

*Promotion of Inclusive and Protective environment for children with special needs (CWSNs) through community based rehabilitation - (CBR) Intervention in Puducherry Union Territory, India*

***Activity: Sensitising the general community through street play***

The street play team performed the street plays and songs in 35 target villages. Two programs were organized in each village during this year and reached about **35,000** people. The street play team used mike, speakers and amplifiers for the better outreach of the community members. Living allowances for the food and travel for the street play team was provided.



As India has a vast, diverse socio-cultural background and is a multilingual society, the literacy levels in general, and particularly the intellectual health literacy, have been found wanting, especially in rural India particularly Puducherry.

The aim of this project was to enhance knowledge about disability particularly about persons with intellectual disability and the need for creating for them a sort of inclusive society that starts with inclusive education system in a rural population. The project targeted a rural population in all the working villages in and around Puducherry to enhance knowledge about Disability and inclusion.

The project developed a script for a street play that would enhance knowledge, and shift attitudes and trained theatre group conducted



pilot shows and the script was modified in its design and content. Disability and inclusion was the chosen theme of the play to create awareness amongst the community people. In a manner familiar to them, the theatre group who specialized in street plays staged them in various villages in the chosen rural area.

The programmes were conducted during January, February and March 2019. We received a positive response beliefs about disability perception. After identification of the villages in the working area the from the village folk that turned out in large numbers. We were able to coordinate, devise and conduct street plays on disability and inclusive education in a rural community in Puducherry, in a feasible manner, which was keeping in consonance with the local socio-cultural background.

The street theatre as an educational tool was used

- As a creative method of public education
- To challenge stereotypes, stigma and misconceptions
- To personalize issues for audiences due to its “live” nature
- As a feel of “direct contact” that film and other education forms lack
- Is often followed by discussion of issues, and
- Most importantly, in the context of the study proposal it can be an effective approach to educate illiterate people through listening and watching. The intervention using street theatre has been tried to improve awareness amongst community people in the working villages.

**Street theatre and its application in Disability and Inclusion:** With regards to using street theatre to create disability-related awareness, the ‘Fear and Shame’ was a theatrical play staged to target the community living in the working areas of the project.

After several performances at 35 different villages, the community members were reported more likely to exhibit positive attitudes towards people with intellectual illness and their families, and were reported more likely to seek help from the health services for a mental retardation and cerebral palsy.



The live performance of the team showed the greatest reduction in stigmatizing attitudes and increase in their behavioural intentions. The target groups showed greater emotional responses than the video performance shows they used to watch. The target groups in the areas exhibited significantly greater reduction in stigma than the as usual days.



**The street play performance:** The street play was conducted by the trained group of persons that included persons with disabilities as well. The theatre group had a rich understanding of

the cultural diversity and who could perform in the desired language, was chosen for the intervention.

A brief description of the scheme and a case summary describing the illness was provided to them. Case history of a person with cerebral palsy and mental retardation as a prototype illness was chosen, as it is one of the most devastating major mental illnesses that is stigmatized the most.



The case history helped in building the main character and the story around it. One of the authors interacted with a writer from the theatre group and contributed to preparing the script. Messages that needed to be conveyed to the audience broadly included signs and symptoms of disabilities, the preventive

methods, consequences of stigmatization and discrimination, positive attitudes towards people with disability and their families, and common myths and misconceptions about the illness. Adequate time required and given for the script writing and practice for the final performance were provided. The story writer constantly interacted with the theatre group and provided inputs to the making of the play to facilitate exact conceptual information that needed to be conveyed to the audience and to rectify and provide expert/ specialist advice.

Once the theatre group indicated their readiness to perform, a demonstration of the play on stage was undertaken with a select audience comprising of special educators, social workers, typical audience members who would likely watch the play and other project staff, and other types of audience, such as families of people with disabilities and people with disabilities.



The inputs were taken and carefully considered for modification and conveyed to the theatre group. Sufficient time was provided to make changes.

Information and messages that were perceived by the participants as appealing, simple to comprehend, scientifically convincing, interesting, personally and culturally appropriate, unobjectionable and informative in helping participants and users understand and meet the objectives were adhered to as much as possible during the creative process of the script and its production.



The theatre group had experience of adapting their performances to the local culture of the population. Delivering culturally appropriate information was an important step in our message-creating process. The director was introduced to and explained about the target population beforehand to understand their socio-linguistic background.



**The beckoning:** Street theatre as an educational tool is not new in India, it's very famous and traditionally accepted and well recognised tool to spread awareness in the community, because it will reach the people easily the message and inspire them become aware of disability and inclusion. Several variations exist in the way it is performed. The project prepared a team of street theatre performers from the working areas and the team was well prepared. The street play team was a kind of drama troupes that travelled from village to village in a group singing songs and simultaneously delivering the content or intended messages.

The street theatre group travelled to all villages wherein the place was prepared and prior permission was obtained from the Police department in order to use the PA system with loud speaker and with lights facility.

When more people were gathered the play was started. In our case, after reaching the chosen village, the crew members travelled on foot into the village beating their drums and sound instruments to attract and remind people about the play. In about half an hour the crowd gathered at the designated place.

**The bottom line:** One of the key aspects of the storyline dealt with the fact that the family of the afflicted individual reaches out to faith healers despite suggestions by well-

wishers to visit a mental health professional. In this story, the visit to the faith healer is ineffective and in the bargain the family incurs huge losses and debts.

This is a common situation experienced by many families in similar situations in India. The faith healer is one of the most frequented sources of assistance to families in pathways to care. Acknowledging this fact, we did nothing that opposed or antagonized faith healing as a practice, as we know that it is still useful for many other common maladies in the day-to-day life of the rural folk.

At this crucial juncture, consulting a mental health professional and allopathic care was proposed as an option that the family resorted to ultimately. This was shown in a positive light and was successful in the treatment of the condition (schizophrenia in this scenario).

**The experience:** The experience of conducting street plays in the villages was exhilarating. The crew members were an enthusiastic bunch who enjoyed performing in these conditions despite the fact that mental/health illness was an alien subject to them. The play involved great co-ordination and timing to suit the local population. The authors too travelled on foot into the villages with the crew and with the drums beating; we were inviting and reminding them about the play. There were instances where we used our car headlights at dusk as one of the villages had no street lights, a bus had to halt on one of the villages to get the head lights as focus lights for the street play show.

**Conclusion:** This activity demonstrated the feasibility of conducting an intervention that used street play to promote awareness about disability and inclusion. This initiative has taken into consideration the socio-cultural and linguistic background of the participants and delivered the message in a manner that was culturally relevant to the audience. This venture targeted the rural/semi-rural population in 35 Villages. And it directly reached about **11000** and indirectly reached about **35000** people in the target villages.

The street theatre chose cerebral palsy and mental retardation as the conditions in portrayal as it is one of the most stigmatized of all illnesses and persons with CP and MR suffer from some of the worst human rights violations. This effort indicates that there is a possibility that street plays are a useful channel through which information and awareness about any other intellectual illnesses or emotional health aspects can be conveyed. We recommended the spectators to evaluate of this intervention.

It was very good positive feedback. The only obstacle in using street plays was that professionally trained artists who can perform street plays may not be available in every community; nevertheless there are various local theatre groups in a handful of villages across the state. The advantage of using local troops was that they are familiar with the socio-cultural and etymological setting and may stand a better attitude to equate with the people. This option need to be explored in every nook and corner of the state and primary health care personnel need to utilize these resources as a potential means of awareness-building in these remote parts of the Union Territory.

*PHOTO GALLERY*



