

Using street plays as a populist way to spread eye health awareness: An experience

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Street plays are a popular traditional medium of communication and entertainment in India. The objective of this paper is to communicate our experience about using street plays to raise awareness about children's eye health in a South Indian setting. Based on our experience of the prevailing misconceptions about children's eye health in our community, we selected some topics and prepared a blueprint of the scripts. We hired professional troupes who further refined these scripts into traditional street play scenarios by adding traditional songs, humor, and dialogues in the local dialect, leaving adequate room for improvisation during actual play. After a few rehearsals, we finalized the actual plays. Then, these were enacted in different parts of the city on different occasions, over a span of 3 years. In this descriptive paper, we share our experience of this exercise so that others may try and replicate this initiative in their areas. We found that the street plays were well attended by the people indicating the popularity of this medium in local communities. At the end of the street plays, a sample audience was interviewed about what they understood from the sessions, and most of them could reproduce the key messages. We found that instead of training our own staff, hiring a professional troupe was a more practical choice. Overall, it was a fruitful exercise in terms of the number of people that our plays reached out to effectively. Thus street play is an effective and popular means of disseminating eye health messages in our communities.

Key words: Children's eye health, health education, street play, street theater

Despite the widespread availability of electronic media, traditional folk media remain close to the hearts of the people, especially in the vast rural hinterlands.^[1-3] This makes traditional folk media an effective tool for the education of the masses. Street theatre/play is one such folk art, which is deeply rooted in Indian culture as a form of entertainment and communication.^[2] It is a theatrical performance enacted in an open space such as a street, the courtyard of a temple, or during village festivals. It has been a popular culture in diverse parts of India since many years and is prevalent under different names, such as *Nukkad natak* in North India, *Path nātya* in Maharashtra, *Veedhi Natakam* in Andhra Pradesh, *Bayalāta* and *Nalakatha* in Karnataka, and *Terukkuttu* in Tamil Nadu.^[3,4] In the past, it was used more often to depict mythological stories, but over time, it has come to be increasingly used to highlight relevant social issues.

These plays are written in the colloquial language and are performed with minimal or no sets, props or costumes. It is a familiar form of music, dance, folk performance, with humor being used to connect with the audience. The performance may or may not be announced beforehand. The performers may simply show up at a particular spot and attract viewers by singing or drumming. Familiar stories or real-life incidents

are used such that the audience can relate to the performances with ease. The plays are generally short (less than 20 min), sometimes allowing for the participation of the audience as well for interactive discussions. Due to their potential to appeal to the masses, street plays have been utilized for promoting health awareness for various public health issues such as HIV/AIDS,^[5] malaria,^[6] women's health,^[7] tuberculosis,^[8] mental health,^[9] dental health,^[10] tsetse fly control,^[11] etc.,. However, to the best of our literature search, we did not come across any report on the use of street plays to raise awareness on eye health.

Looking at the popularity of the folk street play "*veedhi natakam*" (literally "street theatre" in Telugu, the native language), we thought of using it as a means of raising appropriate awareness. With this paper, we would like to share our experience about how street plays are actually developed and performed for raising eye health awareness in a community.

Methods

Selection of place and topic

These series of street plays were enacted in a Tier-3 city in South India, in Krishna district of Andhra Pradesh. We selected low-income areas with a dense population in the suburbs of

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the city for this initiative. Refractive errors, childhood cataract, and squint were chosen as topics. With the actual experience of working with patients in this area, we found that there were several misconceptions about these three common childhood eye diseases due to which children were brought for treatment late, leading to suboptimal outcomes after intervention. For instance, people thought that cataract in a child would go away with age or that squint was a sign of good luck, and that for a child to wear a pair of glasses was considered a taboo.

Selection of performers

We decided to take help from a professional troupe to execute the idea of using *veedhi natakam* to disseminate eye health information. This troupe had won several state awards for its street performances on road safety and HIV/AIDS awareness, and their charges were very reasonable. We felt it was more practical to do it that way rather than train our staff members who were busy with clinical work. Apart from the regular actors in the troupe, the troupe had a special anchor, called as *sūtradhār* in traditional folk theatre, who was the principle coordinator of the play, and a *vidūshaka*, a stock comic character, who would keep the audience entertained with his funny acts and dialogues.^[12]

Development of the script

A good story lies at the heart of any successful street play. We developed scripts for the plays based on 2 years of professional experience of managing various eye problems in children in that area. The pediatric ophthalmologist drafted a “blueprint” of the script with scenes and characters, taking into consideration the common misconceptions that needed to be demystified, key messages that needed to be delivered, and the socio-cultural background of the target audience. For instance, when writing the script for congenital cataract, these misconceptions were targeted: if a child has cataract, it would go away with time, eye surgery at a young age would spoil the eye, a baby was born with cataract because the mother ate something wrong during pregnancy or did something wrong, and cataract in a baby was the result of the sins of the mother. In addition, these “take home” messages were highlighted in the script: cataract needed to be operated early for better vision, postoperative care of the eye, need for wearing glasses after the operation, and need for cooperation from the entire family for the success of the surgery.

The director of the professional troupe was explained the same in detail. He then drafted a plot outline, largely adhering to the traditional motif of folk theatre, with its stock characters, improvised dialogues, humor, songs, and other theatricals. They rehearsed it and showed us a demonstration. We reviewed it and suggested some necessary modifications. In writing out the scenarios, we ensured that the length of the play did not exceed 20 min. This whole process from conceptualization to actual play took about a week’s time. Street performances are traditionally designed to be played out on busy street squares, where the audience cannot linger for long durations. The messaging in the plays needed to be crisp and pointed, while leaving adequate room for improvised or situational humor to keep the audience entertained.

Results

The street plays were conducted during Children’s Eye Care Week celebrated every year between November 14 and 20, about 4–5 times during that week, as a part of various activities

to increase awareness about children’s eye health in the community. We selected those spots in semiurban areas of the city where more people were likely to gather such as the central business place and also major meeting places for people in residential areas. We chose the early morning time when people gathered for business and late evening time in residential areas when people returned home after work. A day before, we displayed a banner giving information about the date, time, and topic of the play. On the eve of the performance, a person from the troupe, wearing a colorful dress, went around in the community playing a drum, and like a broadcaster, made an announcement about an interesting play in the forthcoming day. About 40–50 people gathered for each play.

The actual plays: [Video 1]

Congenital cataract

The first play on congenital cataract is about a family in a celebratory mood upon the birth of a baby. The *sūtradhār* introduces the protagonists in a humorous vein. The young mother gets anxious to see a whitish shadow in her baby’s eyes, but the grandfather dismisses it saying that it will go away [Fig. 1].

Two months later, it has not gone away but progressed, with the baby obviously being unable to see people around. The worried family consults an eye doctor who diagnoses congenital cataract and advises surgery without delay [Fig. 2]. The devastated family in all their ignorance blames the young mother: “You must have eaten something wrong in your pregnancy. this is the result of your sins; the prayers you offered were inadequate. no one else in our family has a problem such as this; you alone are responsible for this.”

Since the family does not report back for surgery, a health worker from the eye institute visits them. He educates them about congenital cataract, dispelling the myths in their minds. He assures them that neither the mother nor anyone else is responsible for the baby’s cataract and that the condition could be cured completely if the family can act in time by having the baby operated upon by a good eye doctor [Fig. 3].

The family members query: “Will our child have normal vision restored just like any other child?” To which the health worker answers in the affirmative: “Of course, he can be normal just like any other child, but you must remember these three factors. (*Beat of the drums*) How many factors? Three: *one* – A lot depends upon how soon you take the child for treatment; the more you delay, the lesser the chances of having normal vision; *two* – the child must wear glasses after surgery; and *three* – you must bring him over for regular check-up following the surgery. If you follow your doctor’s advice, your baby can be like any other healthy baby. (*Beat of the drums*). Yes, if you follow the doctor’s advice, your baby will be as normal as anyone else. You must not torture the poor young mother with your words, but encourage and support her through this ordeal. Only then will all be well in your family. (*Beat of the drums*) Yes, take the baby to a good eye doctor then all will be well in your family”.

The Last Scene Has All The Family Members Realizing Their Mistake, Apologizing To Their Daughter-In-Law, And Together Going To Lypei With The Baby. Two Months Later, The Baby Is Able To See Everyone Normally, And The Family Is Overjoyed With The Happy Turn Of Events. The *Sūtradhār*



Figure 1: Building up the mood for the play with folk songs and dance



Figure 2: Ophthalmologist explains condition of the child to the family



Figure 3: Health worker visits the family to address their concerns



Figure 4: Street play about squint in progress



Figure 5: Logistics of street play on a busy road

Reinforces The Following Messages To The Audience: So You Have All Seen How Happy The Family Is After The Baby's Successful Operation, And I Have Four Messages To Deliver

To You Regarding This Story. (*Beat Of The Drums*) How Many? Four. (*Beat Of The Drums, And Continued With A Beat After Every Point In The Following Sequence*): *One* – If You See A Whitish Shadow In The Black Portion Of Your Baby's Eye, You Need Not Wait For Anything Else. Rush To An Eye Doctor Immediately, Preferably Someone With Adequate Experience In Treating Young Children; *Two* – The Sins Of The Mother Have Nothing To Do With Cataract In The Child; *Three* – Effective Treatment Is Available, But It Must Be Sought In Time, And *Four*— The Co-Operation Of Entire Family Is Crucial For The Success Of The Surgery.

(Beat of the drums. The four messages are repeated.)

Refractive errors

The scenario for the second play dealt with refractive errors causing vision problems in a young child who is unable to view objects at an optimal distance. Correction requires her to wear eyeglasses. The script addresses the various practical issues and myths that are associated with little children wearing glasses. The play ends on a positive note where the young child is able to see much better with her newly acquired glasses and is therefore able to perform better in school and at play.

Squint

The third script was of a young boy with squint who tends to be quiet and introverted because he has squint and is laughed at by his peers in school. The family does not see why he needs to be operated upon by the eye surgeon as he can see reasonably well, is good at studies and moreover, his squint has brought great luck to the father in their business – a common belief among the rural masses that a child with squint is “lucky” and brings prosperity to the family. The family finally agrees to the doctor’s reasoning and goes in for corrective surgery in the interest of their child. After surgery, the child is a transformed personality, now obviously more self-confident and assured in his ability to shoot the basketball into the net and pocket carrom board pieces more accurately than he earlier could [Fig. 4].

The key eye health messages are repeated at adequate intervals and the plot line is summarized frequently, as the audience tended to arrive at different stages of the performance. The idea was to make the eye health messaging memorable. At the end of the play, the audience was encouraged to ask questions if they had any. We video recorded all the plays, edited them, and later played the videos in the waiting lounges of our outpatient department and operating rooms so that patients and families could watch them.

Logistics during the play

Since the performance is usually on a street square, which is four-dimensional, one side was cordoned off with a screen leaving the other three sides open for the audience to surround the performance on those three sides. Since the place is noisy, loudspeakers were used so that the audience could hear the play comfortably. Pamphlets were made available with complete name and address of the Eye Institute, and contact phone numbers for appointments should anyone in the audience wish to seek help [Fig. 5].

Assessing the impact

At the end of the play, the sūtradhār asked the people in the audience at random what key messages they remembered. He also asked them simple practical questions based on the key messages communicated during the play. It was encouraging to see the many people happily engaged during the play and able to recall all the key child eye health messages at the end.

Discussion

It is not difficult to understand why the street plays were successfully accepted by the local community as a means of raising awareness about children’s eye health. It is a form of “edutainment” or “infotainment,” which not only entertains but also educates the audience about important issues.^[13] The language used was that of the local people, and the actors were from the local communities. Thus, being a “theatre by the people and theatre for the people,” street theatre breaks the formal barriers and reaches people directly.^[14]

One can take two approaches to develop a street play on a topic. One is to hire a professional troupe that is experienced in performing for years, or one can train school/college students, staff members of an organization, or people in the local community to perform.^[5] If one has the time, resources, and interested people, the second option can be good. We found the first approach of hiring a professional troupe as a more practical one for our requirement due to several challenges

in the second approach. It was not possible for our staff to devote time to get trained as actors in the play. Besides, Indian folk performances tend to be a synthesis of music, dance, and drama, offered by a team of artistes who need expertise in playing a few instruments, the art of singing folk songs, to fill the play with situational humor,^[15] which can be better done by professionally trained actors.

A good script based on sound research of facts about the topic and the needs of the community is crucial for the success of the street play. In our case, the pediatric ophthalmologist penned the basic scripts, and later, the troupe enhanced them into the street plays. Thus, one needed to have a combination of science and art to work together. Since it was a live performance, it rode heavily on the preparation and rehearsals going into it. In repeating performances over time, the script and the performance usually get honed to greater effectiveness. Apart from actual performance by the actors, proper planning and execution of every step like selection of place, time, disseminating event information beforehand, management of the logistics on busy roads during performance time, and presence of mind by the team members are important for the actual success of the street play. The challenge in devising street performances is that the audience is usually unprepared to watch a play, and many of them may not have a great deal of time available to do so. This makes it imperative for the performance to be as attention grabbing as possible, judiciously mixing up entertainment with the communication of serious eye health messages to make them effective and memorable.

The following methods have been used in the literature to assess the impact of the street plays: interview with sample audience, using most significant change technique; and follow up action, where the same community is visited again to assess any change in health-seeking attitudes and behaviors.^[13] We interviewed a sample audience at the end of the play but did not do any follow-up visits to those places. In retrospect, we feel that it would have been better to interview a sample of people in the audience before and after the play, using a standard questionnaire and assess how much of the eye health messaging they could grasp from the plays. Doing a survey of a sample of the community before and after the play using a standard questionnaire may also give us a better idea about the impact of the plays.

The possibilities are endless, and there is no universally right method to conduct street plays. The scope to incorporate various styles of entertainment such as music, mime, dance, verse recital, etc., are endless, as are the numerous ways one could improvise humor or the communication of key health messages. It is important to experiment with what works in a specific environment and weave in the various exciting possibilities that arise, in an experimental but methodical manner.

Conclusion

A well-planned and executed street play can be an effective method to disseminate messages about children’s eye health in a fun-filled manner. A combination of a technical subject expert, a professional performing troupe, and a sound operational system for the execution of the initiative are key factors that

contribute towards the success of a street play used to spread awareness on eye health.

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Conflicts of interest

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