

Chapter 12 (8,219)

***Urunana* Audiences at Home and Away: Together 'Hand in Hand'?**

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Introduction

Urunana ('Hand in Hand') is Rwanda's first radio soap opera. The production emerged during the late 1990s from a three-way transnational production partnership between: The Great Lakes section of the BBC World Service; the Well Woman Media Project of the London-based NGO, Health Unlimited; and a group of dramatists and broadcasters working in Rwanda. Broadcast by the BBC World Service, the production was initially produced and edited by Health Unlimate. It is now produced by the Urunana Development Communication (see www.urunanadc.org/), which estimated that the program is regularly listened to by almost 70 per cent of Rwandans.² *Urunana* is explicitly adapted for the Rwandan context from the format of a long-running BBC Radio 4 soap opera, *The Archers*, which dramatises the ups and downs of rural characters in England (see Bielby and Harrington, 2002; Jordan, 2007: 7; Soares, 2008). Since 2008, when *Urunana* won a prestigious media development award for encouraging audiences to discuss safe sex, family planning, and other issues that are generally considered taboo in Rwanda, the program has started to be of interest to researchers in gender, health and media outside the field of 'edutainment'.³ Our interest in this article is in exploring how the soap opera is produced, but first of all how it has helped to promote women's sexual health and mend relationships in post-genocide Rwanda.

Telling Stories: Mending relationships

The 'pro-social' stories that *Urunana* tells are challenging and controversial but they seldom generate critical feedback from audiences. Rather, its successes have been much vaunted. The drama challenges religious, clan, gender, ethnic and class divisions and enables listeners to 'tell themselves stories about themselves'. Through everyday discussions of the drama, it is hoped that audiences arrive at a better understanding their personal lives and find ways of tackling the social and health problems that they face. Serial dramas provide 'safe spaces' through which the private concerns of citizens can be made public and debated (Werbner, 1997: 238). Tilly has suggested that for stories to 'work' to repair social relationships (in this instance in the years following the 1994 genocide) and to promote health, including the sexual and reproductive health of women, they need to 'rely on [or at least claim] membership in a shared community of belief' (2006: 27). From such a perspective drama can be understood to help 'create, confirm, repair and recast' lives, or more simply stated, 'stories do social work' (Tilly, 2006: 74). In addressing the 'social work' that the *Urunana* drama routinely performs, this chapter considers how the production is understood and acted upon by Rwandan listeners. In doing so, we

examine the views, mainly of women listeners - but also of men - both at 'home' inside Rwanda and 'away', in Western Europe (notably, The Hague, Netherlands).⁴

Urunana's original focus, when it started in 1998, was on improving women's well-being and sexual health. The focus has subsequently shifted towards including youth and men, alongside women, as targets of important 'messages' regarding sexual and reproductive health, promoting preventative approaches to public health. In fostering dialogue among Rwandans about health issues, *Urunana* storylines also speaks to broader issues of national identity and development goals that have been profoundly reconfigured in the post-genocide (1994) period (Health Unlimited, 2009b; Greene et al., 2006; Ram, 2005). We argue that *Urunana* has, over time, contributed to the process of reimagining the nation and a sense of shared collective fate (Pottier, 2002). The drama has stimulated the reconstruction of national imagination 'from below' by fostering newly imagined social connections among listeners (Ingelaere, 2007). However, just as the role of radio in generating genocidal violence may have been exaggerated, so too should we avoid exaggerating the ability of a radio drama alone to mend social relationships in a post-genocide society like Rwanda (Straus, 2007). As Zorbas puts it: 'reconciliation is a vague and messy process' (2004: 29). Nonetheless, the representation of dramatic situations that elicit discussion about reconciliation is something that must be considered alongside *Urunana's* more pragmatic focus on sexual and reproductive health. First of all this chapter will explore how *Urunana* dramatised themes associated with health.

Our approach

During Focus Group discussions (2 in Rwanda and one in The Hague, in The Netherlands), two *Urunana* episodes were selected for discussion with groups of regular or occasional women listeners. These were episodes 936 and 960, both of which were concerned with marriage of a well-known character, Mugeni, with a local shop-owner, Muhire. A central theme is the question of HIV testing and transmission. In focusing upon these particular episodes and the themes therein, we sought to use the Focus Group discussions to gain a deeper insight into how listeners feel about the questions of sexuality, class and ethnicity and how 'felt to be a listener' when these issues were being discussed in the soap by the characters. Episodes 936 and 960 both focus on arrangements for the marriage of Mugeni to the older man, Muhire, in Nyarurembo (the fictional village in which *Urunana* is set). Since Muhire earlier had tricked Mugeni into sleeping with him by offering her gifts, and she has become HIV positive as a result, this is the underlying tension in the marriage. Accordingly, these episodes explore sexual relationships and reproductive health, dealing with the ramifications of two HIV positive partners entering into a married relationship.

Episode 936 centres on the traditional wedding or 'giving-away' ceremony of Mugeni. Two of the most popular characters in *Urunana*, Bushombe and his wife Kankwanzi,⁵ are getting ready to go to a wedding. Kankwanzi can only find one shoe. 'Kankwanzi, but what are you doing?' asks Bushombe: 'Don't you know you're going to make me miss getting a lift in Ngarambe's [the wealthy man's] vehicle?' 'But Bushombe, you don't want me to go without finding the other shoe, do you?' she replies, to which he laughs: 'If you're not careful, you'll go to the wedding without shoes and if you don't find that shoe in any case, just stay at home. I don't want you with me. I am not going to let you embarrass me!' (*Urunana*, Episode 936). A secondary character complains that requiring poor people to wear shoes is a form of 'oppression', but a farmer replies: 'that's not oppression ... If we all do that [wear shoes] then we can have a good and healthy life'. This dramatises an issue of hygiene which is subject to government regulation, as we will explain later. Not surprisingly, when we played this episode, we found very divergent responses to such plotlines among audience interviewees in rural Rwanda and more educated listeners overseas, in The Hague. For example, one focus group participant in The Hague commented that *Urunana* can sometimes appear like: '... a channel of the government ... It's a play well done ... which helps the low [poor or uneducated] population to know or understand different programs of the government, such as TB prevention, hygiene, family planning programs' (Focus Group Discussion, The Hague, 3 December 2008). This listener implies that the drama is didactic, for example in stressing that 'wearing shoes' is healthy. This is an issue for rural Rwandan audiences, at whom the serial was aimed. Rural focus group participants notably had less sense of 'distance' about the plot and purpose of *Urunana*. They tended to talk about how they identified with the different characters and the sexual and health issues they were facing.

Episode 960 then dramatises the marriage of Mugeni. The first scene concerns a sub-plot involving a father who is left to look after the household whilst his wife has gone away for a week of training. In the morning, the father asks the son to do all the housework while he attends a wedding, modelling how when gender roles are disrupted in the household, fathers may not take on new duties. After the wedding ceremony, the father ends up drinking beer with his friends and in the next scene, the son rushes in to tell him that his daughter is deliriously ill. The men finally stop drinking and go off to see if they should take her to hospital. In the next scene, the audience will discover that the father and son are too late. As the daughter lays dying, the audience is given food for thought to contemplate how father and son might have acted differently and thus saved the girl's life.

The last scene in Episode 960 shows Mugeni refusing to have sex with her husband. She knows that Muhire has given her HIV and she doesn't want to risk pregnancy. She later becomes pregnant and yet gives birth to an HIV-free child. This is seen as possible because Mugeni has been able to get access to

antiretroviral drugs (ARD). On their wedding night, Muhire denies he has HIV (and later refuses to for a test). The scene ends with Muhire becoming angry with Mugeni when she refuses sex on their wedding night. Focus group participants were asked about how they felt about such everyday – yet highly intimate - problems being discussed in a way that challenged patriarchal attitudes. This triggered discussions in both the Rwandan and The Hague focus groups about the moral and social responsibilities of men and women with HIV and AIDS, and the harmful consequences of avoidance and denial. However, from this, can we conclude that *Urunana* has a positive effect on sexual behaviour? This might not be a realistic conclusion from so narrow a sample; this is however suggested by some empirical data, more widely available through the monitoring of listeners, which will be now briefly be explored.

Assessing *Urunana*'s impact on health

Does *Urunana* encourage listeners, especially women and young people, to actively seek better health care? Mortality levels and infant mortality in Rwanda remain extremely high. However, *Urunana* (UDC) staff, BBC World Service and Health Unlimited, and partners in the Rwandan government – all maintain that *Urunana* positively influences its listeners. Rwanda remains a very dangerous place to give birth and bring up small children. Overall: '... the lifetime risk of maternal death ... [is] 1 in 16 in Rwanda, one of the highest in the world' which, in turn, highlights how 'conflict can wipe out decades of progress in development indicators, including health outcomes' (Chandrasekhar et al., 2010: 4,3). There have been some remarkable successes, with HIV for example. Estimates of prevalence rates of 2.5% for men and 3.5% for women in 2005, compared with around 11% around the end of the genocide, are quite impressive (Kayirangwa et al., 2006). Alleged 'evidence' of the benefits of *Urunana* on audience behaviour should be treated with caution, however. The causes of behavioural change may be much more difficult to trace than donors, dramatists and producers would like to admit. Identifying the drama as a key causal factor in behaviour change, is difficult to support with evidence. Especially since self-reporting data, gathered in such circumstances, may suffer from the Hawthorne effect - where subjects improve or modify an aspect of their behaviour in response to the researcher and research context.

Despite these concerns, it may also be that, for many Rwandan women, to start believing that their own health 'matters', as both a private and public issue, does represent a quiet, but real, sea-change, which may be at least partly drama-inspired. UDC Director, Narcisse Kalisa suggests that prior to watching *Urunana*, rural Rwandan women were not as able to point to cases in which patriarchal domination and behaviour were successfully confronted in the private sphere (interview, London, 20 July 2009). *Urunana* stories have provided such examples, albeit through fictional devices, and in so doing have helped to shift the boundaries of what is thought possible in relations between public and private sexual health issues. Radio drama alone cannot change social attitudes, but drama for development, if closely linked to wider strategies

for realising human rights to health, for example, can help to sustain and broaden the impact of public and developmental policies.

Urunana's storylines have revolved around the growing proportion of new-born babies of HIV positive women that are born HIV-free. In 2004, only 25% of babies born to HIV positive mothers were HIV-free, but this rose to 55% by 2006 (Countdown, 2008). There are many reasons for this, including links forged to government and NGO health programs and the provision of anti-retroviral therapy (ART) to pregnant mothers to reduce risks of mother to child transmission (MTCT). One listener, 'Maria', explains how she identifies closely with the character Mugeni. Like Mugeni, Maria is HIV positive and finds herself pregnant. Maria reveals to Health Unlimited staff that:

I was depressed about my baby. Then I said to myself that I was Mugeni [the *Urunana* character] and that I must go to seek treatment. So I went to the hospital and now I have a HIV negative baby girl, who I call Mugeni.

(Health Unlimited, 2009b: 1)

While audience statements cannot be read as unmediated 'truth', it is clear that *Urunana* does have an impact on listeners like Maria. The UDC Director, Narcisse Kalisa, also explains that *Urunana* has become a part of Rwandan listeners' everyday lives and part of their 'lived' reality, 'Lessons' drawn from storylines can be experienced as 'meaningful' through the process of personal identification with various characters. In a special *Urunana* episode for World AIDS Day 2008, for example, Mugeni was featured feeding her baby with boiled breast milk from a spoon to avoid HIV transmission (Health Unlimited, 2009b: 2). Such 'true to life' stories can encourage improved health-seeking behaviour in women like Maria by showing them that by getting advice and timely ART treatment, their baby can be born healthy and remain free of HIV. Our own research thus supports UDC research findings that the ability of radio to get important health messages across to young people constitutes an important element in the fight against HIV.

There is thus some evidence that *Urunana* encourages rural Rwandan women to seek better healthcare and also improves their self-care capacities (Myers, 2002; Ram, 2005; Greene et al., 2006). Unsurprisingly, urban, well educated women in the diaspora feel less keenly the need to take sexual and reproductive health 'lessons' from *Urunana*. They, too, acknowledge how health messages in the program can, at times dramatically, transform the lives of some poor rural women, especially their position in family and community relationships. The monitoring evidence from 2003/4 supports this and suggests that audiences translate storylines into their own terms, discuss them with others, and often seek get advice, before finally taking any health decision (Ram, 2005). This process is difficult to measure objectively (BCO, 2008). How information is translated into discussion and understanding, and from there into

actions, is a complex and slow process that would require extended ethnography or 'control' data that this study could not manage. *Urunana* storylines are more likely to 'work' because, as UDC Progress Reports confirm, audiences already have a say in how storylines are developed through formative audience research. This allows audiences' concerns and issues to be included when writers allow plotlines in the drama to develop. Heavy and sensitive issues are balanced with with elements of light relief and humour in this serial drama, as in others, This is important since:

Before facts can take root in the human heart, they have to penetrate all the elusive psychological layers that are at work in our interactions with one another' [before we are] ... able to act ... without severely disrupting family and community norms.

(Myers, 2002: 4).

Story lines that resonate with existing cultural norms, even if also challenging such norms, are more likely to be well-received. On the other hand, there will always be resistance to change, however entertainingly - or diplomatically – its benefits are conveyed. Characters do things that can cause offence, and portrayals of negative behaviours can have consequences for people who may wish to emulate such characters in their daily lives. Behaviour deemed positive within the story line, or by listeners, can also reap reprisals if it challenges some kind of authority. One young woman listener, for example, was reported to have been punished by her parents, and thrown out of the family home after she decided that like Mugeni, she would seek contraceptive advice (Health Unlimited, 2009a).

The discussion of sexual behaviour across the generational divide is difficult for many families, wherever they happen to live. Soap operas can make it possible for taboo issues that are difficult to discuss openly, to be examined through discussing the story line in the third person. In the following comment from on focus group participant in Rwanda, we see how one woman listener gradually overcame her resistance to *Urunana* themes:

... well, I remember at the beginning of *Urunana* stories being on BBC, my children used to like it and listen to it so much, and sometimes I was disgusted by that, and I would not let them listen to the radio, because I was not interested in it. One day I asked a kid called Diane [not her daughter] what she was getting from *Urunana*, because she was very interested, and she told me 'now I prefer abstinence'. I asked her why ... then she said: 'Don't you know that a man can trick you and get you either pregnant or give you diseases? We started discussing sexual issues, and this would not have been the case before. From that time, I realised *Urunana* stories are very important for children's education, especially concerning reproductive health and HIV/AIDS. I no longer

refuse to let my children listen, and instead I encourage them and advise them to practice *Urunana* stories. I am interested too; and I am no longer afraid to discuss sexual issues with my children.

(Focus Group 1, Rwanda, July 2008)

Through engaging with stock character types who personify certain social issues or problems, Rwandan audiences can create their own: 'common unitary narratives' and construct 'new moral and aesthetic communities imaginatively' (Werbner, 1997: 247; 242). *Urunana*'s popularity ensures the talking and thinking spaces for this process to occur. Listeners in focus groups tend to focus on shared practical problems, given that most stories are about health, sexual relationships and similar topics. What many listeners seem to have in common is the incentive to find ways to improve their lives and this is why they are likely to carry on 'tuning in'. Arguably then, the BBC World Service, Health Unlimited and UDC have achieved their mission of creating a partnership that has been actively engaged in crafting complex development concepts and issues into local frames in order to render them intelligible and palatable to rural Rwandan audiences. This they have done admirably well. The literature on Entertainment-Education (E-E) for health seems to suggest that engaging audiences in the early stages of production via formative research, and gaining their trust, can be vital to the success of "health messaging" (E-E Info, 2008). It is clear *Urunana* can and does contribute to engendering sustainable transformations in health-seeking and illness-preventing behaviour in Rwanda in the long-term – a key mission of both Health Unlimited and UDC. We must also pay attention, however, to gaps and silences that our research, especially with diasporic listeners, also helped to reveal. Talking about the spaces around *Urunana*'s diasporic Rwandan listeners is helpful in identifying gaps and absences in what the program deals with, injecting alternative perspectives into the role of radio for sexual health and even for promoting peace.

Safe Spaces and Strategic Silences

What we have found interesting is to note how narratives about national, ethnic and social 'identities' have been strictly 'under the radar' of *Urunana* since the start. These issues were not discussed openly. This seems to have been a quite conscious and deliberate strategy, which 'worked well' for most Rwandan listeners (Interview with key informant, The Hague, 5 December 2009). With much subtlety and nuance, therefore, the virtual town of Nyarurembo became in a sense a 'safe space' where Rwandans could meet in their imaginations, as well as face to face when they discussed the story lines and plot. A 'strategic silence' around national, ethnic political divisions was what opened up spaces for ordinary Rwandan listeners to discuss the sometimes banal, sometimes dramatic, choices the characters faced without needing to dwell on social divisions of ethnicity and identity. Listeners share the jokes, question what are appropriate gender and sexual relations. And both inside, but also outside Rwanda, this sharing can help 'repair' social relations across space and time through stories that produce a sense of 'narrative indeterminacy' that

encourages further discussion among listeners about what might happen, or what should be done, or who might influence who (Allen, 1995: 17).

It might be argued that such strategic 'silences' should not be maintained if they prevent acknowledgement of trauma and thus delay subsequent healing and 'reconciliation' in Rwanda (Zorbas, 2004). The first major five-year evaluation of *Urunana* noted that:

It will be odd if Nyarurembo [the fictitious town where *Urunana* characters live] is almost the only community in Rwanda that has no *Gacaca* [community justice] process. This will be a very difficult issue for the writing team to deal with...But avoiding such issues will risk undermining the close existing relevance of *Urunana* to people's daily lives.

(Greene et al., 2006: 19)⁵

Yet we suggest that it is precisely *Urunana's* relative neglect of *Gacaca* and similar genocide-prevention and punishment initiatives; indeed its relative silence on the legacies of genocide that have made it so popular, and ensured it is listened to by more than two-thirds of Rwandans. This mass audience cuts across all the major social divisions of Rwanda, with the possible exception of class (as we suggest later). Its broad-based appeal has helped fulfil the program's original purpose of conveying health messages in a meaningful way to a wide audience, so as to encourage positive social transformation. *Urunana* has also provided people with topics of conversation around sexual health issues that are engaging, but not so painful as to risk being overly divisive. The focus on gender relations, sexuality and reproductive health helped to 'depoliticise' the program in some ways, whilst politicising new issues besides race or identity.

It has been suggested that the 1994 genocide destroyed: 'the myths, rituals and symbols that were part of Rwandan culture', and that drama can play a part in reinventing cultural norms in Rwanda (Kalisa, 2006: 519). *Urunana* and similar radio soaps may indeed be re-creating stories and helping Rwandans to shared new myths about Rwandans. To replace old, more divisive and oppressive myths, including racialised myths of origin, is essential for peace in Rwanda. Nor does *Urunana* deal with party-political themes, which seems another quite conscious production decision (Interview with Narcisse Kalisa, 20 July 2009). The wide popular appeal of *Urunana* in its early phases could be partly attributed to its steering away from political controversy, whilst embracing controversy in matters of sexual, reproductive and public health. In later phases, an attempt has been made to acknowledge the politics of trauma and genocide, and the need for reconciliation.

Health, especially sexual and reproductive health, can be emotionally charged concerns. In Rwanda, however, even sexuality is not taboo in the way that ethnic identities have become (being actually illegal for public debate). It is ironic that it may have become easier, and safer, to discuss sexual health and HIV and AIDS than people's ethnic or 'race' identities. *Urunana* plot lines can thus evolve: '...without taking a perceptible stand or proffering solutions' to the main issues that concern the post-genocide government (1995: 22). By creating a safe and open space on-air, and via phone-ins and on-line debates, where there was for a long time no reference to genocide, the programme was not merely ignoring an issue. As Narcisse Kalisa confirmed in an interview, the idea of theatre as politicisation instrument for agitprop does not fit in with *Urunana's* philosophy of gently broaching controversial sexual health issues, especially for poor rural women.

We suggest that in part, *Urunana's* 'cult' status does depend on the 'strategic silence' it maintains around the genocide and questions of 'race'. This was a wise choice, at least initially, since it provided Rwandans with a safe space in which to debate and discuss their health in relation to gender and sexuality, and to joke with one another, without causing offence, and about shared health problems. Sympathising with one another is easier when it comes to health and sexuality questions that everyone faces, at some time, than on issues of genocide, culpability or even peace and justice. Common human concerns like family relations, making a living, and keeping healthy concern us all. Poor and marginalised rural Rwandans, piecing their lives together day-by-day, bit-by-bit, could fit *Urunana* into their mental and emotional jigsaw puzzle without questioning the 'hill' and 'valley' life of post-genocide Rwanda. It is important not to exaggerate this effect, however, since we cannot provide hard empirical evidence of the 'power of radio' to influence Rwandans' sexual and personal health behaviour (Straus, 2007; Paluck and Green, 2009).

Racism has been a major problem in Rwanda's recent history, as well as during colonialism and post-independence (Hintjens, 2001). Radio in the run-up to and during genocide helped to poison relations between Rwandans (Li, 2004; Straus, 2007). We should not forget that: '(e)ffective anti-racist struggles depend on the evolution of common, unitary narratives and the suppression of cultural differences between victims' (Werbner, 1997: 247). A detailed empirical study on the role of radio in Rwanda recently concluded that radio can and does influence behaviour, promoting communication in ways that can contribute to greater tolerance between groups, and even reconciliation (Paluck and Green, 2009: 3). It may be that *Urunana's* search for popularity meant that the opportunity to weave more hard-hitting political issues into the drama was missed. But then, we would suggest, the program would not have proven as popular as it has undoubtedly been (Soares, 2008). Arguably, during its first 10 years of broadcasting, the 'strategic silences' in *Urunana's* story lines and plots both helped ensure the program's huge popularity inside Rwanda, which in turn is a key factor in arguments that point to its widespread acceptance and internalisation by rural Rwandan women and men.

On Partnership and Production

Urunana deals with practical, daily issues that preoccupy most people, wherever they live - sexuality, family ties, friendship, relations between women and men, making a living, and trying to get along with one's neighbours – all without breaking the law! *Urunana*'s rural audience at 'home' and Rwandan diasporic audiences 'away' seem to appreciate how sensitive issues are handled by writers and actors, with a 'light touch' and an eye for humour. This helps reduce the risk that by discussing sensitive sexual health issues the program might cause offence or even provoke a backlash. *Urunana* has thus proven a useful and highly 'resonant' vehicle for both the Rwandan government and also NGO partners and the UK government, and even the EU funders who became involved after 2008. Successful radio dramas like *Urunana* fall firmly within the ambit of the public diplomacy objectives of the BBC, for example. Development and diplomacy can proceed 'hand in hand', so that sometimes the relationship with government can look almost seamless, for example when we conducted the Focus Group in The Hague, our diasporic audience distanced themselves somewhat from the radio soap, regarding it as primarily a tool of governance, or:

... a channel of the government where they spread out their goals. For example the Ministry of Health gets the population to know about how to prevent TB [tuberculosis] and forbidding them to share straws for the low [poor or uneducated] category of the population.

(Focus Group, The Hague, 3 December 2008)

In Episode 936, for example, played to focus group participants, Kankwanzi and her husband Bushombe take a personal container to Mugeni's wedding, so they don't have to drink from a communal straw. This represents a story line that seeks to get 'public health information' across to rural Rwandans. Inserting into the storyline of this particular episode suggests that there is close cooperation between UDC writers and government health and justice policies and officials. Cooperation with official institutions is viewed in positive terms in most reports on *Urunana*, including in the 5-year Evaluation Report (Greene et al., 2006). Close collaboration with government, however, also makes it more likely that the specialised health services referred to in *Urunana* storylines (e.g. HIV testing facilities, family planning provisions, police procedures for reporting rape) will actually be provided by government, and may prove more accessible when people who have listened to the program, seek to access such services.

In Rwanda, as elsewhere, one view of radio is that it should '...be used as a tool of enquiry that enables listeners to play a real part in the production of programmes' (Ilboudo, 2000: 47). A similar observation is that: 'audience research and participation is essential ... as much as possible, members of the audience should assist in the design of E-E' (E-E Info, 2008: 1). The first

Urunana evaluation in 2000 noted that: 'The best dramas are written on the basis of solid and ongoing audience research [through focus groups] ... and immersion in village life' (Myers, 2002: 5). Actors and writers actually spend some time every year fully 'immersed' in one of the several (12-14) villages in Rwanda where the production team works with local people on pre- and post-episode testing. In this way: '*Urunana* writers based in the city of Kigali go and stay in villages for at least a week in a year to get more of a feel of the life of their audience' (Kyagambiddwa and Uwamariya, 2004). Spending even one week a year in a village - when you are a city-dweller - marks a radical break with the usual assumptions about 'what is important'. Immersion strategies like these help inform the writers' construction of events in Nyarurembo (Kyagambiddwa and Uwamariya, 2004). If plots and characters are convincing for rural listeners, as seems to be the case, then perhaps this quality makes the same story lines and personalities somewhat strange and unfamiliar (because unknown) to many of the more educated diasporic and urban listeners of *Urunana*. We found some evidence of this in our focus group research, as will be discussed later.

Health Unlimited staff in Rwanda view *Urunana* as a 'needs-based and audience-driven production', employing 'a participatory process of producing and writing' (Kyagambiddwa and Uwamariya, 2004). Audience groups help co-design future production, with the goal that themes and story-lines become as 'reflective of true-to-life health and social priority issues' as possible (Kyagambiddwa and Uwamariya, 2004). Surveys, phone-ins and focus groups also provide opportunities for audience feedback. Storylines can be tested with audiences in this way: 'A few skits are acted out and a question and answer session follows to gauge if messages are understood. Attendants also ask questions about the past programmes, which is an opportunity for more feedback and suggestions' (Kyagambiddwa and Uwamariya, 2004). Regularly trying out scenes with listeners is a good way to test whether audiences really understand the health messages being included (Ram, 2005). The goal is 'self-help' and mutual solidarity among listeners, sometimes termed 'self-efficacy' (E-E Info, 2008). Here, a focus group participant explains the extent to which the production had impacted upon her own life:

Yes it happened to my neighbour and for us also. There is a time when she wanted, as a woman, to stop/suspend giving birth by taking contraceptives, her husband refused to go with her to ONAPO [an organisation in charge of family planning in Rwanda] because he wanted to have other children. So, because it is her life, she decided to go to hospital without his agreement.

(Focus Group 1, Rwanda, July 2008)

The woman is presented as ignoring conventional 'good' wifely behaviour, and instead doing what she considers 'good' for her health. This participant explains

that her neighbour also referred to a character in *Urunana* in order to 'justify' her decision to go to hospital without asking her husband. When something has been culturally sanctioned by a popular radio program, it becomes thinkable, and, eventually, doable. An 'alien' idea, if it comes from *Urunana*, becomes a suggestion from a relatively trusted source of advice and information (the characters in the program). Emotional identification and trust-building are absolutely critical to effective development communication initiatives like *Urunana*, especially for sexual health, HIV and AIDS, as well as family planning purposes (PEER, 2005).

Consultations by the writing team with medical experts and good connections with the Ministry of Health and local government have also been critical in avoiding disinformation about health treatments and in tackling the role of 'magical' beliefs about health and sickness. Networks among women listeners and in schools are important in disseminating the messages, helping to ensure that the information *Urunana* conveys is trusted by listeners. Studies have shown that especially for young people, discussions with peers are a critical source of information about sexual and reproductive health issues, including HIV and AIDS. Young people who were asked about this: '... indicated that they regularly listen to the BBC ... and Radio Rwanda which broadcast a programme known as '*Urunana*' (Nyirabahire, 2007: 52). Similar 'Peer to Peer' research involving young men and women undertaking research confirms the importance of having 'characters' to talk about so that intimate personal issues can be debated as public concerns.

As Bird notes in her work, mostly with Burundian refugees in Tanzania, that: '... it was important for the respondents that the information they received ... was from a trusted source' (Bird, 2007: 182). Myers (2002) has commented that trusted dramas are typically those that are 'grounded' in the pressing local, social and cultural realities (if not political realities) that poor people face, and which seek to continually respond to the actual problems and development constraints experienced by the audience. Such grounding occurs through productions being 'written on the basis of solid and on-going audience research' (Myers, 2002: 5-6). She also stresses that identification through emotional attachments means that unless production standards and processes slip, the chances are that listeners will continue to: '... tune in regularly to follow the trials and tribulations of their favourite characters, and remain hooked' (Myers, 2002: 5). Such qualities are clearly reflected in the *Urunana* production.

Diasporic Distance

Radio production and consumption in a digital age disrupts any neat geographical association between the local and global (Fardon and Furniss 2000: 2). *Urunana* sits at the confluence of a number of institutional and social relationships that defy such easy classifications. The program is 'global' in a

sense, since it combines a globalised 'soap opera' format and international resources with localised content and production. As a translocal and transcultural institution, the program has received support from a number of institutions, including its home organisation, UDC, and also BBC World Service, the EU, the UK-based NGO Health Unlimited, different Rwandan Government Ministries, and local authorities, women's groups, listener groups and medical experts.

Mobile communications technologies and digital media have also created new opportunities for Rwandans at home and abroad to maintain strong connections (if so desired). They can listen to and discuss the same programmes – including *Urunana*. Local to global cultural dynamics are constantly shifting, and as we have argued, the spaces around *Urunana* include Rwandans both at 'home' and 'away' from home.

The Rwandan diaspora originated even before the 1959 'Revolution' forced the flight of many Tutsi Rwandans to neighbouring countries for protection. The return of this diaspora was viewed as a threat to national stability long before the genocide, but perhaps today the Rwandan diaspora is no longer seen as 'a fifth column set on penetrating and conquering the nation from within' (Friedman, 1997: 85). Media producers generally, increasingly appreciate that 'their global audiences are more mobile than ever. The once clear lines separating ... domestic and foreign audiences' have become blurred as diasporic communities have rooted and uprooted themselves globally (Gillespie, 2009). It is a good idea to remind ourselves, however, that '... global diasporas are not identifiable communities in any clear-cut geographical or cultural sense', especially since after the 1994 genocide millions of formerly exiled or refugee Rwandans have come home, most to resettle in rural areas (Andersson, 2008). Diasporas, can be agents of diplomacy, capable of influencing publics and audiences 'back home' for development and strategic purposes. Although *Urunana* is specifically aimed at rural Rwandan audiences, it is also listened to by some in the Rwandan diaspora. Our research has been based on talking informally with listeners in The Hague and in Belgium, and anecdotal evidence suggests that, increasingly, the diaspora is listening in and participating online in discussions and debates around reconstruction and social change in Rwanda generally. It has not been possible to ascertain rates of listening among Rwandan diasporas, something that would have required a large-scale survey.

Within Rwanda itself, the need to reconstruct post-genocide rural communities has produced new forms of social and cultural hybridity in terms of gender relation, forms of identity and religious beliefs, as well as in class, upbringing, status and 'belonging'. What has arisen in rural Rwanda are some very complex cultural processes of 'Rwandanisation', involving a 'mishmash, borrowings, mixtures' of polyglot culture, including from neighbouring countries of exile: Uganda, Burundi and the DRC as well as further afield (Friedman, 1997: 81). Not surprisingly, perhaps, highly educated diasporic listeners nonetheless

express a distinctive sense of distance from most *Urunana* listeners at 'home'. In most ways, both the reality the soap opera seeks to portray and those it seeks to influence are likely to be remote from the daily concerns of diasporic, and more educated, Rwandans. One of The Hague focus group participants described *Urunana* as:

... really helpful to the population of Rwanda especially those who do not have a chance to go to school and the poor, because this is something that we take for granted ... most of the time. We think that what we know is also known by others, but that is not true! Of course we are lucky somehow since we know these issues, but I think these programs help them [other Rwandans] so much.

(Focus Group, The Hague, 3 December 2008)

Diasporic listeners are acutely aware of the differences between themselves and their rural Rwandan compatriots and though *Urunana* does not really address the diasporic audience, they may view it ambivalently, including with both a dose of nostalgia. Sometimes, though, there was some hard-hitting criticism, as with this focus group discussant, who said of *Urunana* in general: 'I can say that ... it is not made for me, it is made for others' (Focus Group, The Hague, 3 December 2008) The 'away' audience's sense of non-identification is also clear in the following statement:

...what I can add is that, when I listen to *Urunana* stories, and hear what they are talking about: chickens, manure, the story of the child putting the shoe on the fire, and so on, it makes me feel sad, I feel a complex ... I feel that we are very behind, I feel that I will not go back (Focus Group, The Hague, 3 December 2008).

The main points of identification for these educated diasporic Rwandan women was through laughter at scenes involving Bushombe and Kankwanzi in dialogue. Diasporic listeners may thus interpret *Urunana* from a position of relative privilege, yet the social import of *Urunana*'s dramatic narratives are not lost on them either. Speaking of a scene in Episode 936, where a woman is Master of Ceremonies at Mugeni's wedding, one diasporic woman notes:

So, those emissions are made in order to change people's mind, especially old people who still conserve the cultural principles and expressions, such as 'no female chicken can speak in the presence of a male one', among others. All these [conventional] expressions show that, if a woman leads a wedding ceremony, it is like something abnormal, and may bring malediction.

(Focus Group, The Hague, 3 December 2008)

The same participant also noted that in fact, women do act as 'M.C.s' for public events in Rwanda. Thus, as she put it:

... women had been masters of ceremonies, sometimes on National Liberation Day. We hear women leading ceremonies, asking someone to receive the President of the Republic [others reply: 'Yes'] ... From that, I can say that our country Rwanda is promoting gender [equity] ... there is nothing that we can't do, and this can be also a challenge ... So, when people listen to that story in *Urunana*, it may help them to think that, if a woman can be a Mayor of a District or a leader of a Sector and Village, why can't she lead a wedding ceremony? What is hard in that?

(Focus Group, The Hague, 3 December 2008)

A marked sense of gender solidarity among diasporic female listeners thus contrasted with what appeared to be a feeling expressed, in some cases, of 'moral distance' to *Urunana* characters and storylines. For example, in Episode 960, as previously discussed, where Mugeni refuses to have sex with her husband, a debate among the women listeners in the diasporic focus groups ensued about talking about taboo topics:

... his wife replies that she is not ready to do it [have sex]. It is said publicly, everybody and even children listened to it [in *Urunana*]. It is not allowed in our culture that you are not ready to have sex with your husband, you have to be ready every time [all laughing] ... When you can say "No" to your husband, it is a powerful step. You have to be ready like a sexual/material object' (Focus Group, The Hague, 3 December 2008).

Interviewees are impressed by Mugeni being able to refuse her husband what are deemed to be his 'conjugal rights'. Another participant continues: '... you are supposed to always say "Yes" ... you should say "Yes", "Yes", "Yes!" So, *Urunana* stories try to show that, to have sex with your wife when she is not ready, it is considered as a rape' (Focus Group, The Hague, 3 December 2008).

Even for diasporic women listeners who in some cases distanced themselves quite unequivocally from the target rural 'home' audience of *Urunana*, this scene provoked strong responses of identification. Rural and diasporic Rwandan women thus converge in their interest in challenging the presumed conjugal rights of the husbands and in openly discussing sexual and personal issues through the medium of the drama serial.

Urunana is hugely popular among a majority of the rural Rwandan population and can be heard on the streets, in bars and taxis as well as in homes. It is a private and public phenomenon and the issues it raises are widely debated. Diasporic Rwandans listen to the program in relative isolation. Some who don't

consider themselves regular listeners appreciate it vicariously, for example through their children, as one woman notes:

Sometimes they ask us some questions about cultural subjects which they are not aware of and they benefit from this. So I think it [*Urunana*] might even be a way for people to get to know their own culture' (Focus Group, The Hague, 3 December 2008).

Some diasporic Rwandans claimed that listening to *Urunana* made them feel 'at home' even though they were 'away', in spite of the lack of resonance of the story lines and characters with their own lives. They appreciated the humour and the inter-generational and cross-gender negotiation of cultural values by the characters (Interview with Key informant, 6 December 2009). Rwandans 'at home' watch primarily because questions of sexuality between husband and wife, gender relations and issues of HIV/AIDS testing or access to contraception are all issues that concern them. These issues cut across differences of class, education, identity and location, and the humour in the program also cuts across differences of personality and politics.

All the focus group participants, whether in Rwanda or The Hague, expressed the most positive feelings when talking about Bushombe and his wife Kankwanzi, who are characters designed to make audiences laugh. Their popularity is apparent across listener groups both inside and outside Rwanda. *Urunana* listeners can vote for their favourite character on the official UDC website, and Bushombe regularly comes up top. Kankwanzi, and Mariana, the nurse, regularly compete for second place (UDC, 2009). Wanting to feel in touch with 'home' plays a part in diasporic listening to *Urunana*, and it may help to reduce homesickness, as this woman in the focus group in The Hague observed:

... when we came here ... me for example, as I couldn't access or listen to any radio/emission from Rwanda, I was happy listening to *Urunana* stories, as it helps me to stay connected to Rwanda. I can't say that it helps me in other ways, no, it only helps me feel at home. When I hear cows, goats and other animals, it makes me remember my home as my children used to listen to it [*Urunana*] there, and it reduces my nostalgia.
(Focus Group, The Hague, 3 December 2008)

When we contacted Rwandans living or staying for studies in Europe, we found relatively few of them listened to *Urunana* regularly. Some had never heard of it, having been away from Rwanda for so long. Some did regularly listen to *Urunana* through the BBC Great Lakes website, however, especially when they retained an interest in rural affairs (Interview with Key Informant, The Hague, 5 December 2009). Transnational identifications seem to be evolving between diasporic audiences and characters in *Urunana*. To encourage highly skilled

and highly educated Rwandans to return home (as well as those accused of crimes of genocide), the Rwandan government is starting to encouraging Rwandans' transnational identifications. Return diasporic Rwandans may soon even be included in the *Urunana* story lines (Interview with Narcisse Kalisa, 20 July 2009). Many Rwandans overseas live in a kind of permanent 'limbo', both 'at home' in their new place of residence and 'away' from the place they continue to call home, most often Rwanda. Many remain unsettled for many years, yet are unwilling to return home permanently. For those living outside Rwanda for a long time, *Urunana* may no longer be the reminder of home, since 'the 'home' they used to know and identified with has disappeared' (Al-Ali, Black and Koser, 2001: 583).

For Rwandan diasporic audiences in Europe and North America that have not returned regularly to Rwanda since 1994, or since their time of exile, television, film and Internet have become more familiar media than radio. But for those who study abroad, or who intend to return to Rwanda soon, listening to *Urunana* can keep them in touch with home even though they are temporarily away. Rwandan cultural becomes translocalised, subjected to cross-cutting influences from home and away, and 'performed as a process of negotiation within, about and across "ethnic communities", involving renegotiation as well as legitimation of the status quo' (Baumann, 1997: 221). Rwandans, who want to stay closely connected to the 'mother' country, will tend to perceive *Urunana* as having a 'social and psychological function in linking people in exile with those at home' (Byrd, 2007: 184). But this function has not been as evident among the diasporic Rwandans with whom this research has been conducted, as had been expected initially.

A great sense of distance between listeners 'away' from Rwanda and those 'at home' is perhaps unavoidable, given the close affective identification between intended rural audiences at home and the main characters and story-lines in *Urunana*. Distance from more educated, urban and diasporic communities, whether or not they are in exile, may result from *Urunana* being firmly grounded elsewhere. It may even be a measure of the program's success, since UDC Manager, Narcisse Kalisa, when interviewed, was quite clear that *Urunana's* target audience remains poor rural Rwandans, especially women and young people (Interview with Kalisa, 20 July 2009). The 'away' audience would thus be expected to express a greater sense of distance than those listening at 'home'.

Conclusion

Urunana has created some safe listening and talking spaces among Rwandans, whatever their status and location but especially among the rural poor and women. Hearing and (re)telling *Urunana* stories has become a common way for Rwandan people to share something beyond the great pain and suffering of the recent past. In this way, listeners are able to communicate by ignoring the many differences among them, and temporarily putting those differences aside. As

Charles Tilly has reminded us, stories like *Urunana* can do 'social work', by helping to repair broken social relations. In our view, as an exercise in story-telling *Urunana* has contributed to stitching back together the torn social fabric of Rwandan society. This has been more an accidental outcome, perhaps, of the way the program was set up and run, rather than its main goal. In very tangible ways, listeners cross boundaries of location, religion, clan, ethnicity and class, as characters produce a new set of rural idioms and re-imagine Rwanda. Inside Rwanda, *Urunana* is respected as a 'resonant' cultural form that contributes to people's health and also to wider social and cultural reconstruction, especially in rural areas. Through skilfully crafted health messages, the focus of the drama is taken off tragedy and towards comedy, and from conflict towards peace. The drama depicts Rwandans, and especially Rwandan women, seeking and finding their own ways of improving their own health and well-being, not only by relying on outside intervention – from government and other health-providers, but also by asserting themselves in their private lives. By telling: '... themselves stories about themselves', *Urunana* listeners work out their shared identifications and common concerns as Rwandan citizens, telling stories that cut across the sharp differences emphasised, and created, in the past (Werbner, 1997: 238).

This singularly Rwandan achievement has been created through the establishment of robust transnational networks that started with creative synergies between Health Unlimited, a UK based NGO and *Urunana*'s writers and producers. These networks work through the cultural brokerage of the BBC World Service which also acts as the main broadcaster of the soap opera in the Great Lakes region. This case study has been invaluable because it shows how, in post-genocide contexts, the capacity of stories to help repair social relationships is particularly significant (Tilly, 2006: 27). Sharing stories can mean sharing lives, hopes and dreams. Arguably, one of the most significant aspects of a soap opera like *Urunana* for Rwandans today, whether at 'home' or 'away', is to contribute to recreating an imagined community with common interests and a shared sense of belonging and fate (Anderson, 1983). But the re-imagined Rwandan nation has strong ties to the global Rwandan diaspora who also play a role in reimagining and reconstructing the Rwandan nation. National and transnational ties thus intersect in new and unpredictable ways to influence the way in which *Urunana* represents Rwandan realities, both at home and away.

Radio is believed to have a significant impact in Rwanda, including on health and attitudes to sexual rights, for example. For young people and women, the influence of radio rises and falls in relations to levels of formal education and literacy and our focus group participants at home and in Rwanda confirm this expectation. The process of social reconstruction and of promoting health and well-being in Rwanda is on-going and depends on changes in attitudes but also in behaviour. Such behaviour change is notoriously difficult to achieve, even when *Urunana* producers, writers and actors seek to depict the Rwandan

reconstruction process through ‘a multi-dimensional looking glass’, and in all its complexity. The plot lines have included Twa (pygmy) characters, Burundian refugees and exiles, people returned from their studies abroad, and so on. In fictional Nyarurembo, Rwandans’ health and well-being are given much more importance than their history or past divisions (since these are largely absent from the drama). The post-genocide divisions of Rwandans into ‘communities of suffering’ and ‘communities of criminals’ break down, giving way to much more complex forms of cross-generational, cross-class and cross-gender identification and imagining. It is this that leads us to suggest that *Urunana* started out as being about sexual and reproductive health, especially of women, and has ended up being more than this. It has ended up a form of glocalised and ‘audience-led’, imagined nation-building and reconstruction in an increasingly transnational world.

Notes

1. Special thanks to Narcisse Kalisa for agreeing to be interviewed twice. Thanks to Chris Miller, Charlie and Anna, and other Health Unlimited staff for helping us observe the BBC meeting with UDC and HU in July 2009, and for granting us interviews. We are also grateful to them for looking through a draft of this chapter, and their suggestions for improvement. Comments also came from the editors and these were very useful in rewriting this chapter. Narcisse Kalisa also commented on the draft, for which we are grateful once more, and he provided us with English translations of a number of *Urunana* episodes. We did some translations of our own, initially into French. We’d like to thank an anonymous Rwandan student for translating some key episodes for us, as well as our thanks to all those Rwandan women who took part in focus groups discussions both in Rwanda and in The Netherlands.

2. In 2007, from the original 3-way partnership of BBC World Service, Health Unlimited and *Urunana* writers, actors and producers the Rwandan media NGO, *Urunana* Development Communication (UDC) was formed and which, now manages all production and outreach work in Rwanda. The main source of funding is presently from EU sources. Both the BBC World Service and Health Unlimited remain active ‘brokers’ for UDC, however, helping with negotiations with potential donors.

3. This was one of several awards that the programme received in 2008, in spite of this, by 2010 *Urunana* is in financial difficulties, with funding not being renewed by the EU funders after March 2010. Sometimes it may be that success does not result in tangible rewards, especially where ‘edutainment’ in radio is concerned. For details of the award, and examples of *Urunana*’s links with the BBC and the Archers’ radio soap, see the report at:

http://oneworldmedia.org.uk/awards/previous_awards/2008/urunana/

4. The data used in this research was gathered through focus groups in rural Rwanda in 2008, and in the Netherlands, in 2008-9.

5. In most episodes of *Urunana*, two characters, Kankwanzi and her husband Bushombe, talk over the business of the day. Most listeners consider this couple the 'beating heart' of the program. They are people who muddle through in spite of poverty, to improve their chances through both error and design. Being principal joker and village gossip, Bushombe especially makes listeners laugh. He is not well educated, but is proud and willing to learn. A role model for some male listeners, he is portrayed as a loving father and husband, who even returns to school with his daughter to learn to read and write.

6. *Gacaca* are neo-traditional 'hearings' which started in 2003-4 and ended up considering over a million cases (because of plea-bargaining which encouraged people to name others during hearings). These 'courts on the grass' were never used for major crimes like genocide, of course, and have been adapted and made national institutions for the specific purpose of trying genocide crimes (all but category 1 crimes, the most serious). Sentences could be pronounced for lesser crimes, but cases were passed back to national Rwandan courts for confirmation in more serious cases. *Gacaca* hearings are attended by the entire community, and usually take place on Sundays. Their contribution to overcoming polarisation, and bringing healing, is debated both inside and outside Rwanda. For some excellent film material on early *Gacaca* by Anne Aghion, a French Canadian film maker, see <http://www.anneaghionfilms.com/>.

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