



Tata Institute of Social Sciences



Institute of Health Management, Pachod



# An Exploration of Mental Health and Resilience Narratives of Migrants in India Using Community Theatre Methodology

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## Website

<http://mhri-project.org>



# Background

## Internal Migration

The World Migration Report, 2015 highlights that improving urban migrants' access to quality health services, and the conditions in which they live and work, is a prerequisite for achieving sustainable urban development. But it is also a matter of rights: migrants have a right to decent living and working conditions and access to quality health services. Our focus is on internal migrant populations in India where migration from rural to urban areas is integral to population dynamics. Internal migrants who live in slums experience a higher burden of anxiety and depression. These individuals and families are vulnerable to psycho-social distress as they have been uprooted from their main occupation, usually farming, to face the upstream challenge of learning new skills to obtain employment in the city. This can be compounded by the lack of basic civic amenities and social networks, as well as poor living and working conditions. And the health problems that arise can often be difficult to address due to lack of or poorly organized public health services, inadequate awareness of available local health services, and the high cost of private health services.

## Limits of conventional mental health studies of internal migrants

Mental health interventions are still typically dominated by deficit-based models of theory and practice. Such a focus can sometimes lead to an over-emphasis on top-down, expert-driven interventions that fail to acknowledge people's potential for co-producing and participating in their own mental health and well-being.

## The Problem

Mental health narratives of internal migrants in India have tended to focus on the prevalence of psychological distress, anxiety and depression; but there is scant evidence about the resilience of migrant slum dwellers. The psychological distress and experiences as a result of migration can be a risk factor for higher prevalence of mental disorders, but the lack of knowledge on how migrants' mediate risk in the midst of adversities and construct resilience for positive living is an untold story.





# Stakeholders and Partners

To explore the migration and resilience of community members, we were helped by numerous individuals and institutions, many of which were also among the support systems for the community. Those who offered support included the Corporator (elected politician), the police, fellow community neighbours, IHMP's health workers (community health workers), link workers who initiated the dialogues in the community regarding our project, the small shop owners in the community, elderly community members, and lastly but primarily the community's youth leaders, women, men and children.

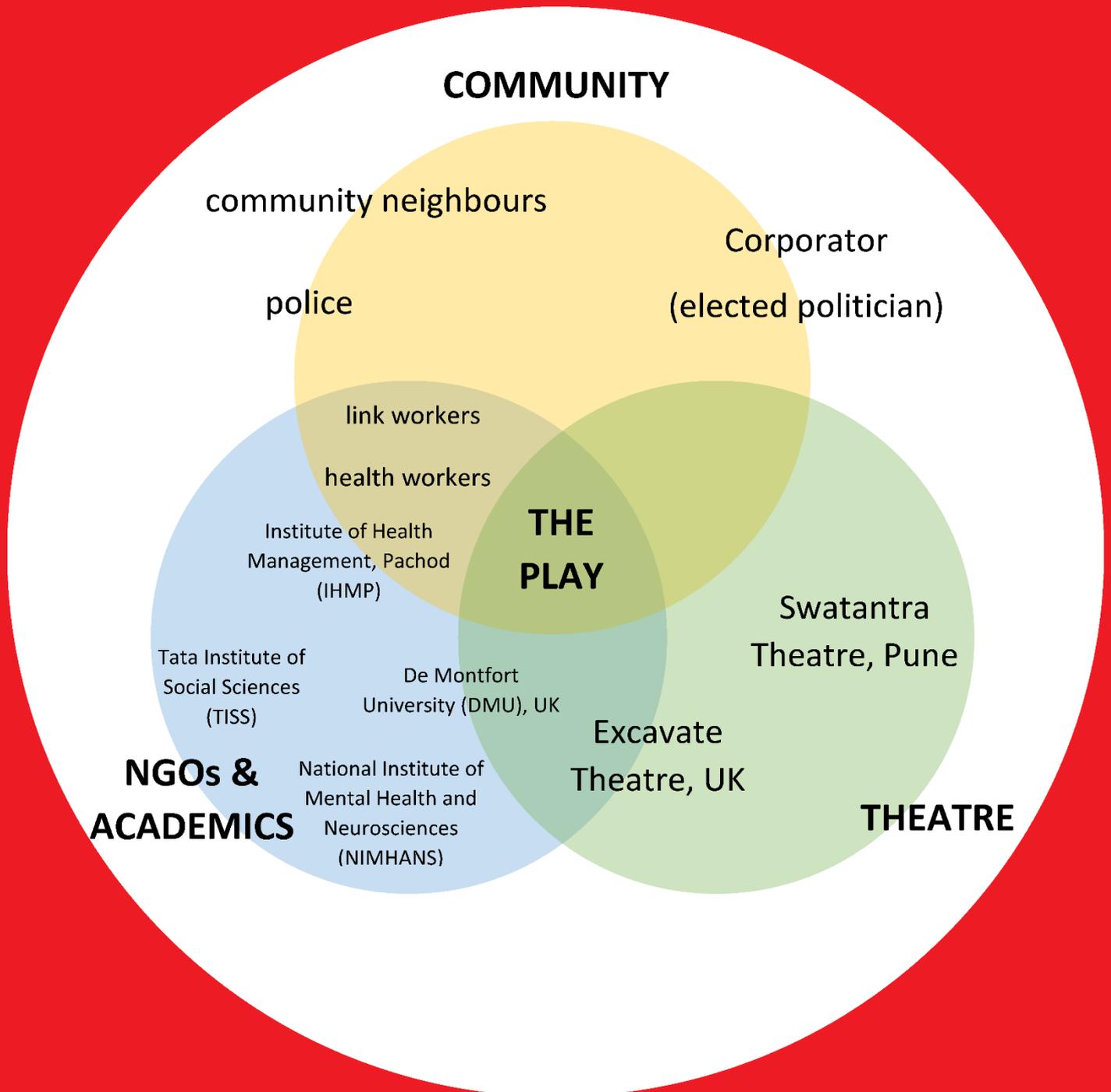


Fig 2. Stakeholders and others consulted during the project

# Map and Environment

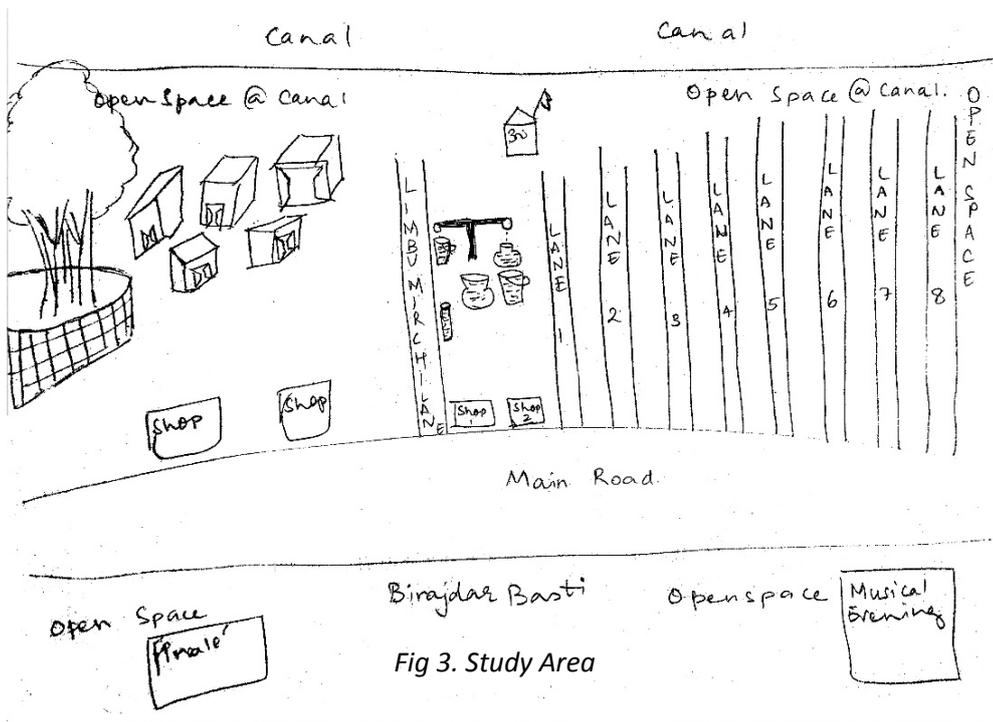


Fig 3. Study Area

This participatory research was conducted in one of the slum communities in the area of Hadapsar, Pune, Maharashtra, India. Hadapsar becomes the entry point to the city of Pune when one is coming from the southern parts of Maharashtra and other southern parts of India. One reason for this is that it has a *naka* (meeting place) for individuals who are in search of work on a daily basis.

## Methodology

The project used a participatory methodology embracing the principles of co-production through community theatre for engagement and data collection. A key strength of theatre is its capacity to develop narratives capturing, but also powerfully communicating, the whole spectrum of health experiences - exploring not only the crises in people's lives but also asking and answering what are the sources or resources for resilience in their lives.

### STAGE 1 Partnership and Planning

Trust building with the community and developing partnerships between the research institutions and NGOs in India and the UK.

### STAGE 2 Understanding lived experiences of risk and resilience

Narrative data collected on the lived experiences of 30 migrants.

### STAGE 3 Develop community play

Using the narrative interviews, play script developed with feedback from community to ensure validity, clarity and narrative impact.

### STAGE 4 Performance of community play and research engagement

Play performance with participation from community members in both on-stage and off-stage aspects of the production.

### STAGE 5 Synthesis and dissemination

In addition to research publications, conference presentations and project presentation to UK Houses of Parliament in February 2019, project dissemination activities include a conference in Pune, India in September 2019 and a conference in Leicester, UK in October 2019.

# Community Engagement Activities

## Trust Building

The research associates (RAs) and link workers held meetings with community members. However, when little interest was shown in trying to set up a steering group, the RAs began having more general conversations with community members which helped foster further trust-building. The first theatre ice-breaking activity was run by Swatantra theatre in May 2018 to help the community understand the project and its aims.



## Speaking to Groups

A meeting with people of the community along with the link worker was held. People suggested which topics they would like to see Swatantra explore through street theatre performances. Other interventions from the theatre team helped to develop clarity about the project. These activities covered all of the different geographical areas of the basti.

## Speaking to individuals

After the ice-breaking sessions, informal information was collected with oral consent of the community members. After performing short play scenes using these informal narratives, 30 individual interviews with written consent were collected.



## How much time did it take?

The rapport building process lasted for approximately three to four months with the help of theatre performances building on informal narratives provided by people living in the basti. The formal data collection with consent took one month followed by one month of translation and transcription. During this time community participation began with the introduction of workshops and property making in the basti.

# Making Workshops



## Beginnings and Banner Making

After the formal data collection, workshops were held at the basti. Four to five groups were formed and people from different parts of the basti helped in making the Suno Suno banner for the final play.

## Bird Making and Music

A Bird Making workshop was held which proved very popular with children. Three to four Trash Band workshops were held in which people in the basti learned how to play instruments made from waste materials.



## Poetry and other activities

A poetry workshop and theatrical games sessions were also conducted at the basti. A large musical event took place on Christmas Eve 2018, in which 20 to 30 children participated and were given medals as a form of appreciation.

## Prop Making

Various props for the final play – including an auto-rickshaw, canal, *chabutra* (common area to sit), trees, hats, medical board, and water-tap – were made and painted by people in the basti.



# The Play

## 1 Writing

30 in-depth narrative interviews were collected and examined. From these, sources and resources for resilience that different basti members used to negotiate challenges in their lives were identified – such as the support of friends and neighbours, and the importance of work. Four separate play scenarios were developed by theatre artists and RAs to illustrate and explore common resilience themes and stressors from across the 30 interviews. The story creation was an iterative process in which each draft in turn was discussed with community members who checked for validity, appropriateness of language and relatability. The writing team then adjusted and amended subsequent drafts in light of this community consultation and feedback.



## 2 Who took part?

Via these dialogues with the community, the theatre artists identified participants who might be willing to perform in the play. 10 adult community members, both men and women, took part in rehearsals, songs and the touring pieces. A group of children formed a chorus, learning songs for the play

## 3 Sets and props

Theatre practitioners and RAs also began to identify others in the community who, even if not willing to perform in the play, might be willing to contribute in other ways. Some 15 adult community members (again, both men and women) undertook such backstage duties as prop-making and painting. A local tailor also helped with the costumes.



# Performances

## 4 The performances

The final performance took place over two days in the evening in a large open space next to the basti. Members of the Swatantra theatre team were assisted by those from the community who came to help clear the area, provide the power (from a local barbershop), set up the stage and carry out any last minute bits of prop making. Over the two days of the performance, many people – a mix of men, women and children – from the community and other nearby areas attended the play. Given the scale of the show, permissions from the police and the Corporator (elected politician) needed to be secured; the link workers played a crucial role in helping to negotiate and secure these permissions. Most audience members interviewed responded positively to the play.



## 5 Reaction from participants

*“After seeing it, we felt very good about ourselves. I have stitched the dresses for the first time only but they were looking good on the girls, so I felt very nice. I also felt good that you asked for my help. And this is something I find very nice, thinking that at least I can help someone else. I felt good about it.”*

## 6 Audience reaction

*“It was one of a kind ... in our community. We see naatak [drama] on TV, but we haven't seen it in reality ... what you have shown, it happens with everyone and such is life. Especially the mother and daughter-in-law relationship ... These family issues happen with everyone ... We find the whole process quite good because children were engaged in some constructive work which otherwise they wouldn't have done ...”*

*“Things we find difficult, you tried to show it in front of us, which motivated us ... Everything was good. We really like everyone's story a lot. We also very much like the children's work in the play ... Everything is to learn from the stories ... keep going on, help each other, don't just sit quietly, everything is there. This is the first time someone has come here, talked to us, asked us. So we also felt good about it and we also liked it. ...you have done it in a quite friendly manner. And this itself is an honour to us ... it was really good.”*

*“The children ... learn a lot of things from it ... the adults who have watched that play, they also enjoyed it ... the people from this area... there are changes taking place in them; like, even now the performance is over, but still they are discussing about it in their groups...”*

# Resilience

## 1 What is resilience?

Resilience is the capacity for positive adaptation or ability to maintain or regain mental health despite experiencing adversity. Definitions of resilience vary widely, though usually include three features: 1) identification of risks or adversity, 2) identification of sources or resources to help offset the effects of that adversity, 3) avoiding effects of the adversity or adapting positively to it.

## 2 Findings

Our research indicate the need for a more holistic approach to mental health of internal migrants, one that acknowledges not just material and other risk factors. Our findings highlight **resilience as the ability to grow and develop under difficult conditions and the importance of recognizing a range of sometimes very ordinary resources for resilience, including family members and inner strength, and using those resources effectively.** We need to understand the capacities of people and communities to co-produce and participate in their own good health, care and well-being, and in ways that may reduce perhaps their need for top-down, expert-driven interventions.

Optimism is a key factor for constructing resilience. Our findings highlight the importance of optimism for good mental health among internal migrants: optimism seems to enhance a person's hardiness and sense of coherence. Such psychological traits appear predictive of better health and life outcomes, especially among individuals who have suffered extremely traumatic life hardships due to internal migration. Some of the stories we collected demonstrated resilience at the family level, reminding us that resilience should not only be understood individually but can also be explored at family, community and societal levels also.

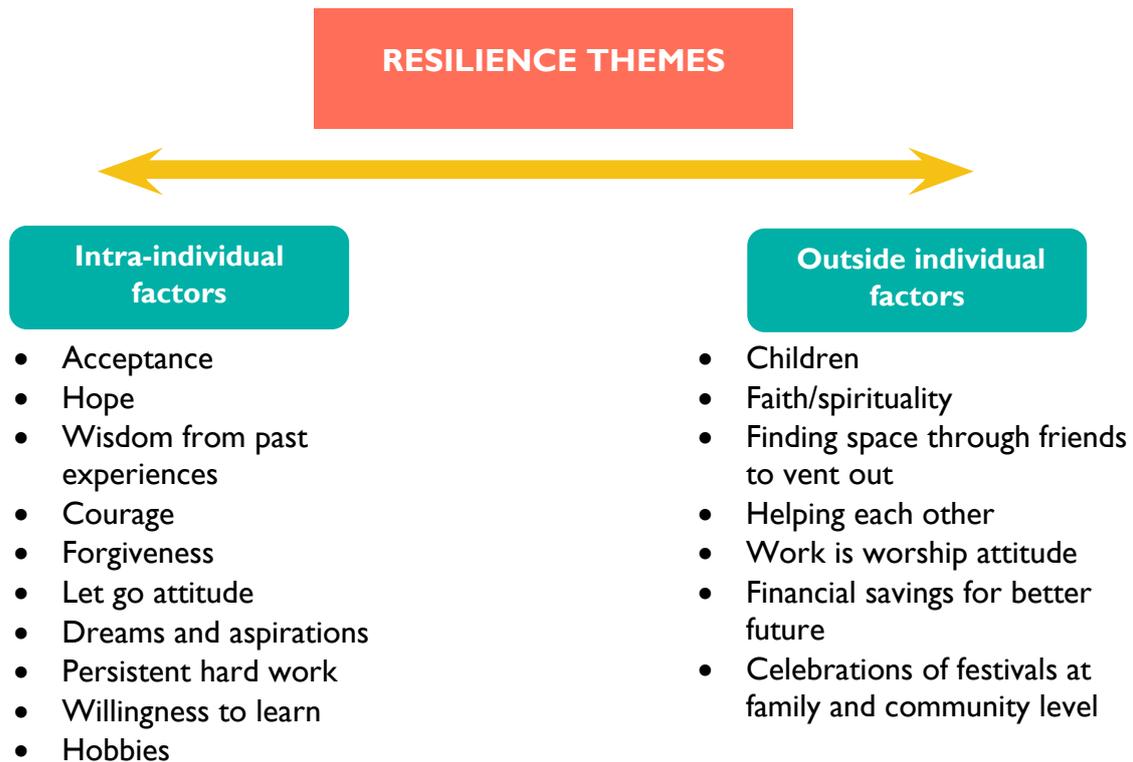
The narratives of the community and the theatre production show the “urge to live” of people and families in this basti via their ongoing confrontation with mental distresses and their ongoing capacity to construct resilience in the socio-economic and cultural context of India.

## 3 Resilience as an untold story

The mental health resilience of internal migrants is an untold story for two reasons. Firstly, the majority of international research about the mental health of migrants has tended to focus on transnational rather than internal migration, despite the fact that internal migrants outnumber transnational migrants globally by a factor of some three to one. Secondly, such studies tend to draw on deficit models of mental health, which emphasize negative risk factors for mental ill health, rather than the possibilities and resources for positive mental health that more asset-based enquiries – including those relating to resilience – need to explore. Possibilities and potential for mental health resilience among internal migrants internationally have been largely overlooked.



# Thematic analysis: Resilience



## Interview extracts

*“I don’t have any expectations ... I am happy with whatever I have. If I earn Rs.2, I spent Rs.1 and save another. That’s it. No tension! Even if any guests visit me, I can feed them. I have that much with me. The half rupee that is saved today, we can use it tomorrow”*

*“I have a tumor in my brain. Doctor told us to undergo a surgery. But he said we will need Rs.50000 for that surgery ... But only 1 out of 10 people are cured in such kind of surgeries; so ... what is the use of it? How can I die without even providing a house to my children? Because if I undergo the surgery, I will have to sell out my house first. Then we will be left with nothing. There is nobody to look after my kids. So I have decided I will live my own life... Whatever happens we stay at our house. Only I go to my relatives if they need or if anything happens. If someone is ill or if death occurs in the family, then I go to them. But I do not tell anybody if I have any kind of fight or serious issue between both of us. I never told anybody in my relatives that my husband beats me. I faced it by myself. We face each other and resolve our problem. We support each other. And if we fight with each other, likewise, we also love each other (laughs).”*

*“Yes. We are always with each other no matter how much we fight ... We believe in staying together. Despite many problems & worse conditions, we have stayed together... Yet, can I share something? There are many people who are helpless and support less. Now see, in this next door, the children don’t look after their parents, don’t give them sufficient food to eat, keep them separate. There are many people who don’t get food for the dinner. They don’t get their relative’s support. But we like to be united and together. I have also seen and come across such people who create difficult conditions to their close ones ... whenever it is possible for us, we always try to help them. I have donated maps at various orphanages. In one of the baalwadi (pre-schools) at Range Hill in Aundh, I have donated maps.. And I feel good in giving like this; because, there are riches and poor in this world and hence a poor will understand another poor’s condition/ situation and likewise a rich would understand another rich’s conditions/ situation. That’s it”*

# Case Studies

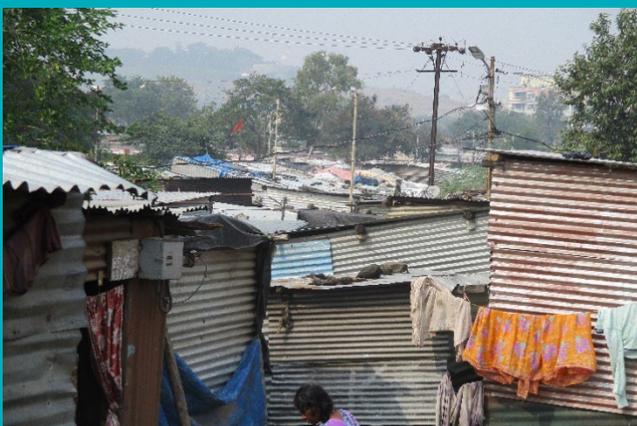
## Case Study 1: Roopa and Vit

Roopa and Vit have been married for 14 years. Because they were related, neither of their families could accept their marriage and that's why they ran away from their village. One thing that has helped them survive their hardships, when no-one else helped them, has been having each other's support. And, in spite of their many conflicts, they still love each other. Their relatives didn't used to speak to either of them. But now their finances have improved and they have their two sons, their relatives have begun speaking to them again. Roopa and Vit would like their own home, somewhere on the hill with two or three goats, with their sons getting married and everyone staying together. Vit would like to buy a new auto rickshaw for his sons, because he feels he couldn't afford to give them higher education. But with a rickshaw, they could ride it in two shifts and both earn a living.



## Case Study 2: Gan

When Gan was trying to get back to Pune he did not have any money, so collected garbage on the way, selling it immediately to get some money for food. By doing so, he finally managed to get to Pune... When he was in Mumbai he spent four years sleeping at a Mumbai railway platform; he had to hide his money under the rails. According to Gan, his wife is his greatest support. And whenever he earns money now, he saves half of it for the next day and spends the rest. Gan believes that by finding satisfaction in the things we have, we can achieve happiness; and then nothing can break us. He says he doesn't have any expectations and that he is satisfied. He constantly experiences sorrow, as if old wounds are reopening and causing pain ... When he and his wife had nothing to eat they have had to beg for food; yet they never resorted to stealing.

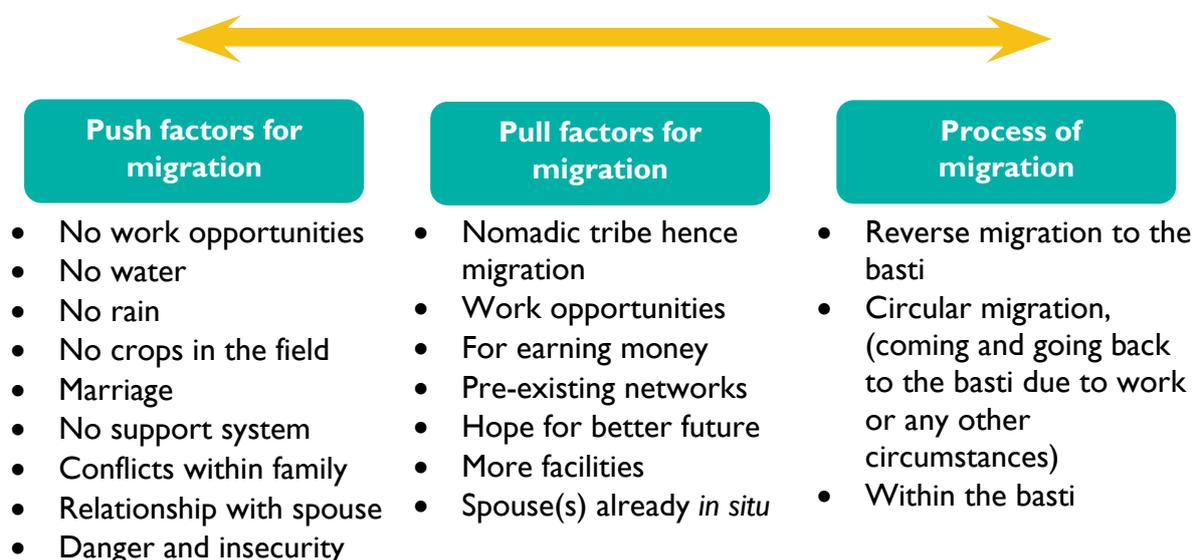


## Case Study 3: Suni

Suni is a 23-year-old married woman. Suni has various ways of dealing with this ongoing distress eg by talking to neighbours, stitching clothes, or just sitting outside her room. She would love to travel and see different places. But it's difficult. Suni often talks with a friend, who is also a neighbour, about the things that upset her. According to Suni, one can be happy when all is well. But her unhappiness and sorrow make life uncomfortable.

# Thematic analysis: Migration

## MIGRATION THEMES



### Interview extracts

*“When I was 11 or 12 years old, I walked down to Pune. It took 4 days to reach here by walking. My father has passed away, so do you know what I did? It was barely 1 month for his death; I have stepmother. When my father died, I couldn’t bear it. I thought: who is there to look after me when my father himself is no more? While walking down I was travelling through Phaltan. I had only Rs.3.50/- with me. I am telling you truth. On the way I bought one carry bag which cost 50 paise. I collected the rubbish (bhangar) like nuts (khile, lapha) and other rubbish which was on the road. I was collecting such rubbish during my travel to Pune. Whenever I was feeling hungry, I used to sell the waste material collected. Sometimes I got Rs.2/- or Rs.3/- Then I used to eat Vada Pav. Sometimes I even had some pakoda when I was getting more money. In that way I travelled here till Hadpsar. I reached Hadpsar otri (naka). There I got some work. I started getting Rs.25/- I used to get it on daily basis. But I couldn’t do that work. I was too young to carry big cement bags.”*

*“We did not have anything to live on in the village. I used to get Rs. 10 as my daily wages. My husband was not working and Rs. 10 was not enough to meet our daily expenses. Then we decided to go to the sugar factory to work at sugarcane harvesting. We took Rs. 10000 as an advance amount. But my husband spent all that money.... My elder brother in law and sister in law were staying in Gadital Near Pune. I asked her: shall we come to Pune? But she said, ‘your husband does not work, so shall we to look after you? Let us live peacefully’. So she did not allow us to come to Pune. But later on, we ourselves decided to come to Pune on our own. They also have come to Pune like that (abruptly) and we also came here like that. We thought that we will get some work in Pune. If we did not get any job, we will do anything. We will stay anywhere”*

*“We came to Market Ambedkar Nagar, worked very hard, I had come with my small-small children. In our village, I was not treated well, both elder and younger sister-in-law used to fight a lot. I left them, got my children and I came here.”*

# Research Challenges

Our research focused on migration, mental health and resilience, using participatory methodology embracing the principles of co-production using community theatre methodology. Our project has highlighted the value of dialogue and community involvement at all levels.

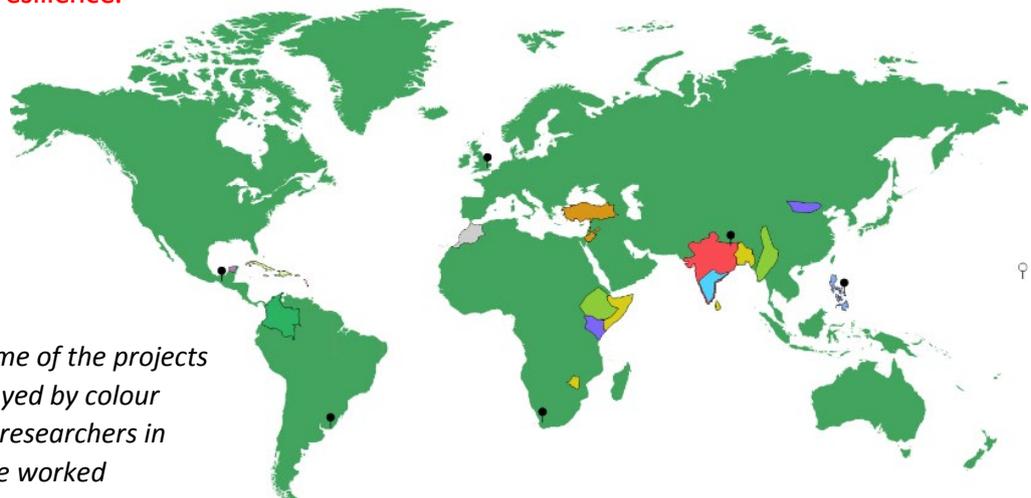
- Theatre practitioners in the UK and India began with different ideas about theatre practice and through dialogue found a way of working together that involved the sharing of stories, collective meaning making and patterns of involvement to engage the community. At the same time, people in the community concerned are trying to make a living and bring up families, so there may be limits on the amount of time they can devote to the project. So, a great many people's needs have to be accommodated.

- Undertaking a community intervention affects a whole range of stakeholders. As well as researchers, actors and community members there are people in local and national government, statutory agencies, entrepreneurs and business people influential local families, community leaders and many other interested parties. It requires a good deal of local knowledge and diplomacy to ensure everyone's views are listened to and all the stakeholders are on board.

- There were different traditions of doing research in the UK and India. In the Indian context, the emphasis was on undertaking surveys, demographic and epidemiological research. The UK team, by contrast brought experience in qualitative, exploratory and participatory research methods, as well as the use of drama itself as a research method. Dialogue here involved finding ways of enabling these two traditions to work together.

## Future Research

Our project has demonstrated that community theatre can work as a tool to increase resilience among internal migrants in low-income neighbourhoods, bring people together and create memorable experiences. Our next step will be to evaluate this more formally in a comparative study. We are planning to examine comparable neighbourhoods where some get a community theatre intervention and some do not, to see if there are changes in wellbeing, mood, community cohesion and resilience. If successful, this will give policymakers, public health officials, activists and communities themselves a valuable new toolkit in the quest to improve health, wellbeing, quality of life and resilience.



*Fig 4. Map showing some of the projects funded by GCRF (displayed by colour region or pin) in which researchers in different countries have worked collaboratively together.*

# UK Parliament Presentation

The project team addressed the UK Houses of Parliament in February 2019 as part of the Mobilising Global Voices conference organised by the AHRC.



The conference brought together voices and perspectives of AHRC GCRF funded researchers, cultural and development organisations, and diverse partners in Low and Middle Income Countries (LMICs) to UK Parliament, to discuss how arts and humanities research in international development can make a strong contribution to Parliamentary Committees and international development policy-making and practice.



The conference also set out to facilitate meaningful dialogue on North-South research partnerships and ways in which knowledge produced in the Global South can be part of evidence giving processes within Parliamentary Committees.



*Our Team*



Swatantra

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