Theatre for Development: An Alternative Programme for Reproductive Health Communication in Urban Nigeria

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Abstract
Communication and public education is vital in reproductive health. It enables awareness of disease, emergent infections, safety and preventive measures. However, health communication programmes in urban Nigeria is faced with a lot of problems among which is the wrong choice of media channels which results in the message not reaching the targeted population. This paper explores the use of Theatre for Development (TfD) as an alternative and complementary medium for communicating reproductive health information to urban dwellers in Nigeria. Using some completed and ongoing health communication projects in Nigeria for illustration, the study seeks to open a forum for dialogue and debate and to draw the attention of policy makers and health workers to exploit the potentials of TfD in combating the challenges of healthcare in urban settings on the continent.

Keywords: *communication; reproductive health; culture; TfD; Mass media.*

Introduction

As global emphasis shifts from curative to preventive healthcare, the imperative of information, communication and education has become high on the agenda of health planners and policy makers. In Africa, there is an increased focus on birth control, child spacing, family planning and prevention of factors and conditions that potentially harm or complicate the reproductive health of women, especially HIV/AIDS disease. This has meant the design of health promotion programmes. However these programmes seem to face significant challenges among which is effective communication to the target population to achieve a desired result. A key reason for this is the choice of channels of communication. Efficient communication in (reproductive) healthcare is critical in achieving appropriate result. This cannot be overemphasized (Strohl Systems 2009); research has shown that knowledge of 'how sex, sexuality and relationships are understood and constructed in different societies has the potential to inform the development of sexual and reproductive healthcare

services, improve care, and enrich sexuality education agendas' (Izugbara 2004: 63).

In recent times, particularly with the proliferation of technologically-driven information channels, health education still continues to be focused more on providing health information to the public without paying due attention to the nature of the media chosen. In the process, information and communication become hardly distinguished, thus resulting in inappropriate choice of media. Yet, there is a marked difference between information dissemination and communication. Communication, as has been described, is a two-way traffic involving the sharing of ideas, knowledge and experience. It is distinct from the one-way traffic of mere transmission of information without commensurate feedback mechanism (Defleur and Dennis 1994).

With so much energy channeled into the provision of reproductive health information to the public, there appears to be little invested into receiving the feedback, which would have allowed the target populations to take initiatives and contribute to communication plans and strategies for action. Thus, many communication projects fail to make the intended impact as the target audiences remain apathetic despite the information being disseminated. A sample study in Kenya, for instance, observes that despite the avalanche of information on the mass media, the spread of HIV/AIDS continues to rise. The study asserts that wrong communication media, language and channels are often used while vital cultural realities in Kenya and Africa are not considered in the packaging and dissemination of reproductive health information (Macharia 2005).

A common and insidious fallacy in media and communication practice is the tendency for information managers to presume that messages disseminated through the mass media will certainly reach target audiences and achieve the desired response (John 2009). Such views are offshoots of the Bullet and Stimulus – Response theories propagated in the late 20th Century. However, these have been criticized and found wanting as experiences show that mass media channels are potent in creating awareness but less effective in convincing the target audience to respond positively or adopt an innovation (Rogers and Shoemaker 1971; Mda 1993; Gumucio-Dagron 1994, Nwadigwe 2007a; Odi 2008). The study by George and Frank Briggs (2009) also shows that a world of difference exists between mere awareness of diseases or infections and actual compliance with the required preventive measures.

In Nigeria and indeed many countries in Africa, the mass media are the major channels of communicating reproductive health information to urban dwellers. But there are difficulties in terms of reaching the target population as earlier mentioned. A greater percentage of the country's urban population lives in the slums under conditions of poverty. Many of them cannot afford newspapers and television sets although most own radio sets. Despite owning radio sets, many urban dwellers in Nigeria prefer to play music or watch movies rather than listen to the radio. Thus,

health message on radio would tend to reach fewer of the desired number targeted. A research study in Kenya also observes a similar trend and submits that most Kenyan families have access to the radio but 'no time to listen' because 'their lives have become complicated by the fact that they are struggling for survival' (Macharia 2005: 117).

Another considerable barrier to reproductive health communication in Nigeria is illiteracy. Many people cannot read health messages printed in newspapers, posters, billboards and pamphlets even where they are printed in the vernacular. Mass media information in Nigeria's urban centres is also dominated by the use of the Lingua Franca (English language and its pidgin variants) and this alienates a good segment of the populace. Audience apathy to mass media content is often attributed to the epileptic infrastructure and operational structure of the media houses. Many state-owned media houses lack good equipment and this limits their reach. Some broadcasting stations remain off-air for a considerable number of hours daily due to public power cut, faulty power generators and other technical problems while some cannot transmit clear signals even within their immediate localities. Consequently, reproductive health information carried on such channels is often lost and ineffective. Yet, most health education campaigns are executed by government agencies as part of public service. These agencies prefer to use the ill-equipped public-owned mass media channels to save cost. This scenario is further compounded by interference from political parties in power. In Nigeria, they exercise undue control over public-owned mass media, inundate their daily broadcasts or publication with propaganda and censor any information that may cast the efficiency of the government or its department in bad light.

Besides these structural and operational pitfalls, the mass media by their very nature are 'impersonal' channels. Though it has 'wider reach at faster time', it often 'fails to attract and hold attention' and can also 'distort information/message content; feedback is almost non-existent and most crucially, it fails to communicate effectively because its flow of information is mono-directional' (Odi 2008: 165). Indeed, based on empirical evidence, 'there is a growing feeling among communication researchers that existing media systems have failed to serve the needs of development in Africa' (Mda 1993: 1).

In view of these realities, NGOs, development workers and international agencies are finding interpersonal communication channels as useful alternatives or complement to the mass media. This is reinforced by the proven potency of interpersonal channels in persuading target audiences to adopt innovations (Abah 1997; Garcia 2001; Odhiambo 2005). The persuasion function is crucial and sensitive to the efficacy of communication for change. In the Nigerian context, Obielozie (2009: 131) argues that 'the mass media with their straight news journalism cannot do the tricks. They can create awareness but it requires a different brand of communication to convince the mother to take her child to the clinic for a type of treatment she does not

understand'. Health education researchers also agree that a unique communication approach is currently required in promoting health awareness and positive response (Lyzun and Mcmullen 2009).

One of such unique and alternative communication media is Theatre for Development (TfD) which applies its participatory and popular appeal to interact with target populations using their cultural heritage and resources. The use of popular media such as drama and theatre for community education is well documented. The medium is increasingly being applied to address sexual and reproductive healthcare challenges in developing countries (Gumucio-Dagron 1994; Mbizvo 2006; Kafewo 2008).

However, despite the pedagogic and communicative potentials of TfD, policy makers in Nigeria are often reluctant to incorporate it into the reproductive health education and communication programmes. This ostensibly draws from the prevailing stereotypical consideration of drama, theatre and the popular arts in Nigeria as pastimes for fun and relaxation. In fact, 'theatre, and generally the performative arts, have always been recognized and viewed as entertainment. All their other potentials are subsumed under this superficial understanding' (Komolafe 2005: 227). Studies have shown that even developed and more technologically advanced societies resort to the popular arts for sustainable and effective sexual and reproductive health education (Keller and Brown 2002; WHO 2004). In essence, they have recognized the popular media 'as important vehicles for health promotion, raising awareness and education about a range of health and sexuality issues' (Kang and Quine 2007: 418). The adoption of this approach in Nigeria is still slow and in many instances not encouraged.

Methodology

Study Site

Data for the study were collected from five urban centres in Nigeria. Three of the sites, Awka, Nnewi and Uyo are located in the south while two Dass and Dutse are in the northern region of the country. Three of the towns are capital cities while two are industrial centres. They all feature large concentration of people with considerable signs of expansion as influx of people and erection of new buildings continue steadily. The population engages in a range of commercial activities while a significant number are either public servants or employees of private enterprises. The towns also face the challenges of urbanization similar to other urban centres in Nigeria. These include inadequate infrastructure, unemployment, poverty, insecurity and epileptic utility services including healthcare.

Research Design

The study adopted a multi-methodological approach to data collection. This involves oral interview with sample respondents, observation and content analysis of some sexual and reproductive health messages. The purpose was to investigate the process and impact of reproductive health communication by studying the design and content of the messages, the media or channels of their delivery and the response of the target audience. Each method was designed to enrich the database and illuminate the research problem.

Samples

A number of decisions in the research design required the selection of representative samples to make the study manageable and validate the findings. Two sampling techniques were therefore used in the selection of the urban centres to be studied, the respondents to be interviewed and the media and messages to be analyzed.

The sampling of the urban centres was purposive, following some criteria and characteristics that are relevant to the problem being investigated. The towns have the features of most urban settings in Nigeria; in addition, they offer a diversity of healthcare services and institutions including University Teaching Hospital (UTH) and or model General Hospitals. These urban centres also have access and proximity to mass media information and establishment. They have also witnessed TFD workshops focused on reproductive and maternal health education.

The selection of interview respondents followed a randomization based on area or cluster sampling technique to enable the researcher and field assistants obtain samples from different sectors or cultural areas such as markets, schools, offices, hospital and residential clusters across the study sites.

Interview

The primary objective of the interview was to obtain information on the opinions and attitudes of respondents concerning the reproductive health messages disseminated through the various media of communication. The interview schedules were therefore not in-depth but brief and focused on reaching a diversity of respondents. The major language of interaction was English with its pidgin variants. In some cases, the vernacular was used for optimal communication. The interviews were recorded on tape and later transcribed. A total of 291 respondents were interviewed, showing an average of 58 persons per town. Among these respondents, 73% are female, while the rest are male. The gender of 2 respondents could not be ascertained. From their visual appearance and dress patterns, they appear to be members of the gay and lesbian communities.

Observation

The active observation of events as they unfold at the study sites also yielded additional data. The events were connected with reproductive health issues and allied information considered relevant to the research premise. Some of the observations were personally made by the researcher while others were made by field assistants recruited and located at each study site. The observations were noted and added to the corpus of collected data.

Content Analysis

This entailed an evaluation of the content of reproductive health communication as expressed through the mass media and TfD process. The analysis covers the design and content of the information, the channels and context of their dissemination and the feedback (verbal and non-verbal) from the audiences or participants in the communication chain.

Results

Sources of Information

Reproductive health information in Nigeria is disseminated through a range of communication media. These include the mass media (print and electronic), the popular media (drama, theatre, music), films and indigenous or folk media. The interview results indicate that a greater number of urban dwellers access information on sexuality and reproductive health through the mass media especially radio and television. A respondent aged 41, states:

> We do get reproductive health messages through the radio and TV. I know there are posters too but I only them in hospitals. Most people in the city watch TV if there is electricity, so, they will get to hear the messages.

Similarly, the popular arts enjoy wide acceptance among urban populations. Observations show that music, video and movies are being played at home and various street corners. A youth age 22, interviewed at a video centre explains:

> I like drama and films. Everybody enjoys it. It makes you to relax, just like music. Unless they are playing music video or showing drama on TV, I will prefer to watch Nollywood (Nigerian Video-films).

This respondent represents the views of those that see the popular media as mere channels of entertainment. Observation and analysis of the plays and films they watch at home and on television show that they rarely carry reproductive health information except in some isolated scenes or television serials which are not regular on the screen. The health departments in the towns sampled have no mobile film unit to facilitate health education campaigns. The mobile film unit is owned by the information and culture ministry but much of their work is focused on publicizing government programmes often coloured by political propaganda.

Content of Information

The information on sexual and reproductive health transmitted through the various media are designed to address a range of issues concerning prevention of infections, sexual behaviour, care, management of ailments, health-seeking behaviour and counselling services. The interviews, observations and content analyses of the messages show that the major focus of reproductive health education in the sampled urban centres is on behavioural and attitudinal change and re-orientation in the areas of family planning particularly on child spacing and contraception, HIV/AIDS and STIs, ante-natal and post-natal care (safe motherhood), Versico Vaginal Fistula (VVF), female circumcision, breast and cervical cancer, premarital sex and abortions, marital fidelity and use of condoms. A middle-aged respondent affirms:

> Yes, I hear about man and woman affair. They tell you about infections, how to avoid it and what to do if you get infected.

Another respondent, aged 33, has a different view:

> The information is not enough. It is supposed to be regular on radio, television and even shown in films. But they only mention it occasionally. They talk about it but they don't show or demonstrate how it works.

A pregnant mother, (age withheld), complains of apparent discrepancy between the media information and the reality at the clinics and hospitals:

> Sometimes, they tell you the services are free. But when you go there, they tell you to pay for this and that. Even the drugs are costly. If the drugs are free, why are they hoarding or selling them? The government should investigate the issue. This is why many people are not interested.

In many instances, it can be deduced that awareness is being created but the impact and response to the information does not indicate commensurate compliance. A number of

adolescent respondents admitted having experienced multiple sexual partnership in the last twelve months. A male respondent, aged 19, says:

> Well, I know about infections. The information is everywhere, so, I use condoms as they suggested. But sometimes you cannot help it when the condom bursts or when a girl puts you in the mood and condom is not available at that material time. But they always talk as if it is the men that usually cause the problem.

Apart from gender stereotypes in some reproductive health information in the mass media, the vulnerability of female partners in sexual relationship was also linked to practical realities in society which are not addressed by the media information. According to a female respondent, aged 25:

> It is not about ignorance. Let's be realistic. Despite all that talk in the media about abstinence, people are still having affairs daily. If a man shows interest in a serious relationship that could lead to marriage, what do you do? For how long will you keep him off? The men are always domineering. Sometimes, you use sex to oil a relationship. The media is not addressing that reality.

Observations also indicate that despite the mass media campaigns, female circumcision is still practised even by urban dwellers while STIs and abortions are on the increase especially among young people who often patronize quacks for solutions.

The packaging of the reproductive health information by the relevant agencies is also connected to its efficacy. The mass media messages are presented in different formats. Some are broadcast as straight announcements, others are packaged in 10, 15, 20 or 30 seconds jingles. Some are printed as handbills, stickers, billboards, posters or newspaper adverts with pictures or graphic illustration. There are also 15-30mins drama skits for radio and television as well as 45-60mins sponsored documentary or feature films on reproductive health. Some of these include *Dying for Tomorrow* (a 60 min feature film), *Wetin Dey* and *I Need to Know* (30 mins. serials for radio and television) and *One Thing at a Time,* (15 mins radio play). There are equally a number of TfD workshops such as *Had I Known, Correct man, Pick and Drop* and *The Invitation* which focus on adolescent and urban youth sexual behaviour. A health worker, age 51, in an interview maintains:

> A lot of information is being provided in the various media but people are more interested in pursuing money and material things. They are in a hurry; they rarely look at posters and billboards. Many of them drop the handbills as soon as you give them.

But a media executive, age 58, observes that:

> Nigeria is a large and complex society. The messages are often poorly timed and fail to reach a reasonable segment of the populace. Some miss the programmes

due to work schedules or power cut. The information should be repeated and varied but they are not doing that. The messages packaged in drama and films are captivating but they are rarely available on air or video shops.

A semi-literate respondent, age 41, complains about the meaning of media messages and argues that the signals and images are 'confusing and lack focus' especially in dealing with complex issues as V.V.F., P.M.T.C.T. and breast and cervical cancer. The respondent adds that the presenters 'speak in a hurry' and the meaning of the message is often lost. Content analysis of some samples of reproductive health messages in the mass media show some inadequacies in the message design. For instance:

Sample 1: Printed information on Poster and Billboard:

AIDS is here with us. Avoid casual sex. Avoid being infected. Go for test now.

This message uses no images or graphic illustration to help catch attention. It also gives the impression that HIV is AIDS and that it is only through sex that AIDS can be contracted.

Sample 2: Broadcast information on Radio (Transcribed from the vernacular):

Two women chat about sexual relations with their husbands, admire each other's looks and compare the merits of the oral and injectable contraceptives they use for birth control respectively.

The message does not feature any male voice, yet it talks about male sexuality. It gives the impression that contraception or birth control is a woman's affair whereas sex is a man's delight. Birth control needs the consent and support of the husband but that male voice to give the endorsement to the idea and message is clearly absent.

Sample 3: Broadcast information on TV:

A male low income earner is shown in his house with several children. Food is served but the children scramble for it due to insufficiency. The father's ration is served, the children scramble for it as well and this time carry the dishes away. Other children come and demand for more food and money to buy footwear. The man goes off hungry and laments his mistake for not planning his family.

This message suggests that the burden of unplanned family is only economic. Thus, rich men can go on having children. It also places the burden of unplanned family on men alone and ignores the health and social implications of too many births on the woman.

Sample 4: Broadcast information on TV (Short Film):

> A pregnant teenage girl hides in a corner watching other girls going to school. She looks sad while the other girls are happy, chatting and laughing along the way to school. In a flashback, we see the girl's past encounter with a boy in school, their romance and sexual relationship that led to her pregnancy and dropping out of school. The scene changes to the present and the girl breaks down, crying and regretting her action. Her mother comes out and angrily orders her indoors, telling her to face the consequence of her waywardness. The scene closes with a message that premarital sex can destroy one's future.

The message suggests that casual or premarital sex is only harmful to the female. It shows no social, psychological or health repercussion on the male that impregnated her. It also gives the impression that the main burden of casual sex was pregnancy and this encourages illicit and unsafe abortions among young people. Since the messages were transmitted through the mass media, there was no forum to actually discuss the information and their inherent shortcomings.

Content analysis of some TfD work focusing on sexual and reproductive health education at the study sites shows that attitudinal and behavioural change as well as preventive healthcare are addressed with the people following a participatory learning and action (PLA) format. The TfD facilitators visit a community or urban neighbourhood, gain entry and acceptance of the local leaders and then conduct a field research with some volunteers. The identified problems are couched into a drama sketch and presented to the people using local volunteers. The issues are openly discussed immediately after the performance and remedial action taken. Few weeks later, the facilitators return to the community on follow-up work, to evaluate and monitor the people's compliance. They receive feedback from the target community and address all barriers to effective action and compliance.

The medium was used to address the problems of female circumcision, promiscuity and child spacing at Awka, early marriage and V.V.F. at Dutse, safe motherhood and STIs at Dass and HIV/AIDS, STIs and multiple sexual relationships among transport workers in Uyo. In a response after one of the workshops, a community inhabitant, age 38 states:

> This programme is quite good. The message is clear and they allow people to contribute and air their views. Some of the issues we hear on radio are not clear to many of us until now. I request that this campaign be repeated and extended to other neighbourhoods and communities.

Observations show that TfD campaigns are not frequently replicated in communities because they are rarely funded. The programme is also part of the curriculum of theatre

students in tertiary institutions whose academic calendar can only permit one workshop each year. Nevertheless, there are documented cases of TfD campaigns funded by donor agencies, especially UNICEF, to specifically address reproductive and sexual health matters in Nigeria (Gumucio-Dagron 1994; Abah 1997; Obafemi 1999; Kafewo 2008).

Discussion

From available evidence, it is clear that significant efforts are being invested into passing reproductive health information to the public. These messages, at best, help to create awareness but fail to convince and persuade the target audience to adopt the desired change. Part of the problem lies in the internal structure of mass media organs with its technology and audio-visual complexity. Images and codes are easily misunderstood and misinterpreted. In the area of reproductive health education, it is argued that 'the globalization of communication and the mixed and confusing messages about male versus female sexuality portrayed in the mass media, has not been helpful (Action Health 2009: 1).

The television is the glamour medium for urban populations. Information targeted at urban dwellers is usually transmitted through this medium with high expectations of success but this is not always the case (Macharia 2005). The reproductive health information in the mass media is largely unidirectional following a top-down structure. It is prescriptive, less participatory and lacks the 'learning-by-doing approach' (Ogunsuyi 2002:102). There is an obvious gap between the content of the media information and the realities of the people's culture and living conditions. These discrepancies are rarely addressed in the message design and delivery because it lacks interactive qualities inherent in the popular media such as TfD (Iorapuu and Bamidele 2004).

The urban centres in Africa are significant sites of struggles and tension. The populace undergoes considerable environmental, social and psychological strain to earn a living. Observations show that most people return home after a day's work to relax and they continually find entertainment in the popular arts such as music, video, films and dramatic programmes rather than boring jingles, announcements and panel discussion on radio and television. An effective communication programme for this category of people must be unique and creative. It should be keyed into their pastimes, the popular arts and taken to them at convenient locations where they will be disposed to participate (Nwadigwe 2007a).

In essence, a unique, creative and radical approach to communication is the goal of TfD. The results emerging from the study sites suggest that people can easily make out time at work to participate in a brief workshop than when they are at home. The reproductive health campaigns at Uyo focused on transport workers (drivers, conductors, transport unions, touts and ancillary services providers) and took place

at motor parks. The programmes at Dutse focused on public servants and took place at the secretariat whereas those of Awka and Dass were situated at the market square and Emir's courtyard respectively. The impressive turnout and active participation of the target populations were facilitated by the choice of venue and optimal timing. To address adolescent sexuality, the school environment becomes ideal (Kafewo 2008).

Media information requires precision. This demands accuracy in focus, timing and optimization of opportunities. As programming schedule and content become more complex in line with the dynamic society, the competition for media space becomes tougher. This necessitates the creation of 'prime time', a transmission belt that attracts high tariff for commercial broadcasts due to its audience profile. Hence, poorly funded health education campaigns cannot be broadcast at 'prime time' and often suffer low audience rating and ultimately fail to make the desired impact.

One intractable challenge that confronts reproductive health education is the seeming apathy of urban audiences. Hence, information are being provided but negative and risky behaviours persist with rising infections and concomitant health implications. Analyses of the content and context of the sexual and reproductive health information in urban settings highlight the urgency to incorporate interpersonal channels in the communication agenda. Devito (2002) has emphasized the centrality of interpersonal skills and interactions in the efficacy of message communication. Thus, it is not enough to churn out series of information through the mass media without commensurate reinforcement using interpersonal channels which are critical to the making of decision and choices by message receivers.

Theatre for Development (TfD) is a popular medium that is anchored on interpersonal communication. Research results show that 'people are inclined to have more faith in interpersonal communication than the mass media' (Nwadigwe 2001: 82). The essential ingredient of the interpersonal channel is its richness in homophily – the degree to which participants in a communication exchange share common characteristics – which builds trust, credibility and makes communication efficacious (Rogers and Shoemaker 1971). Homophily is inherent in culture, arts, language, association and social capital and these are essential ingredients of the TfD process. Beyond the creation of awareness, 'TfD goes to the people, integrates and achieves a rapport with them, and employs the local media, arts and culture of the people in communicating to them' (Nwadigwe 2001: 81). The traditional role of drama and theatre as non-formal education is not being explored and integrated into the communication plans for urban reproductive health in Nigeria.

Policy Implications

Urban reproductive health is crucial to human development. As urbanization increases, the challenges for sexual and reproductive health rise with the influx and concentration of people. In Africa, the issue of reproductive health is even more critical because of the traditional attachment and emphasis on procreation. Urban reproductive health information requires effective communication and TfD should be incorporated into the policy.

The mass media is useful in creating awareness but TfD is more interactive and effective in persuading target audiences for affirmative and sustainable action. Urban reproductive health policy makers should seriously consider the complementary application of both media for optimum impact.

Communication in modern societies is becoming increasingly complex with advancements and dynamism in technology, culture and human relations. Policy makers in urban reproductive health education must engage experts in communication and culture to plan and map out strategies for their media campaigns. Observations indicate that personnel in health departments and institutions often handle the information task. While these workers are experienced in health matters, the design, packaging and execution of media communication campaigns should be left for communication experts, hence the need for collaboration.

The phenomenal rise and popularity of the Nigerian video-film industry has made the dramatic arts quite attractive. This can be integrated into the urban reproductive health education programme. The messages can be packaged into short films and screened for urban neighbourhood communities at town halls and viewing centres. This will be followed by an interactive session on the issues presented. The message can then be reinforced with songs, dances, music and skits based on the theme and cultural contexts of the events.

There is the need for periodic audience research to evaluate the impact of reproductive health education programmes. Feedback emanating from such surveys can be used in reviewing the communication plans to strengthen its effectiveness. It is important to know the views and feelings of audiences through a sustainable feedback mechanism. These views can determine the effectiveness of messages but this is lacking in most mass media campaigns in Nigeria. It is instructive to note that TfD begins with field research and ends with a follow-up segment which is another avenue for audience research and feedback that are integral aspect of its methodology.

Conclusion

There is ample evidence that points to the potency of popular drama and theatre in community education. This has been applied in diverse situations to facilitate development in Nigeria (Abah 1997; Idoko 2002; Obadiegwu 2004; Nwadigwe 2007a; Kafewo 2008). Though the governments are yet to make its use a deliberate policy, UNICEF Nigeria has over the years resorted to popular theatre in promoting health education. This 'has been effective in those communities where modern mass media, such as radio and television, are neither very effective or relevant for the purpose of conveying messages' (Gumucio-Dagon 1994: vii).

It is apparent that the heavy reliance on mass media for reproductive health education has not worked. This affirms that 'communication is no longer a phenomenon essentially related to technology, but one in consonance with social structures and dependent on cultural life (Ogunsuyi 2002: 102). Culture cannot be ignored in the packaging of media campaigns. Reproductive health information in the mass media needs to be reinforced through interpersonal channels to reassure and persuade the audience to accept, try and possibly adopt the desired change. These processes, due to cultural reasons, have been found to be 'outside the functional range of the mass media' (Nwadigwe 2001: 75). Obviously, opinions, notions and attitudes held by individuals and groups invariably influence their sexual behaviour. Much of these notions are shaped and coloured by culture. There is therefore, 'the need for approaches to sexuality education to be sensitive to the cultural contexts within which these notions are formed and sustained (Izugbara 2004: 63).

There is a functional link between the popular interactive media and sexuality and reproductive health education in Africa. From a Nigerian perspective, it was found that 'simultaneous use' of interactive media involving video tapes, cartoons series and posters in conjunction with TfD activities' has been 'extremely effective' (Iorapuu and Bamidele 2004: 39). Thus, 'drama and theatre can be adapted as tools for delivering sex education to youths and adolescents' (Nwadigwe 2007b: 365). Experiences in South Africa (Mda 1993) and Kenya (Macharia 2005) point to a similar direction. In addition, the Zambian standpoint indicates that 'interactive approaches, including songs, drama and forum theatre' have facilitated reproductive health communication programme (Chapman & Gordon 1998:27).

An effective reproductive health education campaign must be culturally-sensitive, balanced and avoid gender stereotypes. Some of the sexual and reproductive health information being transmitted through the mass media are unbalanced and appear to reinforce gender stereotypes. While some give the impression that reproductive health matters are women's problem (Macharia 2005), others portray the men as 'sexually voracious, careless and irresponsible (Sternberg 2000:89). A participatory and interactive communication process provides forums for dialogue and elimination of such socio-cultural barriers to effective communication and action.

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