Theatre for Development: A pragmatic approach to incursion of Lassa Fever in Nigeria

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ABSTRACT

Several researches have been conducted into topical diseases affecting human beings through Theatre for Development, such includes Hiv/Aids which was given global attention and sufficient funding from various agencies. Some disease however known to be silent killers have suffered both artistic and scholastic attention from theatre practitioners and inadequate funding as well. Such includes Lassa haemorrhagic fever which is a zoonotic disease. Research reveals that illiteracy contributes largely to its spread. Adopting Mezirow's theory of Transformative Learning as a theoretical springboard and using pre-test-post-test quasi experimental design, this paper discovers the importance of Theatre for Development as a vital tool of information dissemination, entertainment, and education not only for rural dwellers but elites as well. It hereby recommends the adoption of Theatre for Development in information dissemination, career building, confidence building, and decision making. It is recommended that Theatre for Development should be encouraged by the government agencies and other stakeholders as it has proved to be a viable and essential tool in community development.

Keyword: Lassa fever, Theatre for Development, Zoonotic, Orientation.

INTRODUCTION

Theatre is an art that is concerned almost exclusively with live performances in which the action is precisely planned to create a coherent and significant sense of drama. As stated by Idogho (2016:7), theatre has been accepted as a collaborative form of art that uses live performers to perform real/imagined event on a raised platform before a group of people for entertainment and enlightenment. In the present day society, its usage had exceeded that of entertainment as it is now informative, educative and therapeutic.

Theatre functions in different ways in order to carry out its social development and effect social changes in the society. This has to be related to the people's Socio-cultural beliefs and the problems within their environment. Theatre entertains, educates, provokes, and enlightens the audience. The theatre in this work speaks to the people in their own language and idioms and deals with issues that must affect their life. It reacts against elitist theatre which hypnotizes the masses instead of liberating them out foulness. This theatre is referred to as Theatre for Development (TFD), Community Theatre (C.T),Community Theatre for Integrated Rural Development (C.T.H.I.R.D), Popular Theatre (P.T), Forum Theatre and so on. In this vein, it can be used as developmental tools either by individual or community which is known as Theatre for Development or Community Theatre.

Theatre for development as its name implies, suggests a breaking away from the conventionalized Aristotelian form of theatre and moving into a new situation where new commitments may have to be made. It denotes concepts, which embraces numbers of specific processes of changes among which are policies, expectations and patterns of group affiliation (Mbachaga 2011:54).

This much was agreed to by Ross Kidd (1990: 43) who concurred that, Theatre for Development is:

> a monologue fostering passivity or pseudo-therapy into dialogue in which the audience are actively engaged in the production of meaning. It convert the audience from passive recipients of received truth to active protagonist in creating a theatrical experience, criticizing it and using this analysis in working out political strategies and engaging in struggle.

Theatre for Development is not necessarily a theatre in a local community but rather a theatre that aims at achieving developmental objectives within the community (Hagher 1990:78). In the process of national building, development largely depends on the system of information dissemination otherwise known as communication. It must be noted that there can be no communication without feedback, feedback make communication a dynamic, two-way process and it is the measure for effectiveness.

Nasir (2013:19) informs of some peculiarities of Theatre for Development which distinguishes it from other forms of theatrical performances being its anti-conventionality. Theatre for Development is practiced outside the fourth wall and it relies heavily on the people's artistic modes of expression by incorporating their songs, dances, riddles, proverbs, jokes, customs and so on.

Theatre for Development productions are usually performed free to encourages large turnout of audience. The language used is usually that of the target community. Even the extra verbal and non-verbal art modes of songs, dances, chants, and mimes are those peculiarities to the target rural community. This way, the recipient at the artistic venue receives the entire experience as their own. Similarly, post production discussion build confidence in the audience as well as guaranteeing the participatory approach over the persuasive. ZakesMda (1997:54) states thus:

> whereas in persuasive communication, mass media are used to beam messages or directives encouraging people to support development or projects, and to highlight benefits that may follow from these projects, in participatory communication the message can emanate from any other point. The needs of rural communities are thereby taken into account, since

> the communities can initiate the process of communication and do not merely consume and respond to message.

Theatre for Development is not a performance genre but a community approach using theatre as a medium to analyze, discuss, and effect a positive social change in their environment.

Hagher (1990:62-63) opines that, the purpose of this theatre must never be to burden the peasant with modernizing information and techniques but to encourage analysis, build confidence and create conditions within which to engage in struggle. To help the peasant in this way, the theatre worker must seek to understand the peasant present deprived conditions. Theatre for Development must be made a medium through which the peasant can express themselves in their own language.

It is in this regard that theatre is responsive to the needs of the people. Theatre reaches a wide range of people and speaks to them in the language they understand, the language of reality. The role of language in human development is what Karl Marx and Fredrick Engels (Chiduo2004:xvii-xviii) voiced out, when they argued that language, like consciousness only arises from the need, the necessity of intercourse with other men .Therefore, theatrical instrument should be transferred to the people as a medium for discussing their immediate problems using their art form. Augusto Boal (1974:122) says:

> all the truly revolutionary theatrical groups should transfer to the people the means of production in the theatre, so that the people themselves may utilize them. Theatre is a weapon and it is the people who should wield it.

In view of this definition, Hagher further states that TFD is a theatre that aspires towards development. It functions as a medium of articulating problems by the less fortunate who are disempowered since the main organs of communication (television, radio, and newspaper)

are media outside their control. Community Theatre does not require formal education or professionalism for one to be able to participate.

Theatre for Development can thus be seen as a socializing process for the induction of social change for a better living in a community through which development of abilities, attitudes and other terms of behaviour which are positive to the values of that community. Since it introduces new ideas and new abilities for solving problems, it involves a process of education which helps people to think for themselves. The awakening of needs, as well as improvement in technical skills required for the satisfaction of needs are educational process which involves basic changes in attitude, skills and knowledge. Education plays a very vital role in every community development activity. In this wise, this paper takes a critical look into edutainment of the populace about the danger of Lassa Fever. Though already in existence albeit partially, the year 2016 has the number of Lassa fever cases in Nigeria with a mortality rate of 43.2% (so far there has been about 83 numbers of Lassa fever cases and 40 deaths in 10 states within the country). Lassa fever is similar to Ebola because both are acute viral haemorrhagic fevers and are caused by RNA viruses. Both viral infections suppress the immune system and present themselves as headache, nausea and vomiting, and muscle pain. Both also have an incubation period of 1-3weeks. While it is believed that it has been contained successfully, it reared its ugly head again in 2019 claiming many lives. This makes it very necessary to attempt an alternative way of informing the populace about this dreadful disease through another medium.

THEORY OF TRANSFORMATIVE LEARNING

Transformative learning theory opines that the process of “perspective transformation” has three dimensions which include: psychological (changes in understanding of the self), convictional (revision of belief system), and behavioral (changes in lifestyle). Transformative

learning is the expansion of consciousness though the transformation of basic worldview and specific capacities of the self; transformative learning is facilitated through consciously directed processes such as appreciatively accessing and receiving the symbolic contents of the unconscious and critically analyzing underlying premises. An important part of transformative learning is for individuals to change their frames of reference by critically reflecting on their assumptions and beliefs and consciously making and implementing plans that brings about new ways of defining their worlds. As opined by Mezirow (2000:23),

> " A defining condition of being human is that we have
> To understand the meaning of our experience. For some,
> Any uncritically assimilated explanation by an authority
> Figure will suffice. But in contemporary societies we must
> Learn to make our own interpretations rather than act on the
> Purposes, beliefs, judgments, and feelings of others. Facilitating
> Such understanding is the cardinal goal of adult education.
> Transformative learning develops autonomous thinking."

Developed by Mezirow, this theory has evolved into a comprehensive and complex description of how learners construe, validate, and reformulate the meaning of their experience. For learners to change their meaning schemes (specific beliefs, attitudes, and emotional reactions), they must engage in critical reflection on their experiences which in turn leads to a perspective transformation.

However, the meaning schemes that make up meaning structures may change as an individual adds to or integrates ideas within an existing scheme and, in fact this transformation of meaning schemes occurs routinely through learning. A perspective transformation leading to transformative learning however occurs much less frequently. Mezirow believes that this less frequent transformation usually results from a "disorienting dilemma" which is triggered by a life crisis or major life transition, although it may result from an accumulation of transformations in meaning schemes over a period of time.
As stated by Mezirow, the perspectives in which it could be adopted is as follows:

Disorienting dilemma, Self-examination, Sense of alienation, Relating discontent to others, Explaining options of new behavior, Building confidence in new ways, Planning a course of action, Knowledge to implement plans, Experimenting with new roles and Reintegration

Treading on the path of Mezirow, Edmund O'Sullivan equally submitted that:

> " Transformative learning involves experiencing a deep,
> Structural shift in the basic premises of thought, feeling,
> And actions. It is a shift of consciousness that dramatically
> And irreversibly alters our way of being in the world. Such
> A shift involves our understanding of ourselves and our
> Self-locations; our relationships with other humans and with
> The natural world; our understanding of relations of power in
> Interlocking structures of class, race and gender; our body
> Awareness, our visions of alternative approaches to living; and
> Our sense of possibilities for social justice and peace and personal
> Joy. Other theorists have proposed a view of transformative learning as an
>
> intuitive and emotional process.

https:// en.m.wikipedia.org/wiki/Transformative learning.

LASSA FEVER DISEASE

Lassa fever is an acute viral haemorrhagic illness caused by Lassa virus, a member of arena virus family of viruses. It is transmitted from human's contacts with food or household items contaminated with rodent excreta. The disease is endemic in the rodent population parts of West Africa. Person to person infections and laboratory transmission can occur, particularly in the hospital environment.

Lassa virus may also be spread between humans through the direct contact with the blood, urine, feces, or other bodily secretions of a person infected with Lassa fever. There is no epidemiological evidence supporting airborne spread between humans. Person-to-person transmission occurs in both community and healthcare settings, where the virus may be

spread by contaminated medical equipment, such as re-used needles. Sexual transmission of Lassa virus has been reported. (www.WHO.org)

Lassa fever occurs in all age groups and both sexes. People at greatest risk are those living in rural areas where Mastomys are usually found, especially in communities with poor sanitations or crowded living conditions. Health workers are at risk if caring for Lassa fever patients in the absence of proper barrier nursing and infection prevention and control practices.

Lassa fever or Lassa hemorrhagic fever (LHF) is an acute viral hemorrhagic fever caused the Lassa virus and first described in 1969 in the town of Lassa, in Borno State, Nigeria. Lassa virus is a member of the Arenaviridae virus family. Similar to Ebola, clinical cases of Lassa fever had been known for over a decade, but has not been connected with a viral pathogen. The primary animal host of the Lassa virus is the Natal multimammate mouse (Mastomynatalensis), an animal found in most of Sub-Saharan Africa. The virus is probably transmitted by contact with the feces or urine of animals accessing grain stores in residences. Given its high rate of incidence, Lassa fever is a major problem in affected countries. Lassa fever occurs commonly in West Africa. It results in 300,000 to 500,000 cases annually and causes about 5,000 deaths each year. Outbreak of the disease has been observed in Nigeria, Liberia, Sierra Leone, Guinea, and the Central Africa Republic. (http://www.wiki.en.n/lassafever).

The map of Lassa fever outbreak in Africa

HISTORY OF LASSA FEVER IN WEST AFRICA

Though first described in the 1950s, the virus causing Lassa disease was not identified until 1969. The virus is a single-stranded RNA virus belonging to the virus family Arenaviridae. About 80% of people who become infected with Lassa virus have no symptoms. 1 in 5 infections result in severe disease, where the virus affects several organs such as the liver, spleen, and kidneys. http://www.who.int/mediacentre/factsheets/fs179/en/.

Lassa fever is a zoonotic disease, meaning that humans become infected from contact with infected animals. The animal's reservoir or host of Lassa virus is a rodent of the genus mastomys, commonly known as the "multimammate rat." Mastomys rats infected with Lassa virus do not become ill, but they can shed the virus in their urine and faeces. Because the clinical course of the disease is so variable, detection of the disease in affected patients has been difficult. When presence of the disease is confirmed in a community, however, prompt isolation of affected patients, good infection prevention and control practices, and rigorous contact tracing can stop outbreaks.

Lassa fever is known to be endemic in Benin (where it was diagnosed for the first time in November 2014), Ghana (diagnosed for the first time in October 2011), Guinea, Liberia, and Mali (diagnosed for the first time in February 2009), Sierra Leone, and Nigeria, but probably exists in other West African countries as well. http://www.who.int/mediacentre/factsheets/fs179/en/.

LASSA FEVER IN NIGERIA

Nigeria recently battled with an outbreak of Lassa Hemorrhagic Fever (LHF) and the disease has so far claimed fifty-three (53) lives around the country. Lassa fever has broken into an epidemic proportion in Nigeria nearly every year since 1969 when it was first identified and named Lassa after the town in Borno state where researchers traced it. The latest outbreak since November and the rising death toll in its wake has prompted concern about its continued recurrence, a marked departure from how Nigeria contained with Ebola for the first time in its history with one call to give Lassa Ebola treatment. The fatality rate from Ebola is higher, an infection is nearly always fatal, and Lassa hasn't seen the same level of concern. The virus has been hitting and petering out for forty-seven (47) years. That may be one reason many haven't taken it as serious as it should be, suggests Dr. Muhammad Askira, President of the Nigerian Association of Resident Doctors. Nigeria had some twenty-one (21) infections, including Patrick Sawyer, a Liberian American visiting Lagos after being infected with Ebola. By contrast, more than eighty infections of Lassa fever have been recorded since November and more than forty have resulted in death. Recent research reveals Lassa fever is endemic to the West Africa countries of Benin, Ghana, Guinea, Liberia, Mali, Sierra Leone, and Nigeria

Lassa fever has this year generated a massive campaign in mass and social media, with the federal health ministry pushing out photo charts and info graph detailing everything to be known about Lassa and the multimammate rat that habours it.

http:// www.vanguardngr.com/2017/02/101-die-in-nigeria-from-lassa-fever-outbreak/.

The outbreak of Lassa fever was only announced in January, months after the first case of the disease happened in August with subsequent deaths report in 10 states including Abuja. Last year, twelve (12) people died in Nigeria out of 375 infected, while in 2012 there were 1,723 cases and 112 deaths, according to Nigeria centre for Disease (NDC). In neighbouring Benin at least nine people have died in a Lassa outbreak, with a total of 20 suspected cases. Benin was hit by a Lassa fever outbreak in October 2014, when nine people suspected of having the virus died.

The number of Lassa fever infections in West Africa every year is between 100,000 to 300,000, with about 5,000 deaths, according to the US Centers for Disease Control and prevention (UCDCP). Lassa fever belongs to the same family as Marburg and Ebola, two deadly viruses that leads to infections with fever, vomiting, and in worst case hemorrhagic bleeding. http://www.vanguardngr.com/2016/02/101-die-in-nigeria-from-assa-fever-outbreak.

SYMPTOMS OF LASSA FEVER

The incubation period of Lassa fever ranges from 6-21 days. The onset of the disease, when it is symptomatic, is usually gradual, starting with fever, general weakness, and malaise. After few days, headache, cough, sore throat, muscle pain, chest pain, nausea, vomiting, diarrhoea, and abdominal pain may follow. In several cases facial swelling, fluid in the lung cavity, bleeding from the mouth, nose, vagina or gastrointestinal tract and low blood pressure may develop. Protein may be noted in urine. Shock, seizures, tremor, disorientation, and coma may be seen in the later stages. Deafness occurs in 25% of patients who survive the disease. In half of these cases, hearing returns partially after 1-3 months. Transient hair loss and gait disturbance may occur during recovery, while death usually occurs within 14 days of onset in fatal cases. The disease is especially severe late in pregnancy, with maternal death

and/or fatal loss occurring in more than 80% of cases during the third trimester. http://www.who.int/mediacentre/lassa/en.

TRANSMISSION

Humans usually become infected with Lassa virus from exposure to urine or faeces of infected Mastomys rats. Lassa virus may also be spread between humans through direct contact with the blood, urine, faeces, or other bodily secretions of a person infected with Lassa fever. There is no epidemiological evidence supporting airborne spread between humans. Person-person transmission occurs in both community and health-care settings, where the virus may be spread by contaminated medical equipment, such as re-used needles. Sexual transmission of Lassa has been reported.

Lassa fever occurs in all age groups and both sexes. Persons at greatest risks are those living in rural areas where Mastomys are usually found, especially in communities with poor sanitation or crowded living conditions. Health workers are at risk if caring for Lassa fever patients in the absence of proper barrier nursing and infection prevention and control practices. http://www.who.int/mediacentre/factsheets/fs179/en/.

DIAGNOSIS

Since the symptoms of Lassa fever are so varied and non-specific, clinical diagnosis is often difficult, especially in the early course of the disease. Lassa fever is difficult to distinguish from other viral hemorrhagic fevers such as Ebola virus disease as well as other disease that cause fever, including ; malaria, shigellosis, typhoid fever and yellow fever. Definitive diagnosis requires testing that is available only in reference laboratories. Laboratories specimens may be hazardous and must be handled with extreme care. Lassa virus infections can only be diagnosed definitely in the laboratory using the following tests:

- Reverse transcriptase polymerase chain reaction (RT-PCR) assay
- Antibody enzyme-linked immunosorbent assay (ELISA)

- Antigen detection tests
- Virus isolation by cell culture.

PREVENTION AND CONTROL

The prevention and control of Lassa fever relies on promoting good “community hygiene” to discourage rodents from entering homes. Effective measures include storing grain and other foodstuffs in rodent-proof containers, disposing of garbage far from the home, maintaining clean households and keeping cats. Because mastomys are so abundant in endemic areas, it is not possible to completely eliminate them from the environment. Family members should always be careful to avoid contact with blood and body fluids while caring for sick persons.

In health-care settings, staff should always apply standard infection prevention and control precautions when caring for patients, regardless of their presumed diagnosis. These include basic hand hygiene, respiratory hygiene, use of personal protective equipment (to block splashes or other contact with infected materials), safe injection practices and safe burial practices. Health-care workers caring for patients with suspected or confirmed Lassa fever should apply extra infection control measures to prevent contact with the patient’s blood and body fluids and contaminated surfaces or materials such as clothing and bedding. When in close contact (within 1 meter) of patients with Lassa fever, health-care workers should wear face protection (a face shield o a medical mask and goggles), a clean, non-sterile long-sleeved gown, and gloves (sterile gloves for some procedures). /mediacentre/factsheets/fs179/en/.

On rare occasions, travelers from areas where Lassa fever is endemic export the disease to other countries. Although malaria, typhoid fever, and many other tropical infections are much more common, the diagnosis of Lassa fever should be considered in

febrile patients returning from West Africa, especially if they have had exposure in rural areas or hospitals in countries where Lassa fever is known to be endemic. Health-care workers seeing a patient suspected to have Lassa fever should immediately contact local and national experts for advice and to arrange for laboratory testing.

Below are pictures of the Lassa virus

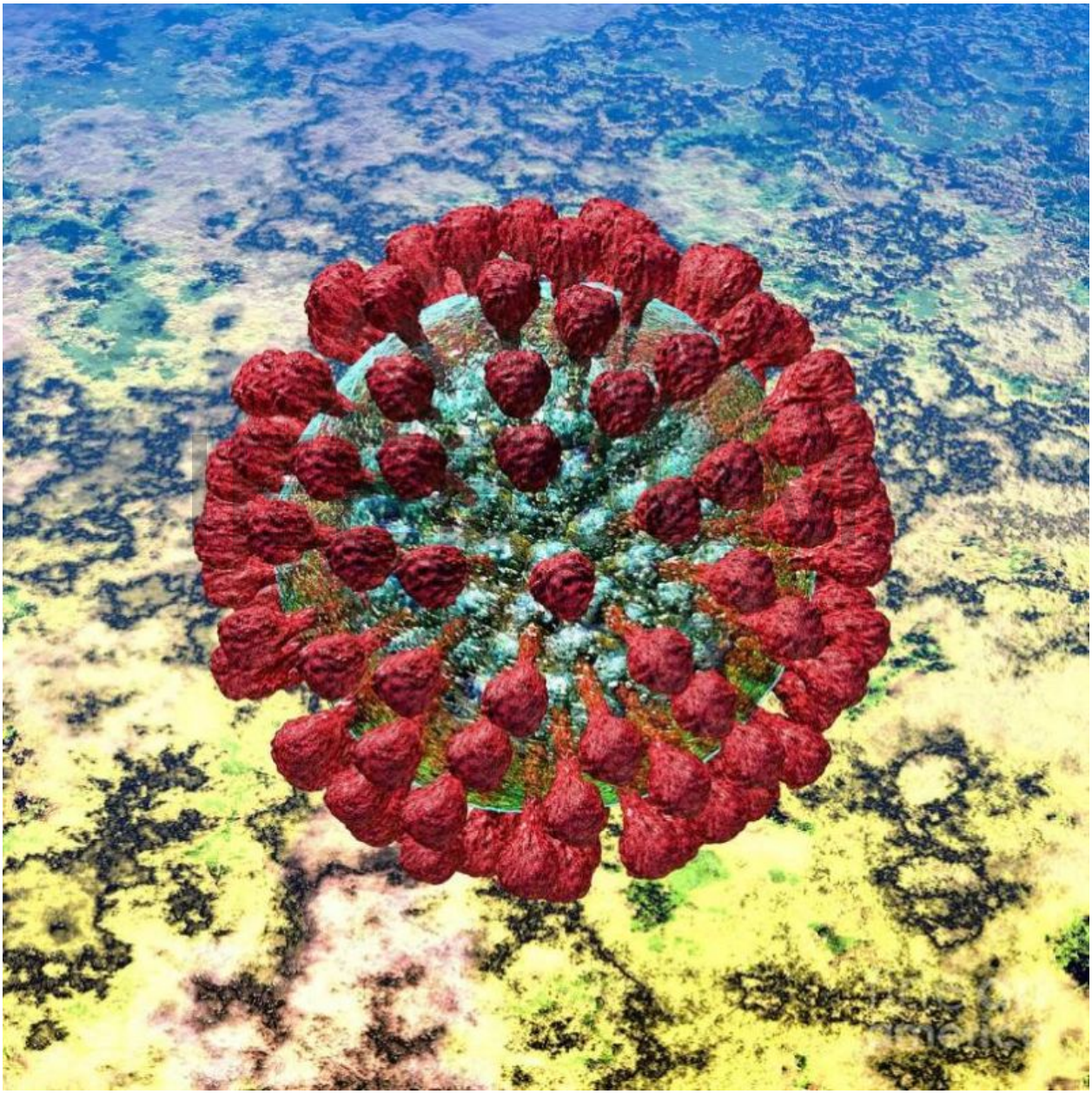

Plate 1: The Lassa virus Source: http://ask.naija.com/7/05/16/2.30pm

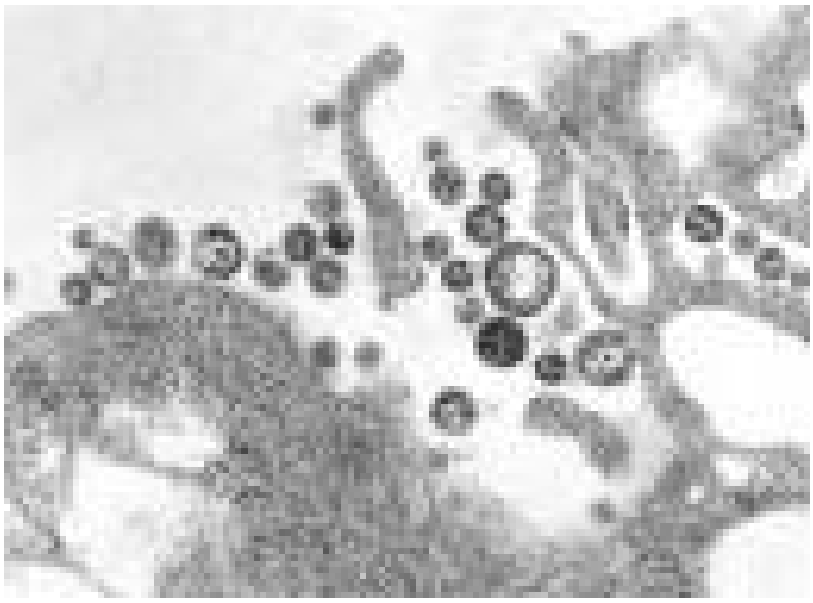

Plate 2: Lassa virus source: http://nbcnews.com/7/11/17/2.30pm

Plate 3: A patient infected with the virus. Source:

http://www.wiki.en.m/7/11/17/3.20pm

Plate 6: A patient with Lassa virus Source: http://daylight.ng/lassa/7/11/17/4.05pm.

METHODOLOGY

Research Design

A pretest-posttest quasi experimental design was adopted since the research is an experiment in which the researcher intends to manipulate the independent variable which in this case is the drama package, while the dependent variable in this study is the substance use behaviour. A drama skit whose major theme was on evolution and prevention of the dreaded lassa fever was developed.

RESEARCH POPULATION

The study population consists of (40) individuals on whom questionnaires were administered and conducted. A total number of 40 questionnaires were administered and same number was retrieved.

DATA PROCESSING AND ANALYSIS

The completed questionnaires were collected on the field to ensure accuracy of data collection. This was done to check for errors in form of missing data, inconsistent data and out of range values. A data entry guide was also prepared for the coding of the questionnaire.

This data processing stage was rounded up with the exporting of data to the statistical package for social sciences (SPSS) programme for further analysis. Descriptive statistics of frequency count and percentage was used to analyze the demographic characteristics of the participant while Independent t-test sample was used to analyze the hypotheses stated in the study

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

The data collected were coded and subjected to statistical analysis. In order to have full understanding of this data analysis, it is worthy to know that those that watched the play are the post-test group while those that did not watch the play are the pre-test group.

Demographic Characteristics of Pre-test Group

Age Distribution of Participant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-19YRS	1	5.3	5.3	5.3
	19-23YRS	13	68.4	68.4	73.7
	23-27YRS	4	21.1	21.1	94.7
	27-31YRS	1	5.3	5.3	100.0
	Total	19	100.0	100.0	

Source: Researcher's Field Survey, 2019.

Table 4.1.1 shows the age distribution of participants in the pre-test group. 1 (5.3%) is between 16-19 years of age, 13 (68.4%) were between 19-23 years of age, 4 (21.1%) were between 23-27 years of age while the remaining 1 (5.3) is between 27-31 years of age. This shows that majority of the respondents are between 19-23 years of age. Hence it can be said that majority of the participant are adult since they are above 18 years of age.

4.1.2 GENDER DISTRIBUTION OF PARTICIPANT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FEMALE	8	42.1	42.1	42.1

	MALE	11	57.9	57.9	100.0
	Total	19	100.0	100.0	

Source: Researcher's Field Survey, 2019.

Table 4.1.2 shows the gender distribution of respondents. 8 (42.1%) of the respondents were female while 11 (57.9%) of the respondents were male. The table showed that majority of the participant are male.

DEMOGRAPHIC CHARACTERISTICS OF POST-TEST GROUP

AGE DISTRIBUTION OF PARTICIPANTS

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	16-19YRS	2	10.0	10.0	10.0
	19-23YRS	9	45.0	45.0	55.0
	23-27YRS	7	35.0	35.0	90.0
	27-31YRS	2	10.0	10.0	100.0
	Total	20	100.0	100.0	

Source: Researcher's Field Survey, 2019.

Table 4.2.1 shows the age distribution of post-test participants. 2 (10%) of the participant were between 16-19 years of age, 9 (45%) are between 19-23 years of age, 7 (35%) are between 23-27 years of age while 2 (10%) are between 27-32 years of age. Majority of the respondents are above 19-23 years of age, this showed that majority of the respondents are adult. Hence their response is reliable to this study.

GENDER DISTRIBUTION OF PARTICIPANT

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	FEMALE	10	50.0	50.0	50.0
	MALE	10	50.0	50.0	100.0
	Total	20	100.0	100.0	

Source: Researcher's Field Survey, 2019.

Table 4.1.2 shows the gender distribution of post-test participant. 10 (50%) of the respondents are female while 10 (50%) of the participant are male.

TESTING OF HYPOTHESES

Research Hypothesis One: There is no significant difference in the perception of the male and female pre-test group on the usage of theatre in social orientation on the usage of Lassa fever pandemic in Nigeria.

Independent t-test Sample

Variable	N	Mean	Sd	Df	T	Sig	Remark
Female	8	27.6	2.21	17	1.01*	0.15	Not Significant
Male	11	25.4	2.03				

Table 4.3.1 shows the statistical analysis of the difference in the perception of male and female pre-test group on the usage of theatre in social orientation. The table reveal the t-table, -1.01 is not significant at 0.05, (P<0.05). The mean value for the female participants was statistically not significant with the mean value of male participant. Therefore, the null hypothesis stated is accepted.

Research Hypothesis Two: There is no significant difference in the perception of the male and female post-test group on the usage of theatre in social orientation of Lassa fever pandemic in Nigeria

Independent t-test Sample

Variable	N	Mean	Sd	Df	T	Sig	Remark
Female	10	28.1	3.22	17	1.10	0.001	Significant
Male	10	27.3	3.14				

Table 4.3.1 shows there is statistical difference in the perception of male and female participant of post-test group on the usage of theatre in social orientation. The table reveal the

t-table, 1.10 is significant at 0.05, (P>0.05). The mean value for the female participants was higher than mean value of male participant. Therefore, the null hypothesis stated is rejected. It can be deduced that female participant perceive usage of there in social orientation than their male participant.

Research Hypothesis Three: There is no significant difference in the pre-test group and post-test group on the usage of theatre in social orientation of Lassa fever pandemic in Nigeria.

Variables	N	Mean	Sd	Df	T	Sig	Remark
Pre-test group	19	53	4.24	36	5.80	0.01	Significant
Post-test group	19	55.4	6.36				

Table 4.2.1 above shows that the t-calculated value of 5.80 is greater than 0.01 (5.80>0.01). Therefore, the null hypothesis is rejected. This showed that there is significant difference in the perception of pre-test group and post-test group on the usage of theatre in social orientation of Lassa fever pandemic in Nigeria. The mean of the pre-test group is lower than the mean of the post-test group and this indicate that the post-test group perceive the usage of theatre in social orientation of Lassa fever better than the pre-test group.

CONCLUSION

This paper explores the viability of theatre practice, discipline, and how it can be used to inspire, educate and entertain about important things needed to be known in the society. It concentrates specifically on the practice and techniques of Theatre for Development as a variable mechanism for orientation, communication, awareness, education and information to engineer development in the society. It equally illustrates more on how Theatre for Development has been used in creatingawareness and tackling challenges in the society. From the course of this paper, it could be concurred that the role of Theatre for Development in the society is quite excessive. This research work specifies more on what Theatre for

Development is meant for, which is a theatre of the people, by the people and for the people. Theatre for Development is used as a medium to bring people together to share ideas, stories, and it also triggers emotional response.

This research work illustrates more on how Theatre for Development has been used in creating awareness and tackling challenges in the society. The essential affirmation of this study is on how Theatre for Development can be used to awaken the consciousness of the society and also informs them on the happenings around them.

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