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Using Drama Pedagogy to Enhance Understanding of HIV Transmission, Infection, and Prevention Among Third-Year Student Teachers

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Abstract

Thirty-eight years into the HIV and AIDS pandemic, the world is still striving to reduce global HIV infections towards zero new infections and AIDS-related deaths by 2030. Sub-Saharan Africa continues to carry the burden of global HIV infections as governmental and non-governmental agencies try out different prevention strategies (UNAIDS, 2024b). Several scholars have argued that comprehensive sexuality education (CSE) is the best preventive strategy to reach youth and key populations with factual information regarding HIV and AIDS. This paper draws from the project, Mentoring as a Method to Promote Women's Health in the Context of HIV-Prevention and Unequal Gender Relations, which employed memory work, photo-voice, drama, drawings, and focus group discussions with third-year student teachers in a life orientation module. Focussing on the data generated through drama, I present an arts-based activity that was used to teach about HIV transmission to student teachers in a bid to equip them with alternative ways of teaching school-learners about HIV and AIDS. The findings highlight student teachers' lived experiences and how they have shaped their perceptions of HIV infections and living with AIDS. I argue from the findings, that arts-based pedagogies allow for enhanced understanding of complex phenomena due to their participatory and in-built intervention nature. Thus, I posit that pedagogies that employ participatory, arts-based, and visual methodologies should be extensively employed in teacher-education towards reducing new HIV infections among the youth.

Keywords: HIV and AIDS education, HIV transmission, arts-based pedagogies, drama

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Introduction

Sub-Saharan Africa remains the region most heavily affected by HIV. Thirty-eight years into the HIV and AIDS pandemic, the world is still striving towards zero new HIV infections and AIDS related deaths by 2030. According to the UNAIDS (2024b) report, more than half of all new HIV infections (55%) in 2022 occurred among people from key populations¹ and their sexual partners, representing an increase of 11% from 2010 when the estimated proportion was 44%. New HIV infections among the age group 15–49 years declined by 35% between 2010 and 2022 globally, but there was only a decline of 11% among key populations. The key factors for this difference are discrimination, stigma, and criminalisation of LGBTIQ+ activities, which prevent access to sexual health services for these people. This in turn, contributes to the unequal rates of progress in HIV responses for the LGBTIQ+ population.

Further, the UNAIDS (2024b) report noted that annual numbers of new HIV infections among gay men and other men who have sex with men increased by 11%, while the increase was 3% among transgender women, from 2010 to 2022. UNAIDS (2024b) also pointed out that the relative risk of acquiring HIV in 2022 was 14 times higher for people injecting drugs, and 23 times higher for gay men and other men who have sex with men. The global risk of new HIV infections for sex workers and their customers was nine times higher, while it was 20 times higher for transgender women than in the wider population. Of the global total of new infections, up to 80% occurred among key populations and their sexual partners in 2022, compared with 72% in 2010, with the majority being amongst gay men and other men who have sex with men. This shows that key populations remain at much higher risk of acquiring HIV than the wider population, which is unacceptable almost 40 years into the HIV pandemic.

However, sub-Saharan Africa had an annual decline of 600 000 in new adult infections between 2010 and 2022. Also, in comparison to the overall adult population, new infections among sex workers and their clients dropped by 50% and 67% respectively, showing that intentional provision of sexual health services is crucial to curbing new infections (UNAIDS, 2024b). Despite this, the relative risk of acquiring HIV remains high for sex workers in the region given that they are still 11 times more likely to acquire HIV than the wider population. Notwithstanding this encouraging trend, there was no decline in new infections among gay men, other men who have sex with men, and those who inject drugs. Thus, the global HIV response must be aimed at increasing key populations' access to high quality testing, prevention, and treatment services. There should be an intentional reduction of barriers to access of sexual health services, and such services should be expanded to reduce unmet needs. The disproportionate burden of new infections borne by key populations and their sex partners points to unequal access to life-extending services and treatment (UNAIDS, 2024a).

UNAIDS (2024a) reported that new HIV infections among adolescents and young people (15–24 years) have decreased more rapidly among males than females. The steepest declines among adolescent boys and young men were in Kenya, Lesotho, Malawi, South Africa, Uganda, and the United Republic of Tanzania, where at least 70% fewer adolescent boys and young men acquired HIV in 2022, compared with 2010. However, the HIV incidence among adolescent girls and young women remains exceptionally high in parts of eastern and southern Africa and in specific areas in western and central Africa. This disturbing trend is due to the intersectional vulnerabilities of adolescent girls and young women in many heteropatriarchal communities, where gender-based violence is also rife.

¹ “Key populations were defined as per the Global AIDS Strategy 2021-2026 to include gay men and other men who have sex with men, sex workers, transgender people, and people who inject drugs” (UNAIDS, 2024b, p. 1).

These statistics show that there is still a lot of work to be done among young people and key populations to reduce HIV risk and incidence. Thus, this paper presents a pedagogical strategy that was used to engage student teachers in understanding HIV transmission and the importance of safer sex practices. It responds to the question: “How can arts-based pedagogies be employed to enhance student understand of HIV transmission?”

HIV and AIDS in Education

With HIV infecting young and old people alike, there was a need for education-focused solutions to reducing new infections among the youth. Several studies have been conducted on school-going youth in order to establish the relationship between education and sexual behaviour. Morrell’s (2003) and Pattman’s (2006) studies focused on the power dynamics within heterosexual relationships and how these enabled coercive and unsafe sexual practices among the youth. Further, Buthelezi (2004) and Simpson (2007) explored some of the cultural practices that perpetuate the taboo nature of sex talk within communities, and how such practices are implicated in the increasing numbers of new HIV infections.

Additionally, Piot and Bartos (2002) highlighted how HIV ravages the education sector in many developing communities. They discussed how HIV impacts the demand for education and negatively affects young girls who drop out of school to take care of sick relatives and other family responsibilities. HIV also depletes household resources and incomes through death and lack of employment, hence creating challenges for children’s schooling. This group of young people end up not having access to school-based interventions such as CSE and thus become vulnerable to the virus.

To address the ravages of HIV, UNAIDS (2010) initiated youth-centred programmes as a way of providing sexual and reproductive health education. These programmes were rolled out in different countries to ensure universal sexuality education coverage and prevention of new infections. UNAIDS (2010) argued that success in preventing new HIV infections could be achieved through sexuality education and youth-focused HIV prevention efforts. It also argued that countries needed to reduce youth’s HIV vulnerability by ensuring equitable access to education and employment and enabling legal environments.

Kirby’s (2008) study highlighted the effectiveness of school-based sexuality education based on the reduction in youth-related HIV infections globally. According to UNAIDS (2019), global numbers of new HIV infections had dropped, indicating that the pandemic could be halted by 2030. To achieve this milestone, there is need for concerted efforts to sustain CSE and other youth-centred programmes that provide youth friendly reproductive health services and information. Kelly (2002) further highlighted the need for discussions that unpack harmful sexual practices and norms.

Mitchell et al.’s (2004) study in South Africa investigated the construction of young people as unskilled in making decisions regarding their sexuality, which makes them vulnerable to HIV. They argued that the politics of innocence embedded in youth and childhood discourses within South African communities denied young people the agency to seek protective measures against sexual violence, sexually transmitted infections, and HIV. In agreement with the above sentiments, Parikh (2005) reported that issues of morality played a huge role in community responses towards sexuality education in Uganda. Parents argued that such an education would lead young people to experimenting with sex and becoming promiscuous.

In a study conducted in Lesotho with women science teachers, Khau (2010) found that women teachers were uncomfortable with teaching sexuality education due to their positioning as mothers within communities. They argued that teaching about sexuality resulted in them being seen as leading children astray and corrupting their innocence, and some argued that they felt uncomfortable talking about sex across the age divide. Thus, teacher identities impacted on their confidence in teaching sexuality education (see also Baxen, 2010). However, despite these challenges, teachers were aware of the need for sexuality education and were willing to be equipped with strategies to overcome their discomforts. In Khau's (2010) study, it was found that teachers lacked the necessary training to address sexuality issues and other phenomena labelled as taboo.

To clarifying the challenge faced by teachers in Khau (2010), is Epstein et al.'s (2003) argument that school-based sexuality education was the only subject requiring parental consent because of its sensitivity and the fact that it was seen as corrupting young children. Believing that children should be sexually unknowing makes it difficult to teach them about their sexuality. According to Epstein et al. (2003) and Paechter (2004), such a belief constructs children as sexually innocent and not needing to know about sexuality.

In another study, Khau (2012) found that traditional practices and societal values impeded effective school-based sexuality education. Religious beliefs were the dominant driving factor in parents being opposed to comprehensive sexuality education, arguing that it would destroy the innocence of children and lead them astray. They advocated for abstinence-only education. In the same study, Khau also found that CSE was a direct contradiction to traditional Basotho practices in relation to sexuality and rites of passage. This created a rift between communities and schools in terms of implementing CSE in schools.

Several scholars have attested to the effectiveness of comprehensive sexuality education in HIV and AIDS prevention (Bruess & Greenberg, 2004; Coombe, 2003; Hargreaves et al, 2008; Kirby, 2008). It has also been argued by scholars that programmes to protect young people from HIV must use combination prevention approaches that are friendly to young people (Coombe, 2003; Kelly, 2002; Pattman, 2006). Such programmes for young people must promote comprehensive services that include knowledge about HIV, sexuality education, access to sexual and reproductive health services, and discussion on harmful sexual norms and practices.

Many young people in sub-Saharan African educational institutions have little or no knowledge of how to ensure their safety against HIV infection (UNAIDS, 2024a). Interestingly, when Pouris and Pouris (2011) investigated the nature and extent of HIV-related published research worldwide, they concluded that South Africa was a *scientific powerhouse*, basing their findings on the number of journal articles published by South Africans in the period 2005–2009. South Africa was ranked fifth in the world, with most of the research being in the social sciences. With such research output, one would have expected a decline in the HIV prevalence within South Africa, especially among young people.

However, the high HIV prevalence rates suggest that the research has had a very small impact. Thus, Louw et al. (2009, para. 8), appropriately argued for “new generation universities” which should be of service to the society in relation to the immediate needs of the communities, such that they can address the “challenges faced by their constituent communities.” It is within this context that this paper aims to explore how arts-based pedagogies could be employed with student teachers to enhance their understanding of HIV transmission.

Research Methodology

This qualitative research study employed participatory visual and arts-based methodologies. Finley (2005, p. 686) asserted that arts-based research “provides a formula for a radical, ethical and revolutionary qualitative inquiry.” For this study, drama was used to enable student teachers to engage, communicate, and express their feelings and experiences in the classroom (Finley, 2005). Fels (2004) noted that in performative inquiry, drama is used to understand critical societal issues. This paper draws from a larger study that received ethical clearance from my university’s Human Research Ethics Committee to ensure that all research activities would follow ethical protocols. The third-year life orientation student teachers were informed of the study and the request for their participation and freedom to opt out. All student teachers agreed to take part in the study, and they all signed informed consent forms. The student teachers were also informed that the activities for the research would not form part of assessment activities for the module. The student teachers were then allocated numbers to be used in lieu of their names in presentation of the data and findings. For example, Student Teacher 1 in Group 1 was denoted as (ST1G1).

The study took place in the context of a life orientation lecture for third-year student teachers. All 35 registered students for the course participated in the study. The class was divided into two groups consisting of actors (Group 1) and the audience (Group 2). The students were given a prompt to create a scenario of their choice in which the risk and vulnerability to HIV infections was high. They acted out their storied drama to highlight their lived experiences of vulnerability and risk to HIV infections. The student teachers all agreed to be video recorded when performing their drama, and audio recorded during the discussions of the video. The student teachers were provided different colours of washable finger paint with which to cover their palms to signify different stages of HIV infection.

During a lecture discussion on HIV infections and living positively with HIV, the student teachers talked about their experiences of being taught about HIV transmission in schools, their reactions to the teachings, and their perceptions regarding HIV and AIDS. These discussions revealed several issues pinpointing to a lack of understanding of HIV transmission and protective measures. Thus, the drama was planned to engage the student teachers in trying out a different strategy of learning about this phenomenon to enhance their own understanding. The student teachers’ performance was based on the prompt: “How can drama pedagogy be used to teach about HIV transmission in classrooms?”

They were provided with a storyboard to plan their performance and to decide on who would act in which part. The storyboard was an important tool in getting the student teachers to think through their content and scenes. Once the actor group had completed their planning session and rehearsed their performance, they were given time to perform for the audience group in class. The audience group was asked to note the different palm colours of each actor at the beginning and at the end of the drama. The discussions between actor group and audience group were audio recorded. The student teachers’ insights and experiences were analysed thematically. The different paint colours used were labelled as follows:

Table 1
Key Depicting Meanings of Colours Used

Paint Colour	HIV Status
No paint	HIV negative
White	HIV positive taking ARVs
Red	HIV positive, knows status, no ARVs
Yellow	HIV positive, does not know status
Red with latex glove	HIV positive, no ARVs, using latex condoms
Red with paper glove	HIV positive, no ARVs, using animal membrane condoms
Black	Full-blown AIDS

Drama Pedagogy

Drama pedagogy is aimed at developing critical consciousness and societal change. It challenges societal injustices and contributes towards transformed societies (Davies, 2014). Dalrymple (1997, p. 84) argued that drama pedagogy is holistic, experiential, and participatory, thus providing “a broad framework in which to explore ideas from a range of different perspectives.” Drama pedagogy’s purpose is positive social change (Neelands, 2007), and Giambrone (2016, p. 18) pointed out that it uses “identity recognition and personal transformation as a means to social change.” These arguments are in line with Boal’s (1979) theory that dramatic performance can assist people in changing their reality and transforming marginalised lives.

Theatre-in-education as a branch of drama pedagogy uses drama and theatrical performances as pedagogical tools for interactive learning (Lu, 2002). The process of theatre-in-education begins with a social issue of concern, which gets used as an overarching theme for theatrical creations and performance (Tarlington & Michaels, 1995). Students collaborate to select an aspect of the theme to develop a theatrical performance that depicts their understandings and perceptions of the theme for an audience. Once the performance is complete, the actors and audience reflect on the scripted issues to “actively engage the audience in the learning process” (Jackson, 2001, p. 1).

In this research, one group of third-year student teachers created a theatrical production based on their perceptions and understandings of HIV transmission and protective factors against infection, which they performed for the audience group and the lecturer within the context of the life orientation lecture room.

Theoretical framework

Dewey’s philosophy of experience was employed as the theoretical framing to provide this study with a sense of direction (Blumer, 1969). As Patton (1990, p. 67) put it, “how you study the world determines what you learn about the world.” Thus, employing the philosophy of experience as a frame yielded an understanding of the lived experiences of the participants regarding HIV transmission and prevention.

Dewey's writings (1934, 1938/1963) on the nature and forms of human experience provided a theoretical foundation for this inquiry into student teachers' lived experiences of learning about HIV infections and transmission. Dewey's philosophy of experience has two principles—continuity and interaction—(Clandinin & Connelly, 1994; Richert, 2002), which guided my narrative interpretation of the experiences of the student teachers. The principle of continuity claims that every experience borrows from those that have gone before, and informs those experiences that will come after (Dewey, 1938/1963). This principle was helpful in reminding me that every individual experience is shaped by our previous experiences. Thus, in making sense of the student teachers' experiences of learning about HIV infections and transmission, I had to be aware of their past and the future experiences that could be interwoven into these particular experiences.

The premise of the principle of interaction is that every personal experience connects with the past as well as shaping the future. Each experience is a consequence of the interaction between a person and what constitutes their environment. A person's environment, according to Dewey (1938/1963), is made up by the interaction of personal needs, desires, purposes, and capabilities that create experiences. Thus, the personal experiences of student teachers unfold "in an environment; not merely in it but because of it, [and] through interaction with it" (Dewey, 1934, p. 13). This principle was helpful in analysing the environmental influences that shaped the student teachers' experiences of HIV and AIDS education.

Dewey's concepts of *educative* and *mis-educative* experience were used to explain and understand the experiences of student teachers and their positioning as agents of change in the teaching of HIV and AIDS education. Dewey argued that education is a "development within, by and for experience" (1938/1963, p. 28). For Dewey, education, experience, and life are part of the same cloth. However, he warned that not all experiences are equally or genuinely educative. Dewey purported that a genuinely educative experience should leave one open to stimuli and provide opportunities for development in new directions while also adding to the general quality of one's life. If, on the other hand, an experience hinders or distorts the development of further experiences, it is mis-educative (Dewey, 1938/1963). Understanding whether their experiences of learning about HIV infection and transmission have been educative or mis-educative helped the student teachers and I to reflect on how our past experiences have impacted on our conduct and understanding as teachers in the context of the HIV and AIDS education classroom and hence, how we can improve our understanding and facilitation of HIV and AIDS education in schools.

Findings

The student teachers worked in two groups. The acting group used the washable finger paint to denote the different HIV stages as explained in Table 1 above. Before putting on the paint, they used the provided storyboard to decide on the setting and actors for their dramatisation. They decided that their setting would be a university residence party in which returning students meet new students. Once this was decided, the students painted their palms in different colours. In the drama, they portrayed drunk students dancing and "hooking-up" with and without protection. The hooking-up was demonstrated by holding hands using the painted palms, or just shaking hands. This allowed the transfer of paint from one student to the other. This transfer was used to denote possible HIV transmission. The mixing of the different colours after holding hands highlighted the increase in viral load after HIV was transmitted from one infected person to another. The students who had red paint and wore a tissue-paper glove denoted someone using edible animal membrane condoms, while those wearing a latex glove denoted wearing a latex condom. The students who had no paint on their palms also joined in the hooking-up with those who had paint, thus enabling paint transfer onto their palms. This transfer of paint from a painted palm to an unpainted palm denoted transmission of HIV from an infected person to an uninfected person.

Dramatising the party scene was very enjoyable to the students and they used their lived experiences as university students to portray what usually happens at such parties. The hooking-up and exchanging of paints created a fun activity for the student teachers who were actors, and also for the audience. The audience group was able to observe the behaviours portrayed and analyse them in relation to HIV transmission, infection, and prevention. A recorded video of the drama was played for the whole class to discuss and analyse. The discussions ensuing from watching the actual drama and the recording produced two themes:

- Beliefs, myths, and misconceptions about HIV transmission.
- Rethinking the teaching on HIV and AIDS education.

These two themes reflect the student teachers' experiences of living in a country riddled with HIV, and learning about HIV transmission, infection, and prevention. Using verbatim excerpts from the student teachers, these two themes are discussed below.

Beliefs, Myths, and Misconceptions About HIV Transmission

The discussions of the drama and video recording yielded interesting conversations among the student teachers relating to knowledge, perceptions, and understandings of HIV transmission. Some of the myths and misconceptions they held about HIV were revealed as exemplified in the following snippets.

It was interesting to see that the tissue-paper glove allowed to the paints to mix. Which means it was not much of protection. I always thought all condoms provided protection against HIV. (ST8G1)

It was like there was no protection at all. The paints on the palms got mixed like there was no barrier in between the palms . . . sjoe! (ST4G2)

This is scary because I always believed that every condom provides protection against HIV infections . . . and I am sure I am not the only one. (ST5G1)

At this point, I asked the student teachers why there was transfer of paint through the tissue-paper glove, such that we could get to an understanding of the effectiveness of different materials in prevention HIV transmission. Some argued that the tissue-paper was porous and thin, allowing matter to pass through. Our discussion went on to compare the tissue-paper glove to an animal membrane condom, which is mostly used for edible flavoured condoms. I discussed with the student teachers that condoms made of animal membrane were semi-permeable, thus allowing some solutes and solvents to pass through. This brought up a heated discussion on the usage of such condoms.

Mam, why then are people using such condoms, if they do not provide protection? (ST6G2)

I think they are used for fun . . . see . . . when you are playing with your partner and eating the condoms, it creates fun foreplay . . . hhahaaaa! (ST4G1)

Maybe they are used by people who know their status and are faithful to each other . . . you know . . . to spice things up! (ST11G2)

Allowing the student teachers to discuss and respond to each other provided grounds to hear their level of understanding of how HIV transmission occurs. I then discussed with them that animal membrane condoms are not made to protect one against HIV transmission because the animal membrane cannot block the HI virus from passing through. I then emphasised the importance of

checking the condom packaging before buying or using, to ensure that they are getting protective condoms made of latex.

Yah, the paint from the other person remained only on the glove and did not get onto my palm . . . but I got traces of paint where the glove had rolled up. (ST1G1)

Hahahahaa . . . so your palm was protected somehow, but the rest of your hand got new paint because your glove was not on properly? (ST3G2)

The glove must have rolled up while hooking-up (shaking hands) with different people. I should have checked whether it was still on properly . . . hahahaa. (ST1G1)

True that! Many people believe that as long as they have a condom on, they are protected. They do not check whether they have put it on properly, or whether during the act it has rolled up or slipped off. (ST10G2)

This was another teachable moment where I discussed with the student teachers that latex condoms can provide protection against HIV infection during sexual intercourse, provided they are used properly. We then had a demonstration of putting a latex condom on a banana. I informed the student teachers to first check the expiry date on the package, and then check whether there were any holes or openings on the package. Once they had confirmed that all was in order, I asked them to open the condom package with their eyes closed. Many of them immediately put the condom pack between their teeth to tear it. Some struggled with opening the packet for a few minutes. The student teachers were then asked to check whether the condom was the right side up, pinch the air out of the condom tip, and place it on the banana. This yielded a hilarious engagement among the student teachers because they were struggling with doing this activity while their eyes were closed. Finally, I asked them to open their eyes and check whether their condoms were on properly.

Mine is torn because I used my long nails to tear the package. (ST3G1)

Mine is up-side-down because I could not see what I was doing . . . hahaha . . . It is not even quarter-way on, as it could not unroll. (ST11G2)

Mine is on properly, but there is air in the head because I could not pinch it out before rolling it on. (ST5G2)

I am the winner . . . hahaha . . . mine is properly on and there is no air in it. (ST2G1)

I then asked the student teachers why they thought I had asked them to the activity with eyes closed:

Mam, because sexual intercourse usually happens in the dark . . . dark room or at night. (ST12G1)

Because when people want sex, their minds stop functioning and they cannot see properly . . . hahaha. (ST7G2)

Mam, I think it is because in the heat of passion, people are in a hurry to get to the penetration and they cannot think rationally. (ST4G1)

This discussion allowed us to get into the realities of sex as experienced by the student teachers. I therefore took this opportunity to engage them in discussing how to ensure that condom usage does not become an afterthought but an integral part of sexual intercourse. Although many of the students

had believed that just using a condom could provide protection against HIV transmission, they realised that there was more to it than they had imagined. I emphasised that for latex condoms to provide the necessary protection from HIV and other sexually transmitted infections, they had to be used properly every time. We then came up with the following checklist:

- Do not leave latex condoms in hot places like in a car cubbyhole, or back pocket of pants.
- Check expiry date on package.
- Check for cuts and holes on package.
- Push condom to one side within the package.
- Tear the package along the serrated edge with your fingers.
- Take the condom out of package and check that the rolling part is on the outside of the condom.
- Pinch the tip of the condom to remove residual air.
- While still pinching the tip of the condom, unroll it onto an erect penis.
- Ensure that the condom is fully unrolled, and the penis shaft is covered.

I also discussed with the student teachers the benefits of using foreplay as an opportunity to put condoms on properly. This did not sit well with some student teachers because some of the women believed that condom usage was the forte of men, while some of the men had a problem with their partners seeing their genitals.

But Mam, male condoms must be the responsibility of men. Why should women assist them in putting the condom on? (ST10G2)

“Would you rather have women infected with HIV because they did not ensure the proper usage of condoms by their partners?” I asked. The whole class became quiet after this question. I could see that they were deliberating how to respond, or maybe reflecting on their personal experiences with condom usage. Eventually one of the male student teachers said:

Maybe in a stable relationship, I could allow my wife to put a condom on me . . . not a girlfriend . . . no ways . . . these girls talk about our sizes with their friends . . . hahaha. (ST17G1)

Mam, I think the including condoms in foreplay is a brilliant idea because safety does not become a burden, but part of the pleasure. Imagine you get two minutes of pleasure and a lifetime of misery because you did not use a condom properly? Haibo . . . ngeke. (ST11G2)

At this stage, the discussion was becoming uncomfortable for some of the student teachers because of their religious and cultural beliefs. I decided to get into a discussion to inform students that due to their anatomy, women and girls are more vulnerable to infections than men and boys. Thus, I encouraged that women and girls ensure that their sexual partners are using protection properly. While this places an unnecessary burden on women and girls, I pointed out that it was a lesser evil than acquiring HIV.

Mam, what about including fellatio and cunnilingus in foreplay? I do not think people use protection for those. So, what is the use of using a condom after muffing someone whose status you do not know? (S16G1)

My thoughts exactly Mam! Anything can happen during the oral sex, but we do not talk much about protection in that stage. (ST8G1)

Some of us have always believed that oral sex was safer because that is what we were told by other young people. . . . Does it mean we have been risking our lives? (ST9G1)

I could see that the understanding of the student teachers regarding the transmission of HIV was changing as they discussed the drama, video, and the banana demonstration. I then told the student teachers that as long as there is transfer of protein-based body fluids between individuals, there is a chance of HIV transmission. While saliva is not protein-based and may not carry much of the HI virus, semen and vaginal fluids do carry enough of the HIV for transmission to occur, especially where there are open entries such as cuts and sores. Thus, I emphasised the importance of being protected using the right method in any type of sexual engagement, whether oral, vaginal, or anal. In discussing infection through anal intercourse, the discomfort levels also got high because of a difference in attitudes and values. However, I managed to inform the student teachers that anal intercourse runs the risk of rupturing the capillaries in the anal canal, thus creating a fertile ground for infection. Therefore, I also highlighted the importance of using water-based lubricants with condoms during sexual intercourse because oil-based lubricants affect the structural integrity of the latex causing it to break.

So, Mam, why did you say we should check for holes and openings on the package? (ST6G2)

I think it is because once the package is damaged, the integrity of the condom cannot be guaranteed . . . basic economics . . . hahaha. (ST12G2)

I also think that it is because some boys put holes on condoms to punish or take revenge against girls and women . . . honest . . . I saw a programme on TV. (ST7G2)

I discussed with the student teachers that latex, as a rubber, only retains its structural integrity under certain conditions. Thus, if a condom is left in excessive heat, used with an oil-based lubricant, or the package is damaged then the condom begins to disintegrate. This destabilises the protective structure of the latex such that it becomes permeable and matter can pass through. This brought us to our next theme where we related the drama experiences with teaching and learning about HIV transmission, infection, and prevention. This is discussed next.

Rethinking the teaching on HIV and AIDS education

I asked the class to talk about their experiences of the painted palms in the drama, and what these meant to them. The purpose of this discussion was to find out from the student teachers whether any changes had occurred in their understanding of HIV transmission, infection, and prevention.

Yah, Mam! When the person with yellow paint held hands with the person with red paint, both paints mixed, and the two palms were left with a different paint. To me, this means that they went to the party with different levels of infection and came home with something totally new and different. (ST10G2)

I had no paint on my hand, but I shook hands with the black paint palm and my palm became totally black. When I think of it, it made it easier for me to understand how easy it was for one to get HIV. (ST3G1)

My palm was painted white. When I shook hands with red paint, all the white was gone, and I had light shade of red. This made me realise that taking ARVs does not mean that one could not get re-infected. I realised that it was important to use ARVs as well as condoms for proper protection against HIV infection. (ST5G1)

Yah neh! My palm was painted red without any glove. My plan in the drama was to go and infect others. However, when I shook hands with the one painted yellow, my colour changed. When I shook hands with the black paint, my palm became black. For me, this means that in trying to infect others, one places themselves at risk of re-infection thus increasing their viral load. I think when one knows their status, it is better to stay with that and not add more. (ST10G1)

I was more interested in the person with red paint and latex glove. Where the glove was not covering, there was transfer of paint. This means that it is important to use the latex condoms properly every time. Otherwise, one might think they are safe, only to find themselves infected. (ST15G2)

The student teachers' discussions and reflections highlighted a change in their thinking and understanding of HIV transmission, infection, and prevention. They realised that they had been holding onto misconceptions and wrong beliefs about HIV infection and prevention. Painting their hands to demonstrate HIV transmission brought an invisible phenomenon to light. They could see the paints getting mixed, or unpainted hands getting painted, or painted hands with tissue-paper gloves getting mixed paints. This brought to light the ability of arts-based pedagogies to bring to life complex and abstract phenomena.

Discussion

The findings of the study show that the student teachers are uncomfortable to discuss issues pertaining to sex, despite them being expected to teach about this phenomenon in schools. It has been argued by scholars across the globe that teachers face challenges regarding the teaching of sexuality education and HIV and AIDS education due to the constructions of sexuality within their communities (Baxen, 2010; Epstein et al., 2003; Khau, 2012; Mitchell et al., 2004; Paechter, 2004). The student teachers' religious and cultural beliefs created barriers to their engaging fully with the classroom activity and discussions. Bhana et al. (2019) argued that religious and cultural beliefs in communities construct sexuality as a taboo subject thus making it difficult for teachers to teach any subject related to human sexuality. While the student teachers were comfortable with the use of paint and drama, they were uncomfortable with the activity involving a condom and a banana. The male student teachers argued that such discussions would lower their standing in the eyes of their female counterparts. This reflected their patriarchal socialisation that a man should be respected (Baxen, 2010; Khau, 2012).

The prompt for the drama performance was left open and general to enable the student teacher group of actors to decide on a theme and setting of their choice. They were provided with washable finger paint, paper gloves, and latex gloves for use in their performance. Using their lived experiences of university life and sexual encounters, they created a university party to highlight their experiences. This was in line with Dewey's (1938/1963) principle of continuity, which was helpful in reminding me that the student teachers' current experiences were shaped by their previous experiences. Thus, in making sense of the student teachers' experiences of learning about HIV infections and transmission,

I was able to relate to their past experiences, which influenced their decision during the drama performance, and their beliefs regarding HIV transmission, infection, and prevention.

The student teachers were socialised into heteropatriarchal communities that construct human sexuality as a shameful and taboo subject (Parikh, 2005). Although creating challenges for the effective teaching about sexuality and HIV infections, this socialisation is maintained because the student teachers have a vested interest in it. They stand to gain respect by upholding the respectful and good adulthood norms of their communities (Epstein et al., 2003; Francis & De Palma, 2015; Mitchell et al., 2004). However, Dewey (1938/1963) has highlighted the fact that an experience that hinders or distorts the development of further experiences is mis-educative. Thus, in my lecture room, I was met with several mis-educative experiences from the student teachers that required unravelling. I had to come up with further strategies to ensure that the resistant student teachers came to the fore with their beliefs so that we could transform their thinking and understanding.

In using drama performance, I was creating new experiences for the student teachers, from which they could build future experiences in relation to HIV transmission, infection, and prevention. I based myself on Dewey's principle of interaction, which stipulates that each experience is a consequence of the interaction between a person and what constitutes their environment. A person's environment, according to Dewey (1938/1963), is made up by the interaction of personal needs, desires, purposes, and capabilities that create experiences. Thus, the personal experiences of student teachers unfold "in an environment; not merely in it but because of it, [and] through interaction with it" (Dewey, 1934, p. 13). This principle was helpful in analysing the environmental influences that shaped the student teachers' experiences of HIV and AIDS education. It enabled an understanding of their socialisation in their home communities as well as their socialisation within the university community. Thus, taking all these into account, I was able to bring forth their past experiences, and reshape their current experiences with a hope of transforming their future experiences.

The engagement of student teachers with the drama performance and the video recording thereof created a rich platform for misconceptions and myths to come through, thus, allowing for a deconstruction of such. Through seeing the colour transfer and challenges with condom usage, the student teachers' understandings regarding HIV transmission, infection, and prevention were transformed. They could visualise the paint as representing the virus, thus enabling them to see the material reality of HIV transmission. Dewey argued that education, experience, and life are part of the same cloth, and that education is a "development within, by and for experience" (1938/1963, p. 28). In line with Dewey's assertion that a genuinely educative experience should leave one open to stimuli and provide opportunities for development in new directions while also adding to the general quality of one's life, I believe that our drama performance and engagement was an educative experience for the third-year student teachers.

Conclusion

In this article, I explored how arts-based pedagogies could be employed with third-year student teachers to enhance their understanding of HIV transmission, infection, and prevention. The purpose of using drama pedagogy was to enable the student teachers to unleash their agency in selecting a theme and context, deciding on how to perform, and bringing to the fore their lived experiences regarding sexual relationships, sexual interactions, and HIV prevention. Each group of actors chose, created, and performed their play on HIV transmission, infection, and prevention. Their performance showed their understandings of the content of HIV and AIDS education and their perceptions of how transmissions occur in their daily lives. Although the prompt for the drama performance was open, the student teachers chose a theme and context that was familiar to them. However, their cultural and

religious socialisations impeded their freedom to discuss issues of sexuality and HIV within the classroom.

Teachers socialised in communities that pathologise sex and sexuality feel vulnerable when it comes to teaching about these phenomena. This makes it a challenge for learners who are expected to learn from such teachers because they would not be able to get all the factual information to allow them to make informed choices regarding their sexual lives. They thus become vulnerable to sexually transmitted infections including HIV and AIDS, and unwanted pregnancies. This study has highlighted the importance of arts-based pedagogies to enhance engagement and understanding of complex phenomena by student teachers. It also highlighted the importance of teaching student teachers about different pedagogical strategies that they could adopt in their own classrooms in schools. Thus, I believe that there is room to employ more participatory and arts-based pedagogies to enhance teaching and learning for complex phenomena, especially in science subjects.

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