Radio Theatre as a Tool for Public Health Communication: A Case Study of "One Thing at a Time"

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Abstract

This study investigates the efficacy of radio theatre as a strategic medium for disseminating critical public health information in Nigeria, with a specific focus on the radio drama serial One Thing at a Time. Grounded in the entertainment-education (EE) paradigm, the research argues that the confluence of radio's unparalleled accessibility and theatre's affective, narrative power creates a potent vehicle for influencing knowledge, attitudes, and behaviours related to HIV/AIDS, sexually transmitted infections (STIs), and family planning. The methodology combines a textual analysis of the drama's narrative and aesthetic strategies with quantitative survey data (n=160) collected from listeners in Gwagwalada, Abuja. Findings reveal high listenership (90%), strong audience agreement with the programme's pro-health messages (92.5%), and overwhelming support for promoted behaviours like condom use (93.75%). The drama successfully utilises positive and negative role-modelling, culturally resonant dialogue (including Pidgin English), and consequential plotting to make health information relatable and actionable. However, the study also identifies significant systemic constraints, including chronic underfunding, inadequate production capacity, and a lack of strategic institutional support. The article concludes that while radio theatre represents a uniquely effective tool for development communication, realising its full potential requires sustained investment in localized production, audience research, and the professionalisation of the sector. This case study contributes to broader discussions on participatory media, indigenous communication systems, and health communication strategies in the Global South.

Keywords: Radio Theatre, Entertainment-Education, Information Dissemination, Development Communication, Audience Reception.

Introduction

The universal quest for effective knowledge dissemination finds a powerful ally in the synthesis of radio and theatre. In contexts where literacy rates vary, electricity is unreliable, and poverty limits access to visual media, radio retains its status as the primary mass communication channel a portable, classless, and ubiquitous companion of daily life (BBC World Service, 1990). Its signal permeates the private sphere, reaching into homes and communities where pivotal decisions about health, relationships, and livelihoods are made (Lettenmaier et al., 1993). Theatre, conversely, is humanity's innate mimetic faculty, an art form rooted in Aristotle's conception of mimesis the natural human propensity to imitate, narrate, and derive meaning from enacted stories (Brockett, 1986). Its power lies in its ability to model behaviour, evoke empathy, and stimulate critical reflection on social issues.

When these two forces converge in "radio theatre" or the "radio drama serial," they give rise to the entertainment-education (EE) strategy, a purposeful blend of compelling storytelling with educational objectives. As Lettenmaier et al. (1993) assert, programmes that marry entertainment with education have demonstrated the greatest impact in fostering public awareness and behavioural change. This format transcends mere information delivery; it allows audiences to "live in a substitute way through all the dangerous circumstances of life," thereby preparing them to conduct themselves better when faced with real-life risks (Hagher, 1988, p.1). This is particularly crucial in tackling sensitive and stigmatised issues such as sexual health, HIV/AIDS, and family planning, where didactic approaches often fail.

This article presents a case study of the Nigerian radio drama One Thing at a Time, analysing its role in disseminating information on preventive and reproductive health. The study is driven by the need to critically examine how this indigenous EE tool operates within a specific socio-cultural context Nigeria. It asks: How does "One Thing at a Time" utilise the unique affordances of radio theatre to communicate its messages? How is it received by its target audience? And what

systemic factors constrain or enable its effectiveness? By answering these questions through a mixed-methods approach, this research contributes empirical evidence from Nigeria to the global literature on EE and development communication, while offering practical insights for media practitioners and public health policymakers.

Theatre as Social Practice and Pedagogical Tool

Theatre's role extends far beyond entertainment. From its ritualistic origins in ancient Greek dromena or Egyptian passion plays, theatre has functioned as a communal forum for examining social norms, confronting injustice, and imagining alternative futures (Brockett, 1986). In pre-colonial Africa, integrated performance forms encompassing song, dance, storytelling, and masquerade were central to education, cultural transmission, and social mobilisation (Hagher, 1988). The colonial disruption of these organic forms gave rise, in the post-colonial era, to deliberate movements like "Theatre for Development" (TfD) and "Popular Theatre." Inspired by the pedagogies of Paulo Freire and the epic theatre of Bertolt Brecht, these movements sought to use theatre as a dialogic tool for conscientisation and collective problem-solving (Kidd, 1984). As Ross Kidd summarised, "The theatre performance is not the total experience, it must be linked with critical analysis, organisation and struggle" (cited in Hagher, 1988, p.56). Nigerian pioneers like Hubert Ogunde used theatre to attack colonial injustice, as in his play *Bread and Bullet* which dramatised the 1949 miners' massacre.

Radio: The "Blind Man's Theatre" and Mass Companion

Radio's invention, culminating in Guglielmo Marconi's wireless telegraphy, revolutionised human communication by decoupling message transmission from physical wires (Bittner, 1989). In Nigeria, broadcasting began in 1932 as a relay for the British Broadcasting Corporation (BBC), serving colonial interests (Ladele, 1979). However, it evolved into a truly national medium post-independence, with state and, later, private stations proliferating after the 1990s deregulation. Radio's strength is its intimate and imaginative quality. Dubbed "the theatre of the mind," it translates all action into sound, demanding active listener participation to visualise scenes and characters (Fletcher, 1991). This "empty space," to borrow Peter Brook's term, is filled by the listener's imagination, making the experience uniquely personal and engaging. Wilby et al. (1991, p.10) capture this essence:

"people may watch television with their eyes, but they listen to radio with their minds." Its accessibility operating on batteries, affordable, and requiring no literacy makes it the most democratic medium, especially in rural Africa.

Entertainment-Education: Theory and Evidence

The EE strategy is underpinned by social cognitive theory, which posits that people learn behaviours through observation and modelling (Bandura, 2004). By embedding educational messages within emotionally engaging narratives featuring relatable characters, EE programmes can increase knowledge, shape attitudes, and inspire behavioural change while avoiding the resistance often triggered by overt propaganda.

Empirical evidence supports its efficacy. In Latin America, radio campaigns in Colombia significantly increased attendance at family planning clinics (Bailey, 1973, 1980). In Africa, radio soap operas have been used to promote family planning in Nigeria, Ghana, and Zimbabwe (Population Reports, 1986, 1996). For instance, Nigeria's Ezi na Uno drama in Anambra State successfully directed rural listeners, particularly men using battery-operated radios, to family planning services. Research also indicates that drama can effectively reduce stigma associated with HIV/AIDS by fostering empathy and disseminating accurate information about transmission (Valente et al., 1999). However, scholars like Klapper (1960) caution that media effects are not direct or monolithic but are mediated by interpersonal networks, existing attitudes, and social context. Thus, the success of EE depends on sophisticated design, cultural resonance, and integration with community-level activities.

Deconstructing "One Thing at a Time" The Art of Aural Storytelling

The drama employs classic soap opera structures to tackle local issues. Episodes revolve around characters like Chief Omonide (a wealthy, promiscuous man), Evaristus (his HIV-positive driver), Dr. Saratou (a health professional), and Suzzy (Evaristus's new wife). Through their intertwined stories, the serial dramatizes the risks of unprotected sex, the reality of HIV stigma, the importance of testing, and conflicts over land and corruption.

One Thing at a Time exemplifies the technical and artistic craftsmanship required for effective radio theatre. As Uwabor (1995) notes, writing for radio is uniquely challenging; it is a "blind man's theatre" where all visual information must be conveyed through sound. The drama masterfully employs the three core elements of radio production:

i. Speech/Dialogue: The dialogue is the primary driver of plot and characterisation. The script uses culturally resonant language, particularly Nigerian Pidgin English, to ensure wide accessibility and authenticity. Characters' speech patterns immediately identify their social status, education, and personality. For example, Chief Omonide's grandiose and flawed Pidgin ("a man of timber and caliber... should have a tomato of love") reveals his inflated ego and moral carelessness.

ii. Sound Effects (SFX): SFX are used with cinematic precision to establish locale, signal action, and heighten realism. The creak of a door, the sound of a car engine, or the ambient noise of a market place are not mere embellishments but essential tools for scene-setting and plot advancement, acting as the radio playwright's equivalent of camera shots (Barnouw, 1948).

iii. Music: Music functions as an emotional and structural guide. It provides thematic signatures for the programme, bridges scenes to denote the passage of time or a shift in mood, and underscores dramatic moments to amplify their emotional impact.

The narrative analysis of the three episodes reveals a sophisticated EE architecture: **Episode 1:** "Caught Red Handed" introduces the central conflict through Chief Omonide, a wealthy, promiscuous man who contracts gonorrhea. His interaction with the Doctor (a positive role model) establishes the core message: "sleep with your wife only." The episode also introduces Loveth a student engaged in transactional sex, highlighting the economic vulnerabilities and health risks for young women. The drama establishes a clear cause-and-effect logic: risky behaviour leads directly to health consequences.

Episode 2: "Chief and Eva Palava" deepens the narrative complexity. While Chief Omonide is embroiled in political corruption (subplot), his driver Evaristus is

diagnosed as HIV-positive. This episode is crucial for stigma reduction. Evaristus's initial denial ("I no believe say e dey dis Nigeria") reflects a common misconception. His compassionate counselling session with Dr. Saratou models the correct information about transmission and the importance of testing, humanising the experience of living with HIV.

Episode 3: "Problem in Jigida" explores the social ramifications of health issues. Evaristus's new wife, Suzzy, is advised to get tested, illustrating the secondary impact on partners. Another character, Bassey, presents with STI symptoms, showing these issues affect multiple strata of society. Concurrently, a land dispute subplot involving Chief Omonide connects health to broader themes of governance and injustice, making the drama a holistic social commentary.

The character system functions as a clear value grid:

a. Negative Role Models (Punished): Chief Omonide (STI, social strife) and Evaristus (HIV diagnosis).
b. Positive Role Models (Rewarded/Respected): Dr. Saratou and the Doctor, who provide accurate information and empathetic care.
c. Transitional Characters: Iya Taju (Chief's wife) represents traditional wisdom and marital stability, while Suzzy embodies the proactive individual seeking information.

This structure allows listeners to learn vicariously through the characters' fates, a key mechanism of Entertainment-Education (EE).

Audience Reception – The Listener's Verdict

Survey data (n=160) from Gwagwalada provides compelling evidence of the programme's reach and persuasive power.

Table 1: Age Distribution

Age	Responses	Percentage (%)
15-20	28	17.5
21-25	34	21.25
26-30	44	27.5
40 and above	54	33.75
Total	160	100

The age distribution of those between the age range of 40 and above have the highest percentage out of the whole respondents which is 33.75. People between the age ranges are mostly civil servants and the self-employed. From their own point of view the Radio drama programme is very important because it helps in shaping one's life and marriage for the better.

Table 2: Sex Rating

Sex	Male	Female	Total
Respondents	68	92	160
Percentage (%)	48.5	57.5	100

57.5% of the respondents were female while 42.5% were male and this shows that more females listen to "One Thing at a Time" radio drama.

Table 3: Do you own a radio set?

Accessibility	Yes	No	Total
Respondents	152	8	160
Percentage (%)	95	5	100

The accessibility of owning a radio is relevant. Hence only those who own a radio can listen and they are in a better position to answer relevant questions on the research study. Radio ownership assumes high percentage of 95% or 152 out of the total number of 160 respondents.

Table 4: Do you listen to "One Thing at a Time" radio drama on ASO FM Abuja or FRCN Abuja?

Accessibility	Yes	No	Total
Respondents	144	16	160
Percentage (%)	90	10	100

144 respondents out of the 160 respondents to the questionnaire administered in this study listen to "One Thing at a Time" radio drama. However, from these respondents, they like listening to it because the messages are clear, straight to the point and also very interesting.

Occupation	Responses	Percentage (%)
Civil servant	40	25
Self Employed	60	37.5
Businessman/woman	30	18.5
Unemployed	30	18.5
Total	160	100

The relevance of "One Thing at a Time" radio drama in information dissemination to listeners depends heavily on tile nature of their occupation. From the data collected so far it shows that the self-employed have the highest response with 37.5%.

This rests on the fact that most of the people in this group are matured adults and married couples who really know the importance of this radio drama programme.

Table 6: What is your marital status?

Marital Status	Responses	Percentage (%)
Single	38	23.75
Married	36	53.75
Separated	18	11.25
Divorced	18	11.25
Total	160	100

Married couples have the highest percentage of 53.75, and this is because the radio drama is very important and it has really helped in controlling their health habits and other vices in tile society.

Table 7: Is Radio Theatre Drama a Good Medium of passing out information?

Accessibility	Yes	No	Total
Respondents	152	8	160
Percentage (%)	95	5	100

This table shows that a majority of the respondents that is 152 out of 160 are of the opinion that radio drama is indeed the best means of passing out information to

everyone in tile society. However, this is because tile ability to own a radio is easy, no stress at all, and the percentage for this is 95.

Table 8: The Aims of "One Thing at a Time" has it been realized?

Accessibility	Yes	No	Total
Respondents	148	12	160
Percentage (%)	92.5	7.5	100

92.5% out of 100% i.e. 148 out of 160 testify to the fact that "One Thing at a Time" indeed is really achieving its aims and as such the programme should be encouraged.

Table 9: Should the use of Condoms and Contraceptives be encouraged:

Accessibility	Yes	No	Total
Respondents	150	10	160
Percentage (%)	93.75	6.25	100

From the responses gathered so far, 93.75% out of 100% i.e. 150 out of 160 respondents are fully in support of the use of condoms and contraceptives because it will help in controlling STDS, HIV/AIDS and unwanted pregnancy.

Potentials Realised and Constraints Confronted

The case of One Thing at a Time powerfully demonstrates radio theatre's realized potential. It successfully leverages radio's accessibility and theatre's empathy-generating capacity to make critical health information palatable, memorable, and persuasive. The high levels of listener agreement with its messages, particularly on the sensitive topic of condom use, suggest it effectively navigates cultural and religious reservations through narrative integration rather than direct confrontation.

The drama's use of Pidgin English is a significant strength, continuing a venerable tradition in Nigerian broadcasting epitomised by classics like Save Journey (Uwabor, 1995). This linguistic choice democratises access, includes non-literate and semi-literate audiences, and fosters a sense of shared identity. Furthermore, by

linking health messages to broader plots about corruption, land rights, and family dynamics, the drama avoids a narrow, clinical focus, instead presenting health as inextricable from socio-economic well-being.

However, the study also surfaces systemic constraints that limit the scale and sustainability of such interventions:

1. Chronic Underfunding and Institutional Neglect: Radio theatre is often a low priority for broadcasters and governments, relying on short-term NGO funding rather than integrated, long-term budgetary support. This leads to production inconsistency and limits reach.

2. Capacity and Quality Gaps: The effectiveness of EE is highly dependent on writing, acting, and production quality. A lack of trained scriptwriters, producers, and actors, coupled with poor studio facilities, can undermine even the best-intentioned projects.

3. Centralised Production and Limited Localisation: While One Thing at a Time uses Pidgin, many EE programmes are produced in major cities in English or one of the three major languages (Hausa, Igbo, Yoruba), failing to connect deeply with hundreds of smaller ethno-linguistic communities.

4. Absence of Robust Research and Feedback Loops: Effective EE requires formative research to understand the audience and summative evaluation to measure impact. Such research is often skipped due to cost, leading to programmes based on assumptions rather than evidence.

5. Gatekeeping and Content Restrictions: Regulatory bodies or conservative station managers may restrict content on topics like condoms or HIV, diluting the effectiveness of health messages.

These challenges echo findings from across the continent, where EE projects frequently operate in a cycle of "pilotism" short-lived, externally funded experiments that fail to transition to sustainable national programming.

Recommendations for Policy and Practice

To harness the full power of radio theatre for public good, a multi-stakeholder approach is necessary:

1. For Governments and Policymakers:

a. Integrate and Fund: Recognise EE as a core component of public health and social policy. Allocate dedicated funding within the budgets of health ministries and public broadcasters for the production and airing of quality radio dramas.

b. Build Capacity: Invest in training programmes for scriptwriters, producers, and researchers specialising in EE, potentially in partnership with universities and film/television institutes.

2. *For Broadcasters and Media Practitioners:*

a. Adopt a Professional Process: Institutionalise the EE production cycle formative research, message design, pre-testing, production, broadcast, and impact evaluation as standard practice.

b. Foster Creative Collaboration: Establish partnerships between health experts (for accuracy) and creative writers (for engagement) from the inception of a project.

c. Leverage Multi-Platform Synergy: Promote radio dramas through complementary platforms listener clubs, social media discussion threads, or linked telephone hotlines—to foster interactivity and reinforce messages.

3. For the Academic Community:

a. Deepen Indigenous Research: Conduct more longitudinal and experimental studies on the behavioural impacts of specific EE programmes in Nigeria.

b. Develop Critical Frameworks: Theorise from the African context, moving beyond merely applying Western communication theories to critically examining indigenous aesthetics and narrative forms in EE.

Conclusion

This study affirms that radio theatre is not an archaic medium but a dynamically relevant one, particularly in the African context. One Thing at a Time stands as evidence that when skillfully executed, the marriage of radio's reach and theatre's resonance can educate, persuade, and empower communities on matters of life and

death. It turns the "blindness" of radio into a visionary strength, activating the listener's imagination to create personalised, impactful narratives of change.

The overwhelming positive reception from the Gwagwalada audience underscores a public readiness and appetite for this form of communication. However, the sustainability and scalability of this success are precarious, held back by structural deficiencies in funding, training, and strategic prioritisation. Realising the promise of radio theatre requires a paradigm shift: from viewing it as a sporadic "project" to valuing it as essential "infrastructure" for public health and social development. As Nigeria and other nations grapple with complex health challenges, from HIV/AIDS to maternal mortality, investing in the art and science of storytelling through radio theatre is not merely an educational tactic—it is a strategic imperative for national well-being. The voices in the drama, and the minds they engage, represent a vital resource in the struggle for a healthier, more informed society.

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