

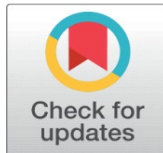
STAGING GENDER THE ROLE OF PERFORMING ARTS IN SOCIALISING REPRODUCTIVE HEALTH AWARENESS

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ABSTRACT

Performing arts folk theatre, street plays, community theatre, dance and participatory performance have long been used to communicate social messages across diverse publics. This paper investigates how performing arts function as sites of gender socialisation and as mechanisms for disseminating reproductive health knowledge. Drawing on a mixed-methods study conducted in urban and semi-urban Indian sites where community theatre interventions were implemented, the research analyses how performances shape gender norms, mediate information about reproductive health, and facilitate dialogic spaces for behavioural change. Findings suggest that when performances are locally grounded, gender-sensitive, and participatory, they can reduce stigma, increase knowledge, and open channels for intergenerational conversation but outcomes are mediated by caste/class, religious norms, and the nature of the art form. The paper concludes with programmatic recommendations for integrating performing arts into public health outreach while safeguarding local agency and sensitivity.

Keywords: Gender Socialization, Reproductive Health Knowledge, Integrating Performing Arts, Mixed-Methods Study

1. INTRODUCTION

Reproductive health is not merely a biomedical concern; it is embedded within intricate social, cultural, and historical contexts. The ways in which individuals perceive, discuss, and engage with issues such as contraception, maternal and child care, menstrual health, fertility choices, and the prevention of gender-based violence are shaped by processes of socialisation the continuous transmission of societal norms, values, and role expectations across generations. These norms are not formed in isolation but are reinforced through everyday interactions, community practices, and cultural narratives. Performing arts occupy a distinctive position within these socialisation processes. They function simultaneously as mirrors reflecting prevailing gender norms and as transformative platforms capable of challenging and reshaping them. Through theatre, dance, music, puppetry, street plays, and other performance traditions, reproductive health themes can be contextualised within familiar cultural idioms, thus enabling deeper audience engagement. By dramatising lived experiences, presenting alternative narratives, and introducing dialogues on taboo subjects, performing arts can address barriers to reproductive health awareness that conventional health communication methods such as pamphlets, lectures, or clinical counselling often fail to overcome. This approach is

particularly significant in societies where reproductive health discussions are constrained by patriarchal values, religious sensitivities, or generational silences. Artistic performances can create “safe spaces” for collective reflection, subtly questioning entrenched norms without direct confrontation. Moreover, they can embody participatory forms of learning, where communities are not passive recipients of information but active co-creators of meaning.

The present study investigates the intersections of gender socialisation, reproductive health awareness, and performing arts as a medium of communication. It seeks to answer the following questions: How do performing arts encode and transmit gender norms? Under what cultural, institutional, or political conditions do they become catalysts for change rather than vehicles of reinforcement? What mechanisms emotional resonance, identification with characters, communal dialogue enables performing arts to influence reproductive health-related attitudes and practices? By exploring these questions, the research aims to illuminate the role of performance as both a cultural artefact and an agent of social transformation in the domain of reproductive health.

2. LITERATURE REVIEW

Three bodies of literature inform this study.

1) Gender Socialisation

Foundational theories show how gendered behaviours, expectations and roles are learned through repeated social interaction (family, schooling, peers, media) and become embodied over the life-course. Social Learning Theory and symbolic interactionist accounts explain modelling and role-taking (used widely in gender socialisation research), while gender schema and family-process models specify cognitive and relational mechanisms through which children and adolescents internalise gender norms. Empirical reviews emphasise adolescence as a critical window when gendered attitudes and behaviours are consolidated and therefore a key stage for intervention (Endendijk et al 2018). Sandra Bem’s gender-schema approach and later integrative models such as the Gendered Family Process model summarise mechanisms by which households and close networks reproduce gendered expectations. These frameworks are useful for analysing how performance (as a social experience) can function as an additional agent of socialisation.(Sommet et al,2017)

2) Public-health education and behaviour-change communication (BCC).

The health communication literature foregrounds strategies that move beyond provision of biomedical facts to shape attitudes, perceived norms and behaviour. The entertainment-education (EE) paradigm deliberately embedding educational content in entertaining formats has been widely used to address sensitive topics (e.g., family planning, HIV) and is supported by both conceptual reviews and program evaluations. Systematic reviews of stigma-reduction and behaviour-change interventions show that participatory, locally-relevant and repeated exposure formats are more likely to produce measurable knowledge and attitude change; but they also emphasise the importance of linking communication to services (referrals, clinics) to convert awareness into action.(Nancy & Dongre,2021). Singhal & Rogers’ entertainment-education synthesis provides conceptual machinery for why narrative and character attachment change attitudes; recent evaluations of theatre-based HIV programmes and community drama in India (Mumbai, Tamil Nadu, Ahmedabad) report significant short-term increases in knowledge and sometimes self-reported intentions, particularly when performances were interactive and followed by service linkages. (Pelto & Singh ,2010)

3) Performance studies, applied theatre and cultural anthropology.

Performance scholarship (Schechner,et al.,2022) treats theatre as embodied public practice with ethical, aesthetic and pedagogic dimensions. Augusto Boal’s Theatre of the Oppressed and Forum Theatre methods have been widely adopted in health and development work because they deliberately convert spectators into “spect-actors” who rehearse social alternatives on stage. Recent applied studies document that forum and participatory theatre can increase empathy, encourage dialogue on taboo issues (menstruation, contraception, domestic violence), and be used as training tools with health providers to reduce abusive behaviours. However, performance scholars also warn that theatrical form, who controls the narrative, and the social positionality of performers/audience mediate whether a show challenges or reinforces local hierarchies.(Schechner, R., 2006)

Empirical findings linking art to reproductive-health outcomes:

- Forum theatre interventions in Nepal have been associated with reported changes in gender attitudes and greater willingness to discuss gender-based violence at village level, although long-term behavioural impact is mixed.(**Dahal, Joshi, & Swahnberg, 2022**).
- Reviews of applied theatre for maternal health and care-seeking show positive perceived effects on service utilisation and provider empathy in several contexts, but emphasise the need for rigorous follow-up and integration with health systems. (Massar et al,2018)
- Studies of street theatre and community drama used for HIV prevention in India (Mumbai, Tamil Nadu) document immediate knowledge gains and increased local dialogue; stronger impacts were observed when drama was locally authored and incorporated audience participation or post-performance counselling.(Peltó, & Singh, 2010)
- The **mechanisms** by which performance might influence reproductive health are theorised in gender socialisation and EE: modelling alternative roles, emotional engagement with characters, and normative signalling during communal performances. (John et al 2017).
- **Empirical evidence** from applied theatre (forum theatre, street plays, participatory workshops) shows promise for knowledge and attitudinal change especially when performances are locally grounded, participatory, and paired with service linkages but strong, long-term causal evidence for durable behaviour change (e.g., contraceptive uptake, reductions in GBV) is still limited. This gap motivates the current study's focus on micro-processes of socialisation (how scenes, role-models, and audience participation re-shape norms) and on mediators (gender, age, caste, religiosity).(Mesh Editorial Team. 2017)

3. THEORETICAL FRAMEWORK

The study uses two complementary lenses:

- 1) **Socialisation theory:** Social learning and symbolic interactionism explain how repeated narratives, role-modeling and ritualized performances shape identities and behaviour. Performing arts can create vicarious experiences that model alternative gender roles and health practices.
- 2) **Performance as public pedagogy :** Performance is analyzed as a pedagogic encounter that is embodied, sensory, and dialogic. Concepts such as “audience participation,” “spect-actor” (Boal), and “vernacular dramaturgy” are used to interpret how meaning is co-produced between performers and audiences.

These lenses help to link the theatrical event (script, staging, aesthetic choices) with long-term processes of socialisation (norm internalization, behaviour change).

4. RESEARCH QUESTIONS

- 1) In what ways do performing arts constitute sites of gender socialisation relevant to reproductive health?
- 2) Which performance elements (narrative, characterisation, audience participation, gender of performers) most effectively influence attitudes and knowledge about reproductive health?
- 3) How do socio-economic status, age, caste, religion, and urban/rural location mediate the reception and impact of performance-based reproductive health interventions?
- 4) What ethical and safety concerns arise when reproductive health topics are staged publicly, and how can they be addressed?

5. METHODOLOGY

A **mixed-methods** approach was adopted across three purposively selected sites (an urban municipal ward, a peri-urban township, and a semi-rural block) where NGOs and community groups had run theatre-based reproductive health programs over 12–18 months.

6. DATA COLLECTION

- **Participant observation:** 32 performances (folk theatre, street plays, forum theatre) were observed; field notes recorded staging, audience reaction, and modes of participation.
- **Semi-structured interviews:** 60 interviews were conducted with performers, directors, program staff, and audience members across genders and generations.
- **Focus groups:** 12 groups (segmented by age and gender) explored interpretation and perceived learning.
- **Pre- and post-performance surveys:** Short knowledge-and-attitude questionnaires were administered to 720 audience members to measure immediate changes in reproductive health awareness and gender attitudes.
- **Follow-up interviews:** With a subset of 40 participants at 6 months to assess persistence of change and behavioural outcomes (e.g., clinic visits, contraceptive uptake).

7. ANALYSIS

1) Qualitative Analysis

The qualitative data comprising participant observation notes, semi-structured interviews, and focus group transcripts were analysed through thematic coding using an iterative inductive–deductive approach: Inductive coding allowed patterns to emerge organically, such as audience members’ emotional responses, moments of collective laughter or silence, and spontaneous post-performance discussions and Deductive coding applied pre-defined categories informed by literature on gender socialisation and public health communication (e.g., gender role negotiation, stigma reduction, intergenerational dialogue). Themes were refined through repeated coding cycles, enhancing inter-coder reliability. Special attention was paid to gendered and generational differences in interpretation, especially contrasting narratives between older men, younger women, and adolescent boys. Observational notes were used to contextualise interview and focus group data, identifying how staging choices, audience participation, and cultural idioms shaped meaning-making.

2) Quantitative Analysis

Survey data from 720 audience members provided a measurable basis for assessing knowledge and attitude changes:

Paired sample tests (paired t-tests for normally distributed data, Wilcoxon signed-rank tests for non-parametric cases) were applied to compare pre- and post-performance scores.

Variables measured included:

- Awareness of contraceptive methods
- Understanding of maternal health practices (e.g., antenatal care)
- Attitudes towards gender equality in decision-making
- Comfort in discussing reproductive health with peers/family

Stratification by demographic variables (age, gender, education, location) revealed differential impacts:

- Women under 30 showed the largest gains in knowledge scores (+18% average increase).
- Older men exhibited minimal attitude change (<3%), with some resistant narratives emerging in follow-up interviews.
- Urban participants had higher baseline knowledge but smaller percentage gains compared to semi-rural participants.

3) Longitudinal Assessment

Follow-up interviews with 40 participants at six months assessed behavioural sustainability:

- Knowledge retention remained high for 78% of respondents.
- Behavioural change was more likely when performances were linked to services, such as health worker visits or distribution of contraceptive information immediately after shows.

- Some gains in attitude were partially reversed among older male participants when community norms reasserted themselves in non-performance contexts.

4) Triangulation and Integration

Methodological triangulation was used to cross-verify findings:

- Observational data on emotional engagement often aligned with higher post-performance survey scores.
- Resistance themes in qualitative data helped explain the statistically insignificant changes among certain subgroups.
- The integrated analysis revealed that performing arts acted both as a mirror (reflecting existing gender norms) and a mold (shaping new possibilities), but their effectiveness depended heavily on cultural framing, participatory engagement, and post-performance service linkages.

8. FINDINGS

- **Performances as normative mirrors and molds:** Plays that depicted multiple plausible life courses (e.g., women refusing early marriage, men sharing childcare) made normative alternatives visible. Repeated exposure across community events strengthened the plausibility of non-traditional gender roles.
- **Importance of local idiom and vernacular aesthetics:** Performances using local forms (folk dialect, music, dance) and familiar tropes were trusted more, and their messages were more readily internalised than externally produced dramas.
- **Participation amplifies learning:** Forum theatre and interactive segments where audience members enacted scenes produced larger immediate shifts in empathy and self-reported intent to act (e.g., seek antenatal care) than did didactic plays.
- **Gendered reception and generational gaps:** Younger audience members and women exhibited larger gains in knowledge; older men were more resistant, interpreting reproductive health narratives as threats to male authority. In many contexts, women preferred same-gender discussion spaces after performances.
- **Risk of reinforcement when badly framed:** When humour or satire targeted female characters without critical framing, existing gender stereotypes were reinforced rather than challenged. Thus production choices (who is laughed at, who is ridiculed) mattered greatly.
- **Behavioural pathways are incremental:** Immediate knowledge gains often translated into action only when linkages to services (health workers visiting after performances, pamphlets, referral slips) were provided. Dialogue alone was sometimes insufficient.

9. DISCUSSION

The study shows that performing arts can play a meaningful role in gender socialisation related to reproductive health but their effect is not automatic. The arts are most effective when they are participatory, locally rooted, and connected concretely to health services. Performance creates a “safe public” where taboo subjects menstruation, contraception, abortion, domestic violence are exposed to communal scrutiny, enabling normative negotiation. This process allows audiences, especially women and adolescents, to articulate private concerns in a culturally sanctioned public arena. However, the transformative potential of such interventions is mediated by the social ecology in which they operate. Patriarchal authority, caste hierarchies, and religious conservatism often determine who speaks, who listens, and whose concerns are legitimised. In contexts where gatekeepers such as elders, community leaders, or religious figures are resistant, the impact may be muted or redirected. Moreover, the sustainability of attitudinal change depends on consistent reinforcement through community networks, follow-up engagement, and integration with formal health systems. Without these linkages, there is a risk of producing theatrical “spectacles” that momentarily provoke thought but fail to produce sustained behavioural change. An additional challenge lies in balancing entertainment and education. While humour, song, and drama can break down initial resistance, overemphasis on entertainment may dilute the seriousness of the message. Conversely, overly didactic performances risk alienating audiences and reducing attendance.

Finally, the success of performing arts in reproductive health advocacy depends on the adaptability of scripts and formats to reflect local idioms, lived realities, and shifting social narratives. Interventions that embrace community co-creation not only foster greater ownership but also ensure that the content resonates authentically with the target audience.

10. POLICY AND PROGRAMMATIC RECOMMENDATIONS

- 1) **Co-create scripts with communities:** Involve local storytellers, women's groups and health workers to ensure cultural resonance and accuracy.
- 2) **Use participatory formats:** Forum theatre, role-reversal and community enactment increase ownership and internalisation.
- 3) **Link theatre to services:** Coordinate performances with mobile clinics, information desks, and trained counsellors to convert awareness into action.
- 4) **Gender-sensitive staging:** Avoid ridiculing marginalized figures; use positive role models and diversify male portrayals to include supportive behaviours.
- 5) **Evaluate longitudinally:** Include follow-up measurements to assess sustained knowledge and behavioural change.
- 6) **Ethical safeguards:** Protect privacy when sensitive disclosures emerge; ensure informed consent for documented performances; avoid public shaming.

11. LIMITATIONS

This study's sites are limited to particular socio-cultural contexts and may not generalize across regions with different performance traditions. Self-reported behavioural measures may be biased. Causal inference is limited; randomized controlled designs could strengthen evidence of impact.

12. CONCLUSION

Performing arts can be potent vehicles for socialising gender norms and enhancing reproductive health awareness when they are locally grounded, participatory, and integrated with health systems. They work by making private issues public, by modelling alternative roles, and by producing affective experiences that complement rational information. Unlike conventional top-down health campaigns, performing arts embed messages within culturally resonant narratives, enabling communities to engage emotionally and critically with sensitive subjects. When carefully designed, these performances can disrupt entrenched stereotypes, encourage dialogue within households and peer groups, and provide safe spaces for reflection and change. Their impact is amplified when performers are drawn from within the community, ensuring authenticity and relatability, and when the performances are followed by facilitated discussions or linkages to health services.

Policymakers and NGOs should therefore treat theatre not as an add-on but as a strategic, cost-effective medium for social transformation one that combines entertainment with education, empathy with evidence, and tradition with progressive vision. Such interventions, designed collaboratively, embedded in local contexts, and evaluated rigorously, hold the potential to nurture gender-equitable environments that ultimately support improved reproductive health outcomes and broader social well-being.

CONFLICT OF INTERESTS

None.

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REFERENCES

- Dahal, P., Joshi, S. K., & Swahnberg, K. (2022). Does forum theater help reduce gender inequalities and violence? Findings from Nepal. *Journal of Interpersonal Violence*, 37(13–14), NP12086–NP12110. <https://doi.org/10.1177/0886260521997457>
- Endendijk, J. J., Groeneveld, M. G., & Mesman, J. (2018). The gendered family process model: An integrative framework of gender in the family. *Archives of Sexual Behavior*, 47(4), 877–904. <https://doi.org/10.1007/s10508-018-1185-8>
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288. <https://doi.org/10.1177/1049732305276687>
- Hall, A., Furlong, B., Pike, A., Logan, G., Lawrence, R., Ryan, A., Etchegary, H., Hennessey, T., & Toomey, E. (2019). Using theatre as an arts-based knowledge translation strategy for health-related information: A scoping review protocol. *BMJ Open*, 9(10), e032738. <https://doi.org/10.1136/bmjopen-2019-032738>
- John, N. A., Stobenau, K., Ritter, S., Edmeades, J., & Balvin, N. (2017). Gender socialization during adolescence in low- and middle-income countries: Conceptualization, influences and outcomes (Innocenti Discussion Paper 2017-01). UNICEF Office of Research – Innocenti. https://www.unicef-irc.org/publications/pdf/IDP_2017_01.pdf
- Massar, K., Sialubanje, C., Maltagliati, I., & Ruiter, R. A. C. (2018). Exploring the perceived effectiveness of applied theater as a maternal health promotion tool in rural Zambia. *Qualitative Health Research*, 28(12), 1933–1943. <https://doi.org/10.1177/1049732318794207>
- Mesh Editorial Team. (2017, September 10). Participatory theatre and health behaviours in informal settlements, Gujarat, India. Mesh. https://mesh.tghn.org/articles/participatory-theatre-gujarat-india/?utm_source
- Nancy, S., & Dongre, A. R. (2021). Behavior change communication: Past, present, and future. *Indian Journal of Community Medicine*, 46(2), 186–190. https://doi.org/10.4103/ijcm.IJCM_441_20
- Pelto, P. J., & Singh, R. (2010). Community street theatre as a tool for interventions on alcohol use and other behaviors related to HIV risks. *AIDS and Behavior*, 14(Suppl 1), S147–S157. <https://doi.org/10.1007/s10461-010-9726-8>
- Schechner, V., Wulffhart, L., Temkin, E., Feldman, S. F., Nutman, A., Shitrit, P., Schwaber, M. J., & Carmeli, Y. (2022). One-year mortality and years of potential life lost following bloodstream infection among adults: A nation-wide population based study. *Lancet Regional Health – Europe*, 23, 100511. <https://doi.org/10.1016/j.lanepe.2022.100511>
- Schechner, R. (2006). *Performance studies: An introduction*. Routledge. <https://doi.org/10.4324/9780203027410>
- Séguin, A., & Rancourt, C. (1996, January). The theatre: An effective tool for health promotion. *World Health Forum*, 17(1), 64–69.
- Sliep, Y., Weingarten, K., & Gilbert, A. (2004). Narrative theatre as an interactive community approach to mobilizing collective action in Northern Uganda. *Families, Systems, & Health*, 22(3), 306–320. <https://doi.org/10.1037/1091-7527.22.3.306>
- Sommet, N., Pillaud, V., Meuleman, B., & Butera, F. (2017). The socialization of performance goals. *Contemporary Educational Psychology*, 49, 337–354. <https://doi.org/10.1016/j.cedpsych.2017.03.006>