Youth Performing Arts Entertainment–Education for HIV/AIDS Prevention and Health Promotion: Practice and Research

DEBORAH GLIK
School of Public Health
University of California
Los Angeles, California, USA

GLEN NOWAK
National Immunization Program
Centers for Disease Control and Prevention
Atlanta, Georgia, USA

THOMAS VALENTE
Institute for Disease Prevention
The University of Southern California
Los Angeles, California, USA

KAREN SAPSIS
CHAD MARTIN
Division of HIV/AIDS, Sexually Transmitted Diseases, and Tuberculosis Prevention
Centers for Disease Control
Atlanta, Georgia, USA

Entertainment–education approaches to health promotion and disease prevention are a popular method for many interventions that target adolescents and young adults. This article documents how this approach is used to educate and influence young people about HIV/AIDS, other sexually transmitted diseases (STDs), and other health issues in the United States. A review of the literature is followed by a two-phase descriptive study of American youth performing arts entertainment–education programs. First, a quantitative survey was conducted among youth performing arts participants who were attending a national conference on the subject. This was followed by a qualitative survey among adult and youth conference attendees from

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Address correspondence to Deborah Glik, UCLA School of Public Health, P.O. Box 951772, Los Angeles, CA 90095-1772, USA. E-mail: dglk@ucla.edu
established HIV/AIDS prevention youth performing arts programs. These two approaches provided detailed insight into the characteristics, approaches, and frameworks used to create, implement, and evaluate these entertainment–education efforts. Nine domains that define the effects and effectiveness of youth HIV prevention entertainment–education interventions are identified and described, including those related to performances, intervention management, and audiences. Given the importance of evaluation for the success and effectiveness of intervention programs, these domains are used to construct a framework for entertainment–education research and evaluation efforts.

Theater and Performance as Entertainment–Education

Entertainment–education approaches that use performing arts and broadcast media to convey information about social and peer group norms, protective health behaviors, and ways to prevent disease are found worldwide (Piotrow, Kincaid, Rimon, & Rinehart, 1997; Singhal & Rogers, 1989). The use of live theater or dramatic arts in particular has a long history as a means to educate the public, foster social change, or influence the knowledge and behaviors of targeted populations. Such entertainment–education strategies, also referred to as edutainment (or entereducate for short) have historical roots that date to the origins of storytelling (Singhal & Rogers, 1999).

According to Singhal and Rogers (1999), entertainment–education can be defined as

the process of purposely designing and implementing a media message both to entertain and educate in order to increase audience members’ knowledge about an educational issue, create favorable attitudes, and change overt behavior. Entertainment education seeks to capitalize on the appeal of popular media.

The key idea is to combine entertainment and education to obtain certain advantages from each. (p. 10)

Unlike pure entertainment, entertainment–education seeks to bring about “functional” learning, that is, learning that relates in some practical, applied way to the audience members’ lives (O’Dea, 1993). Similar to performances designed only for entertainment purposes, entertainment–education programs use performing and dramatic arts to engage the attention, interest, and curiosity of audience members. However, unlike pure entertainment, entertainment–education efforts actively seek to positively change audience members’ knowledge, attitudes, intentions, and/or behaviors with respect to an issue. In the case of health, for instance, performances are designed to promote lifestyle choices or provide guidance on avoiding or preventing disease. As such, entertainment–education involves presentations that purposely seek to explain, demonstrate, define, and/or compare consequences of different life choices—elements that are unintentional or absent when the goal is pure entertainment.

While not as efficient at reaching large audiences as mass communication campaigns, live performances, which are usually theatrical in nature, have many benefits as a communication tool. First, live performances can draw upon the strengths of both mass and interpersonal communication (Valente & Bharath, 1999). Like mass communication media, performances enable entertainment–education interventions to reach many people at once (i.e., audiences) versus one person at a time. At the same time, the live nature of performances brings with it elements of interpersonal communication. In the case of entertainment–education, for example, many performances involve direct interaction with audience members. This can range from audiences providing immediate feedback (e.g., responses or applause) to participation in planned exchanges between audience
members and cast (e.g., question-and-answer sessions; Valente & Bharath, 1999). Live
audiences are also usually more emotionally attuned to the performers and messages, thus
creating an environment that is more conducive to learning and behavior change than
those created by impersonal communication alone.

Much of what is known about the use of live theater for health communications and
its impact on audiences is based on research conducted in developing world countries.
These studies have consistently shown that well-designed and executed live theater
performances are able to engage audiences; influence the knowledge, attitudes, and be-
haviors of audience members; and positively impact peer, social, and cultural norms
(Conquergood, 1988; Kincaid, Yun, Piotrow, & Yasar, 1993; Piotrow et al., 1997; Rogers
& Antola, 1985; Singh & Rogers, 1989, 1999; Valente, Kim, Lettenmaier, Glass, &
Dibba, 1994; Nariman, 1993). For example, in Peru (Valente, Poppe, Alva, Vera de
(Skinner, Metcalf, Seager, DeSwardt, & Laubscher, 1991), and in India (Valente &
Bharath, 1999), entertainment-education efforts that involved live dramatic perfor-
mancess were linked with short-term gains in knowledge and positive attitudes about
health issues among audience members, many of them youth.

Emergence of Teen Theater for Health Communication in the
Developed World

In the developed world, strategies to educate youth about health issues include media-
based information and education campaigns, peer education and outreach programs,
community-based education and prevention activities, and skills-building workshops.
The use of entertainment-education, including the incorporation of performing arts or
theater techniques, to communicate health information to youth is a relatively recent
development. Although a census of youth performing arts groups in the developed world
is not available, this approach appears to be rapidly growing in popularity.1

The first documented use of youth theater to address health and social problems
among American adolescents was at the New York Medical College in 1973 (Boria,
Welch, & Vargas, 1981). This early program was an attempt to combine peer education
with theater to address sensitive youth issues such as reproductive health. As the use of entertainment-education to influence adolescents and young adults has developed and
diffused to other groups and communities over the past 25 years, anecdotal evidence
suggests that dramatic storytelling is at the heart of most of such interventions. Theater,
song, dance, and interactive performances are used to attract and retain the attention of
young people, deliver health information in an audience-friendly manner, provide role
models, and demonstrate decision-making strategies and outcomes. Short skits or longer
plays often are created and acted out by performers who are often peer or “near-peer”
health educators (versus professional actors).

Compared with the developing world, research on theatrical interventions and their
impact on youth in the United States and Europe is sparse, and results are not consistently
positive. Further, few, if any, rigorous evaluation studies appear to have been done. In one
study, Probart (1989) used drama to communicate HIV/AIDS information to university

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1 Evidence for this is shown in four recent conferences on this topic: (1) a national conference in Los
Angeles (August 1997) sponsored by the Centers for Disease Control and on which this study is based; (2) U.S.
Conference of Mayors expert workshop in September 1998; (3) a conference in California in March 1999
sponsored by the California Department of Health Services; and (4) a conference in New York City in June 1999
sponsored by the New York State Department of Health.
students in the United States. The study showed that confusion and fear existed among
the respondents interviewed and that the drama did not influence knowledge or beliefs
about AIDS. However, the study did find that more tolerance toward people infected with
HIV was positively correlated with exposure to the performance.

Conversely, a study of the New Image Teen Theater in San Diego (Hillman, Hovell,
Williams, Hofstetter, & Burdysaw, 1991) found a number of positive effects for an
entertainment–education intervention effort. The study found that exposure to the group’s
performance produced a modest increase in teens’ reported willingness to discuss sex and
contraception; an increase in their knowledge about sexual matters; and an increase in
reported intention to use contraception. For example, relative to an unexposed control
group, there was a 21% increase in knowledge about contraception among those who saw
the performance.

An evaluation of the STAR Theatre Program in New York City illustrates that
entertainment–education interventions can impact youth performers as well as the youth
in the audiences. While Berlin and Berman (1995) failed to find that involvement in the
design and performance of a dramatic presentation affected performers’ preventive
sexual-related behaviors, it did increase their knowledge and awareness of diseases and
effective preventive practices. For audiences of performance, health behaviors and sexual
negotiation skills did improve when live performances were coupled with small inter-
active group workshops as a follow-up activity.

Finally, two recent studies from the United Kingdom offer equivocal results
regarding the effectiveness of entertainment–education interventions that targeted the
sexual practices of youth. A study among disadvantaged youth in Glasgow, Scotland,
found that drama was not effective, relative to a traditional health education approach, in
improving HIV/AIDS-related knowledge (Elliott, Gruer, Farrow, Henderson, & Cowan,
1996). The study compared a drama with health education seminars and interviewed
participants before and after the intervention and two months later. There was con-
siderable attrition in the study sample, but among those who participated in all three
surveys, there was no improvement in HIV/AIDS-related knowledge or in attitudes
toward AIDS or safer sex. In contrast, a study among young adolescent students in
Nottingham, England, found positive results after the performance of an HIV/AIDS
educational theater production. There were significant knowledge gains, as well as atti-
dudinal changes, among the 252 students in experimental group compared with 428 in a
control group (Denham, Davis, Pearson, & Madeley, 1996; Denham, Pearson, Moody,
Davis, & Madely, 1995).

Despite the relatively weak empirical evidence in developed world countries about
the effectiveness of youth performing arts interventions, live drama as a form of health
promotion continues to be popular in schools and among nonprofit and voluntary
agencies. This is due in part to the implementation of comprehensive sex and health
education in elementary and high schools in the past decade, the continued threat of
HIV/AIDS and other STDs to young people, the search for more meaningful and par-
ticipatory forms of health education, and growing interest in entertainment–education as
a means to change knowledge, attitudes, and behaviors.

One of the major challenges facing entertainment–education efforts, particularly
those in countries with highly developed mass media systems such as the United States, is
effectively documenting the effects of live performances—whether on audience members
or youth performers. Many rigorous evaluation designs, including those that have been
employed in the developing world, focus primarily, if not exclusively, on behavior
change. Assessing such effects not only requires limited exposure to (or valid
documentation of) complementary as well as competing messages, but also may
underestimate or overlook effects that entertainment–education intervention may have on factors that facilitate and mediate behavior change (e.g., peer norms, willingness to discuss an issue, framing of an issue, etc.). Thus, missing in much of the literature is a fuller description and account of entertainment–education interventions in the developed world. Much of the published research is relatively simplistic in that it is designed only to assess relatively narrow and immediate effects on audience members, with little or no assessment or consideration of a broader range of intermediate, antecedent, or longer-term social effects. Further, no published studies have ever fully described the characteristics, nature, and assumptions underlying the use of entertainment–education interventions in the developed world for such things as HIV/AIDS prevention among youth—an important precursor for understanding and accurately evaluating the effects and effectiveness of such interventions in complex social and media environments (Valente, Poppe, Alva, Vera de Briceno, & Cases, 1995).

By undertaking an in-depth examination of the use of performing arts and theater-based youth HIV/AIDS prevention programs in the United States, we attempt to address these important voids in the published research. We describe the major categories of elements typically found in established entertainment–education-based HIV/AIDS programs, and show how these elements can be used to create a research agenda. We hypothesized that this form of health education has unique and specific characteristics and goals that differentiate it from other forms of health education, and these characteristics must be taken into account when using or evaluating an entertainment–education intervention. Findings from this study provide a detailed description of these characteristics for efforts involving HIV and STD prevention, as well as more general risk reduction among youth, and serve as the basis for recommendations on how these practices can inform future research.

Methods

To achieve the study goals, a sample of adult leaders and young performers from 51 youth theater programs from across the country was selected from those who attended a national (U.S.) conference on performing arts for youth HIV/AIDS prevention. While these organizations and their representatives do not represent a random sample of all U.S. organizations that use performing arts methods, the conference attendees included a majority of the most highly developed and longest-established U.S. programs. As one goal of this study was a “state-of-the-art” description of successful programs (at least in terms of longevity), the sample of attendees was considered appropriate for addressing the study’s goals.

Both quantitative and qualitative data collection methods were used. Closed-ended questions asked about program/performance objectives, topics/issues addressed, performance and education methods used, creative development, youth development, and

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2 The conference, entitled Lights, Camera, Prevention, was held in Los Angeles, California, in August 1997. It was sponsored by the Division of HIV/AIDS Prevention National Center for HIV, STD, and TB of the Centers for Disease Control. The conference showcased a number of programs and performances. In addition, by bringing many of the leaders and performers together, the conference provided a venue for identifying, as well as disseminating, information and prevention strategies involving the use of performing arts for HIV prevention.

3 Most of the organizations that were unable to send delegates to the conference fell into two categories: (1) even with significant financial assistance, they lacked the resources to send delegates; (2) they were not visible enough to be sent invitations (i.e., they did not appear on compiled lists or existing databases, nor were they known to local HIV prevention agencies or community-based organizations).
audience considerations. Two questionnaires were created—one for adult leaders and one for youth participants. Completed surveys were received from 74 adults and 196 teens, a 90% response rate. Both descriptive and univariate analyses were conducted on the quantitative survey data.

Qualitative interviews were conducted four to eight weeks after the conference. One group leader and one youth participant from each of 25 attending theater groups were selected for in-depth telephone interviews. Purposive sampling (i.e., a “reputational” survey) was used to ensure that selected groups represented established rather than nascent programs (i.e., were in existence for at least two years). Telephone interviewers used separate interview guides for teens and adults. At least five calls were made before dropping a potential respondent from our sample. Interviews lasted about one hour. They were tape-recorded and then transcribed verbatim. Overall, 34 in-depth interviews were conducted, 21 with adults (84% response rate) and 13 with youth (52% response rate).

Transcribed responses for the in-depth telephone interviews were content coded using both selective and open-coding techniques (Straus, 1987). The in-depth interview data were analyzed across cases as well as within content categories and domains (versus being treated as in-depth case studies of particular programs). Some content domains elicited were elaborations of domains used in the quantitative survey (e.g., program objectives, content issues, youth and program development, and audience considerations). However, open-ended coding and questioning were used in order to allow other content domains to emerge. This approach, for instance, identified domains that were later labeled as “origins,” “creative process,” “group dynamics and leadership issues,” “funding issues,” and “program evaluation.” In fact, most of the key findings emanated from the in-depth interviews, which provided a deeper and more detailed understanding of the subject.

Quantitative Findings

As expected, a primary focus of virtually all of the programs surveyed involved increasing HIV/AIDS awareness and the motivation of adolescents and young adults to take preventive actions (96% of programs). For virtually all programs, a primary goal was changing the health-related behaviors of young people (89%). However, almost all of the entertainment–education programs had more than one primary goal, with additional program goals, including the modeling of effective decision making (82%); increased self-efficacy with respect to protective actions (73%); changing peer or social norms (72%); and influencing social policies that affect teenagers and young adults (42%).

For the groups surveyed, the entertainment–education interventions revolved around the use of short skits and plays (92%), but, again, many employed more than one type of performing arts technique. Some groups used songs/raps (48%) or dance (44%) or musical performances (37%). About 40% used or incorporated videotape into their performances. About 80% of the groups used interactive discussions with audience members (e.g., question-and-answer sessions with cast members), and 73% incorporated audience role playing.

The majority (58%) of the 196 youth participants surveyed were high school students, while another 28% were college students. Group participants were ethnically and

4 Using Ethnograph, a computer-based qualitative analysis tool, we entered these coded transcripts into Ethnograph file formats and then selected specific-coded segments and then grouped them within larger domains of interest for analysis.
culturally diverse. Thirty-five percent were White, 30% were African American, 13% were Hispanic, 10% were Asian American, 4% were Native American, and 5% of the participants were multicultural. Eighty-seven percent of the youth participants had previous acting skills or experiences, and interest in the performing arts appeared to be a primary motivator for participating in such groups. Fewer than half of the youth participants (42%) received money or a financial stipend for their participation. Fewer still received financial aid (15%), college or course credit (12%), or internship credit (9%).

Almost all the performing arts groups surveyed had formal ties to community groups or organizations. For example, about 74% of the organizations had links to local agencies that dealt with youth issues, while 73% worked with local schools. Sixty-nine percent worked with local or state health departments. About half of the youth groups had ties to private foundations (53%) or to national prevention organizations (49%).

Qualitative Findings

Program Origins, Goals, and Structures

Entertainment–education for HIV/AIDS prevention generally began from one of two places. Programs either began as youth performing arts groups that added health promotion topics, or as youth health education groups that began using performing arts. In many cases, the latter often evolved from peer outreach or counseling programs. In addition, some groups were tied to national organizations, such as Planned Parenthood or the Parents Resource Institute for Drug Education (PRIDE), which have sponsored youth performing arts efforts for years. Many groups received initial funding from HIV/AIDS-related sources and thus continue to stress those themes in productions.

While a primary goal for the performing arts programs was delivering health promotion messages to youth about issues related to sexuality, almost all groups addressed a range of youth issues, including drug use or school achievement, in their performances. A primary reason for using entertainment–education was a strong belief in the value of peer education. For example, as one adult respondent said:

Youth listen most and best to other youth. Elementary school kids look up to high school kids. Through older youth, younger youth can learn that you don’t have to use drugs to be “a cool, neat person” or to have friends.

Most programs examined in this study had between 10 and 25 youth participant performers at any given time. This range was necessary for ensuring sufficient numbers of youth were available for performances. While performers were typically between 14 and 19 years of age, some groups extended the age range to include “near peer” performers (i.e., 20–23 year olds). Many programs relied on donated expert talent from the local community such as volunteer choreographers, singers, or musical directors to assist in the development and staging of performances, while a smaller number of organizations were able to hire such professionals. Professional mentors not only improved the quality of productions, they provided an attraction and incentive for recruiting youth participant performers.

Organizations either recruited new members on an “as-needed” or ongoing basis or recruited annually. While some groups recruited youth who had an interest in theater or performing arts, other groups recruited youth who self-identified as peer leaders or who were identified by others as peer leaders. All programs used auditions in their youth evaluation and selection process. Most organizations required at least a one-year commitment
to the program, a promise to live a drug-free life, and attainment of a minimum grade point average. Some groups provided a modest monthly financial stipend (i.e., $30–$40) to the youth performers as an incentive to stay with the program. This often helped offset transportation costs incurred in traveling to performances or rehearsals.

**Content and Message Issues**

HIV/AIDS prevention themes were highly visible in these entertainment–education programs. However, specific messages and content varied depending on audience age. Performances directed at younger audiences (e.g., 11–13 year olds) focused on puberty, sexuality in general, and sought to introduce youth to HIV/AIDS and its consequences. Programs directed at older youth focused more on sexual behaviors (e.g., stressing abstinence, safe sex, or condom use) and specific strategies for dealing with situations that placed one at risk. Both youth and adult participants expressed concern about performances that suggested that one solution to an issue was appropriate for all adolescents.

In most cases, HIV/AIDS prevention was but one topic addressed in a performance. Other topics addressed in performances included date rape, violence, gang issues, stereotyping, homelessness, teen pregnancy, eating disorders, drug and alcohol abuse, suicide prevention, and the prevention of STDs. Many groups also addressed a broad range of youth challenges, including peer pressure, self-esteem, positive health practices, sexuality, relationships, dating, parents, media influences, homosexuality, and role models. Material for performances was often created based on an expressed need or local events and issues. As the adult leaders of these established groups pointed out,

> We deal thematically with lots of inter-related stuff, not just HIV but also teen pregnancy, STDs, drug use, and alcoholism—we see these as all related. Teens need to think ahead—and be taught how to avoid situations that put them at risk and how to handle specific situations when they arrive.

To some degree, content was linked to program funding; for example, categorical funding sources often necessitated inclusion of a topic or issue.

One guiding principle of performances or productions was to put prevention messages into “real contexts” for youth audiences, that is, show how the issue was relevant to teenagers’ everyday lives. Many comments reflected this, including

> We focus on teaching teenagers to “know their boundaries.” You need to know your boundaries in order to make (smart) choices or to live with the consequences of your decisions... If you are going to take a risk, understand the consequences. You must know what consequences you are willing to live with.

*(Adult)*

Most programs also noted that entertainment–education efforts often failed if the performances to overtly “preached” to youth or were embedded with overly moralistic themes. As one adult said, “The more you preach to kids, the more they tune out.”

**The Creative Process**

Most of the programs used skits and plays because they were seen as an effective way to engage and retain audience interest. Skits and plays also worked well from a creative and production perspective in that they gave youth performers a structure for creatively
developing characters and messages. In addition to skits and plays, performances also incorporated monologues, interactive audience exercises, games, song and dance routines, and/or question-and-answer sessions.

The longer a group had been in existence, the more likely it was to use longer, scripted productions. Many performing arts-based programs began with improvisational acting and short skits, but over time moved toward longer, more structured performances. Groups that began with a performing arts orientation or focus (versus a health education focus) tended to rely more on longer, scripted plays. Typically, these had a specific plot, story line, or some relationship between a series of shorter scenes. Often, longer performances and productions also included music or dance.

Improvisational work was also seen as integral to the creative side of these productions. Often, this was how new performance materials were created. For example,

The scenarios we present in our performances are developed through improvisation. The adult leaders give us a topic and then we improvise around it. The improvisations are taped. We review the tapes and pick out the good scenes and lines and then use them. Usually, only one or two (of the improvis) end up being scripted. (*Teen*)

We have the kids break into groups to create scenes for the characters. The kids then come back together and present their scenes. The directors pick the scenes that they think will work. Once they select the scenes, the directors work to improve them. They also go off and write the scripts. Sometimes we have the kids work out the script and then have the director rework it. (*Adult*)

Prior to the creation of scripts, groups typically selected the issues to be portrayed, a common entertainment–education practice. As in most good storytelling, storylines and plots that created tension or conflict between the goals and dreams of the protagonist and the obstacles that life or other persons can put in the way were sought. As the characters in the performances were created by the youth themselves, they reflected youth culture and spoke the language of youth. In most cases, the main characters in the performances and plays tended to be people with average or typical traits. Often, performances included characters that portrayed strong peer role models and/or embodied a cultural ideal.

All groups believed that old (i.e., “stale”) material created poor audience response; thus much effort went into constantly updating materials, messages, and performances. Groups that used short vignettes or skits sought to bring different messages and issues together under an “umbrella” theme or storyline. Performances that linked a number of short skits or scenes under a common theme were considered more effective format than a series of short, unrelated skits. Another commonly expressed need was to include more singing or dancing in the performances, and to use music in a more integrated way.

*Audience Considerations*

Location of the performances was a common challenge facing these groups. For many, schools were a major, often primary, performance venue. However, while schools provided access to large numbers of targeted youth, most schools limited access to outside groups and organizations. Further, schools often impacted content. Thus, while most programs delivered performances in schools, most also did not limit their performances to schools. Rather, they staged performances at a variety of venues, ranging from conferences to community centers.
Another audience consideration was, what materials are appropriate to perform. Many respondents noted that entertainment–education performances needed to adjust plots and messages based on the age range of the audience. The presence of inappropriately young children in the audience often complicated this task. First, such situations reduced the ability of the performing arts group to communicate effectively with all members of the audience. Second, the presence of young children often prompted performing arts groups to try to quickly change their routines, topics, and dialogue to something more appropriate for younger audiences. As one adult participant stated,

We need developmentally appropriate themes for specific audiences. If you’re addressing junior high school youth, you need to provide them with information about puberty and you can begin to address (the issue of) “Am I ready” (to have sex . . .). For the older groups, such as high school youth, we stress other forms of expressing affection; there’s not just penetrative sex. We talk about how delay is better as well as negotiation for safe sex.

Most of these youth theater and performing arts programs used some form of direct audience interaction. For example, some groups began performances with games, role plays, or other interactive exercises, with many borrowed and adapted from peer counseling strategies. Conducting question-and-answer sessions immediately following a performance was also a common strategy. Issues associated with question-and-answer sessions with audience members included how to answer questions, the language used to respond to a question (e.g., should the answers use “street language”), and being able to provide accurate medical and health information. Audience interaction and question-and-answer sessions were seen as necessary for addressing the specific questions of the young people in the audience.

Performing arts-based health promotion programs, particularly those involved in HIV and STD prevention, also have to deal with community norms and the political issues surrounding sex education for youth. As noted, schools often constrained the topics that could be included in presentations. Many of the programs examined here noted that there was much resistance in many public school systems to messages other than those promoting abstinence. Community norms and local politics also affected content and messages. In many cases, references to condoms, safer sex, homosexuality, or drugs needed to be removed. As one teen performer noted, “If I could change one thing it is that a lot of our writing is censored. We (i.e., the youth) can’t write or say certain things, and that is not realistic.”

Many times, question-and-answer sessions were used to address otherwise “taboo” topics. As many respondents noted, if an audience member brought up an issue (e.g., asked a question about condoms), then the performing group was usually free to address it.

**Audience Effects**

Most groups relied on audience responses and reactions to assess the effects or effectiveness of their performance. Although few used formal process or impact evaluations, almost all groups believed their performances were making a difference in the lives of the audiences. Audiences were perceived as being very responsive to the performances and presentations, with the question-and-answer sessions serving as a proxy measure of effectiveness. Many of the organizations received verbal and written praise
from teachers, parents, school boards, and community groups. Finally, the youth themselves believed the performances regularly “connected” with their audiences. Comments that reflect this included the following:

You can tell from the audience responses that they (i.e., the youth in the audience) seem to be learning. They say things like, “Wow, I never knew that,” or “It just hit me . . . .” After our performances, many of the people in the audience realize that they, too, can get HIV and that they are not invincible. (Teen)

In the course of the performance, the audience usually gets quieter and quieter. Not only do they laugh at jokes, many kids in the audience are crying. In the end, many want more information. Teachers have also told us that the kids do not stop talking about the play for weeks. (Adult)

Many people really don’t understand the transformative power that theater has. But when you are trying to train and educate people, the performing arts are actually an easy way to bring new ideas to youth. (Adult)

**Personal Development of Youth**

An integral component of these types of entertainment–education programs was training and affecting the personal development of the youth participant–performers. In most programs, youth received formal training in three areas: (1) health, medical, and social information, especially on subjects such as HIV/AIDS, teen sexuality, and reproductive health; (2) general communication and public speaking skills; and (3) theatrical and performing skills. Youth training was one of the most time consuming and resource intensive components of these entertainment–education programs.

Instruction in performing arts methods was seen as an effective way to improve youth’s communication, leadership, and group facilitation skills. It was also seen as effective for increasing self-confidence and self-efficacy and providing exposure and practice for dealing with different situations and types of people. For example,

I originally joined the performing group because I was curious, and because I was interested in increasing my self-confidence, especially for public speaking. I’ve stayed because it’s acting with a purpose. I have learned so much about how to be sensitive to others, how to communicate and I have increased my public speaking confidence. (Teen)

The youth in our program gain knowledge, develop resiliency, learn new skills, and get to have a variety of learning experiences. (Adult)

Ethnically identified groups (e.g., those serving or targeting African-American, Native American, Hispanic/Latino, and Asian American youth) also sought to provide youth participants with a sense of community and shared cultural ideals and values. Many of these entertainment–education interventions actively sought to create and provide youth models and spokespersons for other youth in their ethnic community.

**Group Dynamics and Management**

Most performing arts groups studied here used repertory or ensemble approaches to performances rather than a “star system” with lead actors or actresses. Such an approach was seen as conducive to the creation of an open, positive, nonhostile, and nonthreatening work environment. Ensemble approaches were also seen as less inhibiting, particularly
when it came to improvisational work. Ideally, a repertory or ensemble approach fostered peer collaboration rather than competition. Moreover, by training youth to play a variety of roles, or to be interchangeable with respect to characters, groups were able to develop considerable performance flexibility.

However, as many group leaders pointed out, a repertory approach did not eliminate personality clashes or clique formation among youth. Routine leadership challenges included managing group dynamics and keeping youth performers focused on specific tasks. As with most creative activities, program leaders found that youth were often easily distracted. As one adult leader said,

The dynamics involved in working with teenagers is a constant challenge. Some of the youth are always trying to be leaders of the others and then there are all the nuances that happen when you’ve got a group together. Cliques start to form and handling the different youth with equanimity can be a major issue.

On a positive note, when group dynamics were healthy, the entertainment–education program often ended up providing a surrogate family or social support system for youth participants.

Program Leadership and Management

Youth theater and performing arts programs were highly dependent on the skills and leadership qualities of adult staff. Adult leaders needed to act in multiple capacities, including coach, facilitator, advisor, cheerleader, teacher, counselor, development officer, recruiter, public relations person, and big brother or sister. Specific tasks included financial management, program publicity, grant writing, logistics and transportation, and working with schools and other performance venues.

Given the ongoing logistic, financial, and administrative demands of these programs, and fact that adult leaders managing youth performing arts-based health promotion programs typically did so on a volunteer or part-time paid basis, the incidence of adult leader burnout was high. Hours were long, pay was nonexistent or not very high, and demands and challenges were relatively great. Such conditions not only hindered the creation and maintenance of effective performing arts-based health promotion programs, they often made it difficult to find and keep adult leaders. Yet the success of this approach is very dependent on skilled adult leaders.

Most of the adults involved in these entertainment–education programs were people who found much enjoyment from working with youth. Still, many of these adults noted that working with teenagers and youth groups was challenging, particularly if serious problems emerged. Youth with social or emotional problems were frequently cited as a primary problem. When the issues or demands generated by the youth became too large, most programs recognized that some issues were outside their expertise. In these cases, they sought to develop mechanisms and networks for referring youth to other social service agencies and resources. Most noted such a strategy was necessary for avoiding stress and/or burn out:

I am not a therapist or a counselor. However, we often have youth in our program with social or emotional issues. In order to manage our program effectively, we try to steer those who are crying with issues into counseling. When it comes to youth with social or emotional problems, inevitably something explodes. (Adult)
**Program Funding and Support**

Along with the challenge of getting youth to the weekly rehearsals, entertainment–education interventions faced a variety of logistical and operational support issues, including: (a) securing rehearsal space, (b) funding promotional materials, (c) communicating with youth, (d) recruiting youth, (e) transporting theater members to performances, and (f) providing food for hungry performers. By far, the most onerous barrier facing these programs is stable finances, and most programs did not have paid administrative support. Programs housed in larger organizations had less difficulty with operational and logistic needs. For most groups, however, obtaining the resources necessary to cover the ongoing expenses incurred in operating a youth performing arts-based prevention program was a constant challenge. As a result, production costs were kept to a minimum, and to a large extent much of the labor was voluntary.

In general, the financial challenges faced by performing arts-based health promotion programs were similar to those faced by most nonprofit projects and organizations. Little revenue was generated by the program’s activities, while expenses were routinely incurred in the course of operating the program, training youth participant–performers, and staging performances. All of the programs examined here thus were involved in ongoing fundraising activities, with all needing more financial resources than were currently available. Primary sources of funding are typically grants, donations, and financial assistance from a parent or other local agency/organization. Some groups were supported by state and city grants. Although some groups were pursuing grants and financial assistance from private foundations or corporations, most groups relied on local fundraising events to solicit donations. As one adult program leader noted,

> Our funding is always at risk. In many respects, we are currently in a funding state of crisis. Last year we lost about $15,000 in financial support due to a public, religious right outcry about our program.

As a result, many of these youth performing arts programs spent time cultivating community support. Such support not only could result in financial assistance, it also helped gain acceptance with and access to local schools, community organizations, or churches. Many schools, churches, and individuals distrusted youth entertainment–education approaches or initiatives, and could block access to these programs for other youth. Most groups found that school administrators, teachers, community leaders, and parents were necessary, and very helpful, advocates:

> We know our group’s goals are being met because we are supported by all the middle and high schools in our community. They want us to be a part of their AIDS education efforts. *(Adult)*

> We found that things were much easier after we got into and performed in the first two or three schools. After we were able to get into the schools, we could establish a track record and a sound reputation. At that point, people wanted our group to come in. *(Adult)*

**Discussion**

As has been shown, many of those involved in youth HIV/AIDS prevention efforts, including youth themselves, see the value and potential of live entertainment–education interventions. Actively involving youth in designing and delivering disease prevention
messages to other youth is seen as empowering and impactful. The development and staging of performances is a very participatory approach to education and behavior change, and one that offers the potential to affect the HIV/AIDS-related knowledge, beliefs, and behaviors of both audiences and performers. The findings presented here suggest that, in the case of HIV/AIDS prevention, such entertainment–education efforts appear to have many common characteristics, approaches, and experiences. Further, though evaluative data are sparse, the application of entertainment–education appears to hold much promise.

More generally, a case can be made that the use of live theatrical performance arts to teach youth about protective health behaviors represents an attractive alternative to two other widely used approaches: (1) the delivery of information through impersonal, and often distracting, mass media channels, and (2) high-cost, high-intensity face-to-face or interpersonal communications, which are often more effective than media channels alone for behavior change (McGuire, 1989; Reardon & Rogers, 1988; Rogers, 1995; Valente & Saba, 1998). Entertainment–education approaches to HIV/AIDS prevention provide a format that maintains the personal nature of interpersonal communication, yet reaches more people in a more timely and consistent manner. Live audiences are usually more emotionally attuned to the performers, and messages couched in the language and experience of youth may be more effective than generalized messages delivered via the mass media. Further, audience members are able to interact with the message sender and provide immediate feedback (e.g., in question-and-answer sessions at the end of performances).

**Evaluation of Youth Performing Arts Programs**

One hurdle to greater use of entertainment–education to address HIV/AIDS prevention and other youth health issues is evaluation. Evaluation was a clear weakness of most of the programs studied. Most of these efforts lacked formal program evaluations, and very few grounded their intervention in a clearly articulated theoretical framework (e.g., model of behavior change). Such frameworks, however, are essential for identifying, measuring, and explaining program effects—in addition to helping gauge effectiveness. Rather, most groups relied on short audience surveys, which primarily focused on the quality of, or satisfaction with, the performance. When audience effects were measured, it was generally done in an attempt to find immediate changes in knowledge, attitudes, and intentions among audience members. Evaluations generally focused on the performance output or audience effects, rarely the program as a whole—and often did not formally assess impact on the youth who were involved as performers.

Given the complexity of these types of interventions, the simplistic focus on conventional program outputs for evaluation is likely shortsighted. Looking only at audience effects, for example, without clearly linking those outputs to some or all of the inputs described in this study, such as the nature of program development, performance content, creative process, or production quality, creates the potential to underestimate or overlook many important contributing factors and outcomes. By developing and using a more comprehensive approach to evaluation, entertainment–education programs can begin to identify the ways these interventions facilitate and mediate behavior change or the adoption of protective behaviors. As importantly, they will also be able to identify factors (e.g., the creative processes used) that act as covariates to facilitate or impede performance outcome effects.

To achieve better (i.e., more valid and/or more comprehensive) evaluations of the effects and effectiveness of youth performing arts programs, the nine domains described
in this article can be organized into a conceptual framework that offers both a research agenda and evaluation guide. Specifically, the domains of youth teen theater are (1) program goals and structure, (2) content issues, (3) creative process, (4) audience considerations, (5) audience evaluation, (6) personal development of youth, (7) group dynamics and management, (8) program leadership and management, and (9) program funding and support. As outlined in Table 1, each of these domains has distinct and important evaluation issues and research questions.

One way that we have conceptualized this “research and evaluation framework” is based on different types of evaluative research, namely, formative, process, and summative evaluation research strategies. These types of evaluation are not mutually exclusive and often complement one another. For example, knowing whether a program was appropriate or feasible (formative evaluation) is related to how well a program was implemented (process evaluation), which is related to impact on some measurable benchmark of success (summative evaluation).

The fact that each topic domain generates different research questions and evaluation outcomes (see Table 1 for examples) has at least three important implications for entertainment–education programs. First, as the overall framework illustrates, there are significant shortcomings to a reliance on summative evaluations of audience impact when it comes to examinations of entertainment–education programs. Fortunately, such programs need not rely on such evaluations. Rather, as Table 1 shows, a more appropriate approach is to match program objectives and needs with the right research question(s) and category of evaluation. For some programs, the most important evaluation issues may lie in the content or creative process domains, while for others, the evaluation focus should be on youth development. Second, if a comprehensive evaluation is desired, Table 1 shows that such an undertaking needs to encompass and address at least nine program domains. Single group predrama/postdrama designs to assess changes in knowledge and attitudes among audience members (Cook & Campbell, 1979; Valente & Bharath, 1999), while easy to apply, will likely have only limited value. The complexity of these interventions suggests some future research and evaluation efforts should employ designs that enable more extensive between-group and over-time comparisons (Berlin & Berman, 1995). And at a minimum, even summative evaluations should go beyond audience effects and examine impact or effects in other youth outcome domains.

Another way to utilize these nine domains is with respect to evaluation methods and approaches. Some domains, such as those related to visionary, content, and creative processes, lend themselves to qualitative research methods, while outcome and sustainability issues may lend themselves to more quantitative approaches. For example, youth performers likely invoke lay theories, assumptions, and other processes in their development of content and presentations. It is important to document and describe these factors, and such documentation lends itself to observational research or in-depth interviewing. Later, audience research can be conducted to assess the degree to which the presentation resonated with audience needs and perceptions.

**Factors that Contribute to Success**

The findings of this study also suggest some factors or characteristics consistently associated with successful entertainment–education programs, particularly in the realm of youth HIV/AIDS prevention. At least four factors appear to make a significant contribution to a program’s popularity and longevity. First, group leaders must bring more than performing arts or theatrical expertise to a program. They must be skilled in organizational management and youth development. Second, affiliation with, or
<table>
<thead>
<tr>
<th>Domain</th>
<th>Formative research and evaluation</th>
<th>Process research and evaluation</th>
<th>Summative research and evaluation</th>
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<tbody>
<tr>
<td>Vision</td>
<td></td>
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<tr>
<td>Program goals and structure</td>
<td>What are appropriate objectives?</td>
<td>How did the youth participants come to know the program’s goals?</td>
<td>Did the organization and overall approach achieve the stated goals?</td>
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<tr>
<td>Content and messages</td>
<td>Which issues and topics should be addressed?</td>
<td>How are issues and topics chosen?</td>
<td>Does the content evolve over time?</td>
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<tr>
<td>Creative process</td>
<td>Did message development and production processes fit the needs of the group?</td>
<td>How were messages and performances created?</td>
<td>Was content relevant to audience members’ lives?</td>
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<tr>
<td>Outcomes for youth</td>
<td></td>
<td></td>
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<tr>
<td>Audience considerations</td>
<td>What does the target audience already know?</td>
<td>What was the nature of the interaction between the audience and the performers?</td>
<td>What did audience members learn?</td>
</tr>
<tr>
<td>Audience effects</td>
<td>Did the target audience understand the messages and content?</td>
<td>How often/well was the audience exposed to the primary messages?</td>
<td>What effect did the program and/or performance have on audience members’ knowledge, intentions, and behaviors?</td>
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<tr>
<td>Program Sustainability</td>
<td>Personal development of youth</td>
<td>What issues and challenges face the youth participants?</td>
<td>What activities did the youth participants participate in?</td>
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<td>Group dynamics and management</td>
<td>What processes and strategies need to be employed to effectively manage participants?</td>
<td>What processes and strategies were actually used to manage youth participants?</td>
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<tr>
<td></td>
<td>Program leadership and management</td>
<td>What issues and challenges face adult leaders and sponsoring organizations?</td>
<td>What process and strategies were used by adult leaders to: secure funding, recruiting youth, working with schools, etc.?</td>
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<tr>
<td></td>
<td>Program funding and support</td>
<td>What funding sources are available?</td>
<td>Which funding sources were utilized?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What sites are available for performances?</td>
<td>What community outreach activities were undertaken?</td>
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</table>
sponsorship by, a larger parent organization (e.g., hospital, national organization, community-based organization) helps considerably. Programs with an institutional base were much more fiscally sound and often had more administrative support. Third, programs need to build and maintain community support. Programs need “community champions” who can assist in securing resources, gaining access to youth, and creating environments that foster presentations involving sexuality, sexual identity, and other youth issues. Finally, adequate and stable financial resources and funding are a major factor in the long-term success of these entertainment–education programs. In order to survive, youth entertainment–education endeavors need to secure consistent, external funding.

The programs we surveyed exist in a fragile ecology of available resources, personal commitment, and community goodwill. Despite many challenges, entertainment–education approaches to HIV/AIDS prevention are an appealing format for educators and youth. Although formal evaluation is usually lacking, this study suggests these types of interventions have much promise. Further, by utilizing the nine domains identified here, programs that utilize entertainment–education approaches to teach youth protective health behaviors can move beyond their current reliance on simple, summative evaluations, and toward documenting a broader range of important health and behavior-related outcomes. Given the promise that youth theater represents, continued investment in more systematic evaluations and research is warranted.

References


Entertainment–Education for HIV/AIDS Prevention and Health Promotion


