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Exploring the use of role play in a school-based programme to reduce teenage pregnancy

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Can the use of a method such as role play help reduce sexual risk behaviour among KwaZulu-Natal learners? A study was undertaken of the use of role plays by Grade 8 learners, at eight urban and rural KwaZulu-Natal high schools, as part of a programme to reduce the prevalence of teenage pregnancy. Within the framework of Bandura's Social Cognitive Theory, learners participated in role plays covering five topics – choice, self-respect and emotional abuse; partner coercion/negotiation about having sex; visiting the clinic for contraception; perceived and purchasing value of the child support grant; and testing for HIV. We report on the organisation, implementation and evaluation of the role plays. Data from facilitators, educators and learners were triangulated and suggest that role play has potential for building self-efficacy among learners with respect to sexual behaviour.

Keywords: behaviour change, high school learners, role play, visual methodology

Introduction

A third of South Africa's population is under the age of 15 years and most attend school until they have reached at least Grade 9 (Statistics SA, 2011). Acknowledging that these are critically important formative years to provide relevant information, alter beliefs and attitudes, and develop learners' skills and self-efficacy, the Life Skills component of the high school curriculum aims to provide learners with the requisite knowledge and skills to enable them to avoid sexual risk behaviour (Ngcobo, 2002). However, in KwaZulu-Natal (KZN), the high rate of teenage pregnancy (Panday, Makiwane, Ranchod & Letsoalo, 2009) and the HIV infection rate among the 15–24 year age group (15.3%) (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-Van Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi & SABSSM III Implementation Team, 2009) suggest that more effective approaches are needed, including those which focus on gender inequality in sexual decision making. The school setting offers an opportunity to reach large numbers of learners using innovative strategies to communicate messages about safe sexual behaviour.

Despite the fact that KZN is the epicentre of the HIV/AIDS epidemic in South Africa many teenagers engage in unprotected sex, of whom about 10% report being forced to have sex (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Josi, Masuka, Kambaran & Omardien, 2010). Changing sexual behaviour in communities where, for cultural reasons, sex is not easily spoken about is all the more difficult (Aken'Ova, 2008). In addition, gender norms in traditional KZN communities emphasize male dominance in sexual decision making, thus limiting the capacity of young women to abstain or practise safe sex (Ratele, Shefer, Strebel & Fouten,

2010; Sathiparsad, Taylor & Dlamini, 2008). Walsh, Mitchell and Smith (2002) draw attention to the necessity for youth to be active participants in HIV prevention, the rationale being that if they are agents in the production and consumption of knowledge about HIV prevention, it may be easier to engage them in discussion on these issues.

In a society where family structures have been eroded by labour migration, urbanisation and, most recently, HIV and AIDS, schools have an important role to play in providing positive and protective influences that can facilitate learners' development. Our programme to reduce teenage pregnancy sought to contribute to the Life Skills' component of the syllabus and, with the support of the school, one of the weekly class periods was used to implement the programme. We used four young Zulu men and women facilitators, each of whom had experience of working with school youth and had been successful in arousing the interest and involvement of the learners. Being from the same culture, they were better able to raise cultural issues and to challenge gender norms without learners from traditional backgrounds feeling uncomfortable.

We report on a series of five classroom lessons where role plays were used as a creative teaching and learning method to promote safe sexual behaviour. The objectives of the intervention were to encourage high school learners to (i) make responsible decisions about their sexuality, (ii) protect them from unwanted teenage pregnancy and debilitating sexually transmitted infections such as HIV, and (iii) to work towards changing social and cultural gender dynamics that disempower girls. We wanted to examine whether role plays were an effective teaching and learning method to help meet these objectives and so contribute to social change in the longer term.

Conceptual framework

Our conceptual framework grew out of the work of philosophers such as Blumer (1969), who explained that people's beliefs develop from their experiences through social interaction and that these beliefs form the basis for their behaviour. In other words, people act upon their interpretation of objects and actions, and these meanings arise from the process of social interaction (Gray, 2009). To understand this process, researchers study a person's actions, objects and society from that individual's own perspective, which involves entering a setting and observing interactions. Many theories have been developed to better understand the individual and social factors that need to be addressed in order to achieve behaviour change. In his Social Cognitive Theory and Social Learning Theory, Bandura (1986; 1977) explained that if we learn by observing and storing the visual images, then by exercising these images we will strengthen our memory of them. Further, he explained that the highest level of observational learning is achieved by organising and rehearsing the modelled behaviour symbolically and then enacting it overtly. Thus effective modelling of behaviour requires that we pay attention to what we view, retain the behavioural image and thus become motivated to implement the specific behaviour.

Effective modelling of the behaviour means that the preferred behaviour is observed and replicated by the observer. Role play can be defined as pretending to be someone else as a way of learning a new skill or understanding. A role play can be presented by outside actors or by members of the target group. Through a role play, relevant information is personalised; the acting engages learners emotionally and this contributes to changing perceptions and perhaps behaviour. Role plays incorporate what Corey and Corey (2006:9) term an "action oriented technique" which allows feelings to be expressed and appropriate responses to be formulated.

Bearing in mind the focus on sexuality and teenage pregnancy, this activity emphasized common problems, dilemmas and feelings experienced by adolescents and asked them to jointly examine these issues (Ward, 2009). Inviting members to take on roles at different points in the role play is one way in which members can help their peers by contributing their perceptions, suggesting alternatives, reflecting on behaviours and their consequences and confronting inconsistencies (Corey & Corey, 2006). Memories of the role play experience can be triggered when learners face a similar real world scenario, and they may then be able to model the behaviour they decided on as the most appropriate following the role play.

Methodology

The study used qualitative methods to evaluate the use of the role plays. Four urban schools from the eThekwini District and four rural schools from Ugu District were randomly selected. At each school, all the learners in one randomly-selected Grade 8 class were invited to participate in a programme addressing teenage pregnancy, and written informed consent from parents and assent from the learners was obtained.

Each of the role plays was presented in the classroom by student volunteers and was observed by their peers. The skills depicted by the characters in the role play could, we thought, enhance the learners' own self-efficacy to implement safe sexual behaviour. The learners' self-confidence in their ability to implement the behaviour (e.g. refusing when pressured by their partner to have sex, or refusing to have sex without a condom) is central to achieving the behavioural goals of a reduction in teenage pregnancy and/or HIV infection. Following Bandura (1986), we tried to increase learners' self-efficacy in handling difficult situations by their observing how the characters in the role play dealt with these challenges and using that to develop their own preferred behaviours. This is one way of "working with" rather than "working for" young people, to draw attention to the differing social contexts for young men and young women on issues relating to sexuality (Walsh et al., 2002).

The five role plays

The first role play began by asking learners to think of an occasion where a person spoke badly to them; the role play then explored their response. The facilitators demonstrated this role play and learners were then encouraged to respond assertively with an "I-message" that explained how hurtful they had found such an attack. The facilitators offered examples such as: "I feel really upset when you shout at me …", or "When you blame me for … I feel really … ". Learners then practised this strategy in small groups to develop their skills in handling such situations.

The second role play dealt with coercion and negotiation concerning having sex. The role of the male and female protagonists was explained to the class and volunteers were sought to play the two characters. It was explained that Linda and Moses had been dating for a month. She is in Grade 9 and he is in Grade 11, and that they attend the same high school. Moses wants to have sex but Linda is reluctant as she has not had sex before and she is afraid of her parent's reaction. The script below was used to initiate the role play and encourage discussion about partner pressure to have sex.

Moses: Linda, you are so beautiful. I love you very much.
Linda: I love you too, Moses.
Moses: That's why I feel we must really show our love to each other. Once we have sex, we will become one.

Linda: Oh no, Moses. My father would kill me.
Moses: Don't make a fool of me Linda. You said that you love me.
Linda: Yes Moses, but having sex is risky. We are not ready.

The discussion included negotiating the use of condoms if they decided to have sex. This scenario elicited much lively interaction from the group. As suggested by Walsh et al. (2002), such an activity may provide young women with knowledge and skills to negotiate the power relationships in their sexual encounters.

The third scenario for a role play was a shopping expedition with the first month's payment from the government's Child Support Grant, namely R270. Four volunteers (two girls and two boys), were given "money" and the "shop" was set up with baby goods and they were given a basket and invited to go shopping for nappies, rompers, blankets, socks, baby soap/shampoo, tins of baby milk and a feeding bottle. Each couple shopped for their new baby and explained to the class how they had decided to use the money. The role play focused on the financial implications of having a baby but gender dimensions also emerged regarding the roles and responsibilities of a child's father and mother.

Visiting the clinic for contraception was the fourth role play with the young client knowing her rights and explaining politely but firmly that she has thought about her circumstances and has come to the clinic for contraception. She emphasizes that government policy (the Childcare Act of 2010) allows girls of 12 years and older to make decisions and that it is the nurse's duty to assist her in preventing pregnancy. She politely requests assistance from the clinic nurse and informs her that if she will not assist her, she will have to ask the clinic manager. This scenario was based on responses obtained from a previous study (Frank, Esterhuizen, Jinabhai, Sullivan & Taylor, 2008) that revealed young girls' reluctance to request assistance from clinic nurses for fear of being negatively judged. During this role play, it was observed that participants experienced some difficulty in stating and persevering with their request and it seems that few learners think about visiting a clinic for their contraceptive needs.

In the fifth scenario the role play focused on testing for HIV, with a girl insisting that her boyfriend be tested before they had sex. This raised many issues relating to confidentiality, stigma and gender norms and roles.

The five role plays thus covered a range of scenarios that learners may experience and focused on developing their skills to practice safe sexual behaviour. Role playing in their groups in the classroom enabled learners to acknowledge that a seemingly private issue was, in fact, a common concern and provided the opportunity for members to suggest constructive ways to address the particular issue.

Data collection for evaluation

Information collected for the evaluation included facilitator feedback on the implementation of the role plays and on learner responses in the discussions which followed each session. In addition, the evaluation included educator input about the influence of the role plays on learners' subsequent participation in class and a learner survey completed at the end of the programme. The data from the four facilitators, six life orientation educators and learners from the eight schools were triangulated by identifying common themes and noting similar and different viewpoints.

Learner responses

At the end of each of the role plays, the facilitators and learners reflected on the process and

outcomes and discussed alternative strategies that the characters in the role play could have considered or implemented. This encouraged others to participate and reinforced the experiential learning. As the weeks progressed, the facilitators reported an increased eagerness amongst the learners to volunteer for the role plays and for non-actors to participate in the discussions. The role plays seemed to tap into a thirst among learners for knowledge and for alternative ways of approaching issues of sex and pregnancy.

The role plays captured the interest of the learners, with those at urban schools being more ready initially to participate. They were a novel teaching and learning concept at most of the schools. Typical comments from female learners highlighted a growing engagement with the method: "*I was so reserved because of my past and through your sessions that were life and role plays, I was able to see myself. The role plays were fun and now I like to talk and act out*". "*I was shy and reserved and the sessions with you helped me identify myself and I saw that I was capable. Now I am free and can talk as well as show my skills through role plays. Especially the Child Support Grant role play helped me see the reality of life*."

Learners were encouraged to express their feelings and to build their skills in articulating "I-messages". One of the learners indicated: "*It can be that a person will talk about you to other people and say bad things about you … and that can really hurt you. Now I can answer by saying that I feel upset when you say things that are bad about me to other people*" (Male learner). The need to show respect to other learners was highlighted and the class often discussed whether participants in the role plays had expressed adequate respect for others.

The vast majority of learners indicated that they could and would protect themselves from falling pregnant or causing a pregnancy and that the role plays had clarified their understanding of pregnancy and its implications. More general positive comments from learners (there were very few negative comments) included "*These sessions should be shared with the whole school*" and "*Come back next year and bring more information*". There were also the enthusiasts who suggested that "*We should meet on weekends as well*".

Facilitator responses

In the view of the facilitators, the role plays provided a safe space to explore challenging behavioural issues. The learners, they felt, had gained knowledge and understanding about offensive or risky behaviour and how to avoid such behaviour. The role plays, they noted, provided a different dynamic in the classroom from the usual didactic teaching, with some learners performing and others seeing and hearing the portrayal. The facilitators, it should be noted, used a non-judgemental approach in discussion about different possible alternatives.

The facilitators commented on the relevance of the topics portrayed in the role plays. In the words of one:

> "*This role play it did work because it was talking about practical things they all know and see in the daily lives of their friends, and the good thing is that it was able to raise lots of issues and discussions. The kids were very open on this one because it touched many things they know and are aware of, and helped them to see things differently*" (Male facilitator).

In keeping with the necessary conditions for successful role plays listed by De Lange, Mitchell and Stuart (2007), the facilitators appeared to have developed a rapport with the learners so that the latter were willing to participate.

Educator responses

There was positive comment from the life orientation educators who noticed increased learner

interest and participation in their lessons following the series of role plays:

> "*There is a big change in my learners. In my class the boys are less in number than the girls. At the beginning of the year they were so quiet, but now I see the difference because they participate in class when they are called to present something in front of the class. I think it is because of the role plays you do with them*".

Educators were not, however, interested in getting involved in the programme and continuing the role plays, thus reducing the likelihood of a sustainable impact.

Comments on the specific role plays

The Linda and Moses role play raised issues such as the importance of consensual sex, whether Moses has a right to have sex if he gives his girlfriend presents, and whether forcing your partner to have sex is acceptable. The fact of male hegemony may cause some learners to perceive forced sex as justifiable – the role play provided an opportunity to discuss such views. A comment by one of the female learners highlighted the issue and need for self-efficacy in sexual relationships. "*This one really helped me because I was able to see how important it is to make a good decision about your life when it comes the relationships and not to allow your partner to push you to do something you don't want to do*".

The role play "Shopping for my baby" proved to be of great interest. Learners realised that although R270 seemed a lot of money, the cost of the various items required for the baby soon depleted it. There was animated discussion as to how one could raise a child on the amount provided by the grant, for example, "*The Child Support Grant role play made me see the reality of life*" (Female learner) and "*… in some schools the Child Support role plays showed that some of the boys are really not responsible*" (Male facilitator). Some males, however, seemed to gain some real insights: "*The Child Support Grant role play really helped me because I was able to get into the shoes of the young mothers and was able to see that this money is very small to take care of the baby, the baby demands more than R270*" (Male learner).

Interestingly, the role play about visiting the clinic was only enacted well at a few schools, indicating that few learners think of visiting a clinic for their contraceptive needs. The role play provided them with some information about government policy regarding their rights to health care and attempted to develop their self-efficacy in requesting that the policy be implemented. However, learners perceived a lack of confidentiality at local clinics and feared that if they were sexually active, their parents might well find out.

The fifth role play, testing for HIV, raised many of the issues of stigma that have been around for the past two decades, although the discussion after the role plays highlighted the advances made in the rapid test for HIV and the availability of anti-retroviral medication.

Testing for HIV raised the issues of stigma which continue to dominate South African attitudes towards those living with HIV/AIDS. That said, the discussions after the role plays highlighted the advances made in testing and the availability of anti-retroviral medication which has resulted in HIV becoming treatable and enabling those infected to live for many decades.

Discussion

Our experience of role play in a classroom situation suggests that it is effective in providing information, modelling behaviour, developing learners' inter-personal skills, and increasing their self-efficacy. In particular, the learners reported that the role plays contributed to building

their self-efficacy in the area of sexual decision making. Although it can be used to stimulate learning, we were more interested in increasing self-efficacy skills and promoting gender equity (Eaton, Flisher & Aaro, 2003). Social change programmes invariably face major obstacles. Although the role plays introduced learners to a variety of perspectives, they live in environments where patriarchy is dominant. Role plays can challenge these perspectives and offer learners a different viewpoint but, of course, intentions do not necessarily translate into behaviour, especially if the modelling behaviour is not reinforced. Training of educators in the use of role plays may increase the sustainability of such programmes but involving them is likely to require a special effort (De Lange, Mitchell & Bhana, 2012).

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References

Aken'Ova D 2008. 'Sexual pleasure and safer sex: the under-explored synergy' in id21. *Insights*, 75:4.

Bandura A 1986. *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.

Bandura A 1977. *Social Learning Theory*. Englewood Cliffs NJ: Prentice-Hall.

Blumer R 1969. *Symbolic Interactionism: Perspective and Method*. Englewood Cliffs, NJ: Prentice-Hall.

Corey MS & Corey G 2006. *Groups: Processes and Practice* (7th ed). New York: Thompson Brooks/Cole.

De Lange N, Mitchell C & Bhana D 2012. Voices of women teachers about gender inequalities and gender-based violence in rural South Africa. *Gender and Education*, 24:499-514.

De Lange N, Mitchell C & Stuart J 2007. An introduction to putting people in the picture: visual methodologies for social change. In N De Lange, C Mitchell & J Stuart (eds). *Putting people in the picture: Visual Methodologies for Social Change.* Rotterdam: Sense Publishers.

Eaton L, Flisher AJ & Aaro LE 2003. Unsafe sexual behaviour in South African youth. *Social Science & Medicine*, 56:149-165.

Frank S, Esterhuizen T, Jinabhai CC, Sullivan KR & Taylor M 2008. Risky sexual behaviours of high-school pupils in an era of HIV and AIDS. *South African Medical Journal*, 98:384-388.

Gray DE 2009. *Doing research in the real world* (2nd ed). Thousand Oaks, CA: SAGE.

Ngcobo S 2002. The Department of Education's Life Skills, Sexuality and HIV/AIDS Programme. *Agenda,* 53:96-98.

Panday S, Makiwane M, Ranchod C & Letsoalo T 2009. *Teenage pregnancy in South Africa – with a specific focus on school-going learners*. *Child, Youth, Family and Social Development*. Human Sciences Research Council. Pretoria: Department of Basic Education.

Ratele K, Shefer T, Strebel A & Fouten E 2010. "We do not cook. We only assist them": Constructions of hegemonic masculinity through gendered activity. *Journal of Psychology in Africa*, 20:557-568.

Reddy SP, James S, Sewpaul R, Koopman F, Funani NI, Sifunda S, Josie J, Masuka P, Kambaran NS & Omardien RG 2010. *Umthente Uhlaba Usamila – The South African Youth Risk Behaviour Survey 2008.* Cape Town: South African Medical Research Council.

Sathiparsad R, Taylor M & Dlamini SB 2008. Patriarchy and family life: Alternative views of male youth in rural South Africa. *Agenda*, 76:4-16.

Shisana O, Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay-Van-Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, Pezi S & SABSSM III Implementation Team 2009. *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?* Cape Town: HSRC Press.

Statistics South Africa 2011. *General Household Survey*. Pretoria: Statistics South Africa.
Walsh S, Mitchell C & Smith A 2002. The soft cover project: youth participation in HIV/AIDS interventions. *Agenda*, 53:106-112.
Ward D 2009. Groupwork. In R Adams, L Dominelli & M Payne. *Critical Practice in Social Work*. Basingstoke: Palgrave Macmillan.