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Applied Theatre Adopts the Theatre as a Product Model: A Critical Evaluation of Theatre for Health Education Practice in Uganda¹

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Abstract

As a result of the shifting trends in the application of theatre in development programmes with increased emphasis on participatory development, there has been a growing debate about whether theatre should be taken to the people, worked out with the people or have communities facilitated to initiate and organize a theatre process for their own betterment. Clearly put, there has been a debate on whether theatre should be applied as a process or as a product. This debate, however, has made it clear that Applied Theatre is more empowering and sustainable when used as a process. Consequently, the theatre by and for the people strand has been viewed as an ideal strand of Applied Theatre because it is initiated and sustained by the people themselves. But critics have not pointed out the fact that there are situations when the theatre as a product model has been deployed with profound success. This article discusses case studies where theatre has been deployed in health education campaigns using the theatre as a product model. It argues that even though these projects adopted a taking theatre to the people or theatre as a product model, the practitioners in these projects achieved their goals. The projects discussed include, the Kabarole Basic Health Services (KBHS), the Rural Water and Sanitation Project (RUASA) and the School Health Education Project (SHEP).

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Theatre as Product vs Theatre as a Process

In Applied Theatre, practitioners may adopt diverging approaches of practice. These approaches include theatre as a 'product' or 'taking theatre to the people' and 'theatre as a process' or 'theatre by the people and for the people'. The notion of taking theatre to the people involves performing a fully finished piece of theatre worked out by an external body before a community with a view of raising awareness among them about issues of concern. It has also been termed as agitprop theatre (Kerr, 1991: 58; Mda, 1993: 49). According to Zakes Mda (1993), in the taking theatre to the people concept or agitprop theatre,

theatre is produced by a professional group and oriented toward the people. It is the actors themselves who respond to a local situation and awareness is raised from outside on specific issues. Engaging the people in an informal post-performance discussion may lead to individual action in short term and there is no participation in the approach (see Mda, 1993: 50, chart on methods of popular theatre).

The 'theatre by the people and for the people' concept in Applied Theatre discourses implies that the process of conscientisation and hence development through theatre has been initialized by the community concerned and is sustained by that community. Mda calls this approach to Applied Theatre 'theatre for conscientisation' (Mda, 1993: 49). In this approach, 'consciousness is raised from inside the group as they analyse social reality. There is continued dialogue which may lead to organized collective action and the process is built in such a way that participation and control (by the community) increases as catalysts pull out' (Mda, 1993: 50). As opposed to taking theatre to the people and theatre with people, this process develops when a considerable amount of time is permitted to allow it to emerge out of the community's culture and performance traditions.

The concepts of theatre as a product or as a process are used in reference to whether theatre is simply 'taken' to the people, or whether the process is initiated and sustained by the people themselves. When theatre is used as a product, a performance is worked out and polished by an external body and performed before a community with a view of 'marketing' a given development programme. This relates to the 'taking theatre to the people' notion. Ross Kidd, a Canadian University expatriate who worked at the University of Botswana and a leading precursor of Theatre for Development in Africa and Asia describes theatre as a product as 'centrally initiated information/education campaigns' (Kidd, 1992: 113). In Kees Epskamp's view, 'Applied Theatre as a product is premised on the belief that change can be achieved by performances providing the community with information and instruction on behavioural changes likely to improve the

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living conditions...' (2006: 44). Performances are used for promotional and educational purposes and are message rather learning oriented. The objective is to inform people of important developmental issues at national as well as local level and to persuade them to change their behaviour (Epskamp, 2006: 51).

The theatre as a process strand usually involves a situation where the community is facilitated through a step-by-step process of using theatre as a tool for analysing the problems that impede their progress. In terms of aesthetics, theatre as a process does not aim at a well-polished performance. In this vein, Srampickal asserts that 'the ultimate goal is not the performance, but the process of devising the play in a dialogical way' (Srampickal, 1994: 40). Applied Theatre as a process links to the human desire to answer questions and solve problems. It is based on the belief that people already have past experiences, shaped by language, culture values and previous learning experiences (Epskamp, 2006: 45). Theatre as a process usually takes a workshop arrangement and it is a much more participatory process since the community is put at the centre of the theatrical process. The 'theatre by the people and for the people' strand usually employs the theatre as a process motif.

As a result of the shifting trends in the application of theatre as a means of development communication with increased emphasis on participatory development, there has been a growing debate about whether theatre should be taken to the people, worked out with the people or have communities facilitated to initiate and organize a theatre process for their own betterment (Epskamp, 2006: 45; Kerr, 1991b: 58; Okagbue, 1998). Clearly put, there has been a debate on whether theatre should be applied as a process or as a product. This debate, however, has made it clear that Applied Theatre is more empowering and sustainable when used as a process. Consequently, the theatre by and for the people strand has been viewed as a super form or an ideal strand of Applied Theatre because it is initiated and sustained by the people themselves.

Advocates of theatre as a process criticise the product approach because of its inherent weaknesses. For example, Osita Okagbue, an African theatre scholar research focuses on African and Caribbean theatres points out that:

the main danger with the product oriented approach or programme of Theatre for Development is the inherent adhocism which it brings about (...) an adhocism born out of a consumerist and capitalist ethics – an ethics in which there is always the necessity to differentiate between the producer and the consumer, the haves and the have-nots and by extension in Applied Theatre, the performer and the spectator...the problem and temptation then for these theatre workers in a product –driven Theatre for Development work is that very often they fall into the seductive trap of the saviour syndrome in which they begin to see themselves as outside experts or redeemers who are bringing development to the oppressed through their messages of innovation and salvation (1998: 38).

Okagbue further draws from Development Communication theory and equates theatre as a product notion to 'the dominant model of communication or audience relationship in which the communicator is the source and controller of the communication context whilst the audience simply becomes an object of mass persuasion' (1998: 38). In Freirean terms, the product approach to Applied Theatre has been equated to the banking concept of education in which learning 'becomes an act of depositing knowledge, where the students are the depositories and the teacher is the depositor... Knowledge is viewed as a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing' (Freire, 1970: 53). In a critique of radical theatre performances by Brecht and John McGrath, van Erven loathes their theatre as a product motif, arguing that:

... like the western teacher with a banking orientation, the actors of western type of political theatre generally adopted a top-down attitude. In their shows they processed elements from traditional proletarian cultural patrimony and proceeded to perform to farmers and factory workers, although token post-performance discussions were added for the sake of appearance... Despite progressive analyses and objectives, these actors remained cultural invaders to use Freire's term (i.e., they came as skilful artists to interpret the predicament of their target group from their own middle-class educated perspectives and values. (van Erven, 1992: 150-151).

Similarly, Prentki and Selman posit that 'the notion of theatre as a product derives from the consumer culture where theatre takes its place among a galaxy of leisure activities which are purchased by those who can afford its products' 2003: 132).

Whereas the theatre as a process model has been lauded as the most ideal approach, critics have not pointed out the fact that the much desired 'theatre as a process' model can only be attained in given circumstances. Such circumstances include a supportive political environment which is friendly to people's freedom of assembly and mobilisation, enough financial resources to facilitate the project for a fairly long period and committed and skilled facilitators. In the absence of these, the adoption of the approach may not happen at all or if it happens it will most likely take the product model approach. Another important point that seems to be lacking in the literature is that, while it is good to promote the theatre as a process model in line with the current development practice trends, there is a need to recognise certain practices which adopted the product model and achieved the desired goals, depending on the circumstances in which the practice happened. Many of the Applied Theatre projects in Uganda seem to fall under this category. In this article, I discuss case studies where theatre has been

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deployed in health education campaigns. I argue that even though these projects adopted a taking theatre to the people or theatre as a product model, the practitioners in these projects achieved their goals. The projects discussed include, the Kabarole Basic Health Services (KBHS), the Rural Water and Sanitation Project RUASA the School Health Education Project (SHEP).

The Kabarole Basic Health Services project (KBHS)

The KBHS was a health intervention programme jointly sponsored by the Uganda Ministry of Health, the World Health Organization (WHO) and the German Association for Technical cooperation (GTZ). The key facilitator of this project was Steven Kaliba who founded and directed the Ntuuha theatre group with the objective of disseminating information on health issues in Kabarole district in the wake of the HIV/AIDS pandemic.

The aim of the project was to provide basic health services to the rural communities in Kabarole. The programme covered the rural districts of western Uganda which include Kabarole, Bundibugyo and Kasese. Located along the ragged terrain of the Ruwenzori Mountain ranges on Uganda's border with the Democratic Republic of Congo, these districts, especially Bundibugyo are some of the hardest to reach places in Uganda.

According to Kaliba, KBHS had three major components namely, the Primary Health Care (PHC) which dealt with health education and dissemination of information on health issues to the rural communities, secondary prevention, which involved the screening of diseases, and the tertiary health care component which involved real administration of drugs for treatment. Kaliba revealed that all these levels/components of health care needed an Information, Education and Communication (IEC) component. For example, he argues, many of the communicable diseases needed information on how they are spread. For diseases like malaria, the rural communities needed information relating to its prevention such as sleeping under an insecticide-treated mosquito net and slashing the bush around their homes. The communities had to be educated that if they felt they had caught malaria, they needed not go directly for self-medication but rather seek professional medical attention to undertake malaria screening. The people had a bad health practice of swallowing malaria tablets whenever they felt ill. To them, any ill-health feeling meant malaria. In the process, they would miss having proper diagnosis of their ailments and take wrong treatment which would lead to high mortality rates due to diseases that would have treated.

To provide the information, education and communication component needed in addressing public health concerns, the KBHS project contracted the Ntuuha Theatre Group where Steven Kaliba was the director, to devise plays and songs aimed at sensitizing the people to diseases such as AIDS, malaria, and cholera. The name of the theatre group 'Ntuuha' is a Rutooro word which means 'crested crane', a nationwide cherished bird which appears on the Uganda

national emblem. In this way, the activities of the Ntuuha Theatre Group had political connotations especially hinging on the development agendas promoted by the new NRM. Because of the need to reach as many people as possible in the three districts, Kaliba revealed that they created Ntuuha satellite theatre groups in these districts. This resulted in key branches in each district where the project operated such as Ntuuha-Kasese, Ntuuha-Fortportal and Ntuuha-Bundibugyo. These groups would be facilitated with the necessary kit which included uniforms, music instruments and bicycles to travel to various communities performing plays on health themes.

Kaliba explained the reasons why theatre was chosen as a method for public health communication arguing that:

There was a big communication crisis and the major problem was that many people in the rural communities could not read or write. Televisions were a very rare phenomenon. Radio was available but few people in the rural communities could afford radio sets. Virtually they did not have access to information and it was not easy to mobilize and disseminate health information to them. In every basic health intervention, one has to concentrate on prevention, since it is also said that prevention is better than cure. So we had to disseminate the information through music, dance and drama and applied theatre (Personal communication, 16 October 2011).

The use of theatre in the KBHS targeted the attitude of the people in the community and was aimed at behaviour change and increase in knowledge. Kaliba notes that as a theatre group, they would first assess the level of knowledge about malaria and AIDs and many of the communicable diseases and then use their assessment to design plays rich in preventive messages for these diseases. In this way, they did what Kaliba described as Knowledge, Attitude and Practice studies (KAP studies). For HIV/AIDS prevention, there was a nationwide campaign employing the ABC formula. ABC stood for Abstinence, Being faithful to one partner and Condom use. Effort was made to tailor the dramas to popularize this formula. Kaliba observes that Ntuuha Theatre Group would try to find out the level of knowledge and attitude towards these preventive measures. For example, there was a common attitude on condom use indicated by a common saying that 'you cannot take a sweet in a rubber.' Such an attitude was what Ntuuha Theatre Group targeted through their plays.

Upon entering a community, Ntuuha would facilitate the people to identify key health risks in their communities. The major health risk in the region mostly pointed out by the community was alcoholism which would lead to risky sexual behaviour such as having multiple sexual partners and cross generation sex. Cross generation sex was a practice where old men popularly referred to as sugar daddies engaged in sexual relations with young girls with the view that these

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young girls are HIV/AIDS free. The practice in Uganda is escalated by the problem of poverty in families which makes the parents unable to provide the basic needs of the girls. As a result, the girls fall prey to these old men for survival. There was also the issue of bad cultural practices in the region such as having sex with persons within one's extended family and the belief among the Batooro women that, 'it is wrong to say no to a man.' Kaliba argued that these issues were often put in drama to make them more visible and create a mirror for the community so that they may see what factors increased the spread of HIV in the region. Ntuuha would go to the community with trained health workers who would help interpret complex medical information to add to what the people already knew.

In their practice, Ntuuha did not use only drama but also integrated other cultural performance aspects like music. They used traditional music and dances such as *Runyege-Ntogoro* and traditional instruments such as *amadinda* (xylophones) *endingidi* (tube fiddle), *engoma ne'ngalabi* (traditional drums). This, Kaliba explains, was aimed at giving the process a cultural flavour since communities in the countryside like to identify with their cultural life. This partly fostered ownership of the health education programmes among the community. In addition, they adapted or modified the performance of these traditional art forms to the cause of health education. Commenting on the adaptation of traditional art forms in health communication, Kaliba notes that:

The way we used the *Runyege Ntogoro* dance was not the way we use it for entertainment purposes. We would choreograph the dance in such a way that it delivers a message. We would choreograph the dance in such a way that one man dances with around eight girls and by the end of the day they all perish. This would deliver the message that multiple sexual contacts exposes one to the scourge of HIV (Personal communication, 16 October 2011).

One of Ntuuha's most popular plays was titled *Akati Kenziro* or *The Dirty Stick*. Drawing from Tooro's orature, the play's title articulated a Rutooro proverb that 'if a dirty stick touches you, some dirt will stick to you.' The play addressed the issue of a chain of HIV infection that arose from the young village girl who runs away from her parents to go to the city and get involved in the Dubai business. The phrase 'Dubai business' is used in Uganda in reference to people who get involved in general merchandise trade by importing goods from Dubai in the United Arab Emirates. Such people in Uganda were quite prosperous. In this play, the phrase 'Dubai girls' is an allusion to the prosperous Dubai business and refers to women traders who traded their bodies in Dubai for duty free goods which they can resell with enormous profits on return to Kampala. Kaliba observes that, 'the play touched on a number of issues in modern-urban life that were escalating the spread of HIV/AIDS namely prostitution, sugar daddies and sugar mummies

and the general lack of economic opportunity for women in rural areas of Uganda' (Personal communication, 16 October 2011).

The play further addressed the Tooro cultural practices that escalated the spread of HIV/AIDS. Among the Batooro, it was a widely accepted practice that the men have access to women married in the extended family. Also, in Tooro culture, there was a practice of father in-laws having sexual relations with their daughter in laws to exploit the value of the 'animals' or bride price. In Tooro, just as in many African communities, when a young man marries, the cost of bride price for the girl which is usually calculated in terms of a given number of heads of cattle, or cash in modern times, is catered for by the parents. The play demonstrates how the practice of sex within one's extended family exposes the entire family tree or clan to AIDS. In association with the dirty stick play, and as a way of fostering audience participation, the Ntuuha drama groups developed a *dirty stick dance* in which they tried to show how risky sexual behaviour could lead to the death of everybody in the family and society due to HIV/AIDS. The dance would be presented at the beginning of the show and the Dubai girls would dance from one partner to another – a gesture of multiple sexual relationships – and the audience would be invited to participate.

According to Kaliba, the work of Ntuuha was successful in the region as it gave a chance to the people to participate and dialogue on health issues affecting their lives. When they would hear that there was a session, many of them would come including the local councillors (LCs). At a certain point, Kaliba related, the performers would stop the performance and call for proposals from the community of action to be taken. The community would in this process make bylaws aimed at regulating the behaviour of the people in the wake of HIV/AIDS. They would for example propose and agree that there would be no more overnight discos and overnight bars which would then be monitored through the local leadership. Whereas closing bars could not in itself stop the spread of HIV/AIDS, such collective actions indicated the increased awareness which the communities would develop after participating in the theatre shows.

Considering the social, political and economic context in which the project developed, this was a successful project which attained its objective of increasing information about the HIV/AIDS pandemic. The project evolved in the late 1980s and early 1990s when the country had just emerged out of decades of political instability and faced with numerous nationwide challenges such as high levels of poverty, illiteracy and HIV/AIDS. Because of the wide geographical coverage of the problem of HIV/AIDS, the bottom-up approach espoused in a conventional Applied Theatre approach could not effectively address them given that it focuses on small geographical areas. Theatre had to adapt itself to the general approach adopted by the government to get information to as many people as possible. This was the right thing to do in the prevailing context where majority of the people were ignorant about HIV/AIDS and attributed it to witchcraft.

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It is vital to point out that this project did not disregard the participation of the communities. Rather, the nature of participation was designed to fit the prevailing contexts. There was an urgent need for information to respond to the spectre of HIV/AIDS which was spreading at a very high rate in the region. It was vital to inform the people so that they could drop the widespread cultural practices which disempowered the women and encouraged sexual relations within one's extended family. This could not be achieved using the conventional Applied Theatre process discussed because it focuses on small geographical extents. The project made recourse to the culture of the communities by making use of the traditional performance forms, their customs and beliefs, which was a good step in implementing a theatre process strategy that built on the cultural resources of the people. By using the traditional performance forms of the people and drawing from the orature of the community, the people would identify easily with the process which would lead to the ownership of the campaign. Participation of the communities in the region was fostered by establishing satellite Ntuuha theatre groups in the different districts covered by the KBHS project. As noted by Kaliba above, these local performing groups were given the necessary kits such as bicycles, costumes, traditional instruments such as drums and xylophones to enable them to periodically perform in the local communities. This was indeed a good strategy of widening the scope of participation of many communities in the programme, a strategy which worked well in disseminating the much-needed information about HIV/AIDs and other health issues.

In general, while it could be aptly argued that the use of theatre in the KBHS project adopted a top-down approach of information dissemination this article argues that this was the way to go given the prevailing socio-cultural and political contexts. The Ntuuha Theatre Group made a profound contribution in the fight against HIV/AIDS in the region. The immense contribution of this initiative is highlighted by Kaliba who noted that 'when funding for the project ended and Ntuuha switched to performing entertainment-oriented plays at weddings and in local theatre halls, the rate of HIV/AIDS infection increased again' (Personal communication, 16 October 2011).

The Rural Water and Sanitation Project RUASA

This project was implemented in Eastern Uganda by the Danish Programme for International Development in 1994. It is another important project which in spite of its contribution to Applied Theatre practice in Uganda and magnitude had not been documented and published in any form. Information relating to the use of theatre in this project was obtained through interviews with Joseph Walugembe, one of the facilitators of the project in October 2011. Explaining the genesis of the project, Walugembe stated that Eastern Uganda had a problem of hygiene and sanitation which also had a close link to other issues like gender inequality, poverty and education for children of school-going age. The Danish

government which was implementing development programmes in the region realised that if they provided water, then it would go a long way in solving multiple problems such as disease, gender violence, human rights abuses and high rates of school dropouts. The Danish programme was operating in ten districts of Eastern Uganda among which included, Jinja, Mukono, Iganga, Palisa, and Mbale. In many of these districts, there was a problem of scarcity of water while in others the water was unsafe for human use. Walugembe related that 'because of cultural inclination that men do not fetch water for home use, the women became the victims of water scarcity since they had to fetch water from long distances. Some women had to give up their marriages while others would be raped either whilst going to or coming back from water sources' (Personal communication, 10 October 2011).

The children could not go to school because they had to fetch water for animals and home use. The problem of water escalated the spread of diseases such as diarrhoea and human pests such as jiggers. Consequently, the most appropriate intervention was to increase access to water sources in the area. But there was a big challenge of having the communities responsibly use the water sources to ensure the long-term benefits of the project.

The Rural Water and Sanitation project decided to design a communication strategy to empower the communities with operation and maintenance skills. This communication strategy had to include what was by then popularly called the tradition or folk media. It is important to reiterate the fact that the 1990s was a period when emphasis on global development politics was being laid on the centrality of the beneficiaries of development by employing their culture and indigenous knowledge. In the Ugandan context, traditional media meant the use of the performing arts. Walugembe revealed that the RUASA project opted for the traditional media because they thought they were familiar to the people in terms of understanding, language and practice. Most of the people were not educated and so it was not feasible to give them literature-related material.

Walugembe observed that much as the people had knowledge about their indigenous forms of performance, they did not have the skills to package them with educative messages on water and sanitation. He also noted that the people did not have sufficient knowledge relating to the operation and maintenance of water sources. Consequently, as consultants in theatre arts, they decided to train the indigenous performing groups in performance skills. They designed a selection criterion to choose the performing groups which would be used to deliver the message. The criterion was to organise a festival. From each district, ten theatre groups were invited to take part in the festival. The groups were equipped with knowledge concerning sanitation and hygiene, and operation and maintenance of water sources. They also had to train them in theatre skills focusing on how to use theatre to communicate messages. Walugembe revealed that in the process of designing the theatre programme for the project, they had to

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be gender-sensitive by involving both men and women since gender imbalance to the disadvantage of the women was one of the problems. After training, the groups were given one month to work on two plays: one play on sanitation and hygiene and another on operation and maintenance. The groups performed their plays in a festival and during the festival, three groups were selected from the ten groups in each district. The three groups selected were tasked to go to various sub-counties in the district delivering the message through performance. At every performance, there would be officers from the districts to answer any questions in case they emerged from the community. There were opportunities at the end of every performance for interaction between the performers and the audience. The groups first performed the play on sanitation and hygiene and thereafter they performed the plays on operation and maintenance of water sources. The water sources varied in various areas. Some areas had boreholes while others had wells, while in highland areas such as Mbale there were gravity water sources. Thus, the plays designed had to cater for the appropriate method of maintaining water sources constructed using these varied technologies.

Like the KBHS theatre project, the programme espoused the model of using theatre to disseminate information to communities, negating the integral participation or the empowerment participation model advocated in Theatre as a process model of Applied Theatre. Plays with information focusing on the sanitation and hygiene and operation and maintenance had to be devised and performed in communities. Second, the practitioners in this project also had the weakness of looking down on the potential and knowledge of target communities as the theatre consultants believed that the communities lacked knowledge in using the indigenous theatre forms to make dramas that discuss health issues. Third, as Walugembe reveals in the discussion above, the theatre consultants believed that the communities did not have the knowledge pertaining to the operation and maintenance of water sources. This was in contravention of the basic tenet of Applied Theatre and participatory development communication: humility, respect, love and faith in the people which in Freire's view are the cornerstone of a truly liberating engagement (1970: 71). To Freire, 'faith in the people is an *a priori* requirement for dialogue; the dialogical man believes in others even before he meets them face to face' (1970: 71-72).

But if one assesses the project based on the social, political and economic context in which it was implemented, it is evident that like the KBHS, this project was a successful Applied Theatre project or at least it made its contribution in the mobilisation of communities. In the first place, the project operated on a large geographical scale covering ten districts in Eastern Uganda. Operating on such a large scale was vital because as noted from Walugembe's revelation the development need being addressed was widespread across the entire region. Since the convention Applied Theatre process normally focuses on a small and manageable geographical area, it was worthwhile that the theatre consultants in the project devised means of engendering participation on a large scale. The

theatre consultants tailored participation to fit in the context of a large geographical extent by engaging local performance groups in performance making. Walugembe in the discussion above observes that ten local theatre groups in each of the ten districts were engaged in a performance competition and out of these the best three were contracted to go around the district performing plays about sanitation and maintenance of water sources. This article argues that this approach to participation though not endogenous in nature was quite plausible. While it can be aptly argued that the project employed the top-down message dissemination model, the messages in the performances were disseminated by the local performers to their fellow members of the community. Certainly, this was an effective strategy of addressing a widespread development problem. If the facilitators had adopted the traditional Applied Theatre process and focused on a large geographical expanse, the participation would have lacked effective coordination, as the case was with the Murewa workshop in Zimbabwe which focussed on many communities in a span of two weeks. According to Mlama, 'the area covered by the Murewa workshop was too big to monitor the effectiveness of the results' (1991:84).

The School Health Education Programme (SHEP)

SHEP was a programme where theatre was used as a tool to reach out to communities with health information through schools. Although this programme was designed and executed in the late 1980s and early 1990s, by the time of this article there was no formal documentation or publication about it. Consequently, data concerning the programme was obtained through interviewing Eria Lwanga Kiiza who formally headed SHEP at the Uganda Ministry of Education. In addition to his teaching qualification, Lwanga studied at Makerere University's Department of Music, Dance and Drama where he graduated with a Diploma, majoring in Drama. In the 1980s, he was the head teacher at Shimon Demonstration School, one of the historical primary schools in Kampala. It is from Shimon that Lwanga was appointed to head SHEP at the Ministry of Education headquarters in Kampala.

According to Lwanga Kiiza, 'SHEP emerged out of the government of Uganda's quest for ways in which it could influence the behaviour of people in communities so that they could deal with preventable diseases and increase immunization' (Personal communication, September 25, 2011). The programme was aimed at empowering children in schools so that they could pick up good health habits. The logic was that having picked up good health habits from school, the children would practice them in their families and hence influence larger sections of the community. Lwanga discloses that when he went to the Ministry of Education to head SHEP, there was a big problem of HIV/AIDS. People were scared since they did not understand the disease. It was decided through SHEP to

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get all schools to perform plays, songs, dances, and poetry underscoring the problem of AIDS in order to influence behaviour.

SHEP emerged out of Lwanga's effort to stimulate school life at Shimon Demonstration School which was suffering from the general socio-economic and political breakdown. Lwanga relates that:

In 1987, I was appointed to be head teacher of Shimon Demonstration School in Kampala. This is the time when the war that brought the NRA in (sic) power had just ended. Because of the impact of war, many things had broken down. The water supply, the general environment, the telephone system, the schools had broken down. Health was a big problem. Shimon Demonstration School had a big problem of the sewage. As head teacher of Shimon, I faced a problem of getting the parents involved in school life. I had to get means of how I could mobilize the parents to see things the way I wanted them to see them or have a consensus on how the school should be administered. There were very few children in the school; the teachers were split among themselves. I thought I had a resource of music, dance and drama. I said to myself that the only way to get the parents involved in school life was to organize concerts and invite them (Personal communication, 25 September 2011).

Consequently, every year the school would organize a sports day in term one and at the end of term two a concert or a competitive performance among the children. At these two occasions, the parents would be invited. Lwanga reveals that he would use these occasions to talk to the parents. Within a short period, he was able to turn things in the school around. The attitudes of the parents, teachers and the pupils changed fundamentally.

Since the headquarters of the Ministry of Education were nearby, the ministry officials were able to notice the fundamental change at the school and asked what techniques Lwanga had used to improve the school and introduce the subject of AIDS to the students. He explained to them how he had started teaching teachers how to create dramas with themes about HIV and have the pupils perform them before their parents. The ministry decided to transfer him to its headquarters so that he would work on a programme it had created sponsored by UNICEF. The programme was meant to empower children in schools with information about health. Lwanga explains the reasons why the Ministry of Education and UNICEF considered it vital to incorporate drama in the SHEP programme, arguing that:

It was our conviction that drama was the best media through which we would reach out to our people. The population of people who could not read or write was very high. We had to devise means through which we could easily reach out to the masses many of whom did not have radio sets let alone television. We also noted that Africans and performance are also

inseparable. Drama also greatly appeals to the feelings of the people. We also noted that there are three areas to influence in the people. One needs to affect the mind, the feelings and body and drama does that quite well. From my teaching experience I have noted that when you teach a child mathematics, it affects only the mind not the body and the feelings (Personal communication, 25 September 2011).

In terms of its organization, SHEP was not only a programme for the Ministry of Education but also involved other ministries such as health, gender and local government. The programme had an inter-ministerial committee on which government ministries and other organisations such as UNICEF were represented. All the heads of department of the inspectorate of education in districts were brought together to form the administrative body of SHEP. At the lower levels there was an organizational structure in each district. The inspector of schools in the district was directly linked to schools and whenever there were programmes at the ministry in Kampala, the inspectors of schools would be invited. They would get information and programmes from SHEP and disseminate them in schools or whenever there were important issues in schools, the inspectors would feed them to SHEP. Through SHEP schools were encouraged to have health concerts and parades. One of the milestones of SHEP was organizing school drama festivals. Through SHEP, playwrights were commissioned to write plays to be performed in the schools' festivals. The case in point was *The Hydra* (1991), written by Sarah Birungi, Peter Lwanga and Kiyimba Musisi and *The Riddle*, by Harriet Masembe. By 1995, the concept of SHEP at the ministry ended but remained a programme in schools. The ministry felt that the issues had been understood and could be handled by teachers in schools. Today, because of the legacy of SHEP, the performing arts are an established aspect of the school curriculum in Uganda.

In terms of the impact of the programme, Lwanga asserts that:

The issues relating to HIV/AIDS were amplified by SHEP. At that time SHEP also did a tremendous work in amplifying the Lutaya initiative. We used to get people from the Lutaya initiative into schools to help people talk about HIV/AIDS. Lutaya as an individual was the first person to confess that he was HIV/AIDS positive. This inspired the people to come up and profess that they are positive. This led to increased number of people going for HIV screening and counselling. In our communities, when a child talks about an issue, a parent thinks intensively about it. This is what happened when they heard about HIV being spoken about in homes. This was a very big impact of SHEP. The communities also got educated through SHEP about various issues such as clean drinking water and

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immunization. When SHEP was implemented; performance in schools was reborn until now. Music in schools had died out due to social, political and economic breakdown (Personal communication, 25 September 2011).

Also, because of performances in schools encouraged by SHEP, many NGOs and international development organisations started organizing performing arts competitions as a way of sensitizing or disseminating information about HIV/AIDS. Borrowing the example of SHEP, UNICEF, the AIDS Action Fund (AAF) requested the Bakayimbira Dramactors to write a play, *Ndiwulira*, for the public. T. Lwanga confesses that though they may not have directly influenced the behaviour of the people, the level of knowledge at the time increased. He noted that by the time he left SHEP they were trying to work out ways by which they could turn knowledge into action. It is one thing to have the knowledge, it is also another thing to use the knowledge usefully. Putting knowledge into action is an important aspect of using theatre as a tool for conscientisation and empowerment. Communities are said to be empowered when after a given intervention, they are able to take appropriate action.

From the above, one notes that SHEP was a unique example of the use of theatre in health education programmes. It was a unique way of getting information about HIV/AIDS to large sections of the society by increasing awareness among children in schools. Indeed, this was quite a clever approach. HIV/AIDS was a nationwide threat which effectively made the conventional Applied Theatre process with its micro-community approach inappropriate. It was essential to deploy modalities of participation which would engage the whole nation, a process which SHEP effectively achieved. Besides, in a situation where there were issues of ignorance about the disease and dangerous myths constructed around the disease there was need for an immediate response through mass information dissemination. SHEP through its information multiplier and trickle effect achieved this aim.

Conclusion

Central to this article has been the growing understanding that participation in Applied Theatre may not take one approach as described in the introduction to this article. Rather, it may take different shapes depending on the prevailing contexts and the extent of the development need being addressed. It has for example been illustrated that the projects that adopted the mass information dissemination approach did not simply ignore the aspect of participation. Rather, the facilitators in these projects sought ways to include large sections of people, spread over large geographical areas, by engaging local performance groups and using certain sections of society, such as children in schools. This too is participation but adapted to address a widespread development problem.

Consequently, this article has further demonstrated that Applied Theatre as a cultural action is a practice which is dependent on the prevailing contexts.

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