From “Their Stigma” to “My Stigma”: An Examination of the “Skul Konekt” Project Among Adolescents in North-Central Region of Nigeria

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Abstract

This article investigates theater techniques employed in addressing self-stigmatization in Skul Konekt project, an “anti-self-stigma” HIV/AIDS theater intervention in Nasarawa state, Nigeria. The project toured secondary schools in Nasarawa State to create awareness on the negative effect of self-stigmatization in people living with HIV/AIDS (PLHIV). This study answers the research question: What theater techniques were employed in the Skul Konekt project and how did these strategies address the theme of self-stigmatization in PLHIV? My arguments are supported with the play text, titled, Talk to Me, and reflections from the playwright and selected actors. My reflection as a participant–observer in the project; comments from government officials, students, parents, and teachers during talkback session; and evaluation sessions from the project coordinator form part of the analysis of the impact of the theater techniques. Findings show that many intervention campaigns focus on stigmatization rather than self-stigmatization because such campaigns are designed through a top-down participatory approach without much consultation with the people. It concludes by discussing the implications of the findings for participatory strategies that can foster open communication, collaboration, and a people-led participatory approach relevant in achieving UNAIDS 90-90-90 objectives.

Keywords

self-stigmatization, sex education, reproductive health, Nigeria, drama and performance

Introduction

Drama, has become one of the principal vehicles of information, one of the prevailing methods of “thinking” about life and its situation.

—Martin Esslin, 1987, p. 13

HIV/AIDS is one of such social phenomena as it is about biological and medical concerns that have received global attention. Speaking on the social dimension of the pandemic, Peter Aggleton (2000), an internationally renowned critic on HIV/AIDS, in the report for Joint United Nations Programme on HIV/AIDS opines that “HIV/AIDS has shown itself capable of triggering responses of compassion, solidarity and support, bringing out the best in people, their families and communities” (p. 6). However, with these potential positive sociological and emotional reactions come stigma, ostracism, repression, and discrimination as individuals affected (or believed to be affected) by HIV have been rejected by their families, loved ones, and communities. Over the years, the menace has received attention from policy makers,

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researchers, and social workers globally, resulting in the enactment of laws restricting the entry, stay, and residence of people living with HIV/AIDS (henceforth, PLHIV) in about 35 countries (Joint United Nations Programme on HIV/AIDS, 2001).

Furthermore, in many countries, there have been some certain psychosocial dysfunctions that need to be addressed among PLHIV such as stigmatization of PLHIV which is a key obstacle to HIV prevention and AIDS care. In 2001, during the Joint United Nations Programme on HIV/AIDS, researchers emphasized the efforts to reduce stigma should be an integrated part of all HIV/AIDS programming (2001). This proposition resonates with Ervin Goffman, a renowned sociologist scholar research on stigmatization. Goffman (1963) considers stigmatization as a “significantly discrediting” attribute possessed by a person with an “undesired difference” (p. 2). Stigma is a powerful means of social control enforced by marginalizing, excluding, and exercising power over individuals who display certain traits. Although there have been approaches to challenge stigmatization of PLHIV vis-à-vis stigma reduction interventions such as sensitization programs on nonstigmatizing facts, legislating against discrimination, and mobilizing the participation of community members in antistigma efforts to enhance community integration, engagement, and human relationship (Campbell, Foulis, Maimane, & Sibiya, 2005; Parker & Agleton, 2003), there is need to address self-induced stigma. What can therefore be done against self-stigmatization in the individual, that is, person living with HIV/AIDS?

At a forum on combating HIV/AIDS-related stigma in Egypt, the inevitable causes and impact of self-stigma on PLHIV were enumerated, including taboo, cultural beliefs, value system, and negative metaphor (Morrow & Samir, 2009). These sociocultural constructs can cause self-isolation which is more dangerous than the virus itself. It can affect the well-being, self-esteem, or self-perception of PLHIV and impair their relationship with community members (Morrow & Samir, 2009). Despite problems associated with self-stigmatization, it has not been explored especially using the power of theater. Rather, theater interventions among PLHIV in Nigeria focus on general information about the disease, sex education, and antistigmatization campaigns (which focus on stigma from the outside). Social stigma is a predominant theme in drama for HIV/AIDS crusade in Nigeria because theater interventions examine the impact of sociocultural stigma placed on PLHIV. Thus, by examining the Skul Konekt project, this article argues that an effective HIV/AIDS intervention needs to incorporate the theme of self-perception and self-stigma. This is because beyond breaking the obvious barriers of sociocultural stigma attached to HIV/AIDS, there is a need to sensitize PLHIV against self-stigmatization through participatory theater strategies and techniques. Addressing self-stigmatization in PLHIV create deeper understanding of the role of self-perception on human relationship, communication, interpretation of encounters, and ultimately, the life span of PLHIV. The UNAIDS’ 90-90-90 objectives to help end the AIDS epidemic means that by 2020, 90% of all PLHIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will have viral suppression. Presently, concerted efforts are evolving toward more effective strategies on HIV/AIDS treatment. The project under discussion understands the role self-stigma plays in achieving the UNAIDS 90-90-90 objectives.

There have been theater interventions to raise awareness on HIV/AIDS, safer sex education, encourage people to adopt behavior change that put them at less risk, and discourage social stigma (see Afolabi, 2018; Alachi, 2008; Desmond & Gow, 2002; Durden, 2011; Mbachaga, 2010). There are also empirical studies on HIV/AIDS-related stigma, theater interventions against existing stigma and ways to combat stigma (see Mahajan et al., 2008; Quarcoo, 2011). For instance, Mahajan et al. (2008) observe that “although stigma is considered a major barrier to effective responses to the HIV/AIDS epidemic, stigma reduction efforts are relegated to the bottom of AIDS program priorities” (p. 67). Research has shown that many HIV/AIDS theater interventions only teach morality of social stigma by providing information on HIV/AIDS. However, providing information is not sufficient to reduce the risk of HIV infection as access to information alone does not guarantee behavior change (Durden, 2011; Francis & Rimensberger, 2005). This is because information about HIV/AIDS alone does not drive change, although it can provide momentum to achieving desired social change (Afolabi, 2018). For instance, Jonathan Mbachaga (2010) in his theater intervention in Benue state, Nigeria observed that despite the extreme access to information on safer sex education, young people are still vulnerable because of other socio–politico–economic and cultural issues involved. In another research on HIV/AIDS intervention, participatory theater, or broadly, applied theater, has been considered an effective way to translate information into useful tool for the benefits of the informee (Quarcoo, 2011). This is because genuine participation is arguably central to applied theater and if effectively utilized, it can help create safe and positive spaces for courageous conversations on important issues, build empathy, foster collaboration, self-confidence, and critical reflection (see Afolabi, 2016, 2017). Different HIV/AIDS interventions/research recommend dialogic process when undertaking HIV/AIDS research because this will foster learning and possibilities for change in meaningful and effective ways (Afolabi, 2018; Francis, 2011; Mitchell, Nakamanya, Kamali, & Whitworth, 2001). Although many interventions have focused on using theater on behavior change, awareness creation, and social stigma, attention has not been paid to self-stigma (Quarcoo, 2011; United Nations Educational, Scientific, and Cultural Organization-Coordinating Committee for International Voluntary Service Project [UNESCO-CCIVS], 2006). Consequently, this study
investigates theater strategies/techniques employed in addressing self-stigma in an “Anti-Self-Stigma” HIV/AIDS theater intervention in Nasarawa state, Nigeria. The Skul Konekt project, an HIV/AIDS self-stigma reduction theater intervention project, toured secondary schools in Nasarawa State to create awareness on the adverse effects of self-stigma by PLHIV. This study further answers the following research questions: What theater strategies were employed in the Skul Konekt project and how did these strategies address self-stigma? The article’s arguments are supported with the play text, titled, Talk to Me, reflections from the playwright and some actors, as well as the researchers’ reflection as a participant–observer in the project.

**Conceptualizing the Theme: Self-Stigmatization**

Erving Goffman (1963), a renowned sociology scholar and the key early thinker on stigma noted that stigma is a powerful means of social control enforced by marginalizing, excluding, and exercising power over individuals who display certain traits. Scholars have argued that stigma forms a major barrier in assessing care and treatment services among PLHIV (see Bond, Chase, & Aggleton, 2002). Stigma is strongly connected to self-perception and self-identity, and the fear of being stigmatized breeds depression, secrecy, denial, and shame (Varas-Diaz, Serrano-Garcia, & Toro-Alfonso, 2005). Social stigma arguably results in self-stigma because it is based on the perception of the other (Goffman, 1963). There have been approaches to challenge stigma among PLHIV through stigma reduction interventions such as educating individuals about psychosocial effect of stigma, legislating against discrimination, and mobilizing community members in antistigma efforts to enhance community integration (Campbell et al., 2005; Parker & Aggleton, 2003).

Furthermore, self-stigma refers to the disapproval of (or discontent with) oneself based on social characteristics that are perceived and which serve to distinguish oneself from other members of a society. The problem of self-stigma emanates from social stigma because the perception of self is influenced and consequently shaped by the perception of the other, belief system, custom, and tradition. To experience self-stigma, the person must be aware of the stereotypes that describe a stigmatized group (e.g., people with mental illness are to blame for their disorder) and agree with them (e.g., people with mental illness are actually to blame for their disorder). In the context of HIV, stigmatization from the society about HIV/AIDS deeply degrades the person’s personality to a stigmatized human being (Gaudine et al., 2010). The person can lose social status and can be labeled. A series of resultant effects starts happening and low self-esteem sets in as the person perceives himself/herself from the way the society perceives. Self-perception is not only reduced but also rumbled. Stigma is often multidimensional. For instance, Liamputtong et al. (2009) described three kinds of stigma associated with AIDS: self-stigma, perceived stigma, and enacted stigma. These forms of stigma whether felt or enacted have impact on how PLHIV identify and perceive themselves. Due to self-stigma, PLHIV may experience a shift in their identity as many begin to accept social stigma and define themselves from the society’s perception.

**An Examination of PLHIV and Self-Stigmatization**

Societal rejection of certain social groups (e.g., sex workers, drug users, and migrants) predates HIV/AIDS; the disease has, in many ways, reinforced stigma. For instance, John McGrath (1992) suggests that by allotting blame to specific individuals and groups, “society can absolve itself from the responsibility of caring for and looking after such populations” (p. 63). PLHIV may be denied access to human relationships, affection, services, and the treatment they need. In terms of categorization, Norbert Gilmore & Margaret Somerville’s (1994) study on stigma identify four main features of stigmatizing responses: “the problem that initiates the reaction; the identification of the group or individual to be targeted; the assignment of stigma to this individual or group; and the development of the stigmatizing response” (p. 1339). These features introduce Goffman’s concepts of felt and enacted stigma. Felt stigma is an internalized perception of being devalued, whereas enacted stigma refers to the actual experience of stigmatization and discrimination (Jacoby, 1994; Scambler & Hopkins, 1986). Further studies on stigma suggest that felt stigma often precedes enacted stigma because PLHIV who have witnessed negative experiences of other PLHIV may conceal their status. PLHIV often assume that concealing their HIV/AIDS status will prevent social stigma as they would be considered noninfected, and this may “limit the amount of enacted stigma prevalent in a society or community—at least in the short term” (Aggleton, 2000, p. 9).

Furthermore, regardless of the type of stigma, whether felt or enacted, there are facts and social constructs that contribute to such HIV/AIDS-related stigma. HIV/AIDS is a life-threatening disease, and people are afraid of contracting the disease. PLHIV are often thought of as being responsible for contracting the disease. For example, moral beliefs have led some people to conclude that having HIV/AIDS is the result of a moral fault (such as promiscuity or deviant sex) that deserves punishment (de Bruyn, 1999). Although immorality has resulted into the contraction of the HIV/AIDS virus, we do not totally subscribe to the notion that contraction of the virus is always the result of moral fault. Contracting the disease is multifaceted. Besides promiscuity, unscreened blood transfusion, sharing of sharp objects such as razor blades, needles, and pins, and other reasons facilitate the transfer of the ailment. To this end, contracting HIV/AIDS is not necessarily a moral fault.
Also, negative external responses to HIV/AIDS are by no means inevitable because such responses have their roots reinforced by dominant ideologies. That is, what the society considers good and bad with respect to sex and sexuality, illness, and proper and improper behaviors. The contributions of PLHIV to these responses have to be considered in terms of how a person living with HIV/AIDS sees oneself. Hence, there is a need for anti-self-stigma intervention to combat stereotypes, biases, and sentiments to foster a more conducive environment for PLHIV.

Speaking on antistigma strategies, Catherine Campbell et al. (2005) note that existing HIV/AIDS literature points to three antistigma strategies: “information-based awareness designed to reduce ignorance about people with AIDS; institution of legal safeguards making discrimination against people with AIDS a punishable offense; and participation of local community member in anti-stigma efforts” (p. 808). Campbell et al. (2005) further emphasize the need for more participatory initiatives so that community members can participate and have agency in community-focused interventions. How to engender participation among PLHIV informed the choice of theater strategies discussed in this study to address HIV/AIDS and self-stigma.

Retrospect on HIV/AIDS Campaigns in Nigeria

Due to the unprecedented increase in the rate of PLHIV in Nigeria, stakeholders such as the Nigerian government, international nongovernmental organizations (NGOs), and international nongovernmental organizations (INGOs) such as Society for Family Health (SFH), National Agency for the Control of AIDS (NACA), HIV/AIDS Emergency Action Plans (HEAP), United States International Agency for Development (USAID), and civil societies have developed programs and initiatives to create awareness and ultimately eradicate this epidemic in the country. For instance, different art forms have been used to create awareness and educate the people. Specifically, community theater, drama, and radio jingles have played significant roles in representing lived experiences in Nigeria including HIV/AIDS.

HIV/AIDS theater interventions in Nigeria have engaged drama to address themes such as family health, sexuality, stigma, and hygiene. In his article titled “Family Health Awareness in Popular Yoruba Arts,” Arinpe Adejumo observe that HIV/AIDS information, signs and symptoms, and means of contracting and controlling disease have been broached in a renowned radio drama in Nigeria called “Abule Oloke Merin” produced by SFH Nigeria. Abule Oloke Merin is part of SFH’s commitment to fight against HIV/AIDS, and it was written and produced by Kola Ogunjobi in collaboration with SFH under the aegis of the United Nations Agency for International Development. It was a serialized radio drama, whose main preoccupation is to combat HIV/AIDS in Nigerian society by exposing the social ills associated with premarital sex, multiple partnering, misconceptions about HIV and modes of transmission, ways of preventing HIV, and cultural hindrances to the prevention of HIV/AIDS. (Adejumo, 2009, p. 263)

Other radio dramas produced to sensitize Nigerians on HIV/AIDS include Adisa, One Thing at a Time, Who Do You Love?

Also, different civil societies employ community theater, theater for development and participatory theater to explore these aforementioned themes. For instance, Tor Iorapuu’s “Had I Known . . . ,” (2004) a community-based drama, is a product of the John D. and Catherine T. MacArthur Foundation Fund for Leadership Development Program in Nigeria (1996-1999) and explored themes of sociocultural stigma, sexual reperformance, and the implication on the girl-child. Hence, in Nigeria, theater has been used in addressing social issues such as HIV/AIDS with emphasis on sociocultural stigma, prevention, and their attendant vices. Also, tragedies that befall adolescents and youths are examined, including HIV/AIDS, early marriage resulting in early pregnancy, health complications during child birth, vesicovaginal fistula (VVF), sexually transmitted infections (STIs), poor parenting, abortion, and death among others. These examples use storytelling, role-playing, and proverbs to in their performance. From these examples, it is right to note that there have been concerted efforts from different quotas to address issues of reproductive health, adolescent sexuality, and HIV/AIDS.

Skul Konekt Project in Nassarawa State

Nasarawa state, the location of the Skul Konekt project was created in 1996 from Plateau State as one of the states in the north-central region of Nigeria. It has three national senatorial districts, and 13 local governments with a population less than 2 million according to 2006 census (National Population Commission, 2014). Nasarawa state’s main economic activities are agriculture and mineral production such as salt (2015). The choice of Nasarawa state was based on existing report/data from the NACA that the state had the highest HIV/AIDS prevalence in the north-central geopolitical zone in 2007. There are 36 states in Nigeria including the Federal Capital Territory (FCT). Specifically, 14 states reported a prevalence that was higher than the national prevalence of 3.0%, whereas nine other states had a low prevalence that ranged between 0.2% and 0.9%. The four states with the highest prevalence were Rivers (15.2%), Taraba (10.5%), Kaduna (9.2%), and Nasarawa (8.1%), respectively (United Nations Joint United Nations Program on HIV/AIDS & NACA, 2014). Ten states had prevalence ranging from 3.3% to 6.5%. Furthermore, prior to the 2007 report, data from the HIV/AIDS surveillance survey
revealed that Nasarawa state had the third highest prevalence rate of HIV/AIDS in Nigeria with 6.7% (FMoH, 2005). In effect, the north-central region had the highest prevalence with Nasarawa being the state with the highest rate of HIV/AIDS. As part of her strategy to tackle the epidemic, the Nasarawa state government in 2008 employed theater to raise awareness in the state.

Thus, the state’s commitment resulted in the Skul Konekt project. This participatory theater project comprised performance and talkback sessions because of keen interest to engage students, teachers, parents, and administrators. After each performance, we randomly selected interviewees from these four groups. Actors involved in the play were community artists and Theater Arts program graduates from University of Jos, Nigeria. Throughout the tour, we performed a play titled Talk to Me with talkback session. Theater techniques used include dialogue, role play, discussion, humor, and rhetoric (i.e., question and answer).

**Synopsis of Talk to Me**

*Talk to Me* is a story of two friends Aggio and Abachi. Aggio is gullible and naïve when it comes to the subject of sexuality, whereas Abachi is the opposite. Abachi is adventurous but wayward and father, is a single parent, blind, and poor. He strives to train Abachi in school and make him comfortable against all odds. Abachi’s father is HIV positive, its source unknown, and Abachi contracts the disease while using razor to cut his father’s hair. Unhappy that his friend Aggio is HIV negative, Abachi vows to set Aggio on the wrong path. Through Abachi’s deception, Aggio eventually contracts HIV by sleeping with Lydia, a promiscuous girl who is a victim of rape and plans to take revenge on her male classmates despite the pleas of Esther, her friend. Aggio’s decision affects his alcoholic father and poor mother. Abachi’s blind father labors financially over Abachi, and he is disappointed when he learns of his and Abachi’s HIV positive status. Rage, anger, and bitterness against the system are the key reactions of the characters in the play because none of the characters is to blame. Abachi contracts the virus from his father and pressurizes Aggio who succumbs due to his ignorance. Lydia resolves to infect others with the HIV virus because she is a victim of rape—a social issue that has gained serious attention from many concerned groups in Nigeria.

**Skul Konekt Project and the Theater Techniques**

In view of the project’s focus on secondary students aged 14 to 17 years, certain strategies were employed to encourage the students to voice their opinions. An analysis of the project therefore considers both the performance and talkback session strategies—storytelling, role-play, discussion, and rhetoric.

**Storytelling**

The performance started and ended with this song that illustrates storytelling. The song goes thus:

*AIDS is real AIDS kill, AIDS takes life*

*Men of great talents and gifts, Shattered and forgotten*

*Youths of bright future and hope Wasting and dying*

*Generations are forgotten All because of AIDS*

*Solo: This na our tory, tory, tory*

*All: tory, tory, tory (Repeat tory, tory, tory until tory form a class)*

Theater is an expression of stories told through different forms and styles. Storytelling is a powerful cultural and dramatic tool for expression. It is an artistic strategy adaptable to share experiences and to convey compelling ideas to the audience. Storytelling is powerful because it draws on the strength of words, symbols, proverbs, and imageries to inform meaning-making. For the Skul Konekt project, storytelling was employed to progressively connect known subjects to the unknown—from social to self-stigma. It served as the first theater strategy in addressing the theme of self-stigma. As a dramatic technique, storytelling helped in creating a safe space to discuss self-esteem and self-perception in relation to the main theme of “self-stigma” among PLHIV. During the devising process, actors shared both fictitious and nonfictitious HIV-related stories to deepen actors’ understanding and share ideas for the talkback session.

The play script “Talk to Me” portrays the negative impact of stereotypical themes on HIV/AIDS campaigns. The entire play is a story being told from Aggio’s perspective. He takes the audience on a journey into his past and explains his present circumstances. His narrative reveals that in spite of the trauma that accompanies living with HIV/AIDS, holding a strong positive perception of oneself is imperative. Aggio’s comment below supports the aforementioned statement:

*Aaggio: Don’t talk to me! You see what you have caused? I am positive! All my friends have left me! I can’t go to school anymore. People point at me and run away. They call me a dead man.* (p. 12)
However, with Aggio’s re-orientation about the virus, his notion of the disease changes. In fact, he resorts to encouraging his colleagues and audience thus:

**Auggio:** … live positive lives. Your future is in your hands.  
(p. 12)

Aggio’s response made the audience to consider the influence of positive living over stigmatizing self and the power of positive approach to life. It advances a strength-based approach and a positive outlook to life that PLHIV can live meaningful lives. Aggio’s perspective evoked audience’s feedback which became apparent during the postperformance interaction between the students and Aggio’s character. For instance, students’ questions centered on ways Aggio can live a fulfilled life despite his HIV status. In this dramatic piece, Aggio is placed against all odds as his friends, classmates, and even parents stigmatized him. He is however able to arise above stigma because he believes in living positively and investing his time and effort in things that make him happy.

The actor’s reflection on the use of storytelling allowed for openness during the devising process and talkback session in exploring such sensitive subject as self-stigma. During the writing workshop, Paul Ugbede, the playwright and coordinator of the project, reiterated that his use of the storytelling technique is geared toward “entertaining, and teaching the audience, preserve cultural values and preserve aesthetic values because storytelling add beauty and simplicity to artistic creation.” For instance, as the tales by the moonlight among many African communities use stories to identify and discuss themes of concern while entertaining the audience, storytelling was employed in the play as an important tool in the discussion of the theme of self-stigma.

One of the talkback sessions exercise allowed the audience to ask Aggio a series of questions. This technique provided clarity, fostered deeper understanding, and also helped the audience gain access into character’s thoughts. As a result of students’ feedback on the play, the Nasarawa State Commissioners of Education and Health requested a remount for secondary school students in the state because of its relevance. Specifically, the play was scheduled for a remount on the World AIDS Day.

**Dialogue as a Pedagogical Tool in Skul Konekt Projects**

Dialogue is an integral index of meaningful pedagogical exercises and dialogic learning. The “Skul Konekt” project skillfully used dialogue to discuss a highly sensitive subject in the society. During the talkback session that involved sharing stories and asking questions, the Commissioner for Education of Nasarawa state identified the relevance of the dialogue in the play as a strategy to elicit conversation from participants when she commented that “the same strategy had been used in other theatre interventions she had experienced was employed to foster a community building” (Ugbede, personal interview, October 29, 2015). For instance, the play is structured in form of an open dialogue between the actors and the audience. Reminiscing on the writing process, Ugbede, during an interview, noted that the process of creating the entire dialogue of the play was rigorous. It was intentional to use the performance as a prelude to invite audience into a robust talkback session that will evoke discussions and deliberations. The ability to also engage audience in deep active listening is fostered as audience/participants divulge their individual experiences in a group setting.

Conceptualizing the role of dialogue, Paulo Freire (1978), in his book, titled *Pedagogy of the Oppressed* submits that

Dialogue is a way of knowing and should never be viewed as a mere tactic to involve students in a particular task. We have to make this point very clear. I engage in dialogue not necessarily because I like the other person. I engage in dialogue because I recognize the social and not merely the individualistic character of the process of knowing. In this sense, dialogue presents itself as an indispensable component of the process of both learning and knowing. (p. 379)

Theater operates a tool to harness the power inherent in dialogue not merely as a method but as a key social construct for human relationship and existence, as well as the learning and knowing process.

Also, the ability to listen is developed as the people divulge their personal experiences in a group setting. As the actor that played the lead character (Aggio), my major challenge was the talkback section. In an education system where students are told everything, introducing a new strategy could be very rewarding yet challenging and confrontational. Nonetheless, after performing in one of the schools, the Integrated Science and Biology teacher approached the creative team and commended us for presenting such an opportunity for effective use of dialogue. According to her,

the conversation in that room answered students’ questions and cleared their doubts. Students became part of the learning and knowing process and they created a better community when we look inward and become who we are meant to be rather than looking at what the world sees us to be.

**Humor**

Humor is germane in telling a story that is intense, personal, and emotional. Apart from this project, Ugbede uses humor in plays such as *Trading Places, Letter to Jonathan Gullible*. The story presented before the audience was embedded in humor to create a relaxed atmosphere because the theme of self-stigma could create an atmosphere of pressure, tension, and emotional outburst. Humorous situations, characters, errors, actors, and words help in creating a safe environment. For instance, a scene between the school principal and the students evoke laughter:
Principal: Shut up! (All Quiet) Even if your teacher is not in the class, can’t you read your book or go and call another teacher? Students of nowadays, you people don’t want to learn. When I was in secondary school in 1933, students do what?

All: Read ahead!

[. . .]

Principal: Good. Now bring out your books and begin to revise what you’ve done before. (Students begin to bring out their books. To Abachi) And you, Mr. D.I. if I see you do that nonsense again you’ll go home and bring your parents. Nincompoops! (Turns to go. Turns back again) And that reminds me, some of you like calling me “Locomotive Engine” because I stammer, I am not your mate. When I was a student in 1933, I never called my teachers names. This is a warning to you all. If I catch any of you or even see you in my back again) And that reminds me, some of you like calling me “Locomotive Engine,” you’ll know whether you’re the Principal or I am the Principal! Nincompoops! (pp. 1-2)

With the use of humor, the Principal who was meant to stigmatize himself due to his speech impediment rather corrects the class and also amuses them. Another example of humor is found in scene two when Aggio attempts wooing Lydia:

(stage direction) Abachi runs to Aggio.

Abachi: Oya, come, she’s waiting (Aggio does not move) My guy no slack O! No fall my style up abeg.

Afgio: But what do I tell her

Abachi: I don die! You don’t know what to tell a woman? Ok! God and tell her about Jesus! Idiot! Go jo.

[. . .]

Lydia: Hello.

Aggio: He . . . he . . . hello . . . Jesus loves you . . . he said in the book of . . .

(Abachi quickly covers his mouth. To Lydia) Sorry Lydia. It’s like he has high fever. Let me talk to him for a minute (Drags Aggio aside) You dey craze? Wetin dey worry you? Why are you telling her about Jesus?

Aggio: But you asked me to tell her about Jesus.

[. . .] (pp. 3-4)

Comic situations, character, and responses facilitated a safe and positive atmosphere for the subject being addressed. The language of expression is undulated between English language and Pidgin English for students to communicate effectively. During conversation with some students, we communicated in Pidgin English sometimes because that was the only language we could effectively communicate. We also spoke in Hausa language which is a colloquial language in Nasarawa state. With a conducive environment, participants expressed themselves freely during discussion. For instance, one of the students observed that understanding a subject matter is important in taking position/perspective. He said that people consider many situations life-threatening and devoid of solution but if we can look at the positive side of things, we will gain strength rather than losing hope. Humor is an integral part of the script, and the performance. It enriched interaction and effective communication among audience and the ensemble.

Role-Playing

Furthermore, the project explored how self-stigma affects human relationships and its impact on the life span of PLHIV. Using the role-playing strategy, the actor-teacher’s talkback session role-played the result of intrinsic fear that resides in some PLHIV (who are teenagers) which affects their communication with their peers—a fear that can lead to seclusion and ultimately shortened life span. Also, part of the deliberations I had with Ugbede during the devising process was about the character of Aggio whose status changed from HIV negative to HIV positive. Ugbede discussed extensively with me (as the actor that played—Aggio) the need to bring believability to the role as the status changed. The central idea for believability was to build both context and content so that the audience would have the right material to discuss and work with at the talkback session.

After seeing the show, the school principal in Nasarawa-Eggon commented on the impact of the performance on effective communication. For him, the workshop experience gave opportunity for community reflection and integration; it also strengthened teacher–student relationship, parent–teacher relationships, and student–parent relationships. On drama as an effective tool for role play, Lauren McGregor, Tate, and Robinson (1977) observe that it is based on the use of drama as an active, social process which draws on the child’s capacity for role-play—for projecting into imagine roles, characters and situation—as a way of exploring and expressing ideas through the body and the voice. (p. 4)

During the interactive session, students figured out that self-stigma influences interpretations of interpersonal encounters. Ugbede’s reflection during an interview on the central theme of self-consciousness in the play heightens the sensitivity to the theme especially among audience who were conscious of their HIV status. He further reiterates that the problem with the message of HIV/AIDS in Nigeria is that it has been twisted by the media perception because people have equated it with horror, and these wrong perceptions and negative symbols cause low self-esteem. Words of advice...
left with the participants are therefore summarized by Aggio’s words: “it’s not about how people see you or believe but it is about how you see and believe in yourself. Always remember that the death of many PLHIV occurred based on self-stigma” (p. 13). According to Ugbede, the Nasarawa State’s Commissioner for Health called me [Paul Ugbede] after the performance and requested a remount because the performance and talkback session became a reference point for the students. Sexuality turned from an obscure theme to what teachers, students and parents discussed openly for the benefit of the community. Many People have nobody talk to but drama gave them the opportunity to discuss, and see themselves through the lens of the character on stage.

**The Rhetoric Technique**

The question and answer technique informed audience participation which aided the understanding of the theme. For instance, Best Ben-Ochube, the actress who played the role of Esther during an interview session reaffirmed that the students’ opportunity to ask questions and speak up fostered audience participation. This also enabled multiple interpretations of a single encounter between two characters in the play. For Ben-Ochube, this is a replica of the experience of many PLHIV that stigmatize themselves regardless of stigma from the outside world. For instance, she recounted that Esther asked one question that silenced the entire class: “Can the half coke be replaced back?” Esther used the half coke as an analogy to discuss the idea of self-protection from premarital sex among the students.

Different scenarios were created, and we explored possibilities on how to react. The performance served as a way to deepen students’ understanding. Ugbede recounted,

> I remember I met a woman that commented on the performance. The woman asked if we had been to Nasarawa state for research before the performance because first, there was no form of communication, and public discussion on the subject of self-stigma in the state prior to our performance. This has resulted in misinformation.

At the project debrief, the ensemble observed that most of the participants wanted to voice their impression about the project but there was no time because the project was scheduled for daily multiple staging.

**Discussion and Implication**

Arguably, the participatory theater does not only create safe and positive space for dialogue, it can also engender co-construction of knowledge. As earlier mentioned, if information is not enough, then using strategies that will translate information to knowledge through effective pedagogic tool is important. The rationale for such approach in creating knowledge is that decision-making process is shared, and this boosts self-esteem and self-confidence which is important in reducing self-stigma. The current vision 90-90-90 agenda as inspired by sustainable development goals (SDGs) can better be facilitated through bottom-up approach and knowledge co-creation processes. Through dialogue, communities and PLHIV can be involved in the framing and planning process. Knowledge is co-constructed which has the potential to benefit different stakeholders. For instance, pre-exposure prophylaxis (PrEP) campaigns in some African countries especially for school girls can be more effective when bottom-up processes are engaged. People’s indigenous languages become a tool for knowledge creation. As we discuss issues around identity and PLHIV, pride and PLHIV, shame and low self-esteem during talkback session, we grappled with how these intangible ideas affect students’ life experiences and realities. In the context of Skul Konekt project, students were not restricted to the use of English language even though it was a language of instruction. There was liberty of expression as students did not feel the pressure to engage in a language they are struggling to learn.

Furthermore, we acknowledged our multivoiced and tentative humanity which in other words, it is dialogic imagination. Context prevailed text as students were given the space for self-expression. The intervention moved to dialogic discourse as it created space for social relationships, intellectual openness, and possibilities for critique and creative thought. The interaction obliterated different barriers—linguistic, sociocultural, and economic because the use of English language in such a setting can promote levels of social disparity and class differences. We co-constructed knowledge in relatable ways that fostered self-expression. For instance, during the talkback session, we had students engage on their own without the interference of the teachers. Students deliberations addressed identity, pride, and disclosure among PLHIV. No one disclosed HIV status because a disclosure within community of peers can be costly. It requires strategic approach, and the pro and con of disclosing need to be weighed.

A safe and positive space to engage. The dialogic process took power from the teachers and gave agency to the students. Students became part of the learning process, and they gained deeper insight by reflecting on their experiences for a better community. For them when they looked inward, they silenced the voices of societal expectations, condemnation, and rebuke that have caused them to self-stigmatize.

Revealing the detail of the shared experiences between her students and herself, she explained that the idea of self-stigma for some of her students extended beyond HIV/AIDS to include their academic performance. The process of using the key social construct of dialogue encouraged a free flow of communication, interaction, and openness which fostered effective communication and self-expression for better understanding. It provided an avenue for students to finally be heard, having only heard others for years. The dialogic learning engendered the freedom to question existing status quo.
Beyond Message Laden Theater Interventions

Perhaps one of the most striking feedbacks from audience-participants is how theater interventions in developing countries are done. They are message laden; predetermined as to what to say with little or no opportunity for the people to speak their mind. For instance, some of the participants reaffirmed that effective stigmatization campaign starts with the self, that is, person living with HIV/AIDS. The schema the participants identified correlates with Mahajan et al.’s (2008) schema on HIV/AIDS discrimination—self-imposed discrimination, individual discrimination, and structural/institutional discrimination—which results in stereotyping and labeling. Desired change may be impeded when the people are not given the opportunity to define the kind of change they want. In the context of self-stigma, giving the people the space to speak up will enhance their self-confidence. A message laden theater intervention does not necessarily empower the people or eradicate existing stigma. In fact, most times, it adopts Freire’s idea of banking system because it is predetermined. The process of engaging the people can define and direct such intervention in a way that will benefit participants. This in itself is another focus of collaboration and participatory methods because it can provide the opportunity to choose the margin as a space of radical openness, open communication, and critical reflection (hooks, 1984; Mda, 1993). Although a nonmessage-laden theater intervention that gives the opportunity for alternative focus can be dangerous and too political especially if it is rights-based approach, yet it is worth exploring more importantly in developing countries (Etherton, 2004).

The Power of Theater

Perhaps one of the powers of theater is its ability to critique the status quo in a compelling way by highlighting paradoxes, contradictions, and hypocrisy of power. For instance, through storytelling, play building and scenarios, and other techniques mentioned above, audience-participants were made meanings and connections on the theme of the intervention. This is because theater has the power to refract, reflect, and hopefully correct societal ills. I do not claim that theater solved the problem or people’s participation fixed it, rather, theater provided the space for progressive change. This in itself is “theater of little changes” that empowers and that is why theater matters (Balfour, 2009; Boon & Plastow, 1998). Thus, the claim that theater empowers the people in a compelling way by co-creating knowledge with the people and provides opportunity for people to take ownership of their experiences as they participate in ways that can foster envisioning new realities present new paradigms in designing and undertaking theater interventions among PLHIV.

Conclusion

The Skul Konekt theater project in Nasarawa State, Nigeria focused on HIV/AIDS “anti-self-stigma.” The project employed theater strategies that encouraged further reflection, fostered self-perception and self-esteem, and encouraged healthy interactions in secondary schools. This article explores how drama was used as a pedagogic tool in addressing the subject of self-stigma among PLHIV. It examines the importance of storytelling, role play, participation, humor, and dialogue as strategies for talkback session. It further investigates the influence of self-stigma on self-perception, human relationship vis-à-vis interpretation of interpersonal communication and interactions, the importance of self-esteem, and how PLHIV are affected. Specifically, the project aimed at creating a paradigm shift so that advocacy can include the concept of self-stigma because initiatives among PLHIV addressed social stigma without including self-stigma. Shifting the discourse is paramount because self-perception, self-consciousness, and self-awareness play important roles in increasing the quality of life of PLHIV. In the Skul Konekt project, sensitization on stigma started from self-perception because beyond breaking the obvious barrier of socioculturally placed stigma against PLHIV, there is the need to combat self-stigma and cultural beliefs that inflict stigma. The study concludes that understanding the impact of self-stigma is important because it will complement further interventions.

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