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# THEATRE FOR DEVELOPMENT AS A TOOL FOR MALARIA EDUCATION IN GHANA

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## Abstract:

Theatre for Development, a very flexible community based methodology which places emphasis on ultimate behavioral change while instilling a high sense of motivation and participation in its educational process, has been employed in Ghana over the years to effect positive change in users. This methodology has been explored by various communities to create a vivid theatre that mirrors social, economic, political and cultural problems with the sole aim of finding solutions to them. These community educative dramas have helped to expose negative behavioral patterns in order to solve these problems in a fresh and stimulating way. Malaria education remains one unending program that uses TFD. Malaria remains a number one killer disease in Africa today and hyper endemic in Ghana. Malaria transmission is constant throughout the year but very prevalent during the rainy season. Much as great successes have been recorded in many sectors about curative measures of curbing the disease, education towards attitudinal and behavioral changes remain a big challenge as far as prevention of the disease is concerned. This paper reveals how TFD has contributed to community education in general and malaria education in particular.

Keywords: theatre for development, malaria education, Ghana

# 1. Introduction

Theatre for Development was introduced in the Department of Theatre Arts, in the University of Ghana in the 1980s by Sandy Arkhurst, a senior lecturer in the same department. As a living testimony of the experiences gained from the Ahmadu Bello University in Nigeria as a visiting scholar, Arkhurst saw how the course was making tremendous inroads in the education of the various communities that employed it. He then introduced the methodology to the University of Ghana, Legon as teaching and research course. Initially the course name 'Theatre for Development' was not accepted

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by the University for various reasons. Thus, Theatre for Extension Communication (TEC) instead, was applied.

In the early 90s, students of the Department of Theatre Arts, School of Performing Arts in the University of Ghana who offered TEC as it was formally called worked in and around the University Community on social and health issues such as AIDS, Drug abuse, Family Planning, Water and Sanitation etc. Later on, graduates from the school embarked on TEC performances in other parts of the country.

The methodology was then embraced and employed by most NGOs to educate the populace on various societal problems. Theatre for Development (TFD), the name which is currently applied gained a lot of recognition. Theatre has a great capacity of educating, informing, motivating, inspiring and developing as well as healing humanity.

TFD as a participatory theatre helps to provide people with new answers and alternatives with the view of involving the people as "*patients in their own care*". In other words, it is an education based on genuine process of dialogue and interaction amongst stakeholders in the community. The tentacles of TFD have spread nationwide over the years and the strategy continues to be used by most communities to educate people on various societal problems; ranging from political, social, economic to health issues.

At the peak of the HIV/AIDS pandemic in Ghana, families and relatives in the villages, towns and cities were educated on the issues of stigmatization of HIV and AIDS patients. At the time, the need to enlighten caregivers, families; health workers and other stakeholders on such important issues became very crucial. TFD education all over the country on family planning, AIDS awareness, poor sanitation, drug abuse, and teenage pregnancy in the late 90s and the early 2000 by students of University of Ghana brought about solutions and relief to many.

# 2. The TFD Educational Strategy

Theatre for Development, a community based methodology has the capacity to transform people due to its efficacious, effective and flexible nature. This unique educational strategy makes it possible for the researcher to play different roles at the same time. The researcher is a catalyst, a coordinator, a collaborator, a participant, a facilitator, a motivator and an initiator. The TFD researcher may use any of the following approaches, including, Popular Theatre, Agitation Propaganda, and Theatre for Evangelism amongst others. Whichever approach the researcher may want to use, his main aim is to empower the people he is working with so as to get them involved in the process. Ghanaians are theatrical in nature: their speech, narrations, mannerisms, discussions, story-telling, settling of disputes, special ceremonies as well as festivals are all theatrically inclined and virtually staged.

This form of theatre to the Ghanaian therefore may be said to be a source of information, education and entertainment as well as self-mobilization and discipline. It may also be seen as a communal celebration of life, where people promote and project their ideas in a group solidarity and uniqueness.

# As Arkhurst (2004) rightly puts it,

"Communication that seeks to promote behavior change should incorporate the total psyche of the people; their individual and collective images and status; standard and conduct of life; their relationship with other people and environment. This will come gradually, not on compulsion but through a spontaneous and a voluntary change of behavior."

The above can only be achieved if the human element is highlighted. This is the main reason why this community-based theatre is explored in solving societal problems.

Mlama (1991) sees popular theatre as a process in which every stage towards facilitating a meaningful participation of the people, in bettering their welfare is important. She reiterates:

"Researching into the community's problems widens the people's understanding of these problems, analysis of the problems affords them the opportunity to get another view and to contribute their quota by communal concretization of these problems and the postperformance discussion is meant to mobilize the people into a commitment to solve their problems in a manner of their own choice."

This observation underscores the need to rely on interpersonal communication, which forms an essential component of Theatre for Development or Popular Theatre. Although TFD cannot communicate to a very large audience at a time, its flexibility, adaptability and affordability makes it an excellent choice.

## 3. TFD strategy for Malaria Education in Danfa in the Greater Accra Region of Ghana

Attempts at controlling malaria began in Ghana in the 1950s. Some of the interventions applied included residual insecticide application against adult mosquitoes, mass chemoprophylaxis with pyrimethamine and chloroquine medicated salt, and improvement of drainage sewage system.

It is also indicated that the malaria control efforts based on the principles of the Roll Back Malaria (RBM) program which Ghana committed itself to in 1999, is still widely available. RBM involves strengthening health services through Multi and Intersectoral Partnership (MIP) and making prevention and treatment strategies. The National Malaria Control Program (NMCP) also continues to intensify its social mobilization and social marketing efforts to the adoption of the use of Insecticide -Treated Nets (ITN) in malaria endemic areas.

My preference to explore TFD in malaria education is stemmed from the fact that TFD makes use of suitable cultural values, belief systems and communicative patterns to address problems in the community in a very democratic way.

This observation underscores the need to rely on interpersonal communication, which forms an essential component of Theatre for Development or Popular Theatre. Although TFD cannot communicate to a very large audience at a time, its flexibility, adaptability and affordability makes it an excellent choice.

## 3.1 Malaria

Malaria remains a number one killer disease in Africa today and hyper endemic in Ghana. Malaria transmission is constant throughout the year but very prevalent during the rainy season. Much as brilliant interventions have been applied on curative measures of curbing the disease, education towards attitudinal and behavioral change towards prevention remain a challenge.

Malaria has a lot of nicknames, some of which include fever, '*feeba*, *ebunu*, *esuro*, *ahushee*, *ahododou*, *sram*, *jaafi*, *maahu*, *asra*, *atridii*, *atiketsi* and *hedo*'.

Four main types of human malaria have been identified, according to facts gathered from National Malaria Control Program (NMCP) in Ghana. They are *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale* and *Plasmodium vivax*. *Plasmodium falciparum* the most dangerous and the most deadly among the four types causes approximately 80% - 90% of all malaria cases in Ghana. *Plasmodium malariae* also causes about 10% - 20%, *Plasmodium ovale* causes approximately 0.5% and *Plasmodium vivax* however, may be non-existent in Ghana.

The plasmodium or the parasite is transmitted through the bite of infected female anopheles mosquito during blood meal for the development of its eggs. The principal vectors are the *Anopheles gambiae* and *Anopheles funestus*, both of which actively bite at night.

The complex life cycle of the mosquito takes place in two main environments, namely; land and water. The adult mosquitoes live on land while the eggs, the larvae and pupa develop in water. As indicated by the NMCP; the eggs of the mosquito develop after 2 blood meals and takes 2 - 3 days to mature. The mosquito lives averagely for 28 days and lays up to about 5 to 7 batches of eggs. Each batch of eggs contains averagely 100 - 150 single eggs while the eggs take about 1 - 2 days to hatch into larvae. The larval stage also takes 8 - 10 days to develop into pupa which finally takes about 2 -3 days to develop into the young adult mosquito. The adult mosquito can fly a distance of 2 kilometers averagely.

When the infected female Anopheles mosquito bites its victim, it injects saliva that contains parasites (sporozoites) into the human blood. The parasites then travel to the liver cells. About one to two weeks later the parasites again enter the blood, at which time the person starts to experience symptoms of malaria.

## 3.2 Malaria and its Mode of Transmission

For malaria transmission to occur there should be the vector or the mosquito, the parasite or the plasmodium and the host or the human being. When the infected anopheles mosquito bites a human being during its blood meal, it introduces the parasite into man. Inside man, the parasite lives, grows and multiplies and undergoes

series of changes as part of its "complex cycle". The plasmodia then invade the immune system: infect the liver cells and the blood cells, and goes through various stages of growth and multiplication.

There are two main forms of malaria. They are the simple or uncomplicated and the Severe or complicated. Symptoms of simple malaria include fever or rise in body temperature, headache, joint and bone pains and weakness, pains in the whole body, dehydration, nausea or vomiting and mild diarrhea, cough in children, chills or rigor, excessive sweating and loss of appetite, especially in children. Melville, G., (2004)

Severe or complicated malaria on the other hand, shows the following symptoms; excessive vomiting, inability to take medicine, yellow eyes, dark urine, little or none at all, high persistent fever, jaundice, convulsion, unconsciousness, coma, short of breath, bleeding and cerebral malaria. From time to time, World Health Organization (WHO) reports has it that; severe malaria occurs as a result of delay in treating uncomplicated malaria.

Those who are mostly at risk of severe falciparum malaria are pregnant women and young children under 5 years of age. Pregnant women with malaria must be treated promptly because the disease is more severe and is dangerous to both mother and fetus. This is because although the blood smear taken for laboratory test may be negative, the parasite may be hiding in the placenta. It then interferes with oxygen and nutrients to the unborn baby and thereby causing a lot of harm to the fetus. For young children, if there is delay in treatment, death may occur in a matter of minutes.

# 3.3 The Impact of Malaria on its Victims

With modern rapid means of travel, large numbers of people from non-malicious areas are being exposed to the infection of malaria, which may only seriously affect them after they have returned home from a journey.

Malaria contributes to absenteeism from both school and work leading to poor academic performance and cognitive development in older children as well as loss of working days by adults. All these lead to lower productivity to the country.

These economic problems may manifest directly or indirectly as enumerated below: production loss, cost associated with lower productivity, psychic cost due to anxiety and pain, under-development in the tourist industries due to reluctance of travelers to visit malaria endemic areas, out of pocket expenses of patients and families including cost of drugs and transportation as well as cost of setting up organizations and health services for the prevention, treatment and control of the disease.

# 3.4 The TFD Project in Danfa

Danfa a village located between Kweiman and Adoteiman is farming community with a very fertile stretch of land in the valley below the Akwapim Hills. It also has and a lot of stones for building purposes on another stretch. The original name of Danfa was Man-Momo-Mli which means old town. It was named old town because it was the first town to be established by Teshie in that vicinity before other villages like Kweiman, Otinibi and Adoteiman were founded.

Research conducted in the community revealed the following; which are vividly portrayed pictorially.



Figure 1: Miniature manhole not drained



Figure 3: Most buildings are without ceilings



**Figure 5:** Bushy surroundings in and around the community



Figure 2: Uncovered miniature manhole



Figure 4: Uncovered miniature manhole



Figure 6: Bushy surroundings in and around the community

A story was created in collaboration with the community members using the above situations to mirror the problems in the community and incorporated some behavior patterns of the people as well as certain belief systems that continue to aggravate the problem.

The play was performed under the trees on the school compound and a postperformance discussion, a very important aspect of the TFD process created a forum for the audience to contribute to the drama followed. This community members asked questions, sought clarifications on things that were bothering them on Malaria. They also highlighted problems and subsequently suggestions for remedies to be implemented.

## 4. Findings

It is important to consider malaria not only as a health problem but also as a developmental problem. Malaria occurs throughout the year and every part of the country is affected. Transmission gets more intense during the rainy season. As more water bodies are collected, more mosquitoes breed. People living in areas such as irrigation project areas, mining areas, sand winning areas, rice fields etc., should be very conscious of the fact that, mosquitoes breed extensively in these sites.

Any person infected with malaria must be given correct, prompt and effective treatment. Preferably, as soon as the first attack of fever sets in. It is also very important that persons prescribed with malaria drugs make sure they take all their drugs as directed by the physician and continue administering them until the full course is taken.

## 5. Recommendation and Conclusion

This TFD project at Danfa was done during the rainy season, a time when malaria is always very prevalent. A chat with some nurses at the clinic a few months later confirmed that malaria cases had gone down. The nurses however confirmed that the few cases of malaria recorded at the clinic may have come from the surrounding communities. Crucial and interesting issues have been unraveled in this project. The people of Danfa may have changed their attitudes and behaviors towards malaria, but the fact still remains that, there are many other communities whose attitude towards filth, stagnant water, bushy surroundings etc. remain the same. As the old adage goes "Prevention is better than cure".

Theatre for Development must be used to complement other mass media in educating people, not only on malaria but also on other vital social, political, economic and health issues. The concept has been explored not only as a tool of education, liberation, inspiration and empowerment but also as a means of bringing to the lime light, the voices of the masses to improve upon their own living conditions. The name may differ from one country to another, but the fact remains that, TFD is, theatre that explores efficient and effective strategies that break barriers of limitation and help solve problems.

# References

- Arkhurst S. (1994). "Community Theatre Project: Rethink", Newsletter of the School of Performing Arts. Department of Theatre Arts: University of Ghana, Legon.
- Melville. G. "Why Malaria", Malaria Watch, NMCP/GHS, Vol. 1 No. 01, Jan. April 2004.
- Mlarna M.P. Culture and Development: The Popular Theatre Approach in Africa, Sweden, Swedish international DevelopmentAthority.1991.
- National Malaria Control Program, "Simple fact malaria in Ghana", NMCP, unpublished material, Accra 2004.

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