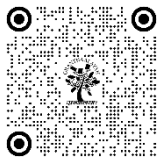


# PERFORMING GENDER, NEGOTIATING HEALTH THE INTERSECTION OF SOCIALIZATION, REPRODUCTIVE AWARENESS, AND COMMUNITY THEATRE

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## ABSTRACT

This paper examines how community theatre serves as a powerful space for negotiating gender norms and enhancing reproductive health awareness. Drawing on theories of gender performativity, social learning, and participatory communication, it explores the way lived experiences are translated into performances that challenge stereotypes, promote dialogue, and build collective agency. Using case studies from global South contexts, particularly India, the discussion highlights theatre's dual role as a mirror reflecting entrenched socialization patterns and a catalyst for community transformation. The paper argues that sustainable change emerges when artistic practice is embedded in community ownership, gender-sensitive pedagogy, and links to broader health systems.

**Keywords:** Community Theatre, Gender Norms, Gender Performativity, Social Learning, Participatory Communication

## 1. INTRODUCTION

Gender norms are not innate they are socially constructed, performed, and perpetuated through repeated acts of socialization (Butler, 1990). These performances, often embedded in everyday interactions and reinforced by family, education, religion, and media, dictate how individuals perceive their roles, responsibilities, and even their bodies. From early childhood, cultural scripts shape expectations about femininity, masculinity, and the “acceptable” boundaries of behavior. Reproductive health awareness is inextricably linked to these gendered constructs. In many contexts, conversations about menstruation, contraception, pregnancy, and sexuality are cloaked in silence, taboo, or misinformation. This lack of open discourse not only limits access to accurate knowledge but also perpetuates stigma, often reinforcing structural inequalities in health care and decision-making. For women and marginalized genders, these barriers can manifest as restricted bodily autonomy, limited access to reproductive services, and internalized shame around natural biological processes. Against this backdrop, community theatre emerges as a transformative and participatory intervention space one where artistic creativity intersects with public health advocacy. Theatre enables collective storytelling that transcends literacy barriers, fosters emotional resonance, and invites audience participation. By dramatizing lived experiences and social contradictions, community theatre allows participants and spectators alike to confront ingrained assumptions, challenge oppressive norms, and imagine alternative possibilities. In this interplay,

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performance becomes more than entertainment it evolves into a tool of consciousness-raising, where gender identities are reimagined, silences are disrupted, and health narratives are reframed to promote agency and collective well-being.

## **2. PERFORMING GENDER: A THEORETICAL LENS**

Judith Butler's notion of gender performativity challenges the idea of gender as a fixed, biological essence, instead positing that it is constituted through repeated acts gestures, speech patterns, dress codes, and embodied behaviors that sustain and reinforce prevailing norms (Butler, 1990). These acts are not simply expressions of a pre-existing identity; rather, they create the illusion of stability by reiterating cultural expectations over time. From early childhood, socialization processes shaped by family structures, schooling, peer interactions, and media delineate what is deemed "appropriate" masculine or feminine behavior. Boys may be praised for assertiveness and physicality, while girls are rewarded for nurturance and modesty. Such conditioning extends into the realm of health decision-making: in patriarchal settings, women may be discouraged from discussing contraception openly, deferring reproductive choices to male partners or elder family members. Men, on the other hand, may avoid seeking reproductive or sexual health services because doing so risks challenging ideals of stoicism, self-reliance, and invulnerability. These norms not only regulate individual choices but also structure institutional responses, influencing the accessibility and quality of reproductive health services. The internalization of gender scripts can lead individuals to perpetuate their own marginalization avoiding health interventions, silencing questions, or normalizing discomfort because deviation from the "script" risks social sanction. It is here that theatre offers a radical point of intervention. Augusto Boal's Theatre of the Oppressed (1979) conceptualized performance as a participatory, dialogic space where lived experiences could be enacted, interrogated, and transformed. By staging familiar situations and inviting participants to "rehearse" alternative responses, community theatre can disrupt the repetitive acts that sustain inequitable gender norms. It allows individuals not only to imagine different ways of being but also to embody them in a safe, experimental setting an act that can translate into shifts in real-life health behaviors and attitudes.

## **3. REPRODUCTIVE HEALTH AWARENESS AND GENDERED BARRIERS**

Reproductive health is not simply a biomedical concern but a socio-cultural construct shaped by layered intersections of gender, class, caste, religion, and geography. Barriers such as shame around menstruation, stigma around HIV, or reluctance to discuss contraception are sustained through gendered power relations that police bodies and regulate information flows. These barriers are often reinforced by familial hierarchies, religious prescriptions, and peer group norms that dictate what can or cannot be discussed in public and private spaces. In many contexts, reproductive health education is mediated by who is allowed to speak. For instance, young women in rural India may rely on peers or elder female relatives for information, yet such exchanges are often limited by partial knowledge, myths, and the prioritization of "modesty" over accuracy. Similarly, men may be excluded from conversations on contraception and menstruation altogether, under the assumption that these are "women's issues," despite their direct involvement in reproductive decision-making. Educational campaigns, though well-intentioned, often fail because they operate on the assumption that disseminating biomedical facts alone will change behavior. However, as social constructivist perspectives highlight, facts are filtered through cultural scripts pre-existing narratives about morality, sexuality, purity, and honor that profoundly shape how communities interpret and act upon health messages. For example, a campaign advocating condom use may be interpreted as promoting promiscuity if it clashes with dominant sexual morality discourses. Here, the fusion of gender awareness and health education becomes essential. Interventions must unpack the social hierarchies and cultural meanings that make reproductive health a site of negotiation rather than mere information uptake. Community theatre, in this regard, provides a transformative narrative space. Unlike one-way lectures, it is participatory, embodied, and dialogic allowing communities to reframe taboo subjects in culturally resonant ways. Through role-play, metaphor, and storytelling, reproductive health can be situated within lived realities rather than abstract medical terminology. In doing so, community theatre not only educates but also empowers individuals to question, challenge, and re-script the gendered norms that restrict their health choices.

## **4. COMMUNITY THEATRE AS A SITE OF NEGOTIATION**

Community theatre is inherently dialogic it thrives on interaction between performers and audiences, creating a shared space where stories are not merely told but co-created. This collaborative nature enables the audience to move

from passive spectatorship to active participation, challenging deeply held beliefs in real time. Because it draws on lived experiences, community theatre is rooted in local idioms, humor, and everyday realities. This embeddedness helps dismantle the distance between “public health experts” and community members, allowing sensitive topics such as menstruation, sexuality, or domestic violence to be addressed without alienating the audience. Augusto Boal’s Theatre of the Oppressed framework underscores the political potential of such performances: theatre becomes a rehearsal for change, allowing marginalized communities to experiment with resistance, agency, and new social roles. When gender norms constrain reproductive autonomy, the stage becomes a liminal space where alternative futures can be imagined and embodied.

- **Example:** India (Rural Maharashtra) – Nukkad natak performances have tackled menstrual stigma by portraying a young girl’s journey from shame to empowerment. By using humor, songs, and relatable domestic scenarios, these plays normalize conversations about menstrual hygiene, countering narratives that treat menstrual blood as impure.
- **Example:** Kenya – Participatory theatre groups have dramatized the consequences of early marriage, juxtaposing stories of girls who pursued education with those who were married off early. Post-performance discussions encouraged communities to reconsider traditional practices in light of long-term health and economic outcomes.
- **Example:** Nepal – Forum theatre workshops have engaged both men and women in conversations about contraceptive decision-making, allowing male participants to play women’s roles and vice versa. This role reversal has been instrumental in building empathy and dismantling gendered assumptions about reproductive responsibility.

In such contexts, the “performance” becomes both a mirror, reflecting current realities shaped by entrenched gender norms and a rehearsal, offering a safe space to explore new identities, choices, and power relations. The transformative power lies not merely in the content of the play, but in the conversations it sparks, the silences it breaks, and the collective visions it seeds for a more equitable future.

## 5. NEGOTIATING POWER AND PARTICIPATION

For community theatre to be truly transformative, the process must be participatory rather than prescriptive. If scripts are imposed from outside the performance risks becoming a top-down lecture instead of a lived conversation. When communities co-create narratives, they gain ownership over both the performance and its underlying message turning theatre into a collective act of meaning-making rather than a tool of external persuasion. In participatory rehearsal spaces, gender negotiation happens on multiple levels. It occurs in the storyline, where characters challenge traditional roles, and also in the production process itself, where the allocation of creative authority can disrupt entrenched hierarchies. Women may take on leadership roles in directing or scriptwriting; men may embody nurturing or caregiving characters that defy stereotypical masculinity; and young people may openly question generational norms around sexuality, marriage, and health. Moreover, these rehearsal spaces often create “safe zones” for discussing otherwise silenced topics such as marital consent, family planning, or gender-based violence allowing participants to articulate experiences without the fear of stigma. The very act of speaking publicly about these issues can be a political statement in contexts where silence is expected. Importantly, such shifts are not always overtly radical; they may appear as subtle, embodied transformations a father acting alongside his daughter in a skit about menstrual taboos, a male villager confidently using reproductive health terminology on stage, or women collectively deciding to rewrite a scene so that the female character refuses an early marriage. These micro-negotiations can have ripple effects far beyond the stage, influencing household conversations, peer group attitudes, and even local policy advocacy. By embedding agency, collaboration, and reflexivity into the theatrical process, community theatre becomes not just a medium for health messaging, but a lived rehearsal for renegotiating gendered power relations in everyday life.

## 6. CHALLENGES AND ETHICAL CONSIDERATIONS

Despite its transformative potential, community theatre faces several structural, cultural, and ethical challenges that can limit its effectiveness if not carefully addressed.

- **Token Participation** – When projects are driven primarily by external NGOs or facilitators, there is a risk of “consultation without co-creation,” where community members are invited to perform but not to shape the narrative. This tokenism can undermine authenticity, making the performance feel like an externally imposed

agenda rather than an organic reflection of lived realities. In such cases, participants may rehearse scripts without internalizing or owning the messages.

- **Cultural Backlash** – Theatre that questions entrenched gender roles, critiques patriarchal authority, or discusses topics such as contraception, menstruation, or consent may provoke community resistance. This backlash can range from mild discomfort to active censorship or social ostracism of participants especially women and youth. In certain contexts, challenging gender norms through public performance can even invite threats or violence, underscoring the need for safety protocols.
- **Sustainability** – Many community theatre initiatives are project-based and dependent on short-term grants. Without integration into local governance, school curricula, or ongoing cultural practices, they risk fading once external funding ends. A one-off performance may spark discussion but lacks the continuity to sustain behavioral change or social transformation over time.
- **Emotional Labour and Participant Well-being** – Acting out personal experiences of violence, discrimination, or health crises can be emotionally taxing. Without adequate support mechanisms, participants may face re-traumatization or social repercussions for speaking publicly. Ethical practice requires emotional debriefing spaces, consent at every stage, and clear protocols for participant withdrawal.
- **Alignment with Local Health Services** – When theatre communicates reproductive or health-related information, it must be accurate, context-appropriate, and linked to accessible services. Raising awareness without providing pathways to care risks creating frustration, distrust, or misinformation.
- **Cultural Sensitivity vs. Social Change** – There is a delicate balance between respecting local traditions and advocating for necessary change. Insensitivity to cultural symbols, rituals, or hierarchies can alienate audiences, while excessive caution can dilute the transformative potential of the performance.

Ethical community theatre thus demands participatory design, cultural fluency, informed consent, emotional safety, and structural integration with local institutions. Only then can it navigate the tensions between challenging harmful norms and respecting community agency, ensuring that the process remains empowering rather than extractive.

## 7. CASE STUDY: FORUM THEATRE ON MATERNAL HEALTH IN BIHAR

A participatory project in Bihar employed forum theatre a method pioneered by Augusto Boal to address the critical issue of maternal mortality. In the initial performances, actors portrayed real-life scenarios: a husband forbidding his wife from attending antenatal check-ups, a mother-in-law prioritising household chores over health visits, and the absence of reliable transport to health facilities. These narratives mirrored the lived experiences of many audience members, making the performances immediately relatable. What made the intervention transformative was the interactive phase. Audience members were invited to replace characters on stage and “replay” the scenes with alternative decisions persuading the husband, organising community transport, or negotiating with elders. This rehearsal for reality enabled participants to practice problem-solving in a low-risk environment while challenging entrenched gender norms. The project also engaged men as allies, recognising that maternal health is not solely a women’s issue. Follow-up surveys indicated measurable shifts: increased male involvement in maternal care, higher rates of antenatal clinic visits, and more open conversations between couples about reproductive health. Importantly, the success of the initiative was partly due to integration with local health workers and ASHA (Accredited Social Health Activist) networks, ensuring that theatrical engagement was connected to tangible services. It also avoided the pitfall of being a one-off intervention by embedding performances into ongoing women’s self-help group activities. This case demonstrates how community theatre when participatory, culturally grounded, and linked to healthcare systems can move beyond awareness-raising to actual behavioural change. It also highlights how the stage can serve as a space where performing gender becomes a form of negotiating health, shifting both attitudes and practices in ways that written pamphlets or top-down campaigns often fail to achieve.

## 8. LINKING ART TO POLICY AND SYSTEMS

For community theatre to create enduring impact, it cannot operate in isolation. Performances may inspire, but without pathways to concrete resources, policy advocacy, and institutional support, their effects risk fading once the applause ends. Effective interventions deliberately link artistic expression to structural change, ensuring that the issues

raised on stage have corresponding solutions off stage. For instance, a play on menstrual hygiene should not only challenge stigma and misinformation, but also connect the audience to accessible supplies, trained health workers, and supportive school or workplace policies. This could mean partnering with local NGOs that distribute sanitary products, involving health workers who can provide follow-up sessions, or lobbying for state-level inclusion of menstrual education in school curricula. Similarly, theatre addressing maternal health can be synchronised with public health campaigns, government schemes like Janani Suraksha Yojana, or community transport initiatives for pregnant women. These connections amplify the impact moving from an emotional awakening to practical action. At a policy level, documenting and presenting theatre outcomes such as shifts in health-seeking behaviour or reductions in harmful gender practices can strengthen the case for including participatory arts in national and state-level health communication strategies. Programmes like the National Health Mission already have Behaviour Change Communication (BCC) components, which could be enriched by integrating tested theatre models. In this way, community theatre becomes not just a cultural intervention but a policy-relevant tool, capable of influencing both public discourse and institutional priorities. The true potential of performing gender and negotiating health lies in this dual movement from stage to system, ensuring that the dialogues sparked in community spaces feed into long-term structural transformation.

## 9. CONCLUSION

The journey from stage to social change is not linear it is a cyclical process of dialogue, reflection, and action that demands continuous negotiation between artistic expression, cultural norms, and structural realities. Community theatre's unique strength lies in its capacity to make visible the invisible, voice the unspoken, and model the unthinkable within safe yet provocative spaces. When gender socialization, reproductive health awareness, and community participation converge in performance, they generate not only empathy but also collective ownership of change. Stories enacted on stage become mirrors in which audiences recognise their lived realities and, in turn, begin to question the forces shaping them. This reflective disruption can unsettle entrenched gender roles and open doors to healthier, more equitable practices. Yet, the transformative spark ignited by theatre must be nurtured. Without mechanisms to translate performative moments into sustained community engagement, policy advocacy, and integration with health services, the energy risks dissipating. The task is to embed the change process in the rhythms of everyday life through follow-up workshops, school programmes, women's groups, and local governance initiatives so that the ideas seeded on stage take root in the soil of community practice. Moreover, evaluating and documenting theatre's impact is vital, not merely for academic purposes but for influencing stakeholders and securing resources. Evidence of shifts in attitudes, knowledge, and behaviours can strengthen arguments for including participatory arts in mainstream health communication and development policy frameworks. Ultimately, the intersection of performance and public health offers a vision where art is not a luxury but a necessity a participatory tool for dialogue, healing, and empowerment. By honouring both the creative process and the structural interventions that follow, community theatre can move from being an event to becoming an ongoing cultural practice one that continues to negotiate gender, reimagine health, and transform communities from within.

## CONFLICT OF INTERESTS

None.

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