
Engaging with Critical Performative Health Pedagogy in Nigerian Rural Communities

By

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Abstract

Nigerian public health is marked with educational policies and practices that take for granted the large percentage of population who, either due to poverty or illiteracy, do not have access to the most widely used communicative media such as radios, televisions, and print media. It is therefore assumed that the low access to information leads to a general apathy and results in many living with inadequate health literacy and consequent wide-spread preventable and communicable diseases. Thus it has become necessary to investigate the application of cultural oral performances, through critical performative pedagogic process, in the development of public health promotion, especially in the rural communities. Critical performative pedagogy combines performance methods and theory of Theatre of the Oppressed with the praxis of critical pedagogy for the attainment of social critique and transformation. This approach offers a commitment to critical analysis and embodied, participatory learning through collective action and reflection of all members of a learning group. In reference to African society's strong reliance on oral performances as communicative educational media, I will therefore review a body of literature towards exploring the possibilities of engaging critical performative pedagogy as effective complement to the existing media in the development of public health promotion, in order to motivate positive and sustained health behaviour changes.

Nigerian public health education, just like mainstream education, is marked by influences of British colonial rule and European missionary educational systems. The Western model of educational system, although now remoulded, is still in many respects stamped by the past and foments the tradition of looking down on the rural people and

culture (Malassis, 1976). As a result, health educational policies and practices take for granted the fact that a large percentage of the population, either due to poverty, illiteracy or socioeconomic location, do not have access to the most widely used communicative media such as radios, televisions, internet, videos, billboards or print media. General apathy and a consequent low access to information can therefore be assumed to have resulted in many people living with inadequate or marginal health literacy. An off-shoot effect of this is wide-spread preventable and communicable diseases in our society. Inappropriate educational media can be diagnosed as one of the major reasons for this apathy.

Campaigns had used pamphlets and billboards written in English, though illiteracy in the rural areas is rated at 56.6% and higher than that in the urban areas which is at 31% (Nigeria, 2004). Primary Health Education programmes on radios and televisions are also ineffective among rural communities which have been estimated to have only about 19.5% access to radio receivers and 54.5 television sets per 1,000 population (JRank, 2010). Frontal talks and demonstrations by health extension workers are more effective (Kipp, 1981; Onah-Ezema, 2009), but even these are vitiated by a heavy-handed 'top-down' approach; within an overwhelming hegemonic control, whereby the health assistants merely preached to the peasant communities without interacting freely or treating their opinions on an equal basis. This could be explained by the use of predominantly alien and "necrophilic" (Freire, 1972, p. 77) health knowledge and solutions presented to a population who do not identify with such knowledge and thus remain detached and feel oppressed by expected health values. Most health communication materials used by Nigerians are adaptations of those developed for use in Europe and the West and do not include information about culturally relevant issues such as spirituality, religion, social support or general cultural health beliefs and behaviours (Baty, Kinney, & Ellis, 2003; Cuban, 2008; Jennings, 1996.).

UNESCO Research for Health supports that culture has a vital relationship to health as it provides the foundation on which behaviour is defined, expressed and maintained (UNESCO, 2007). It has also been established by Dressler, Bindon & Neggers (1998) that the extent to which individuals are unable to live in accordance with cultural norms regarding lifestyles may contribute to their risk of diseases as observed in an African American community. Cultural suppression can therefore be regarded as foundation in an attempt to explain the apathy and spiritual alienation that diminishes Nigerian's rural dwellers' resolve to fight their health challenges. Dr. Tafoya, a clinical psychologist of Native American ancestry, also speaks and writes extensively about the negative impact of relying solely on European or American research and intervention models as the basis for prevention work with Native Americans and other people of color. He uses the metaphor "singing some other person's song" to describe this phenomenon (Tafoya, 1989; Tafoya & Wirth, 1990).

Hence it can be articulated that public health education in Nigeria has been shaped by cultural, historical and economic injustice to a great number of the rural population. Thus the need for a democratized health educational approach within a rigorous historical and cultural context in which “the feelings of the teacher and the students are brought into play on their own and in relation to each other, not hidden under the cloaks of objectivity” (Louis, 2005, p.342). Frontal health educational talks and demonstrations should therefore be “more than instructional sites but serve as “cultural sites that are actively involved in the selective ordering and legitimization of specific forms of language, reasoning, sociality, daily experience and style”(Pineau, 2002, p. 43) from which inclusive health educational materials could be developed. Such materials would encourage critical thinking, decentralize teacher authority, facilitate interactive and peer-oriented learning and ensure that all learners have equal access to instructional resources (Pineau, 2002). A quest for Nigerian Public health educational system that reflects this democracy is what triggered my interest towards critical performative pedagogy.

Critical Performative Pedagogy

Critical Performative Pedagogy is a term first coined by Elyse Lamm Pineau in an attempt to articulate a commitment to critical pedagogy within a conviction that performance provides a theoretical lens and pedagogical method for achieving social change. Using Peter Mclare’s *Schooling as a Ritual Performance* as his conceptual pivot Pineau drew ideas from different representative performance scholars in education such as Elliot Eisner, Conquergood and Ann Cooper Albright. She thus posits a critical pedagogy which should be best understood as “a network of convictions and commitments that draw a ‘language of critique’ from a marxist social theory and a corresponding ‘language of possibility’ from John Dewey’s charge that schools should be public arenas that prepares citizens in active participation in a democratic society” (Pineau, 2002, p. 42). This could be achieved through a democratized education as cogently articulated by Paulo Freire in *Pedagogy of the Oppressed* (Pineau, 2002).

By describing body as a metaphor denoting “all the social factors that might influence physical modes of experiences and expressions” (Pineau, 2002, p.52), Pineau proposes an educational system with an interdisciplinary dialogue that is as politically efficacious as it is theoretically provocative in relation to the performing bodies of teachers and students. By this dialectic emphasis Pineau views education as a form of cultural politics committed to teaching and learning in the service of social justice and which should genuinely confront issues of prejudice and exclusion. In arguing that the human body (which she thematizes into ideological body, ethnographic body and performing body) is a site of cultural inscription, she propagates an educational space which extends from the pedagogy of culture to the culture of pedagogy. By this Pineau

views performance in education not as demonstration but as a methodology: not as “a body-on-display” but as “a body as a medium of learning”. Performance methodology, in this term, therefore means “the rigorous systematic, exploration-through-enactment of real and imagined experiences in which learning occurs through sensory awareness and kinesthetic engagement” (Pineau, 2002, p. 44). Since this demands acute physical awareness, it heightens our attention to our bodies, provides a way of breaking down and through the habits we take for granted. It also enables an imaginative leap into other kinds of bodies, other ways of being in the world, thereby opening up concrete and embodied possibilities for resistance, reform and renewal. Thus it has been illustrated that an active body learns in ways that are eminently more personal, applicable, critical and long lasting than any other teaching method. With reference to Ann Cooper Albright’s Contact Improvisation, Pineau illustrated how modern dance performance methodology could be used as a body-centered pedagogy to open possibilities for reconstructed world.

Having broadened the meaning of performance thus, Pineau opened the door for several performance methodologies developed as liberating pedagogies that “enable students to construct meanings that are lived in the body, felt in the bones, and situated within the larger body politics”(Pineau, 2002, p. 44). In this vein varied applications of performance methodologies to pedagogical theory and practice emerged from various disciplines especially in performance studies and education. Several performance and critical education scholars have used the label performative pedagogy to reference their juxtaposition of performance theory or method with pedagogy. But not all have defined nor operationalized performative pedagogy along similar lines. Performance scholars stipulate that performative pedagogy is a critical pedagogy (Waren, 2000). Some education scholars have been satisfied to advocate performance as a metaphor for instruction and instructional training or as a tool for classroom exercises (Dawe, 1984; Hardy, 1989; Lessinger, 1979; Rives, 1979). Fusion of performance and pedagogy thus varies. With numerous operational and theoretical definitions of performance in use by scholars across several disciplines, the resulting mixtures of performance and pedagogy serve a wide range of purposes, not all of which agree in principle or practice; in fact, not all applications of either performance theory or performance method to pedagogical contexts constitute meaningful illustrations of performative pedagogy (Louis, 2002).

Among all these variations, a performative technique which could be regarded central to community critical pedagogy is the Theatre of the Oppressed which was first elaborated by Augusto Boal under the influence of Paulo Freire’s Pedagogy of the Oppressed. This refers to a range of theatrical forms in which the audience become active, “such that as ‘spect-actors’ they explore, show, analyse, and transform the reality in which they are living”(Boal, 1979; Wikipedia, 2008). Although, just like the critical pedagogy it was based on, theatre of the oppressed was articulated to address political

oppression, it has been extensively used in educational programmes and campaigns. Since there is dialectical relationship between society and education, education always reflects the sociopolitical realities of every society. As such many scholars have addressed the problem of democratization in adult education with this model of critical performative pedagogy.

Ross Liou has differently explored the use of forum theatre(2002) and image theatre(2005) in a community-based English as a Second Language(ESL) classroom with immigrant and refugee students. She applied theatre of the oppressed thus as a means for the students to acquire “communicative competence, particularly in the sociolinguistic and referential senses. Forum theatre’s efficacy can be seen [here] in its commitment to students’ lived experiences, its move to address students’ internally-based language obstacles, and its attention to students’ bodies as sites of critique and transformation” (Louis, 2002, p. 139). Joy Morrison has also applied forum theatre as a communication strategy that will involve a democratic exchange of information with rural people as a popular means of community development. According to Morrison its efficiency as a communication medium, and its popularity, derive from its cultural foundations. It is grounded in the tradition of social learning through observation, often of ritual performance, and of transfer of knowledge orally through storytelling and praise singing. The interactivity of the forum is another appropriate aspect conforming to the norms of African culture, and this aspect allows for much feedback to occur. This contributes to its suitability as a communication medium (Morrison, 1991). Some other scholars have also experimented forum theatre as aspect of community theatre for development programme (Chuck, 1999; Kavanagh, 1990; Kerr, 1989; Morrison, 2009). In keeping with these therefore, it has become necessary to investigate the application of forum theatre through African cultural oral performances as a critical performative pedagogic process, which will challenge the classical pedagogy that continues to valorise the European and Western biomedical culture while “relegating Others (cultures) to the status of voyeurs”(Airhihenbuwa, 1995, p. 115).

Critical Performative Pedagogy in Nigerian Public Health Education

Each day at the teaching centre in Garkida, North Eastern Nigeria staff teaches village health workers using only stories, drama, songs, and riddles. No audio-visual aids are used. The village health workers then return to their home villages and teach their neighbours as they were taught--with stories, drama, songs, and riddles. Using this method of oral tradition to teach health care, the Garkida Rural Health Program has trained 255 village health workers since 1974. 85 villages have participated in the program. Local governments, hospitals, and dispensaries send trainees to learn the teaching of health education through storytelling. Non-literate people traditionally learn aurally and are confused and distracted by photographs and drawings. Every health educator has observed the boredom and restlessness that develop during a lecture. In a

traditional society the lecture method is inappropriate, a waste of time and talent. In contrast a well-constructed story can make preventive health care lively. Teaching through telling stories can deal with the problem that traditional health practices are difficult to change.(Kipp, 1981)

This is a reflection of presumed success story of health education in North Eastern Nigeria as at 1981. Unfortunately by 2008 none of this success marks seem to have reflected in the health status of the population as Measurement, Learning and Evaluation (MLE) database reports that “Nigeria has some of the worst poverty and health statistics in Africa... (with) one of the highest infant mortality rates (100 deaths per 1,000 live births) and an adjusted maternal mortality ratio of 800 per 100,000 live births”(2008). There is a further emphasis that “several authorities’ report on maternal health issues in Nigeria underlined the fact that while the maternal mortality rates here are some of the highest in the world; it noted the wide geographical disparity in maternal mortality. While the South West saw 166 per 100,000 live-births, the North East saw 1,549 per 100,000 live-births”(AllAfrica.com, 2008). The most prominent among the accounted causes for this disparity are “ignorance, illiteracy and poverty” (AllAfrica.com, 2008).

It is therefore noteworthy that despite the acclaimed success of the health education programme quoted above; the North Eastern Nigeria still has the worst health indicator in the country up to date, making it quite obvious that the recorded success was never permanent or thorough. The educational experience can only be said to have been ineffective. A close look at Kipp’s account reveals a number of issues that could have led to this ineffectiveness such as: 1. The village health workers, though in making use of oral traditional materials, assume the position of the ‘teachers’ in Freire’s ‘banking concept of education’ in which knowledge is considered as a “gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing”(Freire, 1972, p.72). Therefore, the village health workers “returned to their home villages to *teach* their neighbours as they were *taught*”(Kipp, 1981)(my emphasis) not to interact, explore, share or analyse with their neighbours. 2. This teaching was not aimed at empowering, liberating or ‘enfleshment and refreshment’ but rather to change the traditional health practices which previous teachings have been unable to change. By this the process could be said to have fallen guilty of what McLaren described as “controlling rituals” in education which disregards the “cultural politics of lived experiences” and in turn will only receive “resistance rituals” from the learners(McLaren, *Engaging with Critical Performative Health Pedagogy in Nigerian Rural Communities* 1999, p. xv).

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In acknowledging the desirability of the need to turn to oral traditions for health education, I make it bold to suggest that, even despite the attendant complex socio material requirements for the effectiveness of this educational process, it can only

achieve its anticipated effect if it is applied through a critical performative pedagogic process that is culture-centred. This pedagogical approach offers a commitment to critical analysis and embodied, participatory learning through collective action and reflection of all members of a learning group. Due to its core practice that enlists body-focused performances encouraging participants to investigate their problems and rehearse solutions to them, it facilitates democratized process of joint construction of student-teacher narratives that critically consider, and then re-consider various points of view for new possibilities. Freire has posited that knowledge emerges “only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry men pursue in the world, with the world, and with each other”(Freire, 1972, p.72); and in the act of critical perception, they transcend a single dimension, reach back to yesterday, recognize today, and come upon tomorrow (Freire, 1974).

The model of critical performative pedagogy which adopts performance as an embodied, ideological analytical tool that enables some participants while disabling others is that of Forum Theatre brand of Theatre of the Oppressed. Augusto Boal has taken Forum Theatre through different stages of development since he elaborated Theatre of the Oppressed in the 1960s. He has its current manifestation as follows: the actors (either professional actors or non-professionals drawn from oppressed communities) perform a play with a scripted core, in which oppression relevant to the audience is played out. After reaching the scripted conclusion, in which the oppressed character(s) fail to overturn their oppression, the actors begin the production again, although often in a condensed form. At any point during this *second* performance, any spect-actor may call out "stop!" and take the place of the actor portraying the *oppressed* individual (this actor stays on stage but to the side, giving suggestions to the spect-actor who has replaced him/her). The spect-actor then attempts to overturn the oppression using some method unused by the actors, whilst the actors portraying the oppressors improvise to attempt to bring the production to its original, scripted ending. If the audience believes that the spect-actor's actions are too unrealistic to be utilized in reality, they may call out "magic!", and the spect-actor must modify the actions accordingly. If this spect-actor fails to overthrow the oppression, the actor resumes his/her character, and continues the production until another spect-actor calls out "stop!" and attempts a different method. If and when the oppression has been overthrown by the spect-actors, the production changes again, the spect-actors now have the opportunity to replace the *oppressors*, and find new ways of challenging the oppressed character. In this way a more realistic depiction of the oppression can be made by the audience, who are often victims of the oppression (Boal, 1979; Wikipedia, 2008). This process can be adapted in a health education programme thus: First, the actors perform a play, in which social problems around health are depicted in ways intended to displease the audience. Second, a moderator invites the audience to re-enact certain parts that they did not like. Scenes are then replayed and spectators intervene as actors to propose changes and

improvements, to engage in roleplaying, and to provide commentary. And third, there is a verbal exchange between audience, actors, and health officials with the aim of clarifying the information. It is the aim of this endeavor to transfer information that empowers people (Morrison, 2009).

Not only does Forum theatre proffer all the educational values inherent in performances as mentioned earlier, but also, through active participation, empowers the audience-actors, spect-actors into generating social actions (Wikipedia, 2008). According to Wardrip-Fruin, rather than didactic, the process is designed to be dialectic in which the spect-actors come to a conclusion through the consideration of opposing arguments and thus discover all possible paths that may further be examined. When encountered in reality with similar situations, forum theatre will invoke in the participants the desire to be proactive (Wikipedia, 2008). Thus through this process the performance will decentralize teacher authority, facilitate interactive and peer-oriented learning and ensure that all learners have equal access to instructional resources (Pineau, 2002)

Beyond the educational values of the interactivity of the forum is the appropriate aspect conforming to the norms of the African culture. Performance is central to all African cultures, as Morrison has emphasized that “for generations Africans have been communicating with each other through performance of different kinds” (Morrison, 2009, p. 4). Dinslage states that “oral tradition is a rich source of maintaining the consciousness of traditional values and the patterns of moral behavior in Africa” in the absence of any written code of behavior or a formal education in the European sense (Dinslage, 2001, p. 48). There is equally a reflection of the traditional African society in which “everyone is an artiste” in rituals, sacrifices and dramatization of beliefs, customs and ideas displayed in terms of verbal correspondence and verbal utterances, symbols and codes (Ogunjimi & Na'Allah, 2005). Another important element is the notion of community. In Africa, the group still generally takes preference over the individual. At the village level many problems are solved communally. A performance that brings together the village and involves all in problem solving is likely to be more appropriate than other approaches. (Morrison, 2009)

By making use of culturally based oral materials such as stories, drama, songs/music, dance and riddles, forum theatre model of critical performative pedagogy will function effectively as a social learning mechanism for Nigerian communities. If culture “structures meaning for individuals” and cultural meaning systems are learned and shared (Dressler, et al., 1998, p. 532) by all individuals within any community, then a cultural based knowledge will equally be learned and shared more easily within the community. Dressler et al. go further to assert that “what makes knowledge cultural is that it is shared within a community and used collectively to guide and to evaluate

behaviour, thought, and attitude”(1998, p. 530). Thus any disregard for the culture of a community will amount to a dislodging of the members’ knowledge system which instead of enhancing a transformative improvement will unleash confusion and a resultant lack of learning. Since individual behaviours are generated out of cultural models, an enduring behaviour or attitude change will better be achieved through the same cultural model. Thus the enfleshment and refreshment process identified by McLaren would have been completed. McLaren argues for “the primacy of understanding schooling from the perspective of culture and performance” so as to link gestural display and symbolic meaning to reality *construction* rather than simply reality *reflection* (McLaren, 1999, p. xvi)(emphasis on original). With the use of “Cultural Consensus Analysis” in assessing the degree of sharing of cultural information among a group of key informants, Dressler et al. opine that to the extent that individuals are unable or unwilling to live in accordance with those cultural norms (low cultural consonance in lifestyle), the higher their risk of diseases such as coronary heart disease and hypertension(Dressler, et al., 1998). Thus Airhihenbuwa has also proposed for “grounding health concerns in cultural codes” (1995, p. 112) in a model of health education which is a confluence of an all-knowing teacher who allows the silenced to speak so as to offer people the skills they need to change their own destiny (Airhihenbuwa, 1995). This is hoped to be more effective because ultimately, “ the way cultural members understand health and the way they come to understand the treatment of illness are intertwined with the values, beliefs and meanings that circulate within the culture” (Dutta, 2008, p. 106).

Conclusion

Public health education with rural people via the mass media is often problematic in Nigeria for a variety of reasons. The language used by the media might not be shared widely among the population; many people are illiterates; and many do not own broadcasting receivers. The preferred means of education in rural areas are interpersonal and oral. Again, the cultural values of the rural people have often been overlooked by health workers, who, in developing social educational programs, tend to assume that Western models of education and health practices are universally applicable. Even those that acknowledge the essence of cultural values in these programs typically use top-down models, employing a variety of media such as radio, television, posters, and video, as well as more traditional forms of communication such as theater, stories, music, dance and folktales. Education for social change and political emancipation, hinges on crucial concept of participation. Neither social transformation nor genuine education is possible without the active participation of people who wish to interact with each other and with ideas. In searching for strategies of education that involve a democratic exchange of information with rural people, I have considered a format that is particularly appropriate to these communal cultural circumstances. This format is Forum Theater and it has been used as a popular means of community development for over a

decade in different parts of the world and Africa. Forum Theater has been bringing health and social development messages to rural dwellers of different other countries in a format that has been enthusiastically received by them.

In reference to African cultural society's strong reliance on oral traditional performances as communicative educational media, this has been an exploration of the possibilities of engaging critical performative pedagogy as effective complement for western media in the development of public health sector in order to motivate positive changes in health behaviours and values.

References

- Airhihenbuwa, C. O. (1995). *Health and culture: Beyond the western paradigm*. California: SAGE Publications.
- AllAfrica.com. (2008). *Nigeria: Maternal mortality....why more women die*. From all Africa allafrica.com/stories/200809090180.html
- Baty, B. J.; Kinney, A. Y. & Ellis, S. M. (2003). Developing culturally sensitive cancer genetics communication aids for African Americans. *American Journal of Medical Genetics*, 118A(2), 146-155. Retrieved from
- Boal, A. (1979). *Theatre of the oppressed*. London: Pluto Press Limited.
- Chuck, M. (1999). Performance studio workshop: Igboelerin East. In M. Banham, J. Gibbs & F. Osofisan (Eds.), *African theatre in development* (pp. 61-78). Oxford: James Currey Ltd.
- Cuban, S. (2008). Us, the body': Two women's uses of health texts in Hawaii. *International Journal of Lifelong Education*, 27(3), 255-257.
- Dawe, H. A. (1984). Teaching: A performing art. *Phi Delta Kappan*, 65, 548-552.
- Dinslage, S. (2001). Traditional education and oral literature. In R. H. Kaschula (Ed.), *African oral literature: Functions in contemporary context* (pp. 46-53). South Africa: New Africa Books.
- Engaging with Critical Performative Health Pedagogy in Nigerian Rural Communities* - Caroline Oby Emeka-Ogbonna
-
- Dressler, W. W.; Bindon, J. R., & Neggers, Y. H. (1998). Culture, socioeconomic status, and coronary heart disease risk factors in an African American community. *Journal of Behavioral Medicine*, 21(6), 527-543.

- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Cambridge: Polity Press.
- Freire, P. (1972). *Pedagogy of the oppressed*. England: Penguin Books Ltd.
- Freire, P. (1974). *Education for critical consciousness*. London: Sheed and Ward Ltd.
- Hardy, T. (1989). Toward a critical pedagogy in sociology through the use of drama. *Teaching Sociology*, 17, 226-231.
- Jennings, K. (1996.). Getting black women to screen for cancer: incorporating health beliefs into practice. *Journal of the American Academy of Nurse Practitioners*, 8(2), 53-59.
- JRank. (2010). Nigeria press, media, tv, radio, newspapers forum. *Press Reference* Retrieved 23/04/2010, 2010, from www.pressreference.com
- Kavanagh, R. M. (1990). Theatre for development in Zimbabwe: An urban project. *Journal of South African Studies*, 16(2), 340-351.
- Kerr, D. (1989). Community theatre and public health in Malawi. *Journal of Southern African Studies*, 15(3), 469-485.
- Kipp, J. E. (1981, 31st August - 5th September). *Health education in primary Health care: Teaching with oral tradition*. Paper presented at the 1st International All Africa Conference on Health Education, Lagos, Nigeria.
- Lessinger, L. M. (1979). Teacher education and the pedagogy of the arts. *Contemporary Education* 51.(1), 4-6.
- Louis, R. M. (2002). *Critical performative pedagogy: Augusto Boals' theatre of the oppressed in the English as a second language classroom*. Doctor of philosophy dissertation. Louisiana State University and Agricultural and Mechanical College, Louisiana.
The Intuition
-
- Louis, R. M. (2005). Performing English performing bodies: A case for critical performative English language pedagogy. *Text and performance quarterly*, 25(4), 334-353. doi: 10.1080/10462930500362528
- Malassis, L. (1976). *The rural world education and development*. London: Croom Helm Ltd.

- Mclaren, P. (1999). *Schooling as a ritual performance: Towards a political economy of educational symbols and gestures*. USA: Rowman and Littlefield Publishers
- Measurement, L. A. E. P. f. U. R. H. I.-M. (2008). Nigeria- UNC Carolina Population Centre. from UNC Carolina Population Centre www.cpc.und.edu
- Morrison, J. (1991). Forum theater in West Africa: An alternative medium of information exchange. *Research in African Literatures*, 22(3), 29-40.
- Morrison, J. (2009). *AIDS education in Africa: The uses of traditional performance*. From village volunteers www.villagevolunteers.org
- Nigeria, N. P. C. N. (2004). *Nigeria demographic and health survey 2003*. Maryland: : Calverton.
- Ogunjimi, B. & Na'Allah, A.-R. (2005). *Introduction to African oral literature and performance*. Eritrea: African World Press Inc.
- Onah-Ezema, N. (2009). *Community mobilization for health*. Unpublished research Paper. John Hopkins Institute of Public Health.
- Pineau, L. E. (2002). Critical performative pedagogy: Fleshing out the politics of liberatory education. In N. Stucky & C. Wimmer (Eds.), *Teaching Performance Studies* (pp. 41 /54.). Carbondale, IL: Southern Illinois UP.
- Rives, C. F. J. (1979). The teacher as a performing artist. *Contemporary Education*, 51.(1), 7-9.
- Tafoya, T. (1989). Coyote eyes: Native cognition styles. *Journal of American Indian Educational Research*, 29(Special Issue), 29-42.
- Engaging with Critical Performative Health Pedagogy in Nigerian Rural Communities.*
 Tafoya, T. & Wirth, D. (1990). Singing your own song: Adapting existing AIDS curriculum for bilingual/bicultural use. In A. C. Matiella (Ed.), *Getting the word out: A practical guide to AIDS material development* (pp. 87-101). Santa Cruz, CA: Network Publications.

UNESCO. (2007). UNESCO and Research for Health.

Waren, J. T. (2000). *Promise and limitations of performative pedagogy for at-risk students*. Paper presented at the National Communication Association convention, Seattle WA.

Wikipedia. (2008). Theatre of the oppressed