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EMPOWERING ZIMBABWEAN WOMEN PRISONERS' RIGHT TO HEALTH AND EQUIVALENCE OF CARE IN THE PRISON SYSTEM, USING *FORUM THEATRE*.

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ABSTRACT

Background: The HIV epidemic in the Sub Saharan (SSA) region disproportionately affects women and girls and is further concentrated amongst prisoners. Given the male dominated prison environment, women's health needs are frequently ill resourced. This research investigated the health inequalities of Zimbabwean women prisoners.

Methods: Using multi-stakeholder qualitative and theatre performance-based practice as research methodology, within an art-based research approach, we examined the extent to which prison Forum Theatre validated prior research findings, fostered dialogic communication, and fuelled discourse to generate solutions to women prisoner rights to health and equivalence of care.

Results: Analysis found five themes: *female vulnerabilities and rejecting the criminal identity; group solidarity against prison security protocols and rights to confidential health care; prisoner peer hierarchies and threat to well-being; challenging the prison system; and multiple perspectives beyond the performance.*

Conclusions Forum theatre offers an innovative medium to empower women prisoners and actualize sexual health rights based approaches in prisons in Zimbabwe, and Africa using a transformative sustainable development approach.

Key Words: Transformational Health Rights; Performance Theatre; Forum Theatre; Prison; Women; Sexual and Reproductive Health; HIV; Sustainable Development

BACKGROUND

The Sub Saharan (SSA) region remains at the epicentre of the HIV epidemic, with HIV disproportionately affecting women and girls and prison populations (United Nations Office on Drugs and Crime, 2017). Given the large proportion of males in prison, women's gender sensitive health needs whilst incarcerated are frequently ill resourced (Van Hout & Mhlanga-Gunda, 2018; Van Hout & Mhlanga-Gunda, 2019). Equivalence of care and adequate non-discriminatory health services for women prisoners (and their children) are mandated by the United Nations (UN) Standard Minimum Rules for the Treatment of Prisoners, Standard Rules for Non-Custodial Measures and the Bangkok Rules for Female Prisoners (United Nations Office on Drugs and Crime, 2019). In SSA, the Southern African Development Community mandated minimum requirements for prisons to prevent, treat and control HIV/AIDS in prisons. The right to sexual and reproductive health is an integral component of right to health, with the United Nations Joint Programme on HIV and AIDS (UNAIDS) Strategy (2016-2021) underscoring the importance of addressing gaps in adequate sexual and reproductive health care within health service provision for women in prison (Van Hout & Mhlanga-Gunda, 2018). Tackling the health disparity of prisoners, and especially women in prison, by respecting and upholding their health needs during detention constitutes an essential component of leading to the achievement of the 2030 Sustainable Development Agenda and its Goals (SDG) specifically to “*reduce inequality within and among countries*” and “*leaving no one behind*”.

We report on a Medical Research Council (MRC) project in Zimbabwean prisons. Prisons in Zimbabwe are generally ill resourced, with poor infrastructure, and significantly affected by current political and financial instability in the country (Mhlanga-Gunda, et al., 2020). Official capacity of Zimbabwe's prison estate is 17,000. In 2019, prison population estimates (including pre-trial detainees/remand prisoners) totalled 19,382 of which 4% were female (Prison Studies: Zimbabwe, 2019). Three prisons are dedicated to women (Chikurubi, Shurugwi & Mlondolozzi), all others have a separate section for women. Environmental health conditions due to congestion, lack of sanitation and hygiene, and inadequate nutrition are conducive to poor health and spread of disease (TB, viral Hepatitis, HIV) (Mhlanga-Gunda, et al., 2020). HIV prevalence continues to constitute a serious public health challenge, with prison rates estimated to be double that of the general population and higher in women (Machingura, et al., 2018; Ministry of Health and Child Care, 2015; Zimbabwe Prison and Correctional Service, 2011).

Designed in two phases, this project aimed to investigate sexual and reproductive health inequalities of women prisoners in Zimbabwe and enhance understanding of their unique health experiences in prison, and the healthcare continuum. It was conducted by a transnational multi-disciplinary team with prison and public health, clinical, psychology, human rights law and performing arts expertise. Phase Ones' dominant themes were indicative of a poor health situation in terms of sanitation, hygiene, nutrition, but with encouraging indications of recent improving health care access and provision for women (Mhlanga-Gunda, et al., 2020). Using multi-stakeholder qualitative research and performative theatre practice within an art-based research approach, Phase Two examines the extent to which a Forum Theatre project in a female prison fostered dialogic communication (inter-subjective exchanges of perspectives) and validated Phase Ones' qualitative research findings with prison, correctional officers, correctional health professionals and non-governmental organisations (Mhlanga-Gunda, et al., 2020).

RESEARCH APPROACH AND METHODOLOGY

Art-based research, particularly theatre performance, has been successfully employed in schools, communities, and workplaces as part of HIV, and sexual health programming in the SSA region (Mhlanga-Gunda, et al., 2020; Van Hout, et al., 2020). Examples include theatre performance as an educational method to raise HIV awareness among Afrikaans farm workers; to promote sex education and life-skills for young people, to engage traditional healers in supporting HIV treatment; and to support risk navigation and problem solving in HIV prevention (Van Hout, et al., 2020). Zimbabwe, has a rich history using this method to support public health initiatives, particularly cognisant of socio-political challenges; deplorable environmental determinants of health underpinned by broader national governance deficits, repressed freedom of speech, political intolerance and violence, and State induced and geopolitical structural inequalities (Chivandikwa & Muwonwa, 2013; Mushangwe & Chivandikwa, 2014; Chivandikwa, 2020; 2017).

Research into prison health standards in SSA including Zimbabwe is underdeveloped, of a low priority and has little focus on the rights to health of prisoners and prison staff; priority remains on disease surveillance, security and punishment (Mhlanga-Gunda, et al., 2020; Van Hout, 2020). Our study, therefore, sought to contribute to the art-based literature by presenting the first, prison-based Forum Theatre study in Zimbabwe, plus, supplement public health/health-rights literature by providing insight into the lived health experiences of women in prison. Theatre performance projects in prisons elsewhere (Iran, Chile, Brazil) have focused on mental health, gender oppression, prison reform and rehabilitation (Jabbari & Davda, 2018; Mundt et al., 2019; Thompson, 2000). Ultimately, we aimed to use Forum Theatre to initiate critical ideas and perspectives from within Zimbabwean prison walls, leading to pragmatic collectively generated strategies to uphold gendered health rights and advance sensitive and equivalent health care for women in prison.

Ethical approval was granted by the Medical Research Council of Zimbabwe (MRCZ), and Research Council of Zimbabwe (RCZ). Our project was approved by, and fully engaged with, the Zimbabwean Prison and Correctional Services (ZPCS) research protocols (Mhlanga-Gunda, et al., 2020). The project took place in Chikurubi female prison. Potential participants were provided written and verbal information explaining the purpose of the project, outlining ethical assurances regarding anonymity, right to withdraw, recording of activities, and the risks and benefits of participation. Participation was voluntary. Participants were given time to read and ask questions before signing consent forms. Ethical assurances were reiterated throughout the process.

We utilised the Forum Theatre concept conceived by Augusto Boal (1979, 1995) as a model for collaboration and dialogue between oppressed and marginalized groups. Theatre actors devised and performed short scenes/sketches with inconclusive endings, with the aim of initiating spectator dialogue on women's health situation, gendered health rights and experiences of health care in the prison. The performance solicited onstage and offstage responses from spectators (prisoners, prison officials) who were invited to *act* to redress an oppressive situation (spectators become *spect-actors*) (Durden & Ndahura, 2005; Suvillian & Lloyd, 2006). Spect-actors, performers, and a facilitator (known as the *Joker*) critically discussed and re-enacted practical solutions to complex real-life situations of incarceration (Boal, 1979; 1995). We recognise the above problem-posing strategy has generated criticism in terms of potentially leading to chaos (Dwyer, 2004); we negotiated this by modifying techniques to ensure the facilitator encouraged spectators to suggest appropriate solutions to the problem, by involving spectators to vote on whether the suggested solution was

practical and appropriate to address the gendered health challenges encountered by women in prison. This modification avoided the generation of 'victim blame' (Dwyer, 2004).

The researchers-cum-facilitators trained post-graduate university students to use Phase One themes (Mhlanga-Gunda, et al., 2020) to help craft storylines and scenarios. Ahead of this, the team visited Chikurubi prison, socializing with the women to garner trust and retrieve real life stories relating to their prison health experience and situation. Stories were fictionalized and woven into 20 scenarios, compressed into five scenes and developed into improvisations using the following steps: collection of information; compiling information; relaxed interaction between actors and women prisoners; character and scenario development; synopsis and scenario building; rehearsals; dress rehearsal at Chikurubi prison and final performance.

Performance Synopsis: *Mather, a young woman is raped. Mather fails to convince her parents, society and the courts of the rape. This leads to her arrest and conviction for illegal abortion. She aborts the pregnancy using rudimentary and unorthodox means, in the process damaging her uterus. In prison, the unhealthy physical and social conditions overwhelm her. Mather falls sick complaining of an aching stomach. Accompanied by friend Chenai and infamous bully called Bhuru (meaning bull), she seeks medical attention at the prison clinic, but the duty nurse dismisses the bleeding as menstrual flow. Mather's condition deteriorates, prompting the local prison doctor to refer her to hospital. There she experiences difficulties getting medical attention because the prison is in arrears. Back in the cells, a pregnant Chenai, confides to Mather her cravings for special food. This discussion is interrupted by Bhuru who orders them to clean a dirty toilet without enough disinfectant and personal protective equipment. The performance ends when an overwhelmed Mather contemplates suicide.*

The synopsis captures the plight of women prisoners in Chikurubi; thus, spectators could relate with the story, giving credence to the contention that to fully account for suffering, we were required to embed individual biography in the larger matrix of culture (Farmer, 2003). The performance structure is represented in Table One.

Table One: *Structure of Forum Theatre performance*

Technique/Task	Participants	Avg. time to complete (minutes)
Games and exercises	All participants	10
Play presentation	Actors	30
Hot seating - audience ask questions to protagonist/antagonists	10 women prisoners, 1 facilitator and 3 actors	15
Spect-actors intervene replacing protagonist, or oppressed character- suggesting alternative outcomes	5 women prisoners and 2 prison health officials	10
Post-performance discussion of spect-actors' intervention and voting of suggested solutions	1 Facilitator/Joker and 19 women prisoners in verbalized discussions, 3 prison health and 3 security officials in discussions, and all participants voting	20
Table One continued Relaxation games	1 Facilitator 30 prison staff, 124 women prisoners	5

We were cognisant that aspects of dialogic communication and their implications to biosocial factors (Farmer, 2003) relating to the health of women in the prison are immediate outcomes of this art-based research, which could be utilised to pragmatically impact environmental determinants of health situation for women prisoners in Zimbabwe. Using drama processes (devising scenes and the performance itself) helped gain insights into both practice and outcomes, and ultimately to activate health rights awareness by “examining the practice-thinking experience, research and reflecting upon it” (Maeda, 2016: 10). In this regard our multidisciplinary team took on many roles, before, during and after the performance. These roles included facilitation- prompting dialogic communication relating to the health situation for women prisoners, but also in training actors to devise the synopsis, play and performance and arrange pre/during/post performance logistics.

Data collection (observations, group and one-to-one informal discussions) and analysis was carried out collectively by the team, following detailed observation of verbal and non-verbal interactions throughout the whole process, including; observation of the performance (as well as interventions and discussions) and proceedings post-performance (a discussions with prisoners and prison officials) plus, personal logbooks entries and recorded video. Aspects of communication were analysed using a range of analytical frameworks relating to ‘*Theatre of the Oppressed*’ (Boal, 1979; 1995); structural violence (Farmer, 2003); and liminality (Turner, 1969), as communication related to both the prison and theatre performance as liminal spaces between a fictional aesthetic world and an everyday reality (Boal, 1995). We utilised qualitative content analysis involving transcribing and reviewing documentation, identifying and describing communicative interactions from video recordings, familiarization, coding and generation of key concepts relating to dialogic communication, and dominant theoretical concepts arising from key events (Mundt, et al., 2019). Our analysis draws from spect-actors’ interventions, hot seating sessions and post-performance discussion on solutions.

RESULTS

We present our findings in narrative form to capture each event in the sequence it occurred, quoting liberally from the performance proceedings, and describing what happened in ways that capture emotions, gestures, and verbal exchanges (Maeda, 2016). We interpret and discuss dialogic communication around navigation of health rights in prison contexts.

Female vulnerabilities and rejecting the criminal identity (Scene 4)

Scene 4 relates to how Forum Theatre provides opportunities for women prisoners, to openly, and candidly, discuss their unique gender vulnerabilities to sexual abuse, HIV and risks associated with the taboo and criminalised nature of abortion. Box 1.

BOX 1

Facilitator: Kindly raise up your hand, if you have a question to ask any one of the actors.

Women prisoner 1: Mather, why did you not disclose to the nurse that you had an abortion of your pregnancy?

Box 1 continued

Actress as Mather: I tried to explain, but, the nurse does not listen and always views me as criminal and not a patient (*Huge applause from women prisoners*).

Prisoner 2: Is that why you were jailed?

Mather: Yes, because abortion is illegal in this country (*noise and interjections*).

Prisoner 2: But why did you abort the pregnancy?

Mather: The case was not handled well. I tried to explain the issue of the rape (*Noise and interjections in sympathy*).

Prisoner 3: But it is dangerous we girls sometimes do that, especially when using sharp metals (*interjections in agreement*).

Mather 3: Yes, I was desperate.

Prisoner 4: But what do you do when you are raped? (*inaudible interjections*)

The discussion posits that Forum Theatre is a safe space for women to discuss sensitive sexual and reproductive health issues and highlights the life experience of Zimbabwean women, who face a multiplicity of sexual risks, unsafe sexual practices, HIV, and dangerous abortions. Forum Theatre increases risk awareness and critical consciousness, while deepening understanding of complex issues (Sullivan & Lloyd, 2006). This scene was indicative of the images of reality whereby fictional images of rape and self-harm elicited real immediate affective and intellectual responses from women prisoners. Subsequent post-performance discussions revealed most women prisoners did not know abortion can be legal in Zimbabwe, under limited circumstances, such as rape (Sully, et al., 2018). Prisoner 4's rhetorical question; '*but what do you do when you are raped?*' reveals the complexity of a moralizing Zimbabwean society where rights and trauma of rape victims are ignored. It further highlights how Forum Theatre engenders a higher level of critical consciousness around body politics relating to gender and sexuality as major determinants of disease and suffering (Farmer, 2003).

Second, as a liminal space, the Forum Theatrical space nuanced the identity of prisoners as a transition from citizen to prisoner, in which surveillance makes the prisoner docile and subject to institutional routines in ways that alter

their sense of self and identity (Moran, 2013). However, the subversive and free discussions that took place provided unique evidence of the extent to which the liminal space of theatre empowered the prisoners to resist the prison limiting identity of a criminal/offender in favour of a 'normal' identity, like any other woman. Rejection of a criminal identity was received with jubilation from women prisoners, who communicated an unmistakable and defiant demand for critical citizenship (Thompson, 2000) to prison officials. These engagements are significant, if, we recognize that identities emerge from social intercourse. Indeed, the liminal socio-aesthetic space of the performance suspended prison security institutional hierarchical roles and provided prisoners with emotional, intellectual, and socio-political resources to seek new identities in the prison domain (Chivandikwa, 2020; Turner, 1969).

Group solidarity against prison security protocols and rights to confidential health care (Scene 3).

The Forum Theatre workshop fostered and strengthened solidarity between women prisoners in terms of mutual support, and in engaging with each other to bring about radical visionary change (Sweetman, 2013). Notwithstanding the challenges and tensions brought about by social, professional, and personal differences, the women spoke, listened, appreciated, and supported each other's human rights to adequate and accessible health care. Forum Theatre created a charged interactive atmosphere nurturing both analytical and emotional engagement, revealing local prison political dynamics that directly impacted health service access and delivery to the female prison. Reflections started with a replay of Scene 3, in which a prisoner volunteered to replace Mather when accompanied to the hospital by a security officer. The volunteer asks the security officer to release her so that she does not enter the consultation room in handcuffs, asking; *'what will people think? You want everyone to know that I am a prisoner?'* Amid jeers of disapproval from fellow prisoners, the volunteer stands her ground, vowing she will not move an inch, the rest of the women prisoner's cheer wildly in solidarity. Box 2.

BOX 2.

Prisoner 6: The security offer should not be in the examination room.

Security officer 1: Leaving a woman prisoner in the examination room is a serious breach of security protocol.

Prisoner 8: (supporting the security officer 1) Security officer has to remain in the room to check the security of the place

Security officer 2: And in another incident, the security officer relaxed the security protocol, only to discover that the woman prisoner had connived with one of the health workers and she absconded (*hearty laughter and celebratory cheers from the rest of the women prisoners*).

Prisoner 9: But we mind the violation of our privacy.

Prisoner 10: I agree, officers need to respect the confidential nature of our health records.

Prisoner 11: In hospital, I am a patient and not a prisoner. (*Wild celebratory applause*)

Prisoner 12: People will end up not go to the hospital for fear of stigma and people will suffer in silence or die in cells (*applause*).

Women shared experiences, and empathized with each other, in a space that is normally unhygienic, disempowering, with significant challenges in their health autonomy. The expression of verbalized and affective solidarity was so persuasive it mobilized the views of prison health practitioners, fellow prisoners, and senior prison officials to join their struggle in demanding/negotiating their right to non-discriminatory healthcare. Beyond Forum Theatre, it is rare for

prisoners to mobilize the views of researchers, health practitioners, and prison officials, particularly in relation to such sensitive health issues. Exchanges were intriguing in terms of complexity and depth, as they echoed the need to balance between legitimate security concerns by the State and the fundamental right of prisoner privacy, respect, and human dignity. This is indicative of the strength of awareness raising of security officials to prisoner rights (Van Hout, 2020). This is significant because (prison) reform is underpinned by collective mobilisation based on dynamic interactions between stakeholders, with differences not precluding solidarity (Subasic, et al., 2018). The process drew the attention of researchers, prison officials and health practitioners to adopt socio-political justice approaches to health and rights to remediate inequalities and of the collective acceptance that the health of prisoners is a direct result of pathologies of power to which they were all implicated.

Prisoner peer hierarchies and threat to wellbeing (Scene 4)

To some extent there was both antagonism and healthy self-reflexivity in the inter-subjective exchanges among participants; this is illustrative of the bedrock of democracy, and critical aspects of dialogic communication. Scene 4 was based on a hot seating session where audiences asked questions to actors (who respond in role), to immerse into their lived experience, motivations, and behaviour. The benefits of hot seating included generating interest for greater participation from audiences, reducing power differentials between actors and the Joker, on the one hand, and audiences on the other, as well as generating intense interactive and conversational activities that energized and deepened debates/discussion among participants. This is significant because dialogic/multidimensional communication as opposed to monologic/one dimensional communication involves, listening, sharing, and asking based on social, aesthetic, emotional and cognitive engagements (Chivandikwa, 2020).

In the cell, pregnant Chenai fantasizes about special foods (e.g. eggs, spinach, and liver) all unavailable in prison. Bhuru walks in to harass Mather and Chenai and force them to clean the toilet with insufficient disinfectant, and personal protective equipment. A prisoner replaces Mather in engaging Bhuru. She looks sternly at Bhuru and threatens her. We observed the audience did not approve of inter-personal violence, and they requested to hot seat Bhuru. Reflective of peer hierarchy and dynamics for position, and consequential threats to their health, prisoners critically questioned hostile behaviour among fellow prisoners. Box 3.

BOX 3.

Prisoner 13: Bhuru why do you bully others?

Bhuru: I derive pleasure and material benefits from bullying.

Prisoner 14: Why did you not assist Mather?

Bhuru: Well that one fakes illness (*laughter*).

Prisoner 11: (Interjecting). That is true. Some women fake sickness a lot, and now when you are sick for real, no one will take you seriously.

Prisoner 15: Bhuru, why are you refusing to do your cleaning duties?

Bhuru: Well I am an ancestor here (*I have been in prison for too long*). I deserve respect for my seniority (*laughter and inaudible interjections*).

Prisoner 16: (*interjecting*) There is a mess in the toilets. You are risking everyone else's health. We have no hierarchical ranks among prisoners (*wild cheers*).

This self-criticism was a significant achievement, it progressed beyond the linear view of violence confined to the security aspects of prison life, by shifting beyond an idealised sense of oppression and addressing their own complicity. Collective self-criticism can promote self-efficacy through mutual empowerment for change, using a systematic and nuanced analysis of power relations in prison, is crucial in achieving reform (Durdin & Ndahura, 2005). Forum Theatre provided space and opportunities for confidence-building, bravery and humility among the women to admit self-contradictions among themselves as an oppressed group, alongside recognition of the inadequate nutrition for pregnant women, and presence of bio-hazards and poor sanitation experienced in the prison environment. This resonates with the call by Farmer to consider ‘other’ axes of oppression that can lead to health disparity (Farmer, 2003).

Challenging the prison system (Scene 2)

Scene 2 demonstrated the nexus of harm to those less empowered and the perpetuation of health inequality in the prison. It was indicative of the general lack of health training in assuring non-discriminatory patient care, reliance on donors (well-wishers, faith-based organizations) for sanitary wear and lack of government provided protective equipment and medicine (Mhlanga-Gunda, et al., 2020). In Scene 2, hot seating and subsequent discussions of the clinic nurse were preceded by a replaying of the scene, in which a professional prison health worker volunteers to replace Mather. She comes and sits stonily at a patient’s seat facing the nurse. When the nurse rudely orders two friends (Bhuru and Chenai) out, she (professional health worker as Mather), firmly chides her rudeness and reminds her, they need medical help and a sensitive approach. Box 4.

BOX 4.

Prisoner 18: Let’s interview the nurse.

Facilitator: Do we all agree? (*Chorus answer*).

Prisoner 19: Nurse why did you harass Mather?

Actress as Nurse: To be honest, these women prisoners fake illness a lot (*jeers from the audience*). I realized that she was not faking at that moment. That is why I immediately referred her to the doctor for further examination

Prisoner 20: Why is it that you do not want to get dirty when you are a professional nurse?

Actress as nurse: I did not have gloves. So, my health is important as that of the women prisoner.

Invited Health official: But nurse, why you are giving just Panadols to your patients, whatever the illness. What is the problem?

Actress as Nurse: We only have these pain killers. Until supplies come from central, government, the situation will remain as sad as it is. We are grateful, we have more sanitary wear than we need.

Student 21: (*Interjecting*): But sanitary wear comes from donors and not government (*inaudible interjections*).

Prisoner 22: There is a bit of an exaggeration on the part of gloves. Gloves are available at the clinic.

Prisoner 23: The issue of lack of medicine is a serious one. We can all die here. The government should ensure there is enough medicine.

We observed Forum Theatre facilitated discourse for both officials and prisoners to discuss painful and deeply embedded conflicts with honesty, passion, respect, robustness and eloquence (Suvillian & Lloyd, 2006). The prisoners were emphatic in challenging both the State and the prison system, powerfully reminding them of their professional and

national obligations/mandates to right to health and equivalence of care. This shift from exclusively challenging local ‘oppressors’ is a significant progression beyond localism, a narrow worldview that does not link local problems to structural elements relating to national governance (Mushangwe & Chivandikwa, 2014). This strategy of “*exonerating*” local oppressor by linking local suffering to the wider political economy is encouraged in Forum Theatre, in that, criticism of the oppressor brings about radical demands, while at the same time avoiding extreme tensions with the local ‘oppressor’ (Thompson, 2006).

Multiple perspectives beyond the performance

What transpires immediately before and after the performance is as important as the performance itself (Thompson, 2006). The heightened, entertaining and relaxed atmosphere of dialogic communication afforded senior prison administrators a rare opportunity to reflect and discover new insights into health conditions for women in prison, thus, creating empathy, and a safe space for stakeholders to collectively generate solutions, important to upholding prisoner right to health. Box 5.

BOX 5.

Facilitator: Let us conclude by agreeing on some possible solutions that can be implemented

Prisoner 24: I suggest that we can get into the examination room with the prison nurse, and not the security officer, so that we avoid leaking of confidential health details.

Facilitator: Is this a practical solution? (*chorus answer in agreement*)

Security official 3: On the question of bullying and the issue of not cleaning the toilets, make immediate reports to the security officer and member in charge.

Facilitator: So, are we going to be brave to confront the bullies? (*Chorus agreement*).

Prisoner 25: I think we need peer educators (women prisoners trained to counsel their colleagues on HIV/AIDS and sexual reproductive health)

Facilitator: Will this work?

Women prisoner 4: Peer educators can communicate well with senior management. They are also well versed with health hazards in the cells.

In essence, the Forum Theater workshop generated ‘community’, a heightened sense of togetherness, characterized by humility, freedom and intense relationships (Turner, 1969). It breathed life and humility into the prison space characterized by security focus, surveillance, orders, and punishment (Moran, 2013). This enhanced political consciousness opens possibilities for future prison activism, against suffering and marginalization, albeit, difficult to imagine in the repressive political environment in Zimbabwe worsened by complex geopolitical forces (Chivandikwa, 2020). Our project supports the view that Forum Theatre can advance and actualize the notion of a health promoting prison in which women prisoners and stakeholders engage in collective discussion and decision making that promote practices, attitudes and policies, and achieve a health promoting prison concept (Mundt, et al., 2019). It generated creative thinking, innovation and deeper understanding of the dynamics that shape prison health, and in so doing set the foundation for concrete action, or rehearsal for a revolution (Boal, 1979; 1995). After the performance, the Senior Officer in charge reported that as an immediate measure; that closer supervision would be initiated to prevent bullying among

prisoners, along with planning of peer support programming. Steps to ensure patient confidentiality when accessing hospitals would require higher level policy approvals.

We reiterate the importance that future prison-based facilitation processes are carefully structured to ensure robust and frank idea exchanges do not degenerate and worsen existing tensions/conflicts among prison officials and prisoners. Indeed, the facilitation processes must be structured to protect vulnerable women, (e.g. those with learning disabilities or mental health conditions). Notwithstanding, the challenges that have been noted, Forum Theatre creates an inclusive, democratic and robust exchange of ideas and perspectives that empower women prisoners to increase their visibility and eloquence in collaborating with prison stakeholders to seek solutions in transforming the prison into a site of healing, respect and support.

DISCUSSION

Zimbabwe has suffered excruciating domestic instability, political corruption, and hyper-inflation in recent years; worsened by geopolitical inequalities making it difficult for the country to access financial resources, basic and specialized health equipment, and medication. Our project responded to calls to include perspectives and experiences of women in African prison health programmes and research (Dixey, et al., 2015; Mhlanga-Gunda, et al., 2020). Given the lack of prison health research in the SSA region (Mhlanga-Gunda, et al., 2019) and the prioritisation of security, punishment and retribution in African prison research (Van Hout, 2020), our project makes innovative progressive steps beyond the security aspects and the haphazard surveillance of disease. Based on our analysis of the Forum Theatre workshop, we document connections between the prisoner body, as biological and social constructs; reiterating knowledge of suffering cannot be conveyed in pure facts and figures (Chivandikwa, 2020; Farmer, 2003). Forum Theatre gave a voice through dialogic communication and insight into the lived realities of life in a woman's prison in Zimbabwe; it generated collective debate and solutions to improve health protocols in the prison itself. Health knowledge is best acquired through experiences, interactions, and reflections (Durdin & Ndahura, 2005). By hearing and respecting women's voices, and in recognising their concerns, the project set the stage for enhanced accountability (Mundt, et al., 2019).

Validating our qualitative multi-stakeholder research on women's prison health situation in Zimbabwe (Mhlanga-Gunda, et al., 2020), the body-based Forum Theatre further concretizes the gender vulnerability of these women to sexual abuse, HIV acquisition, and lack of sensitivity in the prison health system. The multiplicity of power dynamics between State, system, peer and fellow prisoner were illustrated in Forum Theatre through lived experiences, alongside a range of applied identities (prisoner versus criminal versus patient versus peer), all of which impacted on gendered vulnerabilities, right to health, and equivalence of healthcare for women in prison. At the prison level, immediate changes centred on enhancing awareness at a higher policymaker level, assuring women's' right to equivalence of care and non-discriminatory and confidential health care, and the operationalisation of increased anti-bullying efforts and peer support programming in the prison. Broader impacts generally centred on advocating for prison health reform and equity of care for women, input of our MRC project into the SSA regional audit of prison health standards and the WHO/UNODC technical guidance on women's health in prisons (UNODC, 2019), and informing ZPCS prison health policy, practice, and professional training of health staff. Further notable domestic improvements occurring alongside our project was the SADC-UNODC Regional Programme on Making the SADC Region Safer from Drugs and Crime, with the specific focus on Violence against Women and Children.

CONCLUSION AND IMPLICATIONS

This cross cutting work in Zimbabwean prisons is underpinned by a transformative health rights and sustainable development agenda, by virtue of its focus on the need to realise, uphold and advance gendered health rights for women in sub-Saharan African prisons, who continue to be stigmatised and neglected (Van Hout and Mhlanga-Gunda, 2018). Our Forum Theatre project is the first of its kind in the country which offers inroads to fundamentally disrupting habituated oppressive prison behaviours and inclinations, and capacity building duty bearers in ways that can translate human rights instruments (African human rights charters Nelson Mandela Rules, Bangkok Rules) into enhanced lived realities for women in prison. Like all persons, prisoners are entitled to enjoy the highest attainable standard of health and humane treatment, and in applying the principle of non-discrimination, prison authorities shall consider the individual needs of prisoners, particularly the most vulnerable, including women and their infants in prison (rule 2; Nelson Mandela Rules). With regard to healthcare, the Bangkok Rules specifically stipulate required standards for equivalence of healthcare programming and recognition of women's (and their infants's) specific health care needs during incarceration.

Ultimately the project is intended to shine a spotlight on the role of prisons in the sustainable development approach in reaching the SDG targets (including SDG 1 on poverty; SDG 3 on health and wellbeing, SDG 5 on gender equality, SDG 6 on clean water and sanitation, and SDG 10 on reducing inequality and discrimination), and stimulate a shift toward health, justice and penal policy reform, and improved standards of care for women and their infants whilst in detention. Lastly, given the 30 year anniversary of the Tokyo Rules, it highlights the government imperatives to commit to operationalise alternatives to sentencing for women.

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