

**DIABETES EDUCATION AND POPULAR THEATRE: THE CASE OF TAFI
AGOME COMMUNITY.**

BY

IDDRISU SEIDU KANANZOE

(10280394)



**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN
PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF
MASTER OF FINE ARTS (MFA) THEATRE ARTS DEGREE**

MARCH, 2016.

DECLARATION

This is to certify that this thesis is the result of my original work and has not been submitted for the award of any degree in any other university. Works of others used in this research have been duly and appropriately referenced.

Iddrisu Seidu Kananzoe

Student

Signature:

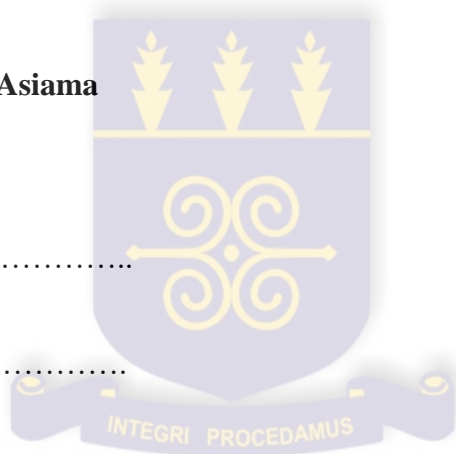
Date:

Rev. Dr. Elias Kwaku Asiana

Supervisor

Signature:

Date:



Dr. Agyeman Ossei

Head, Department of Theatre Arts

Signature:

Date:

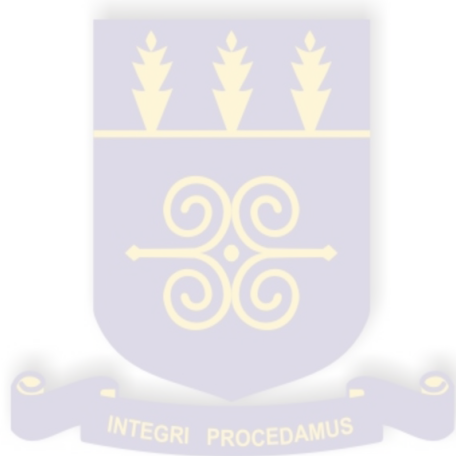
ABSTRACT

It is projected that high rate of death attributed to the cause of diabetes shall rise by 2030. Until recently, however, issues relating to ill health, especially in the Sub-Saharan Africa used to be dominated by infectious diseases and not non communicable diseases like diabetes. The Ghana Diabetes Care Model is the approach used thus far in diabetes education. This investigation explores the Popular Theatre process as a possible complement to the ‘top down’ approach of the Ghana Diabetes Care Model. The method is a seven-step procedure that is both democratic and participatory in nature and uses the community people as performers. The existing knowledge gap is that local native proficiency in diabetes education is deficient. There is, therefore, the need for a multidisciplinary praxis to curb it. Thus, the study sets out to ascertain the effectiveness of the use of Popular Theatre techniques in diabetes education in the Tafi Agome Community, Volta Region, using Paulo Freire’s theory of conscientisation as framework. The findings of this enquiry reveal that Popular Theatre resonates well with the community and is able to conscientise people to own the technique. Consequently, the study highlights the efficacy of Popular Theatre in health communication and contributes to the paucity of knowledge on theatre as a viable health education methodology.

DEDICATION

This work is dedicated to my Parents.

To the memory of my late father – Mr. Iddrisu Haruna Kananzoe, who would have been fulfilled to see this day, and to my mother - Musah Lizeta aka Mama Lizzy, through whose eyes, and sacrifices during my early school years, my young mind resolved to embrace learning with the hope of making her proud in future.



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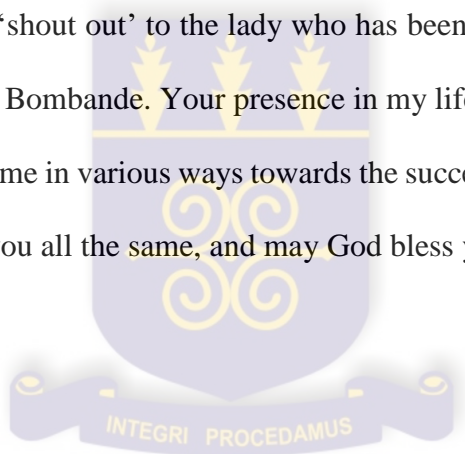


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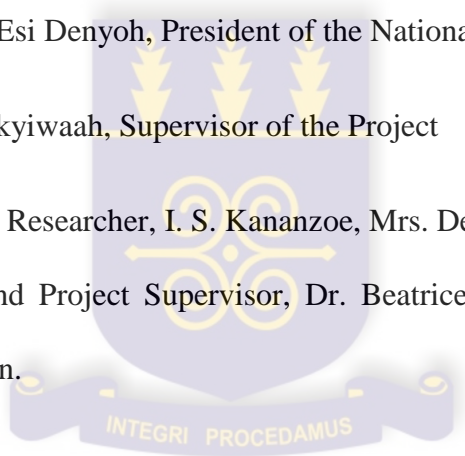
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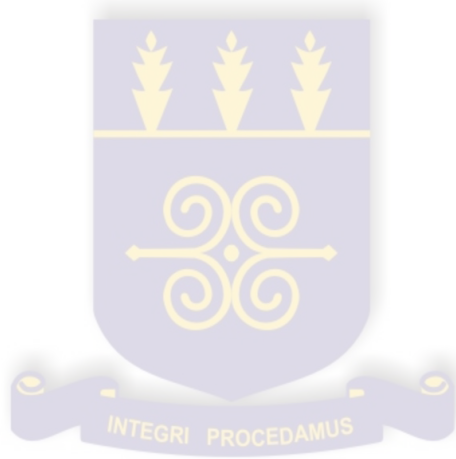


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Fig. 1: *Map of Tafi Traditional Area*

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LIST OF ABBREVIATIONS

CCP	Centre for Communication Programmes
CHPS	Community-based Health Planning and Services
EE	Entertainment Education
FGD	Focus Group Discussion
ICT	Information and Communication Technologies
IDF	International Diabetes Federation
JHU	Johns Hopkins University
KVIP	Kumasi Ventilated-Improved Pit (sanitation facility; Ghana)
MDGs	Millennium Development Goals
NDA	National Diabetes Association
NHIS	National Health Insurance Scheme
SPA	School of Performing Arts
TAYA	Tafi Agome Youth Association
TfD	Theatre for Development

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

An estimated population of about 371 million people are suffering from diabetes worldwide. Of this, Africa is leading with 78 percent of undiagnosed diabetes. Within Africa, Sub-Saharan Africa alone harbours about 15 million of the above world estimated diabetes statistics. This means that, up to 344, 000 deaths in the region could possibly be as a result of diabetes. As at 2011, an amount of \$2.8 billion was spent on diabetes healthcare only with a projected 6.1 percent increase in the coming years. This is because the prevalence rate for the diabetes pandemic is expected to rise by the year 2030¹.

Until recently, health issues in Sub-Saharan Africa were predominantly infectious diseases such as HIV/AIDS. However, due to expansion of population and urbanisation, with its resultant fast life, people no longer pay heed to their lifestyle. As a result, diabetes is increasingly becoming a health threat to both adults and young ones alike in our current socio-cultural environment. Whereas type 2 (T2DM) diabetes is on the increase, there seem to be a dearth of information on type one, especially in children (Amoah et al. 2002a). Therefore, children with diabetes mostly go undiagnosed. In the few occasions that they are diagnosed, access to medication, monitoring and equipment to aid them has always been a challenge. Hence, they wind up dying without proper care and treatment.

In Ghana, diabetes is reported to be a major cause of adult disability and death. This is partly attributed to challenges of deficiencies in health systems, such as high medical costs and unavailability of drugs.

¹ According to the International Diabetes Federation (IDF), a jointure of more than 200 national diabetes associations from about 160 countries, as published in the World Diabetes Atlas, reported by the Ghana News Agency and captured on page 19 of the Tuesday, September 10, 2013 edition of the Daily Guide Newspaper.

Additionally, poor staffing and inadequate resources, including finances available to service issues about diabetes, as well as poor patient practices are some of the challenges. Similarly, biomedical non-compliance and healer shopping for ethno-medical treatments, including ‘spiritual causal theories’ equally cause further challenges.

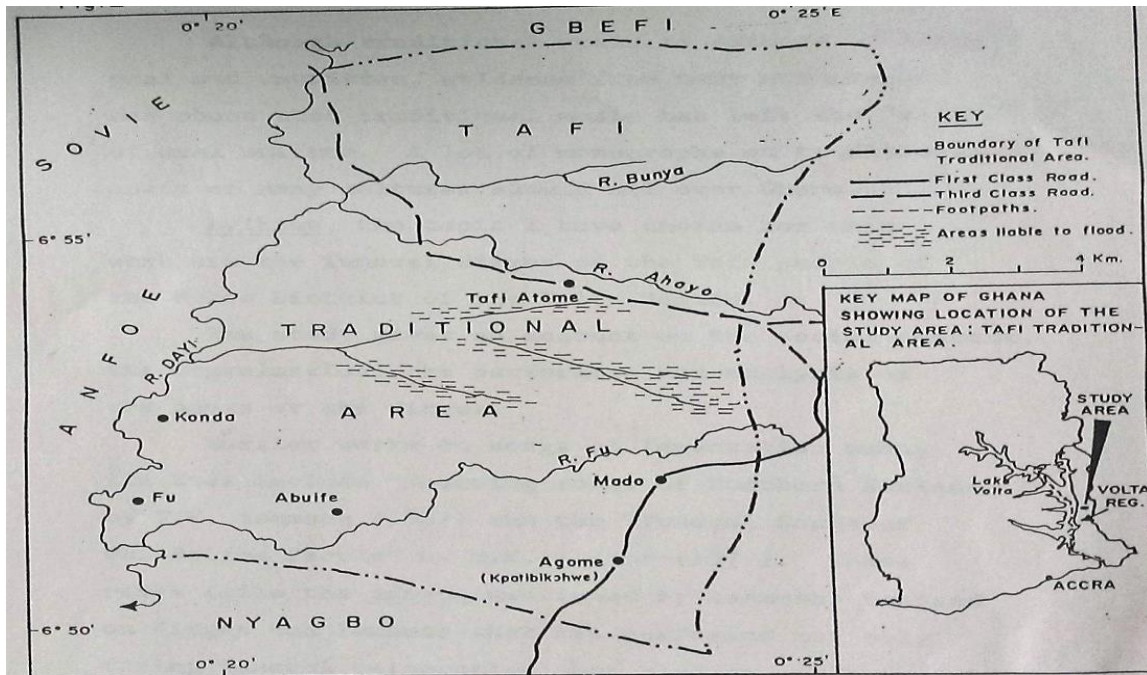
The National Diabetes Association (NDA) has recognised diabetes as the cause of “prolonged ill health in at least 2.2 million Ghanaians and threatens 50 per cent of all Ghanaian patients.” Treatments such as intensive therapy, directed at the control of blood glucose and blood pressure are the main containment approaches used in Ghana and many other developing countries.²

1.2 Historical Background of the Tafi Traditional Area

The Volta Region of Ghana has diversity of sub-tribes whose vernaculars vary immensely yet they share a considerable measure in like manner as far as culture, history and geography is concerned. Tafi Traditional Area is one of the Non-Ewe speaking locales in the northern part of Volta. It is 35 kilometres north-west of Ho, the Regional Capital, and 24 kilometres south of Hohoe. The area also shares boundaries with Gbefi to the north, Nyagbo to the south, Avatime to the east, and Vakpo and Anfoe to the west. They are Guans, speak *Tegbor*, and call the Tafi area *Bagbor* meaning ‘return for a while’, a name they say typifies their formed and firm nature in the way they deal with life. Interestingly, Tafi is a name authored for them by their Ewe neighbours because of their threatening nature amid their initial settlements. The general population of *Bagbor*³ claim they are the principal migrants of their present location and got the cautionary Ewe name *Tafiawo* (Thieves of Human Heads) as a result of the way they used to engage in guerrilla and mercenary warfare activities.

² Public Agenda, November 1, 2007.

³ Oral narration from Okukrubor Togbe Afare VIII, Togbe of Tafi Agome on February 22, 2015 at his residence in Tafi Agome.

Fig. 1: Map of Tafi Traditional Area**Source: Rowland Senyo Brese**

The Ewes moved from Ketu, in Nigeria, and settled in Notsie, a town in present day Togo. They later got away from Notsie as due to the savageries of King Agorkoli I and spread in all directions in groups. The Ewes experience with the Ashantis, and Akwamus among different encounters and sufferings shape the premise of their history.

The people *Bagbɔr* also encountered some challenges before eventually settling where they are today. They are said to have been a part of the Guan Empire who relocated from *Asene*, a town in the western part of the then Gold Coast. The primary spot they settled was *Asrabigabi* after *Asene*. However, because of disturbances, tribal wars, and assaults from the Akwamus, they needed to move. At the point of departure, they partitioned themselves into nine (9) fundamental gatherings (*Ovulo*) and set off facing north-eastwards through the Afram Plains. When they got to the river Dayi, it was flooded. But they were able to cross it with the assistance of a python on a Monday. They considered the experience a supernatural occurrence and have since declared Mondays a holy day in the cultivating schedule of the territory where nobody goes to the farm. Consistently as well, the general population of this area have observed *Dayi Tsutsɔkɛ* in remembrance of their miraculous crossing of the River Dayi on a python.

Subsequent to crossing the river, they initially settled in caves at the Gemi Mountain until the Ewes began trooping in. The people of *Bagbɔr* then chose to descend and possess the tremendous enclave of the uninhabited fields around. This clarifies the seeming dispersal of the traditional area of the four (4) of the remaining original nine (9) groups (*Ovulo*) that began the excursion at *Asrabigabi*. The four residual groups are now known as the Tafi Traditional Area. With Tafi Atome to the North, Tafi Mador- North-east, Tafi Abuife – West and Tafi Agome to the South-east. They are most peasants. Their political framework is made up of a primary unit of heredity, clan and a chief administered by a traditional authority centralised at Tafi Atome through customary sanctions with a paternal succession practice.

1.3 Problem Statement

Tafi Agome Community is one of the four Tafi communities that make up the Tafi Traditional area. The others are, Tafi Mador, Tafi Atome, and Tafi Abuife. All located in the newly created Afadjato South District, of northern Volta. The community has an estimated population of about 2000 people mainly tuber crop farmers who produce a large percentage of the food basket of cassava and yam in the area. Christianity and Traditional Religion are the two main religions in the area. This community is challenged by the prevalence of diabetes and this has in no doubt, stifled work output within the youth who form the core work group of the community. Until recently, people living with diabetes in this area have had to travel all the way to Hohoe for checkups. The early detection and management of non-communicable diseases, such as diabetes, continues to provide a challenge to the health sector in Ghana in general. In view of this, there is the need for an approach that will supplement the ‘top down’ method of the Diabetes Care Model. This approach engaged the resident nurses, and community members in order to facilitate the engagement and subsequent transfer of skills and techniques necessary for curbing diabetes in the area. Popular Theatre is participatory and democratic in nature, thus, that proves to be the best choice for this study.

1.4 Aims and Objectives of the Study

The main aim of this study is to test the efficacy of the Popular Theatre Methodology as a health communication tool through diabetes education. It is to achieve this by investigating the cause of the high prevalence of diabetes among the people of Tafi Agome and the type of diabetes common in the community.

Ascertain the extent to which popular theatre techniques are effective in health education in the area, introduce some basic Popular Theatre devising techniques to the nurses in the area for use in their health education campaigns and finally, create social actors to sustain the diabetes education after this intervention.

1.5 Scope of Study

The scope of this study is limited to the use of Popular Theatre to curb diabetes prevalence in the Tafi Agome Community, Volta Region. It explored Popular Theatre as an additive to the Diabetes Care Model in order to test its efficacy.

1.6 Significance of the Study

The relevance of the study is to establish the need for an effective and sustainable health communication intervention in Tafi Agome. It shows the efficacy of Popular Theatre in health education. Thus, contributes to arresting the dearth of knowledge on theatre as a supplementary method to health communication in Ghana.

1.7 Methodology

The study employed the Popular Theatre process which is a qualitative method of research. The application of qualitative method allowed me to get an in-depth insight into the challenges that the community was facing. The data gathered from the participatory action research interactions, interviews, and Focused Group Discussions (FGD) was then used to devise a play and performed by the indigenous community.

The first step in the Popular Theatre process is an evaluative process of the research community termed situational analysis. Under this, I undertook a transect walk and mapping exercise with the community to collect data and also familiarised myself with the community. The data was planned and prioritised, and a scenario created out of that. This set the tone for rehearsals using the scenario as a guide for the devising. Evaluation in the Popular Theatre cycle is very key. I did it at the very beginning (ex ante) of the whole research process, at the middle (monitoring) and at the end (post ante) which was in two fold- post performance discussion and follow up. I then applied the ex ante evaluation to collect both primary and secondary data. During the rehearsals, I monitored and made the necessary suggestions and gave guidance where needed. When the devised piece was ready, it was pre-tested for further additions and finally performed, quickly followed by a post-performance discussion and a follow up, three weeks later.

Popular Theatre as a medium is used to encourage community participation and empowerment leading to consciousness. Through this process the people were able to engage in discussions with a collective action towards finding a solution to their problem - diabetes. The detailed methodology is discussed under Chapter Three.

1.8 Organisation of the Thesis

This study contains five chapters. Chapter one is an introductory chapter that gives background information on the study, the historical and cultural background of the people being investigated, the problem statement, aims and objectives of the work, its scope, and significance, the methodology adopted and concludes by stating the way the thesis is organised.

Chapter two gives an overview of related literature with the view to giving the work a focus in order to facilitate its understanding. It discusses literature from some of the key concepts in the exploration such as theatre, participatory communication,

development and theatre, popular theatre and health communication, and diabetes and its types and effects to end the empirical aspect of the review.

The theoretical review centres on entertainment education, then throws more light on the Ghana Diabetes Care Model to identify the gap in the existing body of knowledge and how they helped me to use popular theatre for health education, further discusses Brecht and Boal's viewpoints on audience, and closes the chapter on the chosen framework for the study – Freire's theatre of conscientisation.

The third chapter, chapter three, explains the popular theatre processes adopted and shows how the qualitative research instruments were administered, how the data elicited from the interviews and focused group discussions was collected, analysed and presented. It also tackles the laboratory site, the design used for the research, the population of the study and the popular theatre devising technique used, then concludes with how the performance and post-performance discussions went.

Chapter four captures the project outcomes, from community entry to situational analysis, data collection, outcome of the data collected, collection of data on diabetes, the play devising process, a recap of the activities of the performance day, the subsequent follow up, an analysis of the community and audience participation, and a discussion of how the project impacted the community.

Chapter five, the final chapter, deals with the summary, major findings, conclusion, and recommendations. It also contains the reference of works cited in the study, with an English translation of the devised play – Bagbɔr Nɔnyɛmɛ, Popular Theatre Cycle, and the study process in pictures as appendices a, b, c, d, and e respectfully.

To conclude, this chapter of the study covers discussions on the topic 'Diabetes Education and Popular Theatre: The Case of Tafi Agome Community.' It looked at the study background, history of the community, why the need for such a study, and the set

objectives. Furthermore, it demarcates the scope of the study, clearly establishes the significance of the research, and spells out the methodology to be used. Lastly, under organisation of thesis, it shows the outline of the chapters in the study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction and overview of related literature highlighting understanding of research focus

This chapter highlights two main perspectives; empirical and theoretical review of related literature. The first part shows the relationship between Popular Theatre and conceptual issues around development and participatory communication geared towards social change. This section further discusses health communication and the types and effects of diabetes. The second section is dedicated to the discussion of Entertainment Education and the Ghana Diabetes Care Model to frame analytical understanding that shows how Popular Theatre can be used as a supplementary method to improve the health situation of participants due to the participatory and community engaging nature of this approach as used in this study. Essentially, this technique offers participants the opportunity to use their cultural and artistic forms to explore different ways to mobilise conscientious support that brings transformation to their situation. Also, the works of theorists like (Freire 1972, Brecht 1930, and Boal 1979), as well as other recent theories are discussed. The paragraphs below, therefore, highlights discussions on the concepts listed above. The discussions of these concepts are important because they have direct bearing on the design of questions, the research process, the rehearsal, post-performance discussions and the final write-up.

2.2 Perspectives on Theatre and Popular Theatre

The theatre is a ‘weapon’ (Boal, 2000:122). Boal, therefore, alludes that those who are supposed to control it are the people. This labelling of theatre as a weapon clearly classifies theatre as a double-edged sword. That is, it could either be used for positive or negative purposes. According to (Mda, 1990b: 358), the theatre is ‘an instrument of liberation.’

This is understandable when one considers the role theatre played in the fight against apartheid in South Africa as reported by (Barnard, 2007).

What then is theatre? The word theatre originates from the Greek word ‘theatron’ which means a ‘viewing place’. Oscar Brockett (1979) elaborates that theatre is a building or any open area meant for performance. In contrast, (Edwin, 1998) sees theatre as the process of bringing forth a play. This assertion is best understood when one views it within the functional lens of theatre as a cultural art form that includes drama, music, and dance in a performance by participants for an audience. It brings into sharp focus the major role audience play in such theatrical productions. It is important to add that, the theatre is spontaneous (Beckerman, 1970). It is also a platform for shared experience of both performers and audience as their interaction ‘mirror’ their society or lives together (Gumucio-Dagron, 1994).

Boal as cited in (Rohd, 1998: xix), argues that

theatre is a language through which human beings can engage in active dialogue on what is important to them. It allows individuals to create a safe space that they may inhabit in groups and use to explore the interactions which make up their lives. It is a laboratory for problem solving, for seeking options, and for practicing solutions.

Indeed, because of its dialogic quality, theatre offers its users the needed platform to appropriate it in pursuit of their goals. Boal (1998) reiterates (Kidd, 1982) perception of theatre as a tool for accelerating communal reasoning, imbibing self-esteem, participation, dialogue, and conscientisation among others. Clearly, Kidd’s perception of theatre as a tool that is capable of community conscientisation further illustrates how powerful theatre can be. Thyagarajan (2002) also observes that theatre is of two kinds. One that is depicted for the audience to watch, and the kind that is participatory in nature by involving the audience. Thyagarajan (2002) expounds further that, though the latter and the former are good for communicating development.

It is the latter that has great effects on its participants. Both (Kidd, 1982 and Thyagarajan, 2002) avers that theatre has the capacity to cause communal action through conscious awareness and social mobilisation, and this has the potential to bring transformation.

In my view I do agree with the above scholars that theatre can be used as a tool for creating community awareness as demonstrated in my project outcome analysis in chapter four.

Drama and Theatre are sometimes used inter-changeably even though they are both unique in their own right. For instance, drama refers to a literary work whereas theatre denotes a planned live performance of coherent action calculated to display or dramatise impression (Mda, 1993). Moreover, theatre appropriates elements such as songs, dance, and mime in the creation of its dialogue and spectacle. Sometimes a literary composition may form the basis of theatre but theatre is not primarily a literary art. Consequently, drama or theatre within the context of this study refers to Popular Theatre and this is explained further in the ensuing chapters. Significantly, theatre appropriates all the five sensory organs thereby making it engaging in its presentation. Hence, it is an effective medium for communicating development.⁴ To successfully achieve or communicate transformational change or development, however, participation is key.

2.3 Participatory Communication for Social Change

Tufte & Mefalopulos (2009) states that participatory communication is a dialogue driven methodology initiated by stakeholders that enable the interaction and distribution of information and know-how geared towards empowering the marginalised or vulnerable. Participatory communication also surveys and brings to the fore innovative ways of solving problems.

Mda (1993) also stresses that participatory communication refers to a situation where avenues are consciously created by communicators for receivers. This he says is to enable

⁴ Sandy Arkhurst, is a renowned Theatre for Development (TfD) practitioner and Lecturer in Directing, Drama in Education, and TfD at the University of Ghana. Personal Communication, November 19, 2014.

the receivers of such messages to be active and not passive recipients. Participatory communication, (Mda, 1993) argues, has the ability to empower these people to take initiative and create pressing messages that are of significance to them and to share among themselves.

Several existing participatory communication approaches bear semblance to the idea of access and human rights methods of development. It is this same notion that is also at the crux of Paulo Freire's theoretical experimentations in the area of alternative communications developed in the 1960s and 1970s. Freire's idea of people-centred pedagogy suggests that the participation of people in any communicative activity is a necessary ingredient for its success. Hence, social change is seen as a continuing progression which may be initiated by external involvement.

I employed this Freire's notion of people-centred pedagogy to bring about a significant impact in development and a change in lives of the people of Tafi Agome in the control of the canker of diabetes in the area.

Social change refers to a manner of transforming the social, political and other organised institutions of a community by redistributing power among them (Figueroa & Kincaid, 2002). Gray-Felder & Deane (1999) posits that in communicating for social change, there is always a dialogic exchange of ideas between stakeholders and community members where the latter are given the platform to reassert their identity, outline their challenges and consequently map out how to achieve them.

Critics of participatory communication, especially (Waisboard, 2003), note that this model is theory inclined because it lacks in specificity of direction for the stepping-in of change agents. Arguing from the perspective of epidemics and public health crises, (Waisbord, 2003) recaps that due to the lack of clarity on the involvement of communities from this model, a prompt 'top-down' remedy, rather, is most likely to deliver positive outcomes.

Nonetheless, for sustainable change to occur, change agents should endeavor to treat root causes of problems as against symptoms, and aim for conviction and not persuasion. Some development paradigms as discussed in the subsequent chapters focused on prompt interventions as against self-sustaining ones. This ultimately led to disappointments. Therefore, for participation to be enhanced, communities must have a stake in these interventions in order to ensure sustainable social change.

Nonetheless, for any participatory methodology of communication to be successful, (Servaes, 1999), proposes a four component stratum to consider. The first step is to put the ordinary people at the centre of the intervention and using their ambition to liberate them towards the achievement of their essential desires. The second step is to imbibe in the people a sense of personal and communal innovativeness. The third has to do with stressing community enterprise over national and lastly, the consolidation of the structures that promote autonomous systems at the local levels as well as the sharing of power. These were the conceptual framework that formed the basis for Freire and Boal's works (see 2.7.3).

Bamidele (2001) highlighting the importance of theatre to the development of society asserts that it fosters both social and political change (as cited in Hassan, 2010:5). This means that theatre is an essential medium for communal and partisan change. Again, theatre has the capacity to rally communities to act on issues of diverse importance to them and it has been considered as having the potential to communicate intense ideas for change, aside other functions such as to educate and also entertain. One of the many uses of theatre comes through the form of theatre for development (TfD) because of its participatory and communicative abilities in effecting social change and development.

2.4 Development and Theatre for Development (TfD)

Development is an ambiguous concept whose meaning is determined by the context it is found (Shenton & Cowen, 1996 and Haug, 1997). This is due to the fact that it is broad.

As a result, various scholars have espoused theories either in support of or to counter its foundations depending on their discipline (Hettne, 1982). Even so, in whatever discipline development is discussed, the emphasis and the ultimate goal is usually based on economic and social development (Burkey, 1993). Edwards (1993) corroborates this assertion by proposing that development should be about the quality of life of a people than material gain. I share this notion with (Edwards, 1993) that development should be about the quality of life of a people rather than material gain, is the crux of this study.

Similarly, (Mabogunje, 1980:45) in his expatiation of the human element of development indicates that “...development is essentially a human issue, a concern with the capacity of individuals to realise their inherent potential and to effectively cope with the changing circumstances of their lives”. This is in line with (Mda, 1993) idea of development as both a process and a goal that bring about social change with the aim of improving the standard of living of people.

Schumacher (1973:168) gives voice to my thoughts when he states that

development does not start with goods; it starts with people and their education, organisation, and discipline. Without these three, all resources remain latent, untapped potential...education does not jump; it is a gradual process of subtlety. Organization does not jump; it must gradually evolve to fit changing circumstances and much the same goes for discipline.

Therefore, for any development or conscientisation to take place, interventions should not concentrate on the economic aspect alone, but the holistic needs of the people. Schumacher (1973) further asserts that the three key words outlined above (education, organization and discipline) are capable of achieving development when harnessed well. For instance, if a people are poverty stricken as a result of their inability to properly educate, organise and discipline themselves, then the best approach for a reversal would be for them to marshal these three agents effectively. Because development is not handed down, it depends on a process that leads to change.

To (Kishe, 2004), development has many inter connected facets in the form of acceleration of economic growth, improvement of quality of life, and reduction of inequalities, all leading to a transformed society. From the perspective of this writer, development must ensure a holistic transformation. These explanations essentially support the idea that development should be a human centred paradigm.

Mohan and Stokke (2000) also supports this assertion by reporting how their own research through the use of Popular Theatre, brought a paradigm shift from the initial measurement of development through the lens of economic growth, and towards how to empower the ordinary people to enable them to participate. The two writers conclude that development should be about creating awareness about the reasons for the change. Theatre for Development (TfD) is best able to create this kind of awareness because of its two-way communication advantage over other channels of mass communication such as the print and electronic media.

Kerr (1999) posits that the Chalimbana Workshop near Lusaka in Zambia in 1979 marked the birth of TfD. This workshop provided the altar for the union of the two existing kinds of activism. One group of these activists were the adult educators, social workers like Ross Kidd, Martin Byram, and Martha Maplanka of the Laedza Batanani group operating in Botswana, and the other group comprised Chifunyise, Mtonga and Kerr himself among others making up the artists from the Universities associated with travelling theatre. Kerr (1999) also recaps that this particular workshop facilitated the exchange of skills and know-hows related to mobilisation, social analysis skills on the part of the former and that of drama and choreography from the latter.

Theatre for Development (TfD) with other names such as ‘participatory theatre,’ ‘theatre for conscientisation’ and ‘people’s theatre’ (Epskamp, 2006) is a development communication tool (Mda, 1993) that has its practices rooted in the works of two Brazilians, (Paulo Freire, 1972), an adult educator and (Augusto Boal, 1974) a theatre practitioner (Eyoh, 1987; Epskamp, 2006). According to (Rogers, 1962), development

communication entails the transfer of ideas from a source to a receiver with the view to altering the receiver's attitude, in order to persuade or encourage the adoption of an idea by the receiver through the influence of the source. Rogers (1962) notion of development communication sums up the essence of my study – to conscientise the people of Tafi Agome to adopt lifestyles that promote good health as an antidote to the diabetes menace.

Asiama (2001) explains that TfD is a new approach in the area of development communication. It is used for community education, awareness creation as well as conscientisation all geared towards social change. It usually follows a cyclical format of evaluation (situational analysis), data collection, story creation, devising, and rehearsal (evaluation - monitoring), pre-test, performance, evaluation: post-performance discussion and follow up. He continues that it creates the platform for community members to interact on issues bothering them, and together, brainstorm ways of finding solutions to them. Therefore, TfD is a shared process that merges reality and fiction in performances in bringing about transformation.

In Ghana, (Gibbs, 2009) argues that the history of TfD should be traced to Alec Dickson's⁵ experiments in the late forties where Dickson used drama in pursuit of 'national community development' in countries along the coast of Africa.

Another significant scholar that has also contributed to the emergence of TfD was Efua Sutherland (1924-1996) through her Ghana Experimental Theatre Project⁶. She was able to bridge the gap between the academy's theory, practise and community engagement through the local communities she engaged with while a research associate at the Institute of African Studies at the University of Ghana. A fully fledged TfD approach, did not develop until the late 80s when Sandy Arkhurst returning from Ahmadu Bello University

⁵ Alec Dickson is known in the United Kingdom for his association with Voluntary Service Overseas and Community Service Volunteers. He is equally famous in the United States for his role in the formation of the Peace Corps. In the West Coast of Africa, he is noted for his mass education, social welfare and community development programmes.

⁶ According to Mr. Sandy Arkhurst, Part – Time Lecturer, School of Performing Arts

introduced it to the School of Performing Arts, University of Ghana. Some of the communities that benefitted from this pioneering Tfd experimental approaches were Madina, Kisseman, Christian Village Dome, and Maamobi.

In the past, Theatre for Development used to be called Popular Theatre, but it has since changed to Tfd because of the differences in performance between Tfd and Popular Theatre (Mda, 1993). For instance, (Crow and Etherton, 1980) recounts that the proliferation of theatrical experiments within the sphere of development in the 1960s and 1970s in some parts of Africa might have contrasted in goal and form, yet they all shared a thing in common which is the fact that theatre should be taken to the doorstep of the people. Notably, Popular Theatre is only examined when it features in the context of Tfd. The concept of Tfd, also, may not necessarily utilise Popular Theatre in its methodology. So, not all Tfd is Popular Theatre and vice versa. However, Tfd is most effective when it is Popular Theatre. Currently, Popular Theatre is viewed as an effective medium for grassroots communication. This is as a result of its extensive use of folk media⁷.

2.5 Popular Theatre and Health Communication

Popular Theatre is a genre of theatre which talks about the ordinary people's life and experiences and aims to make them aware of their social, political and economic situation. The dramaturgical process of Popular Theatre is rooted in the people's art forms. Williams (1984) categorises Popular Theatre into formal and informal. The formal form of Popular Theatre, according to (Williams, 1984) is the kind of play that has the notion of enlightening and engaging the community using either their past, communal or partisan issues. The informal refers to performances done in open places in the village in which issues of importance are put in a dramatic form with the hope that they will see the causes

⁷ Folk Media refers to media for the rural masses, including their musical instruments, language, story-telling traditions, miming, dancing and songs.

of their problems and hazard, and collectively find possible ways of countering them. This classification shows the versatility of Popular Theatre.

Crow and Etherton (1980:18) are of the view that:

Popular Theatre is a theatre through which intellectuals try to communicate with the people most disadvantaged in society, either by presenting plays to them in which problems of society are articulated from the point of view of the people, or by getting them to present plays to themselves which increasingly help them to analyse their society.

This explication of Popular Theatre seeks to place it as an intellectually based method, thereby making it a ‘Top-down’ approach. Kerr (1995:151) disagrees with the above, by arguing that the word ‘popular’, refers to the appropriation of storytelling, drama, puppetry, songs and dances of the people targeted at the whole community and not just the uneducated, the elite or the educated.

In support of the above, (Nici and Susan, 1997) highlights that because Popular Theatre targets the marginalised who are also disempowered, and also because it involves the horizontal approach to communication, it is a perfect tool that can help the indigenes to deal with their situation.

It is essential for researchers to understand the issues involved in undertaking indigenous research using Popular Theatre approach, including its advantages and disadvantages so as to be successful in their undertakings. Some of the issues in Popular Theatre that give meaning to its operation are People’s Culture (syncretic culture), Popular Culture and Popular Education. These are discussed below in order to give appropriate context to how they interconnect with Popular Theatre.

Arkhurst explains that People’s culture refers to the independent terminologies, beliefs, civilisations and culture of the people that has implanted within them the dominant group’s dogma. Popular culture, however, is built out of some selected aspects of People’s

culture that mirrors their genuine concern. It is not biased, and it is all embracing. Lastly, popular education is also the process of rediscovering the genuine popular elements of a people and returning them systematically to the people.

Kidd (1982:23) sums up the significance of Popular Theatre when he stresses that “Popular Theatre...represents the authentic expression of the popular classes, i.e., one which advances their own interests.” This naturally has the tendency to lead to a form of conscientisation that could culminate in a consensus in the use of Popular Theatre in communal deliberations.

Having discussed the various conceptual components within TfD and Popular Theatre, the next section elaborates on health communication and indicates the capability of Popular Theatre as a potent supplementary medium to health communication.

Health communication is a much preferred term over health promotion and/or health education because it is assumed that anything that has to do with health promotion or education depends to a large extent on communication (Clift & Freimuth, 1995). Therefore, health communication refers to “the study and use of communication strategies to inform and influence individual and community decisions that enhance health” (p. 1).⁸ Rogers (1996:15), regarded as a communication guru, sums up health communication as that human centred communication that is health related. Health communication can also represent how health related information is packaged, delivered, and its impact on audiences. Again, health communication can be viewed as the skill of enlightening, persuading, and encouraging specific, institutional, and public audiences on significant health matters.⁹

⁸ According to the U.S. Department of Health and Human Services. Retrieved from <http://www.health.gov/communication/resources/Default.asp>

⁹ Department of Health and Human Services. (1998). *Healthy People 2010 objectives: Draft for Public comment*. Washington, DC: Office of Public Health and Science.

Within the purview of the study, health communication is used as a systematic and strategic process (Clift & Freimuth, 1995) to complement the Popular Theatre approach.

Weiss (2010) argues that art as a medium has been used in different ways to sustain society. For instance, art forms like visual art, dance, drama or theatre have been used in issues relating to community health interventions (Van Erven, 2001; Weis 2010). Van Erven (2001) avows further that the orthodox methods of health promotion such as teaching have not been able to engender participation. Perhaps, due to the instructive nature of teaching as a procedure for health education, it makes it difficult for people to assimilate the ideas into their ways of life (Vella, 1994).

Most often, doctors are usually called in when conditions of patients spiral out of control (Haines, NeumarkSztainer & Bonnie 2008; Mathew, 2012). In situations of this nature, theatre can be counted upon as a supplementary tool of education for awareness creation leading to behaviour change for the patients. For instance, Taylor¹⁰ reports from a Canadian experiment that theatre, most especially, is effective for diabetes education. Taylor is, however, surprised that theatre is rarely used. Perhaps, because health educators want to be seen as erudite specialists. More so, the majority of health personnel harbour fallacies about the use of the theatre for fear that its application in health therapy has the tendency to bring their image into disrepute (Draheim, 1995).

Indeed, it is very erroneous because theatre has been used for the purposes of adult education as well as diabetes due to its ability to communicate issues to people (Greene, Beaudin & Bryan 1991). Most importantly, (Davis, 1993) posits that theatre is able to do that because it engenders dialogue through engaging both the affective and cognitive parts of participants and audience respectively in its presentation. Consequently, theatre can be said to be participatory, collaborative and learner or participant friendly (Collins, 1988).

¹⁰ <http://www.angelfire.com/ak/diabedu/article.html>

2.6 The Types and Effect of Diabetes

Diabetes is a condition that refers to an abnormally high levels of sugar in an individual's blood. The cause is usually hereditary, environmental factors or a combination of both. There are three kinds of diabetes – Type 1, Type 2 and Gestational diabetes. However, type 1 and type 2 are the two most common of the three and type 2, the more common of the two. On the one hand, Type 1 diabetes is mainly caused by a reduced creation of insulin. It is also known as juvenile-type diabetes and the diabetic in this case is also called hypoglycemic

Type 2 diabetes occurs when the beta cells of the pancreas decrease the production of insulin coupled with an amplified insulin intransigence by the outlying nerves. This consequently leads to high blood sugar or glucose levels – hypoglycaemia (Llewellyn-Jones, 2007). Affected individuals require insulin once in a while to help balance their blood glucose levels to normal. This is important because, outlying nerves need insulin in order to be able to convert glucose into energy for the body. Consequently, complications usually arise if there is a shortage of insulin supply because, in such cases, the body is incapable of converting the glucose in the body leading the cells in the body to starve.

Gestational diabetes is used to describe women who are pregnant and showing signs of high blood pressure yet were not suffering from diabetes before the pregnancy. The cause of gestational diabetes (Morcomb, 2011) is attributed to a certain hormone that is released from the placenta of a woman during pregnancy. The hormone is good for the baby's development yet it is also responsible for the mother's body resistance to insulin. The build-up of this unused glucose leads to hyperglycemia.

Statistically, Africa has 78 percent of undiagnosed diabetes with Sub-Saharan Africa having above 15 million of the estimated 371 million people living with diabetes

worldwide.¹¹ Again, about 220 million people aged between 34 to 64 years are suffering from diabetes in the world. This figure is estimated to rise by the year 2030. In the year 2011 alone, an estimated adults numbering about 14.7 million across Africa are living with diabetes. The cause is mainly attributed to the changing world and its associated lifestyle changes of people. Inadequate access to proper management and relevant medications such as insulin has also been one of the challenges confronting diabetics in Africa. In spite of the fact that an amount of \$ 2.8 billion has already been spent on diabetes care, prevention and management, cases are still expected to rise by a percentage of 61 come 2030. About 344,000 deaths representing 6 percent of demises from all causes has been attributed to diabetes. This, no doubt, has contributed significantly to the depletion of the economic and human resources of the continent.

Ghana has a diabetes prevalence rate of 9.5 percent with over four million Ghanaians diagnosed with diabetes. Additionally, about 79,000 children aged 15 and below are diagnosed with type 1 diabetes every year worldwide and this affects their educational performance. It is against the backdrop of this diabetes endemic that the World Health Organisation (WHO) country representative, Dr Magda Robalo, has called for the “the need to deepen the creation of awareness on prevention and control among Ghanaians.”¹²

Significantly, of the various diabetes education and awareness interventions, the national diabetes care and education programme: the Ghana model has achieved

¹¹ According to a report by the International Diabetes Federation (IDF) published in the World Diabetes Atlas. Retrieved from <http://www.ghananewsagency.org/health/africa-has-highest-proportion-of-undiagnosed-diabetes-64487>

¹² Mrs Esi Denyoh and Dr Magda Robalo, President, National Diabetes Association, Ghana and the Country Representative, World Health Organisation respectively on the occasion of the 2014 World Diabetes Day Celebration in Ghana under the theme: ‘Healthy Eating Living and Diabetes’. <http://www.dailyguideghana.com/increase-diabetes-education-who/>

significant levels of success. It came about through multilateral initiatives, done through partnerships involving medical schools, government health care institutions and industry.

Thus far, the discussions have centred on the empirical review of secondary sources covering participatory communication for social change, Popular Theatre and health communication. The next discussion, the second part of this chapter, presents a theoretical review of theories relevant to the study.

2.7 Theoretical Framework

This aspect of the study discusses theories and concepts with the goal to placing the work within a relevant framework.

2.7.1 Entertainment Education

Singhal and Rogers (1999:9) the discoverers of Entertainment Education (EE) explains it as “the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about an educational issue, create a favourable attitude, and change overt behaviours.”

Per this definition, EE could be viewed as both an individual as well as a social change tool. Through the elements of mass media, drama and music have been appropriated by so many societies as a medium of the tutelage of norms for generations (Rogers, 1999). It was not until recently that health communicators decided to use it, having tested other media such as cartoon, television, drama, radio, music and print media. The EE strategy owes its fundamental tenets of Marketing, Persuasive communication, Play and Social Learning/ Self-efficacy to the Johns Hopkins University’s (JHU) School of Hygiene and Public Health’s Centre for communication Programmes (CCP).

These vital constituents of EE provide the framework for the operation of EE. The Marketing aspect, for instance, provides the key for audience categorization and subsequent preference because of the fact that it relies much on strategy and feedback. For instance, persuasive communication tackles the crucial need for messages to have both logical and sentimental enchantment. Therefore, the play theory portrays pleasure as a justifiable way of targeting anything unpleasant through the provision of messages laced with entertainment. It is believed that entertainment is a viable means through which the lifestyle of peer groups could be introduced. Besides, people are most likely to make the needed adjustments in their lives, especially if it is in their own interests. This explains the social learning aspect whereas when people come together in order to initiate any agenda, they are deemed to have invoked their self- efficacy (Coleman, 1999).

To sum up on EE, health communicators are encouraged to adopt this model because it is pervasive, popular, personal, participatory, passionate, and persuasive, thus, has proven to be effective. In Africa, however, the use of EE especially in the area of HIV/AIDS has not yielded the desired results. This was as a result of the fact that those interventions wrongly applied these Western theories hook, line and sinker without due regard for context. Instead of appreciating local cultures as being the pivot of the strategizing, carrying out and assessment of these interventions they rather viewed these significant elements as obstacles to health communication and have thus been unable to familiarise themselves with their natural circumstances, (Airhihenbuwa, 2000) observes. This observation makes EE an unlikely choice of framework for this particular research project.

2.7.2 Ghana Diabetes Care Model

Amoah, Owusu, Acheampong et al, (2000) summed up the approach of the Ghana model of the diabetes care and education programme. They report that the training of diabetes educators in Ghana consisted of training a tri-partite team of physicians, dietitians and

nurse educators who are based at the Komfo Anokye Teaching Hospital in Kumasi and the Korle Bu Teaching Hospital in Accra. These trained groups now become responsible for training their colleagues as well as other educators like pharmacists, diet therapy nurses, and nurse educators' at the regional and district/sub-regional stages to provide education, care and management to patients and the community at large.

Through the provision of a guideline for diabetes education, care and management to assist the educators at the regional and sub-regional/district levels, about 63% of the intended target were covered except the deployment of diabetes kits. This approach also claims to have reduced the distance in terms of mileage between the diabetic and the care giver. The major challenge of this model has to do with the huge expenses associated with diabetes drugs acquisition. A problem that can be solved by exempting diabetes drugs of tax levies. The general approach to diabetes education in Ghana, therefore, is a 'Top-down' approach.

A decade and a half later of the much touted achievements of this 'top-down' approach as captured in the abstract quoted above, the Tafi Agome Community in the Volta Region is still wallowing under the diabetes menace. They still travel long distances in order to access health care. Thus, it is the impact gap of this 'top-down' approach to diabetes care and education in communities especially the Tafi Agome Community that this study seeks to fill through Popular Theatre. The approach is premised on the understanding that solving community health problems demand a multi component method for it to be effective. As a result, Popular Theatre being democratic in its communicative process, can support the above 'top-down' method which is prescriptive in nature. Mda (1990) cautions that Popular Theatre should not teach people what to do, but stimulate people's ability to partake and resolve issues for themselves.¹³

¹³ Mda, Z. (1990). Marotholi Travelling Theatre: towards an alternative perspective of development. *Journal of South African Studies* 16(2), 352–358.

In sum, the top-down approach to communication, in general, has failed to achieve its intended goal because of its communication style – persuasive and social marketing. This technique is premised on the trickle-down effect of the ‘top-down’ approach. Again, there is a notion that there are always local obstacles to be cleared in order to facilitate message delivery. This assumption makes it a flaw. Tomaselli (2001) reports that in Africa most especially, the ‘top-down’ method is seen as a failure because of its inability to inculcate indigenous expertise, culture and other relevant factors into its technique.

2.7.3 Brecht and Boal on Audience

The discussion here consists of Bertolt Brecht’s postulations on audience engagement before their subsequent involvement and concludes with Augusto Boal’s Forum Theatre.

Bertolt Brecht (1898 – 1956) was a theoretician who did not only question the authority of Aristotle but also proved his credentials beyond doubt. He was a strong believer of Karl Marx’s theories and he was influenced by them. He questioned the relevance of the ‘willing suspension of disbelief’ and created the aesthetics of his own where catharsis is never an end in a theatrical performance.

Brecht wrote ‘The Modern Theatre is the Epic Theatre’ as ‘Notes to the opera *Aufstieg und Fall der Stadt Mahagonny*’ - *Rise and Fall of the City of Mahagonny* (1930). In it, Brecht explained the difference between Dramatic Theatre and Epic Theatre and the latter’s positive effect on the minds of the audience and upon the society at large. Instead of the systematic, causal and linear progression of events in the traditional Dramatic Theatre, Epic Theatre aims at the episodic narration of the events in a curve which inspires the audiences not to willingly ‘suspend’ their ‘disbelief’ but rather to observe and raise questions at the prevalent situation.

Brecht believes that “realistic theatres presented a particular political vision, a view of society as inevitably determined by history and evolution and therefore not susceptible to change” (Worthen, 2003:709). By this notion, Brecht refers to the theatre being used as

a tool for manipulation and suppression of the middle class by the upper class of society. He identified realism as a movement designed politically to control the thinking of the people by drawing them into accepting the fact that whatever is being presented onstage is a representation of the real world and the resolution of issues portrayed are applicable in real terms; therefore, the human condition is determined by one's history and evolution which is not subject to change.

In this way, the audience is expected to function as an active participant in place of a passive spectator who used to forget things the moment s/he came out of the theatre because the aim of the traditional Dramatic Theatre was to arouse the purgative feeling. Brechtian Theatre, essentially non-Aristotelian, advocates repeated disruptions in order to avoid a linear progression of action on the stage. Without ever negating the presence of the elements of entertainment in the theatre as a binding force, Brecht used theatre as an instrument to instruct the common public and to achieve certain socio-political ends. In order to achieve this 'alienation effect' (*Verfremdungseffekt*), Brecht proposed the use of bleached beams in the theatre, limited curtains on the stage, a kind of music that does not induce sleep and simple language instead of the figurative and verbose kind.

The alienation effect played a crucial role in the technique which was used to define the epic theatre. Instead of presenting the spectators with the traditional stage illusion created by causing the audience to believe that they were witnessing an event which was similar to that which occurs in the everyday life. Rather, Brecht broke this illusion or 'fourth wall' with a presentation which had no setting as such, and had no detailed information about the time and place. This production also lacked an unceasing movement of actions that culminates in a resolution, but rather episodic and disjointed plays which had no direct link with each other and each episode could stand on its own.

The idea was to divert from the conventional Aristotelian dramatic theatre which was shaped around a plot that absorbed the audience into accepting the notion that a real life situation was being dramatised with an organised structural arrangement which

followed a beginning to an exposition to a resolution approach. Brecht's departure was through the use of banners in the theatre that hinted his spectators to be vigilant, lively and critical of the happenings on stage by questioning the performance on stage. He appropriates a narrative style which can begin from anywhere and unlike the sequential arrangement of events in the orthodox theatre, the 'Epic Theatre' uses episodic scenes which tell different stories unrelated to each other, as well as the use of a pre-planned image which depicted series of events to happen in a scene which made both spectator and actor aware of what is to happen. The role of montage was to jolt his spectators to argue, recognise, be decisive, and reason along objectively.

In his presentation of scenes, he projected problems without suggesting any resolution but left his audience to decide individually on the outcome. Consequently, the trance realm of every problem having a sound resolution depicted in conventional plays had no place in the mindset of the audiences. In the 'Epic Theatre', the spectators are shocked with a series of problems whilst left to desire a change or reason along the lines of change in one's self and in the world.

Also the 'Epic Actor' is trained to distance himself from the character as to allow the spectators to evaluate how theatre makes its fiction. The actor is at liberty to interrupt the course of the story by addressing the audience on how a particular event should have turned out if he/she was to be a different character thereby distancing him from the continuous action. By the screen projections on stage and the use of placards to describe the turnout of events in the story, the spectators are duly informed of what is to happen and assess whether an actor is really playing the character as depicted in the scenes. This technique purges the 'Epic Theatre' of suspense which is a key tool used by the conventional theatre to create illusion on stage by creating emotions which affect our judgment.

Having a foresight of actions to happen, emotionally, one starts to query the process through which the end is achieved which is the goal of Brecht's Epic Theatre. As part of the staging techniques, lights and sound are masked in places not visible to the spectator in order to create the much desired awe in a performance. This process manipulates the spectators into believing the spectacle created in scenes by special sound and light effects; however the lights are exposed to the audiences of an Epic Theatre eliminating that illusion of spectacle and sound could be used to underscore events; the sound could be incongruent to the action in a scene.

To be able to achieve the much desired distancing effect of the audience from the stage action, he deploys the use of a bare stage which does not inform its spectators of the time and place of an action which is in sharp contrast with conventional plays; by this notion, the audience are not being misled into believing that the action is taking place in a familiar world that they could relate to but rather a distant world with unlimited possibilities and as such they are open-minded about the Epic Theatre and well informed by basing judgment on reasoning rather than feelings. A classic example of Brecht's episodic presentation of a dramatic piece is *The Caucasian Chalk Circle* (1944). However, though Brecht sought to exploit the mental, political, physical and emotional responses of their spectators; others thought that too much alienation crippled the actor as well as the theme of the performance since familiarity dissolved discrimination.

Augusto Boal (1931 – 2009), proposed simultaneous dramaturgy, image and invisible theatre, and forum theatre. Forum theatre as practiced by Boal is based on some of the concepts espoused by his fellow Brazilian educationist- Paulo Freire (1921 – 1997). Boal (1995) claims that man has this intrinsic crave to always want to express himself through action and performance. Therefore, to help man to achieve that, the theatre needed to be democratised in order to accommodate that need. This idea was the motivation behind his creation of the forum theatre methodology.

His dramaturgy is underpinned by the concepts of participation and reflection praxis as constituting a critical role in the empowerment and liberation of a people.

Boal was a foremost critic of Greek sage, Aristotle. It is believed that his *Poetics of the Oppressed* (2007) is an undeviating response to Aristotle's *Poetics* which until then was more or less a statutory reference point for theatre. Boal questions the essence of theatre as portrayed by Aristotle and proposes new concepts for the functionality and methods of theatre as a medium for social control.

Participation is a key ingredient in theatre practice. For through it, participants can be raised into motion because of its ability to inculcate in them the critical consciousness of their communal plight. Thus, through his forum theatre medium, Boal brings down the imaginary wall that exists in the theatre between actors and audiences by encouraging the latter to be involved in the whole theatre process. This simultaneously makes audience members who were hitherto spectators into new actors or "spec-actors" in Boal's simultaneous dramaturgy.

Boal (2002:133) explains that the performance of forum theatre is usually done by professional actors at the beginning of a short skit and stops at the climax or when it gets to a crisis. Facilitated by a "joker" who is also known as an 'animateur' in Popular Theatre, the audience members are given the opportunity to take up roles and using their own situations re-direct the action of the play. This helps them to rehearse solutions to their day-to day oppressions, after having challenged what they have seen using their own experiences. The facilitating Joker guides the audiences by giving them information on the roles in order to help them in their transition from spectators to "spect-actors". This way, "audiences become empowered to not only imagine change but also to actually- and collectively- practice it."

Forum theatre as a process is touted as a significant medium for any participatory or liberatory enlightenment.

It fosters learning and offers “spect-actors” the space to reflect, analyse, make decisions and promptly see the results all in a favourable environment. Thus, forum theatre engenders collectiveness in both problem identification and finding its solution. This culminates in a sense of belonging within the “spect-actors” (audience members). Forum theatre, unlike Popular Theatre, is best when used for short-term participatory purposes.

2.7.4 Theatre of Conscientisation

Paulo Freire is a Brazilian educationist of repute. Freire (1970), in his “banking” theory of education, he called for a second look at the presumption of certain educational processes that perceive learners as void receptacles yearning to be filled with knowledge. The banking concept refers to a situation where people deemed knowledgeable, for instance, educators deposit knowledge on those presumed to know nothing, such as learners. Freire claims it was not the right way because the educational process should create a platform where learners and educators could share prior knowledge in an atmosphere of participatory facilitation from both the learners and educators respectively. This helps the learner to acquire a very critically conscious worldview.

Kane (2001:13) posits that “knowledge is not acquired merely through abstract, rational thought (idealism) but by experiencing, interacting and reflecting on the material world in which we live.” This quotation, perhaps, forms the basis on which Freire’s argument is developed.

Furthermore, (Freire, 1997:8) opines in an interview with D’Ambrosio and Mendonca on what he feels about educational practice as follows; “I feel that the beginning of an educational practice must be the understanding of the world that the learner has or has had, and not the world view and the knowledge system of the educator.”

This, no doubt, places emphasis on the learner with the hope that when educators view education as a process of sharing with learners instead of the ‘banking’ style, it may

lead to self-discovery or awareness. Taylor (1993:52) captures Freire's explanation of this phenomenon as follows "knowledge begins with the awareness of knowing little....and knowing that they know little, people are prepared to know more." This is what (Freire, 1982b:107) describes as "critical consciousness". And it is this concept that underpins and influences popular education campaigns in Latin America and other participatory communication interventions globally.

Freire's approach just like Boal's as elucidated above is action-reflexion praxis. In the first place, participants in this method are usually motivated to distance themselves from their own situations. Secondly, they view their own condition with an impartial lens. Then thirdly, using the advantage of the energy and insight acquired from the reflection, reengage their condition with the goal of changing it. This is a cyclical phenomenon that could be replicated in other situations. These three steps lead to the development of a "critical consciousness" in the learner. It is only after this "critical consciousness" has been invoked that a learner can marshal the self to engage the situation at hand with the view to changing it. Freire (1982a:61) places much emphasis on the dialogic of communication and education because he views discourse as an inborn human occurrence, where "the encounter in which the united reflection and action of the dialogues are addressed to the world which is to be transformed and humanised."

Perhaps, the reason participatory methods are favoured is because they identify with the interest of the ordinary people in their daily struggles. In addition to this, they are also, progress bias in terms of socio-political reforms because of the way they probe the status quo. Therefore, theatre of conscientisation within the Popular Theatre paradigm refers to Freire's process of conscientisation which states that the coming together of people to dialogue with the aim of enlightening themselves about their environment is not enough. Having gained this knowledge, it is very important they take action to alter it after a serious reflection (Freire, 1997).

In conclusion, this chapter discussed both empirical and theoretical review of some relevant literature. The first section discoursed on some perspectives on theatre, participatory communication for social change, development and theatre for development, Popular Theatre and health communication, and finally concluded the section with diabetes, its types and effects.

The second aspect looked at the Ghana Diabetes Care Model, the viewpoints of Brecht and Boal on Audience engagement and lastly the discussion of Freire's Theatre of conscientisation – the theoretical framework for this research. The next chapter discusses the Popular Theatre Methodology in detail.

CHAPTER THREE

METHODOLOGY

(APPROACH AND PROCESSES)

3.1 Overview

This chapter captures the methodology employed in the study. The discussions centre on the following; a brief introduction of the laboratory site - Tafi Agome community, and the research design comprising of the various specific qualitative instruments that were chosen and executed in data gathering. It further deals with the population of the study, the study sample and sampling technique used, as well as how the data collection instruments were administered. It brings closure to this chapter by demonstrating how the data gathered was used to devise a play through a consensus with the community members and performed.

Popular Theatre is an eclectic genre of theatre that is community oriented. It is an informal tool used for community conscientisation (Freire, 1972) in issues relating to social, economic, educational, health (Kresby, 2000; Mill, 2001), political and all other approaches to development. It uses puppetry, music, dance and drama (Kerr, 1995) coupled with the active participation of community members in the whole process levels (Santiago, 2000; Weisberg, 1996).

3.2 The Laboratory Site (Lab Site)

The Tafi Agome Community is a merger of Kpatibi's village (a village founded by an elderly statesman) called *Kpatibikohwe* and the people of Tafi Agome¹⁴. Situated in the recently created Afadjato South District, the community has an estimated population of

¹⁴ Brese, R. S. (1991). *Avihawo: A Study of Funeral Dirges of the Tafi People of Hohoe District* (Diploma Dissertation, University of Ghana, Legon, Accra)

One Thousand, Five Hundred and Twenty-Two¹⁵. However, the Assemblyman, for the area Hon. Senyo thinks the community's population is Two Thousand instead.

Tuber crop cultivation is the commonest agricultural production in this area and the farmers supply a large percentage of cassava, maize, rice, cocoyam and yam. In addition, they have palm and kernel oil in abundance. Unfortunately, according to the participants' account, there is no ready market for these produce. Generally, the farmers practice bush-fallow system of cultivation. A man and his household serves as the main working group, sometimes hiring labour or getting help through cooperatives. Whereas women cultivate garden crops, extract oil from palm nuts for food, and local soap making, the men for the most part tap palm wine. Most food crops produced are for home consumption. But usually sold in the five-day market cycle. Other occupational groups that exists in Tafi Agome includes hunters, weavers, carvers, and blacksmiths. Be that as it may, inadequate income generating activities in the community still abounds. Hence, the inhabitants are either on their farms or at home.

They have different social foundations, and religious convictions and customs. For instance, they believe in life after death, and in the Supreme Being Mawu, the creator of all things and the final source of supernatural power who can only be drawn nearer by utilizing their progenitors as connections and through other delegate gods like images, rocks, rivers, and trees during rites such as for rain, agriculture, and purification. As far as amusement is concerned, a day in a week or a fortnight, the young people at the town square under a moonlit night, more often than not, to take part in recreational musical activities to alleviate weariness. They also believe in polygamous and monogamous relational unions. They are a bilingual ethnic gathering who speak Tɛgbor as their first tongue, and Ewe as their second.

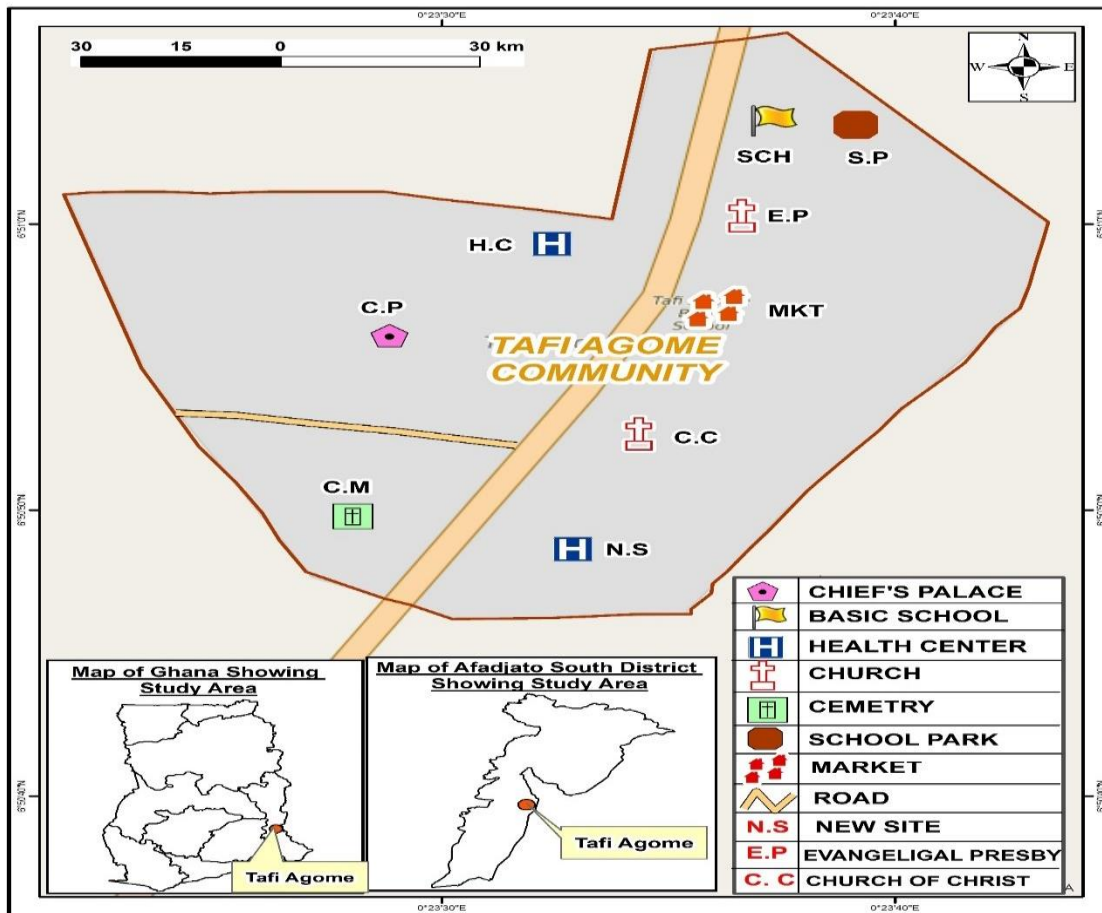
¹⁵ According to the 2010 Population and Housing Census as contained in the Afadzato South District Analytical Report released by the Ghana Statistical Service in October 2014.

Plate 1: A woman extracting oil from palm nuts

Source: Researcher



Fig 2: Map of the study area – Tafi Agome Source: Researcher



3.3 Research Design

I employed fieldwork approach under participatory action research as my research design. Unlike other designs, this study did not follow the conventional approach of qualitative interview research where a researcher collects information from participants and goes away to use the information and analyse it to suit their research purpose. Rather, it followed an indigenous research participatory approach where the identification of the problem was done together with the community who signposted the right people to interview.

The participants and I used the information gathered at the interview to further design a performative drama that probed more into the issues. The issues gathered revolve around the prevalence of diabetes in Tafi and as discussed in the introduction, it aimed at gathering facts about the main research questions, including what types and the causes of diabetes are prevalent in the area and what the people know about them. The purpose of asking such questions was to help me understand the knowledge gap in order to guide the direction of the research and to help the community understand the diabetes phenomenon.

Based on the information gathered from the interview at the initial stages, it became clear from the onset to involve a health professional who has good knowledge of diabetes. Hence, this study was equally about investigating and understanding the prevalence of diabetes in the area from the viewpoint of both the community and the trained health care providers in the Tafi Community. I realised that the best approach would be to use a participatory dialogue or a communication enhancing method. The fieldwork approach of participatory action research, basically, solicits, joint forces and associates with people who are affected by a particular ill health condition, in the investigation and analysis of it, with the objective of formulating stratagems to unravelling it (Hennik, Hutter, & Bailey, 2011). The use of this approach helped both the community members and myself to see one another as partners in the research process.

This understanding enhanced their participation because we now have a common cause; the need to curb diabetes prevalence in the area. This approach is also in line with transdisciplinary research methodology that engages professionals, voluntary and local expertise to co-produce knowledge that is targeted at solving problems affecting a community, a nation and the world (Rosenfield, 1992). As a research, one thing that was captivating was the fact that the initial information gathering and processing, and the outcome of this exploration originated from the people and for their utilisation. That is what this study is about; knowledge production and sharing. Schumacher (1973), succinctly captures this approach as knowledge from the people, by the people, and for the people.

Besides, this approach complements Freire's critical education process discussed in the previous chapter. Freire's critical approach highlights the need for a researcher to place the community at the centre of the research enquiry. This helps them to look inward of themselves with the view to understanding the nature and reasons of their situation which in this case is diabetes. With the right motivation, this new concept helps the people to gain power through the process, and this empowers them with the capacity to solve their problems. Most importantly, the fieldwork approach of participatory action research is relative to (Koning & Martin, 1996) that is helpful in most health contexts because it can be used to map, track, and collect information about an epidemic.

3.4 Population of the Study

The sample size of the research participants was thirty (30) people from a cross-section of the Tafi Agome Community. It included community leaders who were made up of Togbe and some of his council of elders, the queen mother and some of the women as one group, the youth, the Community health nurses at post in the community and some individuals. I made conscious efforts to balance these groups in terms of gender.

For the study sample and sampling technique, there was no clear cut criteria for the selection of respondents since health is a general issue. However, I used the three types of diabetes – type 1, type 2 and gestational diabetes as a yardstick at some point in the selection of interviewees. Some specific individuals were also identified through the diagnostic results of the community health nurses. Whereas some of them were interviewed based on their susceptibility. For example, some pregnant women were interviewed to find out if they knew their diabetes status.

3.5 Data Collection Instruments

As highlighted above, the instruments selected to aid in the implementation of the research design of this study included the following: In-depth interviews, key informant interviews, focus group discussion, participant observation, ethnography, and field notes. The in-depth interview was used to enable me to scrutinise the responses of the interviewee out of friendly conversations zone without appearing to be insensitive or making the subject feel insecure (Sennett, 2003). This, coupled with my previous association with the community, helped to draw on the interviewee's interest and their innate ability to initiate and their willingness to sustain behavioural change.

I used the Elikplim Borborbor Group in the community, the same group I utilised back in 2012 during my undergraduate Tfd final year project, undertaken in a nearby community. As a result, it became necessary for me to negotiate a delicate balance between familiarity and the ability to focus on the research that bears on the people's life situations. This demanded a more serious and careful approach. Especially in some particular negotiations, I had to change my approach and made some adjustments during interviews, in order to elicit the information needed. The key informant interview style was also conducted with some specific individuals such as the District Health Director of the Afadjato South District Health Directorate, the President of the National Diabetes Association, Ghana, and diabetics in the Tafi Agome Community, The Community Health

Nursing Staff in the community and some elderly individuals who have much knowledge of the Tafi Agome Community.

Another instrument that I employed was the ethnographic fieldwork approach. This approach, basically, offered me the opportunity to live and interact with the community members in order to understand the world from their lenses (Hennik, M., Hutter, I., & Bailey, A., 2011). Therefore, I used this method in order to gain an in-depth understanding of the psyche of the community. Another aim was also to help me gain the trust of the community members and to build a good rapport between us.

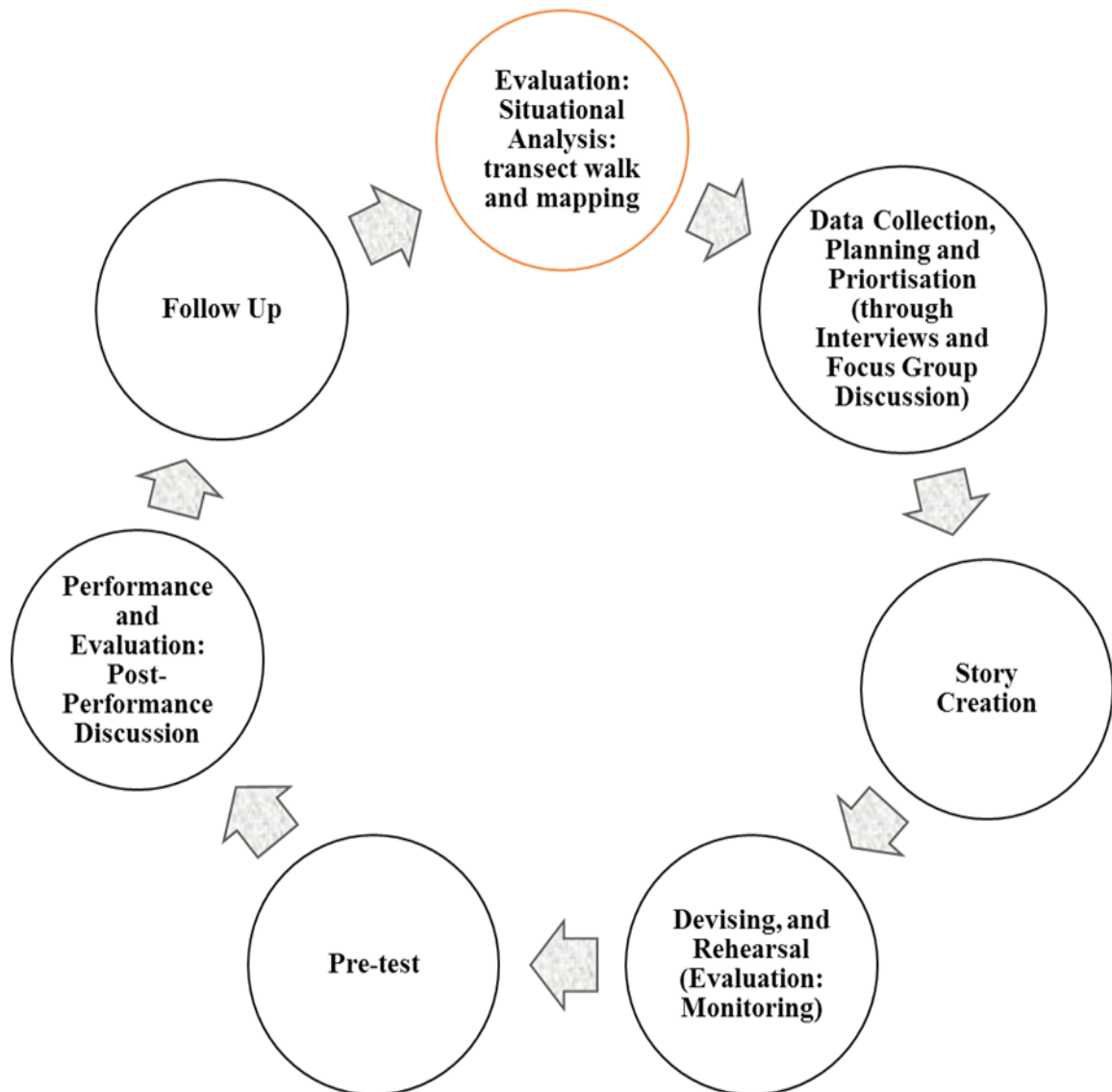
I immersed myself in the lives and activities of the community, learning their ways of life; greetings and conversation style in their *tɛgbor* dialect, and most importantly, actively taking part in communal activities such as funerals and accompanying my host to his farm. In the course of the immersion, I recruited and worked hand in hand with research assistants drawn from the community who were very helpful and shared useful information with me. Throughout the research, I was an active participant observer and took notes in my field note book carefully without prejudice. These field notes helped me to refer back to events that I could have forgotten easily.

These various aspects of the data collection instruments as enumerated above, were carefully selected such that they complemented one another. However, most of these instruments supported primary data collection more than they did for secondary data. Since the study is both formal and practical based research, the steps used in the practical aspect of this study are also examined below.

The Popular Theatre process used a cyclical approach comprising of evaluation (situational analysis), data collection (through interviews and focus group discussion), story creation, devising, and rehearsal (evaluation - monitoring), pre-test, performance, evaluation: post-performance discussion and follow up.

Fig 3: Popular Theatre Cycle

Source: Arkhurst/Asiama



A situational analysis of the Tafi Agome Community was done to enable me to familiarise myself with the community and their challenges. This included a transect walk; which was a tour of the community (the lab site) and mapping, to ascertain how community members are conversant with their environment by sketching it. Through this, I was able to collect more primary data about their cultural setting, economic levels and sources of income, the location of some of the basic amenities in the community, and most importantly, some of the root causes of diabetes in the laboratory site.

Before all this, however, I had met the Dufia of Tafi Agome Okukrubor Togbe Afare VIII and his council of elders, unit committee members, and Queen mother to introduce myself and my mission. I explained the theatrical process to be undertaken and the support I needed. The community welcomed me warmly and poured libation for the success of the project.

During the focus group discussions, questions were asked about their lifestyle, job opportunities in the area, their daily activities, and their perspective on the state of the health centre, what they know about diabetes, its causes, prevention, and management. I facilitated discussions for the various groupings of youth, women, and Togbe and his elders in an atmosphere devoid of intimidation. For instance, I made them choose a location they were comfortable with. I also used aspects of their language to create humour and familiarity. I did this so that every participant will feel free to participate fully. At the end of every discussion with each group, I led a brainstorming session where they suggested solutions for the challenges discussed and I recorded them. It must be emphasised at this point that because the participants had already been schooled about the steps in the whole process, it helped in the process.

I was then assisted by the participants in the focus group discussions and some volunteers, to first prioritise the issues raised in those discussions, and interviews with their suggested solutions, to create an outline that later guided us in the devising process. I set out to consciously involve the whole community from the outset of the process with the hope that their participation may lead to self-mobilisation, ownership and sustenance of the process after the intervention.

The participants' reached a consensus on the number of days to rehearse for the performance. The community was considerate by suggesting two dates – 21st or 23rd of March, 2015 for consideration. Their reason was that since the project involved bringing together other stakeholders to the community, it was only fair they relinquished the

selection of the date for the final presentation of the project (performance) to me. But upon consultations with my two supervisors, they advised me to make inquiries from the community to find out which of the two dates was most preferable to them.

I gathered that they favoured Saturdays for gatherings, so based on this finding, I proposed Saturday March 21, 2015 for the final performance and it was quickly accepted by the community. This paved way for the development of a work plan, and subsequent beginning of rehearsals of the devised performance.

3.6 The Popular Theatre Devising Process, Performance and Evaluation

The issues that were raised during the data collection using the instruments of in-depth and key informant interviews, focus group discussion, participant observation, ethnographic field work approach as well as some of the solutions proffered by the participating respondents were used to create an outline to serve as a guide for the devising process. After which the volunteers were encouraged to try out roles. Casting was based on interest. Whereas some were bold to pick up roles, others were shy. The shy ones were encouraged to feel free to join because any one was capable of taking and playing any role. All they participants needed to do was to be alert, attentive, and focused as the rehearsal is on-going.

The work plan was scheduled as follows: four days a week for four weeks – Saturdays, Sundays, Mondays, and Tuesdays. We used the first week to brainstorm on the title, cast for the devised skit, so that the actual rehearsal can start the following week. But it did not happen as planned due a challenge I encountered – the ‘Bom Factor’ which I will discuss in detail in the next chapter. Fortunately, however, as a result of the initiative and prompt intervention of the Tafi Agome Youth Chairman (TAYA) and Okukrubor Togbe Afare VIII, a people’s assembly was quickly organised to help bring the situation under control for rehearsal to continue.

In attendance at that meeting were Okukrubor Togbe Afare VIII, his elders, TAYA Chairman, and Hon. Senyo the Assemblyman who took turns to address the community by exhorting them to patronise the rehearsal. Later that evening, many community members trooped to the rehearsal ground in search of roles to play.

At this stage of the work plan, we had lost a whole week of rehearsal time due to protracted community power-play. Though, I did new castings and rehearsal started in earnest, this meant that this new cast needed to work extra hard on their various roles and characterisation. I motivated them constantly, and by March 18, 2015, the pre-testing of the devised piece was done for some key community people. I gathered data from the criticisms and suggestions made at this level of the process and used it to improve the devised piece before the final presentation.. The final performance took place at the Tafi Agome Basic School field as planned on March 21, 2015.

Synopsis of the Devised Play: *Bagbɔr Nɔnyɛmɛ*

The play chronicles the challenges of *Bagbɔr*, a once vibrant town that is now plagued with Diabetes. *Bagbɔr* is the original name of Tafi Agome and *Nɔnyɛmɛ* in *Tɛgbɔr* – the dialect the indigenes of Tafi Agome speak means ‘Awake’. *Bagbɔr Nɔnyɛmɛ* is, therefore, a clarion call for a re-awakening of the spirit of ‘self-help’ that the town is noted for which has dimmed, but now through diabetes education and conscientisation is being called to rise. The play revolves around a woman the youth of the community think highly of because of her communal spirit and support for the community. She is, however, diabetic.

She has to always travel long distances to seek treatment because the health centre in the community cannot cater for her. She falls sick one night and before she could be taken to the hospital in the nearest town, she dies. This infuriates the youth who question the attitude of the nurses in the community as well as the seeming inaction of their chief towards their plight as community members. They decide to march to their chief to demand answers. The chief uses that opportunity to highlight the projects he has undertaken.

He bemoans the fact that all the social amenities in the community including the clinic was built out of communal self-help. Therefore, as a community they have done and still are doing their part. What they need now is more support from both the youth and other stakeholders to support the initiatives that the community is undertaking. He then informs them that he has even earmarked a piece of land for the construction of a new hospital should the opportunity avail itself. But as a short term measure, he will invite a resource person from the Ministry of Health to come and educate the community about diabetes, its prevention, control and management.

3.7. Performance and Post-performance Discussion

The morning of the performance, was preceded by a diabetes screening which was patronised by the whole community. The screening took place between the hours of 6am and 10am. It covered four hundred and ninety-one (491) community members who did not know their diabetes status. At the end, thirty eight (38) new cases were recorded. They were counselled and referred for management.

The scheduled time for the commencement of the programme could not be achieved because my supervisor Dr. Sakyiwah and some students', including the camera personnel expected from the School of Performing Arts Legon, Accra, arrived late. Consequently, I had to improvise the recording of the screening with some few available smartphones, before they eventually arrived two hours behind schedule.

The play itself lasted for about thirty-five minutes, and seamlessly the resource person Ms. Bridget Peku (A Community Health Nurse) took over. This seamless introduction of the Resource Person into the play is termed as Discussion Bait¹⁶ The idea behind this method was to diffuse formality (details in the next chapter).

¹⁶ As discussed by Rev. Dr. Asiana, Lecturer, SPA

Using some of the diabetes myths raised in the devised play, the resource person educated the community about the facts, causes, control, prevention, and diabetes management and care. She also took time to answer questions and this ushered the discussion effortlessly into post-performance discussions.

During the post-performance discussion, most of the community members contributed significantly to the discussions. Most of the issues raised in the performance were corroborated during this discussion, especially some of the perceived negative attitude exhibited by the nurses in the community towards community members. I anticipated this in the course of my data gathering, so when the community health nurses earlier on requested for a slot in the programme through Hon. Senyo, the Assemblyman, I did not hesitate to grant them the space. They used it to clarify the misconceptions and misunderstandings that the community members were holding about them, before proceeding to educate the community about how to live a healthy life.

One other key issue that came up during the focus group discussion, as well as the post-performance discussion was that the health centre was “demoted” to a Community-based Health Planning and Services (CHPS) Zone. But during the programme, it came to light that it was due to lack of patronage by the community members. Mrs Denyoh, the President of the Diabetes Association of Ghana, therefore advised them to always patronise the centre so as to enable the health centre to be upgraded, for without patronage promotion was unlikely to happen.

The discussions that ensued after the performance gives one an indication that the project was effective. Especially when Mrs Denyoh remarked that, “I never even knew we can use theatre arts to send the message out there about diabetes” [see 01:21:05-13 of video attached]. This clearly reveals that many people are oblivious of the potential of Popular as a vehicle for health communication. In her assessment of the effect of the project later, she was emphatic that the intervention was very helpful.

Three weeks later, I did a follow up to ascertain the impact of the project. I realised patronage of the services of the health centre had seen remarkable improvement. This meant that they had heeded to the calls made in both the devised play and that of Mrs. Denyoh. Again, stemming out of the impactful knowledge and understanding from the research production, the community's clinic committee had also been at work in terms of putting temporary measures in place to assist the clinic with the supply of water on a daily basis for the smooth running of the clinic.

Most importantly, as regards diabetes awareness, most of the members of the community who were present and those that came after the project said they now have some knowledge about diabetes and its causes, control and prevention. What this means is that, some of the community members had taken it upon themselves to share the knowledge they acquired with others.

Moreover, the group of volunteers who came together to devise the skit for the performance had resolved to stay together as a community theatre group. They told me they intend to use the theatrical expertise they gained in assisting Togbe Afafe VIII and the nurses at the health centre to communicate development and health messages respectively in the community. This revelation was welcoming to me. I equally assured them of my support anytime they required it. Interestingly, at the time of the follow up, help, in the form of diabetes testing apparatus for the clinic, was still yet to come from the government.

In conclusion, the Popular Theatre approach to devising for health communication through the case study aimed at helping to curb diabetes in the Tafi Ahome community had been accomplished. It was evident that Popular Theatre which is a two-way communication medium, when applied as a supplement to the 'top-down' approach of the Ghana Diabetes Care Model already in use for diabetes care and management in Ghana, is most likely to improve diabetes awareness and education in communities significantly.

In lieu of the transdisciplinary approach to researching and solving societal problems as well as the cyclical nature of this approach, I recruited another researcher to evaluate, collect and prioritise data, during the follow up, with the goal of continuing the process after my intervention. I did this in order to engage the knowledge and expertise of other professionals', coupled with that of the community with the aim of integrating their ideas to bring total change. Above all, it is also the co-production of knowledge with community and understanding the community's problems and helping them find solutions which has been of key importance to this research.

For instance, it came to light, during the research, that the women needed skills training and financial support in the area of income generating activities that will help them to be able to afford living the kind of life that will reduce the effect of diabetes. The new researcher has therefore taken over to work with the women in this direction. There are two limitations often associated with the Popular Theatre approach; the fact that it does not encourage the communities to own and control the process, and sustainability issues. But discussions advanced so far show evidence that the Tafi Agome Community members have understood the Popular Theatre process, have taken steps to own it, and have shown capacity to control and sustain it. The next chapter is a discussion of the project outcome.

CHAPTER FOUR

PROJECT OUTCOME AND ANALYSIS

4.1 Introduction

This chapter focuses on the project process and gives a detailed analysis thereof of the efficacy of the methodology as discussed in the previous chapter. It places the work within the theory of conscientisation, with discussions revolving around the cyclical process of Popular Theatre - evaluation (situational analysis – transect walk and mapping), data collection, story creation, devising, and rehearsal (evaluation - monitoring), pre-test, performance, evaluation: post-performance discussion, and follow up. Then concludes with an impact assessment of the project.

Amoah (2014: 215), contends that:

Diabetes is associated with serious morbidity and premature mortality. There, however, exist major knowledge gaps that require to be addressed. Ghana presently lacks resident indigenous research expertise to bridge these gaps. Bridging the knowledge gaps will therefore require multidisciplinary and international research teams...Opportunity exists in such research partnerships to build much needed middle and senior level diabetes research capacity in Ghana for now and the future.

This quote above served as my motivation to experiment with the Popular Theatre methodology through diabetes education in the Tafi Agome Community, Volta Region, Ghana. The Diabetes Care Model, as discussed in Chapter two under 2.7.2 is a ‘Top Down’ approach which depends largely on mass media as a medium. Unfortunately, however, mass media ‘have been shown to be incapable of instigating change on their own without some intermediary process (Kidd, 1979b:3). This means that, for the Diabetes Care Model to succeed, it needs to be supplemented with a methodology that is capable of strengthening its weaknesses. Hence, my choice of Popular Theatre because it is democratic, and participatory in nature.

It also involves the indigenes as well as shares the ownership of the process with the view to empowering the community into action.

I adopted and modified the Popular Theatre cycle (see fig. 3) to suit my purpose as follows:

4.2 Project Process

The Popular Theatre model has two approaches. It can either be approached as a process, a product, or both. With this project, it was the process that informed the product. The process basically, refers to the steps taken to arrive at the final performance – product. Therefore, to better put this work in perspective, I discuss below the process that led to the final performance.

4.2.1 Community Entry

My first encounter with the research community was on March 4, 2012 during my undergraduate theatre for development project in a nearby community - Emlli-Baseh under the topic *Uncovering the Tourism Potential of Ashuigbagbla's Emlli-Baseh through Theatre*. Tafi Agome was celebrating *Dayi Tsutsɔke* at the time. A festival that commemorates the miraculous crossing of the river Dayi on the back of a Python by the migrating ancestors of the Tafi traditional area.

I was part of the entourage of Togbega Dadra V, Fiaga, of the Emlli-Baseh traditional area that visited Tafi. During the introduction of Togbega Dadra V's followers as custom demanded, I was introduced as a student researcher working with the Emlli-Bazeh community. Okukrubor Togbe Afare VIII, suggested to me to include his area in my research because his area also has tourism potential. I thanked him and explained that the project was already at its advanced stage. I, however, assured Okukrubor of my preparedness to do a project in his community should post graduate studies opportunity availed itself. I did get to pursue graduate studies and decided to go and fulfil my promise of undertaking a project in the Tafi Agome community.

Later, I got to attend the youth day celebration of the area where some of the challenges the community was facing as well as some of the initiatives the community has taken so far, were discussed. The youth chairman, Mr. Godwin Akwatia then appealed for more support. At the end of the programme, I was introduced to the community as a student who was interested in researching with the community on some of the challenges discussed that day. It was added that I will be back for a very formal introduction.

However, before I could visit Tafi Agome again. Okyeame Tsiamega of Emli-Baseh passed on after a short illness. I made plans to stop over and pay my condolences to the family and the community. Custom wise, it would be traditionally unacceptable to bypass the community to my research site. Besides, Okyeame had been influential to the success of my undergraduate research in that community. Therefore, I bought drinks and stopped by Emli-Baseh in the evening (see appendix D)

I was welcomed and given a room for the night. Early the next morning, there was a gathering of the regent and the elders of the community to properly welcome me and enquire of my visitation as custom demanded. I explained that I am on my way to Tafi Agome to undertake a research. And that during the death and subsequent funeral rites of the late okyeame Tsiamega, I was busy writing examinations, hence could not come. Therefore, I am here to commiserate with the community before proceeding to my research site. I was welcomed once again and thanked for my kind gesture. Libation was poured for the success of my intended project and my life.

I subsequently left the community later in the afternoon for Tafi, where I was warmly received by the Dufia of Tafi Agome, Okukrubor Togbe Afare VIII. After some introductions, he directed his regent - Togbe Dzikpehlo to take me to my host, Mr. Frank Dzipehlo.

The next morning I met Togbe, elders, Queen mothers and unit committee heads of Tafi Agome. The reason was to formally meet them and explain my aim.

Libation was poured to welcome me into their fold. As custom demands, I presented drinks to Togbe and his council. Then, I was offered the platform to explain the outline of the research I was going to undertake, and the cooperation I will require to make it a success. The elders asked some few questions for clarification. They welcomed me once again for fulfilling my promise, and assured me of their maximum support. Togbe instructed Mr. Stanley aka 'Bom' – his errand boy, to assist me to carry out the study effectively (see appendix D for pictures of community entry).

4.2.2 Evaluation (Ex ante): Situational Analysis

Perhaps, the first step in the Popular Theatre cycle is an evaluative process of the research community termed situational analysis. Evaluation in the Popular Theatre cycle is very key. It is done at the very beginning (ex ante) of the whole research process, at the middle (monitoring) and at the end (post ante) which is usually in two fold- post performance discussion and follow up. Ex ante evaluation is done to collect both primary and secondary data. I attached so much importance to this initial research because when done very well, it could help to ascertain the cultural setting of the area. Most especially, things that are likely to impede the progress of the study, for instance taboos, and greeting styles. Additionally, through this initial appraisal, the educational, economic levels – sources of income of the people were identified, and their social organisations such as youth organisations in the area.

Situational analysis goes with needs assessment because it helps in the sharing of knowledge between the community and myself. As discussed in chapter two, any serious development action must be based on human needs as expressed by the people themselves. The needs of any community can be categorised into felt, unfelt or ascribed needs. Therefore, situational analysis enabled me to identify the problems of the community as well as their causes and their proposed solutions. These problems were then planned and prioritised together with the community members.

In prioritizing the problems of the community, the hierarchy of issues depended largely on essentials and not necessarily the big problems. Usually, transect walk and mapping is used by researchers to complement situational analysis.

4.2.2.1 Transect Walk

A cross section of the youth, Togbe, some Queen mothers, women and some individuals took part in this activity. The aim of the exercise was to identify important landmarks such as the community's source of water, schools, community centre, farm roads, market, and clinic among others. During the walk, the participants were excited to show me around. They even showed me the community's proposed site for the construction of a new toilet facility should they get assistance. They were, however, reluctant to show me the makeshift toilet which has now become a death trap. But I insisted and was shown. The transect walk lasted for about forty-five minutes. See Appendix D for pictures. Next was mapping.

4.2.2.2 Mapping

Having done the transect walk, Togbe and his elders retired for the rest of the group to continue with the mapping. We gathered under a tree to rest a while. Before I started the mapping, I led the group to do a quick warm up game to shake off the tiredness. Then I divided the group into two – men and women to map out the facilities and important areas visited during the transect walk as shown in Appendix D. The goal of the mapping was to test the participants' knowledge of their own community. I noted that both groups had omitted the only corn mill in the community in their maps. When asked, a participant said she had remembered but thought because we did not visit it during the transect walk, it was not necessary to add it. I explained that, though it escaped us during the transect walk, it does not cease to be part of the community. The situational analysis, which involves transect walk and mapping helped me to acclimatise to the community.

I knew where to go for what and who to contact for what assistance. This set the tone for the next step in the process - data gathering.

4.2.3 Data Collection

I collected both primary and secondary data through the following instruments. Some of which I discussed already in the previous chapter.

4.2.3.1 Interviews

In view of the nature of information I needed, I had to employ different interview approaches in order to arrive at the data. For instance, as advised by Sennett (2003) I adopted the in-depth interview so as not to appear insensitive to the plight of the people or diabetics in the area but still get the needed information.

The other interview technique I employed was the key informant interview technique targeted at stakeholders and diabetics in particular. I used it to enable me to tease out useful information from some specific individuals such as known diabetics, and from some of the nurses as already outlined in the previous chapter. The next step now was to meet some community members in groups for a focus group discussion. See appendix d – interview in pictures.

4.2.3.2 Focus Group Discussion (FGD)

Because I needed authentic information, I decided to conduct the focus group discussion in three groups. Namely, Togbe and his elders as group one, the male youth as two and the Queen mother and other women as group three. The reason for this was to avoid intimidation on the part of the elders or any youth offending the sensibility of any elderly member. I, however, used the same discussion guide for all. For instance, a participant before contributing, had to introduce himself, state age, provide occupation, where he attends hospital and why, whether the participant knows his family health history, knowledge of diabetes- causes and types, does the participant do local treatment,

which is more preferable when a participant is sick – hospital or traditional treatment, general history of Tafi Agome, challenges they are facing as a community and what they think should be done to alleviate them.

Each group was made up of a minimum of eight members and a maximum of twelve. At each meeting, I, acting as the facilitator, introduced myself and outlined the purpose of the meeting - to discuss the prevalence of diabetes in the area and so I hope to learn from them. This idea of hoping to learn from them was to affirm to them that as a researcher, I recognised their expertise. To motivate them, I explained that there was no wrong or right answer. Just that any view shared during the discussion will be critically analysed, hence, we should be tolerant.

A facilitator usually starts with a game to help participants to warm up, unwind, and relax, both physically and mentally. I did same. After we settled down, I started our discussion with easy and leading questions after which we deliberated, summarised, and validated the data just to make sure I got the right information. I had to make some few adjustments with regard to some groups. For instance, the leading question, during the FGD with the women group was a question about their empty market sheds. This move immediately relaxed and gingered every member to want to contribute.

The FGD was conducted in English, *Ewe* and *Tegbɔr*. Interestingly, I do not understand *Ewe* and *Tegbɔr* and relied on a research assistant to help with the translation. So, after every session, I would thank them all and remind them that the information they have given, will be used to devise a play that would speak to the issue of diabetes for the whole community to watch.

After the FGD with the three groups, and the interviews, myself and the groups analysed the findings together for corroboration, and the deductions firmed up. Their opinions were then sought as to what could have been responsible for the findings and

the way forward. In the course of the research, I made certain observations in the community as well.

4.2.3.3 Participant Observation

I observed that from my community entry to the transect walk and mapping, the indigenes showed an appreciable level of commitment and zeal. They exhibited the same attitude during the FGD where participation and debate was predominant. During the mapping exercise, it dawned on me that their high sense of participation and debate permeated every other activity they participated in. So high was their level of participation that participants, sometimes had a healthy competition trying to exhibit their knowledge of the community especially when it came to the issue of the way forward in terms of suggesting solutions. With the level of participation and enjoyment of the process shown, it helped to cast out any doubt of a setback because the indigenes showed that they were experts of their locality. The implication by extension is that, when people are tasked, they are likely to discharge that responsibility with the highest form of participation and commitment. The data that was gathered during the initial community entry, transect walk, mapping, and FGDs were analysed with the community in order to pave way for the devising of the play.

4.2.4 Outcome of Data Analysis

After the interviews and the FGDs, I compiled some of the challenges confronting the Tafi Agome community as follows:

1. Profound alcoholism in the area.
2. The Health Centre that the community built from their own self-help initiative in 1991 has not seen any renovation since. In fact, all the social amenities enjoyed by the community, water, electricity and health centre were built out of communal self-help initiative.

3. The community is unhappy with the state of their health centre, especially the unavailability of even first aid drugs, and the community health nurses resolve not to work on weekends coupled with their uncaring attitude towards clients.
4. Youth migration is a canker. Soon after Junior High School (JHS), pupils prefer to travel to Accra to seek greener pastures.
5. Farming in the community is mostly done by the women because they outweigh the men in terms of population, while the men idle a lot.
6. According to the Assemblyman, Hon. Senyo, in a key informant interview he lamented about the way most people in the community struggle to make ends meet daily because majority of the indigenes are living in abject poverty. This makes the area a poverty-stricken one.
7. They want the health centre to be upgraded from its current status as CHPS Zone to a proper health centre, and an accommodation facility for the community health nurses, as well as teachers who are posted to the area.
8. Some of the initiatives currently underway in the community included an ICT Laboratory under construction and blocks for an intended public KVIP for the community.
9. They want something to be done about the clinic so that diabetics in the area could access services there instead of travelling long distances to other communities that ironically got their health centres long after Tafi had built theirs.

Having outlined the challenges facing the community. The next challenge was to prioritise them according to the felt needs of the community. After much debate, the three groups agreed that the issue of diabetes should be the topmost. The reason adduced for that was because, when the issue of diabetes is championed, it is likely to bring about support for the Health Centre. This resolution shows that they prioritised their health, in view of the long distance travel indigenes had to undertake just to seek medical care for minor ailments. The issue of when the presentation should take place was also discussed.

After the back and forth dialogue as discussed in the previous chapter, the community eventually settled on March 21, 2015. The next step was to use the prioritised issue to devise a play.

4.2.5 Collecting Data on Diabetes in Ghana

Before devising the play, however, I sought out and contacted professionals in the area of diabetic care for discussions as to the content of the devised play. Prof. Awedoba of the Institute of African Studies, University of Ghana has written many articles on health. I engaged with him regarding the project and he made salient suggestions. He was of the view that such an intervention could dwell on the causes and types of diabetes prevalent in the area, what the people know about it, and based on such information, I could use what they know already to build on and tell them what they do not know about diabetes.

Armed with these clarifications, I booked an appointment to meet Mrs. Elizabeth Esi Denyoh, President of the National Diabetes Association of Ghana to discuss further how her outfit could be of support. She was extremely welcoming and helpful. She promised to help me with test-strips and other gadgets that might be needed for the screening in the morning of the performance as part of her outfit's contribution to the success of the project. But she intimated that she will need help and suggested the use of the community health nurses.

This information was later communicated to Okukrubor Togbe Afare VIII who instructed Hon. Senyo to accompany me to the health centre to discuss with them about their availability and support on that day. They obliged but explained that they needed extra hands because some of the staff were due to travel out of town that weekend.

I also requested for audience with the District Health Director of the Afadjato South District, Dr. George Nyarko, and he granted. Accompanied again by Hon. Senyo we told him of the upcoming project and the need for him to be present to grace the occasion.

He politely offered his apologies citing his teaching commitment at the Kwame Nkrumah University of Science and Technology over the same weekend as the reason for his inability to be present. He was, however, quick to add that he intends to delegate a worthy representative in the person of Mr. Stephen Nunoo, the District Nutrition Officer. On point of information, Dr. Nyarko drew our attention to the fact that, the District just procured a new Diabetes Screening Machine which he was willing to release but since our screening was going to be free, it would be impossible for him to do that. Finally, he advised me about the crucial role management plays in public health especially in diabetes care. He said it was not enough to screen for diabetes on the performance day, I should also make plans for their referral and subsequent management at a better health facility.

Prior to the above encounter, after several failed attempts to meet Prof. Albert George Amoah¹⁷, I finally got to meet him. After I had introduced myself and my mission, Prof. Amoah told me that the information I am seeking from him was online. But I replied that it is not every information online that is reliable. Adamantly, I was bent on getting an interview from him. But his busy schedules did not allow him. However, on one of my visits to the Diabetes Research Centre inside the Korle Bu Teaching Hospital, Accra, I chanced on him about to drive off, and I approached him. So, as a consolation, Prof. Amoah gave me a book of abstracts containing the state of diabetes research in Ghana and directed me to talk to the matron. The material proved useful. Discussions with the community as to how the devised play would be rehearsed followed next.

4.2.6 Devising the Play

Based on the data gathered during both the primary and secondary aspects of this research project, I organised a mini workshop for the core group of volunteers participating in the devising. These volunteers were made up of mainly the community members I

¹⁷ Prof. Amoah is at the National Diabetes Management and Research Centre, Korle Bu.

interviewed, with majority from those who took part in the focus group discussions, and some other interested persons. The aim of the workshop was to share basic knowledge on devising, learn some dos and don'ts, create a scenario, and draw up a rehearsal schedule. After the cast had agreed on the language to be used for the devised play. I shared some basic knowledge on diabetes such as its types, causes, factors that promote the condition, signs and symptoms, long term complications, and diabetes care and management with the cast.

The participatory nature of Popular Theatre at this point in the project had unearthed the fundamental challenges facing the Tafi Agome Community out of which diabetes was prioritised. However, one member of the core group at the workshop opined that, the devised play should encapsulate all the challenges confronting the community but with a dominant theme of diabetes. Another member countered with the view that clustering of several issues into the devised piece has the tendency of obscuring the main issue of diabetes. So, they sought my opinion and I told them that the decision is theirs to make, mine is to assist them to achieve what they want. They finally arrived at a consensus - to highlight those few challenges facing the community that has connection with diabetes.

The issue of which language to be used in the devised play also came up for discussion and consideration. As stated earlier in chapter one, the people of Tafi are bilingual. After a series of consultations, they agreed to use *Ewe* as their medium of expression in the play. Their reason was that using *Ewe* would enable as many people as possible to benefit from the education. Someone suggested the use of English but that suggestion was immediately shot down, he was reminded of the fact that one of the key elements of Popular Theatre is the people's language. Even though *Tegbor* is their lingua franca, they opted for *Ewe* because it is still an indigenous language.

In a lecture delivered by (Agyekum, 2015)¹⁸, he conjectures that ‘basic health education and medication should be conducted in the language the people understand.’ He believes language is a tool capable of bringing about social change. The next step was rehearsals. But before that we needed to plan, and as part of the planning, I assisted them to draw a rehearsal schedule.

4.2.6.1 Rehearsals

Rehearsals were scheduled for four days (Saturdays, Sundays, Mondays and Tuesdays) a week for four weeks. The first week of rehearsal was dedicated to brainstorming the title for the devised play. The first day of rehearsal was very successful. After much democratic and participatory discussions, I facilitated the process to arrive at the title *Bagbɔr Nɔnyemɛ*. *Bagbɔr* is the original name of Tafi Agome and *Nɔnyemɛ* in *Tɛgbɔr* – the dialect the indigenes of Tafi Agome speak means ‘Awake’. *Bagbɔr Nɔnyemɛ* - ‘Awake Bagbɔr’ is, therefore, a clarion call for a re-awakening of the spirit of ‘self-help’ that the town is noted for but which is now asleep.

Work then began on creating the outline for the scenario of the devised play. The outline for the devised play was created from discussions amongst the group. It was then subjected to further discussions for fine tuning. Each member’s opinion was sought as to how the outline could be improved. They finally agreed that the devised play would centre on a woman who the youth thinks highly of because of her communal spirit and support for the community. But she is diabetic. Due to the lack of equipment at their health centre, she has to always travel long distances to seek treatment. She falls sick one night and before she could be taken to the hospital in the nearest town, she dies. This infuriates the youth who question the attitude of the nurses in the community as well as the seeming inaction of their chief towards their plight as community members. They decide to march to their chief to demand for answers. The chief uses the opportunity to highlight the

¹⁸ Prof. Kofi Agyekum is currently the Acting Dean of the School of Performing Arts, University of Ghana

projects he has undertaken and the fact that, even the clinic was built out of communal self-help. He informs them that he has even earmarked a piece of land for the construction of a new hospital should the opportunity avail itself. But as a short term measure, he shall invite a resource person to come and educate the community about causes of diabetes, prevention, control and management.

By the end of the first week, it was agreed that the scenario shall consist of six scenelets. Casting was done by way of several try-outs and on the performance of the various members during interactions to get players for the devised play. With casting completed, they were given the free will to come out with their own characters taking into consideration the scenario and the scenelets. They were also encouraged to feel free to make suggestions as to how they thought the characters should behave.

On the second week, however, we could not rehearse at all due to preparations for the funeral of a young man and a woman in that community. Not even the rescheduling of rehearsal time could salvage a day for rehearsal that week. Hence, I spent that week assisting the community people in preparing for the funeral. This meant that, the ensemble now has only one week to rehearse and perfect the devised play.

4.2.6.2 The ‘Bom’ Factor

On the last week of rehearsal, almost all the cast dropped from the production. So I had to contact the youth chairman who subsequently reported to Togbe. He ordered for the gong-gong to be beaten for People’s Assembly under the usual meeting ground around a big tree by the main Accra – Hohoe road. Few community members showed up in the first thirty minutes but they eventually came. Togbe, the Assemblyman, and the Youth Chairman took turns to address the community and exhorted them to come out and make this forthcoming project a success.

It was at this meeting that it came to light that, the community members were secretly withdrawing from the production because of the role one gentleman perceived to

be a litigant was playing in the whole research process. The said gentleman was Stanley Owusu alias 'Rrrrrr....Bom'. It was this same gentleman who came to my rescue when my Research Assistant allegedly registered the names of interested volunteers for the devised play yet was not forthcoming with the list. Taking a cue from Togbe who ordered 'Bom' to assist me to make the project a success, I approached 'Bom' to help retrieve the list. But 'Bom' was of the opinion that he could organise a new set of people for the play. And he did. I approached 'Bom' in the evening and by morning he had contacted and compiled the list of interested persons through the assistance of the Youth Chairman. This initiative, placed 'Bom' at the centre of the rehearsals much to the chagrin of the players because 'Bom' was too overbearing and quarrelsome. An attitude that had made every member of the community to keep 'Bom' at arm's length until then. 'Bom' indeed used this enviable position to settle old scores and most people also decided to drop. After Togbe's intervention, however, many people came out in their numbers to try out roles and the rehearsal went according to plan later that evening.

Pastor Felix Honu played a very significant role in getting the cast back together. Because he was a respected elder and a Pastor in the community, his views resonated well with the cast and through that, the rehearsal was saved. I also ensured the rest of the community were encouraged to join the project as well. I was able to do that by not turning away people who stopped to witness the various discussions and meetings. By this, interested members of the community were allowed to observe what was going on. I did this in the hope that the other community members will get close enough to the process and as such feel free to discuss or contribute to the success of the project.

Even though from the first week to the last rehearsal, the actors kept changing, the cast had faith that it was going to turn out well and it did. So, by March 18, 2015, the devised piece was ready for pre-testing. The pre-testing was done for the community to critique and make suggestions which they did.

Prior to the pre-testing, however, there was a continual evaluation and monitoring of the shape and content of the scenario in order to arrive at the best devised play.

4.2.7 Performance Day

The main performance was preceded by diabetes screening. The absence of my supervisor, Dr. Beatrice Akua Sakyiwaah and the group of students travelling with her from Accra to come and witness the project presentation, as well as my camera crew, nearly marred the screening. I had to quickly organise smart phones around to take videos and pictures of the screening since my two cameramen and a lady were on the delayed bus.

4.2.7.1 Screening

Diabetes screening was done early in the morning of the performance day. It covered six hundred and eighty-one community members (681) who did not know their diabetes status. At the end, thirty eight new cases were recorded. Through the assistance and support from Mrs. Elizabeth Esi Denyoh, President of the National Diabetes Association, who checked in with her very supportive husband, the previous day at a hotel in Logba, a nearby town at their own cost, test strips and other equipment necessary for screening diabetes were provided.

The Afadjato District Health Nutrition Officer, Mr. Stephen Nunoo was also present to represent the District Health Director. After the gong-gong had been beaten around to remind the community of the screening, the screening started at 6am. The reason been that diabetes screening is best done before one eats or even brushes the mouth. So, to minimise the inconvenience it is better done early in the morning.

The Community Health Nurses stationed at Tafi Agome must be commended for their work ethic. Some cancelled their scheduled trips to stay and help screen the people. They single handedly with support from Mrs. Denyoh and Mr. Nunoo screened the people.

The newly diagnosed were counselled and referred for management as advised earlier by the District Health Director, Dr. Nyarko. One such newly diagnosed was 9 years old Ativor Prosper. In an interview with the mother – Hilda Dzipehlo to ascertain what might have accounted for that, she confessed that they eat late. According to her, sometimes he sleeps before he is awoken to eat. Prior to the counselling session after the diagnosis, she never knew such behaviours were capable of causing diabetes. But now that she has been educated, she will be conscious of her lifestyle. Another elderly man who was diagnosed said that his brother and a sister were experiencing similar symptoms as those he is undergoing now before their demise. Perhaps, this shows a possible family history of diabetes, suggests Mrs. Denyoh, and Mr. Nunoo concurred.

4.2.7.1 Devised Play Performance

The programme eventually started two hours behind schedule as a result of time mismanagement by the Bus driver carrying the guests from Accra. When they finally arrived, they were hosted and welcomed by Okukrubor Togbe Afare VIII and his council of elders. In attendance also was Togbega Dadra V, the Chairman for the occasion and his entourage. As part of the earlier plan for the programme, the guests from Accra would have taken part in the screening, then all of us would have proceeded to the ancestral home of Tafi at *Anatu* five kilometres away before we come back for the performance. Even though time was not on our side, Okukrubor Togbe Afare VIII still wished that we went but had to succumb to his elders' view that that aspect of the programme should be skipped.

Amidst pomp and pageantry, the Elikplim Borborbor Group ushered Okukrubor Togbe Afare VIII to the durbar grounds. Mr. Patrick Dzandu, a teacher at the Tafi Agome Junior High School was the Master of Ceremony (MC) for the day. He commenced the programme by inviting the Linguist of Okukrubor Togbe Afare VIII to pour libation for the success of the occasion after which Pastor Honu gave the opening prayer to mark the

commencement of the programme. Ms. Belinda Bediako Asiedu introduced the Chairman for the occasion, Togbega Dadra V, of Emli-Baseh Traditional Area, who accepted to chair the function in a brief speech. Next, was the welcome address by Okukrubor Togbe Afare VIII, Dufia of Tafi Agome before Ms. Freda Hagan was called to rehash the purpose of the gathering. The Elikplim Borborbor Group took centre stage again to entertain the guests before the devised play was performed.



Plate 2: Okukrubor Togbe Afare VIII delivering his welcome address, to his left is the chairman for the occasion, Togbega Dadra V

The performance of the play lasted approximately thirty-five minutes after which we had the Post-Performance Discussion. One of the major aims of the devised piece was to hold and sustain the attention of the audience. To do that successfully, I had to encourage the ensemble to inculcate instances, idioms, and characters that the community can easily identify with. So that the message can leave a lasting impact on the audience.

This is in line with Brecht's opinion that audience should be able to deduce from devised plays certain aspects of their life. When they do that, it encourages them to actively participate and this eventually leads to consciousness because he believes that theatre is the only medium of communication that goads its audience to contemplate and take action. Moreover, the devised play was Participatory in nature.

Therefore, even though it was assisted by an outsider, it should be owned by the community at the end of the day (Prentki, 1998).

Because it was about drawing the audience to fully participate in the creation and give-and-take of messages; I introduced the theatre-for-conscientisation technique in Popular Theatre throughout the improvisation, rehearsing, discussion, and finally at the consensus level. This helped to involve the community in the devising of *Bagbɔr Nɔnyɛmɛ*.

In the previous chapter, I hinted of the use of a ‘discussion bait’. The ‘bait’, basically, according to Rev. Dr. Asiamana, is a bridge between the play and the discussion. In view of the prescriptive and didactic nature of most discussions after the play had ended. Community people have also learnt to sneak out or out of humility refuse to partake in most of the discussions aspect of the play. To avoid this, the deliberations phase needed to be as informal as possible. So the discussion bait was introduced towards the end of the play in order to seamlessly introduce the Resource Person Ms. Bridget Peku, a Community Health Nurse from Ho.



Plate 3: Ms Bridget Peku, Resource Person and Mr. Patrick Dzandu, MC.

In the devised piece for instance, Torgbui while addressing the youth demonstrators in his palace, hinted thus:

Torgbui

(Addressing the youth demonstrators)

Through our communal effort for water, we managed to dig tunnels connecting springs from the top of the mountain to the town. DANIDA, our supporters anticipated we will dig it in a year but we did it in three months. At the moment, we have manufactured blocks to be used in building a public toilet facility. But help hardly comes. We shall keep hoping that help comes along. But in the meantime, some people are coming from Accra tomorrow to talk to us. I would ask you to go and you shall hear from me again.

(The demonstrators leave)

Torgbui

(Addressing Okyeame)

Okyeame, give the gong-gong beater the order to announce to the community to meet the people from Accra tomorrow at the basic school premises.

(Aveti, the drunkard, stands and leaves to run that errand. He meets the gong-gong beater around and relays the message. While the Torgbui and his people are still in session. The cries of the gong-gong beater is heard)

Gong-gong Beater

Good evening my community. I do not strut without reason. But Torgbui and his elders ask that I inform you to be present at the community centre to meet a delegation from Accra tomorrow.

(The gong-gong beater repeats the announcement while moving around the seated people. He ends after he has completed a semi-circle around them)

This action from the gong-gong beater was the cue for our resource person to come in. She came in and after introducing herself as Togbe's invited guest from Accra, who is here to

talk to them about diabetes. She used some of the myths already raised in the play as her starting point. She explained the causes of diabetes, how it can be controlled and how to manage it. Mr. Stephen Nunoo, the Nutrition Officer of the Afadjato South District gave out handouts on Diabetes Management to the audience after taking them through it. These explanations, done in English re-echoed the Resource Person's earlier explanations in *Ewe*. This ushered the programme into the third evaluation stage of the project – Post Performance Discussion and Follow up.

4.2.7.2 Post-Performance Discussion (Post ante)

The aim of the post-performance discussion was to afford the community people and audiences who saw the devised play an opportunity to express their perspectives and opinions about the issues raised therein. In a personal communication with Arkhurst, he is of the view that a devised play may persuade people but it takes post-performance discussion to create conviction. There was a lot to say especially regarding the indifferent attitude of the Community Health Nurses. In the opening scene where Nurse 2 was busy making calls instead of attending to a pregnant woman who was in excruciating pain, for instance, a young lady in her contribution corroborated it. She appealed to the community health nurses to show empathy.

I had earlier in my interviews anticipated that most people would take a swipe at the community health workers. According to the community health workers in the area during a FGD, however, they said they were working under extremely unfavourable conditions. They said because the health centre was under resourced. There is no bed, place of convenience, and other laboratory equipment needed to carry out basic diagnoses. As a result, they do not admit clients. Therefore, I deemed it crucial to avail them of an opportunity to clarify some of the misconceptions the community holds against them. They attributed the diabetes prevalence in the area to the high rate of alcoholic beverages consumption coupled with the lack of exercises.

They posited that CHPS Zone was not all doom and gloom. It has its merits because a house would be built for the resident nurses among other support. Finally, they educated them about the Millennium Development Goals (MDGs).



Plate 4: From L: The facilitator Ms Belinda Bediako Asiedu looks on while a lady (R) contributes during the Post-Performance Discussion. Source: FOG Production.



Plate 5: Community Health Nurses interacting with the community

Madam Cecilia Honu, a diabetic, and other audience contributed to the discussions. Madam Cecilia for instance recounted the inconvenience she goes through by travelling to Kpando Hospital just to check her sugar level.

She appealed for the availability of equipment for such tests at Tafi, because anytime they go there, even with minor illnesses, they are referred to other nearby health centres where nepotism and favouritism is rife. The inhumane treatment they experience as diabetics is better left unsaid. She was applauded by fellow diabetics for speaking their mind.

When Mrs. Esi Denyoh took centre stage, she stated that one out of every nine Ghanaians has diabetes. This makes diabetes one of the common causes of death after stroke, malaria and accident. The shocking aspect of the diabetes menace in Ghana, according to the President of NDA, is the fact that, most diabetes cases are only identified during post mortem. She added also that most marriages are broken due to diabetes complications.



Plate 6: Mrs. Elizabeth Esi Denyoh, President of the National Diabetes Association. Source: FOG Prod.

On the thorny issue of the demotion of the health centre to a Community-based Health Planning and Services Zone (CHPS), she explained that the Ghana Health Service relies on patronage of these centres by looking at the number of people who frequent there, the time of day, the number of children that attend the facility, and the rate of maternal mortality before a centre is credited. Because, accreditation has effects on the National Health Insurance Scheme (NHIS), budget and the district's coffers as a whole. So, the Tafi community should endeavor to let the statistics of their patronage do the advocacy for them. Anytime there is downgrading of any facility, it is always more about staffing and planning and not about the kind or type of diseases prevalent in that community.

After the fruitful discussions facilitated by Ms. Belinda Bediako Asiedu, the supervisor of the project, Dr. Beatrice Akua Sakyiwaah applauded the community for such a wonderful display of talent. For them to have exhibited such rare sense of theatrical awareness, they deserve commendation. She thanked the community for the support they offered me and wished them well.



Plate 7: Dr. Beatrice Sakyiwaah, Supervisor of the Project

The Chairman in his closing remarks, reiterated the issues raised and prayed the various stakeholders to play their roles towards ensuring that the plight of Tafi is alleviated.

He bemoaned the absence of the Member of Parliament and other dignitaries whose words could have soothed the community. I delivered the vote of thanks, Pastor Felix Honu gave the closing prayer, and the Elikplim Borborbor Group took over to entertain the students who danced their shoes off before setting off on an excursion to Tafi Atome Monkey Sanctuary.

4.2.8 Follow Up

This was done three weeks later. The purpose of this aspect of the project was to ascertain whether the objectives of the project have been met. It was also to find out if the resolutions made during the intervention have been implemented, and whether the implementation is sustainable, or has brought about any unforeseen problems.

It was refreshing for me to note that because the services at the centre had improved it also affected patronage of the centre positively. As a result of the communicative ability of the Popular Theatre model used, it conscientised the clinic committee into action. They had put in place temporary measures to provide the clinic with water on a daily basis to facilitate the running of the clinic.

Majority of the community members also said they now have basic knowledge about causes, control and prevention of diabetes. There were some who were not even in town during the project but said they know something about diabetes. This could only mean one thing, that there was diabetes knowledge sharing beyond the performance day. Because for those who were present to go out of their way to share the knowledge they had acquired about diabetes with others, I may be right to conclude that the project has created social actors. Where a social actor refers to anyone who demonstrates the ability to ensure the sustainability of any intervention (Karim, 2011)¹⁹.

Most significantly, the group that performed has resolved to stay together as a community theatre group where they hope to use the basic devising techniques they gained in assisting with community education and information dissemination through Popular Theatre. I encouraged them not to hesitate in contacting me for support in that direction. At the time of this follow up, though help was still yet to arrive regarding the appeal made by the diabetics in the area, they were all the same positive and hopeful.

¹⁹ Karim, A. (2011). Change and the Actor: Experiments with Theatre for a Change (TfaC), Unpublished Thesis.

During the situational analysis, it became obvious that the women in the community needed skills training as well as financial support to boost their income generating activities. Aware of the cyclical nature of Popular Theatre, I brought along a new researcher to assist the women in that direction.

4.3 Community and Audience Participation

“...I must say I am shocked that a community can come together to perform such a function...” Elizabeth Esi Denyoh (President of National Diabetes Association, Ghana)
[See 01:20:43 of attached video]

The quote above gives testimony to the way the Tafi Community came together to fully participate in the project. Mda (1993:22) declares that, effective Popular Theatre can only be attained “when the community itself assumes the function of catalysts.” Thus, from Mrs. Denyoh’s comment above, I dare say that, the methodology I used was moderately effective. This is because participation in the process until the ‘Bom Factor’ had been high. For instance, in the course of rehearsals in preparation for the performance, other community members who were not involved in the devising used to pass by, and after observing for a while, usually made comments that went a long way to help shape the final devised piece. So, when eventually the ‘Bom’ issue came up, it was not difficult to find replacements because almost everybody in the community had an idea of what was going on. Hence, it was not difficult replacing the cast that dropped with new ones.

This also goes a long way to underscore the efficacy of integrating the people’s performance styles in Popular Theatre. For instance, the use of a drunken character in the devised piece as well as the staging technique of theatre in the round are artistic forms the community was already conversant with. The use of audience related language engaged and involved them from the start, and coupled with the use of FGD helped turned the audience into social actors.

There was one significant thing that happened in the cause of the performance. After the first scenelet, since it was in Ewe, the MC thought it wise to summarise it in English for the audience. This attempt did not go down well with the audience. They protested unanimously that they preferred it in the indigenous language. What was fascinating was that, most of the Accra guests do not understand Ewe yet they also joined in. So the devised play continued without any interruption or summary again at the end of each scene till the end. Yet they enjoyed and clapped all the way. At this stage of the project, I was left in no doubt as to the impact of the message contained in the devised piece.

4.4 Impact of the Project

The research assistant to the project, Mr. Hopeson, who is also the President of the Tafi Agome Students Union (TASU) professed to have learnt a lot from the project. He plans to use TASU to collaborate with the Community Health Nurses so they can continue the education either through one on one or during durbars. On the part of Hon. Senyo the Assemblyman who has been very supportive from the day I stepped foot in the Tafi Agome Community, he was very emphatic that the community has been conscientised enough to produce social actors to continue with the education. He assured that "... Seidu himself will come one day and realise that he has never wasted his time...on this community..." (See 02:12:42-50 of video attached).

Ms. Benedicta is one of the Community Health Nurses (CHN) stationed at Tafi Agome CHPS Zone. In her assessment of the project, she also commended me for helping them to know their diabetes status. She bemoaned the lack of laboratory services in Tafi Agome and said the only way forward is for them to continue to educate them. Hopefully, it might encourage them to stop completely or minimise their high alcoholic intake.

Madam Leticia is also a teacher in the Tafi Agome Community. She has been teaching there for four years. She said in an interview that she only heard about the project a week to the performance day.

Hence, she was not even at the performance but came later after the performance had ended. In an answer as to whether diabetes was indeed prevalent in the area, she said yes. But was quick to add that, because of what happened in the area since I came into the community, she believes the people have been educated or conscientised enough to take action. She attributes the cause of the prevalence of diabetes in the area to lifestyle, and their eating habits especially the food they eat.

As to whether the project had any impact on the community she was affirmative. She apparently heard two women discussing that they never knew some of the things they used to do were capable of causing diabetes. So, she believes they have been educated. She also believes that the education should continue after I have left. Therefore, she appealed to the chiefs and elders to take it up. On her part, she will contribute by educating the pupils in her class about diabetes and how their eating habits contribute to it. Finally, she encouraged the community to patronise the clinic so it can be upgraded.

Okukrubor Togbe Afare VIII, on his part said even though the community already had a high communal spirit, nonetheless, he commended me for awakening and bringing the people together to undertake such a project despite the challenges faced. He was also impressed at the impact of the project and the way I conducted myself. Therefore, he is grateful to me for giving the community a focus.

However, he hopes there would be other similar projects to tackle the numerous challenges the community is facing such as the community's need for a public place of convenience, and the upgrading of the CHPS Zone among others. Per the discussions so far, the impact this project has had on the lives of the people cannot be over emphasised.

Mrs. Denyoh (See 01:20:57 of video attached) for instance, was awed when she remarked that

...sometimes we think we know too much. But it takes things like these for us to know we don't know anything. I never knew we could use theatre arts [Popular Theatre] to send the message out there about diabetes...

Her revelation confirms (Draheim, 1995) assertion as discussed under 2.5 of Chapter Two that some health personnel erroneously believe that the application of theatre in health therapy is inimical to their reputation, while also affirming (Taylor, 1997) point as discussed in Chapter Two that health professionals do not want to use theatre because they want to be seen as serious. This attitude by health personnel has turned their eyes away from the potency of Popular Theatre as a health communication tool. Mrs. Denyoh, finally, expressed the hope of a future collaboration with Dr. Beatrice Akua Sakyiwah so they can undertake many of such projects to save lives.

In conclusion, this chapter analysed step by step the project process that was employed. It further looked at the impact of the project, the community and audience participation, which was encouraging. The next chapter is the summary, major findings, conclusion, and recommendations.



Plate 8a: From L: Researcher, I. S. Kananzoe, Mrs. Denyoh, President of NDA, Ghana and Project Supervisor, Dr. Beatrice Akua Sakyiwah having a discussion. Source: FOG Production.



Plate 8b: From L: Researcher, I. S. Kananzoe, Mrs. Denyoh, President of NDA, Ghana and Project Supervisor, Dr. Beatrice Akua Sakyiwah having a discussion. Source: FOG Production.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter captures the summary, major findings, conclusion, and recommendations of the project. The summary aspect gives an overview of chapter one to four of this research. The second section consist of some of the major findings that I uncovered, then conclusion, and recommendations.

5.2 Summary

The study set out to test the efficacy of the Popular Theatre Methodology as a viable supplementary health communication tool using diabetes education. Chapter one of this study is a general introduction to the thesis consisting of a background to the study, issues of diabetes from the world, Africa and Ghana. It also contains the historical background, the problem statement, objectives, and significance of the study, and methodology. The second chapter undertook both an empirical and theoretical review of related literature that sort to highlight the understanding of the research focus. It also set the theoretical framework for the research. Chapter three dealt on the Popular Theatre methodology. It discussed the processes of the Popular Theatre cycle as applied in the research. The fourth chapter also analysed in detail the project processes, discussed the community's and audience participation and concluded with an assessment of the impact of the project. Chapter five, the final chapter contains the summary, major findings, conclusion, and recommendations.

5.3 Major Findings

The study found out that health education becomes effective when it is participatory and adapted to the local context. Besides, when people take part in the formation of a community initiated group, they become responsible and would want to own and sustain it. This came to light, when the community group that performed the devised play resolved to remain as a group so they can continue to use it for other communal education purposes. Again, because of their active participation in the Popular Theatre process the community's conscious level rose. This acquired consciousness empowered them during the scenario development, to determine what they thought should go into the play, and went ahead to implement them. This also became apparent during the post-performance discussions and follow up.

Another finding is that, when mapping is done before transect walk it helps participants to identify with and cross-check what they put in the map.

Lastly, the study also discovered that diabetes is indeed prevalent in the area with alcoholism and poverty identified as some of the contributing factors to its prevalence. The under resourced CHPS Zone Clinic prior to my arrival in the community did not have a single record of a diabetic patient in their records.

5.4 Conclusion

In conclusion, this research set out to investigate the cause of the high prevalence of diabetes among the people of Tafi Agome and to establish the type of diabetes common in the community under the title *Diabetes Education and Popular Theatre: The Case of Tafi Agome Community*. Among the aims and objectives of the study was to show how effective Popular Theatre could be in the dissemination of health messages. Indeed, Popular Theatre was effective in unearthing poverty and alcoholism as some of the possible causes of the diabetes menace in the area. Furthermore, I intend to introduce some basic Popular Theatre devising techniques to the nurses in the area for use in their subsequent health education activities.

This unfortunately could not be achieved directly due to time constraints. It, however, happened indirectly because the community health nurses were conscientised enough through their active participation in the Popular Theatre process. Finally, social actors were created to sustain the diabetes education after this intervention, judging from the outcome of the impact assessment of the project. For that reason, some appreciable degree of success has been achieved with regard to the objectives I set forth to achieve.

One key issue discussed in this study is the fact that the Diabetes Care Model's 'Top down' approach to combating diabetes is undemocratic. I say this against the backdrop of the fact that health messages are better communicated when the receivers are made to participate in the process. Therefore, when Popular Theatre is supplemented with the other media, the model is most likely to communicate better and reach a wider audience.

For instance, Popular Theatre does not just entertain but teases out challenges for solution driven discussions. The use of the indigenous language of the people renders Popular Theatre more effective than the other media such as radio, TV and newspapers in view of the limited coverage area of English. But Popular Theatre appropriates the community's performance idioms. Besides, Popular Theatre does not impose ideas on the people but encourages the people to actively identify their problems and go ahead to take actions to solve them. Popular Theatre, aside all these, is also inclusive in nature because it involves the indigenous people from the start to finish. For example, from problem identification, to prioritisation, to devising and rehearsal, to performance through to post-performance discussion, and follow up, it engages and involves the people. This is what makes Popular Theatre democratic and participatory.

As a final point, Popular Theatre integrates both existing indigenous and popular communication systems of a community to supplement its interpersonal medium. This makes it more impactful than both the print and electronic media.

5.5 Recommendations

Having successfully undertaken this research, I am convinced that Popular Theatre is a viable supplementary tool for health education. In view of this, I hereby recommend the following:

1. That because of the efficacy of Popular Theatre as a research tool, health professionals, National Diabetes Association and the Ghana Health Service are encouraged to adopt it for their research as well as the dissemination of their research findings.
2. That some processes of Popular Theatre need to be applied in a particular way for it to be effective. For instance, mapping should be done before transect walk for validation purposes.
3. Because of the low income levels of the rural areas they are very prone to diabetes. Hence, diabetes knowledge and education should be improved in these areas.
4. In any Popular Theatre research, the research process should be conscious of the 'Bom factor' so as to minimise its effects.
5. That, any Popular Theatre research when done with the view to conscientising or empowering people is most effective.
6. Tafi Agome has undertaken of self-initiated projects, it is about time they got support. Especially by upgrading their CHPS Zone to a modern Health Centre with all the necessary infrastructure and personnel.

7. As a temporary measure, I recommend that the CHPS Zone at Tafi be stocked with at least laboratory equipment that can cater for diabetics.
8. This research and the video could be used as a study guide or as a reference material in the area of Popular Theatre and health education.
9. It is my hope that the 'Top Down' approach of the Diabetes Care Model would be revised to inculcate Popular Theatre in order to make it more engaging, democratic and participatory.
10. Finally, the Ministry of Health should endeavour to run diabetes dedicated care centres in rural communities.

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APPENDIX A:**English Translation of the Devised Play - *Bagbɔr Nɔnyɛmɛ***

Below is a transcribed and translated version of the above devised that was performed in Ewe. The goal of the transcription is to allow for replication in any other language. Moreover, devised play starts without a script and ends with. Hence, it is appropriate to write down for posterity.

CAST of Bagbɔr Nɔnyɛmɛ

<u>Role</u>		<u>Name</u>
Nurse I	-	Rebecca Honu
Nurse II	-	Rebecca Ada
Pregnant Woman		Oboadie Emma
Escort		Comfort Amevu
Woman I		Beatrice Adjah
Woman II		Comfort Atsu
Woman III		Hannah Afram
Farm Owner		Godlib Osei
Man:		Godwin Akwatia
Drunkard's brother		Bolonyor George
Drunkard		Frank Dzikpehlo
Okyeame		Francis Adzakumah
Elder		Owusu Stanley
Togbe (Chief)		Pastor Felix Honu
Queen I		Elizabeth Ekpe

Queen II	Agnes Borgbor
Queen III	Rose Nuagbe
Farm Owner's Sister	Rose Nuagbe
Gong-gong Beater	Godlib Osei
Messenger	Frank Dzikpehlo
Youth:	Godwin Akwatia
	Beatrice Adjah
	Bernice Adah
	Patience Adjah
	Judith Damfo
	Christine Oboadie
	Doreen Honu
	Edzidor Elsie

SCENE I (Hospital)

Nurse I (Incoherently)

Nurse 2 (Incoherently)

It was not easy my sister. You did not witness it, did you? They were big men who came to pack their big cars.

Nurse 2 (Incoherently)

Nurse I

There were a lot of people. Big men! In current times, if your ward is not educated, you have achieved nothing.

Nurse 2

Ooh. Is that so?

Nurse I

(Changing topic)

Aha! How is our work faring?

Nurse 2

(Reaching for her mobile phone)

Just a moment *(she speaks on the mobile phone for a while)*

Nurse I

(After nurse 2 hangs up)

What exactly should we do now? We came to sit here since morning and not even a single soul has set foot in this hospital? Yet when it is time for us to leave then they start trooping here. Is this fair?

Nurse 2

Noooo. Just relax.

Nurse I

When the time is up and someone shows up here, we shall not attend to the person. We shall say we have no drugs and refer the patient somewhere else. Just wait and see.

(While they were still speaking, two women enter. One of them, pregnant and seems to be in severe pain is led in by the other woman)

Nurse 2

(Reaching out for her mobile phone again)

These people are calling me once again.

Nurse I

What is the matter with them?

Nurse 2

(Speaking to the call party)

I said I will come. I will come.

Nurse I

Tell them to be patient. It is not yet time.

(Presently the women are seated. The pregnant woman groans in pain. The nurses seated, ignored them)

Nurse 2

(Hangs up on phone call)

We did not enter the details of those who came to the hospital the last time. Enter it now.

(Nurse I scribbles something in her book)

Escort

Good evening

Nurse 2

Good evening

Nurse I

(Scrutinising them with a look of indifference)

You are welcome (pauses)

Nurse 2

What is the matter?

Escort

She is in labour so I brought her to the hospital

Nurse I

You brought her here because she is in labour. We have sat here since morning and not even a glimpse of air struck us. Now that it is time to go, you have brought your pregnant woman.

Nurse 2

(Reaches for her phone again and dials)

I'm on the way coming.

(She hangs up talks to the woman)

So what do you want us to do for you now?

Nurse 2:

(To Nurse I)

What did they say their problem is?

Nurse I

She said she has brought the pregnant woman to be attended to

Nurse 2

Attended to at where?

Nurse1

(To nurse)

Forget about them

(To the woman)

Do you know something? We don't have a single drug to give you. Moreover, we don't have water. Not even a place of convenience.

What happens if we admit her?

Pregnant woman (groaning) please, I am pleading with you

Escort

Is there not any medicine that you can give us? At least something you can do for us

Nurse I

There are no medicine, no bed, and no washrooms

There is nothing we can do for you. What we can do is to give you a referral letter to the next hospital *(quickly writes in a piece of paper and gives it to the woman)*

Take this and send your pregnant woman away before something bad happens

(Escort stands up and takes Pregnant woman out)

Nurse I

Forget about them. There is no water, medicine or washroom. How can you admit a pregnant woman into a place like this?

And when you realise she has diabetes and there are no drugs, what do you do? Let them go! Time is up let's get out of here before someone else comes to worry us.

[Nurse I and II exit]

SCENE II

(Three women with woods of firewood coming back from the farm converse amongst themselves).

Woman I

To the others: do you realise we would not be suffering much if we had a market in our environment? We have being in the farm all day digging stumps and slashing weeds. How can we also be financially able?

Woman II

eeh. Can we not start a business then?

Woman III

How can we ensure that our children have tertiary education? Our plight is heavy!

[They meet a man heading in the opposite direction]

Man to women:

Ayekoo

Woman I

Ok you are also welcome back. *(Approaching woman2)* is that Mr. Tegborgbor?

Woman III

That's him

Woman I

Was it not his wife that was sent to the hospital today?

Woman III

It was her. They said it was her

Woman I

I heard she was in labour and even had diabetes.

Woman III

(To Woman I)

My sister, tell me more to keep up in records

Woman I

And the nurses sat down, cutting their nails and making phone calls, acting like nothing was happening

Woman II

Let me tell you my sister, they said a lot of people have this diabetes disease. They said it's hereditary. They told me I also have diabetes.

[A drunkard enters while they are still conversing]

Drunkard

Look at these women. Gossips are your leads not heavy

Woman II

Where is he also coming from?

Woman III

Look at this senseless drunkard

Drunkard

Me! A drunkard?

Woman I

Where is he from?

Woman III

I don't even know (*to the drunkard*) stop drinking. Stop drinking

Woman II

It's a long time I saw this guy. Where is he from?

Drunkard

(*To Woman II*)

Me. A drunkard? You don't know that you have diabetes!

Woman III

Me? Where did you get that from?

Drunkard

If you insult me, I will insult you as well

Woman I

(*To drunkard*)

Fool

Woman III

Insult him for me

Drunkard

(To Woman III)

That daughter of yours who keeps roaming about, do you know what she does in Accra?
Prostitution!

Woman III

(In anger, she throws the load of firewood on the ground, approaches the drunkard and seises him by the collar of his shirt. Drunkard shoots in reaction to the throwing of the firewood on the ground)

Drunkard

(To woman II)

Have you not heard that it is a taboo to throw firewood on the ground in that manner? I will report you to the chief

Woman III

I know that but we are not in town. I know the taboos. I know that we do not

Drunkard

That one is none of my business *(he leaves)*

(Woman III packs her firewood and the women continue chattering away)

Woman II

Here we are, having a crucial conversation and look at what this guy has done

Woman III

It is the desire to avoid these kinds of situations that stopped me from mingling with all kinds of people.

Woman II

From all these talks of diabetes and the tests carried out I hear diabetes is hereditary. Have you ever heard that diabetes is also a hereditary disease?

Woman III and 1

I have not heard before ooo

Woman I

Enough of that matter. When my son completed school, where was the money to make him further his education? I just sent him straight to Accra to get some work doing.

Woman II

My friends, please advise me. I am so confused about this hereditary diabetes diseases. What should I do? I don't even have money

Woman III

I thought this disease only affected the rich. But now I realise, even we the poor suffer from it. But do not sit back because you don't have money. You have a health insurance card. Is that not right?

Woman II

(Reluctantly)

Ye---e—ess.

Woman III

Just prepare and go...

Woman I

(To Woman II)

Since I don't have money, all I will say is; go to the hospital. Whether the nurses are working or not, let them attend to you. And if they refuse, sit there and don't leave until they attend to you. Have you heard? My sisters, lets us go

(The three women exit still talking about the diabetes issue]

SCENE III

(Enter drunkard. He crouches to ease himself. As he eases himself, stands up and continues at another site. A farmer enters, with cutlass and bag, sees the drunkard drops his cutlass and confronts him)

Farmer

Hey hey hey!!! What are you doing in my farm? Come here! What are you doing?

(Grabs drunkard by his neck)

Drunkard

(Incoherently)

It's not your farm. It's not your farm

Farmer

Come and collect the faeces. Come and collect it

Drunkard

Collect it? Why?

Farmer

Ok I will sue you because I saw you. I saw you easing yourself here.

Drunkard

You claim you own the farm. You can collect it

Farmer

I will sue you

Drunkard

You cannot go and sue me

Farmer

Why?

Drunkard

(Silent and then starts to leave)

Farmer

Don't you know of the numerous places of convenience provided by the Torgbui?

Drunkard

(Coming back)

All those places of convenience built from Nkrumah time? They are not even usable anymore...

Farmer

And it is in my farm that you have to ease yourself?

Drunkard

And should I use them when I'm already drunk? Get away (*he leaves*)

(Farmer picks up his cutlass and leaves)

SCENE IV

[In the Torgbui palace. The Torgbui is seated amongst some elderly. A bare chested longest sits before the Torgbui. Enter farmer, followed by a girl]

Farmer

Agoo!

Linguist & women

Come in

Farmer

Is Okyeame in?

Linguist

Okyeame is all ears

Elder I

(To farmer and girl)

Please sit first

(Farmer and younger girl take their seats and exchange greetings with the Torgbui and elders)

Farmer

Okyeame

Linguist

Yes, Okyeame is all ears

Farmer

Relay it to the Torgbui and his elders here to give Mr. Aveto's the community drunkard. I caught him easing himself in my farm

Linguist

Torgbui, I believe you have heard the message

(The Torgbui nods his head and consults with elders)

(To the farmer)

Torgbui welcomes you

Torgbui

Okyeame

Linguist

Yes, Okyeame is all ears

Torgbui

Let our brothers know that we have heard his complaint. We will work on it.

Linguist

(To farmer ... young girl)

Have you heard Torgbui?

Farmer

Yes, we have

Torgbui

I will send for Aveto, to come and defend himself.

Farmer

(To linguist)

Let Torgbui know that we desire to leave

Linguist

You have permission to leave *(farmer and young girl leave)*

Torgbui

Okyeame

Send for Mr. Aveto....

Linguist

They are coming

[Aveto, the drunkard enters accompanied by his father. They sit]

Aveto Snr

Greetings

Linguist

Greetings. You are welcome

[Farmer and young girl re-enter. They sit facing Aveto and his father]

Aveto Snr:

Is Okyeame available we have a word for the chief

Linguist

Let us hear it.

Aveto Snr:

We received message that my son has defecated in someone's far....

Linguist

Please, Torgbui's hearing is somehow impaired so speak louder!

Aveto Snr

(In a loud manner)

I was home this morning when I received news that my son has defecated in someone's farm, so we are here.

Linguist

Torgbui, I believe you have heard from them

Torgbui

(Torgbui engages in a discussion with his elders)

You are welcome. Okyeame, are you available?

Linguist

Okyeame is

Torgbui

Relay it to the people (*rumble and murmur*)

Linguist

Silence!

Torgbui

To our brother that...

[A group of demonstrators enter chanting, 'we no go gree2x)

Linguist

(Shouting continually)

Silence! Silence!! Silence!!!

(Leader of demonstrators signal his people to stop the chat and shoots. They stop)

Demonstration Leader

Okyeame, relay it to Torgbui and his elders that we would like to greet him.

Linguist

Let your greetings come

Demonstration Leader

Good evening to you all

Torgbui

Good evening. How do your families fare?

(Demonstrators respond: you are welcome)

Demonstration Leader

Okyeame let Togbui and his elders know that there is a matter plaguing we the youth of this town and that is why we are here. In case there is any advice that Togbui can render, we would love to hear it.

Linguist

Torgbui you have heard them

Torgbui

Okyeame, let them know we have heard their voice but they have to pardon us because we are currently attending to an issue so let them wait a little.

(The demonstrators started shouting 'no no no we would not agree, they continue for a brief time)

Torgbui

Okyeame, tell them I have heard so let them speak to it.

Demonstration Leader

Okyeame, relay it to Torgbui that the matter that is plaguing us is that the nurses have refused to attend to one of our sisters that was sent to the hospital recently. They claim there is no medicine, water, washroom....

[Woman from the crowd interrupts to leader]

Woman I

Mr. You are not articulating the matter well for me, keep quiet and let me speak to Torgbui. What is Torgbui doing? Pregnant women, youth and children are dying. We, the youth have had enough.

When we go to the hospital we all laboured to build, they fail to give us drugs. And we are all suffering from diabetes. I sent a sibling there the last time and they referred us without any drugs. So we have come to ask you if you are aware of all these happenings. Have you heard that our hospital is now a CHPS Zone?

Linguist

Torgbui, have you heard them?

Torgbui

Okyeame let them know I have heard them. I appreciate it that they care about our community and are bringing to my notice the ills they have noticed. But let them have a little patience we, the people of Tafi Agome are not lazy. We have through our own effort have built our own health centre, electricity poles and provided safe drinking water. But at this point, we need help which we hardly receive

Woman I

Why?

Torgbui

(Addressing the youth demonstrators)

Through our communal effort for water, we managed to dig tunnels connecting springs from the top of the mountain to the town. DANIDA, our supporters anticipated we will dig it in a year but we did it in three months. At the moment we have manufactured blocks to be used in building a public toilet facility. But help hardly comes.

We shall keep hoping that help comes along. But in the meantime, some people are coming from Accra tomorrow to talk to us. I would ask you to go and you shall hear from me again.

(The demonstrators leave)

Torgbui

(Addressing Okyeame)

Okyeame, give the gong-gong beater the order to announce to the community to meet the people from Accra tomorrow at the basic school premises.

(Aveti, the drunkard, stands and leaves to run that errand. He meets the gong-gong beater around and relays the message. While the Torgbui and his people are still in session. The cries of the gong-gong beater is heard)

Gong-gong Beater

Good evening my community. I do not strut without reason. But Torgbui and his elders ask that I inform you to be present at the community centre to meet a delegation from Accra tomorrow.

(The gong-gong beater repeats the announcement while moving around the seated people. He ends after he has completed a semi-circle around them)

Linguist

(To the people seated)

We would like to close for the time being

THE END

APPENDIX B (i): Focus Group Discussion Guide

1. Participants Information: Name, Age, Gender, Occupation
2. What can you tell me about the history of Tafi Agome?
3. Have you been sick before?
4. Do you go to the hospital or you seek local treatment?
5. Of hospital and local treatment, which do you prefer?
6. Where do you attend hospital, anytime you fall ill?
7. Do you know your family health history?
8. What is diabetes?
9. How do you call it in your dialect?
10. Do you have it or do you know anyone who is diabetic?
11. What are the causes of diabetes?
12. What are the types of diabetes you know?
13. What is the relationship between you and the nurses at the Tafi Agome CHPS Zone?
14. What do you think of this project?
15. Do you think it will benefit the community?
16. Do you think this project can bring about behavioural change in the community?
17. Will you be willing to sustain the process after the intervention?
18. In what way?
19. Is there any other information you would like to add?
20. What advice do you have for me in order to make this project a success?

APPENDIX B (ii): Interview Guide for Community Health Nurses

1. Introductions
2. What is your position here and for how long have you been here?
3. How many assistants are here currently?
4. How many days a week do you consult? If less than seven days a week, why?
5. Does the centre operate 24/7? If no, why?
6. What are some of the common ailments you have recorded from the community?
7. What is the status of this clinic? Is it a health centre or a CHPS compound?
8. What is the difference between a health centre and a CHPS compound?
9. Whose responsibility is it to stock the centre with drugs?
10. Do they supply sufficient drugs? If no, why?
11. Do you have records of any diabetic in this community? If no, why?
12. Was drama part of your training as a nurse?
13. What are the challenges you are facing as a manager of this centre and between your centre and the community?
14. How do you carry out health education campaigns in this community?
15. Do you use drama? If yes, how?
16. What are your recommendations for solving these challenges?
17. Will you recommend drama as part of nurses training?
18. A word of advice for diabetics in the area

APPENDIX C: Welcome Address by Okukrubor Togbe Afare VIII

WELCOME ADDRESS BY OKUKRUBOR TOGBE AFARE VIII - DUFIA OF TAFI AGOME ON THE OCCASION OF THEATRE FOR DEVELOPMENT RESEARCH PRESENTATION ON THE TITLE: DIABETES EDUCATION AND POPULAR THEATRE: THE CASE OF TAFI AGOME COMMUNITY ON 21ST MARCH, 2015.

The Volta Regional Minister, the Regional Director - Ghana Health Service; the Regional Director - Ghana Education Service; the Chief Executive, Afadjato South District; the District Director - Ghana Health Services, the District Director - Ghana Education Service; the Guest of Honour Mrs Elizabeth Esi Denyoh President, Diabetes Association of Ghana, Dr Beatrice Akua-Sakyiwah, University of Ghana, Students of the School of Performing Arts, Legon, Togbewo, Mamawo, Ladies and Gentlemen.

It is a pleasure in taking this opportunity to welcome you all into Tafi Agome and its environs on this important occasion, of Theatre Development Research presentation with the theme; Diabetes Education and Popular Theatre: The Case of Tafi Agome Community. by Mr Iddrisu Seidu Kananzoe, a graduate student of the Department of Theatre Arts, School of Performing Arts, University of Ghana, Legon.

Togbe Chairman, research I think is the source of knowledge of any kind in the development of mankind and society. This is the reason why we were very happy and embraced Mr Kananzoe's research with us. It is therefore our hope that this presentation will have a fruitful impact on everybody here to the extent that, those who matter and care could come to our aid in this community so as to improve on our health issues.

Distinguished Guest, ladies and gentlemen, let me tell you a little about us. Tafi Agome is one of the four divisions of the Tafi Traditional Area. The people of Tafi are one of the tribes of the Guan Empire. Its people are the indigenous settlers in this area called Ghana today. Our original name is *Bagbor* and we speak *Tegbor*. In settlement, our ancestral

home can be traced to a place called *Anatu* which is about just a kilometre away from here. I believe some of you might have visited the place this morning. We are very peaceful and loving people to the extent that we co-exist with wild animals like the Mona Monkeys which can be seen at Tafi Atome. They are not scared when they see us.

Togbe Chairman, you are in a community where the people are endowed with high communal spirit. Through this spirit they have been able to build schools, provided themselves with potable water, built a clinic and acquired electricity for themselves. Currently, they have initiated an I.C.T. project which is at a roofing level. In spite of all this, a lot is still hanging over us, for example, with the changing times we need a better public latrine to complement the general sanitation in the community.

Distinguished Guest, Ladies and Gentlemen, however, it will interest you to know that the health centre which we communally toiled to build and was inaugurated in January, 1991 under the full support of the then government which put in place midwives and nurses to manage, has now been brought down to a CHPS Zone status. This happened upon the mere reason that the centre was lacking some basic amenities and having poor patronage.

Togbe chairman, I cannot comprehend the situation, to be frank. Excuse me to put up this scenario in expressing my frustration in this case. How and where can one say a Senior High School which has been in place for many years and happens to grow into lacking some basic amenities be turned into a Primary School. What happens then to the students? In the same way we can ask what will happen to the people in the community who may suffer more serious ailments which a CHPS Zone cannot manage.

Togbe chairman, this is a pity. However, I am appealing to the government, NGOs and all who matter to come to our aid. We have already secured sufficient plots of land for better health infrastructure.

Distinguished Guest, Ladies and Gentlemen, I am happy we have in our midst Mrs Elizabeth Esi Denyoh, the President, Diabetes Association of Ghana and our Guest of Honour for this programme. Hopefully, she will educate and advise us more on how to treat and manage the diabetes ailment in this community.

Togbe chairman, I cannot go further. I must stop here for the programme to roll out. Once again I say you are all welcome.

Thank you.

APPENDIX D: Project Process in Pictures

Community Entry



TRANSECT WALK IN PICTURES



MAPPING IN PICTURES



INTERVIEW IN PICTURES



FGD WITH YOUTH IN PICTURES



FGD WITH CHIEFS AND ELDERS IN PICTURES



FGD WITH WOMEN IN PICTURES



REHEARSALS IN PICTURES



DIABETES SCREENING



Performance in pictures



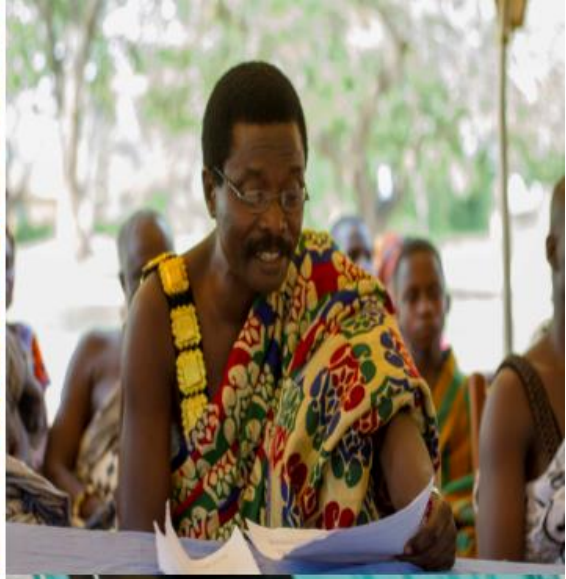
POST PERFORMANCE DISCUSSION IN PICTURES



From L: Okukrubor Togbe Afare VIII, Togbega Dadra V of Emli-Bazeh and his Regent behind them.



Okukrubor Togbe Afare VIII and his Sub-Chiefs





Tafi Agome Health Centre





Students and Community Members enjoying Borborbor Music

A trip to Tafi Atome after the Project



APPENDIX E: Programme

Department of Theatre Arts
School of Performing Arts
College of Humanities
University of Ghana

Presents

An MFA Theatre for Development Project Presentation

By

Iddrisu Seidu Kananzoe

Supervisors:

Dr. Beatrice Akua-Sakyiwah & Rev. Dr. Elias Kwaku Asiamah

Date: Saturday, March 21, 2015.

Time: 10:00am – 12:00pm.

Venue: Junior High School Campus, Tafi Agome, Afadjato South District, Volta Region.

Programme Line up

- Screening
- Courtesy call on Okukrubor Togbe Afare VIII
- Visitation to the Ancestral Home of Bagbor
- Pouring of Libation - Linguist
- Opening Prayer – Cephas Anku
- Introduction of Chairman – Belinda Asiedu- Bediako
- Chairman's Acceptance Speech
- Welcome Address by Okukrubor Togbe Afari VIII
- Purpose of Gathering – Ms Freda Hagan
- Performance of Play – Bagbɔr Nɔnyɛmɛ
- Education on Diabetes – Bridget Peku Resource Person
- Post- Performance Discussion facilitated by Belinda Asiedu-Bediako
- Supervisor's Comment – Dr. Beatrice Akua-Sakyiwah
- Time with Tafi Community Health Personnel
- Comment from the District Health Directorate Representative – Mr. Stephen Nunoo

- Speech by Special Guest of Honour – Mrs Elizabeth Esi Denyoh – President, National Diabetes Association, Ghana.
- Other Contributions
- Chairman’s Closing Remarks
- Vote of Thanks – I. S. Kananzoe
- Closing Prayer
- Visit to Tafi Atome Monkey Sanctuary
- Journey Back to Accra.

Synopsis of Play - Bagbor *Nɔnyemɛ*

This play is a chronicle of the challenges of *Bagbor*, a once vibrant town with a dominant thematic area of Diabetes. *Bagbor* is the original name of Tafi Agome and *Nɔnyemɛ* in *Tegbor* – the language the indigenes of Tafi Agome speak means ‘Awake’. *Bagbor Nɔnyemɛ* is, therefore, a clarion call for a re-awakening of the spirit of ‘self-help’ that the town is noted for which has dimmed now via diabetes education and conscientisation.

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