Strategic use of Theatre for Development as a Tool for Effective Communication on Health-Related Issues: The Godogodo Community Experience in Kaduna State.

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***Abstract*-Theatre for Development (TFD) is an approach to communication that is inclusive, people-centered, people-involving; therefore, participatory in nature. These elements of TFD have made it a strategic and effective tool for communicating health- related issues especially in rural communities. This study shows the potency of TFD as a complimentary tool for communicating health-related issues as against the conventional media in the Godogodo community. By leveraging on the tenets of TFD such as drama, dialogue and community participation, TFD has fostered an effective health awareness and behavior change. Through the use of qualitative research methods, this study examines the potency of TFD in creating health awareness and facilitating positive health behavior amongst the members of Godogodo community. The findings emphasize the potential of TFD as a complementary and alternative strategy for communicating health issues especially in rural communities. This research adds to the body of knowledge on TFD and health communication. Furthermore, it creates a platform for practitioners and policy makers seeking a more participatory and effective approach to communication.**

Index Terms: Theatre for Development, Health Communication, Participatory Approach, Rural Community Awareness.

I. INTRODUCTION

Rural communities in Africa within the recent two decades have experience a steady rise in cases of epidemics such as Hepatitis, HIV, Lassa Fever, Ebola, Corona virus, Polio, Meningitis and other dreadful infectious diseases that have claimed many lives due to inadequate or lack of knowledge of how these diseases are contracted or can be prevented. This is in stark contrast to the United Nation's third item on their Sustainable Development Goals which is "good health and well-being". Some of these infectious diseases are either emerging or re-emerging. According to Olumade et al (2020):

emerging infectious diseases are diseases that either have never occurred in humans before, previously occurred but only affecting a limited number of people in affected places or have occurred throughout history but only recently identified directly due to an infectious agent while re-emerging infectious diseases are those that were once major public health problems globally for a significant portion of the population. (737)

The challenge of finding alternative communication to suit people in the rural communities has been an issue for a long time. While it is believed that the conventional media has been instrumental in disseminating health information for decades, there is a counter argument to abort this claim that much of the successes are recorded in the urban areas and not in the rural areas perhaps because of the clear-cut differences in composition of the two settings. While the urban areas have basic infrastructure to support conventional media operation, the rural areas are deprived of that privilege. Rural communities in Nigeria are not left out of this unfortunate situation. This, to a large extent and many other reasons, has necessitated the appeal for an alternative form of communication to effectively reach out to the people residing in rural areas. The theatre has been re-conceptualized to mean more than just performance; the tenets of theatre in recent times incorporate communication which makes theatre a pertinent tool for development. Theatre for development (TFD), since its introduction to Ahmadu Bello University (ABU) in 1975 has been used in Nigeria for the purpose of development, and its evolvement forms some activities within the field of non-formal education

and development. During the late twentieth century, TFD became exponentially a form of popular theatre for the purpose of awareness and information dissemination in sub-urban as well as rural communities. It became a veritable tool which fostered participatory communication for effective orientation on issues and offered an unconventional form of theatre that was people centered.

Research have shown that health communication approaches depend so much on the conventional means of communication such as posters, radio, television, fliers, jingles and recently, the social media for health intervention programs. Despite the well documented history of infectious disease outbreaks in Nigeria, it was not until 2007 that the country proposed to have a health institute charged with the responsibility of preventing, directing and responding to infectious disease threats in the country. This was what later led to the creation of the Nigerian Centre for Disease Control (NCDC) in 2011 (Olumade et al). The use of conventional means of communication over time has to some extent been able to educate and enlighten people. However, there is a relatively dearth of knowledge on health issues in Nigeria and the worse hit is the rural areas. The NCDC has established strategic partnerships with foreign non-governmental organizations such as World Health Organization (WHO) and ECOWAS Regional Centre for Disease Control in order to receive grants and technical assistance to support infectious disease surveillance. This therefore portends that the conventional media is not exactly effective in the rural areas as compared to the urban areas. The conventional media is far removed from the people in the sense that there is no real connection between the people and the message. TFD on the other hand harnesses the people's various means of cultural expressions to communicate with the people and therefore, serves as a bridge between the people and the message that needs to get to them.

II. Participatory Health Communication

The World Health Organization (WHO) in 1948, defined health as "a state of complete physical, mental and social well-being of an individual not merely the absence of disease or infirmity". Similarly, in the year 1986, the WHO in Ottawa Charter for Health Promotion, said that health is "a resource for everyday life, not the objective of living. Health is a positive concept that emphasizes social and personal resources, as well as physical capacities". Throughout the world, recognition of the importance of health for a sustainable, safe and healthy society is on increase and this growth will continue only through effective and strategic communication.

Today, there is an increased focus on control and prevention of diseases and conditions that harm or complicate the state of human health. This has become necessary for health communicators to design health communication programs that can address health challenges; these health communication programs must focus closely on communicative strengths that can lead to appropriate health communication for the collective growth and development of people. Health communication therefore, is the process of communicating health information from health communicators to the general public. Rogers, (1996:15) defines health communication as "any type of human communication whose content is concerned with health".

There is no doubt that ineffective communication can lead to a whole range of negative outcomes ranging from patients not engaging with the health service when they should, refusal to follow recommended health behaviors and undergo necessary treatment, failing to adhere to prescribed treatment, or failing to cope with their own or another's illness. In some cases, lack of good health communication can lead to psychological damage, physical harm, litigation or, at worst, death (MacDonald, 2004). In a nutshell, as noted by Pettigrew and Logan (1987), communication promotes health in the society, and makes the system run at optimal or marginal effectiveness. The purpose of disseminating health information is to influence personal health choices by improving health literacy because effective health communication must be tailored for the audience and the situation where the research into health communication seeks to refine communication strategies to inform people about ways to enhance health or avoid specific health risks.

The interdisciplinary marriage between health and communication was certainly a common-law relationship long before the term "health communication" was introduced. (Stacks & Salween,2003:489), the research of health communication surrounds the development of effective messages about health, the dissemination of health-related information through broadcast, print, and electronic media, and the role of inter personal relationships in health communities. At the core of all of the communication, is the idea of health and the emphasis on health. The goal of health communication research is to identify and provide better and more effective communication strategies that will improve the overall health of any society.

However, there are many purposes and reasons why health communication research is important and how it improves the health care field. The training programs of health care professionals can be adapted and developed based on health communication research. According to Stacks and Salween (2003:496), some health care facilities, like hospitals provides training and education materials to patients in other/ to allow for patients to have a better outcome using better communication skills.

Over the years, there has been much research done on health communication. For example, researchers want to know if people are more effectively motivated by a positive message versus a negative message. Researchers examine questions like: are people better motivated by ideas of wealth and safety or an idea of illness and death? Considering that health communication is a multi-faceted and multi-disciplinary approach, it educates people on the need to be healthy as a strong empowerment tool. If it is agreed today that health communication research should have a beneficial impact on the society, then it means that it becomes essential and vital to consider or give more attention to the kind of health communication research that can stimulate health positive change in the society. (U.S. Office of Disease Prevention and Health Promotion, 2004).

Health participatory communication research should be the type of research that is carried out with and by the people rather than on them. In this practice, local knowledge and perspectives should not only be acknowledged but it forms the basis for any good communication that is participatory in nature. Participatory communication emanates from the conviction that ordinary people have the competence to engage in the analysis and reflection of their problems and are better suited to provide a better interpretation since they are the ones living the experience.

Questions are often asked, why shouldn't the "researched" do their own research? Why is it that, the poor people have always been researched, described and interpreted by the rich and educated and never by them? We must strongly understand that participatory communication is dialogical, driving knowledge from concrete situations through collaborative reflection among community members. Participatory research tries to diminish the barrier between the researcher as a collector of information and the researched as the supplier of it. As a collaborative experience between the two, it becomes an occasion for gaining and creating knowledge (Tadon, 1985:132)

Participatory communication is a method or tool which target action or change as it seeks knowledge and understanding at the same time but involving fully the critical stakeholders in the process. According to Burkey (1993:60), involving the people leads to the process of critical awareness that comes from shared knowledge between stakeholders and participants. The shared knowledge leads to action which is then reflected upon to produce further action in a spiral or cyclical continuity.

Participatory communication research as mentioned above is research of involvement, it is not only research with the people but it is the people's own research. In the light of this Tandon (1985: 78) states:

> We have moved beyond the notion of some struggle of others. This shift in the control of knowledge, production of knowledge and the tools of production of knowledge is equally legitimate in our continued struggles toward local control and dependency. It is here that, (PR) is quite the opposite of what social science research has been meant to be. It is a partisan, ideological based.

Therefore, the basic principles of participatory communication research are as follows:

- Whoever does the research, the result must be shared. The result must be available to the people among whom the research is conducted and there must be transparency in communication. In this case data is not kept under-lock or behind computers access codes and statistical symbols.
- Another principle of participatory communication research is that the communication and information must be of immediate and direct benefit to the community and not as means to an end set by the communicator.
- Participatory communication research believes in the knowledge and ability of the ordinary people to reflect on their oppressive situation and change it and this principle stands against the notion that only professional communicators can generate knowledge for meaningful social reform.

In many cases at the local community level, participant have proved to be more capable than "experts" because they understand their situations better and have perspective on problems and needs that outsiders cannot fully share. Kronenburg (1986:112) gives the following characteristic of participatory research:

> It rests on the assumption that human beings have an innate ability to create knowledge. It rejects the notion that knowledge production is a monopoly of "professional". It is seen as an educational process for participant… as well as the research; it involves identification of community needs, augmented awareness about obstacles to the need fulfillment, an analysis of the causes of problem on the formation and implication or relevant solutions. The research is consciously committed to the cause of the community involved in the research.

This challenges the traditional principle of scientific neutrality. Dialogue provides a framework which guards against manipulative scientific interference and serves as a means of control by the community. Participatory communication research must be conducted according to the norms of partnership, including mutual respect, recognition of the knowledge, expertise resource capacities of the participants in the process. People get control over all phases of the research process, including problem definition, data collection interpretation of result and application of the result to address community concerns.

Participatory communication research also involves a sense of emotional connection and identification with others, shared norms and values, common language and customs, similar goals and interest and a desire to meet shared needs. It is important to note that interaction fosters a teaching environment for all participants. Researchers contributes in that he or she requires the membership to give an account of how things are done and this fosters an atmosphere where participants may better know themselves, they ask questions within themselves and consciously think and reflect on the reality of their lives and their socio-cultural environment. Through interaction a fresh and good understanding, new knowledge and self-confidence may be gained.

In addition, awareness and cohesiveness is enhanced not only for group members but between those members and outsiders who may participate, thereby increasing their understanding. This learning process of participatory communication and interaction can instill confidence and ultimate empowerment. It increases self-confidence and leads to exploration of alternatives toward the attainment of goals. There is no doubt that the method of participatory communication research projects can actually give voice to the voiceless and reveals health issues that are at the background. Participatory communication research opens up new possibilities of addressing under-discussed health issues. (Burkey1993:66)

Participatory communication research is ideological. It holds that communication research should be of direct benefit to the "researched" rather than privileged information for manipulative elite. In addition, it believes research should not be in the domain of a powerful few. Participatory communication research is research of involvement not of detachment, it includes all parties in a process of mutual and increasing awareness and confidence; it is research of conscientization and empowerment. Participatory communication research is not for journals ego-boosting or to solicit further funding but rather to monitor and reflect on the process as it unfolds (Kronenburg ,1986:112).

III. THEORETICAL FRAMEWORK

The Theory of Symbolic Interaction

There is no doubt, when people interact or when people dialogue; information is being passed across thereby creating an avenue for learning new things. The Theory of Symbolic Interaction emphasizes the fact that people interpret meaning and define things through interaction with others, that is to say people acquire new knowledge and ideas through interacting with other people. This means that the Theory of Symbolic Interaction advocates for people to come together to interact in order to create awareness and also acquire new knowledge just as (Melkote 1991) stated that communication through interaction enables expression and dialogue, raises awareness of socio-structural problems and fosters self-reflection among disadvantaged populations.

Symbolic interaction which was formulated by Blumer (1969) is a process of interaction and the formation of meaning for individuals. The inspiration for this theory came from Dewey (1981) who believed that human beings are best understood in a practical and interactive relation with their environment. The Symbolic interaction theory will be used to underpin this work because it emphasizes dialogue, discussion, and interaction and that is a major characteristic of TFD. The study therefore attempts to project how Theatre for Development as an empowering tool that can communicate and foster health related issues among individuals in the rural community.

IV. PRELIMINARY VISIT

When carrying out research using TFD, it is standard practice for the participants to go to the community without any prejudice. The researchers are trained to have an open mind so that they can observe, listen and learn from the community what challenges they are facing. This is because often times at first glance, one may easily conclude that the community's major challenge may be social amenities; which may be true, but experience has shown that more often than not, their major challenge may be deeply rooted in attitudes and behaviors of the people. It could also be interpersonal relationships, socio-cultural or otherwise which are not normally obvious to the naked eye. This then behooves the researcher to be very observant and objective, which are sine qua non to qualitative research. Consequently, this particular research is mainly focused on the use of TFD as a tool for effective communication on health-related issues in the community. The researchers did not have a specific health challenge in mind to address prior to coming to the community, but were ready to collaborate with the community members in order to identify and communicate prevention and treatment of any prevalent disease in the community.

The preliminary visit was done on the 7th of November, 2024. The researchers were led by a community elder named Mr. Zoro Yohanna, to the house of the district head of Angwan Mandela by name Mr. Bitrus Alang. He also led us to the community health center to meet the head of the facility in person of Mrs Wudiri Emmanuel. We considered these three persons for our key informant interview and had the opportunity to interview them the same day.

V. COMMUNITY PROFILE

The Godogodo Chiefdom is under Jema'a local government of Kaduna State. There are several districts within the chiefdom. Our research was focused on the Nindem district. According Mr. Bitrus Alang who is the District Head,the Nindem people were responsible for establishing the district from Angwan Mandela to ECWA1. Some of the other districts are Angwan Hausawa, Angwan Ninzo, Tudunwada and Angwan Ancha. All of them have their district heads. The nindem tribe is the most predominant. However, there are several other tribes like the Zorozoro, Kamantang, Atyap, Bajju, Kagoma, Hausa, Saminaka, Mada and others. It is a cosmopolitan village, but it is the Nindem people that own the land. The name "Godogodo" came about decades ago when Europeans came to the area for mining activities and settled in the middle of the town. Furthermore, some of their laborers settled themselves in a place called "Bukabakwai" which was a place of residence and leisure for them. Because of the mining activities, there are people from different tribes that have settled there. However, in terms of traditional leadership, only three tribes are considered; the Gwandara, Numana and Nindem people.

VI. COMMUNITY RESEARCH

The researchers asked the district head what are their major health challenges in the community. He responded by saying that they are so many that he feels that the health facility in the community is inadequate. He noted that they were given a place to serve as their hospital, bus as a result of negligence by the government, the place has collapsed. He wished they have a bigger place than the one they are currently using. A community elder named Mr. Zorro Yohanna said that the major road passes from Jos to Abuja through the village is very dangerous because there have been several accidents which have led to loss of life. He further said they have a problem of alcoholism and drug abuse which is causing mental illness amongst the youths. He said they have lost personal friends and family to hepatitis and cancer. He also noted that there is a high incidence of malaria because most of them don't sleep under their mosquito nets. He also mentioned that because of poverty, whenever most people fall sick, they don't seek expert medical attention. Rather, they resort to self-medication. They admit that health education is very necessary in their community.

The team also interviewed the head of the community health center in person of Mrs. Wudiri Emmanuel, who said she is a community health extension worker who comes every day from Gidan-waya. When asked what is the major health issues they attend to in the facility, she said it is malaria and typhoid. She explained that the reason is because of dirty environment, accumulation of stagnant water that provides an enabling environment for mosquitoes to breed. She also noted that they have Fulani people around who do not have access to clean drinking water; they go to the same river that they defecate in, to get their drinking water. This makes many of them victims of typhoid. She said "last month October, out of over 130 cases they treated in the facility, over 120 of them were cases of malaria and typhoid".

She was asked if there has been any form of intervention from government towards ameliorating the challenge. She acknowledged that the government sometimes shares mosquito nets to the people. However, she noted that the people do not really know how to use them. When they are told to "sleep under the net", they take it literarily. They will just hang the net between the ceiling and the bed, but won't untie and sleep in it. When they noticed that despite the distribution of the net there was no improvement, she and her team decided to visit the houses and that was when they discovered the issue. They then had to teach the people from house to house on how to use the net. When asked if she feels distributing the nets is an adequate solution to the challenge, she said that it is only half of the solution. "When you sleep under the net, mosquitoes will not bite. However, it is the responsibility of the people to also keep their environment clean. Therefore, they also need health education on preventive measures". She noted that they at the facility educate the women whenever they come for immunization and ante-natal care because malaria fever can cause abortion for pregnant women.

From the data gathered through the key informant interview, we were able to note the following:

1. That the community health facility does not have the capacity to treat the variety of illnesses bedeviling the community.
2. That the root cause of some of the illnesses in the community is as a result of the attitude and lifestyle of the people in the community.
3. Most of the severe illnesses are not reported to the community health center. They mostly resort to self-medication or go to seek medical attention in bigger towns like Gidan-waya or Kafanchan.
4. That although the government has been making efforts by distributing mosquito nets, there has been no effective way to communicate to the people on how to use them. Communication is selective and limited.

VII. COMMUNITY PARTICIPATION, SCENARIO BUILDING AND PERFORMANCE

With the permission of the district head, the team entered the community to conduct its research. The flooding method was used to collect information from the community members which served as raw material for the scenario building. At the end of the exercise after comparing notes, the team learned that the most common illness amongst the people is malaria and typhoid. They said it is because majority of the residents are into mining activities which happens even at night. Because of the cold at night and the physically tasking activity, they resort to taking dry gin and or drugs. This also helps them cope with mosquito bites which eventually leads to malaria. They also admitted to having high incidences of typhoid and cholera. However, illnesses like diabetes and cancer are mostly found amongst the elderly. The team also learned that most of them have little or no idea on the preventive measures to take against these diseases. However, some admitted that during the covid 19 pandemic, there was general education and sensitization on both radio and television on it. Armed with the data obtained, the team went back to base and created a drama scenario in collaboration with some volunteers from the community, on how to prevent malaria fever, and the dangers of alcoholism and drug abuse. The team learned some native and Hausa songs and infused them into the performance. The language of communication was Hausa because it is the most widely understood language. The drama, after different suggestions came up with the following scenes: the first scene presented a scenario where we see a group of people mourning the death of a vibrant youth in the community. Following the procession from a distance is an old man who serves as the narrator. When the mourners leave the stage, he asks the audience if they want to know the cause of death of the youth to which they answer in the affirmative. He tells them that it is "Sauro"; which means mosquito in Hausa language. He tells them that many of them have been so busy with their lives that they have not noticed that they have an ugly visitor in their community. Suddenly, a character dressed in all black jumps on the stage with a wicked laughter and declares that his name is "Sauro". He dances around the stage and makes mockery of the audience. He tells them that he has come to stay in their community and there is nothing they can do about it so far they keep their environment dirty and they leave stagnant water close to their homes. He dances off the stage, laughing. The second scene presented a scenario where we see two friends, Batet and Zugwai kitted with their mining gear. They are seen drinking and taking hard drugs while on their way to visit their friend Basharo to accompany them to their mining site. They knock, but he takes time before coming out. When they asked him why he took so long, he tells them that he and his wife were sleeping under the mosquito net that the government has given hm. They laughed at him and told him that he is not supposed to cover himself with the net, but just to hang it. After a brief argument, he agrees with them, then he tells his wife to remove the net and just hang it on the wall. He then joins

his friends who hand him a small bottle of dry gin and ask him to use it to stay warm while they proceed to the site. Immediately they exit, we see "Sauro" dance in on stage to where Basharo's wife Wanyung is sleeping with her daughter. Sauro looks very excited. Through an aside, he tells the people that he has been coming to that particular house, but because they have been using the net properly, he could not get them, but today is his lucky day. He then pinches them excitedly and horridly leaves the stage. The third scene opens up at the mining site where we see many people engaged in different activities. Sauro appears again and goes from one group to another. Those that are not drunk quickly chase him away, while those that are drunk allow him to mingle with them. He pinches them and quickly leaves the stage. The fourth scene opens up in the hospital where we see a doctor attending to different people with different sicknesses. Basharo enters the scene in a panic state and asked the doctor where his wife and daughter have been hospitalized. The doctor calms him down and tells him that his wife and daughter are receiving treatment, but his wife has lost her pregnancy because she had malaria. He cries in agony and regrets listening to his friend's bad suggestion about using the mosquito net. The doctor then told him that most of the people that are in the hospital are suffering from malaria not just because they don't have nets, or don't know how to use them appropriately. A patient in the hospital then asks the doctor what else they can do to prevent malaria sickness?

VIII. POST-PERFORMANCE DISCUSSION

The doctor then automatically became the facilitator. He threw the same question that was asked in the drama to the audience. Mr. Yakubu said for them to have a long-lasting solution, they have to come together as a people to make sure their environment especially close to their homes are cleared of bushes. Mrs.Wankim encouraged the youths to endeavor to clean gutters and ensure there is no stagnant water around their homes. Mr. Zorro, an elder in the community said the intervention is timely. He acknowledged that through the mining activities engaged by the youths, they have been buoyant enough to buy some modern gadgets like phones, radios and TV sets, so they should be able to afford mosquito coils or insecticides. However, they hardly pay attention to their health. He admitted that the drama presentation actually depicted what is happening in the community and he enjoined them to reduce or totally stop the consumption of alcohol or hard drugs. He cited an example of one of the youths that was killed during one of the communal clashes in the community. He was killed because he was intoxicated with alcohol and drugs so he couldn't run to protect his life. Mr. Bulus also commended the performance. He said that it is obvious that most of the illnesses that bedevil the community cannot be treated in the community health facility because it is inadequate. Therefore, the principles of "prevention is better than cure" should guide the people. He went further to explain that effective education will provide basic knowledge to community members on how to adopt a healthy lifestyle which will improve their overall health. The Dakachi spoke last. He expressed joy that his community was the one chosen out of the rest for the intervention. He said our coming was very timely. He thanked the team profusely for coming and he hopes that we will be able to extend the intervention to other neighboring districts.

IX. COMMUNITY ACTION PLANS

According to Oklobia (2013): theatre practitioners should create ground structures and work hand in hand with village organizations, youth clubs, women associations, co-operative movements or unions just to mention these. This will ensure continuity and momentum in both the project and follow-up exercises (78). Stemming from the post-performance discussion, the community comprising of mostly the youth and women, decided to draw up a community action plan. The community action plans were as follows: the youths will organize themselves and periodically clean all the gutters in the community. Every household will endeavor to burn their trash because it is the accumulation of nylon and polytene bags that clog the gutters and make water stagnant. During the rainy season, there will be knapsack sprayers made available for free to any family that wants to use it to spray herbicides to kill grasses around their house.

X. FOLLOW-UP

A few weeks after the intervention, the principal researchers, went back to the community. Mr. Zorro was happy to see us and welcomed us back to the community. He told us the Dakachi was not on seat and the youth leader was out of town. However, we interacted with some of the youth we found and they told us they have already collaborated on two occasions to clean the gutters,

and for the grasses, they have set fire to it since it is dry season. They assured us of their commitment to sustain their actions for as long as possible.

XI. CONCLUSION

The study examined the application of TFD as a tool for effective communication on health-related issues in Godogodo community. This case study has shown how TFD can be used as an alternative and complimentary strategy to communicate and educate rural communities on health-related issues. The conventional mass and social media platforms are good, but they have their own limitations. Despite the rise in cases of epidemics across the world and Nigeria to be specific, there is hope for the future. The potential to investigate the issues and use the cultural expressions of the people will continue to make TFD a relevant tool in the arsenal of researchers. The participatory nature and immediate feedback that TFD brings, sets it aside as a vital and effective tool to communicate health issues as seen in the behavioral change of the Nindem people in Godogodo community in Kaduna State.

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