

# Motivation for primary health care in Machinga district

*H. J. Schmidt and D. Kerr*

## Introduction

People have the right and duty to participate in planning and implementation of their health care. Health care is not only everyone's right, but everyone's responsibility. Basic Health Care should not be delivered but encouraged.

All Primary Health Care workers will agree with these sentences. It always has been difficult, however, to motivate people on real participation and self-help. Media like radio, posters and lecturing type of teaching are prone to fail.

We want to report about a very positive experience we gained by using the "theatre for development" – approach as a tool for motivating and educating our target population in Machinga district.

The cooperation with the lectures and students of the "theatre for development" group at Chancellor College proved to be fruitful for all parties concerned, villagers, PHC workers and students.

## Health through theatre for development

This article describes work which has taken place in Liwonde recently in using theatre for Primary Health Care education. Malaŵi's P.H.C. problems are so pressing that theatre might appear a luxury in such a context. I hope to show that in fact the medium has proved very well suited to P.H.C. education.

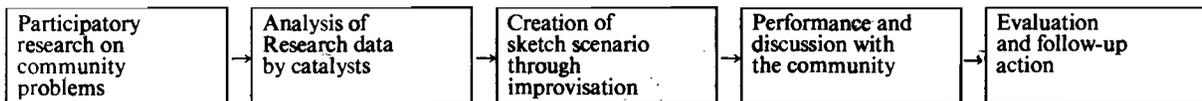
The P.H.C. unit within Liwonde ADD have for some time not been satisfied with the P.H.C. communication techniques previously available, namely talks, charts and demonstrations. These have tended not to involve villagers very

their own problems. In 1981 the Chancellor College Travelling Theatre held a Theatre for Development workshop at Mbalachanda Rural Growth Centre, creating plays with extension workers on linked issues of Health, Literacy and Agriculture. In the ensuing years, the Travelling Theatre, in addition to its well-publicized urban theatre activities was also involved in several other popular theatre projects using local languages and geared to local communities in the Zomba area. With the establishment of a Theatre for Development course for 2nd year students in the Fine and performing Arts Department, such work was legitimized as part of the academic teaching structure.

In the academic year 1985/86 the organizers of the Theatre for Development course decided to make cooperation with Liwonde P.H.C. Unit the centre of their year's activity.

The process of Theatre for Development which the University theatre workers had got used to, was one much used in other African countries, such as Botswana Sierra Leone and Zambia. It can be synopsized as below:

The team realized from their own experience at Mbalachanda, however, that this model is flawed, in that the participation of the community, though greater than for talks and presentations, is still not very intense, especially when the catalyst group is perceived as being merely transient project workers. Much consideration in the planning stages was therefore given to increasing the participatory involvement of the community.



strongly, nor to take full account of locally specific community problems. The P.H.C. workers were keen on finding an approach which did not rely on exhortatory, and often patronizing top-down communication from a central bureaucracy. Theatre and the performing arts seemed to offer a more participatory possibility.

The opportunity arose of cooperating with a theatre team from the University of Malaŵi. For some years the Fine and Performing Arts Department of Chancellor College has been interested in what is commonly called Theatre for Development, using drama as a tool which disadvantaged communities can use to analyse

## Health problems in target area

The "target" area chosen was that of Mwima Trading Centre, about half way between Liwonde and Ulongwe, on the Mangochi Road. Participatory research trips were made to the area in December, 1985 by combined teams of the P.H.C. Unit and University theatre cadres. Community informants strongly felt that their own major health problems were related to water-borne diseases, particularly diaorrhoea, and to malaria, although in some nearby villages there had also been serious outbreaks of cholera. The second major problem was that of the difficulty villages faced in obtaining treatment,

owing to the long distance to the nearest health centre in Ulongwe (or the hospital in Liwonde).

In the discussions about water-borne diseases, the catalyst group and the community spokespersons identified the dirty, muddy surroundings of two wells, one near Mdenga village and the other at Mwima Trading Centre as major causes of disease, along with unattended rubbish heaps at Mwima market. It was agreed that this topic should become the focus of the first dramatic sketch.

### The theatre sketches

i) The catalyst group prepared a scenario through improvisation which centred on a conflict about the siting of a well – whether it should be near the headman's house, the trading area, or somewhere in between. When the sketch was performed in Mdenga village in January, 1986, the actor playing the chief (University Drama lecturer, Chris Kamlongera) kept opening up the discussion for the village audience to participate in the play by supporting or opposing his views. Fig. 1. This technique created a very lively debate in the community on the issue of maintenance of hygiene at the wells. Afterwards, the whole community agreed that they would mobilize themselves to clear the surround of the wells and build a cement apron, provided Primary Health Care Unit could provide the cement. The P.H.C. representatives undertook this. Some opposition, however, existed from the owner of the well at the Trading Centre – but he also agreed when the sketch was performed to a fairly large audience at the Trading Centre.

There was a strong feeling that provision of the cement was an important factor in motivating the villagers into mobilizing themselves.

ii) The next problem focussed on by the drama team was that of the difficulty in getting treatment for patients in the formal health system. In the sketch, a woman was portrayed taking her sick child a long distance to a hospital and finding many difficulties (queues, an impatient doctor and so on) before obtaining treatment. Within the discussions the community agreed that establishing village Health Committees, incorporating traditional healers and birth attendants, could go along way to treating some of the most obvious causes of disease with the village, as well as reinforcing measures of community hygiene. If a vigorous V.H.C. were established travel to Liwonde would only be necessary for complicated cases. At a subsequent meeting

between P.H.C. workers and the community a V.H.C. was elected in Mdenga village.

iii) The next sketch created concerned problems which might arise after the creation of the V.H.Cs -namely incipient conflicts between existing authority structures and the new V.H.Cs. The conflict in the play arose in a scene where a farmer felt that his manhood had been degraded because of insistence by a V.H.C. worker that he build a pit-latrine. The sketch was performed (along with the two earlier sketches, like scenes in a loosely linked play) at a large community meeting in March, 1986 at Mwima Trading Centre, attended by headmen and other leaders from the whole area. The emphasis in the sketch was not one of giving propaganda to preach the value of V.H.Cs and hygienic wells, but to raise those issues through role-play, allowing the audience opportunity to debate the issues raised in the play. The discussions during the play, which involve active audience participation, and even more so when the audience had broken into small groups was very lively. It was clear that the active involvement of the original participants from village helped create a positive communication framework. Largely as a result of these discussions, V.H.Cs were elected in most of the villages in the Mwima area, with basic medicines (Such as anti malarias, aspirin, oral rehydration treatment sachets and tetracycline eye ointment provided by the P.H.C. Unit Liwonde ADD).

### Evaluation

In the informal evaluation which was made by the P.H.C. workers, the University theatre cadres and the V.H.C, there was a strong feeling that the theatre process was an extremely useful way for villagers to articulate their views and strategize ways of combatting community Health problems.

One sign of the growing confidence of the Mwima villagers in the methodology was that a group of women, led by traditional birth attendants, but without any instigation from the catalyst group, created their own improvised theatre sketch to articulate women's problems in the community.

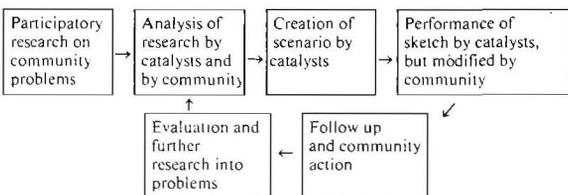
The next stage of the process was to take the idea of both popular theatre and V.H.Cs outside the Mwima area. The area chosen was Mbera Trading Centre, about 20 kilometres north of Mwima, near Balaka. After participatory research there a play was created about an historically real recent incident at Mbera – the

building of a clinic on a self-help basis, which was never sent any medical staff.

The actors consisted of University students, the P.H.C unit and villagers from Mwima. The villagers were able to make a particularly useful contribution, because they were personally known to many in the Mbera audience, and because they were very conversant with the cultural context within which the sketch was created. At Mbera, an agreement was reached to elect V.H.Cs to protect community health, with one V.H.C. operating from the same self-help clinic which the Ministry had been unable to staff.

It is not possible to give a very objective balanced evaluation of this "theatre for community health" work, as the process is still very much on-going. At the time of writing this article, there are plans for sustained campaign during the 1986 University long vacation, when the students can be free for such work on a much more extended basis.

The on-going nature of the work is, I believe, a major reason why it is an improvement on the earlier model of Theatre for Development which the University theatre cadres had attempted. A breakdown of the process reveals a more complex and participatory procedure than the earlier one.



The important point is that this is not a one-off "project", but a continuing process which sustains itself and leads to increasing community control of its decision-making options and to a deepening analysis of the factors which contribute to ill-health in society.

Already it is possible to see some of the benefits of using theatre as a communication device. The main advantage is that it is a process which immediately involves the community as an audience, and after the acquisition of a modicum of skill, as actors too. In this way it is possible to have genuine communication between P.H.C. workers and the community, instead of ineffective top-down propaganda. The villagers are able to articulate their problems freely, particularly because the role-play eliminates some of the structured shyness which might conventionally inhibit free discussion. It also allows the community to analyze not only what has happened in the past (e.g. the self-help clinic that wasn't staffed) but also to strategize ways of dealing with problems in the *future* (e.g. clearing up wells, or creating V.H.Cs.).

Theatre does not, of course replace P.H.C. communication techniques like charts, talks and demonstrations, which still have a very useful role to play. The special alternative value of theatre is that it can contribute to one of the most important requirements of P.H.C. – breaking away from excessive dependence on the formal Health system, the resources of which are not always adequate. In its place it can help build the confidence to mobilize local skills and resources for achieving basic health within the community itself.

