

PROMOTING HEALTHY LIVING AND SAFE ENVIRONMENT THROUGH COMMUNITY THEATRE: THE EKE NIBO MARKET EXPERIENCE

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Abstract

Conventional health campaigns have yielded minimal results in maintaining a safe and healthy environment. This has necessitated the use of Community Theatre to expose the dangers of a filthy environment. The experiment was carried out in Eke Nibo Market, Awka South, by the third-year students of Theatre and Film Studies, Nnamdi Azikiwe University, Awka. The project combined an Igbo drama presentation detailing the traders' unhealthy practices with a health talk delivered by Mrs Joy Nwachukwu, a matron at the university medical centre. The experiment, which was hinged on Augusto Boal's Theatre of the Oppressed, used the market's space as a stage and co-opted the traders as co-actors, thus transforming from spectators to actors in their own sanitation story. The health lecture centred on handwashing, exercise, and sleep, while the drama covered the insubordinate food seller, police intervention, the consequences of unsanitary surroundings, and a forced market cleanup. Relying on Albert Bandura's Social Learning Theory (SLT), data from performance observation and a post-performance Focus Group Discussion reveal how attention turned to retention, and retention to public pledges of action leading to behavioural shift/social change; an acceptance by community members to turn their unhealthy and unsanitary environment into a safe and healthy environment. The study recommends sustained partnerships between artists and health workers, and for government-backed drama skits on airwaves and social media to project the lesson beyond Eke Nibo market and environs.

Keywords: Health Promotion, Environment, Social Change, Healthy Living, Theatre, Experience.

Introduction

Indiscriminate dumping of refuse in and around the markets, food displayed on unhealthy ground with dirty, foul-smelling air oozing from clogged drains and gutters, has become the order of the day in most markets. Yet, the traders carry on as if nothing is amiss, oblivious of the dangers ahead. Being the heartbeat of commercial activities, markets generally produce large waste materials and Eke Nibo Market in Awka South LGA, Anambra State, is no exception. Although public health messages about food-borne diseases like cholera and typhoid are mounted on billboards and posters around the markets, and radio and television messages are broadcast daily warning about the unhealthy environment and its consequences, they are neglected by the traders who feel unconcerned as long as they sell their wares. This is because they are not engaged in the process. The gap is therefore not information but engagement.

This study documents an attempt to close that gap by collapsing the distance between message and environment. As part of TFS 341: Community Theatre for Development, third-year students of the Department of Theatre and Film Studies, Nnamdi Azikiwe University, Awka, transformed Eke Nibo Market. The project fused two elements: a health lecture by Mrs. Joy Nwachukwu, who fully consented to the use of her lecture notes for this report after we invited her as a resource person through an official letter to the head of Unizik Medical Centre to deliver the lecture, and a participatory drama performed in Igbo, the market's dominant language by the project members and the community members.

The choice of form was deliberate. Boal insists that theatre should not merely depict reality but intervene in it, converting spectators into "spect-actors" who rehearse solutions to their own oppression. Here, the oppression was structural neglect and normalised filth. The drama staged that reality back to the traders: a food seller resolute and unwavering about selling in dirt, a vegetable hawker sprinkling what looked like urine on her wares, and law enforcement ordering a compulsory cleanup. The performance did not end with applause; it ended with brooms sweeping out the dirt and shovels clearing the drainage.

To understand how such a performance might shift behavior, the study leans on Albert Bandura's Social Cognitive Theory (SLT). Bandura argues that people learn by observing models, but only when four processes align: attention to the model, retention of what was observed, capacity to reproduce the behavior, and motivation reinforced by the social context (47-52). The Bandura's Social Cognitive Theory (SLT) (1986) and the empty stage theory of Peter Brooks will be used to interrogate the drama performance which served as our case study. The market though noisy but real and immediate, offered that context. Here real traders watched one of their own, Madam Nri Uto, (Madam Sweet Food) was confronted and eventually transformed. The stakes were immediate and personal.

By staging healthy living and a safe environment as twin goals within the traders' own workspace, the project tested whether community theatre can do what billboards and posters cannot: move people from passive hearing to embodied practice. The sections that follow present the health talk, the drama and its analysis, responses from the focus group discussion, and the implications for scaling this model. The question guiding the work is not whether theatre can entertain, but whether it can sanitise.

Literature Review

Theatre for Development, or Tfd, works best when it grows out of the community it serves. Abah calls Tfd a "witness to performance in the vortex of time," pointing to its power to capture real issues as they happen and give people a voice in solving them (21). Because the play is created with local people, it feels familiar and urgent, not like an outside lecture.

Alachi's work in the Benue Valley shows how this plays out in practice. In those projects, drama was used to discuss health, leadership, and social problems. The actors, made up of community members, presented the community's own challenges back to them on stage, which opened up honest discussion and joint problem-solving (55). The key point is participation. People are more likely to act when they help shape the message.

Chukwu-Okoronkwo adds that Tfd's strength is its mix of art and social purpose. Workshops in Zimbabwe showed that when community members perform their problems, they also rehearse possible solutions (9). The stage becomes a safe place to try out new behaviour before doing it in real life. This links directly to Bandura's idea of observational learning. People pay attention to a model, remember what they see, and copy it when they feel motivated and able. In the Eke Nibo Market Community Theatre, the "models" are neighbours and fellow traders, and this makes the learning more believable.

Health researchers make a similar case from a different angle. Kumar and Preetha note that health promotion works when it uses social and cultural tools, not just medical facts (2). Telling people to wash their hands is one thing; showing them why, through a story they recognise, is another. Paunovic stresses that a clean environment is the base for good health, but knowing this does not always change habits (4). Change happens when people see the risk and feel they can do something about it.

A market, a street, or a village square can become a stage. Augusto Boal takes this further with Theatre of the Oppressed. He argues that theatre should break the wall between actors and watchers so that ordinary people can step in, act, and practice change (Boal). The audience stops being passive and starts shaping the outcome.

The Eke Nibo project builds on these ideas. It combines a nurse's health talk with a drama in Igbo, using the market as both setting and subject. Like the Benue and Zimbabwe cases, it asks the community to look at itself. Like Brook and Boal suggest, it uses a real, "found space" and invites traders to act, not just watch. The goal is the same one Bandura describes: get attention, build memory, and create the chance to practice new, healthy habits in a social setting where others are doing the same.

Data Collection and Analysis

This study used a qualitative approach. The main data came from two live events in Eke Nibo Market: the health talk by Mrs. Joy Nwachukwu and the drama performance by the students and selected traders. These were treated as primary sources because they showed how the traders received, reacted to, and acted on the health messages in real time.

To support and explain what happened in the market, the study also used secondary sources. These included books, journal articles, and reliable internet materials on Theatre for Development, health promotion, and social learning. Key works by Abah, Boal, and Bandura helped frame why the method was chosen and how to make sense of the results.

After the performance, we sat with seven community members for a Focus Group Discussion (FGD). They were purposively selected to represent different voices in the market: community leaders, members of the market association, and ordinary traders. The group included Ezeonu Jude, Robinson Okoye, Mrs. Glory Okafor, James Ozurumba, Mrs. Nwakuche Ifeoma, Pastor John Nweze, and Chief Nkemakonam Chukwudolue.

Their responses were recorded and studied for common themes. The analysis focused on three areas:

1. Knowledge: Did they understand the link between dirty surroundings and disease?
2. Attitude: Did their feelings about market sanitation change during or after the event?
3. Intent to act: Did they say they would do anything differently at their stalls, homes, or in the wider market?

By comparing what was said in the FGD with what we observed during the drama, the study could check if attention to the performance turned into real commitment. This method fits Bandura's idea that learning is not complete until a person pays attention, remembers, and is motivated to copy the behaviour. The market itself became the test ground for that process.

Methodology

The study used a qualitative research design based on performance analysis. The choice was guided by the nature of the project: a live community theatre intervention (performance which served as the case study) that needed to be understood in context, not through numbers alone.

The main research tools were the health talk, drama performance, observation and Focus Group Discussion. We watched how traders reacted during the health talk and the drama. Attention was paid to body language, comments, and actions - for example, who moved closer, who argued, and who joined the cleanup when police gave the order. These reactions showed whether the performance was holding attention, which is the first step in Bandura's learning process (47).

Right after the health talk and drama performance, a Focus Group Discussion was held with seven purposively selected participants. Purposive selection was used to get views from people who influence market life: the chairman of the market union, other union executives, community leaders, and active traders. This mix ensured that both leadership and grassroots voices were heard.

The discussion was semi-structured. The lead researcher asked open questions about what participants saw, what they learned, and what they planned to do next. Their answers were recorded, transcribed, and grouped into themes around knowledge, attitude, and intent to act (Bandura 47).

Secondary data from books, journals, and online sources helped explain the findings. Works on community theatre and health promotion were used to check if what happened in Eke Nibo matches wider patterns reported elsewhere.

Boal's principle of turning spectators into actors guided the drama's style: traders were not just watched; some were cast, some acted as stage hands and others were drawn into the action as prescribed by Boal. This method made the market both the site of research and the site of change.

Community Theatre Intervention

As stated earlier, the intervention in Eke Nibo Market had two main parts: a health talk and a drama. Both were done in the open market during business hours so traders did not have to leave their stalls to participate

a. The Health Talk/Lecture

Mrs. Joy Nwachukwu, a registered nurse from Unizik Medical Centre, Awka, gave the health talk. She spoke in simple terms and used Igbo and English so everyone could follow. She focused on three areas of healthy living: sleep, exercise, and hand washing.

On sleep, she explained that it “protects the immune system and is essential for the normal functioning of a human being.” She warned that poor sleep affects the central nervous system, heart, lungs, immune system, hormones, and digestion (Nwachukwu np). She advised adults to get seven to nine hours of sleep to improve mood, work performance, and relationships.

On exercise, she defined it as planned physical activity that “impacts productivity at work and personal satisfaction.” She listed benefits like better thinking, stress control, prevention of depression, and stronger social bonds (Nwachukwu np). She encouraged traders to walk around their stalls and stretch during slow periods.

On hand washing, she said it “removes visible dirt from hands and helps loosen and reduce the number of microorganisms” that cause sickness (Nwachukwu np). She then showed the six steps to wash hands properly:

Step 1: Wet hands under running water and put liquid soap on the palm.

Step 2: Rub palms together to make foam.

Step 3: Rub the back of each hand with the palm of the other hand.

Step 4: Interlock fingers and rub between them.

Step 5: Rub thumbs and fingertips against palms.

Step 6: Rinse with clean water and dry with a disposable towel. Use the towel to turn off the tap, then throw it away (Nwachukwu np).

The talk gave the medical facts. The drama that followed was meant to help traders see and feel why those facts matter in their own space.

b. The Drama

Summary of the Performance

The market is in full swing as traders display their wares and shout to outdo their neighbours while calling for patronage from passersby. The whole environment is littered with waste. Close by is an uncovered gutter filled with refuse. A food seller arrives, and without sweeping her spot, unpacks and starts selling to her customers who were already waiting for her. Vegetable sellers are hawking their wares, moving around the market. A man who was about to urinate into the gutter is shouted down by a seller, and the man quickly zips up and leaves. Madam Ada comes to the food seller to reprimand her for selling food in a dirty environment. The food seller is adamant and rebukes Mama Ada to mind her own business, as cleaning her environment is not her duty. She says that her concern is to sell her food, whether the place is dirty or not, as her customers care only about food, not cleanliness. She concluded that as long as her customers keep coming to buy her food, she is not bothered.

Madam Ada, after complaining aloud, leaves and reappears with two uniform police officers to arrest the food seller. Madam Nri Uto tries to bribe them but they refuse. She starts pleading for leniency. The man hawking unwholesome vegetables is spotted, and his vegetables are confiscated. The police officers ordered them to do a thorough cleanup around the market. The

market chairman was ordered to mobilise all traders for the cleanup and disposal of waste from the gutter

Analysis

The drama made the problem of an unsafe environment visible. Madam Ada acted as a model in Bandura's sense: she drew attention, showed concern, and pushed for action (47). At first, Madam Nri Uto resisted. Her line, "O bu dirty ka ibiar igo, k obu nri ka ibira iri" (Have you come to buy dirty or to buy food?), shows how normal unclean selling had become. The entry of the police added authority and consequence, which helped traders move from just watching to thinking about their own stalls. This is the "retention" stage of learning - when people start to process and store what they have seen (Grusec 1992).

For the reason that the play used Igbo and familiar market roles, traders could see themselves in the characters. There was no raised stage or special lighting. Following Brook, the market ground itself was enough to create theatre (7). Following Boal, the line between actor and audience was thin: real traders acted, and the watching crowd was drawn in when the police gave orders that affected everyone. By the end, Madam Nri Uto admits her shop looks "clean and beautiful," showing that the modeled behavior had an effect.

Implications of the Drama

Three main issues came out of the play. First, many traders treat dirt as normal if it does not stop sales. Second, bad food enters the market because no one takes full duty for cleaning. Third, sickness in the community is tied to market habits. As Madam Ada warned, kidney disease, cancer, and stomach infections can come from "what we buy from the market and what we eat." The drama turned sanitation from a rule imposed from outside into a matter of personal and community safety.

FGD

The Focus Group Discussion with seven key participants showed that the message was received. Chief Robinson Okoye, the union chairman, thanked the students and promised to "implement the lessons in the market for the general good." Mrs. Nwakuche Ifeoma admitted she came only to watch but left saying, "I will not only practice it in market and around my stall but I am taking it home to my children and our neighborhood." Pastor John Nweze said the talk and drama made him realise he "did not take hand washing serious" before and asked for a repeat performance in his community. Mrs. Glory Okafor, who supervises market activities, promised to set up a task force to check bad goods and enforce cleanliness.

These responses show Bandura's four steps at work: the traders paid attention to the drama, remembered the key points, saw that they could copy the cleanup action, and were motivated by both the police order and their own leaders' pledges (52). The community members (traders) paid attention to the models on stage, retained the message about sleep, exercise and hand washing as four community members who were randomly selected by the lecturer recapped the themes of the lectures while others showed motivation to copy the behavior and clean surroundings when leaders and police reinforced those practices.

Conclusion

The Eke Nibo Market experiment set out to promote healthy living and a safe environment by making the dangers of dirt visible and personal. Many traders did not connect their daily habits to disease until the drama and health talk placed the problem in their own stalls. The combination of Mrs. Nwachukwu's lecture and the Igbo-language play created what Bandura calls the full learning cycle. (47-52).

The market worked as it brought the performance to the people, no technical set-up and no tickets were needed. The presence of actors and watching traders was enough to make theatre, and that theatre was enough to start a cleanup leading to behavioural shift. Augusto Boal's idea of the "spect-actor" also played out. Traders were not left as passive watchers. Some acted in the play, and all were pulled into the ending when the police ordered a general sanitation exercise. The line between performance and real life blurred, and change began on the spot.

Responses from the Focus Group Discussion confirmed the shift. Leaders pledged to enforce cleanliness, and ordinary traders said they would take the practice home. This shows that community theatre can move people from hearing health advice to putting it into practice, especially when the message is acted out in a familiar place, in a familiar language, and with familiar people as models.

The study, therefore, argues that integrating health education with community theatre is an effective way to reach informal settings such as markets. It turns awareness into action because it uses culture, space, and social bonds — not just posters or radio jingles. It further calls for a sustained collaboration between theatre practitioners and health workers to regularly sensitise the public on healthy living and safe environment. Health officers can be trained in basic performance skills so they can deliver messages in ways that hold attention.

Furthermore, that market executives should provide sanitation materials such as waste paper baskets, disposable refuse bags, and hand washing stations in markets and residential areas. Lastly, the intent to act must be matched with tools to act. Therefore, market leaders should be willing to enforce change through routine supervision of the market surroundings.

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Lecture

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