"Edutainment" in South Africa: a force for change in health


Soul City

Dr Shereen Usdin

Dr Shereen Usdin is senior executive of special projects for Soul City Institute of Health and Development in South Africa. She was a founding member with fellow South African doctors, Garth Japhet and Sue Goldstein, in 1992. She earned her degree in medicine from the University of the Witwatersrand, Johannesburg, in 1985 and, in 1995, a Masters in Public Health at Harvard University.

South Africa's Soul City Institute has become a force for social change with diverse interventions reaching more than 80% of South Africa's population of some 45 million people. Now the institute is partnering with the University of the Witwatersrand's School of Public Health, to set up the country's first division offering courses in public health, social and behaviour change communication.

Q: Many doctors have left South Africa. Why did you stay?

A: It was a conscious decision. I had been politically active in the apartheid era. Apartheid is officially gone, but the struggle for equity goes on. I have always had a strong commitment to social justice; the experience of living in apartheid heightened this. I began studying medicine in 1980 and was exposed to the devastating effect apartheid had on people's health. Also, it's not hard to trace the fault lines of poverty and diseases in Africa back to colonialism, the Cold War, structural adjustment and, now, the global economic system that entrenches inequality – a large part of the burden of disease in South Africa is a result of social injustice. I wanted to play a part in changing that.

Q: What is Soul City and where did the idea come from?

A: The core of our strategy is harnessing popular culture and communication to bring about social change. It's often called "edutainment" – the weaving of social issues into entertainment genres. People have always used popular culture to support social change. As a formal methodology, it has its roots in Latin America. People often say the father of edutainment was Miguel Sabido, a film executive in Mexico who saw the impact of soap operas on peoples' lives. The catalyst for him was a Peruvian television drama called *Simplemente Maria* – a rags-to-riches story where a young woman learns to sew and lifts herself out of poverty by sewing for a living. After watching the programme, many women signed up to sewing classes and tried to emulate her. Sabido recognized the power of drama and he applied this in adult literacy and other areas of development. In the past, most edutainment programmes were focused on individuals. Soul City sees the individual as part of a community and in the broader political environment. Very often individuals want to change their lives, but are prevented from doing so by social norms.

Q: What type of audience do you reach? How do you reach people with little education, speaking many languages from diverse communities?

A: Our programmes reach over 80% of South Africans. We have a highly developed public broadcasting infrastructure, including radio stations. We have partnerships with all of them to reach people in most of South Africa's official languages. Our programmes are translated and modified for each language. Each version has a different set of actors and is modified to resonate with different audiences. We at Soul City are closely involved in that process. Radio reaches vast audiences including traditionally marginalized rural ones. We are on SABC1, the most popular and watched television channel. It's a prime-time drama but is too expensive to produce in all the languages. But the dramas include phrases from different languages and subtitles. Our evaluations show that they are understandable across the board. Our media projects are combined with community mobilization approaches which ensure grassroots engagement across the country.

Q: How do you weave public health messages into teledramas in a credible way?

A: We work closely with our creative teams, explaining what we want to put across and why, so that they can come up with creative ways of doing this. We spend a lot of time engaging them on the complexities of public health and social issues to ensure that we create great dramas that have a positive impact. It is always a challenge. For example, depicting gender-based violence in a way that results in positive change and portraying the complex emotions when people find out they are HIV positive without creating hysteria and increased stigma.

Q: How do you know whether the public absorb your public health messages and change their behaviour?

A: We do convey messages but we also try to stimulate dialogue and debate so that our approach is not a didactic, moralistic one. We do formative research to understand the social issues so that we deal with them in a way that really resonates. We are also independently evaluated through large nationally representative quantitative surveys and qualitative research, which give us a good picture of our impact. The evaluators use techniques to tease out the impact attributable specifically to our interventions. Knowledge and attitudes are easier to demonstrate than social and behavioural change, but we have been able to demonstrate an increase in community action in relation to our intervention, and strong shifts in social norms.

Q: Do you ever face criticism that you are too politically correct and imposing alien ideas on society?

A: There would be resistance to what we do if we took a moralistic approach. But our work is about weaving in issues and

letting people debate and engage with them. It's not about finger-wagging. These are not didactic programmes that come across like a sermon; they are about portraying very real things that happen to people and the impact on their lives. In our dramas, the role-models are people who do not stigmatize people with HIV, who do not believe people with HIV are sinners. We try to portray people who go through journeys, so people can relate to it, instead of dividing the world into people who are good and bad.

Q: Is there two-way communication with your audiences?

A: Our social mobilization work is premised on multi-directional communication. It is about creating dialogue and debate. There is a lot of social networking. We also have a wonderful intervention called Soul Buddyz club. It centres on a television drama series for children aged 8 to 12 years about a group of young children who develop a club. It's a force for good in which they encounter challenges as young citizens and become active agents of change in their communities. Since we aired the drama, young people across South Africa have written to us and asked how to set up their own Soul Buddyz clubs. As a result, we formed a national club movement.

Q: What happens when your messages go against those coming from the government?

A: South Africa went through a very difficult period when public figures questioned the link between HIV and AIDS and the role of antiretroviral medication in treating the disease. While South Africa has had a very comprehensive HIV strategy on paper, the government in the past has lacked the political will to implement all components and has sent out very mixed messages. This made our partnership with government difficult. South Africa has entered a new era with a shift in power within the ruling party. We have a new minister of health, who is highly committed to addressing all aspects of the country's HIV strategy.

Q: Is your work just confined to South Africa?

A: The Soul City Institute works with partner nongovernmental organizations in eight other southern African countries. These partners have launched large-scale national social change communication strategies and we have done a lot of capacity strengthening with partners to do so. Together we recently launched a regional campaign across southern Africa called One Love. Its aim is to get the region talking and thinking about the practice of having more than one partner at the same time.

Q: Tell us about the new Division in Social and Behaviour Change Communication at the School of Public Health in the University of the Witwatersrand?

A: Over the years, we have been asked to undertake capacity building and strengthening by countries such as Colombia, Egypt and Suriname. These are also key components of our regional programme. Our motivation to set up this division was in large part based on the request by our southern African partners to accredit the training we provided. Another major impetus for the division was the urgent need to scale up such interventions across the region to reach the Millennium Development Goals, including HIV prevention. We have set up this division as a centre of excellence in health and development communications, in the South, by the South and for the South. ■

Recent news from WHO

- WHO announced on 8 July the launch of a new network to combat noncommunicable diseases. The **Global Noncommunicable Disease Network (NCDnet)** is made up of leading organizations and experts from around the world. It aims to unite fragmented efforts by bringing the cancer, cardiovascular, diabetes and respiratory communities together with tobacco control, healthy diets and physical activity advocates.
- More than 30 new **food safety standards** were adopted by the Codex Alimentarius Commission, WHO said on 6 July. These include guidelines: to reduce acrylamides in food; for microbiological testing and environmental monitoring for *Listeria monocytogenes* in ready-to-eat food; and for ginseng products, fermented soybean paste and gochujang.
- A **clinical trial** is beginning in the Democratic Republic of the Congo, Ghana and Liberia to test a drug for onchocerciasis, or river blindness, WHO said on 1 July. The drug, moxidectin, is being investigated for its potential to kill or sterilize the adult worms of *Onchocerca volvulus*, which cause onchocerciasis. Currently, the disease is controlled by the drug ivermectin, which kills the parasite's larvae but not the adult worms.
- WHO Director-General Dr Margaret Chan welcomed sanofi-aventis's donation to WHO of one hundred million doses of vaccine against the currently circulating **pandemic influenza A (H1N1) virus**. In a statement released on 17 June 2009, Chan said: "It is gratifying that vaccine manufacturers are demonstrating their solidarity with WHO in protecting the health of the world's poorer people."

For more about these and other WHO news items please see: http://www.who.int/mediacentre

Corrigendum

In volume 87, Number 7, July 2009, page 491, the first paragraph and the second photo the name should be "Carlos Justiniano Ribeiro Chagas" and the second photo should be "Courtesy of the Casa de Oswaldo Cruz".