

Encoding/Decoding: Indigenous Performances as Tools of Change
in the Discourse of HIV/AIDS

Devendra Sharma, Ph.D.
California State University, Fresno

Manisha Mishra
Joint United Nations Programme on HIV/AIDS (UNAIDS)

Presented at the National Communication Association Conference
Chicago, USA, 2009

Abstract

Indigenous community performances are important focal points of rural life in many cultures. For centuries, the indigenous performances such as folk musicals have served as tools of discourses of both stability and change in their cultures. These performances not only serve as entertainment occasions for rural people, but more importantly, as spaces of intense community communication. The messages relevant to a local rural community can easily be encoded and decoded by its members via indigenous performances. Thus these performances have a potential of changing or modifying discourses surrounding many critical health issues such as that of HIV/AIDS in rural societies based on an oral culture. By employing Stuart Hall's theory of *Encoding/Decoding*, we show that indigenous performances help audiences to meaningfully encode and decode health messages. We exemplify the effectiveness of indigenous performances to change discourses around health issues by discussing a participatory, performance-centered, intervention to promote HIV/AIDS prevention, care, and support among the rural population in India, funded by the United Nations Joint Program on HIV/AIDS.

Encoding/Decoding: Indigenous Performances as Tools of Change in the Discourse of HIV/AIDS

Many developing (and many times developed) countries are keenly searching for communication methodologies that support attitude and behavior change related to health issues. The majority of the population in many of the developing countries is rural and semi-rural. For instance, in India, 73% of the population lives in villages (Census of India, 2001). As opposed to increasing individualism and nuclear families in cities, rural society is still collective in its structure in India. Political and social decisions are taken collectively in *Panchayats* (traditional rural administrative bodies), and interpersonal interaction is the primary mode of communication. Although mass media has contributed in the communicative processes of Indian rural society, interpersonal and group communication still retains the central role in social life of Indian villages (Singhal et al, 2004). Collective events like village fairs, festivals, and folk theatre and music performances are important focal points of rural life. Indigenous performances do not merely serve as entertainment occasions, but more importantly, as events that function as sites for intense community communication. This communication process leads to a shared understanding of the world among its participants. Consequently, these events are immensely valuable as the opportunities for initiating discourses of change around social issues, including health issues. Unfortunately in most of the developing countries, communication for development and social change has traditionally been largely didactic in nature, and through mass media (Singhal & Rogers, 1999). Government development initiatives targeted towards rural society have rarely used communication strategies that give messages to rural people in their own cultural dialect.

In this paper, we argue that indigenous performance events are critical sites community communication that can be effectively used to change health discourse in rural and semi-rural areas in oral cultures. We analyze the communication processes that take place during a indigenous folk

performance from a theoretical perspective, by drawing upon the “Encoding and Decoding” essay of Stuart Hall (1991). Although, originally formulated by Hall to analyze the process of communication in television programming, we think that it is equally useful to understand the communication process during an indigenous folk performance.

We then exemplify the effectiveness of indigenous folk performances to communicate health messages by discussing a participatory, folk media-centered, action-based research intervention to promote HIV/AIDS prevention, care, and support among the rural population of two districts in India’s Bihar State. Funded by United Nation Joint Program on HIV/AIDS (UNAIDS), New Delhi, our project included a series of performance interventions dealing with HIV/AIDS in the popular indigenous folk forms of *Nautanki* and *Birha*, creating a *carnavalesque* (Bakhtin, 1968, 1984) fair-type atmosphere in the two intervention districts of Nalanda and East Champaran. The project took place in the summer of 2007, and was a result of collaboration between many India and US-based partners. These included: Brij Lok Madhuri (BLM), a non-profit organization based in New Delhi India that specializes in using folk media forms to convey social and health messages to rural audiences; the Centre for Media Studies (CMS), New Delhi, an independent, not for profit, social and public research organization; and Saakar Foundation, Patna, a registered not-for-profit society that promotes healthy practices and provide quality health care services to the poor, rural, and vulnerable populations of Bihar, among others.

In each of the two intervention districts – Nalanda and East Champaran, two towns were selected as program catchment areas where folk performances were carried out. In each of these towns, pre-program publicity and massive ground orchestration and priming was undertaken prior to the performances, encouraging audiences from neighboring villages to attend the performances, participate in local contests and competitions, and enjoy the folk *melas* (fairs) with family and

friends.

Our research evaluation employed a combination of quantitative and qualitative methods. A pre-post, treatment-control field experiment design was employed to gauge the effects of the multi-pronged folk media-centered HIV/AIDS intervention on Bihar's rural population.

UNAIDS India folk media campaign on HIV/AIDS

Bihar, a north Indian state has the dubious distinction of being ranked as the poorest faring state on the Human Development Index in India, with over 43 percent of its population below the poverty line, and some of the most dismal rates of infant and maternal mortality, contraception use, women's literacy, and access to health care services (NACO, 2007).

The HIV/AIDS epidemic is moving rapidly from urban to rural areas in Bihar, fuelled by high rates of labor migration, low literacy, gender inequality, absence of information and health services, and a slow response from the Bihar State AIDS Control Society (BSACS) given the National AIDS Control Organization (NACO) ranked Bihar, in overall terms, as being a low prevalence state. However, in 2005, eight out of 38 Districts in Bihar were identified as having HIV prevalence rates of over 1 percent in the general population (NACO, 2007).

Our project included two main interventional components: (1) a series of performance interventions dealing with HIV/AIDS in *nautanki* and *birha*, creating a carnivalesque mela-type atmosphere in the two intervention districts of Nalanda and East Champaran; and (2) an accompanying orchestration of pre-program publicity and media and public advocacy, involving local elected representatives, media officials, and local non-profit organizations leaders.

Nautanki is a popular folk musical theater tradition of north India that uses an operatic-style. The story is enacted through melodious singing and acting on an open-air stage, watched by thousands of audience members. What holds a *nautanki* together is its script, which is often

generated over several iterations (Sharma, 2007). The script for our campaign: *nautanki, Mastani Gajrewali* was no exception (please see Annexure A to know about the full storyline of this *nautanki*).

QuickTime^a and a
decompressor
are needed to see this picture.

The Nautanki Performance

Birha is one of the most popular folk song traditions in Bihar. This singing style is remarkable for its simplicity, adaptability, and emphasis. Four to five people sing *Birha* in a sitting or standing posture, accompanied by two or three instrumentalists. The stories are often animatedly enacted as they are sung, as was the *Guru and Chela* storyline in our *Birha* performance (please see Annexure A to know about the full storyline of this *Birha*).

QuickTime^a and a
decompressor
are needed to see this picture.

The *Birha* Performance

HIV infections in Bihar, an estimated 85 percent of which spreads through the heterosexual route, are rising alarmingly among women who are especially vulnerable on account of strong patriarchal traditions, low socio economic status and decision-making power, low literacy, and low access to health information and services. Awareness about HIV/AIDS among rural women were recorded at a dismal 22 percent. To exacerbate this problem, a high number of unauthorized blood banks operate in Bihar that do not screen for HIV, and large hordes of young men from Bihar migrate to high HIV prevalence states like Maharashtra, enhancing the vulnerability of their family members upon return. Further, HIV is highly stigmatized, resulting in few incentives for undergoing HIV testing (where testing may be available) and even fewer for forming networks of positive people for fear of societal punishment (NACO, 2007).

Prior to the implementation of the HIV/AIDS village *mela* (fair) in each location, a massive

amount of pre-program publicity (e.g. using loudspeakers mounted on roving jeeps), ground mobilization (e.g. youth rallies), and grassroots political advocacy (involving local political leaders, non-profit organizations' leaders, and artistes) was carried out, creating a campaign-style carnival atmosphere. The roving jeeps that moved around in catchment villages continuously played an audiocassette that announced the date and time of the upcoming folk *mela*, inviting community members to attend and to bring their friends and family. Colored handbills were distributed by the jeep among the villagers. And, banners and wall paintings were also put at strategic points to attract people's attention.

We found that rural audiences in Bihar greatly appreciated the use of indigenous folk media interventions to promote messages about HIV/AIDS prevention, care, and support. Those who attended the *melas* easily recalled the names of *nautanki* characters as well as the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members.

In spite of temperatures hovering around 43 degrees centigrade, about 5,000 people, both men and women, spent several hours enjoying the first folk *mela* held on the grounds of Rambabu High School in Hilsa, Nalanda. Audience members arrived in Hilsa from several neighboring villages, traveling by busses, tractors, bicycles, and on foot. On the day of performance, one of the local government officials from village *Kaaba* arranged for a tractor-trolley to transport female community members to the fair site. On seeing a fully packed tractor-trolley carrying 60 village women, individuals from village *Kamata*, across the road, inquired where they were headed? When they learned of the performances in Hilsa, they quickly arranged for their own tractor-trolley to bring their villagewomen to the performance.

Much like in Hilsa, temperatures were seething in Harnauth, Nalanda, yet again over 5,000 people, both men and women, waited patiently for the folk *mela* to commence. Encouraged by CMS field workers, several local non-profit organizations set up their booths on one side of the performance area. Some 3,500 people gathered to participate in the folk fair in Dhaka High School in Dhaka, East Champaran, including the school's teachers and students. The local newspapers covered the Dhaka folk performances with much fanfare, generating buzz for the performance in Chakiya the following day.

Some 4,500 people gathered in the Gandhi Maidan of Chakiya, East Champaran to participate in the folk fair. Despite a huge *pandaal* (tent), the audiences spilled over to the edges. Recorded as one of the most humid days (with relative humidity hovering over 90 percent), the audiences patiently waited for the performances to begin. The performance in Chakiya was interrupted by a 30-minute downpour but audience members stayed on, covering themselves with chairs and the giant floor tarpaulin. When the rain stopped in Chakiya, the audience still over 1,500 strong inched forward to the stage to pick up the threads from where they left them.

Research Methodology and Results

We found that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care, and support. Those who attended the fairs easily recalled the names of *nautanki* characters as well as the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members. We employed both quantitative and qualitative research methodologies to assess the impact of the indigenous folk performances.

Quantitative Research

A pre-post, treatment-control field experiment design was employed to gauge the effects of the folk media-centered HIV/AIDS intervention in the two districts of Bihar. Baseline (pre) and end line (post-intervention) survey data were gathered in the experimental sites where the folk interventions were carried out, and in a matched control site of both the districts where these interventions were withheld. The experimental and control sites in each intervention district were matched as closely as possible on key socio-demographic indicators to minimize the possibility of alternative explanations for any differences measured in change scores of the two groups. Also, care was taken to ensure that no folk intervention, or pre-program publicity of the performances, takes place in the control site during the study period.

Survey data were gathered in two waves: Baseline (BL) and Endline (EL) in the experimental sites and once in the control sites. Baseline round was completed a week before the folk fair intervention in the experimental sites and the endline round started three days after the intervention. Thus, a time gap of only 10 days existed between the two rounds. Presuming that no change would be possible in knowledge, attitude, and practice variables related to HIV/AIDS in the control site in such a short time span, only one round of data-collection was conducted in the control sites of both the districts.

In each wave/round, a stratified random sample of experimental and control group respondents were chosen from the two intervention districts. The respondents were stratified as per their gender and age: male and female, youth and adults (15-24 and 25-49 years, respectively).

In each intervention district, 400 respondents were selected for inclusion in the experimental group (200 respondents from each of the two intervention catchment areas). Further, 200 respondents were selected for the control group from a matched area outside the intervention catchment area. The intervention areas in Nalanda district were Community Development (CD)

Blocks Harnot and Hilsa while in East Champaran, the intervention sites were CD Blocks Dhaka and Chakiya. The control sites in these two districts were Sarmera (in Nalanda District) and Areraj (in East Champaran District). Since one of the main objectives of this research study was to assess the impact of folk intervention, in the endline round a large sample of respondents who were exposed to the folk media intervention were included. The endline sample comprised three-fourth of such respondents, who attended the folk media intervention.

Our results, suggested that audience members in Bihar appreciated the fair-centered indigenous folk media intervention to promote messages about HIV/AIDS prevention, care, and support. Respondents easily recalled the names of *nautanki* characters and certain scenes, suggesting that they were well immersed in the performance. Both male and female participants who attended the folk *mela* (fair) spent a good part of their day at the *mela*. Moreover, in the post-intervention endline survey they easily could recall the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members. One could therefore conclude, based on our pre and post analysis, that the folk media intervention was able to promote messages about HIV/AIDS prevention, care, and support among audience members, and also spur the audiences to share and discuss the issue with their near and dear ones.

The pre-post quantitative data we collected was subjected to multivariate data analytic techniques to boost rigor and confidence in the inferences drawn above. Toward this purpose, we used the technique of logistic regression to see the influence of individual independent variables on key dependent variable(s), controlling for other covariates. Among various methods of multivariate analysis, we chose logistic regression¹² because of the categorical nature of the dependent variables. In this exercise, we modeled a set of covariates and independent variables for knowledge and

attitude related determinants. The determinants were:

- District (Nalanda-1, East Champaran-0): a1
- Location (Rural-0, Urban-1): a3
- Age (upto 24 years-0, 25 years and above-1): a5
- Gender (Male-0, Female-1): a4
- Education (continuous): a6
- Marital Status (Married-1, Not married-0): a7
- Media exposure (exposed 2 or more media-1, not exposed or exposed to less than 1 media-0): media
- Duration of stay at health mela (3 hours or more -1, Less than 3 hours-0): j5
- Got new message (more than 1 message-1, 1 or less message-0): j12

To assess behavioral determinants, we ran two models -- one with the variables mentioned above, and another by adding additional variables like:

- Current knowledge regarding HIV/AIDS transmission (Know any 3 or more mode of transmission-1, 2 or less-0): know aids
- Friendship with opposite gender (Have at least one friend of opposite gender-1, no friendship with opposite gender-0): friends
- Cultural environment (easy to talk in the community-1, not easy-0): h3

Our results showed that gains in knowledge with respect to prevention of HIV/AIDS would result from longer durations of stay at the folk fair. Staying for 3 hours or more in the folk fair was a positive predictor. Those who stayed more than 2 hours in the *mela* are 1.5 times more likely to have knowledge about 3 or more modes of HIV prevention. Our results also showed that the folk performances have tremendous potential to change individual level attitudes about those infected and

affected by AIDS, as well as change individual behaviors, after overcoming certain personal and community level barriers. Our findings suggested that there is considerable scope to use folk media performances to increase knowledge, shift attitudes, and change HIV/AIDS-related behaviors among rural populations. The all-day folk media intervention made it possible for the individual to come out of their shell, spurring conversations about sensitive topics such as condom usage, multiple partners, and HIV/AIDS. Results of our multiple analyses are consistent.

Qualitative research

Qualitative study was also conducted to gain a richer understanding of how people came to attend the folk performances, what they learned from them, and what meanings they derived from their embodied participation. A total of 63 in-depth interviews were conducted with male and female audience members in the four folk *melas*, plus one focus group interview of 5 individuals in Harnaut, Nalanda, providing a pool of 68 respondents across the four sites. These individuals (roughly half men and half women) were asked about their impressions of the folk performances, including the storyline, characterizations, educational messages, relevance, and the like. A total of 1,000 pre-stamped, pre-addressed post cards were handed out in the two performance locations in East Champaran District (i.e. 500 postcards in each location). Audience members attending the folk *melas* in Dhaka and Chakiya townships were encouraged to pick up these post cards, note their reactions to the program or raise questions, and mail it to the Saakar's Foundation (one of the project partners). Some postcards became casualties of the heavy downpour in the field, but nevertheless several of them made their way back to Saakar's office. During the folk performance in Chakiya, East Champaran, audience members were encouraged to take part in an open competition which gauged the quality of the feedback they provided on the performance just witnessed. Feedback could be provided in one of two ways: Through index cards or through sketches. Forty *index cards*

(4”X6”), each with two questions (one on each side) were handed out on a first-come first serve basis. The questions were: (1) “Which scene in the *nautanki* that you witnessed held the most meaning for you and why? and (2) “Which character did you especially like in the *nautanki* and why? The cards were collected, the responses studied, and small prizes were handed out to insightful responses.

Our qualitative data complemented our quantitative data. In-depth and focus group interviews with participants suggested that the folk *mela* (fair) was perceived as a unique and highly- suitable format for raising the din on health issues. The folk forms of *nautanki* and *birha* provided an opportunity for the rural audiences to enact a carnivalesque community, using local vernaculars and utterances, and stimulating discourse in contexts of understanding that are their own. Most respondents found such melas to be an effective way of gaining awareness about issues such as HIV and AIDS- issues that are sensitive and considered to be personal. The qualitative data resonates the quantitative data findings that messages about HIV transmission and prevention had been absorbed and were correctly recalled. Most respondents also expressed their willingness to discuss these issues among their families and friends. There was a unanimous call from all quarters for such folk fairs to be organized regularly, on a variety of health and social topics. For, in so doing, our respondents believed, the dignity, orality, and glory of the folk traditions might be restored, and harnessed.

Snapshot of qualitative interviews

Nirmala Devi, 35 years old married woman residing in the town of Dhaka, East Champaran, came to know about the *mela* through loudspeaker announcements.

She noted: "I was motivated to attend as the announcement noted that the performances were about health."

Shripati is 40-year-old woman from village Sheetal Patti in Dhaka noted that she heard about the *mela* from the roving publicity vehicle, but she attended at the urging of Mr. Rakesh Kumar, the headmaster of Government School in Dhaka. Shripati added: "*Humne itna accha mela pehle kabhi nahi dekha*" ("I have never seen such a fine village fair").

Nidhi Kumari, a 14-year-old school student of Dhaka High School, learned about the folk *mela* in her school. She said: "participating in the *mela* added to her learning about HIV/AIDS, how it spreads, and how it can be prevented."

She emphasized: "This *mela* is completely different from other *melas* as this one was entertaining but it also provided information on HIV/AIDS and other aspects of community health. Like most other respondents, Nidhi believed that "such *melas* should be organized regularly." She also added that "the information she gleaned was so valuable that she would share with her family members and neighbors."

Mohsin Ahmed Khan, 19-year-old youth from village Birta Dhola, located a few kilometers away from Dhaka Township, came to the *mela* with six of his male friends. He learned about the *mela* from one of the wall-paintings, and encouraged his friends to come along. In the *mela*, he said he learned that "HIV cannot be spread by touching and one should not stigmatize those who are infected."

Prabhu Sah, a 30 year-old man from Dhaka came with his wife and children to attend the *mela*. He came to know about it through CMS' field investigators who visited his neighbor's house during the baseline survey. He emphasized that "such *melas* should be organized regularly in rural areas because rural people are more vulnerable to HIV/AIDS" ("*Aisa mela bar bar lagna chahiye kyunki dehat shetra mein kusangiti mein padkar log HIV/AIDS se grasit ho ja rahe hai*").

Ram Lagan Prasad, a 35-year-old married male from Harnaut Town, Nalanda, was shopping in the market when he "heard about the *mela* on the loudspeaker, and saw a wall poster": "*Mein bazaar aya tha aur loudspeaker ki awaz sunkar aur mela ke posters ko dekhkar yahan aya*".

He applauded the local flavor of the folk performances ("*local bhasha mein hone ke karan sabhi ko samaj mein aa raha tha*"). He emphasized, like others, that this kind of *mela* should be organized regularly to convey messages on different social issues through folk media forms. He added that "these programs are so valuable that the community should come forward to provide financial support" ("*Hum log is karyakam ko aage badane ke liye aarthik roop se sahyog kareinge*").

Ranjeet Kumar, a 15-year studying in the Harnaut High school attended the *mela* and noted: "I learned that HIV could be transmitted through infected needles and razors." For injections, he noted: "A needle should be used only once." He then hummed the concluding chorus of the *nautanki* for us: "We have pledged to make this world free of AIDS" ("*Aaj hamne thana hai. AIDS mukt vishva banaya hai*").

The focus group respondents in Harnaut township, Nalanda, greatly enjoyed the *nautanki* performance. The character of *Gajrewali Sharmili* was highly popular with them "as she not only saved her husband from *Chandabai's* trap but also educated

the villagers about the dangers of harboring multiple sex partners.” They said that they learned a lot of new things: “In case a pregnant woman is HIV-positive, the child can also get infected during childbirth. They also learned that “they could be tested for HIV, and there were possibilities of treatment, as well.”

QuickTime^a and a
decompressor
are needed to see this picture.

Some 5,000 audience members gather in Hilsa for the first folk performance

Discussion

Analyzing the UNAIDS Bihar folk media campaign using Stuart Hall’s “Encoding and Decoding Theory”

Although Stuart Hall, formulated his *Encoding/Decoding* theory to analyze television programming, We feel that it is very helpful to understand all communication processes involving a distinct source (encoder) and a receiver (decoder). According to Hall (1991), decoding a message by receivers in the way it was intended to be by the source, depends on how carefully the message was encoded by the source at the first place:

The ‘message form’ is the necessary ‘form of appearance’ of the event in its passage from source to receiver. Thus the transposition into and out of the ‘message form’ (or the mode of

symbolic exchange) is not a random ‘moment’, which we can take up or ignore at our convenience. The ‘message form’ is a determinate moment; though, at another level, it comprises the surface movements of the communication system only and requires, at another stage, to be integrated into the social relations of the communication process as a whole, of which it forms only a part (p. 157).

In other words, in order to be “integrated in the social relations of the communication process”, a message form’ should be carefully encoded keeping in mind the socio-cultural semiotics of a particular culture so that it can be easily accepted and understood by audiences of that culture. In India and many other developing countries, mass media has been the predominant medium to convey health and other social messages. However, in rural and semi-rural India, although television and other forms of mass media are increasingly becoming available, the content of their programming hardly matches with the socio-cultural realities on ground. Mass media in India supply a very different kind of socio-cultural world, a world of affluent city life styles of rich that have no connection with the economically modest and poor existence of the rural Indian life. Thus mass media conveys health messages that are composed of a very different cultural semiotics, which alienate rural people. On the other hand, indigenous folk forms such as *Nautanki* and *Birha* are the products of rural people’s own culture and any message through them adopts the familiar local cultural semiotics. Indigenous media speak the same ‘language’ as their target audience. According to a Bihar HIV/AIDS folk performance’s audience member (speaking in Hindi- the local language): “*local bhasha mein hone ke karan sabhi ko samaj mein aa raha tha*” (Since it was in the local cultural language, everybody could follow the message) (Singhal, et al., 2007).

It is clear that if any message is expected to have an effect on audiences, whether on an attitudinal level or on behavioral level, first it has to be clearly conveyed, or to use Hall’s words,

correctly ‘encoded’. Our research on Bihar folk media campaign on HIV/AIDS asserts that this correct encoding can be achieved by using proper codes, i.e. local cultural traditions such as folk performances. The following passage from Hall’s essay is illuminating:

Before this message can have an ‘effect’ (however defined), satisfy a need or put to a ‘use’, it must first be appropriated as a meaningful discourse and be meaningfully decoded. It is this set of decoded meanings which ‘have an effect’, influence, entertain, instruct or persuade, with very complex perceptual, cognitive, emotional, ideological or behavioural consequences (p. 168).

Our research shows that the local indigenous performance forms effectively helped to start, what Hall calls, the ‘meaningful discourse’ of change on HIV/AIDS and also helped this discourse to be ‘meaningfully decoded’. Ravi Bhushan Kumar of village Shastri Nagar, near Chakiya township, where one of the performances was held, commended the effort of the campaign to provide HIV/AIDS information through the engaging medium of *nautanki Sharmili Gajrewali* (the full title of the *nautanki* that was performed). He emphasized that he “learned that HIV is transmitted through unprotected sexual relationship with an infected partner, infected blood supply, and use of unclean injection needles.” Another letter-writer noted: “I liked the folk programs very much. The *nautanki* performance generated a lot of interest among the youth, making us realize how important it is to be loyal toward our life partner. If we act honestly and intelligently in our life, then we will not become victim of this disease.”

Sadly, not many health interventions in the developing countries like in India use or even give enough respect to the indigenous media. Most of them remain encoded in a cultural language that is alien to the indigenous culture, and thus remains ineffective in affecting any real change. The

reasons for the failure of many behavioral change interventions in India can be understood by reading Hall's analysis:

In a 'determinate' moment the structure employs a code and yields 'message': at another determinate moment the 'message', via its decodings, issues into the structure of social practices. We are now fully aware that this re-entry into the practices of audiences reception and 'use' cannot be understood in simple behavioral terms. The typical processes identified in positivistic research on isolated elements-effects, uses, 'gratifications'- are themselves framed by structures of understanding as well as being produced by social and economic relations, which shape their 'realization' at the reception end of the chain and which permit the meanings signified in the discourse to be transported into practice or consciousness (to acquire social use value or political effectivity) (pp. 168-169).

The medium of indigenous performance traditions ensures the proper 're-entry' of the codified health messages into the practices of audience reception. The following comment by a teenaged audience member illustrates this 're-entry' of messages very well:

In this *nautanki*, I loved the role of Chandabai, who is a commercial sex worker, despised by society. Rarely does society understand their harsh circumstances which leave them with no choice but to sell their body. People in the society should find a way to integrate them. Given her vulnerability it was really creditable that Chandabai used her charm to induce her clients to use condoms. She portrayed her vulnerability, her struggles, as well as her grit to survive in a highly realistic and admirable manner. From this day on, I would hope we would all work together to integrate all the Chandabai's of this society into the mainstream of society (Singhal et al., 2007).

This degree of understanding of messages on audiences' part can be really helpful in ensuring the success of any health campaign. Using Hall's terms, the importance of indigenous communication lies in establishing the degrees of symmetry between the communicator and the audience:

The degrees of symmetry- that is, the degrees of 'understanding' and 'misunderstanding' in the communicative exchange- depend on the degrees of symmetry/asymmetry (relations of equivalence) established between the positions of the 'personifications', encoder-producer and decoder-receiver. But this in turn depends on the degrees of identity/non-identity between the codes which perfectly or imperfectly transmit, interrupt or systematically distort what has been transmitted (p. 169).

Anil Kumar Chaturvedi, the Director of the drama group Pratibimba, which fielded several actors for the *nautanki*, clearly supports Hall's assertion when he notes "Such folk programs should happen again and again, and in all parts of the state and the country. These are the ideal media for raising consciousness in rural areas, and especially for issues like AIDS which are taboo." When the communication symmetry between the encoder and decoder is absent or when the encoder and decoder are on different pages in terms of cultural semiotics, the message delivery fails. Hall (1991) asserts:

The viewer does not know the terms employed, cannot follow the complex logic of argument or exposition, is unfamiliar with the language, finds the concepts too alien or difficult or is foxed by the expository narrative (p. 173).

In essence, we found that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care, and support. Those who attended the indigenous folk fairs easily recalled the names of *nautanki* characters as well as the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience

members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members. For instance Nidhi Kumari, a 14-year-old school student of Dhaka High School, believed that “the information I gleaned was so valuable that I would share it with my family members and neighbors.”

However, not many health projects in India or in other developing countries are using indigenous performances as a medium to communicate their messages. They still are heavily relying on mass media for that job. Interestingly, when things do not work out and the messages do not have their desired effect, interventionists do not understand what went wrong, or they simply blame the target audience’s lack of desire to change. As Hall puts it:

...but more often the broadcasters[communicators] are concerned that the audience has failed to take the meaning as they- the broadcasters intended. What they really mean to say is that viewers are not operating within the ‘dominant’ or ‘preferred’ code. Their ideal is ‘perfectly transparent communication’. Instead, what they have to do confront is ‘systematically distorted communication’ (p. 173).

We feel that there is an urgent need to use indigenous media in communicating health messages not only in the developing countries but wherever there is a culture, which owns its lively indigenous traditions.

Conclusion

Our research on United Nations Joint Program on HIV/AIDS (UNAIDS) indigenous folk media campaign in Bihar, India suggests that the indigenous folk performances have tremendous potential to change community discourse and individual level attitudes about those infected and affected by AIDS, as well as change individual behaviors, after overcoming certain personal and community level barriers. Our findings suggest that there is considerable scope to use folk media

performances to increase knowledge, shift attitudes, and change HIV/AIDS-related behaviors among rural populations.

By employing Stuart Hall's theory of *Encoding/Decoding*, we showed that local indigenous performance forms are effective in starting a 'meaningful discourse' of change on health issues such as HIV/AIDS by helping audiences to meaningfully decode health messages. The medium of indigenous performances ensures the proper 're-entry' of the codified health messages into the practices of audience reception, thereby making them accessible to community. This accessibility can potentially lead to attitudinal and behavioral change. Thus, we believe that indigenous folk performances can be highly effective vehicles of health messages.

References

- Bakhtin, M. M. (1968, 1984). *Rabelais and His World*. Bloomington: Indiana University Press.
- Census of India. (2001). *Population and Sex ratio*. New Delhi, India: Census of India.
- Hansen, K. (1992). *Grounds for Play, The Nautanki Theatre of North India*. Berkley; Los Angeles, CA: University of California Press.
- Hall, S. (1991). *Encoding/Decoding*. In M. G. Durham & D. Kellner (Eds.), *Media and Cultural Studies: Keywords*. MA: Blackwell.
- NACO (2007). NACP III. Delhi: National AIDS Control Organization, India.
- Sharma (2006). *Performing Nautanki: Popular community folk performances as sites of dialogue and social change*. Dissertation. Ohio University.
- Singhal, A., Sharma, D., Papa, M.J., & Witte, K. (2004). Air cover and ground mobilization: Integrating entertainment-education broadcasts with community listening and service delivery in India. In A. Singhal, M. Cody, E.M. Rogers, and M. Sabido (Ed), *Entertainment-Education and Social Change: History, Research, and Practice*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Singhal, A., & Rogers, E.M. (1999). *Entertainment-education: A communication strategy for social change*. Mahwah, NJ: Lawrence Erlbaum Associates.

Singhal, A., Vasant, P. N., Mondal, S., Sharma, D., Sharma, R. D., Sharma, A. K., Kumar, S. (2007).

Final Report on Intervening With The Indigenous: An Action-Based Folk Media Campaign and Research Project on HIV/AIDS in Rural Bihar. New Delhi: UNAIDS

Yarrow, R. (2001). *Indian theatre: theatre of origin, theatre of freedom.* Richmond, Surrey : Curzon.

Annexure A

Nautanki and Birha Storylines

Mastani Gajrewali: The Nautanki Script

Sharmili Gajrewali is a story of three friends, their families, and their ups and downs. The three friends are: Sumati (literally meaning “the one who has a noble mind”), Kumati (“the one who uses his mind to attain evil ends”), and Moti (literally “pearl”). All three of them migrated from their village to the city, where Sumati got an accountant’s job, and made a comfortable living. Moti gave tuitions and earned a good reputation. However, Kumati got into bad company and tried to earn money by hook or by crook. After some failed attempts, Kumati got Sumati involved with a sex worker named Chandabai from whom he earned a commission. Sumati starts visiting Chandabai’s brothel regularly. One day by accident, Moti sees Sumati going into Chandabai’s brothel with Kumati, and realized that Kumati is trying to live off Sumati by getting Chandabai’s commission. Moti knows that visitors to Chandabai’s brothel are highly vulnerable to contract infections such as HIV.

Sensing the danger for Sumati, Moti returned to the village and informed Sumati’s wife Sharmili (literally meaning “the shy one”) and the village *mukhiaji* (headman) about Sumati’s vulnerability. An intelligent young woman of a strong character, Sharmili hatches a plan to bring Sumati back on to the right path. She disguises herself as a woman who sells fragrant flower ornaments (becoming a *gajrewali*) and Moti becomes a *Paan* (beetleleaf) seller. Both reached the city and started selling their wares near Chandabai’s brothel. Moti gained access to the brothel on the pretext of selling *paans* while Sharmili sold her *gajras* by singing romantic songs. One day Sumati listened to her melodious voice, and went out to buy *gajras* from her. Smitten by her grace and beauty (and not recognizing her disguise), Sumati asked her if she would come and live with him. During this conversation, Sharmili introduced herself to Sumati as *Mastani* (Fun-loving) *Gajrewali*.

Seeing that Sumati is madly in love with Sharmili and fearing a loss of income, Chanda and her assistant Chirkut throw a big fuss about Sharmili’s presence. When Sharmili reprimanded Chandabai for her immoral character, Chandabai noted that it is easy to preach morality, but not so easy to earn one’s daily bread. Sharmili empathized with Chandabai, providing guidance on how to live positively and outside the brothel. Sharmili also noticed Chirkut’s love for Chandabai (which

until then was unexpressed) and persuades them to marry. Sumati, who witnessed Sharmili's role in socially uplifting Chanda and Chirkut realizes the mistake he has made of ignoring his wife. He tells Sharmili that he would ask for forgiveness from his wife for deceiving her, and in the future be faithful to her.

Kumati also regrets his wrong-doings. He is remorse that even after knowing his HIV- positive status, he had had unprotected sex with his wife and many other women. As a result, he realizes that his wife and his newly-born child are mostly sick. He cries out in agony and faints. A person from Sumati's village, who was in the city to buy supplies, sees Kumati falling down, and with the help of Sumati, Sharmili, and Moti puts Kumati in his automobile and they all return to the village. Sumati still does not recognize his wife Sharmili and his friend Moti due to their clever disguises.

Upon reaching the village, they have Kumati, his wife, and child tested for HIV/AIDS. Kumati and his family are found to be HIV positive. Upon hearing this, the villagers run for their lives, believing that the HIV virus transfers through air and by touch. They demand that Kumati and his family be expelled from the village. However, the doctor explains that one does not get HIV by touching or kissing a HIV positive person. It also does not spread by living or eating with a HIV positive person. She further explains that HIV virus spreads only through three routes: (1) unprotected sex, (2) by sharing needles, and (3) contaminated blood transfusion. The villagers' misconceptions are cleared and they hug Kumati and extend care and support to him and his family.

The villagers then ask Sumati about the two strangers accompanying him. Sumati introduces the two strangers as *Mastani Gajrewali* and the *paan* seller. He tells the villagers that it was Mastani Gajrewali who returned him to the right path. Then Sumati asks Gajrewali her address so that he could drop her to her house. Gajrewali gives him an address that is his own home address. Sumati is confused. However, after a bit more play, when Sharmili removes her veil, he realizes that Gajrewali is his own wife. Sumati is overjoyed and asks for forgiveness.

The villagers break into a chorus: "We have resolved that we all will live a happy AIDS-free life!"

Guru and Chela: The Birha Storyline

In the *Birha* storyline, finalized over much iteration under the expertise of Dr. Mannu Yadav, the protagonist is Narendra Pal, a poor man who works as an apprentice (*chela*) to Sohan, a virtuous truck driver. Under Sohan's tutelage, Narendra Pal learns to drive and one day owns his own truck. When money begins to roll in, Narendra Pal seeks commercial sex and contracts the HIV virus. Upon returning home, he passes it on to his wife and the baby in her womb. When Sohan comes to meet his *chela*, he is saddened by his health condition. Sohan himself lived with self-control and knew that was the reason why his family was prosperous and happy. He and his wife had visited the doctor who had made them aware about HIV/AIDS and other diseases, including how to stay clear of them. The day is saved when Narendra Pal's elder son steps forward, resolving to take his father and mother to a doctor to seek treatment, and looks after them with love and care.

