

Health Promotion

The theatre: an effective tool for health promotion

Angèle Séguin & Clémence Rancourt

In Africa and in North America, in both rural and urban settings, theatre can be an effective means of health promotion. Projects on women's health, care for patients with mental disorders, and AIDS prevention show the usefulness of this medium for community action programmes.

In our work, the results sometimes exceed our expectations. Three examples of this seem particularly worth sharing with a wider audience: the first was a project in the districts of Ouéllésébougou and Dougouolo, Mali, in 1989, focused on family planning, the menopause and healthy lifestyles; the second was in rural Quebec in 1991, focused on mental disorders; and the third was also in Quebec, but in an urban area, at Sherbrooke, in the spring of 1994, focused on women's exposure to the risk of HIV infection. These are personal subjects for men and women alike in any part of the world, and dealing honestly with them involves overcoming many taboos and prejudices. It involves giving or restoring to people simple and useful ways of understanding their bodies, their health and their emotions.

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In Mali (Angèle Séguin)

In the spring of 1989, the Canadian Institute for Adult Education, the Women's Health Centres of Quebec, the National Women's Union of Mali and the Training Centres for Rural Educators organized an exchange project between women of Mali and Quebec on the subject of women's health in Mali.

While the Malian women were in Quebec, we worked together on giving a structure to the training, and selecting appropriate educational tools. These women have many unanswered questions about family planning, childbirth and menopause and very few opportunities for finding answers. The most important thing was to make the necessary information as accessible, specific and useful as possible.

It soon became clear that some kind of theatrical presentation would be easy to use

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in Mali, where working, singing and dancing go together in daily life. "Forum theatre", through dramatic sketches, makes for discussion and prompts the public to ask what can be done to solve problems. The play depicts situations we would like to see changed. It is acted out first by actors and actresses, and then by members of the audience, who with the help of an organizer, explore new ideas and try to change the situation for the better by improvising solutions.

The aim is not to find the best solution but to produce a variety of options that could be used in the type of situation described. This approach makes an impact because it calls for local involvement throughout – from planning through writing and rehearsal to performance. It is an approach that enables us to work with the experience of women to build performances that will not only increase awareness and provide education, but also, we hope, help to change things.

We went to Mali in November 1989. Before we had time to analyse or assimilate our impressions, the training of rural educators began at Ouélléssébougou. Our greatest concern was to work with them, to exchange ideas and not simply impose our own. The best thing seemed to be to let our hosts teach us first. The whole team found the idea of forum theatre promising and took it up.

The first subject we broached was menopause. First of all we asked the rural educators to show us the difficulties they faced over menopause. Working together on short sketches, we got used to each other, and entered the intimate world of Malian women of 40 and over, approaching or experiencing menopause. In short sketches, they showed us the important role played by traditional birth attendants among the village women, and the questions that women asked about

their sexuality, contraception, and the customs, rites and beliefs surrounding menopause.

Simply, spontaneously and with the greatest trust, they expressed the riches of their inner world and culture to us. Then it was our turn

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to share our questions and concerns. The questions of women from north and south combined. All of us now had a better understanding of the origin of certain attitudes, and how difficulties might be overcome. But who could pass on this information? In view of her influence and authority in the village in matters of family planning, care for the baby, healthy lifestyle and anything to do with women, the traditional birth attendant was obviously the person who had to be trained so that she in her turn could educate the peasant women.

After these exchanges, we reworked the forum theatre sketches we had started with, trying to introduce the new knowledge we had acquired which would enable rural women not only to receive information but discover ways to change their situation and improve their living conditions. Given a better knowledge of themselves, they would be less dependent on the power of others, however that power was exercised.

Two weeks later, the traditional birth attendants arrived at the Ouélléssébougou training centre for rural educators. They came from several regions of the south, and were curious to see what other women had to say about women's health. The first activity with them

was a presentation of the forum theatre play that the rural educators had translated into Bambara. It was a magical moment. It was clear to all of us that in spite of frontiers and language barriers, women had similar worries and could look for solutions together. Without prompting, these old women, moved by what they saw, got up, stopped the action, replaced characters and proposed solutions that were immediately tested out in the play. If their ideas proved effective they were passed on to the women in the villages. Without hesitation or fear of being judged, they shared their experiences, and especially their new knowledge.

Each evening, after a long day of instruction, the same ritual began: the women of 60 years of age and over formed a circle and chanted their knowledge in rhythmic tunes. One after another, as the spirit moved them and thanks to their astonishing memory, they sang what they had learnt and how it would affect their work as birth attendants, asserting their power as old and respected women who were used to being listened to (1). A week later they went through the same procedure in Dougouolo, north of Bamako, and their performance was greeted with the same enthusiasm.

The training of traditional birth attendants by rural educators continued in 1993, with the theatre playing a central part, but in 1994 the

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training centres for rural educators were practically deprived of funding, and their future still hangs in the balance. We are convinced, nevertheless, that their work will not have

been in vain, and the knowledge and awareness it produced will continue to be passed on in the traditional ways.

Rural Quebec (Clémence Rancourt)

This initiative involved patients with severe mental disorders living in Lac-Mégantic, a town of 7000 inhabitants far away from major health centres or specialized departments. A community association called Envoy tries on slender resources to integrate and maintain in the community people who are grappling with serious mental disorders.

Forum theatre was chosen as a way to meet their need for self-expression. At weekly meetings, they courageously shared their thoughts and feelings about their private life, finding words to express the inner tension they often suffered from. As they managed to break the silence, their fear and shame diminished. They found ways to express not only their sufferings and difficulties but the joy and hope that enabled them to live.

In autumn 1991, their play, *Not as mad as all that*, revealed various aspects of their life that usually remain hidden, describing their experience in a world that is often unaware of and unresponsive to their real needs. The play shows how they see their family, their community, the medication they receive and their relationships with health professionals. It becomes a mirror that reflects a number of prejudices concerning mental illnesses and those who suffer from them.

After the performance the spectators divide into groups to discuss what they have seen and look for solutions. They usually go away with a much fuller awareness of how people with mental disorders are human beings with the same basic needs as anyone else. Those who helped to write the play said they felt it had freed them from the prejudices of society,

and they were proud and satisfied to have contributed in their own way to the demystification of mental illness.

In accordance with its new mental health policy (2), the Ministry of Health and Social Services of Quebec is preparing its officials for their new duties and asking the adult education department of St Jérôme College to prepare educational tools. Since the play really allows those concerned to speak, the officials decided to make a video of it for use at training workshops throughout the province of Quebec. The play has also proved useful for other mental health organizations in helping people with similar experience. Three years after its first performance, it continues to transmit its message, pushing back the barriers that limit the lives of people with mental disorders.

Urban Quebec: Sherbrooke (Angèle Seguin)

The population in Sherbrooke is generally well informed about AIDS and how to avoid it, but awareness of risk does not necessarily lead to self-protection. It is therefore necessary to work on the factors that change behaviour, adapting the approach very carefully to the values of the group concerned. It is also necessary to extend the preventive message and put it in the specific context of sexuality and interpersonal relationships.

Very little AIDS prevention work in Canada has been directly addressed to women, and yet HIV infection has special implications for them in view of their role in society as mothers, spouses or providers of care. Many women do not protect themselves when they have sex, and some of them use injectable drugs and share their syringes with others. The inequality in relations between men and women is sometimes expressed in violence, and in such cases it is hard to see how women can really insist on safe sexual practices. The

adoption of safe practices necessarily involves negotiation between partners, in which the woman must often take the initiative. To do so, she must have self-esteem and the ability to assert herself. This capacity for self-assertion is particularly weak in situations of socioeconomic deprivation.

In accordance with ministerial guidelines for prevention of HIV infection, the AIDS prevention and anonymous testing centre in Sherbrooke, as well as the regional health and social services, consider it essential to devote more attention to women. The testing centre has three objectives:

- developing a positive attitude towards safe sex;
- strengthening the capacity of women at risk for self-assertion and communication;
- providing information on safe sex.

Forum theatre has become the main means of pursuing these objectives. The aim is for women to become aware of the harmfulness of certain practices, and acquire the specific skills needed to change them. In this way the change begins with them.

With guaranteed anonymity, women from various backgrounds meet in pairs to write the script, but resistance rapidly emerges.

It enables us to take a first step towards our own transformation: from thinking to saying out loud and acting.

Although North Americans find it relatively easy to talk collectively about AIDS, it seems to be no easier here for individuals to talk about their sexual practices than it is in Mali. There are still many taboos and day-to-day fears. To enable the project to advance, the confidentiality of the information used is

stressed, and the participants are given time to think about the material before beginning rehearsals.

When confidence has been established they start to talk about themselves, their married life and their sexual practices. They have a great deal to say partly because they have felt obliged to keep silent about it for so long. The greatest fear seems to be that of no longer being loved by their spouse and being abandoned. For prostitutes there is also the fear of losing their only job, for addicts the fear of not getting their drug, for career women the fear of losing their reputation, and for homosexual women too, the fear of scandal. The need they feel for silence is often used as a weapon against them, preventing them from asserting themselves and negotiating safe sexual practices with their partners.

The forum theatre play called *I live in hope* stresses the emotional dependence of women in order to help them regain self-esteem and the right to negotiate. To protect anonymity, the women do not choose their own roles, but in allocating roles, we attach a great deal of importance to their personal interest and involvement in the kinds of situation they will dramatize.

The play was performed several times in Sherbrooke in spring 1994. Women and men were invited, but most members of the audience

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were women. Many questions arose during the performance but as much as possible we kept them for the discussion period at the end. Despite inhibitions, audience participation in the role playing was excellent.

Encouraged to find that they were not alone in their difficulties and fears, women got up to act, often with far greater talent and effect than they had thought possible. The experience of confronting one's own limitations in this way produces self-confidence and the realization that it is possible to change things if one wants to. The performance lasts for about two hours, after which the audience are invited to stay for a discussion. This provides an opportunity to reflect on the experience and the implications of the play.

In autumn 1994, in association with women's groups and a variety of institutions, the AIDS Prevention and Anonymous Testing Centre organized a regional tour. Greatly interested in this project and convinced of its impact in the area, the Public Health Board of Rouyn Noranda in collaboration with the regional health and social service department of Abitibi-Témiscamingue, in the north of the province, decided to take up the same script and do a regional tour in 1995.

Theatre as an agent of change

Clearly, this kind of theatre is much more than entertainment. To obtain the result desired one must begin with people's actual concerns, which provide the raw material for the dramatic text. The text is then checked for its validity with reliable members of the community concerned, and a team of actors is selected within the same community. This approach makes for a strong basis of credibility, without which the project could easily fail.

Forum theatre is used in various ways around the world (3, 4). In some versions the actors simply invite the spectators to tell them what they would do in a given situation, and then act it out themselves. In the context of health promotion we prefer the form that encour-

ages the spectators to act directly because then they can actually feel what it is like to introduce a change into their lives. It enables us to take a first step towards our own transformation: from thinking to saying out loud and acting. It gives one a taste of being an actor in real life, rather than a spectator. In developing and industrialized countries alike, this can be a powerful agent for positive change. ■

References

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Safer sex – the illusion of choice

Most of the HIV-positive women in the world have acquired the infection in their own homes. In many societies, it is considered acceptable for men to engage in extramarital sex, while women are expected to remain monogamous. In these situations women are usually able to do little to control their husband's infidelity, and appeals to women to practise safer sex have little value. ... Unless the conditions of the relative powerlessness of women in sexual relationships, and the underlying problems of poverty which drive some women to trade sex for the means to support themselves and their children, are addressed, individual choice remains an illusion.

- *Women's health: towards a better world. Report of the first meeting of the Global Commission on Women's Health.* Geneva, World Health Organization, 1994: p. 27 (document WHO/DGH/94.4).