

Acting for Creative Health in Rwandan Schools: Exploring Children's Ideas about Food through Participatory Theatre.

A team describes how they used innovative educational methods to explore knowledge and ideas about food from children in Rwanda and how this approach could help to promote children's involvement in community development

Introduction

This paper provides insights into how we climb the ladder of children and young people's participation in community health promotion. Roger Hart's "Ladder of Children's Participation" suggests eight levels of youth participation: from 'tokenism' (adults using children's involvement to achieve their own goals) to 'citizenship' whereby children initiate action and share in decision-making.¹ We report from a Creative Health pilot project which tested participatory theatre or 'ACT' workshops in schools in urban and rural Rwanda as a means of better understanding children's knowledge and ideas about food and promoting their involvement in community development. The workshops drew on Theatre for Development pedagogical approaches by creating a playful space for the students to express and exchange perspectives on their lived experience. This creative process invites the participants to become what Taylor calls 'the instruments of the enquiry',² promoting a sense of their agency and citizenship. In the case of our project, the methods aimed to position the students and their school as actors in their community, able to contribute to its future development.³ In this paper we provide some context for the project in Rwanda, outline the aims and activities of the pilot project and report some of our initial observations from the workshops. We conclude by pointing towards future applications of the work in Rwanda.

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Project background

This project took place as an extension of a three-year Japan Society for the Promotion of Science-funded Creative Health project that aims to promote community health and food security in three disaster-prone countries in Asia. The original programme was developed after the 2011 Fukushima nuclear disaster as a part of community restoration activities to increase the capacity of the next generation to be active in health promotion, and more widely, to be active citizens.⁴ This latest project involved a series of workshops with students and teachers called BODY, FOOD and ACT. The BODY workshop, devised by medical experts in blood transfusion and transplantation immunology, explores blood and its circulation; the FOOD workshop, developed by nutritionists, involves learning how to cook foods that prevent iron deficiency; the ACT workshop, which underpins the other two workshops and the project as a whole, was developed by a participatory arts specialist and uses the topic of food to engage students in thinking about their local community and involve them as active participants in development.

Non-profit organisation, Think about Education in Rwanda (NPO-TER), learned of the project and was interested in its application in an African context. NPO-TER aims to improve child education and health in Rwanda in the wake of the 1994 genocide and is involved in various health, education and community development programmes across the country (<https://npoter.org>). The Creative Health team trialled the ACT training online with NPO-TER staff and local teachers during the COVID-19 pandemic but the Rwandan staff team were keen to pilot the work directly with students at their partner school.

Project aims, planning and delivery

Aims of the training week were to: pilot the ACT workshop with school groups; train staff at NPO-TER to run the workshop; and explore its potential for development in relation to the organisation's existing work. Specific objectives were to: 1) improve the experience of teachers from other schools in arts and other related activities so as to be able to participate in arts workshops; 2) plan, implement and evaluate the Creative Health programme combining medical, nutritional and arts learning activities via a participatory approach; 3) develop a package of Creative Health education tools as the final output of the project so it can be disseminated and implemented in a much wider

region; 4) provide students the opportunity to express their own ideas and creativity; and 5) improve the health literacy skills of Rwandan children and strengthen their roles in the community.

The training week took place in February 2023 and involved three half-day workshops at two schools in Kigali and one in the north of Rwanda. In addition to the workshops, three meetings took place for the staff team: an initial planning meeting; a meeting after the first workshop to review and make adjustments; and a final meeting to review and plan follow-up work. The ACT project team lead facilitated the training week with support from staff from NPO-TER who assisted with translating and co-facilitating the workshop activities. The whole team engaged in a process of continuous reflection and analysis of the workshops throughout the week.

The 2.5 hour workshop plan was structured around initial introductions and warm-ups, followed by group discussion and the creation of short drama scenes in groups which were performed and discussed with the whole class and teachers. The session ended with final group ‘cool down’ activities, including time for questions. The teachers were encouraged to join in all the games alongside the children but to take a facilitator, rather than overtly ‘teacherly’, role during the group activities, supporting the children to express their own ideas rather than looking for the ‘right answers’.

Student responses

A key observation was the difference in what the children chose as their favourite food across the three schools, including varying knowledge, understanding and experience of how these foods were grown, prepared and eaten. In the urban private school, many of the foods

chosen were what might be called ‘western’ or processed foods such as ice cream, hamburgers, pizza, chocolate and cupcakes, as well as more expensive foods such as meat and fish. In the public and more rural schools, the foods chosen were nearly all fruit and vegetables such as apples, watermelon, mango and avocado, alongside other food staples, namely potatoes, cassava flour, beans and milk.

This highlighted varying exposure to different kinds of foods among urban and rural children and also potentially between families with more disposable income than others. It was noticeable, for example, that in the private school several of the drama scenes showed the food being ordered and eaten in restaurants. These scenes also revealed that the children didn’t always know how the food they liked to eat was grown or prepared – though they enjoyed the imaginative play of the drama in showing what they thought the processes might be and pretending to be a chef. By contrast, in the other schools, students portrayed through detailed performances an in-depth knowledge of how particular foods are grown, harvested and prepared, as well as an appreciation of the importance of certain foods to food security: there were painstaking depictions of how to plant and grow sweet potatoes, prepare cassava flour and milk cows, as well as commentary on the reliability of the avocado tree to provide food all year round.

At the same time, it was noticeable that the students’ confidence varied across the different locations. The students at the rural school were particularly shy and their verbal contributions less detailed, despite the fact that the team made the decision after the first workshop to use both Kinyarwanda (the children’s first language) and English (which all Rwandan children learn in school) and to encourage both students and staff to speak and



A child enjoys her favourite fruit Courtesy of Noorani

write in Kinyarwanda. It is therefore interesting that the performances at the rural school were some of the longest as, despite their reticence, their knowledge about food was significant and they brought detail to their scenes.

Teacher responses

In discussion after the workshops the teachers generally expressed surprise at the extent of the students' knowledge about food and food hygiene as well as the skill of some students in group work and performance. This reflects our team's analysis of teachers' response to participatory work with children in Japan.⁵ The teachers discussed the value of the work in allowing students to draw on other talents, promote teamwork and increase self-confidence. Many also said that they thought the work could help develop independent and critical thinking by letting the students take the lead and there was a sense that this could promote further student-led learning.

Challenges identified by all the teachers was the lack of time for these kinds of activities, large class sizes and the need to connect the work to the curriculum. Creative Arts, Creative Science and Science, which includes learning about food in Primary Years 3-6, were mentioned as possible ways in but teachers also identified a need for more training to feel comfortable in adopting such learner-centred or arts-based methods.

However, one teacher at the rural school was particularly inspired by the workshop to take things further. He noted that one scene showed that the children weren't sure how to cut a mango so saw the opportunity to bring in a mango to class to demonstrate and let the students practise. He also suggested that the school start a food club, using the school garden, saying that the skills and knowledge the students learned through the club could be shared with their families through parental meetings held at the school. It is interesting that the work encouraged the teachers to see their students differently and at the same time provoked some of them to think further about their own teaching practice.

This rural school is located within a community development project that NPO-TER is supporting in which people have been given land from the government to grow food and become more self-sustaining. The team was guided round the village by the local NPO-TER project officer and introduced to a group of women who run a community group working to end malnutrition and who said they wanted to learn new ways to diversify what they grow and eat. The team saw the potential for the school to become a hub for community development and health promotion via the food club activities of the students and teachers, potentially in partnership with the women's food group.

NPO-TER staff responses

Feedback from the NPO-TER staff team echoed the teachers' comments, such as the usefulness of the approach in terms of promoting creativity, decision making, self-expression and confidence. While acknowledging that these are not approaches conventionally used in school it was stated that it is useful for children in a post-genocide society like Rwanda to be open, work together, use their

bodies and express feelings and opinions.

Challenges included how to build continuity with school staff, the need to do more to prepare schools about the wider aims of the project – perhaps through presentations in school in advance of the workshops, the fact that different schools face different issues and the challenge of relating the work to the curriculum.

Despite this, there was enthusiasm and commitment among the staff to continue the work. As the week progressed, the NPO staff increasingly led the activities themselves and by the end were able to facilitate the workshops in future on their own. The consensus was to test the work further through workshops at each participating school once a trimester and support the development of a food club at each school, including involving parents. From this, it might be possible to take the findings to the Ministry of Education in Rwanda and explore how the work could be rolled out further, perhaps through teacher training.

Conclusion

The case of our pilot Creative Health project in Rwanda shows how the participatory 'ACT' approach can change adults' perceptions of children's creativity and understanding of their environment. Children were able to use the methods to show their knowledge and ideas through discussion and active collaboration. Their performances facilitated teachers' thinking of new pedagogical approaches including food clubs. Furthermore, we observed an opportunity for the school to become a hub for community development through connecting the gardening project and food clubs. By referring to Hart's Ladder of Children's Participation,¹ 6 our Creative Health can be a driving force for schools to play a significant role in promoting children and adults' shared decision-making in community development. Since we observed a varying level of confidence in giving opinions among different groups of children, we should pay careful attention to children's reactions and adapt our approaches to maximise each student's capacity to take part.

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