

Participatory approaches to the use of drama in sexual and reproductive health programmes

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Introduction

Combining visualisation techniques with drama is a powerful approach for identifying concerns and visions for the future, analysing causes and effects, identifying solutions and planning action. It is also a powerful approach for education and advocacy. This article describes the use of drama techniques in relation to the three cornerstones of participatory learning: participatory methods and techniques; ensuring a participatory process, framework or approach; and the attitudes and behaviour of development workers.

Advantages and limitations of drama techniques

Drama techniques include role play, snapshots or tableaux, mime, story-telling, poetry and song. These techniques are helpful at all stages of a participatory process, where they can increase the choice of participatory methods and the potential for innovation and triangulation. For example, role plays by young people in South Africa (see Figure 1) revealed the following:

- Typical situations experienced by young people related to sexuality;
- Factors influencing sexual behaviour;
- Gender relations, power and decision-making;
- Communication in sexual relationships;
- Perceptions and use of contraceptives and safer sex; and,
- How and what support is given to young people around sexuality.

Advantages

A principle of participatory learning is that techniques should reflect local cultures and enable people to express themselves freely in their own terms. People may find it easier to express themselves through drama techniques than visualisation, because some people are uncomfortable with drawing. In some cultures, ideas are expressed through oral means rather than writing or drawing. The addition of drama techniques to visualisation greatly increases the potential for innovation in participation.

Figure 1. Sequence for PLA on adolescent sexual health in South Africa. Adapted from a training programme with Planned Parenthood Association of South Africa/Population Concern



People may find drama techniques more enjoyable and interesting. For example, in

rural Zambia, a group of elderly women were dozing off during a Nshima (Venn) diagram exercise. But when role play was suggested, they leapt to their feet and started working with animation. In Northern Nigeria, men were dominating a visualisation activity when a woman started to sing a song which questioned the men's analysis (Steve Abah pers. com.).

Drama techniques are particularly useful for exploring sexual and reproductive health for a number of reasons:

- Role plays can reveal issues of power and status in relationships through words and body language. These are key factors in gender relations, sexual decision-making and behaviour.
- Communication problems between partners is a major reason for risky sexual behaviour, even when people know the facts about preventive measures. Body language and voice, as well as words, reveal power and status, dominance and submission, aggressive, assertive or avoiding behaviour. Role play can not only raise awareness about the nature of communications, it can also enable people to rehearse new ways of communicating.
- Drama can reveal feelings, attitudes and values in a sophisticated way. These are key factors influencing sexual behaviour. Drama can give a holistic, three dimensional picture of a situation, providing a rich source of information for analysis.
- If drama is done with peer groups, people have the opportunity to role play characters of the opposite gender. This can be a powerful way of increasing empathy and understanding in gender relations.

Potential difficulties

Some groups may be uncomfortable with drama techniques and may feel inhibited to express their own issues through drama. For example, in one PRA training, older men did not feel able to role play sexual situations for men like themselves and diverted the dramas to address issues, either for young men or for complete outsiders.

Many people understand role play as performance and their desire to make good theatre can interfere with participatory objectives. This means that role plays show extreme situations for dramatic effect rather than more common reality. This can be useful for showing extremes but it can also be a way of evading recognition and exploration of the more usual situations which happen to those undertaking the PRA exercise. Acting out difficult situations can be traumatic for those involved. It is essential to de-role players and offer support if necessary.

There is no visual record of tableaux, role play and stories as there is in visualisation techniques, so learning can be transient unless ways are found to record it for further use. This might be done through video, photographs, tape-recording, drawing or note-taking.

Examples of drama and visualisation techniques used for different purposes

- Problem identification: role plays or stories of good and bad situations related to sexual or reproductive health. Drawing of individual lifelines showing the major sexually related events, followed by role plays of good and bad events.
- Causes and effects: Role plays of the circumstances leading up to a sexual encounter followed by analysis of positive and negative aspects, causes and effects and degree of control of each person involved. Visualisation techniques can be used to explore each factor in more depth. For example, impact diagrams can be used to look at the positive and negative effects of customs, income and expenditure trees or pie charts to explore economic factors.
- Objectives: Role plays of good sexual health; 'snapshots' or still tableaux, which show a situation at one point in time, of good and bad futures. (Snapshots can also show men's and women's perceptions of themselves and the opposite gender. For example, men in Pakistan depicted women in tableaux as gossips, whores and cooks. Women portrayed themselves as factory workers and nurses). Role plays of best and worst scenarios in marriage or relationships

to identify and negotiate objectives with the opposite sex or different generations.

- **Solutions:** Carousels; where people act as 'clients' seeking advice from those acting as 'consultants' on a problem, followed by brainstorming. Role plays and drama to rehearse and evaluate new ways of communicating about sexual matters, for example, saying no to sex or asking for condom use. Sharing successful strategies and offering support in changing their behaviour. Drama to predict the outcomes of a number of options.

For example, in Zambia, young women acted the effects of high bride price on their lives. They were seen as chattels and could not return to their parents' home, even if they were being abused, because the parents would not be able to afford to pay back the bride price. The young women then replayed the improved situation after an uncle had negotiated with the in-laws to pay a token amount for bride price.

- **Implementation:** Transform the drama, songs and stories into performance for education and advocacy work at community, district, regional and national level. For example, dramatic presentations on issues such as Female Genital Mutilation, polygamy and bride price can confront other groups with the causes and effects in a way that changes attitudes and develops the communication skills of those advocating change.

Video-tape local drama to show to planners and policy makers. Use the interactive drama techniques in schools or clinics, or in non-formal settings with peer groups. The techniques raise awareness, generate discussion and enable people to gain skills and change their attitudes. Create comic books based on the stories and dramas created as part of PRA activities.

- **Monitoring and evaluation:** Role plays and drama show progress towards objectives. For example, changes in communication between partners or young people and their parents or teachers, or cultural or structural changes and their effect on the community or changes in health worker behaviour.

Using participatory methods in drama in reproductive health programmes

Programmes can use drama techniques at all stages of planning and implementing sexual and reproductive health programmes. Sexual and reproductive health requires talking about sensitive and potentially dangerous issues. These can cause embarrassment and conflict in all societies. Role play, personal stories and other drama techniques must be used carefully because of their power and potential for embarrassment, distress or conflict. This requires that the process is managed carefully to allow those who do not normally have a voice or make decisions about sexuality to tell their stories and act their thoughts without harm.

Most programmes have found it helpful to work with peer groups based on age, gender and possibly marital status and parity initially. Local issues may include prohibitions on certain relatives talking together. Teachers and nurses may insist on joining a group of young people and totally inhibit the group.

PRA activities are usually public events and even if people divide into single sex or age groups, facilitators should make it clear that confidentiality cannot be guaranteed in a group. Participants should be encouraged to tell stories or role play 'people like themselves' rather than disclosing personal details which could be damaging if they were disseminated outside the group.

When using these techniques:

- Encourage everyone to take part by dividing larger groups into groups of three or four, so that each small group prepares their role play simultaneously. Each small group then presents their role play to the whole group for further analysis. Never force anyone to role play in front of the group;
- De-role players by asking them to state their name and something about their family or work. A prop can be used to signify a character's identity;
- Make sure that people are clear about the purpose of the activity and agree on why they are doing it. Explain that it is not an acting competition;

- Encourage people to create their own role plays etc. on their own problems and dreams, causes and solutions. Avoid giving examples as much as possible because there is a risk that people will role play similar situations to your example;
- It is helpful to bring different peer groups together at appropriate times to share their deliberations and present their drama, songs and diagrams to each other. This increases understanding between men and women, young and old, and can break down communication barriers and increase empathy. It can also be empowering for the groups concerned to have the opportunity to voice their ideas, dreams and fears; and,
- After presentations, the community can discuss action plans and attempt to reach agreement on changes. However, some requests for change may be rejected by more powerful groups, and programme facilitators and the groups concerned would then have to decide how to respond - with more advocacy and work, adaptation of demands or shelving of this issue. The rights and needs of less powerful groups should not be sacrificed to the desire to reach community consensus and please the powerful.

Attitudes and behaviour

Changing the attitudes and behaviour of programme personnel is often the most important and difficult component of participatory learning. This is particularly true in relation to sexual and reproductive health. Judgmental attitudes and inhibitions about openly discussing sexuality are major constraints to effective work.

Added to this, some people may rightly feel anxious about their ability to facilitate the use of drama techniques in a helpful way. This implies that adequate and effective training and support for potential facilitators is essential. Here too, drama techniques have proved very useful for enabling trainees to practice communication and drama skills, experience the process for themselves, develop empathy and increase their awareness of their own sexuality and values.

Conclusion

Drama techniques offer creative tools for participatory interaction for sexual and reproductive health programmes. Practitioners can explore local modes of expression in different groups and build on these with community members. This creates techniques which enable people to voice their joys and pains, their dreams and fears in an area of life which is often hidden to the detriment of their health and happiness.

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