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"I impregnated a girl, what should I do?":
A case study of using theater for development to promote critical thinking in Uganda

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Madeleine Bunting, a columnist for the British newspaper *The Guardian* and an expert on the Ugandan school system poses the question, "The [Ugandan] government is likely to achieve the Millennium Development Goal for education in 2015, but what will that achievement represent in terms of human skills?" [1] Global and local aspirations, including the Millennium Development Goals (MDG) to ensure every child in the world obtains at least a primary school education and Universal Primary Education (UPE) that codify universal primary education in Uganda have drastically increased school enrollment in Uganda. However, Ms. Bunting points out that access to education does not automatically result in increased human capital.

According to the Ugandan Ministry of Education and Sports, in the years prior to 1990, as a result of two decades of war and civil strife, the Ugandan education system, especially at lower levels, "suffered from years of neglect". [2] Specifically, there was poor enrollment (50% at primary school level) and a low completion rate (35% at primary school level), in addition to a dramatic difference in enrollment between geographical locations and individual schools, and low efficiency in terms of total cost per child. [3] However, according to the ministry significant improvements in the areas of access to education, equity in education, and quality and relevance of education have been reached in the last decade. "There is no doubt that in the last ten years the Education Sector has benefited from reforms that have been supported by some of the most rational, policy, legal and strategic framework since attaining National independence." [4] Despite decades of civil unrest, the Ministry of Education and Sports cites more comprehensive education policy, including universal primary education, as evidence of improvement.

Despite achievements in education in Uganda, in May 2008, Gerard Namirembe Bitamazire, the Minister of Education, "insisted that the priorities were: access, equity and quality. In that order. As the money became available from increased revenue and economic growth, they could improve… but she couldn't set a date." [5] In an analysis of the Minister's statement, Ms. Bunting explains that although access and equity are imperative to a public education system, classifying quality as a third priority is problematic because it is unclear what the current quality of education in Uganda is and what the timeline for improvement is. Ms. Bunting is not alone in her concern over the state of quality in the education system in Uganda. The Quality Assurance in the Secondary School Sector Research Report at Makerere University (2006) states: "As a result of…the anticipated UPE bulge [in enrollment]…there is growing public anxiety about the consequences on the quality of education." [6] Despite landmark achievements in the Ugandan education system, specifically in terms of access, the quality of the "accessible" education is debatable.

Solomon et al. (1978) argues that health communication and information do not reach the majority of people in most countries. [7] In the context of the health systems and structures in Uganda, Okui argues the idea of "most countries" can be specifically applied to Uganda. [8] The 1999 National Minimum Health Care Package represents the government's

commitment to health care, reflecting the primary health care model, by codifying principles in the constitution and creating universal access to health services for free to the citizens of Uganda. [9] Although in theory Uganda has a strong healthy policy, there are many obstacles to actually promoting health in Uganda including tradition, equity, access, and education. [10] Despite strong efforts by both governmental and non-governmental organizations to protect water sources from human waster matter through funding pit latrines, simply creating the infrastructure does not automatically result in behavioral change. Rather, in order for a behavior change individual perceptions, subjective norms, and an enabling environment must be established. [11] Okui (2008) argues that despite relatively strong national health care policy, and increasing decentralization to make it closer to the citizens, ultimately the success or failures in the health system are dependent on "preventive social and community medicine". [12]

It may seem that the concern over the quality of education in the Ugandan schools and inconsistencies in health care communication are entirely separate problems with unrelated solutions. However, empirical evidence on the effectiveness of theater for development as a critical-thinking teaching tool and the success of heath care performance as an effective tool for health care education create a unique solution to both problems. I will argue that in the context of the lower levels of quality in the Ugandan school system, extracurricular theater for development focused on health is a viable method of problem-based learning that improves critical thinking skills through the creative dissemination of health care information. Further, I will use my work with the Kika Troupe as a case study to explore the integration of empirically based methods of teaching critical thinking and theater for development.

Case Study: Introduction to Kika Troupe

Kika Troupe is a dance troupe located outside Kampala, Uganda that performs traditional music and dance from the country's 56 tribes. [13] The group is composed of an Artistic Director, *Bob*, an Assistant Artistic Director, *George*, and approximately 25 performers ranging in age from 8 to approximately 70, with the greater part consisting of young adults (16-25). The majority of the participants in the group are orphans, in Uganda commonly defined as individuals with one or two deceased parents, although the group makes a conscious decision not to discuss their identity as orphans.

In 2004, with help from a few fellow members from another Ugandan dance troupe, *The Dance* Place Bob left the Dance Place and established the Kika Troupe. His reasons for leaving the Dance Place include disputes over creative control, finances, ownership and management, and marketing and this division is still an active part of the group narrative. Led by Bob, the group was able to secure family resources and outside donations to create a performance troupe specializing in music and dance, but notably not drama, based on the principles of cultural liberty and diversity. In practice, Kika realizes this vision by not strictly conforming to tradition. In a performance, not only does the group incorporate traditional norms, but also it blends in modern techniques.

Traditionally, in Ugandan performance, the males and females had defined gender roles, in which the males play the instruments, specifically the drums, while the women dance. [14] Bob, the voice of the group, is passionate about explaining the importance of the empowerment of the individual, regardless of gender, in the creative process. Led by Bob, Kika Troupe is preparing for the first East African Drum Show called Rhythm Uganda, in which the females in Kika Troupe are featured in a drum solo with the largest drums. Further, according to Bob, the females playing the drums make a large statement of female equality because if women can play the drums, then they are believed to be able to do anything. Within the myriad of Music, Dance, and Drama groups in Uganda, Kika Troupe is known as a progressive, talented, up-and-coming group. [15] Given the current talents in the group, in combination with the strong work ethic and new ideas, the group has the potential to make a significant impact on the performance scene in the near future.

Quality Education: Problem Based Learning as an Effective Method of Improving Critical Thinking

Through a comprehensive study of the economic relationship between education, incomes, and poverty in Uganda, Appleton (2001) concluded "growth in living standards and poverty reduction … is fastest for more educated households". [16] He cites the human capital theory, which says that education raises incomes by increasing the productivity of workers. [17] Although empirically Appleton provides strong evidence for a correlation between education and productivity, he does not explain the causal mechanism. Although Appleton's study argues for a strong correlation between level of education and poverty reduction, it does not disaggregate the individuals based on varying socio-economic backgrounds and family status. Without knowing what skills and assets an individual has before entering a school, it is difficult to understand the impact of schooling. [18] Using meta-analysis techniques of approximately 200 studies, White (1982) found a significant correlation between academic achievement and socioeconomic and family status in the United States. Overall, given this correlation, in order to understand the impact of Appleton's study, it is imperative to understand what the influential skills within an education are those that impact poverty reduction.

The National Stakeholders Workshop in Kampala defined quality education as, "The type of education with the necessary inputs and processes that equip learners with knowledge, skills, values, and morals to enable them to continue with tertiary education and to live and contribute positively towards betterment of society". [19] Through the use of phrases such as "inputs and processes", the National Stakeholders were calling not only for basic skills, but also emphasizing independent, critical thinking, as an imperative of quality education. Halpern (1997) defines critical thinking as "the use of cognitive skills or strategies that increase the probability of a desirable outcome". [20] This definition ties critical thinking with the ability to make quality decisions, potentially acting as a causal mechanism to Appleton's theory on the correlation between education and poverty reduction. Further, Hughes et al (2004) defines critical thinking as the ability to transform facts into usable information and measures critical thinking in terms of interpretive skills, verification skills, and reasoning skills. [21]

Overall, there is limited research on the method of teaching critical thinking in an international education context for young adults (it is important not to rely too heavily on U.S. research because it includes compounding variables such as high teacher-to-student ratios, socio-economic variables, and different teaching and learning styles). However, there is a significant amount of research on critical thinking as it is applicable to the international medical profession. Tiwari et. al (2006) hypothesized that problem based learning is more effective than lecture in terms of critical thinking skills. Using the

California Critical Thinking Disposition Inventory, the researchers identified significant differences in the development of students' critical thinking skills over different coursework. Overall, they concluded that student participation in the learning process through problem based learning increases critical thinking skills. Although this research is limited because it applies to medical professions in a formal schooling context, the research suggests that problem-based learning may be an effective means to teach critical thinking in the field of health communication for young adults.

White and Robinson (2001) provide a framework for teaching critical thinking through problem solving in the arts and humanities. The author's Model for Critical Thinking argues for a clear and explicit teaching of critical thinking in order to ensure student participation and understanding. [22] The authors present four steps:

1. State the Problem
2. Formulate a Hypothesis to Solve the Problem
3. Infer a Conclusion from this Hypothesis
4. Evaluate the Strength of this Conclusion [23]

The framework requires an instructor, either formally or informally, to be an active participant in each step of the process, creating an environment in which the student is able to think about the process before making a decision. For example in the hypothesis step it is important for the student to brainstorm and explore different potential problems and solutions before deciding which one to test. Overall, the authors argue that the process of putting together an artistic piece is an opportunity for gaining a deep understanding of problem solving skills in the context of presenting a product.

Theater for Development

Although there is significant research on teaching specific health care topics, especially HIV/AIDS, in schools, it is unclear if it is taught with a problem-solving model to emphasize critical thinking. [24] In the context of the strengths and weaknesses of the Ugandan health care system and the importance of the community in securing health care, by contrast to standard methods of teaching, theater for development is an effective strategy to educate the local community on issues of public health. [25] Further, given the appreciation of Music, Dance, and Drama within Ugandan culture, [26] performance for health care communication harnesses theater to act both as entertainment and education for both the participants and their audiences.

Creative, problem-solving techniques potentially employed in developing theater have the potential for soliciting critical thinking from the participants. Lamwaka (2004), in her paper *The Power Of Storytelling and Reading in Healing Children Orphaned or Traumatized by War in Northern Uganda* argues that storytelling is an effective means of rehabilitation for children affected by the war in Northern Uganda because it allows participants to "rationalize their fears and overcome their psychological distress through art". [27] Further, in context of the need to adapt information to local circumstances in order to effectively share knowledge, and where necessary, change behavior, Borrini-Feyerabend et al. (1997) argue that "songs and storytelling are active-learning methods which, when combined with action-research methods, can form a core strategy of the participatory approach to local development". [28] Given the importance of public health messages being tailored to individual communities, locals are best able to shape messages for their own communities in order to ensure it meets their needs and priorities. [29]

Once the story is developed and ready to be performed, Hilton (1981) argues that effective storytelling development allows for abstract ideas to be made concrete through examples, commanding the audiences attention, beginning with familiar and going to unfamiliar, and allowing people to discover answers for themselves. [30] In theory, Hilton believes that the most effective means to internalize the information in the performance is for the audience to act as active agents, not simply passive observers. This requires the story to be delivered in a way that encourages the audience to act as problem solvers.

Simply delivering a health care performance does not guarantee educating the participants or the audience. Silver (2001) cites participation, entertainment, cultural relevance and credibility, empowerment, repeatability, simplicity, and sustainability, as crucial aspects to ensure audience participation. [31] Given that, learners are more likely to retain information if it is learned in a problem solving environment rather then a typical lecture environment, participation is crucial because involving learners increases the chances for critical thinking and the incorporation of the knowledge into future decisions. [32] Given that health care performances are most often not mandatory events, it is crucial that the performances are entertaining not only to ensure attendance, but also to incorporate an emotional element that inspires attention and adherence. [33] Further, although there are many outside forces interested in influencing communities, Kakan (1998) argues that songs and stories that are passed down or newly composed from within the mindset of the local village are inherently more meaningful, relevant, interesting, respected, and therefore more credible than those originating from "the outside" ensuring cultural relevance and credibility. [34] Silver concludes that,

True health communication occurs only by transforming health knowledge into messages that can be readily understood, accepted, and acted upon by the intended audience. The time-honored oral traditions of songs and storytelling offer inexpensive, culturally appropriate ways of bringing health messages to life by infusing them with the active participation and lively spirit of the people for whom they are intended. [35]

Case Study: Kika Troupe

Capitalizing on the artistic strength of the Kika Troupe, the researchers decided to create an environment in which the youth involved in the troupe would use critical thinking skills to create a performance for health care communication. First, in context of the lack of formal experience with drama, the researchers spent the first few weeks with the group exposing the group to team-building games, leadership challenges, and theater workshops in order to develop drama skills and create a safe space for creativity. Participants were initially hesitant to become involved, "At first, the participants walked slowly, *not really engaging in the activity."* However, by the end of the second week, the unengaged students became active participants, "Immediately, participants started clapping hands and showing large smiles, even competing with each other to go first…*The researcher was extraordinarily excited that the participants were engaged".*

After a few sessions, building trust between the researchers and the Kika Troupe as well as working on theater based skills (such as characterization), utilizing White and Robinson (2001) as a framework, the researchers introduced an improvisational theater game as a means to collectively solve a problem. First, the participants stand in a circle and the researcher asks, "Who has a problem they need help with?" Initially, there was no response, but after the researcher modeled a problem, a young girl not wanting to attend school, there were a plethora of volunteers suggesting issues ranging from fear of the doctor to pregnancy. On Thursday, May 22, 2008, the researchers and Bob decided it was time to solidify a plot for the final performance. On that particular day, following the format of prior exercises, Steven, the oldest boy in the group stepped into the middle of the circle and said: "I impregnated a girl, what should I do?" This clear, concise statement reflects the first step of White and Robinson's framework, a clear statement of the problem.

Following the second step of the model, to Formulate a Hypothesis to Solve the Problem, individuals, in whatever character they choose to assume, clap their hands to indicate they have something to say and walk into the circle and provide advice: "the cool girl said "you should abort", the shy child told him to "tell your parents"… the young boy said to "go to school", the middle age woman said to "drive a boda" and the elderly woman said to "talk to the girl's parents for advice". The researcher was impressed by the ability for the group to, in a short period of time, suggest a diverse number of well-articulated solutions, many potentially based on their own experiences and prior knowledge. In one exercise in which one person reveals a problem and others clap their hands to signal they want to speak and then offer solutions to the problem, Tom, the group's night watchman, frames advice in the form of a personal narrative:

> Tom…wondered over to the group and asked if he could participate. After the
> discussion of the abortion, he clapped, and walked into the circle, leaning forward and
> tripping while talking, acting as if he were drunk. He then advised the main character
> to go with him and escape into the city with him to get a beer, not having to worry
> about anything. Then, he explained that in Primary 6 the same experience had
> happened to him, and that he made the decision to leave and was content with the
> decision. *The researcher was surprised that Tom, a very quiet individual, chooses to
> participate. Further, the researcher was intrigued by the complexity of the story and
> curious if any aspects of it were true.*

Although it is not possible to retrospectively understand the origin of the comment, it is possible that Tom's comment reflects a prior experience or prior knowledge and that he applied inductive reasoning to the new situation. Further, although Tom is highly exposed to performance because of his job, given that he is not a performer and still had a meaningful contribution, this points to the need to further explore theater for development in contexts that do not traditionally use theater.

After receiving suggestions from the other characters, Steven talked to himself and to other characters attempting to understand the implications of his decisions, employing White and Robinson's third step, Infer a Conclusion from this Hypothesis. At this point in the game, the researcher asked participants not simply to give advice, but to evaluate the advice that others had provided within the scene, with the objective of organizing all the positives and negatives with reference to a specific decision, resulting in a brief debate on each of the actions. For example, in response to the bad girl who suggested that Steven encourage the girl to get an abortion, the nurse provided concrete information on the dangers of abortion, "she then explained that abortions are illegal in Uganda, that the villages where they happen can be not sterile, that people often have complications and can even loose their uterus or their lives". After hearing this perspective, the main character discussed aloud a few "if…then" decisions in the context of the specific circumstance. For example, if I request she gets an abortion then she may lose her uterus. Further, given the importance of decision making in the theater exercise, the group decided that multiple instruments including drums and a shaker would be used to indicate major decisions, emphasizing the third step of the model.

Although in some health care communication performances, no final decision is made, in context of White and Robinson's model, the group decided that it was crucial for Steven to state a conclusion and then act on it. Although originally the main character did not seem to care about the child, did not want to tell his or her parents, and was not interested in going back to school, after hearing advice from friends and learning about the consequences of different choices, the group decided the main character was best off keeping the baby, asking for support from both sets of parents, and balancing adult education classes with a short term job. Applying the forth step of the model, Evaluate the Strength of this Conclusion, the main character recognizes and acknowledges the difficulty of working and going to school, but given all the circumstances, Steven decides this is the best choice.

Although the primary objective of the performance was to create a performance for health care communication piece with the participants in the Kika Troupe based on White and Robinson's model, given the structure of the play, the audience was also walked through the critical thinking model. The structure of the play consisted of the main character stating a problem, the unintended pregnancy, the main characters suggesting solutions, for example suggesting an abortion, the other characters exploring the implications of the solutions, for example, the Nurse explaining the illegal and dangerous consequences of abortions in Uganda, and then the main character clearly making a decision based on the information, for example. not getting an abortion due to the potential risks.

In addition to the structure of the play, the participants made conscious decisions to allow for the audience to actively participate in the decision making process. First, the actors decided to use music to emphasize when it was time to make a decision. Second, the main character, after hearing input from the other characters, recounted the information and weighed the pros and cons aloud so that the audience could understand the inputs into his decision-making process before making a decision. Lastly, the main character would wait before making a decision and make eye contact with the audience, providing the audience with enough time to make their own decision and encouraging them to express their opinion before he, the authority figure, made his decision. In practice, "…members of the audience, especially the younger women and the children were actively participating in the play- cheering when the characters suggested positive choices and applauding when the main character would make a good decision". Further, "On the bus ride back to MISR, Professor Stewart told the researcher that as the lead character pondered what to do and was about to make a decision, a young woman told her peer that he should go back to school and get an education".

Conclusion

Josef Albers, a famous German mathematician, artist, and educator once said, "Good teaching is more a giving of right questions than a giving of right answers". This quotation reflects the importance of teaching individuals with the ability to analyze their environment and be able to synthesize this information in order to make decisions. Essentially, Albers is alluding to the importance of teaching individuals to think critically for themselves. More specifically, Halpern (1997) defines critical thinking as "the use of cognitive skills or strategies that increase the probability of a desirable outcome". [36]

In the context of the current uncertainties surrounding the Ugandan educational systems and the need for custom health care information, it is imperative that communities are empowered to think through issues related to public health and have the skills to solve them themselves. Given the importance of tailoring health care communication to the local community, empowering locals to identify problems and find solutions not only allows for an increase in local knowledge but also engages locals in the critical thinking process, which increases their chances of adherence, and making positive decisions themselves.

The success of the application of White and Robinson's model to the Kika Troupe case study provides strong preliminary evidence that empirically based methods of teaching critical thinking can produce effective theater for development. The ability of the participants to work together to define a problem, brainstorm potential solutions, evaluate potential solutions, and then understand the repercussions of the decision in a health care context provides strong evidence of the effectiveness of the potential to apply White and Robinson's model for youth to explore issues of public health. Further, the engagement of the audience in the songs and stories provides evidence that not only does the problem solving method probe critical thinking among the actors, but also among the audience. Overall, according to Silver (2001), "These effective, increasingly accepted methods are aimed at mobilizing local know-how and resources, empowering local communities and institutions, and adapting appropriate innovative technologies to the local context." [37]

Endnotes

1. Bunting, Madeleine. (2008). Debate: the state of education in Uganda. Guardian. [blogs.guardian.co.uk/katine/2008 ...] >

2. Ministry of Education and Sports (Uganda). (2001). The Development of Education in Uganda in the Last Ten Years. UNESCO. [www.ibe.unesco.org/international ...] Pp.6

3. Ministry of Education and Sports (Uganda). (2001). Pp. 6

4. Ministry of Education and Sports (Uganda). (2001). Pp. 4

5. Bunting, Madeleine. (2008).

6. Oonyu, Joseph et al. (December 2006) Quality Assurance In the Secondary School Sector Research Report. Kampala, Uganda. Makerere University

7. Cited by Silver, David. (2001). Songs and Storytelling: Bringing Health Messages to Life in Uganda. Education for Health: Change in Learning & Practice; Vol. 14 Issue 1, p51-60.

8. Okui, Olico. (April 9, 2008). Health Systems and Structures in Uganda. Lec

9. Okui, Olico. (April 7, 2008). Primary Health Care. Lec.

10. Najjemba, Robinah. (April 23, 2008). Health Education and Promotion. Lec.

11. Najjemba, Robinah. (April 23, 2008). Models and Theories of Behavior Change: Individual & Social Theories. Lec.

12. Okui, Olico. (April 9, 2008).

13. Kika Troupe. (2006). Home. [www.nexttosomething.com/kikatrou ...]

14. Nannyonga-Tamusuza, Sylvia. (2005). Baakisimba: Gender in the Music and Dance of the Baganda People of Uganda. Routledge: New York, New York. pp. 31-51

15. Ahimbazwe, Roderick. (2 February 2008). Uganda: Feeding Orphans to the Sound of Music. New Vision. [allafrica.com/stories/2008020411 ...] .

16. Appleton, Simon. (2001). Education, Incomes and Poverty ion Uganda in the 1990s. Center for Research in Economic Development and International Trade, University of Nottingham. [www.nottingham.ac.uk/economics/c ...]

17. Appleton, Simon. (2001). Pp. 30

18. White, Karl R. (1982). The relation between socioeconomic status and academic achievement. Psychological Bulletin. 1982 May Vol 91(3) Pp. 461-481

19. Oonyu, Joseph et al. (2006) Quality Assurance In the Secondary School Sector Research Report Makerere University. Pp. viii

20. Halpern, Diane. (1997). Critical thinking across the curriculum: a brief edition of thought and knowledge. Lawrence Erlbaum Associates. Pp. 15 [books.google.com/books?hl=en&lr= ...] .

21. Hughes, William et al. (2004). Critical Thinking: An Introduction to Basic Skills. Broadview Press. Pp. 6

22. White, David & Robinson, Robin. (2001). Critical Thinking and Artistic Creation. Journal of Aesthetic Education, Vol. 35, No.2, pp. 77-85. [www.jstor.org/stable/pdfplus/333 ...] . Pp. 83

23. White & Robinson. (2001). Pp. 78

24. Kinsman J. et. al. (1999) Implementation of a comprehensive AIDS education programme for schools in Masaka District, Uganda. AIDS Care. Volume 11, Number 5, 1. Pp. 591-601(11). [www.ingentaconnect.com/content/r ...] .

25. Najjemba, Robinah. (April 23, 2008). Health Communication Strategy. Lec.

26. Nannyonga-Tamusuza, Sylvia. (2005).

27. Lamwaka, Beatrice. (2004). The Power Of Storytelling and Reading in Healing Children Orphaned or Traumatized by War in Northern Uganda. Presented at IBBY 29th Congress, Cape Town, South Africa. Pp. 1

28. Cited by Silver, David. (2001). Songs and Storytelling: Bringing Health Messages to Life in Uganda. Education for Health: Change in Learning & Practice; Vol. 14 Issue 1, Pp51-60. Pp. 5

29. Najjemba, Robinah. (23 April 2008). Health Communication Strategy.

30. Found in Silver, David. (2001). Pp 4

31. Silver, David. (2001). Pp. 6

32. Silver, David. (2001). Pp. 6

33. Silver, David. (2001). Pp. 6

34. Silver, David. (2001). Pp. 6

35. Silver, David. (2001). Pp. 8

36. Halpern, Diane. (1997). Pp. 15

37. Silver, David. (2001). Pp 5