we are aware and will not do such a thing again.” Villagers, including children, also articulated specific stigmatizing behaviors that need to change in the community, explaining, “We should not keep away, we should not say ‘don’t sit with us, or eat with us.’ . . . We know now that we can eat with them, share a dress with them, be in the same class.”

### ***Effect on People Living with HIV in Villages***

Many people living with HIV in villages where the plays were performed have not disclosed their status publicly and therefore have not overtly experienced stigma and discrimination. But the play offered them a sense of hope about their prospects and reduced their fears of public disclosure. As one woman explained:

Before I was afraid the general community people would stigmatize me if they got to know my status. Now, because of the play, I am less afraid of what might happen. . . . I [used to] worry for my son, that people will stop letting him play with their children if they find out he is HIV positive, but now I think, after the play, that might not be the case anymore.

People living with HIV also expressed that the play gave them strength. One woman living with HIV concluded, “These kinds of plays should be performed in many places as [people living with HIV] will get strength and support from it, and those who are negative will know how to prevent it.”

## **Lessons Learned**

Several important lessons for implementing drama-based stigma reduction interventions were learned from this project.

### ***Patience and Persistence Are Key***

A key lesson throughout the production process was the need for patience and persistence. The original plan had been to use only performers living with HIV, but the need for some professional troupe members, particularly musicians, became immediately apparent. The project found musicians, but they were reluctant to commit when they learned that they would be working with people living with HIV for fear of getting infected. They were eventually convinced to stay, but the process did take time and effort. Another challenge was finding people living with HIV who were willing to be trained as performers and travel to villages and who also could act, sing, and dance. The project had no success recruiting women living with HIV, and several of the men with HIV were drug users, posing challenges when relapses occurred and members could not work.

Patience and persistence were also needed to convince village gatekeepers to allow the play in their locale. Leaders in many villages were initially hesitant because of the topic. However, when a few performances had been held and word spread about how good the play was, villages began calling up to ask for performances. Unfortunately, We Care was not able to respond to this demand because the maximum number of villages feasible with the SARDM budget had already been selected.

### ***Theater Has the Power to Open Discussion on Sensitive Topics among Diverse Audiences***

A key finding of this intervention was that theater, which is viewed as nonthreatening and socially acceptable, is a powerful forum for broaching sensitive and taboo topics. It also is an ideal medium for allowing the same message to be heard by an audience diverse in both sex and age. That said, a well-crafted script that presents the sensitive issues and facts in an acceptable manner is crucial. The project struggled to find this balance at the beginning; some of the messages were too direct in the initial

performances, leading to a negative response. By the fifth performance, the team used a more nuanced approach to convey sensitive information, such as the need to use condoms when having multiple partners.

### ***Finding the Right Balance between Information and Entertainment Is a Process***

Another challenge was striking the right balance between entertaining, which is necessary to hold the audience's attention, and delivering messages. The script continually evolved, sharpened through repeated performances and audience feedback. The performances gained strength as the project deepened its knowledge of audiences and crafted messages that responded specifically to knowledge gaps and transmission fears. The story also tapped the audience's basic desire to help, not harm, family and community members. The use of stop-start drama, where the play is stopped for interaction with the audience, was also an effective strategy for conveying information while sustaining the audience's attention.

### ***Participation of People Living with HIV in Performances Is Critical to Audience Response***

Knowing that some of the actors were living with HIV had a powerful effect on audiences. This factor intensified the messages delivered during performances. After seeing the play, villagers talked about how they had not realized what stigma and discrimination did and how they now understood and would no longer practice stigma and discrimination. They also talked at length about the importance of supporting people living with HIV so that such people can lead a healthy and productive life.

### ***Village Participation Was a Key Factor in Success***

Another key to success was creating ownership among people in the villages. In each village, for example, volunteers served on village committees that raised funds to house and feed the theater troupe for three nights, procured equipment and space, printed flyers, and generated publicity for the show. The presence of the theater troupe in the village was also important. Villagers conversed with troupe members during the day, asking questions and, in some cases, seeking care and service referrals. These interactions also allowed the troupe to alter the performance to respond to specific questions raised during the day.

### ***Postproject Demand Remains Strong***

Even after the project ended, demand for the play has continued to grow. Other villages have been calling to request performances, two local

corporations have sponsored performances in additional villages (beyond what was possible in the SARDM budget), and the United Nations Children's Fund has asked We Care to submit a proposal to conduct the play in more villages. The play has created the roots of change in the villages where it was performed; however, as one of the directors of We Care pointed out, "Change takes time and requires ongoing support." Village leaders and members echoed this sentiment, stating that they would like—and needed—the play to return again to their village to make sure the message is heard by all.