

# Guide to Diagnostic Role Play

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Save the Children/Malawi

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## *Diagnostic Role Play: Overview*

*This manual was prepared to guide a pilot test, in April 2002 in Mangochi District, Malawi, of a research method called Diagnostic Role Play (DRP). Carried out by the CHANGE Project with Save the Children/Malawi's School Health and Nutrition Program, the pilot test focused on various preventive behaviors related to HIV/AIDS. After this experience, the manual was somewhat revised to reflect lessons learned (summarized in the box below). The manual is now offered for the use of program planners and researchers in general. It is hoped that they will find it helpful and that they will give the CHANGE Project feedback so that the method can continue to be improved.*

### What is diagnostic role play?

Diagnostic Role Play (DRP) is a new qualitative **research method** to help programs learn more about important current behaviors and develop effective strategies that promote and support alternative behaviors that should result in improved health. As opposed to other uses of drama in health programs, DRP can be used to learn about behaviors, not as a program intervention to have participants model or try out new behaviors. As its name implies, the DRP combines the process of diagnosis, or examination and analysis, with role play; it is a simulation in which participants act out the typical attitudes and behaviors of individuals in a given context. This means that researchers and program managers can use DRP to help them:

- examine behaviors, spoken words, and interactions,
- understand why people behave as they do and
- identify feasible ways to help them move towards behaviors that are desirable to their health.

#### General Conclusions and Recommendations Based on the Malawi Experience

##### *When to use DRP:*

- It is best to use DRP relatively early in the formative research process—after in-depth interviews reveal enough about the issues to plan interesting drama scenarios. It is possible that, if used at this point in the learning process, DRP may reduce the number of additional in-depth interviews or focus group discussions needed.
- It is used late in the process (as was done in Malawi), DRP may yield interesting expressions, and possibly ideas for solutions to participant-identified problems that can inform subsequent research steps.
- DRP is probably best for learning about rare situations that cannot be easily observed, such as what happens when there is an obstetrical emergency or when a child suddenly develops paralysis. It may also be useful for sensitive situations that are not easily discussed, such as what happens when a girl and boy start to date.
- Players in the DRP came up with innovative solutions when given clear instructions and direction. In contrast, participants of in-depth interviews and group discussions did not discuss realistic solutions. Acting out an idea seemed to help participants think concretely about the steps.

*How to maximize useful results:*

- The facilitator is key to the method's effectiveness. S/he must have a good understanding of both the method and the technical and social issues. S/he must speak the local dialect fluently.
- It is helpful when the facilitator makes the atmosphere informal to encourage free dialogue by starting with ice-breakers or games and foregoing formal introductions.
- The facilitator needs to emphasize that there is no "right" or "wrong" answer to the scenes. It was difficult to get past ideals that participants held. Often people would act and answer according to ideals rather than their own reality. (For example, boys talked about boys who go to school as boys who do not have a girlfriend or have sex. Those same boys, however, manage to do both!)
- The players should start by introducing their characters, and one of them may serve as a narrator who lays out the scenes.
- Players need to be encouraged to add local color and actions that shows normal behavior and conversations in the settings portrayed. Too many of the first role plays were just animated conversations about the given topic. The facilitator or note-taker should work with players as they plan their role-plays and actions (especially when children are the players).
- In the first few role-plays, participants seemed to be somewhat intimidated by the presence of members of the opposite sex and by videotaping. Additional efforts were made in later role-plays to keep groups single-sex.
- Regarding length of time, it worked well to have each drama have at least two scenes that last a total of 10 to 15 minutes. This was enough time for players to act out the main idea of the scene as well as fill in all of the actions before and after, and not too long that the audience got tired or restless.

*Other issues to consider:*

- Suggest that audience members question each player in character. At the end of the drama, invite the audience to ask players questions on a "hot seat" about how they felt and what they thought when they did or said certain things during the role-play, which they should answer in character.
- Introduce a concluding activity. Because poetry is a popular art form in Mangochi, the facilitator asked one or more volunteers to prepare poems that summarized the drama and discussions after the discussions finished. About five minutes was needed for participants to prepare poems. This worked very well in Malawi to conclude the sessions (in many cases, several participants contributed poems), but is not appropriate everywhere. A song may be better in other settings (or this finale may be omitted).
- Watch for visual data. A comparative advantage of the DRP is that people act out normal situations that can visually depict relationships between characters. Although the role-plays in the field test did not elicit much visual data on relationships, because players spoke more than carried out actions, other situations could gather good visual data.

In conclusion, DRP seems to have promise as a qualitative research method that may yield certain information (what happens in rare situations, popular expressions and metaphors, social relationships, and participant-generated solutions to problems) not easily obtainable by other research methods. Used early in the formative research process, it may reduce the number of additional interviews and/or group discussions needed.

## Why use DRP in formative research?

Unlike other research methods, DRP gives information and understanding through actions and "normal" conversation by requiring participants to do or act rather than just talk about a topic.

DRP asks participants to show, to demonstrate, or to portray normal things in their lives. People act out certain situations that show “normal” behavior, not necessarily their own personal behavior.

The role play is a stimulus for discussion afterwards among the players and the audience. There can then be a second role play and discussion about the same issues, one that either gives an alternative, more realistic picture of normal life, or one that presents reasonable and feasible solutions to the problem situation. In Malawi, each set of role plays was followed by a volunteer or volunteers composing and reciting a poem that captured the key points that came out, but this finale is certainly not appropriate everywhere.

This type of research helps clarify or get more in-depth understanding about insights and concepts that emerge from the review of existing information and initial in-depth interviews—normally the first research methods used.

DRP has a number of potential advantages. It lets researchers see real-life situations that they may not otherwise be able to see because they are private or very rare; for example, what happens in the home when a pregnant woman or child has a medical emergency (who gets involved, what do various people say, whose opinion decides?). It also illustrates behaviors, including social interactions, and ways people communicate that seem so normal to people that they will not talk about them otherwise. And because some behaviors are sensitive, people may be more willing to act them out and discuss them when they are not portraying themselves. Finally, options or solutions available to people can be discussed in a group using concrete examples.

In return, DRP gives participants an opportunity to discuss the issues and to have input into research findings and their program implications. It also *should* be fun for participants.

Although the role plays can be very entertaining, they are intended to *learn more* from the participant groups in order to design an effective program intervention (in this case, to prevent HIV/AIDS among school-age children).

## How to organize diagnostic role plays

Three groups are essential in a DRP:

- Participants: players
- Participants: audience members
- Research team

*Participants:* There should be 10 to 15 participants in each group. Three to five of the participants can be players “on stage.” The other 10 to 12 participants have an important role as well. Audience members must watch closely and, with the players also, discuss the performance. It is through that discussion that many of the issues and findings will come out.

DRP will work best if the number of participants is limited so that people get an opportunity to discuss in-depth the performance and the issues.

*Research Team:* The research team consists of a facilitator and two note-takers. The facilitator is in charge of orienting participants and leading the discussion after the performance.

## How to stage a diagnostic role play

### 1. Clearly agree & answer the following questions:

- What are the research objectives?
- What issues were raised during the in-depth interviews?
- What are the important socio-cultural roles, relationships, and norms related to HIV/AIDS?
- What themes would be good to try?

### 2. Select themes.

Consider several scenarios concerning concepts or behaviors that earlier research indicates are important but which are not yet completely clear to the researchers.

### 3. Decide what participant groups will be needed.

Criteria for selection are simply representative people from the participant groups.

In this case, both student groups and parent groups were invited to conduct role plays, separately, for different topics. Leaders and initiation counselors can be included in the parent groups.

Experienced actors do not need to be found. It is best to have community members who are truly 'normal' and typical.

### 4. Plan the logistics of the DRPs.

Each group will need one and a half to two hours to perform and discuss at least two basic scenarios on a theme of interest. If four groups can be arranged for each day, a maximum of 2 to 4 themes per day can be selected. Make arrangements for a location that can be private and where participants will feel comfortable. Make arrangements with local persons to recruit participants who meet your criteria.

### 5. Create scenes for participants to act out.

Develop your themes into fuller scenarios with one or more locations, certain types of characters, certain situations or occurrences.