Using community theatre to promote diabetes education and prevention in Fiji

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"What we hear, we forget; what we see, we remember; what we do, we understand."

A group of US researchers base their hypothesis to improve diabetes outcomes on the anonymous statement above – one that encapsulates the power of community theatre. The underlying premise is to involve people in the educational process, establish a connection in which people feel comfortable and are entertained, and feel that the message that is being transmitted is one that they can accept easily and, crucially, incorporate into their daily lives. Attempts by ministries of health in the Pacific Island region to encourage behaviour-change in order to help prevent diabetes and/or improve diabetes management and overall wellbeing have not been successful. The author of this article believes that a well-executed community theatre programme may help improve the lives of Pacific Island peoples affected by diabetes.

Many Pacific Island nations are experiencing a diabetes epidemic: 40% of the adult population of Nauru is affected by the disease, as is 26% of adults in Samoa, and 25% in both the Indigenous Fijian and Indo-Fijian groups in Fiji.¹ These high prevalences have been attributed to increasing levels of urbanization, changes in diet and, increasingly sedentary lifestyles. Epidemiological research has firmly established a relationship between these consequences of higher living standards and ill health.² The peoples of the region may also have a genetic predisposition to type 2 diabetes and obesity – what has been termed the Thrifty Gene hypothesis, in which the ability to store fat was beneficial to the original settlers of the Pacific Islands but has become detrimental since.³ As Paul Zimmet, a noted Australian diabetes researcher commented, "What AIDS was in the last 20 years of the 20th century, diabetes is going to be in
the first 20 years of this century. It is wiping out Nauru, the Marshall Islands, Tonga. Name any island, and diabetes is its main health threat. 7

The situation was not always so. Before a strong Western influence was felt in the Pacific Region, beginning in the 19th century but especially after World War II Pacific Island peoples’ eating patterns included root crops, tropical fruits and vegetables, fish and game – all foods rich in nutrients and low in processed sugars and fat. There was little incidence of obesity or the illnesses that are characterized by being severely overweight, including type 2 diabetes.

Shortly prior to the independence movement in the region, which began in the 1960s, the wage economy started to become a familiar phenomenon: people could, for the first time, afford to import their food rather than having to farm, fish or hunt. The food that was, and continues to be, imported was far higher in sugar, salt, fat and cholesterol than the traditional foods of the islands. This economic transformation led to a ‘mortality transition’, whereby people began to fall ill and die from non-communicable diseases (NCDs) as well as infectious diseases.

Problems of communication
In earlier work in Fiji, Kiribati and Nauru, our team attempted to measure the impact of lifestyle illnesses on economic development. We found that educational methods used by health ministries, such as pamphlets, posters, lectures and public service advertisements in local media, were not making a real impact on target populations. Neither the men nor the women in those islands considered such sources of information to be important in helping to manage or improve their physical condition and wellbeing. Most importantly, our work revealed that there was little interest generally in reading educational pamphlets or attending informational programmes dealing with health responsibility or disease management. 4

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Community theatre
A second phase of our work dealt with improving the means by which messages about diabetes management and prevention are communicated. During our earlier work we were impressed by the quiet dignity with which people dealt with the long hours they had to wait in order to spend just a few moments with a physician or nurse at the outpatient clinics (for diabetes, hypertension and/or heart disease).

It occurred to us that this might be an appropriate venue to introduce community theatre in order to focus on the ways in which their condition could be managed better and their lives improved. Our idea was that the use of community theatre in this setting could be an effective method to educate as well as entertain.

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Measuring the outcomes
We are addressing the following research question: would adults with diabetes who receive diabetes education information through community theatre have improved HbA₁c levels after experiencing a community theatre intervention, compared with before the intervention? Moreover, would people with diabetes who are exposed to community theatre have a higher Health Promoting Lifestyle Profile II² and EQ-5D⁶ scores than a (control) group of people who receive diabetes education information through more traditional sources – posters, brochures, and public health lectures from health professionals? We have decided to measure also whether diabetes-related distress can be affected by varying degrees of exposure to community theatre.

Community participation
While the initial community theatre programme will use professional actors, the key to ensuring a lasting impact will be the use of community members themselves in the principal theatrical roles. The provision of training for community members to select the topics to be dramatized, prepare the plays, and participate as actors in the performances will be central to the success of our initiative.

These troupes will visit other towns and villages throughout the island to promote diabetes management and prevention and establish a network of community theatre ‘cells’ all over Fiji. Members of these cells will perform variations of the major themes presented by the professional troupe every two weeks during the 24-month research period. We hope that this will insure continuity and the long-term sustainability of the project. The amateur troupes will be provided with seed money to maintain their activities during the six-month intervals when the professionally trained actors are absent.

Training community members will build up an informal regional network of dramatists with strong potential to do social good and provide important tools to engender social change. We believe
that the use of citizen actors will increase community awareness and participation, and enhance the probability that the long-term effects will be positive and enduring.

Plan of action
Our plan is to engage with the local community and learn from it. We will talk with community and faith leaders, as well as NGOs working in community health. It will be crucial to engage those involved in the visual and dramatic arts and prominent individuals representing the generational mix in the community. We want to develop a teaching tool that will be dynamic and effective now and well into the future – because, sadly, we expect diabetes to plague the region for years to come.

We expect this project to be followed closely by Health Ministry officials seeking cost-effective ways to tackle the diabetes epidemic in Fiji.

The theatre troupe will stage presentations emphasizing diabetes prevention and management, as well as healthy lifestyle behaviours. Skits and sketches will address the content areas of the Standards for Diabetes Self-Management Education Program of the American Diabetes Association, which include the following:

- The diabetes disease process and treatment options
- Incorporating nutritional management into people’s lifestyle
- Using medication safely and for maximum therapeutic effectiveness
- Monitoring blood glucose and self-management decision making
- Preventing, detecting and treating acute complications
- Preventing, detecting and treating chronic complications
- Developing personal strategies to address psycho-social issues and concerns
- Developing personal strategies to promote health and behaviour change.

We have a good working relationship with the Fiji Ministry of Health and the personal endorsement of the current Minister of Health. Our research group is committed to involving the greatest number of Fijian clinicians and other health professionals to develop culturally appropriate content. The skits will be developed based on the best practices in diabetes education and, very importantly, on the cultural sensitivities of the people of Fiji.

Initial venue
We will focus our initial efforts on the town of Labasa, on Vanua Levu, Fiji’s second largest island. Labasa has a population of about 28,000 and Labasa Hospital is the diabetes referral centre for all clinics on the island. We believe that the limited entertainment prospects available to the citizens of Labasa will serve to enhance interest in community theatre, compared with the larger urban centres, such as Fiji’s capital, Suva, or the country’s second city, Lautoka.

Sustainability
Ultimately, if the community theatre project is successful, we will petition the Fiji Ministry of Health to provide long-term funding for the amateur troupes established by the project. Our previous work in Fiji measuring the impact on economic development of diabetes and other lifestyle illnesses received a great deal of attention from both Government and the media. We expect this project to be followed closely by Health Ministry officials seeking cost-effective ways to tackle the diabetes epidemic in Fiji.

References