# The Role of Sculptural Forms as a Communication

# Tool in Lives and Experiences of Women with

# HIV/AIDS in Uganda

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#### **Abstract**

This study explores the use of sculpture, developed through research into the lives and experiences of Ugandan women living with HIV/AIDS, as a tool for raising awareness about the illness. It demonstrates how the research engendered two parallel outcomes: the development of new areas of sculptural practice and strategies of presentation and the practical application of these in communicating HIV/AIDS awareness to literate and illiterate people from diverse ethnic groups.

The introductory discussion in Chapter 1 presents the research questions and the aims, significance, limitations and scope of the study. It establishes the background of sculptural practice in Uganda, characterises the work produced prior to the research and explains the reasons for undertaking the research in the United Kingdom. The impact of HIV/AIDS in Uganda is briefly indicated along with the factors which make women particularly susceptible to infection.

Chapter 2 consists of a literature review covering existing discourse on issues of communication of HIV/AIDS awareness through contemporary art practice, mass media and practical initiatives in Uganda, other Africa countries and the West. It considers the range of visual materials and performative initiatives adopted in communicating HIV/AIDS awareness specifically in Uganda. A wider consideration of contemporary art indicates key aspects and artists informing the adoption of readymades, multi-part installations, multiples, actions and other new approaches in developing the sculptural work.

Chapter 3 describes the initial development of sculptures generated from a personal experience of caring for people living with HIV/AIDS and analyses data gathered from a Pilot project in the UK. Further data from an HIV-Positive Women's group and the thirteen HIV/AIDS organisations in Uganda was then analysed and more sculptures generated, from which one type was selected and taken back to Uganda for testing as described in Chapter 4.

The results of field-testing in Uganda, presented in Chapter 4, reveal that sculpture could be an important medium through which to articulate issues concerning HIV/AIDS in a predominantly patriarchal, multi-ethnic society with high levels of illiteracy, especially among women. The use of sculptural works in this context is innovatory as hitherto sculpture has been disregarded as bulky, expensive and not easily reproduced.

This research indicates that such drawbacks can be overcome, and that the particular visual and tactile properties of sculpture can bridge many divides. The thesis documents the issues explored during the development of the sculptures, and the Ugandan response to their use in facilitating the complex and culturally sensitive work of raising HIV/AIDS awareness as a potential contribution to prevention.

# **Dedication**

# This study is dedicated to:

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To the sufferers and others who are affected by HIV/AIDS, and all those involved in caring, giving support, treating and searching a cure for the virus. God bless and may he lead all in their endeavours against HIV/AIDS.

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# **Table of Contents**

Abst	racti
Dedi	cationiii
Ackn	nowledgmentsiv
List	of Chaptersvi
List	of Platesx
Abbr	reviations and Glossary of Termsxxii
	List of Chapters
Chapte	er 1 Introduction 1
1.0	Introduction1
1.1	Background1
1.2	Characterization of sculptural work prior to research in UK
1.3	Why the research project was undertaken in the UK when the target audience is
in Ug	ganda4
1.4	The impact of HIV/AIDS in Uganda6
1.4	4.1 Women's vulnerability to HIV/AIDS7
1.5	Research questions9
1.6	Significance of the study9
1.7	Aims of the study9
1.8	Methodology10
1.9	Limitations of the study12
1.10	Scope of the Study12
Chapte	er 2 Literature Review
2.0	Introduction
2.1	Approaches that have been used to combat HIV/AIDS in Uganda
2.2	Communication
2.2	2.1 Culture and communication
2.3	Contemporary art communicating HIV/AIDS

2.3.1	Groups/Projects	21
2.3.2	Individual artists communicating HIV/AIDS in the West	24
2.4 Af	rican Art Communicating HIV/AIDS Awareness	26
2.4.1	Traditional/indigenous art and crafts as a visual communication to	ool
contribu	uting towards HIV/AIDS awareness among literate and illiterate people	26
2.4.2	Contemporary African art communicating AIDS awareness	31
Projects	S	31
2.5 Gr	aphic Art communicating HIV/AIDS awareness in Uganda	35
2.5.1	Graphic art in print as a visual communication tool contributing	to
awarene	ess of HIV/AIDS among both literate and illiterate people in Uganda	35
2.6 Fra	ancis Ssekyanzi and communication through fine art forms	44
2.6.1	The relief sculpture and the episodes	44
2.6.2	Analysis of Ssekyanzi's relief sculpture	52
2.7 Ar	t Review aimed to develop Sculpture to communicate HIV/AIDS awareness	56
Sculptu	re and action, performance and objects	56
2.8 Su	mmary of the Chapter	63
Chapter 3 D	Developmental Process of Scuptures	67
-		
	roduction	
3.0.1	Sculptures in the Inception Period (2001-2002)	67
3.0.2	Ideas Informing Sculptures Produced in Inception Period (2001-2002)	68
3.0.3	Comments on the early sculptures	86
3.0.4	Sculpture and communication	87
Sumr	nary for the Inception Period	88
3.1 Sci	ulptures in the Post-Pilot Phase (UK) (2002-2003)	89
3.1.1	Modifying "Inception sculptures" after the pilot project	90
3.1.2	Sculptures produced in the post-pilot phase (UK) 2002-2003	91
3.1.3	Analysing Sculptures developed in the Post-pilot (UK) phase 2002-20031	25
3.2 Sci	ulptures produced after field trip research in Uganda July-October 2003 1	31
3.2.1	Reflection on field trip research	31
3.2.2	Sculpture and action, performance and objects	33
Sculp	otures developed (after field trip research 2003-2004)	33

3.3	Development of soap sculptures in the UK	142
3.3	Soap trials: 3-dimensional carving and 2-dimensional casting	142
3.3	Soap sculpture making and soap action	148
3.3	Packaging and editioning of the soap sculptures	156
3.3	3.4 3-Dimensional transparent soap casting (2003-2004)	166
3.3	The transparent male and female soap sculptures as a multiple	170
3.4 H	HIV/AIDS Awareness Exhibition - Postgraduate Degree Show (21st August	– 15th
Septe	ember 2004)	176
3.4	4.1 The exhibition display	176
3.4	4.2 Comments about the sculptures	185
Chapte	er 4 Transparent Soap Sculpture Interviews	186
4.0	Introduction	
	D.1 Piloting the Soap Sculpture questionnaire in Uganda 2004	
4.1	Analysis of results of female respondents interviews	
4.2	Analysis of male respondents interviews (in brief)	
4.3	Launching the Soap Sculptures at Katikamu (video recording)	
4.3	3.1 Documentation of promotional material and group discussion of the	
Sc	sulptures at Katikamu Catholic Parish in Kasana – Luwero District, 10 <sup>th</sup> of	March
20	005 209	
4.4	Soap sculpture show at the 4th National AIDS conference, at Speke	Resort
Mun	yonyo (21 <sup>st</sup> -22 <sup>nd</sup> March 2005)	219
4.4	Documentation of Soap Sculpture show at the 4th National	AIDS
CO	nference, at Speke Resort Munyonyo 21st -22nd March 2005	220
4.4	Media coverage of the Soap Sculptures	227
4.5	Evaluation of the Research in Uganda, October 19 <sup>th</sup> 2004-23 <sup>rd</sup> April 2005	231
4.6	Summary of the Interviews on the Soap Sculptures	231
-	r 5 Lessons learned, recommendations, future research and conc	
5.0	Introduction	234
5.1	Lessons learned	236
5.2	Recommendations	237

5.3	Future research23	9
5.4	Conclusions24	1
	dix for Chapter 3: Research results: Analysis of the lives and experiences living with HIV/AIDS24	
3.0	Introduction	13
3.1	Pilot Project in the UK: July-August 200224	13
3.	1.1 Women Living with HIV/AIDS (Innovative Vision Organisation Clien	ıts
U)	X 2002): Interviews Analysis24	16
3.	1.2 Analysis of the Pilot Study24	19
3.2	The Roses of Reach Out, Mbuya Parish HIV/AIDS Initiative, Uganda 15 <sup>th</sup> Jul	у-
15 O	ctober 2003	19
3.2	2.1 Analysis of Interviews of Women Living with HIV/AIDS 2003 2:	50
3.3	Organizations Involved in HIV/AIDS Awareness in Uganda	55
3.4	Summary of interviews with clients/organisations with regard to the possibili	ty
of ge	enerating sculptural ideas to communicate HIV/AIDS awareness	59
Qı	uestionnaire for the staff of Innovative Vision Organization	52
Qı	uestion naire for Women Living with HIV/AIDS in the UK 200220	56
3.5	Field Research Questionnaires in Uganda 2003	71
Qı	uestionnaire for the Roses of Mbuya (2003)	71
Qı	uestionnaire for HIV/AIDS organisations in Uganda (2003)	76
3.6	Postgraduate Exhibition, Hatton Gallery and Department of Fine Art, 10	th
Augi	st-15th September 2004: Sculpture Questionnaire	78
Appen	dix for Chapter 4 23	31
4.1	Letter of Introduction, consent forms to respondents and registration	of
partio	cipants23	31
4.2	SOAP SCULPTURE RESULTS IN UGANDA 2004-2005 2	32
4.3	Problems with the questionnaire design	39
4.4	Correspondence29	€0
List of	references 2º	91
~ -		

# **List of Plates**

# Chapter 2

Plate 2-1: ACT-UP 'SILENCE = TO DEATH', (ACP UP NY 2003, u/p.)
Plate 2-2: Red Ribbon, (Wikipedia Encyclopedia 2006, u/p.).
Plate 2-3: (left), Peace tiles by children and youth (2005) Uganda. Plate 2-4: (right), Peace
tiles by children and youth (2005) India (Peace tile Project 2005, u/p.)24
Plate 2-5 (left) and Plate 2-6, (right): Adriana Bertini- Condom Dresses (UNAIDS 2006
u/p.)
Plate 2-7: Virgin testing (1999): 20 x 11cm, textiles, thread and beads by Beauty Ndlovu
Africa (Wells 2000)
Plate 2-8: The Snake Story (2002), tableau: textiles, thread and beads, board by Celan
Njoyeza, Africa (Wells 2000).
Plate 2-9: Having sex with a virgin will cure you of AIDS, (Monkey Biz 2003)). Plate 2-10
(above left) Cover page of Monkey Biz book cover of a beaded doll depicting ar
HIV/AIDS positive woman, (Monkey Biz 2003)29
Plate 2-11: (above left) Two figures kissing followed with text: By hugging an infected
person, or by kissing or her on the cheek or lips you cannot get HIV/AIDS, (Monkey
Biz 2003). Plate 2-12: (above right) Encouraging people living with HIV/AIDS to
attend school or continue with their education; in other words, to continue with their
normal lives and achieve success, (Monkey Biz 2003)
Plate 2-13: <i>The AIDS wall, Harare 2003</i> (Kohl 2003)
Plate 2-14: A detail: <i>The AIDS wall Harare</i> 2003, (Kohl 2003)
Plate 2-15: Lo. Na. To. Electrical Substation (2002) by two artists, Azankpo and Koko
(UNDP-Togo 2000, u/p.)
Plate 2-16: Bè Market Electrical Substation (2002), by Jope Quaye and Dabla used
caricature and abstract forms to create a vigorous, colourful evocation of the struggle
against AIDS, (UNDP-Togo 2000, u/p.)34
Plate 2-17: Risky situation in relation to HIV/AIDS (Plan 2002)
Plate 2-18: (on the left) Going for Pre-test counselling and accepting blood checked for
HIV/AIDS, (Plan 2002); Plate 2-19: (on the right) Post-test counselling (Plan 2002)
36

Plate 2-20: (above left) You Cannot get AIDS from from the above activities illustrated
Plate 2-21: (above right) Living Positively with HIV/AIDS (Both by UNICE
Kampala 1990s)3
Plate 2-22: (above left) "What does a person with AIDS look like?", (Both by UNICE
Kampala 1990s). Plate 2-23: (above right) "Care for people with AIDS" a positiv
attitude to AIDS sufferers but below the messages are stigmatising as seen in the tex
(Both by UNICEF Kampala 1990s).
Plate 2-24: Stigmatising HIV/AIDS awareness images and Plate 2-25: HIV/AIDS
awareness image in the 1990's moving away from stigmatisation (Both by UNICE)
Kampala 1990s).in (Kaleba, J.K.Namulondo et al. 2002).
Plate 2-26: Sexual Harassment (above left), (Researchers/FAWE 1990s) and Plate 2-27
Say NO to Commercial sexual Exploitation of Children (above right) (UYDEL 2002)
4
Plate 2-28: (above left) (Nabulime 2004) and Plate 2-29: (above right) display T- Shirt
worn to display HIV/AIDS awareness messages (Nabulime 2004)
Plate 2-30: (above left and) Plate 2-31: (above right) show posters advising on taking
HIV/AIDS tests (Both plates by Academic Alliance for AIDS Care and Prevention is
Africa 2004)
Plate 2-32: (above left) Poster advising accessing HIV/AIDS treatment (Academi
Alliance for AIDS Care and Prevention in Africa 2004). Plate 2-33: (above right
Awareness on parenting and living with HIV/AIDS (Ministry of Health and UNICE)
Kampala 2004)
Plate 2-34: (left) Proper Condom (Academic Alliance for AIDS Care and Prevention is
Africa 2004) and Plate 2-35: (right) Life Guard (Marie Stopes International
STIs/HIV/AIDS 2004)
Plate 2-36: HIV/AIDS awareness stickers (unknown 2004)
Plate 2-37: Ssekyanzi Francis - Sources of HIV/AIDS Spread in Uganda (2002) 45
Plate 2-38: Diagrammatic explanation of episodes in the "Sources of HIV/AIDS Spread in
Uganda by Ssekyanzi Francis" as seen in Plate 2-37
Plate 2-39: Truck Drivers and prostitutes (1)
Plate 2-40: Prostitutes, top (2). Early Marriage, below (5), Sugar Daddies right (4) 4
Plate 2-41: Sugar Daddies, on the left (4), Domestic Violence, on the right (10)
Plate 2-42 (above left): Sex (6). Plate 2-43 (above right): Ceremonies (3)

Plate 2-44: on the left, Sex (6); in the middle, Child Molesting (7), and on the right Jiggers (15)
Plate 2-45: on the left <i>Breast feeding</i> , and on the right (8) <i>Incest</i> or <i>Enticing</i> (9)
Plate 2-46: in the middle, <i>Blood Pact</i> (14)
Plate 2-47: bottom left, <i>Teeth extraction</i> (16), middle, <i>Tattooing</i> (17), bottom right <i>Alcohol</i>
(23)
Plate 2-48: left, Circumcision (13). Plate 2-49: bottom left Tattooing (17); bottom right
Alcohol (23); middle above left Witch Doctors (18); middle above left Scarification
(19) and above middle right, <i>Traditional birth attendant</i> (20); further top left <i>Ear</i>
piercing (22); further top right Shaving hair (21)
Plate 2-50: above left, <i>Drip</i> (11) middle above, <i>orphans</i> ; and right, <i>Circumcision</i> (13) 50
Plate 2-51: Witch Doctors practising Scarification (18)
Plate 2-52: <i>The reality of AIDS</i>
Chapter 3
Plate 3-1: Maquettes (2001), various sizes from 4cm- 8cm, clay
Plate 3-2: <i>Maquettes</i> (2001), various sizes from 4cm- 8cm, clay
Plate 3-3: Masks (2001-2002), bark cloth, hessian, jute, wire mesh and papier maché 70
Plate 3-4: (details) Masks (2001-2002), 30 x 12 cm, Plate 3-5: Bark cloth, hessian, jute. 71
Plate 3-6: Stigmatised Face (under the mesh) and Face Free from Stigma (above the
mesh) (2001-2002), 70 x 60 x 15cm, wire mesh, hessian material, Papier maché, back
cloth71
Plate 3-7: Faces (2001-2002), 30 x 12 cm, (approximately), different gestures, wood 71
Plate 3-8: and Plate 3-9: Faces 1 and 2 (2001- 2002), 30 x 12 cm, (approximately),
different gestures, wood, metal
Plate 3-10: <i>Portraits – Kissing</i> (2001-2002), 20 x 20 x 25 cm, Papier maché, Bark cloth. 72
Plate 3-11, Plate 3-12: and Plate 3-13: <i>Polygamy</i> (2001-2002), 170cm x 20cm, wood 74
Plate 3-14, Plate 3-15, Plate 3-16: Support (2001-2003), 126 by 23 by 5cm, wood 75
Plate 3-17: Compassion (2002), 84 x 60 x 3cm, wood
Plate 3-18, Plate 3-19: <i>Mortar and pestle</i> (2002), 57 x 50 x 100cm, wood, polythene 77
Plate 3-20: Mortar and pestle and above and Plate 3-21: (detail)
Plate 3-22: Mortar and pestle (2002-2004), 57 x 50 x 150cm, wood, copper plates, copper
boiler bottoms

Plate 3-23: Bowls and spoons (2002), 43 x 50 x 17 cm, ceramic bowls and spoons A - safe
sex (left); B - Promiscuity (middle) C - abstinence (right)
Plate 3-24: Protect yourself (2002-2004), 104 x 31 x 36 cm, Wood, copper, aluminium 81
Plate 3-25: Protect yourself (2002-2004), 104cm x 31 x 36 cm, wood, copper, aluminium
Plate 3-26 (Detail frontal), Plate 3-27 (Details portrait): Protect yourself (2002-2004), 104
x 31 x 36 cm, wood, copper, aluminium
Plate 3-28 (Details hair), Plate 3-29 (details side view): Protect yourself (2002-2004), 104
x 31 x 36 cm, Wood, copper, aluminium.
Plate 3-30: (Left) Initial sculpture, Plate 3-31: (Final sculpture), Condom (2002-2003), 103
x 20 x 8 cm, wood
Plate 3-32, Plate 3-33: <i>Condom</i> (Detailed), (2002-2003), 103 x 20 x 8 cm, wood aluminium
Plate 3-34, Plate 3-35: Shield (Engabo) (2002), 58 x 60 cm, wood and iron
Plate 3-36: Femidom and Condom (2002-2003), 43 x 43 x 14 cm, Copper Boiler bottom and condoms (top left); Copper Boiler bottom- condoms, cowrie shells- condoms presented on copper and aluminium plates as relief sculptures (top right); Copper
Boiler bottom and condoms cast in plaster of Paris (bottom right and left) 92
Plate 3-37: Shattered lives (2003), 60cm wide, copper boiler top, mirrors, broken glass 93
Plate 3-38: Shattered lives (2003), 40 x 30cm shattered mirror
Plate 3-39: Shattered lives (2003-2004) (detail), broken mirror, copper bowl
Plate 3-40: Shattered lives (2003-2003), 122 x 122 x 60 cm, wooden table, copper boilers, mirrors, broken glass.
Plate 3-41: Shattered lives (2003-2003), 122 x 122 x 60 cm, wooden table, copper boilers, mirrors, broken glass.
Plate 3-42: Shattered lives (2003-2004), 122 x 122 x 60 cm, wooden table, copper boiler tops, mirrors, broken glass
Plate 3-43: <i>Precaution</i> (2002), 26 x 5 x 6 cm, a hand bag, condoms, alarms, mobile phone
Plate 3-44: Protection (2002), 30 x 6 x 6 cm, glass, soap stone, bark cloth
Plate 3-45 (left), Plate 3-46 (middle), Plate 3-47 (right): A mother's pain is her devotion
(initial stages) (2003), wood
Plate 3-48: A mother's pain is her devotion (initial stages) (2003), wood, (back view) 98
Plate 3-49: A mother's pain is her devotion (initial stages) (2003), wood,

Plate 3-50: A mother's pain is her devotion, (2003-2004), 114 x 30 x 30 cm, Wood, stained
and burned, rope, metal nuts), (portrait side view).
Plate 3-51: A mother's pain is her devotion (2003-2004), (side view) 114 x 30 x 30 cm
wood, stained and burned, rope, metal nuts
Plate 3-52: A mother's pain is her devotion (2003-2004), (back view) 114 x 30 x 30 cm
wood, stained and burned, rope, metal nuts
Plate 3-53: (on the left side view), Plate 3-54 (on the-right Portrait 3/4 view): The Struggle
to Live (2002-2004)
Plate 3-55: The Struggle to Live (2002-2004), (frontal view), 177 x 35 x 11cm, wood
copper and steel plates, rope, nails
Plate 3-56 (frontal view), Plate 3-57 ¾ detail views): The Struggle to Live (2002-2004)
177 x 35 x 11cm, wood, copper and steel plates, rope, nails
Plate 3-58 (bottom view of the sculpture): The Struggle to Live (2002-2004), (177 x 35 x
11cm, wood, steel and copper plates, rope
Plate 3-59: Knots (2003), Various sizes, ranging from 4 x 40cm; scrim, latex, nails, tes
tubes, colour, cowrie shells, plaster of Paris, tooth picks
Plate 3-60, Plate 3-61: Knots (2003), various sizes, scrim, latex, nails, cowrie shells, plaster
of Paris106
Plate 3-62 (left), Plate 3-63 (right): various sizes, ranging from 4 x 40cm; scrim, latex
nails, colour, cowrie shells, tooth picks
Plate 3-64 (bottom): Knots (2003), ranging from 4 x 40cm; scrim, latex, nails
Plate 3-65 (detail), Plate 3-66: Knots (2003), various sizes, ranging from 4 x 40cm; scrim
latex, nails, test tubes, colour
Plate 3-67: Knots (2003), various sizes, ranging from 4 x 40cm; scrim, latex, nails, test
tubes, cowrie shells, tooth picks, colour
Plate 3-68: Knots (2003), (detail) various sizes, ranging from 4 x 40cm; scrim, latex, nails
colour
Plate 3-69 (left), Plate 3-70 (right): Knots (2003), (details) various sizes, ranging from 4 x
40cm; scrim, latex, test tubes embedded with colour, soil and water 109
Plate 3-71: Knots (2003), various sizes, ranging from 4 x 40cm; scrim, latex, nails, test
tubes, colour
Plate 3-72: Vulnerability (2003-2004), 150 x 150 cm (installation) basketry made of scrim
colour, nails, latex, foil and food wrapping111
Plate 3-73: Vulnerability (2003-2004), 30 cm wide basketry made of scrim, latex 112

Plate 3-74: Vulnerability (2003-2004), 30 cm wide basketry made of scrim, colour, and
nails
Plate 3-75: Infected Sperms (2002), 40cm wide, scrim, backcloth, cowrie shells 113
Plate 3-76: Modern Sieve (2002), 50 x 15cm, lentils, sieve and silver bowl
Plate 3-77: Winnowing (2002-2004, 168 x 125 x 125 cm; scrim, flat baskets, nails, cowrie
shells, wood, beans, ground nuts, latex, glass, wasted tea bags, colour
Plate 3-78 (left) back view, Plate 3-79 Top right) 3/4 frontal view. Plate 3-80 (frontal view):
Winnowing (2002-2004), (detailed views) 168 x 40 x 30 cm; scrim, flat basket 116
Plate 3-81 (side view), Plate 3-82 (3/4 back view) raised hands holding a basket: Winnowing
(2002-2004)
Plate 3-83: Ground nuts and shells
Plate 3-84: Winnowing (2002-2004) detail of, scrim, flat baskets. Latex covering, nails,
colour
Plate 3-85: Winnowing (2002-2004), scrim, flat baskets, nails, colour
Plate 3-86: Winnowing (2002-2004), rusted nails and red colour, in detail
Plate 3-87: <i>Winnowing</i> (2002-2004), scrim, flat baskets, cowrie shells
Plate 3-88: <i>Winnowing</i> (2002-2004), cowrie shells in detail
Plate 3-89 (above): beans, Plate 3-90 bundles of sticks: Winnowing, (2002-2004) 120
Plate 3-91, Plate 3-92: Drip (2002-2004), 65 x 38 x 19cms; balloons 50 x 10cm, plastic
tubes, papier-mâché, cord, wood, metal frame
Plate 3-93: <i>Drip</i> (2002-2004), 65 x 38 x 19 cms; balloons 50 x 10cm, plastic tubes, papier-
mâché, cord, wood, modelling stand
Plate 3-94 (left) detail of the platted hair and Plate 3-95 (right) frontal view of Drip (2002-
2004)
Plates 3-96: (left) Glasses, a water jar a tray and Plate 3-97: (right) Examining the water.
Plate 3-98: Drinking Water (2003), 46cm x 30cm. Water, clean glasses, dirty glasses,
water jug
Plate 3-99: Good food and bad food (2004), 38 x 13 cm, lightly toasted bread and burnt
toast, basket
Plate 3-100: Test tubes (2004), 27 x 6.5 x 2 cm, 20 wooden racks, test tubes on racks,
seeds, sand, pigment, raffia, urine, blood, soil, powder colours, oil, nails, salt, leaves
and others

Plates 3-101, 3-102, 3-103: Test tubes (2004), (detail) nails rice, soil, blue chalk, seeds
soil
Plate 3-104: 56% infection (2004), 214 x 214 cm, hessian, wheat flour, nails, yoghurt 139
Plate 3-105: 44% non-infection (2004), hessian, wheat flour
Plate 3-106: 56% infection (2004), hessian, wheat flour, nails, yoghurt
Plate 3-107: 56% infection (2004), (detail) wheat flour, nails, yoghurt
Plate 3-108: 56% infection (2004), (detail) wheat flour, nails, yoghurt
Plates 3-109 (left bottom), 3-110 (top left), 3-111 (on the right): Soap Carvings (Faces,
Women, Mothers and children) 2003, 10 x 5 x 2.5cm, soap tablets
Plate 3-112: Initial 2D clay models (2003) for casting in soap. In the centre is a shape
suggesting a vagina surrounded by penis shapes
Plate 3-113: Untitled soaps (2003), 4 x 2 x 8cm, melting and casting bathing soap tablets
with added colour
Plate 3-114: Untitled soaps (2003), 4 x 2 x 8cm, melting and casting bathing soap tablets
with added colour
Plate 3-115: Transparent coloured soaps (2003), 14 x 10 x 4cm embedded with kidney
beans, lychee skin, red string
Plates 3-116, 3-117: Details of soap ribbons embedded with objects
Plate 3-118: Penises, (2003), 4 x 2 x 10cm transparent soap, coloured, embedded with red
ribbons, lychee skins, condom and beans
Plate 3-119: Untitled transparent soaps (2003), 4 x 2 x 8cm coloured, embedded with red
ribbon and beans; above and below
Plate 3-120: Untitled (2003), 4 x 2 x 8cm vulva shape, transparent soap embedded with
kidney beans, red ribbon, nails, lychee, cowrie shells
Plate 3-121: Untitled (2003) (detail), vulva shape, transparent soap with kidney beans. 147
Plate 3-122: Untitled (2003) (detail), vulva shape, transparent soap embedded with cowrie
shells
Plate 3-123: Untitled (2003), various shapes including vulva shapes, penises and ribbons,
opaque and transparent coloured soap embedded with kidney beans, red ribbon, nails,
lychee skin
Plate 3-124: Melting the Gelflex
Plate 3-125: Pouring Gelflex over a clay model
Plate 3-126: When the Gelflex cools the clay model is removed

Plate 3-12/: Melting raw soap is either opaque or transparent soap being heated in a pan
Plate 3-128: As the soap melts the following are added: Fragrances to add scent or smel
colour for decorations
Plate 3-129: The soap is poured into the mould embedded with objects which are
meaningful and symbolic15
Plate 3-130: 2 Dimensional Transparent soaps (2003) in various shapes embedded with
beans, cowrie shells, nails red ribbon, condom and lychee
Plate 3-131: Ribbon soap sculpture used in soap action
Plate 3-132: Transparent Red Ribbon soap
Plate 3-133 (left): Action of bathing of the face and Plate 3-134 (right): Soap action 154
Plate 3-135, Plate 3-136: Soap action
Plate 3-137: Soap wrapped in plain acid free paper, above, and below, transparent
cellophane paper tied with rubber band
Plate 3-138: Soap wrapped in coloured acid free paper tied with string
Plate 3-140: Basket made of hessian material being cast over a small bowl
Plate 3-141: Hessian basket holding a 2-dimensional transparent soap of a penis embedded
with lychee
Plate 3-142: Hessian basket holding a 2-dimensional transparent soap embedded with
beans and the
Plate 3-143: Hessian basket holding a transparent soap vagina shaped, embedded with
kidney bean
Plate 3-144: Hessian basket holding transparent soap, vagina shaped, embedded with a
condom wrapped in transparent cellophane paper
Plate 3-145: Baskets made of hessian material with a 2 dimensional transparent soap
wrapped and tied up in transparent cellophane paper
Plate 3-146: Hessian basket holding a transparent soap, vagina shaped, embedded with
kidney beans placed on brown paper for wrapping
Plate 3-147: Soap in a hessian basket, wrapped in brown paper
Plate 3-148: Soap wrapped in acid free paper, with an edition number and the sculptor's
stamp
Plate 3-149: Transparent soap sculptures on a box with the words Female Soap Sculpture.
Plate 3-150: Transparent female soap sculpture inside the box

Plate 3-151: Transparent male soap sculptures on the box with the words
Plate 3-152: Transparent male soap sculpture inside the box, with leaflet stating: Soap is
used daily and is symbolic of cleansing. Soap can be related to positive living and
healthy life styles166
Plate 3-153: <i>Mothers</i> (2003-2004), 6.5 x 5 x 5cm, terracotta
Plate 3-154: Male 8 x 8 x 4cm (Left), Female 6.5 x 5 x 5cm (middle), Couple, 3.5 x 8 x 4
(right)
Plate 3-155: <i>Couple</i> , 3.5 x 8 x 4 (2003-2004) soap embedded with beans
Plate 3-156: Male 8 x 8 x 4cm, (left) and Female 6.5 x 5 x 5cm (right) soap embedded
with cowrie shell (2003-2004)
Plate 3-157: Female soap sculptures 6.5 x 5 x 5cm (2003-2004) embedded with cowrie
shell and Plate 3-158 and female soap embedded with nails
Plate 3-159: Male 8 x 8 x 4cm (left), Female 6.5 x 5 x 5cm (right) (2003-2004) soap
embedded with cowrie shells, beans
Plate 3-160: Male 8 x 8 x 4cm, (left) Female 6.5 x 5 x 5cm (2003-2004) soaps. Female
soap in the middle is embedded with nails and the one on the right is embedded with
cowrie shell and beans
Plate 3-161: Female soaps 6.5 x 5 x 5cm (2003-2004) and Plate 3-162: embedded with
cowrie shell, seeds
Plate 3-163: Checkers/Draughts (2004), 100x 100cm x 150cm, a board, chairs, table, and
transparent male and female soap sculptures embedded with nails, beans, cowrie
shells
Plate 3-164: Checkers/Draughts (2004) (detail), board size 100cm x 100cm. Soaps
embedded with seeds, cowrie shells, nails
Plate 3-165: Checkers/Draughts (2004) (detail), board size 100cm x 100cm. Soap, seeds,
Plate 3-166: Male and Female transparent soap sculpture family (2004), 150 x 150cm, soap
embedded with beans, seeds and nails
Plate 3-167 (above left): Soap Family (detail) (2004), size 150 x 150 x 35cm, Soap
embedded with seeds, cowrie shells, nails. Plate 3-168 (above right): Male and
Female enlarged transparent soap sculpture (2004) 35 x 30 x 30cm, embedded with
beans
Plate 3-169 Male on left, Plate 3-170 female on right: Soap Family (detail) (2004), size
150 x 150 x 35cm, Soap embedded with seeds, cowrie shells, nails

Plate 3-171: <i>Kissing</i> (2001-2002)
Plate 3-172: 56% Infection (2003-2004) in the background, Drip (2003-2004) in the
middle, Condom (2002-2003) in the frontal position
Plate 3-173: Vulnerability (2003-2004) on the left, Winnowing (2002-2004) in the centre
56% Baskets infected (2004) on the right
Plate 3-174: Vulnerability (2003-2004) left in the background, Winnowing (2002-2004)
middle in the background, 56% Baskets infected (2004) right in the background. The
struggle to live (2002-2004) in the fore ground.
Plate 3-175: Left to right in the background: Soap Family (2004), Support (2001-2003)
Checkers/Draughts (2003-2004). Middle ground left: Mortar and pestle (2002-2004)
on the right: A mother's pain is her devotion (2003-2004). Foreground: The Struggle
to Live (2002-2004)
Plate 3-176: Shield (Engabo) (2003) 200 on the left in the background4), Shattered lives
(2002-2004) in the middle background, Vulnerability (2003-2004) on the right
background. The Struggle to Live (2002-2004) in the foreground
Plate 3-177: Knots (2003) the left background, Test tube (2004) centre in the background
Shield (Engabo) (2003) right in the background. Protect yourself (2002-2004) in the
middle centre, Mortar and pestle (2002-2004) in the foreground
Plate 3-178: In the background: Checkers/Draughts (2003-2004) in the background and in
the fore ground <i>Protect yourself</i> (2002-2004)
Plate 3-179: Condom (2002-2003): in the background on the left, The Struggle to Live
(2002-2004) in the middle on the left, A mother's pain is her devotion (2003-2004) in
the middle on the right and Protect yourself (2002-2004) in the foreground 182
Plate 3-180: Knots (2003) from the left to the right in the background, followed by Test
tube (2004), next is Shield (Engabo) next is Shattered lives (2002-2004) then,
Vulnerability (2003-2004) and Winnowing (2002-2004). Middleground are: Protect
yourself (2002-2004), Mortar and pestle (2002-2004) and A mother's pain is her
devotion (2003-2004). Foreground: Soap Family (2004)
Plate 3-181: Left to the right in the background: Winnowing (2002-2004), 56% Baskets
infected (2004). Drip (2003-2004), Condom (2002-2003). Centre in the background
from left moving to the right: Protect yourself (2002-2004, The Struggle to Live
(2002-2004). A mother's pain is her devotion (2003-2004). Foreground: Mortar and
pestle (2002-2004)

Plate 3-182: Left to the right in the background: Soap Family (2004), Checkers/Draug (2003-2004). In the middle: Mortar and pestle (2002-2004). Foreground: A mother is in the sign of the second seco	
pain is her devotion (2003-2004)	
Plate 3-183: In the background: Vulnerability (2003-2004). Middle background: The struggle to live (2002-2004), Foreground: A mother's pain is her devotion (2003 184).	
Chapter 4	
Plate 4-1: Invitation card	
Plate 4-2: Poster developed for the soap sculpture shows	
Plate 4-3: Brochure side 1	
Plate 4-4: Brochure side 2	
Plate 4-5: Katikamu Catholic Parish Church, Parish in Kasana Luwero, Uganda 213	
Plate 4-6: Katikamu Catholic Parish Hall where the soap sculpture group discussion took	
place	
Plate 4-7 (top): Researcher with the soap sculptures, Plate 4-8 (middle): Respondents looking at the photograph sculpture folder and Plate 4-9 (bottom): the researcher introducing the research/practice done at the University, documented filed in a folder.	
Plate 4-10: Introducing the soap sculptures to the audience. Plate 4-11: Participants	
observe the soap sculptures before responding to the questionnaire	
Plate 4-12 (top), Plate 4-13 (middle) and Plate 4-14 (bottom): Participants observe the soap	
sculptures and responding to the questionnaire with the research assistant and researcher.	
Plate 4-15: and Plate 4-16: Participants in discussion, responding to the questionnaire and soap sculptures	
Plate 4-17: Dr. Kasirye, an extension officer from 'Caritus Kasanaesis' in Luwero Diocese, responding to the questionnaire and soap sculptures	
Plate 4-18: Some of the respondents in the discussion group photograph at Katikamu Parish, 10 <sup>th</sup> March 2005	
Plate 4-19: Story board poster	
Plate 4-19. Story board poster	
photographs of the launching of the soap sculptures at Katikamu and the New Vision	
newspaper recording of the soap sculpture launch	

Plate 4-21: Stalls at the 4 <sup>th</sup> National AIDS conference, at Speke Resort, Munyonyo (21 <sup>st</sup> -
22 <sup>nd</sup> March 2005) from different organisations displaying their work, projects on
HIV/AIDS
Plate 4-22: Soap sculptures on the stall
Plate 4-23: Researcher and her assistant at the Soap Sculpture Show Stall, with the Former
Health Minister Major General Jim Muhwezi signing the guest book 21st March 2005.
Plate 4-24 (above): A visitor signs the guest book while Annette Kayongo (research
assistant) engages visitors in the soap sculptures and in Plate 4-25 (below) as well.224
Plate 4-26: Annette Kayongo (research assistant) engages visitors in the soap sculptures as
well as distributing questionnaires
Plate 4-27: Will Ross of BBC Africa Network interviewing Associate Professor Edward
Kirumira, Dean of Social Sciences, Makerere University on the 22 March 2005 at the
4 <sup>th</sup> National AIDS conference, at Speke Resort Munyonyo (21 <sup>st</sup> -22 <sup>nd</sup> March 2005).
Plate 4-28 (top): Will Ross of BBC Africa Net work interviewing the researcher, 22 <sup>nd</sup>
March 2005. Plate 4-29 (middle): Rose (assisting at the soap sculpture stall) on the
second day of the conference. And Plate 4-30 (bottom): After filling in the
questionnaires and guest book, excited young people pose with Rose (assistant at the
soap sculpture stall)226
Plate 4-31: Uganda New Vision Newspaper, 22 <sup>nd</sup> March 2005
Plate 4-32: Ugandan Monitor News Paper, 16 <sup>th</sup> April 2005, story covered in a news pullout
"Full Woman"

# **Abbreviations and Glossary of Terms**

ACT-UP AIDS Coalition to Unleash Power

AIC Aids Information Centre

AIDS Acquired Immune Deficiency Syndrome

AMECEA Association of Member Episcopal Conferences of

Eastern Africa

AMREF African Medical and Research Foundation

ANC Antenatal Clinic

Antiretroviral Medical treatment using drugs that combat HIV rather treatment/anti-HIV than just the opportunistic symptoms of HIV. These

drugs/HIV antiviral drugs do not cure HIV but can, if successfully drugs/ARVs administered, slow and even virtually stop the

administered, slow and even virtually stop the proliferation of HIV in the body. This reduces susceptibility to other diseases and allows for longer and better quality of life. The treatment consists of drugs that

have to be taken every day for the rest of someone's life.

(source: www.avert.org/aidstreatment.htm)

**ART** Anti-Retroviral Therapy

BBC British Broadcasting Corporation

BCC Behaviour Change Communication CBO: Community Based Organization

CDC The Centre for Disease Control and Prevention -

Zimbabwe

**DANIDA**: Danish International Development Agency

DDHS Directorate of District health Services
DFID Department for International Development

**DISH** Delivery of Improved Services for Health funded by the

Ministry of Health

**FAO** Food and Agriculture Organisation

**FGM** Female circumcision, also described as female

**GDP** Gross domestic Product

Working Group

Global HIV Prevention The Global HIV Prevention Working Group is an

experts, clinicians, biomedical and behavioural researchers, and people affected by HIV/AIDS. The Working Group seeks to inform global policymaking, program planning, and donor decisions on HIV prevention, and advocate for a comprehensive response to HIV/AIDS that integrates prevention and care. The Working Group was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser

Family Foundation. (source: <www.kff.org/hivaids

international panel of nearly 40 leading public health

/hivghpwgpackage.cfm>)

8 1 81 8

GOU Government of Uganda
GPA Global Programme on AIDS

Genito-Urinary Medicine or STI (Sexually Transmitted

Infection) Clinic

HIV Human Immunodeficiency Virus

HIV Prevalence The total number of cases of a given HIV/AIDS

infections in a specified population at a specified time and/or the ratio of the number of cases infected present in a statistical population at a specified time and the number of individuals in the population at that specified

time.

HIV-infected (sero-positive): Blood tests showing the presence of the HIV/AIDS virus

ICW The International Community of Women Living with

HIV/AIDS

IEC Information Education and Communication IMAU Islamic Medical Association of Uganda

IVO Innovative Vision Organisation
JCRC Joint Medical Research Centre

LCs Local councils

MIS Management Information Systems
MOES Ministry of Education and Sports

MOH Ministry of Health

MPHAI Reach Out, Mbuya Parish HIV/AIDS Initiative

MSI(U) Marie Stopes International (Uganda)

NACP National AIDS Control Program established in 1986 in

Uganda

NACWOLA National Community of Women Living with HIV/AIDS

in Uganda

**NGEN** National Guidance Empowerment Network

NGO Non Governmental Organisation

**OSF** Operation School Fees

PEARL Programme for Enhancing Adolescent Reproductive

Life

**PHC** Primary Health Care

**PhD** The degree of Doctor of Philosophy, a higher degree

than an Honours or Masters degree, involving at least two and a half years of supervised research resulting in a

thesis. www.vuw.ac.nz/home/glossary/

PLWHA People Living With HIV/AIDS

PMBU Protestant Medical BureauUganda Youth Network on

HIV/AIDS, Uganda

PMTC Prevention of Mother to Child Transmission

**PSI** Population Services International (Protector Condoms)

RIP Rest In Peace

SAfAIDS Southern Africa HIV and AIDS Information

Dissemination Service

SCI Sara Communication Initiative
STD Sexually Transmitted disease

**SWAA** Society for Women and AIDS in Africa

TASO The AIDS Support Organization
TBAs Traditional birth attendants

**TV** Television

U/P. Unpaginated meaning no page numbers

UAC Uganda AIDS Commission

UCB Ugandan Business Coalition (UCB-HIV/AIDS)

UCS Uganda Catholic secretariat

UK United Kingdom

UNAIDS The Joint United Nations Programme on HIV/AIDS

UNAIDS is co-sponsored by UNICEF, UNDP, UNFPA,

UNDCP, UNESCO, WHO and the World Bank..

**UNDCP** United Nations International Drug Control Programme

UNDP United Nations Development Programme

UNESCO United Nations Educational Scientific and Cultural

Organization

**UNFPA** United Nations Population Fund

**UNICEF** the United Nations Children's Fund,

**UNICEF-ESARO** (East and Southern Africa Regional Office)

**USAID** United States Agency for International Development

**UWESO** Uganda's Effort to Save the Orphans

VCT HIV/AIDS Voluntary Counselling and Testing

WB World Bank

WFP World Food Programme

WHO World Health Organization

WLWHA Women Living With HIV/AIDS

# Chapter 1

### Introduction

#### 1.0 Introduction

This chapter introduces the background to the research and the context and characteristics of the researcher's sculptural work prior to this. It also clarifies the reasons for the research and the development of the sculpture being undertaken in the United Kingdom rather than in Uganda. In researching *The role of Sculptural Forms as a communication tool in relation to the lives and experiences of women with HIV/AIDS in Uganda*, the central need to communicate to both literate and illiterate peoples is explained. Closely linked to this, the importance of contemporary Western art in indicating appropriate models of production and theories of reception are outlined. The impact of HIV/AIDS in Uganda and women's particular vulnerability to infection are explained in terms of how they informed the research question. Finally, this chapter establishes the aims and objectives of the study, its significance, its scope and its limitations.

# 1.1 Background

The sculptural idiom which characterized work prior to the research period reflected the dominant aesthetic of the Margaret Trowel School of Fine Arts, Makerere University, Kampala. The school was founded by the British artist Margaret Trowel in 1937. The artists attending the school come from East Africa and were encouraged to reflect on ideas that are non-figurative, visual traditions based on Christian themes and the life of the region. Many murals and monuments during Trowel's era were created in East Africa by Gregory Maloba, who was Margaret Trowel's first sculpture student. Maloba is well-known for his elegant stylized *Independence monument* (1962) (Lugira.A.M 1970; Nyachae 1995; Kasfir 1999)<sup>1</sup>.

<sup>1</sup> Located in Kampala city centre, the concrete monument uses the abstracted, simplified forms of a mother raising a child into the air to signify Uganda's transition to self rule, which is further symbolised by the drapery unfolding from the mother.

In 1958, Trowel retired and new European and African lecturers took over the leadership. Their objectives and methods differed from those of Margaret Trowel by introducing a curriculum based on a European model of art training with strong emphasis on form, structure and the techniques of pictorial construction<sup>2</sup>.

When the British finally left Uganda, African artists took over the leadership of the School of Fine Art in the 1970's and during that era, due to political turmoil and wars, developments in art progressed slowly until the mid 1980's. That period is marked by Francis Nnaggenda who trained in Switzerland and Germany and worked in the United States before returning as one of the lecturers who transformed the sculpture department. He is best-known for his huge monumental sculptures made of tree trunks, assembled wood, metal and found objects<sup>3</sup>. Nnaggenda's European training and experience equipped him with the skills to express contemporary African ideas symbolically, using the limited sculptural materials available. He recognised the sculptural potential in found materials and objects which enabled him to combine these in ways which effected a change in their identity or context. Many of Uganda's contemporary sculptors are followers of Nnaggenda and have been greatly inspired by his sculptures (Lugira.A.M 1970, pp.171-177; Nyachae 1995, pp.161-177, 280-282; Kasfir 1999, pp.141-151).

However, in Uganda few artists opt for sculpture as it is perceived as a tedious medium involving heavy materials, the most readily available being wood and clay. Using other materials and processes such as metal casting, welding, or plaster of Paris is expensive even when they are available, and above all the market for sculpture is limited, unlike paintings or graphics. Apart from the trained sculptors there are also self-taught sculptors (Kasfir 1999, pp.66-67)<sup>4</sup>.

<sup>&</sup>lt;sup>2</sup> Art education was influenced by the cultural aspirations which were also connected to cultural influences in Africa and abroad, thus encouraging artists to adapt selected technical and conceptual elements from modern movements in Western art for their own artistic expression. The sculptors in the sixties made their public works mainly in concrete. The subject matter was largely religious, and the treatment emphasized simplified, stylized forms often without facial expressions, which reflected influences from Romanesque art, African sculptural forms and Picasso's idiosyncratic interpretation of African art.

<sup>3</sup> A notable example is War Victim (1982-86) located in Makerere University library. It is of a one legged man, reduced to a torso without a head or neck, and is carved from a found burnt tree trunk which suggests human destruction.

<sup>4</sup> The most renowned are the Lega wood carvers from Eastern Congo who have settled in the outskirts of Kampala to make souvenirs for tourists in the form of chairs and wooden chests. Their principal subject matter is animals or traditional African themes, most often homesteads rendered in pictorial form. Francis Ssekyanzi (discussed in Chapter 2) acquired his knowledge of

# 1.2 Characterization of sculptural work prior to research in UK

The approach to the practice was initially guided by previous wood carving of rough, figurative work, highly patinated, combined with copper or aluminium plates and aimed at expressing personal experiences. The work was often carried out using simple drawings or maquettes or working directly with given or found materials. Henry Moore, Barbara Hepworth and African artists, especially Francis Nnaggenda, were the dominant influences. The sculptures were essentially guided by the Western values of elements of sculptural form and technique aimed at pictorial construction and by exploiting the skills of discerning the form concealed within pre-existing objects and materials.

During the early 1990's the sculptures produced were typified by the piece Sculptural forms developed from tree roots (1990-1993, Margaret Trowel School of Industrial and Fine Art, Makerere University). Later work undertaken during a Master's degree used cheaply available material to produce elongated, elegant sculptures, mainly female heads. These were characterized by dynamic, organic rhythm and carved to follow the grain and growth pattern of the tree, producing a sensation of spiral movement. The faces or masks with elongated necks were a particular focus for ongoing development as a seemingly inexhaustible theme examining the variety of African physiognomies. In this respect, the work shows a marked departure from the sculptural convention established in the 1960s where faces are generalized. The work was based on observation, individualized African faces and accentuated their most striking features, particularly the nose and mouth. These works were made using only hand tools, although after 1993 power tools were also introduced during International Workshops in Europe. These encouraged the production of more ambitious works on a larger scale, many of which were developed in the context of national and international exhibition

carving from the Lega, but moved on to use imagination and a critical creativity in engaging with difficult rather than merely decorative themes from daily life. His work examines issues affecting contemporary society such as the situations leading to HIV/AIDS which include war and prostitution seen in his relief carving. Ssekyanzi is significant in adapting traditional Lega carving to combine an aesthetically pleasing sculptural idiom with confrontational subject matter far removed from the platitudes of so-called 'airport art' for tourists.

# 1.3 Why the research project was undertaken in the UK when the target audience is in Uganda

The initial proposal was "The role of Sculptural forms as a communication tool in relationship to lives and experiences of women in Sub-Saharan Africa", with the aim of re-assessing practice, and questioning how sculpture could communicate specific experiences while broadening its formal and theoretical basis. In 2001, after arriving at Newcastle University, time was spent on further reading, particularly Women and HIV/AIDS by Berer and Sunanda (1993). It was also realised that the move to the UK was in part, an escape from an issue that was affecting her in Uganda<sup>5</sup>. This was a turning point, resulting in a change to the original PhD proposal to directly confront and address this issue by adjusting the title to "Sculpture as a tool in communicating HIV/AIDS awareness through lives and experiences of women living with HIV/AIDS in Uganda". The aim was to explore sculpture as a tool in communication through reference to the lives and experiences of HIV/AIDS positive women, to contribute to the awareness of HIV/AIDS among both literate and illiterate people from the many ethnic groups of Uganda.

The expectation of a highly diverse Ugandan target group, of literate and illiterate peoples was a determining factor in basing the research in the UK rather than Uganda itself. Though apparently contradictory, a key concern was the development of a sculptural language which transcended ethnic and cultural divides to reach the greatest possible audience, and elicit interpretation based on individual experience rather than the conditioned response to more familiar sculptural idioms. In many respects, contemporary Western sculpture has developed this mode of communication by refining its language in line with similar intentions and with a greater emphasis on conceptual factors rather than purely aesthetic impact. Being based in the UK was an opportunity to understand the formation of such a language, and to benefit from an intensive period working alongside practitioners and theorists whose more critically inclined approach to sculpture would test and challenge the effectiveness of the approach. In addition, there

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<sup>5</sup> Her husband (deceased 2005) and sister had been diagnosed with HIV/AIDS and many relatives had died, having suffered from the disease.

were issues directly related to the research topic which could be clarified and evaluated from a new perspective with reference to the UK context.

In the early stages of the research, a pilot project was conducted in London with Ugandan and other African women living in the UK. This group gave significant results, as they were educated and self assured, had access to free treatment, sex education and services specific to HIV/AIDS. Furthermore, a climate of open dialogue and freely accessible information, encouraged use of such services untrammelled by African cultural constraints. Sampling the women living with HIV/AIDS in the UK revealed the benefits these women enjoyed, unlike their counterparts in Uganda. This project highlighted the need to develop strong sculptural forms that would transcend the educational and tribal divide and communicate HIV/AIDS awareness to women in Uganda, encouraging them to take positive decisions in their lives given that so many do not have free access to treatment and services, unlike the group living in the UK.

These contrasting circumstances led to the search for ways that would strengthen the sculptures as a medium that could elicit dialogue on HIV/AIDS. In particular, the sculptures would need to be capable of overcoming Ugandan taboos on such overt discussion. These taboos were experienced while in Uganda, as were their impact, resulting in people living in fear, denial, and stigmatization leading to a failure to access any available HIV/AIDS treatment and services; thus leading to more infections, suffering and death.

Basing the research in the UK also provided enhanced resources and the opportunity to access a wider range of specialist literature on HIV/AIDS and on contemporary Western art (see Chapter 2) and to visit exhibitions and see art works that had previously only been read about. In particular, seeing Eva Hesse's work in November 2002 at the Tate Modern in London, had an impact and influence on the research practice. These opportunities allowed for the development of more objectively situated works exploring a wider range of sculptural strategies than would have been possible in Uganda and enabling the refinement of different modes of sculptural communication rather than extending the existing, more subjective sculptural aesthetic.

# 1.4 The impact of HIV/AIDS in Uganda

Uganda is widely considered to be an HIV/AIDS success story, having reduced its prevalence rate significantly during the 1990s, from one of the highest in the 1980s, with a peak in the early 1990s, to a rate lower than that of the Sub-Saharan African region overall (Global HIV Prevention Working Group 2003; UNAIDS 2005; WHO 2005; World Bank 2005). The reasons for the successful reduction of HIV/AIDS rates was high-level political support, which fostered a multi-sector response; prioritising HIV/AIDS and enlisting a wide variety of national participants in the "war" against HIV/AIDS. However, according to a UNAIDS report in December 2006, HIV/AIDS infection rates in Uganda have increased, thus eroding its HIV/AIDS success story (UNAIDS and WHO 2006)<sup>6</sup>. The impact of HIV/AIDS has been felt across Uganda in terms of both social and economic costs (Cohen 1992; Mukasa, Tonga et al. 2001), though UNAIDS states it is a rural issue with more people in such areas affected (UNAIDS/WHO 2005).

A study conducted in the central region revealed that as adult mortality accelerates, the ability of households to cope and even survive seriously compromises children, who are put at risk (Cohen 1992; Wilton 1992; Mukasa, Tonga et al. 2001, p.6). HIV/AIDS also has effects on the education sector. As teachers die of AIDS, this reduces their numbers, meaning orphans and other vulnerable children, particularly girls, may miss out on educational opportunities. Maternal orphans are more vulnerable than paternal orphans. Children who have lost both parents are most vulnerable of all. They may also not perform to their full educational potential.

Ugandans have employed a variety of approaches to HIV/AIDS education and prevention, ranging from promoting condom use to abstinence-only programs. Yet the effects of HIV/AIDS in Uganda still result in thousands of deaths each year and contribute to lower life expectancy, higher infant mortality, and lower population and growth rates. Therefore HIV/AIDS has had an impact on social capital, population structure and economic growth seriously affecting human development in Uganda.

6 According to UNAIDS and WHO the prevalence has risen to 8%.

# 1.4.1 Women's vulnerability to HIV/AIDS

When Dorothy Taylor (1993) pointed out that "AIDS is a woman's issue," she implied that AIDS is a concern to both women who are HIV positive and women who are not but who are nevertheless directly or indirectly affected by HIV/AIDS through their dependency or role as carers. It can affect women of all walks of life, rich or poor (Darien 1993, p.49). Women's testimonies reveal that mental and physical well being is affected when they learn that they are HIV/AIDS positive. A range of factors increases female vulnerability to AIDS as indicated below.

#### Biological factors and treatment

Women's physiology makes them vulnerable regardless of the type of partner relationship; while specific conditions and sexual practices place women at risk if their partners are infected. Young women are even more vulnerable, as their vagina is not well lined with protective cells compared with mature women. In Uganda, women attending hospital and pregnant mothers attending antenatal clinics are recorded, tested for HIV/AIDS, counselled and given treatment. It was noted that women on the Nevirapine Implementation Mulago programme for "Prevention of Mother to Child Transmission" (PMTC) while agreeing to take the HIV/AIDS test, were afraid to tell their husbands, as they were likely to become violent and the women risked losing their economic support. Women also lack the power to negotiate for safer sex, and this exposes them to infectious diseases. Subsequent delay in seeking diagnosis and treatment makes disease more difficult to treat (Berer and Sunanda 1993; Brooke 1997; Sengendo and Sekatawa 1999; Bitangaro 2001, pp.18, 51).

#### **Cultural factors**

Women are put at greater risk of HIV/AIDS by a number of cultural practices including: low age at marriage, creating increased risk to health; female circumcision; polygamy; ritual sex, for example wife sharing among the Bahima (Ntozi, Nakanaabi et al. 1997, pp.45-155; Martin and Izama 2003).

#### **Social factors**

The definition of an African woman's place in society perpetuates her subordination to men (Ankrah, Manguyu et al. 1994, p.535). Ugandan society is patriarchal, increasing female vulnerability particularly in relation to sexual abuse.

#### Sexual abuse

Rape by soldiers and rebels in northern Uganda, during the ongoing civil war that started in 1986, is believed to have been the major factor in the spread of HIV/AIDS (IRIN 2006, u/p.; Uganda Conflict Action net work 2006, u/p.). In more 'normalised' circumstances, schoolgirls, are believed to be free from HIV/AIDS so are lured into sex by their teachers, rich men, or other 'benefactors' (Berer and Sunanda 1993; United Nations 2001, u/p.; Irin 2002, u/p.). Other factors implicated universally in increasing the risk of infection, including alcohol abuse, promiscuity and prostitution also contribute in the Ugandan context.

#### Poverty, relationships and livelihoods

Most women living with HIV/AIDS have their relationships and livelihoods endangered when their partners learn they are HIV/AIDS positive (McQuillan 2005). For many women in southern Africa sexual relationships are a means of achieving economic security, either selling sex for money or goods and services, or forming long-term relationships with men (Berer and Sunanda 1993; Ankrah, Manguyu et al. 1994, pp.532, 534; Tragerg 1997, p.98; Gysel, Pool et al. 2002, u/p.; IRIN 2002, u/p.; Monitor 2005, u/p.).

Other similar studies on HIV/AIDS perception of Ugandans confirm they have HIV/AIDS knowledge, risk perception, and risk avoidance options that can eventually save them from HIV/AIDS infections. Nevertheless, due to a complicated set of epidemiological. socio-cultural and political factors (in addition to the inherent vulnerability of women) many Ugandans are likely to be affected by the epidemic (Hogle, Green et al. 2002; Kaleba, J.K.Namulondo et al. 2002; Berry and Noble 2005; UNAIDS 2006; Wolff, Busza et al. 2006).

# 1.5 Research questions

The research questions set out to assess:

• To what extent sculpture can play a role as a medium of communication using the lives and experiences of women living with HIV/AIDS, given that the virus affects all aspects of Ugandan life and women's lives in particular?

• What kind of sculpture in the context of this research could contribute to increased awareness of the disease in Uganda, both among literate and illiterate women and those from various tribes?

## 1.6 Significance of the study

Uganda is a multi-cultural society comprising over 50 different ethnic groups or tribes, many of whom possess their own language and cultural practices. In addition to this cultural and linguistic diversity, nearly half of women were found to be illiterate (1995 estimates) and although the literacy rate among women has since increased (2003 estimates), their infection level remains high. (UNAIDS and WHO 2006). Accordingly, the study *Lives and experiences of women living with HIV/AIDS* was undertaken to develop sculptural forms that might contribute to communicating awareness by using ideas generated by working with those women.

# 1.7 Aims of the study

Many strategies have contributed to increased awareness about HIV/AIDS in Uganda, including a range of initiatives by the mass media. Since early 1986, television, radio and printed media have been used to inform the Ugandan population about HIV/AIDS infection, and this in turn has contributed to better awareness. However, more personalised methods of communication including local and gender specific methods have begun to emerge since 1990, such as drama, music, and personal testimonies. Unlike the mass media whose messages often become over-familiar, may be intimidating in imagery and can fail to engage on a personal level, these more creative

modes of communicating awareness can make a more memorable and lasting impression. Therefore, the overall aim of this research is to investigate the potential of sculptural forms as a communication tool in relating to the lives and experiences of women living with HIV/AIDS in Uganda, endeavouring specifically to achieve the following objectives:

- To study the lives and experiences of women living with the disease to inform ideas for sculptural works and assess these in order to generate a viable means to communicate HIV/AIDS awareness among Ugandan women.
- To develop sculptures that can transcend the literate illiterate divide and reach the numerous ethnic groups of Ugandan women.
- To establish whether the resulting sculptural forms can make a contribution as a communication tool for women, to increase awareness of HIV/AIDS.

# 1.8 Methodology

A pilot study was initiated in order to outline and test appropriate research methodologies, for example whether a questionnaire was appropriate to the group to be researched (Nigel 2001, p.240). The pilot provided an opportunity to further an understanding of issues relevant to this particular research including: privacy, confidentiality, trust, communication across language and cultural barriers, and solving problems that might arise in methods for theory and practice in the research study (as noted by Silverman 1999, p.57).

Access and data collection within the organisations approached involved calling and visiting to establish contacts and select groups to be interviewed. Other information was gathered by a world-wide review of the literature and practice, drawing on published material and 'grey' literature<sup>7</sup>, web-materials and other communication resources.

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<sup>7</sup> unpublished papers/reports/theses/etc

The questionnaire was used as the main source of data collection, including both structured and unstructured questions which respondents filled in by themselves. Illiterate respondents were interviewed verbally by the researcher, who wrote in responses to the questionnaire. Other tools used in the research, and adopting a qualitative approach were: informal and semi-structured interviews (which were assessed and analysed and conclusions drawn up); observational field notes, video and audio recordings.

The studio practice phases from the inception period 2001-2002, and during the post-pilot interlude in 2002, and the field trip research of 2003, developed through: continued engagement with the literature; interviewing women living with HIV/AIDS (see Appendix to Chapter 3) and personnel in HIV/AIDS organisations; self assessments; critiques with supervisors and other practitioners; feedback from exhibiting the sculpture produced. These activities contributed to a continuing process of evaluating the strengths and weaknesses of the sculptures.

The culmination of this procedure was the presentation of an exhibition in 2004 from which one sculptural series was selected and taken to Uganda to assess its effectiveness in communicating HIV/AIDS awareness to both literate and illiterate members of the numerous ethnic groups.

As distinct from methodologies governing data collection and analysis, the specific methodology for the research is integral to the text and reflects studio practice as described in Chapter 3.

CHAPTER 1 Introduction

# 1.9 Limitations of the study

As stated in the aims of the research, the choice was made to focus on Ugandan women living with the infection, and certain HIV/AIDS organisations, when gathering data. Purposive sampling was used to identify the respondents which meant that other people's views were not considered, although they may have been beneficial to the research. It is recognised that, having been personally affected by HIV/AIDS, the researcher may have had pre-conceived ideas about the selection of respondents. HIV/AIDS organisations are particularly sensitive about the issues around awareness, which may have prevented generating more useful data.

The research dealt with illiterate people and members of different tribes each of which speak a different language. The questionnaire was in English, although both English and Luganda were used in the interviews. People from other tribes either had to respond in English or Luganda (the language of the Baganda, the largest tribe), and this may have prevented them from expressing their views eloquently and fully; thus some valuable information my have been lost. In cases where the respondent did not speak or write English, the questionnaire was verbally translated into Luganda, so the interviews in Luganda were translated into English and filled in by the researcher. Thus, the meaning of certain words may have been lost through translation.

# 1.10 Scope of the Study

The data collected, as described above, was used in conjunction with the following research procedures. A continuing assessment of the existing literature on HIV/AIDS, and on contemporary art practice relating both to this and to wider uses of created and ready-made forms, reproduced forms, and strategies of presentation. In addition, materials used in communication strategies by HIV/AIDS campaigns in Uganda and elsewhere, were examined and evaluated.

Alongside the above, sculptures and related outcomes were developed with an aim to communicate HIV/AIDS awareness. Field research in Uganda tested a particular series

CHAPTER 1 Introduction

of sculpture for effectiveness in raising HIV/AIDS awareness. The results obtained were analysed and conclusions and recommendations drawn.

# Chapter 2

# Literature Review

# 2.0 Introduction

This chapter examines central concerns of communication through mass and creative media and art practice. The discussion identifies key sources in the literature and reviews other visual materials and artworks as the basis for informing the research. It examines strategies used in Uganda in communicating HIV/AIDS awareness to the masses and the importance of studying culture for effective HIV/AIDS messages. It also demonstrates how art has been used in HIV/AIDS awareness with selected references from the western world, Uganda and other African countries. It looks at Francis Ssekyanzi's relief sculpture illustrating sources of HIV/AIDS spread through social factors and at other artists whose works were influential in developing sculptural forms for HIV/AIDS awareness.

# 2.1 Approaches that have been used to combat HIV/AIDS in Uganda

Uganda has used various approaches against HIV/AIDS mainly through: political and religious leadership; Non-Governmental Organisations (NGOs) and Community initiatives.

In 1986, when President Museveni came to power, he decided to challenge the epidemic by launching an AIDS Control Programme (ACP) within the Ministry of Health. Later, in 1992, the Uganda AIDS Commission (UAC) was established by Statute of Parliament under the Office of the President, to ensure a focused and harmonised response to fight the epidemic by involving different sectors of society. (UAC 2002, u/p)

Since the beginning of the mid-1980s the Ugandan government, working closely with, Non-Governmental Organisations (NGOs) and community initiatives<sup>1</sup> namely traditional birth attendants (TBAs), community and faith-based organizations, has delivered a

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The first Ugandan HIV/AIDS organisation TASO (The AIDS Support Organization) was established in 1987 by a group of 16 volunteers, many of whom were directly affected by AIDS and some of whom have since died. It was led by Noreen Kaleba. Mentioning other prominent in HIV/AIDS work are the: Uganda's Effort to Save the Orphans (UWESO); religious groups: World Vision, Uganda Catholic secretariat, Protestant Medical Bureau; and youth groups: Uganda Youth Network on HIV/AIDS, Uganda Youth Anti-AIDS, Youth Alive; together with other organisations such as the Red Cross and AIDS Care Education who receive various grants from different international organisations such as UNAIDS, Global Fund, UNICEF, USAID, FAO, WHO (AMREF-Uganda).

consistent HIV/AIDS prevention message known as 'ABC': Abstain from sex until marriage, Be faithful to your partner, or use Condoms in place of abstinence. This approach has been used consistently through a national campaign, discouraging risky sexual behaviour that could contribute to the spread of the disease (Loconte 2003, u/p.). Uganda's response to the epidemic has been marked by high political commitment at various levels, with openness about HIV/AIDS encouraging behaviour change. Care and support activities targeting impact mitigation have mainly focused on: the treatment of opportunistic infections; psychosocial support and income generation for affected households; conducive policy environment in the areas of female empowerment; freedom of the press; universal primary education (Mitchell, Oling et al., u/p; Panos 1989, p.63; Barnet and Blaikie 1992, pp.58-59; Coates 1998; Kaleba, J.K.Namulondo et al. 2002, pp.19-20, 24, 28, 30, 40; UAC 2002, u/p). Religious organisations, in particular the Roman Catholic Church, emphasise moral uprightness rather than prevention by using condoms. (Nakazibwe 2002, p.u/p; Ivereigh 2004). For some of the poorest people, suffering from HIV/AIDS and struggling to survive, their faith community is a lifeline (World Vision; WorldVision, p.58; Kaleba, J.K.Namulondo et al. 2002).

Most of the initial campaigns adopted a 'fear approach', based on the theme: 'Beware of AIDS; AIDS kills'. Little account was taken of the fact that hundreds of thousands of people were already infected with HIV/AIDS, and in need of support rather than condemnation. Accordingly, although the campaigns succeeded in raising public awareness of HIV/AIDS as a health problem they also had the effect of increasing the stigmatisation of infected people, which may well have accelerated the spread of the infection (Madraa(Dr.), Rubaramira(Mj.) et al. 1998). New messages began to appear on radio, television, in newspapers and magazines, on tee-shirts, badges and other items. These were direct invitations to compassion; solidarity and hope (see section 2.3 Contemporary Art communicating HIV/AIDS):

"Give love to people living with HIV/AIDS", "Do not point a finger at people with AIDS", "People with AIDS need your care and compassion", "Caring is sharing", and "If you have AIDS do not despair" (Kaleba, Namulondo et al. 2002)

Consequently, HIV/AIDS positive people began to gain the confidence to tell others, such as their sexual partners, without worrying about being shunned, an important step in HIV/AIDS prevention.

# 2.2 Communication

According to Maurus, "Communication is the fabric of life" (Maurus 2002, p.11). In other words it is the ability to share beliefs, values, ideas and feelings which is the basis of human contact (Samovar and Porter 2004, p.16-17). Though HIV/AIDS is a disease that affects people mentally, psychologically, socially, culturally and emotionally, nevertheless it can in part be controlled with effective means of communication (Berry and Noble 2005, pp.5-6). Communication is transitory and dynamic; once a word or action is used it cannot be retracted. Moreover, if the messages capture people's thoughts, interests and feelings then they will accept them, and this may effect changes in their behaviour. Therefore improved means of communication will contribute to reducing HIV/AIDS through using more effective tools.

#### Communicating HIV/AIDS awareness to the masses

The varied range of informal and formal modes of communication is represented by the following examples:

#### Word of mouth

This is the most effective means of communication for information about HIV/AIDS; via NGOs, community groups, clan and family networks and mutual support groups in rural areas, where few people have access to mass media and most adults are illiterate (Berry and Noble 2005, u/p.).

#### Mass media

Billboard warnings have been widely displayed, and posters, leaflets and booklets are also widely distributed. Messages on radio and TV are repeatedly broadcast accompanied by the beating of a drum (a traditional method of warning the community about danger) followed by brief messages about the dangers of HIV/AIDS and the need to 'love faithfully', 'Just assume that everyone is infected', warned one message that was repeatedly broadcast (Kaleba, J.K.Namulondo et al. 2002). Specifically, 'Capital Doctor', a

call-in radio programme that started in 1994, going live in 1997, is run by a team of disc jockeys and doctors on the local station, 'Capital Radio' (Watson 1999, u/p.)<sup>2</sup>.

#### The Straight Talk Foundation

This was established in 1997 to reach out to adolescents both in and out of school, those who cannot read, write or speak English. Reproductive and sexual health messages are given via both radio and the press (http://www.straightalk.org).

#### Sara Communication Initiative (SCI)<sup>3</sup>

This is an example of a multi-media 'entertainment education' strategy, which seeks to harness popular entertainment to convey educational messages. Its aim was to increase audience knowledge about educational issues that create favourable attitudes, and change behaviour for girls as they face HIV/AIDS (Waisbord 2001, p.13; Shahzadi, Aghi et al. 2003, u/p.).

#### Photographs communicating HIV/AIDS

Many of the images in the media have portrayed HIV/AIDS victims as sick, dying, hopeless, helpless, poor and vulnerable, the majority being women. Scholars such as Shefer (2004) argue that such images present women in a negative way (Shefer 2004, p.1). Yet, these images have highlighted the plight of HIV/AIDS sufferers, as instanced when Sarah Bosely reported on HIV/AIDS issues in *The Guardian*, using such images such which helped to save a Zambian woman Grace Matnanga who was dying from the infection due to lack of drugs<sup>4</sup> (Boseley 2003, u/p.; Boseley 2004, u/p.; Boseley 2005, G2 p.9). Conversely, Gideon Mendel's photographs show positive images indicating how governments, communities and people living with AIDS in Africa are working towards

<sup>2</sup> These programmes are jointly funded by Population Services International (PSI), Protector Condoms, the Ugandan Ministry of Health, UNAIDS, UNICEF and the Ugandan Red Cross.

<sup>&</sup>lt;sup>3</sup> In September, 1996, UNICEF-ESARO (East and Southern Africa Regional Office) officially launched the five-year awareness strategy. Sara is a 13- to 15-year-old girl character in a cartoon that portrays a charismatic heroine living in peri-urban Africa. Sara's ability to negotiate and persuade, and her determination never to give up even in desperate situations, make her a dynamic role model for girls; however, the series was also designed to consider boys' needs and interests, and includes male role models drawing on formative research to articulate both girls and boys rights that are directly relevant to African communities and to educate other parties that might expose them to HIV/AIDS. Sara videos were screened to audiences in rural areas, as well as broadcast on national television and BBC radio, while songs and drama based on the Sara stories and local Sara materials were developed, with translations. To cite one example, in Uganda the Straight Talk Foundation's newspaper magazine, Young Talk, began incorporating Sara during the mid-1990s. Promotional and advocacy materials using Sara were developed by UNICEF-ESARO, Tanzania, Mozambique, Uganda, Malawi, Rwanda and Ethiopia. Peer educators helped establish Sara clubs, and materials were distributed to schools

<sup>&</sup>lt;sup>4</sup> The story moved a Dutch doctor, Dr Hetty van Dyck, to search for Grace and put her on treatment. Since then Van Dyck has founded a small charity called the Saving Grace Foundation, supported by The Guardian, to treat other people living with AIDS,

alleviating the problem<sup>5</sup>. Mendel argues that, "Photography is a political act – it works as a weapon of evidence" (Mendel 2002; Gurdian 2005, pp.20-21).

# Music in AIDS awareness campaigns in Uganda and at International levels

The late Philly Bongole Lutaaya was a popular musician based in Sweden, who in 1988 declared publicly that he was HIV/AIDS positive. He was the first Ugandan to give HIV/AIDS a human face, amidst denial, stigma and discrimination, through testimonies of his personal experience. One of Philly's songs is *Alone and Frightened*, which has since become the anthem of HIV/AIDS volunteers and is used in many countries. This work includes his video, *Born in Africa* showing the reality of Philly living and suffering from HIV/AIDS, his musical campaigns and the speeches made prior to his death in 1989 (Bassudde 2005, p/u.). There are other well known musicians<sup>6</sup> and groups that include children<sup>7</sup> who continue to raise HIV/AIDS awareness through music (Watoto 1994, p/u.; Matsamura 2003, u/p.).

On the international scene, musicians have also communicated HIV/AIDS awareness. On 29th November 2003, the former President of South Africa Nelson Mandela hosted an all-star music event in Cape Town, at which he appointed all the artists who had performed at the Green Point Stadium as ambassadors for HIV/AIDS awareness<sup>8</sup>. In July 2005, Bob Geldof, Bono of U2 and Richard Curtis, organized *Live 8*, a series of free international concerts<sup>9</sup> (Tyrangiel 2005, u/p.) for HIV/AIDS awareness. The CDs and DVDs raised funds and serve as constant reminders of the campaign against HIV/AIDS in Africa.

<sup>&</sup>lt;sup>5</sup> Mendel's book, 'The Broken Landscape', and the image 'AIDS sufferer' in the Guardian

<sup>&</sup>lt;sup>6</sup> Through music, youthful musicians too deliver aids awareness messages namely abstinence. One of the best-known musiciansl like Richard Kaweesa and others formed a group known as "M-Community", with the slogan "Let's Talk About it Freely". This consists of leading Ugandan artistes like Emperor Orlando, Bebe Cool, Zuena, Juliana, Jose Chameleon and Rachael Magoola. The Ministry of Health supports this group who tour schools around the country, singing and entertaining as well as educating students about their value, abstinence and protection.

<sup>&</sup>lt;sup>7</sup> The "Watoto," meaning "children" from "The Watoto Ministries" was established by Pastor Gary Skinner in Uganda for orphans who have had the tragic and life-altering experience of losing one or both of their parents to AIDS. Since 1994, Watoto Children's Choir from Kampala, Uganda, has regularly toured the United States, Canada and Great Britain. The children, accompanied by a small team of adults, travel abroad to raise funds for orphans and communicate to the world the plight of children infected and affected by AIDS. The Watoto concerts reflect the joy and hope the orphans have found.

<sup>\*</sup> Some of these artists joined him at the launch of 46664 Concerts (2004) Johannesburg, South Africa, on 1st April 2004 and 11<sup>th</sup> June 2005 the 46664 ARCTIC unique music event in Tromsø, Norway, that brought together artists from across the world, http://www.46664arctic.no/cparticle246850-36574.html

<sup>&</sup>lt;sup>9</sup> A number of international music stars supported the campaign: Will Smith hosted the *hip-hop-heavy show* in Philadelphia; Pink Floyd, U2, Cold play and others were reunited in London.

In the above initiatives researchers found that messages broadcast through a variety of channels provide the most effective way to change behaviour, namely: multi-lingual, national campaigns that included a mixture of radio, television and print messages, as well as community education (Kickbusch, Caldwell et al. 2002, p.9; Bessinger, Katende et al. 2004, p398, 406) <sup>10</sup> The main focus of the initiatives is on HIV/AIDS, related to hygiene, adolescent sexual health and condom use with one notable exception, Sara Communication Initiative.

# 2.2.1 Culture and communication

Communities have their own coping mechanisms through which they communicate HIV/AIDS information and try to influence behaviour change. These involve care and preventive activities that are culturally adapted to community needs. Steve Buckley mentions that the dynamics of power and knowledge in the global information economy pose a dual and contradictory challenge for education and social development (Buckley 2002, u/p.). Mushengyezi argues that African governments and their development partners often tend to take communication models from the developed world, and apply them wholesale to local environments in Africa. Often these have no impact upon the rural masses for whom they are intended, because they are not contextualized to the local settings, cultural dialectics and worldview of the people. In addition they fail to realise that in many poor countries the media have limited coverage, and the necessary equipment is costly (Mushengyezi 2003, p.1). Yet, Onyango (2001) emphasises that when people are poor communication fails, because what people hear does not address their basic needs (Onyango 2001, p.1). There are challenges, for example the social factors that hinder behaviour change among men more than women; the high illiteracy among women that hinders their access to information about HIV/AIDS; lack of economic security for women that makes them more vulnerable to HIV/AIDS infection than men; and the lack of meaningful roles in leadership positions for women at community and national levels (Onyango 2001. p.3).

<sup>&</sup>lt;sup>10</sup> Information emanating from the Ugandan Ministry of Health and DISH (Delivery of Improved Services for Health) funded by the Ministry of Health.

#### Indigenous media in communication

Communication as a process hinges on the cultural dialectics within a society. Since culture shapes the environment within which a message is decoded, indigenous media forms such as very specific performances – dance, music, drama, drums and horns, village criers, orators and storytellers – continue to present themselves as effective channels for disseminating messages in rural societies where the population tends to be predominantly orate (Mushengyezi 2003). Bush (2001) noted that, HIV/AIDS usually affects those who are hardest to reach through conventional print and broadcast media channels: the poor, the uneducated, and those living in rural areas (UNESCO 2001). Yet this indigenous media require cheap, locally made and readily available equipment. An example is when Gregory Barz (2001) recounted a musical performance led by Aida Namulinda, a farmer and leader of a local village women's music and dance ensemble from Bute Village in the Busoga region of Eastern Uganda. Aida dramatized a series of songs outlining specific ways women can fight against the spread of HIV/AIDS, how they must reclaim their health and change their lives, even though they are all HIV/AIDS positive (Barz 2001, pp.1-5).

Consequently, hybridization of indigenous media forms such as popular theatre, for example Bakayimbira Drama group, who performed 'Ndiwulila<sup>12</sup>' have successfully used this approach to create awareness in the population about issues like alleviating poverty, condemning child abuse and fighting corruption (Mushengyezi 2003, p.8).

# 2.3 Contemporary art communicating HIV/AIDS

A diverse range of artists, artists' groups and initiatives have made their experience with HIV/AIDS the core subject of their artwork. This section samples a representative range of artists and art groups working in different parts of the world in order to describe and analyse their differing strategies. They have presented their ideas and concepts in many different ways: narrative, allegorical (symbolic), abstract, didactic (educational), subtle or

Though the songs reflect the issues women confront on a daily basis, some warn against unfounded beliefs associated with the HIV virus, such as "AIDS selects the body it wants to infect, deliberately choosing its victims", "if an HIV positive man sleeps with six women, only the 6th woman will become infected with HIV: the other five will be safe". The songs also generate awareness that focuses on gender issues specific to women and young females; warn against going into risky environments, or engaging in unprotected sex.

The Bakayimbira Drama group's play "Ndiwulira" was successful during the AIDS awareness campaign because of its dramatic modernization of the folk tale of the Ndiwulira (a weevil), which was boiled alive because it didn't heed advice to get out of a maize cob before it was cooked. The message was that those who behave like Ndiwulira and refuse to abstain from sex, or engage in safer sex, will be doomed like the maize weevil. Thus the impact of the message was enhanced through the cultural framework.

different ways: narrative, allegorical (symbolic), abstract, didactic (educational), subtle or enigmatic, and have produced significant works in various media, both in two and three dimensions. Personal experience informs work by artists infected by HIV/AIDS or affected by the loss of friends or relatives, while others have simply been touched by the universal impact of the condition.

These artists, groups and initiatives communicating HIV/AIDS awareness in the Western world (USA, Europe and Australia) and in Southern Africa are particularly relevant because they all use forms and strategies that were appropriate to the research.

# 2.3.1 Groups/Projects

#### **Gran Fury**

A New York-based, collective group of ten artists and activist members of the AIDS Coalition to Unleash Power (ACT-UP)<sup>13</sup> came together spontaneously in 1988. *Gran Fury*, which emerged from the *Silence* = *Death project group (1987)*, have produced the most essential and successful political graphic art about HIV/AIDS awareness seen in the USA. Gran Fury works with symbols that are familiar in a mass-culture world, (Wikipedia. 2007, u/p.).

They disseminated their message using the powerful simplicity of commercial advertising, by designing an emblem for activism in the HIV/AIDS crisis with the slogan, **Silence** = **Death** (see Plate 2-1). This was printed beneath a pink triangle<sup>14</sup> on a poster which was displayed in many places, for example on 83 bus shelters throughout Los Angeles and in other cities (Knight 1991, u/p.; Kanabus and Fredricksson 1992, u/p.; Watney, White et al. 1992; Crimp 1996, pp.141-149).

#### Visual AIDS (USA)

This group was established in the USA in 1988 as the first national initiative to record the impact of the HIV/AIDS pandemic on the artistic community. It did so via a national

Many of the placards used in ACT-UP's demonstrations carried the graphic emblem SILENCE=DEATH. This was created earlier in 1987 by a group of gay men calling themselves the Silence=Death project, who later regrouped as Gran Fury. ACT UP's demonstration resulted in lowering the cost of drugs such as AZT (known as Zidovudine) an HIV/AIDS treatment used with other drug combinations. (Annabel Kanabus and Jenni Fredricksson).

<sup>&</sup>lt;sup>14</sup> The 'pink triangle' was used as a symbol of the Nazis' persecution of homosexual men, and was also used to portray institutionalized homophobia with the shameful mishandling of the AIDS pandemic.

project, Day With (Out) Art launched in 1989, and the famous Red Ribbon (1991) (see Plate 2-2).

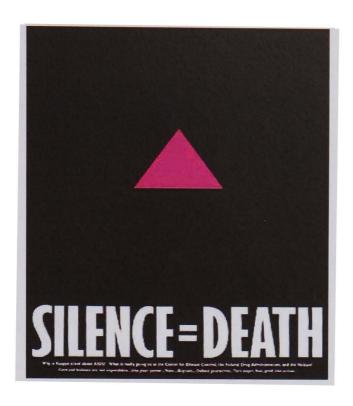


Plate 2-1: ACT-UP 'SILENCE = TO DEATH', (ACP UP NY 2003, u/p.)



Plate 2-2: Red Ribbon, (Wikipedia Encyclopedia 2006, u/p.).

Day With (Out) Art (1989) was a collaborative project involving various arts communities around the world, which demonstrates the power of art to raise awareness of the ongoing AIDS pandemic. December 1<sup>st</sup> is World AIDS Day, and each year arts communities are encouraged to remember those who have died from HIV/AIDS related illnesses and bring together diverse audiences in shared commemoration. Visual AIDS provides a platform for the work of artists living with HIV/AIDS through exhibits, workshops, seminars, lecture programmes, film screenings, performances and web projects.

Red Ribbon (1991) was produced by artists who actively came together in campaigns that would involve everyone (Plate 2-2). For example the Gran Fury members also contributed to the *Red Ribbon*. The artists' aim was to create a visual symbol to demonstrate compassion for people living with HIV/AIDS and their caregivers. They agreed on a red ribbon because red is vibrant; attracts attention, and is a symbol of blood. The Red Ribbon continues to be a powerful symbol in the fight to increase public awareness of HIV/AIDS and in lobbying efforts to increase funding for HIV/AIDS services and research Symbols are great reminders of campaigns against disasters. (Sokolowski 1994, p.68; Nigel Wrench 2003, u/p.). Today, the red ribbon continues to be used because worldwide it has achieved international attention and acceptance, is easy to make, and cheaply reproduced.

#### The AIDS Memorial Quilt (1987)

This was established in San Francisco, USA, 1987 by gay rights activist Cleve Jones and a group of volunteers. Their aim was to express their grief over the death of their loved ones as well as informing the public about the impact of HIV/AIDS, preventing new HIV/AIDS infections through awareness by communicating messages of remembrance, healing and hope. It is the largest ongoing community arts project in the world, consisting of more than 44,000 colourful crafted panels each of which is a memorial to the life of a person lost to HIV/AIDS. As the epidemic continues to claim lives around the world the Quilt also continues to grow, reaching out to more communities. It demonstrates practically the scale of the HIV/AIDS epidemic and raises funds for community-based AIDS service organizations (AIDS Quilt Organisation 1987, u/p.). The Aids Memorial Quilt is not replicable, and as it grows it becomes expensive to maintain and difficult to transport and store.

#### International World AIDS Day Peace Tile Murals – by Children and Youths

On World AIDS Day, 1<sup>st</sup> December 2005, thousands of children and youths concerned about, and affected by, the HIV/AIDS pandemic, displayed their art works in communities around the world. To date more than a thousand children in 15 countries across four continents<sup>15</sup> participated in Peace Tiles workshops to produce intimate, vivid expressions of their experience with HIV/AIDS (see Plate 2-3 and 2-4). Tiles selected from different

<sup>&</sup>lt;sup>15</sup> Peace Tiles workshops have been held for children in communities across the globe, in countries including Bangladesh, Cameroon, Costa Rica, India, Kenya, Nigeria, Senegal, Tanzania, Thailand, Uganda and the United States.

communities were assembled as murals in Montpelier, Vermont, USA, before being returned to their respective countries. Three international venues, India, South Africa and Switzerland were chosen for their display (Torres 2005, u/p.).

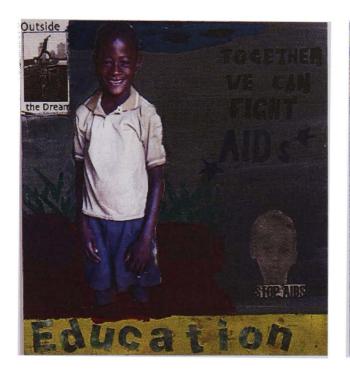




Plate 2-3: (left), Peace tiles by children and youth (2005) Uganda. Plate 2-4: (right), Peace tiles by children and youth (2005) India (Peace tile Project 2005, u/p.).





Plate 2-5 (left) and Plate 2-6, (right): Adriana Bertini- Condom Dresses (UNAIDS 2006, u/p.).

# 2.3.2 Individual artists communicating HIV/AIDS in the West

In the West, and most prominently in America, many artists have addressed HIV/AIDS, including Robert Mapplethorpe (1946-1989), Ross Bleckener (1949); Derek Jarman (1942-1994) John Boskovich, Barbara Kruger (1945-) and Nan Goldin (1953). Spencer Tunick

(1967-), well known for taking photos of naked people, made a record of people living with HIV/AIDS for a magazine, entitled 85 HIV Positive Souls, Positive and Naked. Two female participants living with HIV/AIDS expressed their feelings as follows: "cope with your body, accepting is liberating, break the visibility barrier...". The women felt liberated by appearing naked with other people. Of more direct relevance to the research are those sculptors dealing with HIV/AIDS, including Robert Gober (1954-). Adriana Bertini (1971-) (who are discussed below) and Felix Gonzalez-Torres (1957-1996) (discussed in section 2.7 Art Review...).

Robert Gober produces sculptures that are 'memories remade', recombined and channelled through his experiences as a gay person. His career was launched in the early 1980s when he exhibited his sculptures based on household sinks; *Inverted Sink*, 1985 (plaster, wood, wire lath, steel, and paint). The metaphor of the sink as a place for cleansing and transformation, infuses the abstract shape of a commonplace object with beauty, mystery, and a human subtext, Gober succeeds in making the ordinary extraordinary by addressing larger psychological issues using familiar household items. For example, the inability for someone to get clean at this sink has been compared to the inability of the immune system to eradicate deadly viruses such as HIV/AIDS from the body (Bayles 2003, u/p.). Though real sinks permit the soiled to be washed clean, Gober's sinks lack taps and drains, suggesting the American capacity to deny the reality of HIV/AIDS; especially when it involves disease and death, which no amount of soap and water can delay forever (Hall 2001, u/p.).

#### Adriana Bertini

Bertini, based in São Paulo, Brazil, transforms expired or defective condoms into raw material for art in the form of frames, sculptures and brightly coloured women's dresses; all intended to raise awareness by inspiring reflection about condom use. Bertini believes that using condoms as a material will motivate, stimulate reflection, generate discussion, and help people confront taboos about HIV/AIDS (Comminit 2003, u/p.). During Bertini's exhibition *Visita-se contra an AIDS* at the 14<sup>th</sup> International AIDS Conference (11-6<sup>th</sup> July 2004) in Bangkok, Thailand, she displayed these commenting that:

<sup>&</sup>lt;sup>16</sup> A CD recorded by the Baltic Gallery, Newcastle, UK 2005.

"By asking whether we can wear condom garments, we are also subconsciously asking whether we should wear condoms during sex", (Morna 2004, u/p.).

Bertini comments that her art is a "transforming agent for behaviour". It is an innovative tool for raising awareness, promoting debate and fighting the stigma of condom usage, though it is outside the scope of this research to evaluate its success. However, the fragility of the work, its time and cost intensive production and the delicate state of the individual pieces usually restricts dissemination to exhibition and conference venues, targeting more well educated specialist audience. Bertini's most recent exhibition was at the XVI International AIDS Conference, 13-18 August 2006, Toronto, Canada. Nevertheless, some of the exhibited garments (Plates 2-5 and 2-6) suggest both male and female genitalia in the manipulation of multiple components, indicating an approach which would be widely intelligible.

#### **Summary**

The artists, groups and initiatives have used strategies for communicating HIV/AIDS awareness that address people while taking into consideration their lifestyle and culture. Simple, powerful messages combined with art have been used, for example symbols and functional daily objects used to disseminate HIV/AIDS messages, bringing together diverse audiences to be publicly educated or better informed.

# 2.4 African Art Communicating HIV/AIDS Awareness

# 2.4.1 Traditional/indigenous art and crafts as a visual communication tool contributing towards HIV/AIDS awareness among literate and illiterate people.

#### Siyazama

South Africa is one of the few countries exploiting art as an approach to communication, by developing traditional beadwork and crafts as a visual mode of expression for the discussion of personal, intimate matters among illiterate rural women. Kate Wells (2002) acknowledges that:

"Artistic and public expressions of love and physical intimacy are rare in Africa, and images of human sexuality are rarer still" (H.M.Cole 1990; Wells 2002, p.3).

Women mostly suffer in silence due to these cultural taboos, which in turn prevent changes from taking place in their rural communities. Many women can hardly speak or write English, rendering them powerless, silent and invisible in HIV/AIDS campaigns; their beadwork designs transcend traditional imagery, addressing cultural, health, and economic issues that threaten their lives and those of their families and communities (Wells 2002, u/p.). The report on the Siyazama project <sup>17</sup>, describes an art project for a communication and HIV/AIDS intervention programme among the Zulu women of rural Kwa Zulu-Natal, South Africa which gives evidence of the results and success of beadwork as a visual means of expression. Through their beadwork and crafts the women are able to communicate and challenge the Zulu cultural taboos on discussion of intimate issues. The project seeks to promote the pivotal role of design to affirm indigenous knowledge and skills as a means to disseminate vital information about HIV/AIDS amongst the most marginalised and vulnerable of people in South Africa: rural women (Wells, Sienaert et al. 2002, pp.73-89).

Virgin Testing (1999) by Beauty Ndlovu of Ndwedwe is a beaded tableau<sup>18</sup> showing a young woman, the 'testee' lying on the ground, while the woman performing the test kneels at her feet. Close examination of the tableau reveals a red slit at the point of vaginal entry (Plate 2-7). In Zulu communities virgin testing is a procedure which encapsulates traditional values and attitudes, but it also addresses the threat of HIV/AIDS. This has also promoted the traditional Shembe virgins, men and women who have pledged to remain celibate.

Led by Kate Wells, a Design Lecturer and Rural Crafts Researcher, Department of Design Studies at the ML Sultan Technikon in Durban, KwaZulu-Natal, South Africa. The Siyazama Project - Rural Craft and HIV/AIDS Awareness, sub-titled 'Fusing partnerships in rural women's development' was initially funded by the United Kingdom Department for International Development (DFID) and administered by the British Council, Durban, South Africa.

<sup>18</sup> Tableaux

These are part of the rich heritage of rural craft art in South Africa. The production of these particular crafts has its roots in local ideas that portray societal problems from a rural perspective.



Plate 2-7: Virgin testing (1999): 20 x 11cm, textiles, thread and beads by Beauty Ndlovu, Africa (Wells 2000).



Plate 2-8: *The Snake Story* (2002), tableau: textiles, thread and beads, board by Celani Njoyeza, Africa (Wells 2000).

The Snake Story by Celani Njoyeza portrays a family who are concerned because a snake follows their daughter wherever she goes. They consult the sangoma, who seeks advice from the ancestors. They are told that the young girl will always have a snake (HIV/AIDS) as company, and that the family must try to become used to it. HIV/AIDS is seen as a snake because snakebites lead to death. The parents' acceptance of the snake following their daughter illustrates acceptance of HIV/AIDS and the need to care for patients (Plate 2-8).

These works represent a rich social document demonstrating cultural awareness and societal values, a visual record of the experiences of rural communities in their struggle with the HIV/AIDS crisis with messages of awareness, choice, prevention and solidarity.

They use simple images easily understood by the illiterate and simple words addressing the literate people. Though in some works the women use symbols embedded within their culture, with strong messages related to the HIV/AIDS epidemic, they become more meaningful and interesting when the story is told or written.

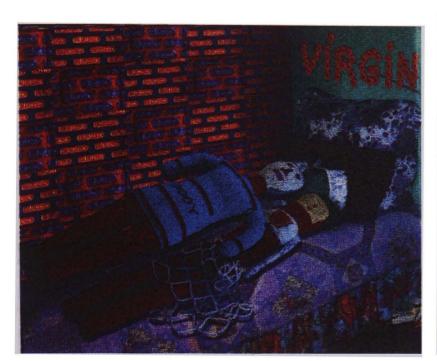




Plate 2-9: Having sex with a virgin will cure you of AIDS, (Monkey Biz 2003). Plate 2-10: (above left) Cover page of Monkey Biz book cover of a beaded doll depicting an HIV/AIDS positive woman, (Monkey Biz 2003).

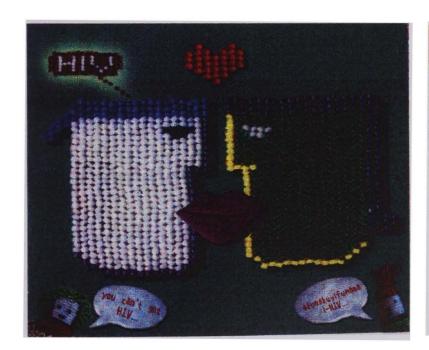




Plate 2-11: (above left) Two figures kissing followed with text: By hugging an infected person, or by kissing or her on the cheek or lips you cannot get HIV/AIDS, (Monkey Biz 2003). Plate 2-12: (above right) Encouraging people living with HIV/AIDS to attend school or continue with their education; in other words, to continue with their normal lives and achieve success, (Monkey Biz 2003).

#### The Monkey Biz group

This is a women's group in South Africa also producing items such as bead dolls and badges (Monkey Biz 2003). Their artworks are entirely covered with beads, while other Zulu groups like *Siyazama* incorporate different materials with their beads. The HIV/AIDS

stories or messages are similar to other groups, but the presentation differs. *Monkey biz* beaded doll sculptures are hybrid presentations, with contemporary ideas that also focus on an international audience. For example, in one they dispel the myth that "having sex with a virgin will cure you of AIDS" (Monkey Biz 2003, p.8) (see Plate 2-9). A couple lie on a bed beneath a wall covered with condoms packed in bright orange, with the trademark *Durex*. On the headrest an orange line crosses out the word *Virgin* in bright orange beads. The flashy, bright orange condoms and the word 'virgin' are a warning. It is a visual statement that both literate and illiterate people are expected to understand. Though the beaded dolls are meaningful to the Zulu, the condoms add value to the artwork, as they are international products used in safe sex. Words such as *Durex* may be readily identifiable by non-readers, since they function as trade logos and are widely used. Other bead works of Monkey Biz are illustrated in Plates 2-10 to 2-12.

#### **Summary**

The beaded dolls and tableaux are craft forms in which Monkey Biz and Siyazama use traditional beading techniques to create new and meaningful images, depicting issues pertinent to HIV/AIDS in the community. Though HIV/AIDS is a gloomy, frightening subject all the groups aim to communicate about HIV/AIDS in a visually entertaining manner, to raise messages of hope and love, positive attitudes and behaviour towards the disease and the people affected (Wells, Sienaert et al. 2002, pp.73-89; Monkey Biz 2003). In some art pieces the women use symbols from their culture which carry a strong message in relation to the HIV/AIDS pandemic.

# 2.4.2 Contemporary African art communicating AIDS awareness

### **Projects**

#### South African Memorial Quilt (1989 - )

The USA's AIDS Memorial Quilt (1987) has motivated some communities in Africa to come up with a similar project and one of them is the South African Memorial Quilt (1989), begun in Cape Town and co-ordinated by Carrol Jacobs (Unkown 1989, u/p.). The quilt is also a reminder that HIV/AIDS destroys life, and warns people to protect themselves and their loved ones from becoming victims and also to reflect on good memories of people lost to HIV/AIDS.

#### The AIDS wall, Harare 2003- Joyce Kohl

The AIDS Wall (2000) displayed at the Zimbabwe National Gallery, Harare was made of ceramic tiles was co-ordinated by Joyce Kohl<sup>19</sup> (Kohl 2003, u/p.) (see Plate 2-13 and a detail Plate 2-14). Kohl was so overwhelmed by the scale of destruction caused by HIV/AIDS, and the extent of denial about the disease, that she decided on a public project relating to the AIDS Memorial Quilt (1987) and its impact in the United States. This was to utilize ceramic square tiles that could be incorporated into a wall. She was able to collaborate with artists from the Ros Byrne Pottery in Ruwato who were willing to express their experiences and feelings about HIV/AIDS.

The work graphically portrays the effect of HIV/AIDS on their communities, with honesty and detail in the depictions. The tiles address complex issues, including adherence to the customs of widow inheritance and men having extra-marital affairs. Some of the panels are set in an urban environment, others in rural scenes depicting a traumatising burial (see Plate 2-14); a coffin ready to be lowered in the grave, beside which an emaciated male figure is being watched by women.

31

<sup>19</sup> A ceramicist/painter from the USA funded by Fulbright,



Plate 2-13: The AIDS wall, Harare 2003 (Kohl 2003).

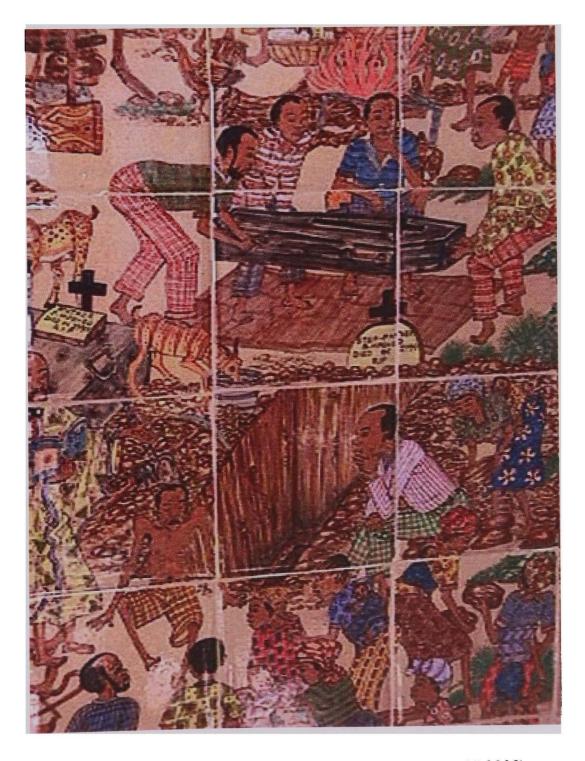


Plate 2-14: A detail: The AIDS wall Harare 2003, (Kohl 2003).

The AIDS Wall production was a channel to express the realities of living and caring for infected people in poor circumstances. Artists come out boldly to warn those who are promiscuous to stop spreading the disease, and those who are not infected to take care of their lives.

#### Art vs. AIDS (2002), Lome, Togo

The project "Art vs. AIDS" involved eight prominent artists who created murals on the walls of three electricity substations, in highly visible locations, and a market wall around Lome (Plates 2-15 and 2-16)<sup>20</sup>. These artists approached HIV/AIDS awareness by painting murals for the public in a manner that is positive, and shows a sense of humour. The murals were greatly appreciated and received considerable attention. A woman who worked in the market commented:

"You can bring your boy or girl here to teach them how to stay healthy, and how to live longer" (UNDP-Togo 2000, u/p.).

The murals and billboards about HIV/AIDS were placed at strategic points where pedestrians, cyclists and motorists would see them, thereby successfully disseminating awareness messages to both literate and illiterate people. The awareness campaigns created by these artists have attractive messages that are precise, simple and easy to remember for both literate and illiterate audiences (UNDP-Togo 2000, u/p.).

<sup>&</sup>lt;sup>20</sup> The murals were funded and unveiled by UNDP (United Nations Development Programme) Togo on December 1<sup>st</sup> 2000.



Plate 2-15: Lo. Na. To. Electrical Substation (2002) by two artists, Azankpo and Koko (UNDP-Togo 2000, u/p.).



Plate 2-16: *Bè Market Electrical Substation* (2002), by Jope Quaye and Dabla used caricature and abstract forms to create a vigorous, colourful evocation of the struggle against AIDS, (UNDP-Togo 2000, u/p.).

# 2.5 Graphic Art communicating HIV/AIDS awareness in Uganda

# 2.5.1 Graphic art in print as a visual communication tool contributing to awareness of HIV/AIDS among both literate and illiterate people in Uganda

#### Plan International Uganda – Flip Chart (2003)

These are pages of A3 size, with text linked to images and are used in conjunction with Counselling Guidelines and Notes for Service Providers on HIV/AIDS. A representative example shows a party where men and women are drinking alcohol, some dancing, others lying unconscious, some kissing, intimately holding and caressing each other (see Plate 2-17). The message is that when drunk, people can easily lose control and get involved in a relationship that might expose them to HIV/AIDS. The notes for counsellors are written on the back of the cards, for example: "The situation is described, as people become victims due to: "lack of skill and the meaning of a firm no", "...cannot resist the temptations..." that is "Drinking too much alcohol over a long period".

The flip chart focuses on risk situations relating to HIV/AIDS, although the benefits of voluntary counselling and testing are also referred to (Plate 2-18 and 19). These flip charts are mostly used in clinics, seminars or workshops, where facilitators help to expand the messages used, to illustrate practical experiences.

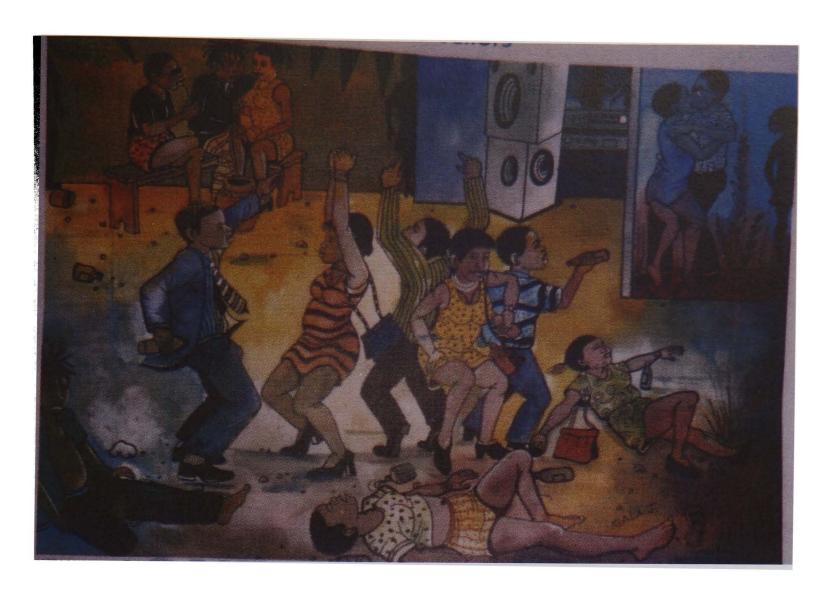


Plate 2-17: Risky situation in relation to HIV/AIDS (Plan 2002).



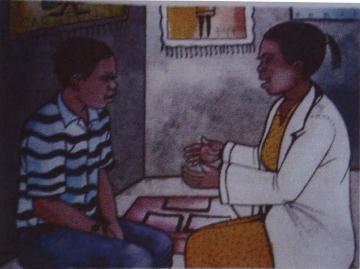


Plate 2-18: (on the left) Going for Pre-test counselling and accepting blood checked for HIV/AIDS, (Plan 2002); Plate 2-19: (on the right) Post-test counselling (Plan 2002).

### UNICEF flip chart used in health education settings

Symbolic interaction is crucial at lower levels of learning, especially where children or adults cannot read or write. Most information about HIV/AIDS has been disseminated in foreign languages, with technical vocabulary such as *syndrome*, *immune*, *anti-bodies*, that an uneducated person would not understand. Graphic art has therefore been used to relay information in Uganda, where there is a high illiteracy rate. UNICEF developed a flip chart

to teach people what HIV/AIDS is, and how the body is affected through the *Yokana and Yulia Story*, with terminology like "HIV" and "antibodies" represented by way of colours and shapes.

The flip chart had three characters; Yokana, his wife Yulia, and an anonymous woman who has passed on the HIV/AIDS virus to Yokana. One could follow the story of HIV/AIDS infection by the shapes and colours: red dots mean HIV virus is present; green squares mean that the antibody is present in the blood, and the person will test HIV positive; and blue triangles mean that the person was showing the signs and symptoms of AIDS.

#### **UNICEF** posters

Posters with simple words in various languages have been displayed in public places. In populations that suffer from low literacy, print media in the form of visual representations and simple graphics can be effectively used to convey health concepts (Kickbusch, Caldwell et al. 2002, p.9). Indeed much of UNICEF's visual communication material has been aimed at populations with low levels of literacy. Nevertheless, some of UNICEF's first images were frightening, stigmatising and caused discrimination against people living with HIV/AIDS (as seen in Plates 22-24)<sup>21</sup>. UNICEF had to change to images that presented a positive attitude towards those people, as well as communicating awareness. They also realised that people had to identify with the images, and that those originated in Europe would not work in Uganda.

HIV/AIDS awareness campaigns have used a variety of posters to educate the public about the virus. Posters are therefore used as IEC (Information, Education and Communication) materials. Their effectiveness depends mainly on two factors - the style of presentation and the appropriateness of the message with regard to literacy level, age and peer group, and the emotional level of the persons targeted. Most have been designed to target secondary schools, thus aiming at capacity building. They describe situations in which one cannot get AIDS, living positively with HIV and AIDS, and why people should take the voluntary HIV test. The content includes simple pictures, elaborated by concise messages in simple

<sup>21</sup> An interview with Douglas S Lubowa, the Information Management Officer of UNICEF Uganda, 2003.

language understood by an average secondary school student. The students come to learn the ways in which AIDS can spread, and how to avoid it.

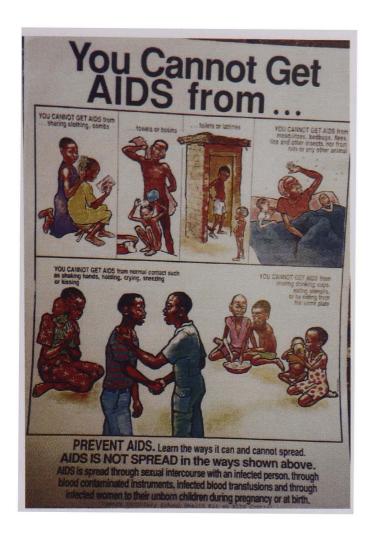
The poster *You cannot get AIDS from...*, intends to help eliminate stigma and isolation (see Plates 2-20 and 25) while "Living Positively with HIV and AIDS" (see Plate 2-21) shows different ways of maintaining a good attitude when people test positive. Though the HIV/AIDS awareness posters produced by UNICEF<sup>22</sup> in the early 1990's had few words, the messages were stigmatising, as demonstrated in these two examples:

The poster entitled: What does a person with AIDS look like? shows emaciated adults and children, although below there are soothing words against discrimination: AIDS can look like many other diseases, Do not spread rumours (see Plate 2-22). The poster gives the message that not all who lose weight are living with HIV/AIDS. The initial impact of the poster was to instil fear.

Illustrations of 4 scenarios are titled Care for people with AIDS (plate 2-23). The first shows an emaciated patient being looked after by family members, with text stating: Protect your patient from infections, and Protect yourself and others from infections. The patient is skeletal. The text does not give any hope to people living with HIV/AIDS. The poster includes messages about covering wounds, keeping clean, and not sharing sharp things. Other disturbing words include: Keep all bedclothes, towels, the patient's body and clothing clean. Particularly alarming is advice to: clean away faeces, blood, vomit and sweat, use bleach (JIK) on bedclothes or dry them in the sun and iron them.

The posters stigmatised people living with HIV/AIDS and those who cared for them, (see Plates 2-22 to 24). In the present era those posters have less meaning, because people are aware that due to the availability of drugs one can have HIV/AIDS and still look healthy or live a normal life as seen in the present era posters (see Plates 2-30 to 2-35).

<sup>&</sup>lt;sup>22</sup> Posters produced: "Uganda Secondary Health Kit on AIDS Control" by Ministry of Education, Ministry of Health (AIDS Control Programme), and UNICEF Kampala.



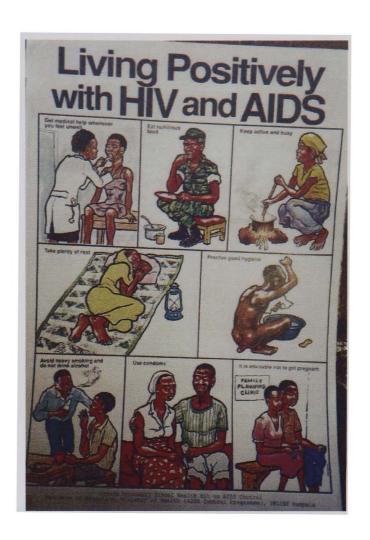
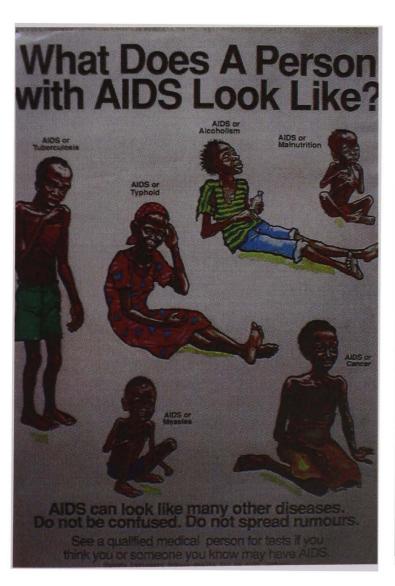


Plate 2-20: (above left) You Cannot get AIDS from... from the above activities illustrated. Plate 2-21: (above right) Living Positively with HIV/AIDS (Both by UNICEF Kampala 1990s).



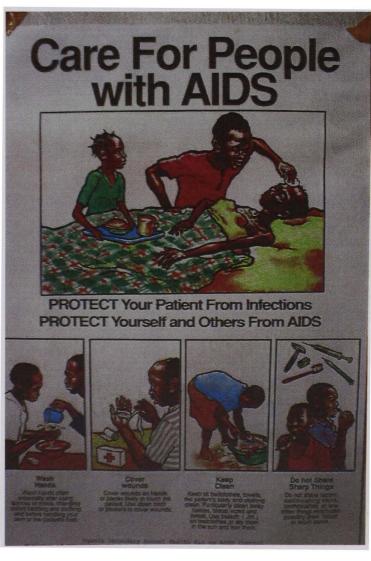


Plate 2-22: (above left) "What does a person with AIDS look like?", (Both by UNICEF Kampala 1990s). Plate 2-23: (above right) "Care for people with AIDS" a positive attitude to AIDS sufferers but below the messages are stigmatising as seen in the text, (Both by UNICEF Kampala 1990s).

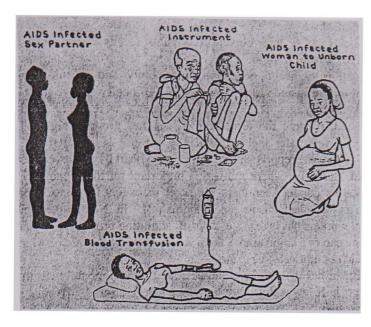


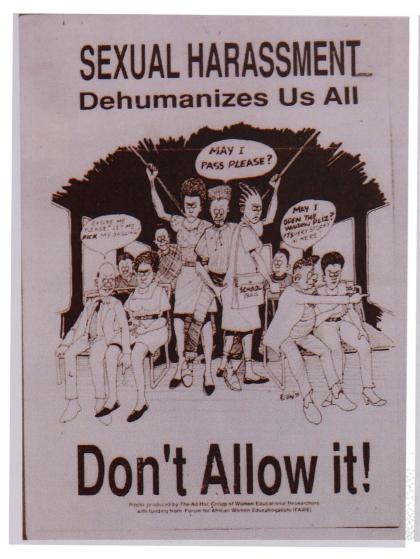


Plate 2-24: Stigmatising HIV/AIDS awareness images and Plate 2-25: HIV/AIDS awareness image in the 1990's moving away from stigmatisation (Both by UNICEF Kampala 1990s).in (Kaleba, J.K.Namulondo et al. 2002).

The UNICEF posters of the 1990s are outdated, because they portray suffering and death, created fear and negativity. It seems that the posters might have conveyed less HIV/AIDS awareness and prevention, as they reminded people of death. The posters gave no hope to the sufferers, nor did they mention how people could overcome HIV/AIDS. UNICEF subsequently realised the posters had a negative impact so their images and text moved towards creating positive attitudes as seen in Plate 2-25.

#### Current HIV/AIDS awareness materials

Over time the situation has evolved, thinking has changed and the AIDS pandemic has been reconstructed and as a result, the messages have also had to evolve. Some of the recent HIV/AIDS awareness materials (late 1990's to 2004) in Uganda that were recorded by UNICEF and other HIV/AIDS organisations are seen in Plates 2-26 to 2-36. Posters with less stigmatising messages, warning of situations that may lead to HIV/AIDS infections, giving advice on: means of protection, voluntary HIV/AIDS testing, counselling and treatment can be seen in Plates 2-26 to 2-27 and earlier in Plan International Uganda's flip Chart (see Plates 2-17 to 2-19).



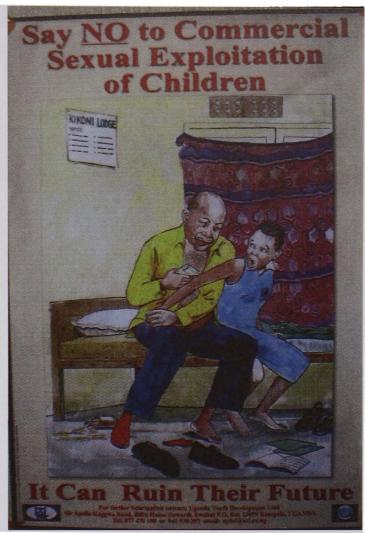
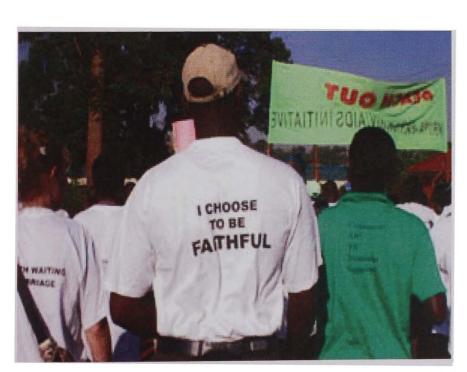


Plate 2-26: Sexual Harassment... (above left), (Researchers/FAWE 1990s) and Plate 2-27: Say NO to Commercial sexual Exploitation of Children (above right) (UYDEL 2002).



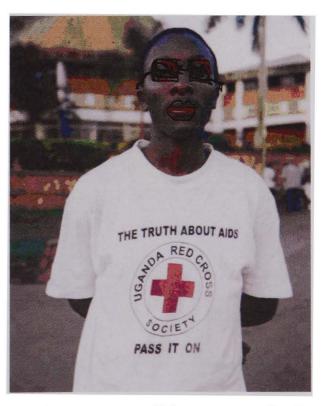
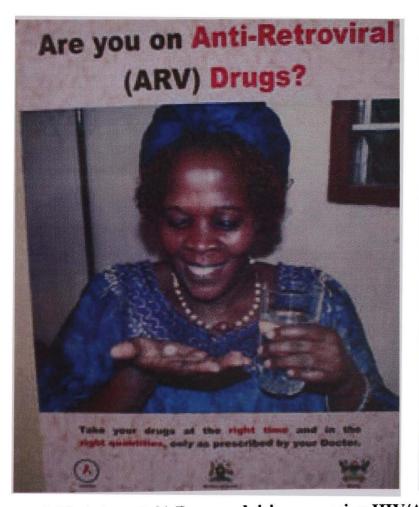


Plate 2-28: (above left) (Nabulime 2004) and Plate 2-29: (above right) display T- Shirts worn to display HIV/AIDS awareness messages (Nabulime 2004).



Plate 2-30: (above left and) Plate 2-31: (above right) show posters advising on taking HIV/AIDS tests (Both plates by Academic Alliance for AIDS Care and Prevention in Africa 2004).



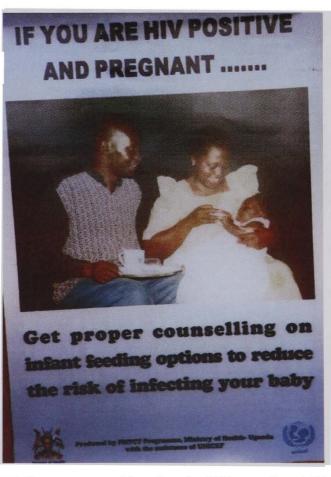
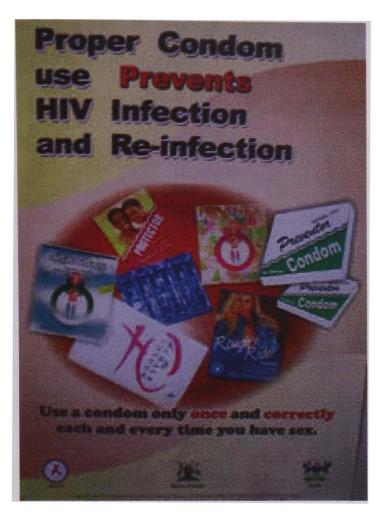


Plate 2-32: (above left) Poster advising accessing HIV/AIDS treatment (Academic Alliance for AIDS Care and Prevention in Africa 2004). Plate 2-33: (above right) Awareness on parenting and living with HIV/AIDS (Ministry of Health and UNICEF Kampala 2004).



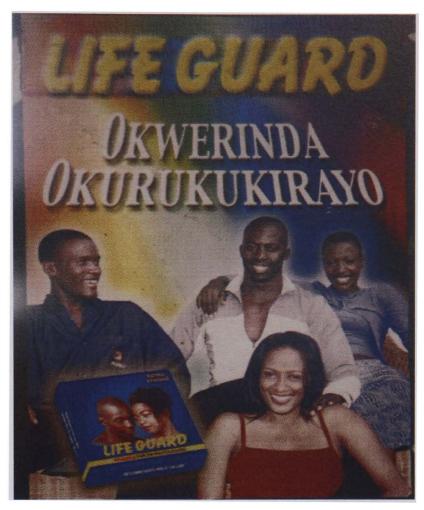


Plate 2-34: (left) *Proper Condom...* (Academic Alliance for AIDS Care and Prevention in Africa 2004) and Plate 2-35: (right) *Life Guard...* (Marie Stopes International STIs/HIV/AIDS 2004).

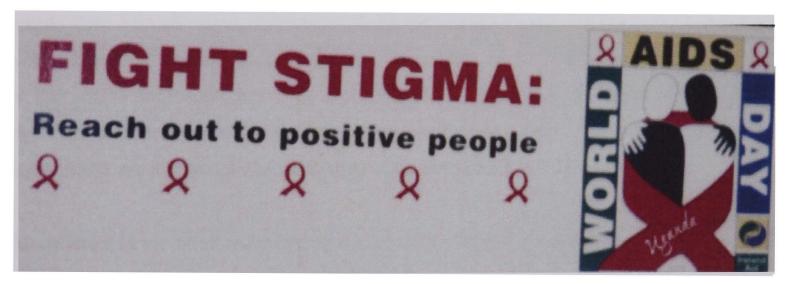


Plate 2-36: HIV/AIDS awareness stickers (unknown 2004).

# 2.6 Francis Ssekyanzi and communication through fine art forms

Francis Ssekyanzi is a prominent Ugandan sculptor who developed a large multi-panel relief sculpture promoting HIV/AIDS awareness. Though largely self-taught, Ssekyanzi acquired his wood carving skills from Congolese artists, the Lega carvers who have settled in Kabuli, a suburb of Kampala (Kasfir 1999). In 2002 he had the idea of creating a relief sculpture depicting HIV/AIDS, which he presented in the form of a proposal to The AIDS Support Organisation (TASO)<sup>23</sup>. Ssekyanzi's proposal was accepted, though he was advised to amend his sketches, and given books about HIV/AIDS to enrich his artistic ideas. His amended sketches were accepted, and he was commissioned to make two relief panels entitled *Activities of TASO in Uganda* and *Sources of HIV/AIDS spread in Uganda*.

### 2.6.1 The relief sculpture and the episodes

The relief sculpture panel, *Sources of HIV/AIDS spread in Uganda* (Plate 2-37) was installed at TASO headquarters, old Mulago Hospital, Kampala. It was created in 2002 and is made from Muvule wood, aluminium plates and coloured stain and measures 1 metre x 3 metres. The relief consists of 23 "episodes" of varying sizes, all revealing the risk factors for HIV/AIDS infection (details of each episode are presented in Plates 2-39 to 2-51). These episodes accurately portray things that occur in the daily lives of rural Ugandans. The episodes are numbered and marked on a diagram (see Plate 2-38).

The episodes in the relief sculpture all depict rural settings of grass-thatched huts, or brick houses surrounded by trees, and crops such as banana plantations. Some of the women are dressed in the traditional attire for the Baganda, known as Gomesi and Kanzu; the men wear blazers while others are dressed in contemporary styles <sup>24</sup>.

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<sup>23</sup> Earlier seen in Communities/Non Government Organisations working with people living with HIV/AIDS.

The Baganda are the most dominant tribe in Uganda, and are found in central Uganda along Lake Victoria. The Baganda occupy one quarter of the total land area, and their population is larger than other tribes. Their land is called Buganda. The people are referred to as Baganda and Muganda. Mu-ganda is a native of Buganda. Ba-ganda is the plural of Mu-ganda. Bu-ganda is the land. Ganda is the tribe. Physically the Baganda vary in appearance by skin colour, type of nose and thickness of lips. All characters vary according to the amount of Hamitic and Negro blood in the clan or family, with regard to stature and head-form. The Ganda are usually stoutly built men of medium height. As cited by A.M.Lugira (1970), Ganda Art, OSASA publication, pp. 4, 5, 15; ibid. pp. 171-174.

Gomesi is traditional attire for women, with a style partly Arabic and European. Kanzu is of Arabic origin, composed of a long trailing shirt of cotton that is snowy white or yellowish with long sleeves worn by men. Both Gomesi and Kanzu are traditional Ganda attire.



Plate 2-37: Ssekyanzi Francis - Sources of HIV/AIDS Spread in Uganda (2002).

CHAPTER 2

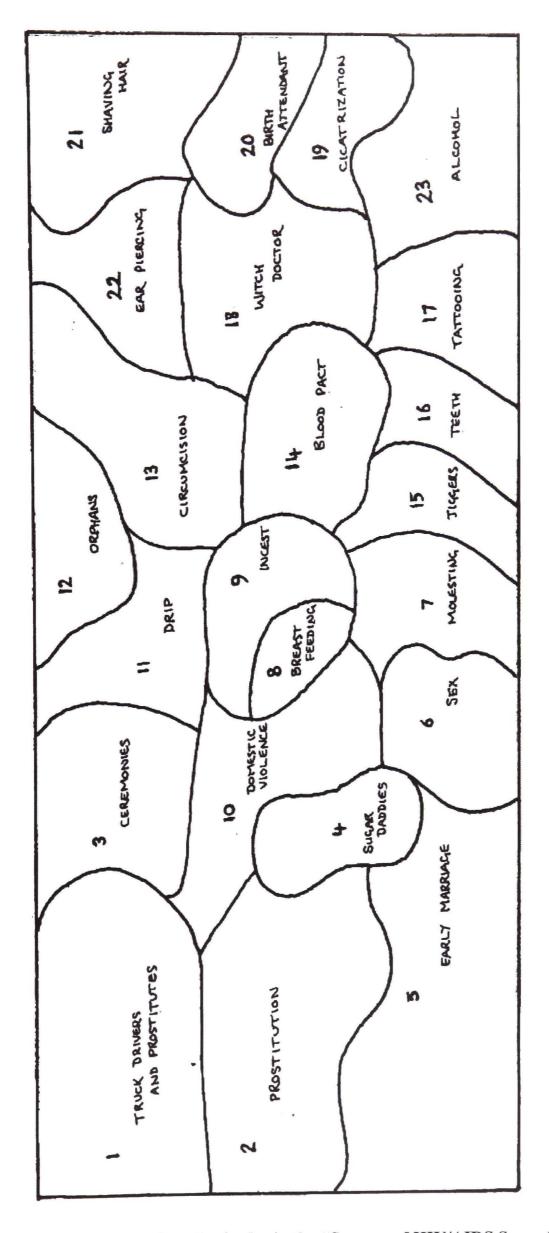


Plate 2-38: Diagrammatic explanation of episodes in the "Sources of HIV/AIDS Spread in Uganda by Ssekyanzi Francis" as seen in Plate 2-37.



Plate 2-39: Truck Drivers and prostitutes (1).



Plate 2-40: Prostitutes, top (2), Early Marriage, below (5), Sugar Daddies right (4).



Plate 2-41: Sugar Daddies, on the left (4), Domestic Violence, on the right (10).



Plate 2-42 (above left): Sex (6). Plate 2-43 (above right): Ceremonies (3).



Plate 2-44: on the left, Sex (6); in the middle, Child Molesting (7), and on the right Jiggers (15).



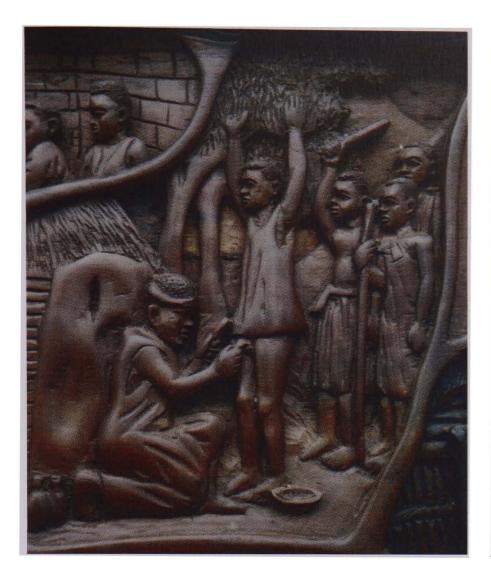
Plate 2-45: on the left Breast feeding, and on the right (8) Incest or Enticing (9).



Plate 2-46: in the middle, Blood Pact (14).



Plate 2-47: bottom left, Teeth extraction (16), middle, Tattooing (17), bottom right Alcohol (23),



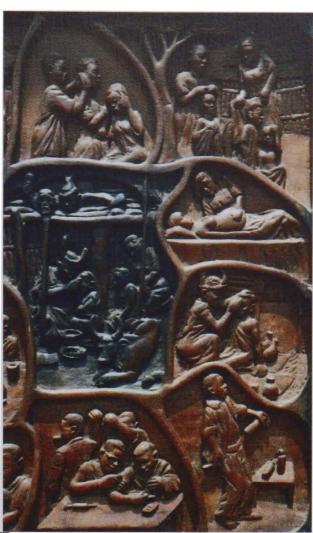


Plate 2-48: left, Circumcision (13). Plate 2-49: bottom left Tattooing (17); bottom right Alcohol (23); middle above left Witch Doctors (18); middle above left Scarification (19) and above middle right, Traditional birth attendant (20); further top left Ear piercing (22); further top right Shaving hair (21).



Plate 2-50: above left, Drip (11) middle above, orphans; and right, Circumcision (13).



Plate 2-51: Witch Doctors practising Scarification (18).



Plate 2-52: The reality of AIDS.

# 2.6.2 Analysis of Ssekyanzi's relief sculpture

Ssekyanzi's comprehensive coverage of the different causes of infection is exhaustive and includes all the instances he knows of, from the most obvious to the less common. In addition he makes no distinction between morally and socially reprehensible behaviour where people endanger or exploit others and acceptable but risky practices. The episodes can be categorised as follows:

- **Sexual practices** involving *Truck drivers and prostitutes* (Plate 2-39), *Prostitution, Early marriage, Sugar Daddies* (Plate 2-40), *Sex* (Plate 2-42), *Ceremonies* (Plate 2-43), *Incest* (Plate 2-45), *Child Molesting* (Plate 2-44).
- Culturally acceptable practices whereby people unwittingly expose themselves to infection are Jiggers (Plate 2-44), Blood Pact (Plate 2-46); Teeth extraction, Tattooing (Plate 2-27); Circumcision (Plate 2-48); Witch Doctors, Scarification, Ear Piercing, Shaving Hair, Birth attendant (Plate 2-49), Witch Doctor in detail Plate 2-51).
- **Social factors** such as *Alcohol* (Plate 13).
- Consequences of HIV/AIDS infections are illustrated in Drip, Orphans (Plate 2-50).

Ssekyanzi's work is not focussed on the female experience, and it uses a form (woodcarving) and an idiom (realism) that is not common to most Ugandans. The relief is heavy, expensive and cannot easily be reproduced or transported to communities.

#### Presentational skills

Ssekyanzi has utilised his skills and craftsmanship, together with sophisticated artistic knowledge of composition and narrative to keep the eye moving from one scene to the next as seen in Plate 2-37. He uses the elaborate compositional scheme of a curved line, which encloses and links each episode to retain unity and harmony throughout the scenarios. The sculptor also gives the individual episodes the compositional attention to enable each to be an independent relief, avoiding any monotony in his approach. Furthermore, although the scenes are realistic in treatment, the specific presentation introduces additional levels of metaphor. The curved line links the episodes operating as routes of infection organically transmitted and tying together both urban and rural populations. The curved lines may refer to the arteries, which carry infected blood through the population, while the physiological arteries also merge in meaning with arterial roads which carry infected truck drivers through the country.

Ssekyanzi uses his imagination to create humour and suspense in some of the episodes, for example when he depicts the man and woman sneaking off into a banana plantation in scenario (3) (Plate 2-43). In Uganda the major mode of HIV/AIDS transmission is through heterosexual contact, (Kaleba, Namulondo et al. 2002, p.4) depicted in episodes (1), (2), (3), (4), (5), (6), (7), (9), (10) while (23) shows the importance of the sexual urge. Alcohol, social and cultural factors that expose women to HIV/AIDS, are the basis for the scenarios about sex, representing a large proportion of the relief (as also noted in Chapter 1 Women's vulnerability to HIV/AIDS).

### Illicit episodes and culture

Ssekyanzi vigorously illustrates episodes related to sex, a matter which is not freely discussed in public particularly among the Baganda people. Lugira states that "the Baganda, because of their ethnic circumstances, refrained from producing any zoomorphic-anthropomorphic likeness; they felt a strong urge for imagery. To fulfil this need they had recourse to symbolism", (Lugira.A.M 1970, p.133). It is interesting that Ssekyanzi, a Muganda by tribe, has boldly portrayed some details about sex which his people cannot hear him say in public. Through his relief sculpture he expresses his feelings quite freely, as he vividly portrays sexual acts in scenarios (4), (6) and (9) showing sexual organs. It seems scenarios (1), (2), and (5) occupy larger parts of the relief, possibly to emphasise that they are known to be the greatest source of infection (see Plates 2-39 and 2-40).

Ssekyanzi's relief would find support for its expressions of illicit sexuality from Eldridge (2003) who, citing Kieran and Guat, states that:

If a work manifests aesthetically reprehensible attitudes, it is to that extent aesthetically defective and if a work manifests aesthetically commendable attitudes, it is to that extent aesthetically meritorious...It is a central function of art not simply to be decorative or entertaining, but to promote imaginative understanding of people, their styles of interest, and their success and failures in pursuing their interests...If a work succeeds in such engagement and clarification, then to that extent better; but if it fails, it is to that extent always artistically worse (Eldridge 2003, p.285).

Ssekyanzi's work conforms to their argument as he realistically communicates strong messages about HIV/AIDS awareness, a life threatening issue. Carroll (2000)<sup>25</sup> asserts that, "art works may be immensely subtle in terms of their moral commitment" (Eldridge 2003, p.215). According to Eldridge, by relating to the Baganda culture Ssekyanzi should have set out the explicit episodes tactfully as seen in *Sugar Daddies* and *Sex* on a very small scale so that they were scarcely noticeable, while at the same time achieving artistic success (Plates 2-41, 2-42). Or Ssekyanzi should have emulated the ideas of Rebecca Bisaso, a Muganda female artist, in her painting entitled *Woman's Burden* (1990, oil on board 122 x 64cm), which illustrates HIV/AIDS issues with sexual acts presented in a subtle way<sup>26</sup> using symbols (Kyeyune 2002, p.73).

Ssekyanzi's aim was to produce narrative, straightforward HIV/AIDS messages, using humour and realism to engage and address various people from different tribes. He may not have used symbols because they have different meanings to different people. Yet both Crimp (2003) and Marschall (2004) suggest that it is appropriate to use both positive and negative images; using seemingly unambiguous symbols and metaphors, if the artist wants to communicate clear educational messages.

### Communicating AIDS awareness through explicit images

HIV/AIDS and sex are sensitive issues in many African cultures. Issues around HIV/AIDS may be appropriately developed among communities, so that the ideas developed are part of the people's culture. A good example is the traditional beaded dolls made by the Zulu women, (described in section 2.4.1 *Traditional/indigenous Art and craft...*). The women produced sexually explicit, detailed tableaux, for example *Virginity testing* (Plate 2-7). Other images have surpassed traditional Zulu taboos by representing sexual intercourse, for example highlighting an oversized (and unprotected) penis as a symbol of danger and transmitter of the disease (Marschall 2004, p.177).

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<sup>25</sup> Carrol Noel, Art and Ethical: An Overview of Recent Directions of Research", Ethics 110, 2 (January 2000), pp.350-87.

Rebecca, who is a Muganda by tribe, illustrates the suffering endured by Ugandan women. In the centre of the painting is a beautiful naked woman challenged by death; promiscuity is indicated by the fact that she is surrounded by men. She is holding a bank note, reflecting prostitution. AIDS is represented by birds physically mating; other birds shown are owls and vultures, which are symbols of death in Buganda. The woman's hair stands out like branches of a tree on which the birds hang (routes to scenarios seen in Ssekyanzi's relief). In the background on the left, two people are sleeping covered by a blanket suggesting sex (but not obviously) while above them is a skull creatively depicted. Further into the background is a car and buildings suggesting a city. A crumbling house indicates a slum, while two women in a dirty atmosphere represent prostitutes waiting for clients. Rebecca's painting communicates AIDS awareness in a way that would be acceptable to the Baganda, because the illicit sexual acts are presented symbolically or innocently and in a subtle way, by birds mating and two people sharing a bed.

### Reality of HIV/AIDS

Ssekyanzi was requested by TASO (The AIDS Support Organisation) to remove a more stigmatising episode *The reality of HIV/AIDS* shows an emaciated man in the last stages of HIV/AIDS next to a tomb (Plate: 2-52). Marschall advocates that certain types of creative art projects concerned with HIV/AIDS should not be dismissed as incomprehensible or inaccessible, and therefore not effective in raising awareness of the disease and associated issues such as stigmatisation (Marschall 2004, p.163). Crimp has similar views: he acknowledges positive images on the other hand, but states it is also good to show negative pictures of suffering and dying from HIV/AIDS as a reminder that the disease still exists (Takemoto 2004, p.84). Crimp gives an example of advertisements for antiviral HIV/AIDS medication showing men, who physically look well, a misinformation because the reality is that these men are sick or suffering side effects caused by their drugs. Examples are personal photographs taken by Douglas Crimp; *Photo booth photographs* (Takemoto 2004, p.89) although he looks healthy, he too is living with HIV/AIDS.

Given the above arguments, it may still be appropriate to use frightening and ambiguous images as constant reminders of HIV/AIDS in a bid to prevent further infection.

#### Summary

Ssekyanzi's relief sculpture is unique in that many of the factors creating vulnerability to infection appear together in one work. Ssekyanzi has strong powers of observation and simplifies the human form, its movements and gestures in real-life experiences, such as jigger removal, prostitution and the activities of truck drivers. He communicates HIV/AIDS issues via pictorial narratives that relate to contemporary lifestyles in rural and urban Uganda; he includes contemporary cultural trends as in the depiction of mobile phones, current dress styles and activities such as smoking and tattooing. Bob Linney (1995) suggests that a designer has to develop a pictorial language that is suitable to the community amongst whom he is working (Linney 1995, p.23). Considering that statement, it seems Ssekyanzi has, indeed, achieved such a pictorial sculptural language. The messages are straightforward, literal and dramatic, so both literate and illiterate people from various tribes will be attracted and can understand them. Both urban and rural dwellers could relate to the scenarios within the work. If people were to look at these relief sculptures they would be able to critically analyse their own reality, and become aware of the life-threatening activities that might expose them to HIV/AIDS.

Francis Ssekyanzi's relief carving may thus be seen as exemplary both in its conception and treatment and in its theoretical accessibility. Unfortunately, this work is not accessible on a physical level and as a unique artwork it is tied to a single location; its potential for wide communication is not exploited. It is by reproductive means (such as those discussed earlier in this chapter) that this artwork could reach as appropriate audience. The clarity of conception and execution recommends the work as suitable for reproduction by printing, which would retain its artistic character while realising its communication potential. It is, as a multiple, rather than unique work that its real meaning would emerge.

# 2.7 Art Review aimed to develop Sculpture to communicate HIV/AIDS awareness

### Sculpture and action, performance and objects

This section deals with art forms and artists that have been specifically reflected on during the development of practice. Though not all were necessarily related to HIV/AIDS, relevant strategies and ideas were identified and adapted in order to enrich the practice.

### African actions and performances

Drama and process theatre, music, dance, poetry and story telling are used to communicate messages all over Africa. Meki Nzewi (2006) demonstrates that African musical arts were an amalgamated reflective system, created and experienced in holistic terms as a combination of music, dance, metaphysical, mythical and social drama and often symbolically significant costumes. The particular or general identity of the healing capacity of a musical experience depends on the design of the sound elements as much as the ambience of materials and environment. Inducing a healthy mind is a primary intention as well as a potential outcome of African musical arts creation or performance. Nzewi goes on to say:

".... African healing theatre often involves active community participation mobilised by live musical arts. The somatic energy generated particularly in mass medley dancing is also a healing force. The form, structure, texture, vocal intonation, instrumental ambience and performance conventions are rationalised to engender or effect spiritual, and psycho-physiological wellness." (Nzewi 2006, u/p.).

In reference to Nzewi's argument, Ugandan cultures also interact with and activate instruments through performance and music. One such performance is by Aida Namulinda (described earlier in section 2.2.1 *Culture and communication*) and her local village women's music and dance ensemble. The men play musical instruments to accompany Namulinda's group. They sing and at the same time encourage the villagers, including children, men and women, to respond to the chorus, dancing to the rhythm of the music and listening to the group's messages (Barz 2001, u/p.)<sup>27</sup>. People living with HIV/AIDS have exploited this, exploring music, dance drama and poetry as a platform for attention to help others as well as to avoid isolation and discrimination, a reminder of Aida Namulinda's lament that:

"No one will listen to us unless we bring our drums! No one will listen to us talk about Silimu (HIV/AIDS), unless we dance!" (Barz 2001, u/p.),

Therefore, through dance and singing women living with HIV/AIDS communicate HIV/AIDS awareness effectively to people who may be both literate and illiterate, whilst also claiming a powerful integrative voice for them. The strength of this performance is that the villagers are entertained while listening to the HIV/AIDS awareness messages direct from these female performers who are victims of the disease. In some tribes, dances and performances are highly colourful; they often involve body painting, as with the Gisu in Uganda. Many communities in West Africa, and the Makonde in East Africa, create masks to be used in initiation and other rituals. More recently these traditional masks have been painted with synthetic rather than organic pigments, in particularly bright colours. Objects like masks and musical instruments add to the entertainment and visual impact of performances using symbolic means to reinforce the message in the singing and action as an effective means of communication. Such specifically African performances are powerful, as they involve the crowd as both spectators and performers.

This chapter also reveals that Uganda's indigenous media communication is effective because it is creative, persuasive, humorous and dramatic, using symbols and metaphors while it engages people to listen to the messages being disseminated. One of the most notable successful HIV/AIDS awareness campaign dramas was "Ndiwulira" (the weevil).

<sup>&</sup>lt;sup>27</sup> "Singing for Life: AIDS and Musical Performance in Uganda" Gregory Barz found that among the many groups he worked with, music was a powerful tool; not only for education but also for patient care and bereavement counseling. (As an aside, music is also a principal tool used in the diagnosis and treatment of HIV/AIDs by traditional healers, herbalists, and individuals often labelled as "witchdoctors.").

The weevil, found in maize, was boiled alive because it ignored the warning to get out of the cob. This was used as an effective metaphor for the danger of not heeding the message of self-preservation. Due to the impact of musical and dramatic arts, HIV/AIDS organisations are using such media to a great extent in their work (Ssejjengo 2004, u/p.)<sup>28</sup>. This confirms Nzewi's views that action, performance and the use of objects belong to African cultures, and play a significant role in indigenous therapy and healing. African musical arts are not only for healing or entertainment; they are also embedded in a range of cultural activities.

### Actions and performance in Western art

In the West, artists have used performance in attempts to initiate social change. Rebecca Shaw comments on how New Genre Public artists specialise in involving the public in their work to facilitate social change, unlike mainstream contemporary artists who are frequently accused of being far removed from the concerns of the public. New Genre Public artists address the problem of the artist's role in society, and aim to make works which are of more value than "just another class of consumables" (Shaw 1996). Guy Brett agrees with the artist when he states that:

The desire to reconnect art with life was inseparable from a challenge to all limiting and hardened structures: institutions founded upon hierarchical ordering of practices (painting and sculpture at the top); on national prejudice or economic power; on product rather than the process; on the "do not touch" principle of separation of artist and spectator... (Brett 1998, p. 83).

With socially-orientated practices, the traditional focus on sculpture and painting is replaced by works either created or selected from domestic objects or assemblages, and by involving people in different ways including allowing them to take the art away from the gallery. This type of alternative practice was introduced in the work of well-known artists like Beuys, Bourgeois, Gonzalez-Torres, Lygia Clarke, Susan Hiller and MacLennan. Joseph Beuys elaborated an original symbolic system which redefined the creative act

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<sup>&</sup>lt;sup>28</sup> THE second annual TASO drama festival was a celebration of narrative, music, dance and drama. Eight TASO drama groups from different regions of the country converged at the Pope Paul Memorial Community Centre to compete for a crown. There were folk songs, traditional dances, original African compositions, creative dances, instrumental compositions, testimonies and plays. The testimonies, especially the one given by a group from Mbale, were frightening and engaging; but were also monologues that brought hope and confidence. With the theme 'Anti-Retroviral Therapy (ART) in TASO; a combination of ART and positive living is the way forward', the different groups performed not only to explain the message, but also to broaden it. Dr Jessica Kahwa of the Music, Dance and Drama department at Makerere University was awed at how the use of performing arts in Uganda has been expanded to educate the masses on issues such as HIV/AIDS. Jimmy Kolker, the US Ambassador, who was chief guest, said the festival was a "phenomenal exhibition."

He added that drama is one of the weapons in fighting HIV/AIDS.

(with the "expanded concept of art" and of "social sculpture") in an attempt to transform society and humanity and exercise his belief that "the role of an artist is to heal the ills of our ailing humanity," (Morgan 2003, pp. 12-19, 76-79). Beuys's action of *First Foot washing as a Public Performance* (1971, Dusseldorf) showed that art can address problems that affect society.

One of Beuys' works which can be seen as relevant to the era of HIV/AIDS is Coyote: I Like America and America likes Me, (1974, Rene Block Gallery, New York) (Brett 1998; Morgan 2003, pp. 76, 79) when he symbolically 'performed' aspects of communication and healing. He was locked in a cage with a coyote for three days, and he assumed a series of postures and performed various ritual gestures at regular intervals, in order to influence the animal's chaotic energy without being hurt. He also used objects symbolic of protection, including a flashlight, glove and his trademark felt hat. Beuys used a coyote, which is revered by American Indians, as a symbol to represent how Native Americans are discriminated against but still manage to live in harmony with the majority. His aim was to prove that everyone can handle a crisis through creativity by channelling their efforts into studying the situation, and generating ideas of how to overcome the problem. This work can also be seen to demonstrate in general how an artist might study the HIV/AIDS crisis, and develop creative art works that can generate awareness and encourage creative, restorative action.

While Beuys' sculptures and materials are derived from his life experiences, most of his sculptural ideas are political and aimed at trying to address problems in society, Louise Bourgeois' sculptural ideas are more personal and private. Though they may represent a subjective form of therapeutic activity and healing, they also communicate to others who are going through similar experiences. Bourgeois reveals her childhood memories, fears and suffering in sculptures such as *Personages* (1977) and *Destruction of the Father* (1974) but the *Cells* series (1990s-2000) is particularly relevant in combining sculpture with other pre-existing objects such as furniture and drapery to strengthen her sculptural ideas as seen in '*Cell I*' (1999), (Grosenick 2001, p.65; Storr, Herkenhoff et al. 2003, pp. 106-110, 132-138). Bourgeois' sculptures, particularly the *Cells*, demonstrate that domestic objects and accessories have a very direct resonance when developing sculptures that express feelings of pain, isolation, stigma and fear.

Lygia Clark's involvement of viewers is on an active rather than visceral or visual level. Her sculptural objects have to be activated, and explore a range of temporary and experimental forms. Typical pieces are the pebble placed on an air-filled plastic bag in *Pedra e Ar (Stone and Air)* (1966), a participatory proposition, and the use of rubber tubing in *Respire Comigo (Breathe With Me)* (1966) which are made to be touched, moved, and experienced by the audience as objects with natural qualities suggestive of the major functions of the body (Morgan 2003, pp.86-87). Ernest Neto, also from Brazil, was influenced by Clark to produce art works made to be activated, stimulated, and experimented with by the audience. Susan Hiller too has used sculpture and action by allowing the audience to interact with her installation *Witness* (2000, Artangel at the Chapel, Golborne Road, London).

Alistair MacLennan creates performances and builds installations using objects in multiples with symbolic associations, including pigs' snouts, in works such as *Shuttered Anemonies* (Watson and Hunter 2003). These objects embody concepts relating to the reality of victims within society and reflecting on death in life. He emphasises areas of inter-identity, transmutation and transformation, and is involved with fragmentation, slicing and carving up as ingredients within the wounding-healing relationship. He does not however, prescribe specific meanings which could deny interpretations made by observers. He communicates a representative principle of meaning within each presentation (Watson and Hunter 2003)<sup>29</sup>.

Healing Wounds (1963) was a performance and installation where MacLennan stood naked supporting two doors leaning on his left and right shoulders, enduring their weight. A sink with pipes lay below his feet. Both the performance and installation have symbolic associations and complexities are implied, though the physical structures themselves are very simple. His attitude towards healing is, "healing oneself first, then what 'outwits' the self'. Watson (2003) believes that MacLennan's intention is to explain, for example, that "denial and escapism are not necessary; that the truth, however painful, is sustainable". In his work he is aware of using simple forms or performances for the clarification of situations, and then he is more assured of its survival as reminder or reflection for the

<sup>&</sup>lt;sup>29</sup> Actuation, Arnolfin Gallery, Bristol, England on the 13<sup>th</sup> December 1977, time; 7.00pm – 7.35pm<sub>3</sub> Actuation is MacLennan's term for installations and live performance.

spectator. It is like finding common sense whereby one can relate a series of contrasting numbers, fractions and parts (Watson and Hunter 2003).

The illustration of pain, suffering and willpower in McLennan's works, such as the live performances endured for long hours, and objects like the tortured parts of pigs' snouts, can be related to lives and experiences of people living with HIV/AIDS. Watson believes that McLennan's characteristically vague images evoke connections and awaken feelings which may lead to new and unexpected ways of seeing and thinking about the world, as he provides a specific and individual vision that embodies a personal artistic language. His work engages viewers with issues essential to humanity by creating an artistic language which can address everyone, leaving the viewer to interpret or respond in their own way (Watson and Hunter 2003, p.27).

Felix Gonzalez-Torres' work is sometimes displayed as installations similar to McLennan's, but these include specific references to HIV/AIDS. Unlike MacLennan's macabre or unpleasant materials, his work uses materials which impart a positive sensation. Some of the works are so attractive that they automatically draw attention to finding out what the artist is representing. Frightening subjects are imbued with a compelling beauty and glamour in order to engage interest. This is seen in a work in remembrance of his lover Ross who died of HIV/AIDS, Untitled (Placebo), 1990 and Untitled (Rossmore II) 1991 (Aggleton, Davies et al. 1992; Serpentine Gallery 2002). These installations of piles of sweets used familiar multiple forms along with an invitation to active participation. The number of sweets was equivalent to Ross's body weight. As gallery visitors picked up the sweets their weight was reduced, a reference to the weight loss of people with HIV/AIDS. Monochrome sweets wrapped in plain cellophane, were laid on the floor, with light falling on them to accentuate their beauty. This indicated how artists can extract beauty out of a subject which is frightening, using simple objects such as sweets which are eaten often or encountered every day. It seems that the beauty that radiates from the sweets is a reminder that life is beautiful. Gonzalez-Torres comments that:

"Art has the power to change personal consciousness, and that change in oneself would lead, inevitably, to a social change" (Serpentine Gallery 2002, u/p).

The audience is clearly required to interact with Gonzalez-Torres' multiples where paper or sweets offer "souvenirs" as a record of the experience of visiting the gallery. He exercises an inclusive, democratic strategy by allowing people to pick up the sweets and take them away. This underpins the serious message that like selecting and eating sweets, sex is a selective and potentially enjoyable indulgence; but the unwrapping of a sweet can also be a reminder of the action of removing a condom.

Artists like Joseph Beuys, Neto, Lygia Clark, Felix Gonzalez-Torres and McLennan encourage people to interact with their sculptures physically and mentally, through particular modes of presentation, action or performance. As their feelings are engaged the participants are drawn to reflecting more fully on the concepts behind them, which are often therapeutic in intent or aimed at questioning fixed values and external appearances.

### Everyday objects, repetition and multiples in Western art

Susan Hiller explores different objects and their use and collects, compares and presents different kinds of material which are often ignored. In her installations, objects and paintings, she reworks, regenerates or recycles existing material into new forms (Rosenthal, Rainbird et al. 2005). Her presentations are similar to Beuys' *Vitrines* but also introduce destruction as a creative strategy. She has burnt her paintings to ashes and stored them in test tubes, for example *Collected Works* (1968-1972) or in beautiful jars entitled *Hand Grenades* (1969-72) giving them labels with the dates when they were made. Another work, *Measure by Measure* (1973-onwards) saw Hiller cutting up her paintings and remaking them by sewing them into 10 blocks entitled *Paintings Blocks* (1974-1984). Hiller noted that her intention was to illustrate that these glass grenades were as interesting to look at and experience as the paintings (Brett 1998, p.202), while the canvases transformed into ash were still good to look at.

Some artists make multiple art using domestic objects, or commodities such as food. This is the case with Wolfgang Laib's work entitled *The Rice Meals* (1983), which consists of 33 brass plates placed in a line, each filled with a pile of rice apart from one holding hazel nut pollen. In India, plates like this are utensils used for eating off, but are also for temple offerings of food and flowers (Molinard, More et al. 2003, pp.104-7). Laib's work maximises its impact by being presented as a multiple, reinforcing the mantra-like

meditative effect and spiritual symbolism as well as its evocation of the repetitive daily routine of eating meals. Laib's method of work is to bring multiple groups of objects or fragments together to form an installation.

An African artist working in the UK, Yinka Shonibare also produces art in fragments or sections which coalesce into a whole, for example: *Sun, Sea, Sand* (1995), a mixed media work made of multiple bowls wrapped in African-print fabrics and arranged on the floor where they create a wrapped Op Art effect. Being physically handicapped, Shonibare makes small pieces which end up forming large-scale impressive installations that are visually powerful and which negate any idea of his physical condition weakening or disabling his creative potential.

Laib and Shonibare both use domestic objects associated with food consumption, displaying these simple shapes on the floor for the spectator to look down on. The plates and the bowls are attractive to look at, as are the objects in them or the materials which cover them. These please the eye and the mind, enhancing the viewer's positive feelings. The multi-coloured fabrics covering Shonibare's bowls engage the viewer in observing a variety of patterns in arrangement, while Laib's natural products on plates are pleasing through their simplicity.

### 2.8 Summary of the Chapter

### Approaches to communicating HIV/AID awareness

The government, religious, health organisations, NGO's both foreign and local have used traditional print and also electronic media to communicate HIV/AIDS awareness but unfortunately the disease still spreads. HIV/AIDS has shattered the social and economic areas of people's lives, and those most affected are women due to low levels of education, local culture, and sexual practices (described in Chapter 1).

### Hybrid means of communicating HIV/AIDS awareness

In Uganda and other African countries, indigenous means combine with approaches taken from the West in HIV/AIDS campaigns. Hybridisation strategies are practiced by musicians, and dramatists (as seen in section 2.2) An example is the American AIDS

Memorial Quilt (1989), described in section 2.3 which inspired production of the AIDS Wall in Harare, Art vs. AIDS in Togo and The International Peace Tiles. These hybrid artworks emulating Western models have an impact because they involve artists or people living or affected with AIDS. They share their pain and experience both by warning and giving hope. Some of the messages show a sense of humour, and are designed to entertain as well as educate.

### Art as an approach to communicating AIDS awareness

Artists discussed in section (2.3) have used different approaches to communicate HIV/AIDS awareness. Art works intended to convey such messages need to be understood by the people the works are addressing. Most of the art in the USA and Britain addresses a homosexual culture, and expresses openness in issues related to sex. In Uganda the routes of infection and the modes of transmission are mainly heterosexual; issues regarding sex are a taboo, and therefore need to be handled tactfully. It was noted by UNICEF-Uganda (seen earlier), that approaches directly imported from the West into other cultures to communicate HIV/AIDS have often failed to capture the audience.

On the other hand, while cultural producers working on AIDS activism in the USA have used video and cable access to reach a large audience, this is not applicable in Uganda. Poverty, culture, religion, sexual practices, low levels of technology and education lead to a search for indigenous or hybrid means that are economically viable, and can address various cultural groups. An example is the bead artworks (South Africa) which is succeeding in communicating HIV/AIDS awareness, particularly to vulnerable groups of women, while being a means of economic empowerment (Wells, Sienaert et al. 2002).

### Sculpture, action performance communicating HIV/AIDS awareness

Crimp urges that, "AIDS activism should take into consideration cultural production, location and distribution." In response to this statement, Ssekyanzi's relief succeeds by portraying a Ugandan rural and cultural setting aimed at addressing HIV/AIDS awareness among the general public. As mentioned earlier, the relief does not specifically address women and is not accessible to the public. TASO (The AIDS Support Organisation) has not publicly displayed the sculpture, thus it does not communicate HIV/AIDS awareness to the masses. As for Adriana Bertini's condom garments, due to the nature of this work it would probably be difficult to use publicly in Uganda. This is for practical reasons and

because of taboos, partly enforced by the Roman Catholic Church which does not promote condoms.

HIV/AIDS is a medical and social problem that affects women in particular as revealed in Chapter 1 Therefore there is a need to develop appropriate sculptural forms to address women and that are culturally acceptable and community based. The success of awareness campaigns created by artists lies in attractive messages that are precise and easy to remember, and that could reach literate and illiterate people and different ethnic groups. Adriana Bertina's condom sculptures, in terms of her intention they generate discussion, presented an approach that was adaptable to the research practice. Through discussion, women, whether literate or illiterate, can have the chance to explain their dilemmas or communicate their personal experiences which must enrich the debate around HIV/AIDS awareness.

If sculptures are to communicate HIV/AIDS awareness to the women in Uganda the factors identified above had to be considered, along with the effectiveness of various approaches that have been used in Uganda, and the relevance of sculptural forms and ideas created by international artists and projects as described in sections 2.1 to 2.6.

Uganda recognises the impact of musical and dramatic arts, which involve action, performance and the use of objects which have played a significant role in communicating HIV/AIDS awareness. In the West, artists have used performance, action with objects/artworks to encourage people to interact with sculptures physically and mentally, these ideas could be analysed and incorporated while developing sculptural forms to communicate HIV/AIDS awareness in Uganda.

# Aspects of contemporary art useful in informing both literate and illiterate communities, and the problems and advantages of being based in Uganda

With reference to Alberro (1999), aspects of contemporary Western practice that would be useful in informing both literate and illiterate communities are those with ideas that clearly refer to art described as function, and which suggest a course of action. An example is Latin-American conceptual art, which postulates the "awareness of actual reality of the artist as an individual inside the political and social context that surrounds him" (Alberro

1999, p. xvii). This political, ethical and social situation is the HIV/AIDS awareness that needs a tool or a work of art to communicate, integrating with society or the public as well as relating it with mass media to reach a large audience.

In the West, conceptual art often disregards traditional aesthetic values, and the value placed on technical or manual skill is abandoned. The conceptual approach was new but incorporated in the research as an option. Though initially unfamiliar, increased familiarity with conceptualisation allowed the research practice to adapt traditional sculpture or combine it with everyday objects or materials and combine these with action and performance, bringing them together to deliver messages addressing the public. Ideas were developed by studying Brazilian artists, most notably Helio Oiticica, who developed a practice involving participation by the spectator through movement, performance and objects (Schimmel 1998, pp. 204-205; Alberro 1999, p.xvii). This approach encourages dialogue with people whether they are literate or illiterate. Regarding informing both literate and illiterate communities, once the work of art is recognized as exciting, the people involved pass on information about it by word of mouth; one of the key ways of communicating HIV/AIDS information. Thus studying artists working with HIV/AIDS or artist whose work deals with issues affecting society contributed to development of the practice.

## Chapter 3

# Developmental process of sculptures to communicate HIV/AIDS awareness

### 3.0 Introduction

This chapter discusses the development of sculptural practice aimed at producing works informed by the lives and experiences of women living with HIV/AIDS to communicate HIV/AIDS awareness. The research practice went through several distinct phases. During the Inception Period (2001-2002) practice was informed by imagined ideas of the life experiences of women living with the disease and by personal experiences. Information was gathered by a world-wide review of the literature and practice, drawing on published material and 'grey' literature<sup>1</sup>, web-materials and other communication resources. This indicated the need to reflect the *real* life experiences of women living with HIV/AIDS and the importance of finding appropriate methods to develop sculpture specifically conceived as a tool for communication. These considerations led to the pilot study. This was followed by the post-pilot phase in the UK (2002-2003), the production of sculptures after field trip research in Uganda (July-October 2003), the development of soap sculptures at Newcastle University in the UK (2003-2004) and the exhibition at which the sculptures were displayed in the Department of Fine Art, Newcastle University in September 2004.

## 3.0.1 Sculptures in the Inception Period (2001-2002)

The ideas for sculptures were derived from a range of personal experiences, including caring for people living with HIV/AIDS in Uganda, and by the literature about HIV/AIDS, and sculptural practice in the 20<sup>th</sup> century. An essay, 'Issues on HIV/AIDS and women in Uganda' written during this early phase, served to clarify understanding of the factors rendering women vulnerable to infection and to stimulate ideas which could inform sculpture.

unpublished papers/reports/theses/etc,

Initially a range of materials including clay, wood, papier mâché, bark cloth and hessian were used. The sculptural works produced in the early stages of the research were developed in a similar idiom to that used in previous works produced while in Uganda, and utilised a range of processes including carving in relief and in the round, modelling and assemblage. The works illustrated in plates 3-1 to 3-35 are representative of the works produced in the inception period.

# 3.0.2 Ideas Informing Sculptures Produced in Inception Period (2001-2002)

These early sculptures represent essentially subjective and imaginative approaches to addressing a particular range issues ideas relating to sources of HIV/AIDS infection, safe sex precautions, the vulnerability of people living with HIV/AIDS and the care of such people.

### Maquettes (2001)

The group consists of small clay figures intended to communicate sources of HIV/AIDS infection. A group of small exploratory sculptures showing men with erect penises aimed to emphasise that most women in Sub-Saharan Africa are infected by men (see Chapters 1) and (Plate 3-1). One male figure holds a baby, suggesting defilement and rape, while a couple embracing conveys ideas of faithfulness in relationships or monogamy. A woman holding a book suggests that through education women become more aware of the HIV/AIDS disease that affects them and learn to avoid it (Plate 3-2).



Plate 3-1: Maquettes (2001), various sizes from 4cm-8cm, clay.

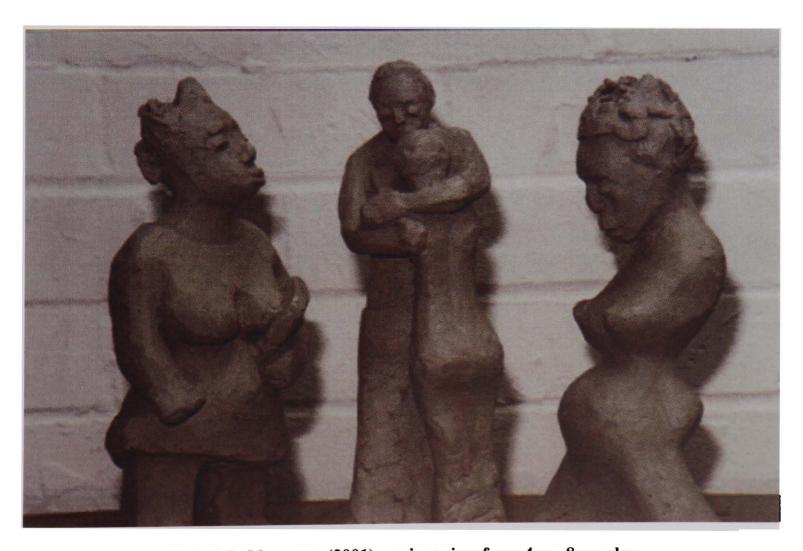


Plate 3-2: Maquettes (2001), various sizes from 4cm-8cm, clay,



Plate 3-3: Masks (2001-2002), bark cloth, hessian, jute, wire mesh and papier maché.





Plate 3-4: (details) Masks (2001- 2002), 30 x 12 cm, Plate 3-5: Bark cloth, hessian, jute.

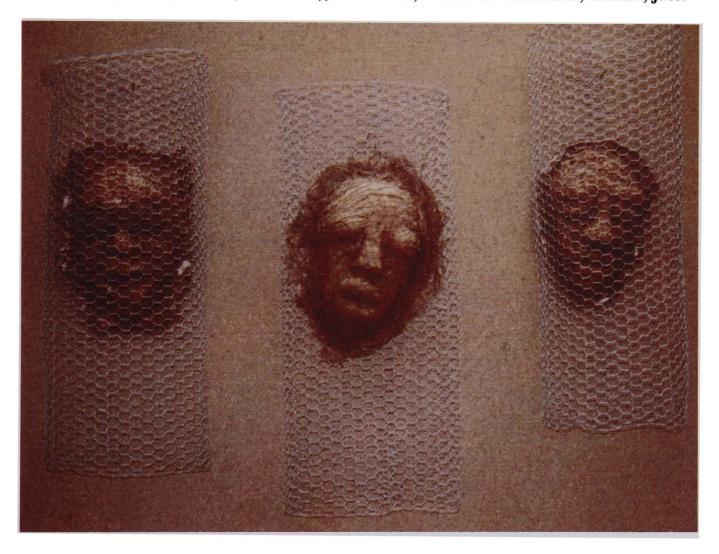


Plate 3-6: Stigmatised Face (under the mesh) and Face Free from Stigma (above the mesh) (2001-2002), 70 x 60 x 15cm, wire mesh, hessian material, Papier maché, back cloth,



Plate 3-7: Faces (2001-2002), 30 x 12 cm, (approximately), different gestures, wood.





Plate 3-8<sup>2</sup>: and Plate 3-9: Faces 1 and 2 (2001-2002), 30 x 12 cm, (approximately), different gestures, wood, metal.



Plate 3-10: Portraits - Kissing (2001-2002), 20 x 20 x 25 cm, Papier maché, Bark cloth.

### Masks and Faces (2001- 2002)

Masks and Faces were made from various materials like wood, bark cloth, wire mesh, papier maché, and metal plates (Plates 3-3 to 3-9). The sculptures focus on ideas of concealment and disguise, and that the outward behaviour or appearance of a person may conceal a very different inner person. Brooke noted that HIV/AIDS infected people can

<sup>&</sup>lt;sup>2</sup> The plate appears the frontal cover of the book: The Institute of Medicine2002, "Scaling Up Treatment for the Global AIDS Pandemic", National Academies Press Washington, D.C. www.nap.edu

look healthy and may spread the disease to others (Brooke 1997, p. 310). The best way to combat HIV/AIDS is by protecting oneself against infection by not trusting anyone, as 'We are all in masks'. The mask in front of the wire mesh suggests awareness of life and the experiences of women living with HIV/AIDS while the masks behind the mesh suggest discrimination, stigma and denial (Plate 3-6).

### **Portraits – Kissing (2001-2002)**

This papier maché and bark cloth sculpture of two heads facing each other (Plate 3-12), is about care and love, and echoes the slogan: "You cannot get HIV/AIDS through Kissing". Bark cloth is a material derived from the ficus tree, and is prepared by the Baganda people for drapery and bed sheets, and for use in ceremonial or cultural functions (Lugira.A.M 1970, p.56). Bark cloth as material for drapery and beddings symbolises the protection and warmth that people living with HIV/AIDS need. Love and care are part of the fight against stigma and discrimination. If people living with HIV/AIDS feel they are loved then they will not go into denial. When in denial people don't seek proper treatment, and are more likely to spread the disease. Care and love indirectly increase the life expectancy of people living with HIV/AIDS and help protect others.

### Polygamy (2001-2002

This relief sculpture is composed of five faces, four women and a man. They are wrapped in a veil that binds them together, symbolically representing the red ribbon which is the international symbol of HIV/AIDS awareness (Plates 3-11 to 3-13). Nuwa Nyanzi suggested a male figure be introduced in the sculpture to emphasise the impact of polygamy which is still practised Uganda<sup>3</sup>. The husband's face is placed in the centre of

<sup>&</sup>lt;sup>3</sup> Studio Critique with Nuwa Nyanzi is a well-known Ugandan artist and a former Minister of Security in the Buganda Government, which is a monarchy in Uganda. Below is the discussion that transpired as he looked at the sculpture (Women in veil), on the 16th April 2002

Nyanzi further mentioned that in the Buganda Kingdom three people bore the highest royal titles in the office of the King; they are the Kabaka (king), the Nnamasole (queen mother) and the Lubuga-Nnalinya (king's sister) with at present another position, the Nnabagereka (queen) running the monarchy. Nuwa urged that women should unite to employ those three positions to help stop polygamy, instead of considering themselves as failures. Baganda women play important roles by making decisions in their families. It is the women who produce, raise and influence the behaviour of their children, both boys and girls. If women as they raise their sons warn them of the dangers and risks in polygamy, they will listen and change their behaviour. "Women have the power to discipline their sons."

Nuwa stressed that women should be educated, intellectually alert and independent to push for advancement in society. Women have always let themselves down. Women may not be deprived, but they undermine themselves. He stressed that it is women who should struggle to end HIV/AIDS.

This is similar to the statement by a doctor in Burundi that "if we tell women that they may give birth to infected children who will die because of parental promiscuity, there may be a chance of changing their behaviour". (Ref. from Simon Watney, Missionary Positions: AIDS, "Africa, and Race, P. 91.)

Both Nuwa and the doctor have similar views, that any efforts to stop the spread of HIV/AIDS will require women's participation at all levels of society.

the relief. The facial expression is one of exultation and delight, indicating the man's amusement at having four women under his control. The carved veils around the four female faces are twisted into a ribbon and painted red. The face of the woman at the bottom of the panel has open eyes with covered lips, as if she can see her husband misbehaving with another woman but remains silent. The face above her suggests this woman knows the danger her husband is putting her in, but feels trapped and helpless, breaking down in tears. The third face from the bottom of the panel appears to sulk or pout, worrying about potential exposure to the HIV/AIDS virus. The last face is half covered by the veil suggesting denial; the woman sees the reality but refuses to face it. In all four female faces the mimetic movement consists of a silent thrusting out of the lips, commonly suggesting sulkiness. Lingering distress engenders emotions which end in tears, fear or despair, (Critchley 1975, p.2) and these are expressed in the women's faces suggesting anger, frustration and withdrawal.



Plate 3-11, Plate 3-12: and Plate 3-13: Polygamy (2001-2002), 170cm x 20cm, wood.







Plate 3-14, Plate 3-15, Plate 3-16: Support (2001-2003), 126 by 23 by 5cm, wood.

### **Support (2001-2003)**

This wooden relief panel shows three women with expressionless faces and closed lips. The hand of one woman touches another, while she stands close by stretching her neck and head as if seeking support. The face towering above the others seems to look down on them (Plates 3-14). This relief suggests an image of mutual support offered by women living with HIV/AIDS, as witnessed by the women of NACWOLA (National Community of Women Living with HIV/AIDS) in Makindye, Uganda (2002). The women organise all the necessary support when one of their members become critically ill, and is a concrete example of the importance of giving care and love to HIV/AIDS victims.



Plate 3-17: Compassion (2002), 84 x 60 x 3cm, wood.

### Compassion (2002)

This wooden relief panel depicts two people embracing, again emphasising the concept of love and care (Plate 3-17). Though women living with HIV/AIDS may face discrimination from their friends and family, they receive love and compassion from fellow women living with the disease and from HIV/AIDS organizations.

### Mortar and pestle (2002-2004)

Made of wood and copper, this sculpture was initially constructed as two forms; a mortar and pestle (Plates 3-18 to 3-22). At a later stage concave and convex copper objects symbolising male and female were added to enhance the composition (Plates 3-20). The mortar is designed as a humorous, four legged creature with a protruding, expressive head with staring eyes made of metal nuts, suggesting pleasurable astonishment.

Mortar and pestle are utensils used in pounding groundnuts, but symbolically they can relate to sexual intercourse: the mortar representing a vagina and the pestle, the penis. Sexual issues are taboo in Uganda, and ethnic groups like the Baganda could be insulted or embarrassed by sculpture depicting sexual intercourse in a realistic manner.<sup>4</sup> However, this metaphor is easily understood and these kitchen utensils are found in many homes. In the process of developing the sculpture, polythene<sup>5</sup> was wrapped around the pestle to suggest a condom (see Plates 3-18 and 19). After the pilot project copper was nailed in and around the mortar (Plates 3-20 to 22).





Plate 3-18, Plate 3-19: Mortar and pestle (2002), 57 x 50 x 100cm, wood, polythene.

<sup>&</sup>lt;sup>4</sup> Nuwa felt that the sculptural object of mortar and pestle was suitable because the Baganda are sensitive in their culture. (Lugira, A.M (1970), Ganda Art, Marianum Press, p. 133).

<sup>&</sup>lt;sup>5</sup> The Baganda refer to a condom as "kavera" (polythene paper) or "akapiraa" (rubber).

During the discussion Nuwa Nyanzi mentioned that people dislike using condoms, but he related condoms to "oluwombo". Oluwombo is a smoked young banana leaf used in steaming sauce. The sauce has an aroma, which is a delicacy for the Baganda. He meant that sex may also be enjoyed with a condom. If women learn how to give pleasure to men with a condom, they will be spared from the HIV/AIDS disease. This excellent idea can be interpreted in sculpture. In Europe we could use foil paper for the sculpture, but for Buganda we should find some other material to portray the message of the oluwombo, since being organic it will soon decay.





Plate 3-20: Mortar and pestle and above and Plate 3-21: (detail) 2002-2004), 57 x 50 x 100cm, wood, copper plates.



Plate 3-22: Mortar and pestle (2002-2004), 57 x 50 x 150cm, wood, copper plates, copper boiler bottoms.



Plate 3-23: *Bowls and spoons* (2002), 43 x 50 x 17 cm, ceramic bowls and spoons A - safe sex (left); B - Promiscuity (middle) C - abstinence (right).

#### **Bowls and spoons (2002)**

The sculpture consists of ceramic bowls and spoons and again, since Ugandan women spend a lot of time in the kitchen, it seemed appropriate to develop ideas using familiar kitchen utensils (Plate 3-23). Bowls are open vessels and are regarded as feminine forms, while spoons have the potential to stir and penetrate a surface and are seen as masculine. Bowl A (on the left) contains a spoon tied in polythene (suggesting a condom) referring to a relationship that practises safe sex on. Bowl B (centre) contains two spoons without any wrapping, referring to unprotected sexual relationships with more than one person. Bowl C is empty, with a spoon lying next to it, representing both male and female sexual abstinence. However, as it is not feasible to expect every sexually mature person to remain abstinent, this is not necessarily a good way to protect against HIV/AIDS infection. Additionally, Bowl B could be seen to condemn prostitutes, which was not intended.

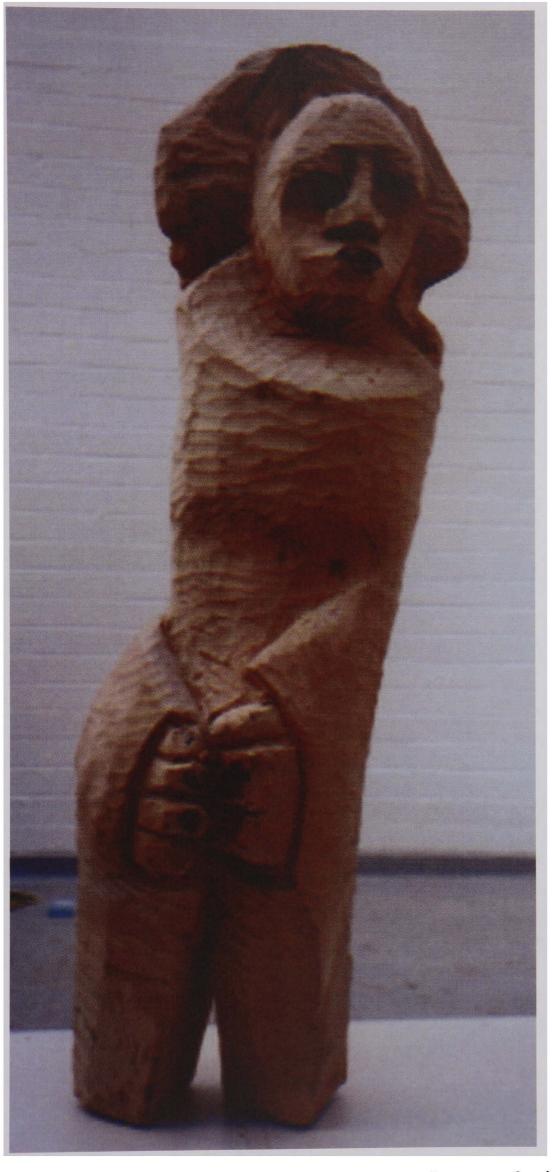


Plate 3-24: Protect yourself (2002-2004), 104 x 31 x 36 cm, Wood, copper, aluminium.

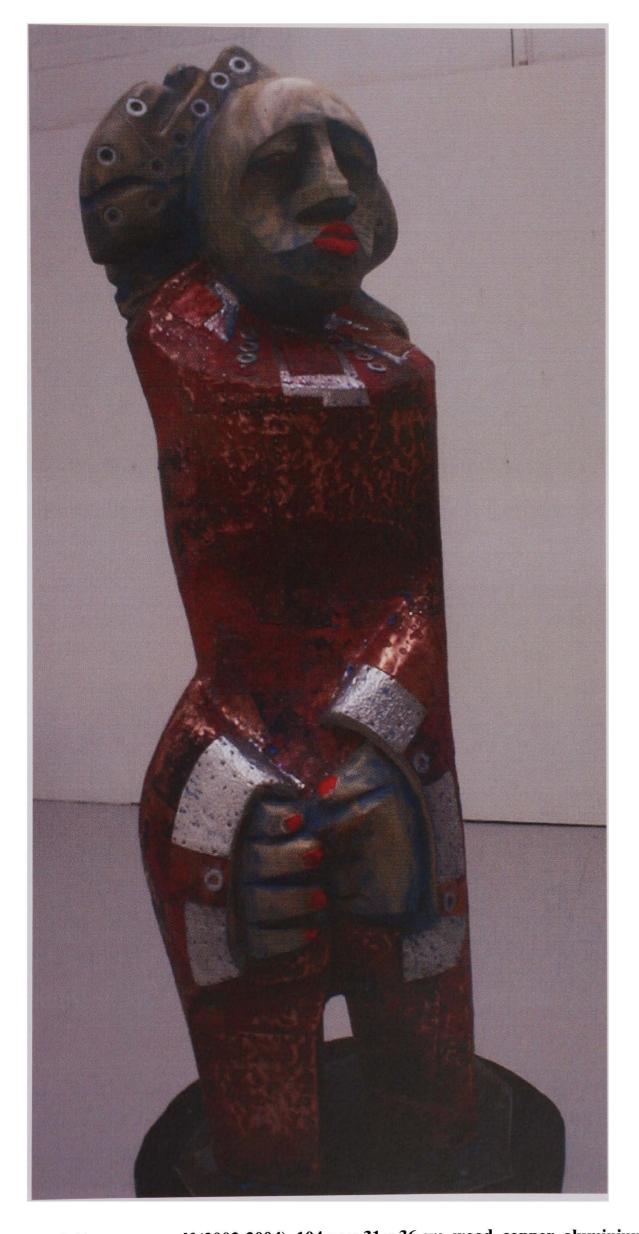


Plate 3-25: Protect yourself (2002-2004), 104cm x 31 x 36 cm, wood, copper, aluminium.





Plate 3-26 (Detail frontal), Plate 3-27 (Details portrait): *Protect yourself* (2002-2004), 104 x 31 x 36 cm, wood, copper, aluminium.

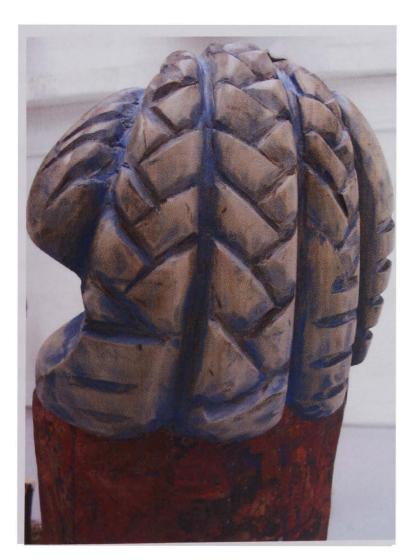




Plate 3-28 (Details hair), Plate 3-29 (details side view): *Protect yourself* (2002-2004), 104 x 31 x 36 cm, Wood, copper, aluminium.

### Protect yourself (2002-2004)

This sculpture was reworked during the research period and the images show the two stages of the sculpture, initial and final (Plates 3-24 to 29). *Protect yourself* represents a woman with hands covering her pudenda. The figure is covered in copper almost like armour, showing the strength women should demonstrate in order to avoid situations that expose them to HIV/AIDS). It aims to encourage women to take appropriate precautions when considering sexual intercourse in order to avoid disease. *Protect yourself* can also be understood as a portrait of a woman living with HIV/AIDS who has been well counselled and who has the determination to live positively and get on with her life (See interviews in Appendix Chapter 3).

#### **Condom (2002-2003)**

This sculpture was made from a found piece of wood already formed in a way suggesting a male torso with an erect penis (Plates 3-30 to 3-33). This was enhanced through carving, making the male sexual organ more explicit and creating a ring to suggest a condom. The message was for women to negotiate safe sex. At a later stage aluminium was added to the top of the penis shape to emphasise condom use. However this intervention seemed to send out ambivalent messages, since according to some people viewing the work in Britain, the ring suggested a metal ring used to accentuate pleasure in intercourse. The torso had two forms suggesting legs, but one was removed to draw more attention to the protected penis.

#### Shield (Engabo) (2002)

This consisted of a constructed wooden shield accompanied with welded and forged arrows or spears (Plates 3-34 and 3-35). In the past Ugandans used spears to fight and shields to protect themselves during wars. Here the shield was intended to symbolise a condom, which women should use to protect themselves from infection, symbolised by the spears. The shield also stands for the inner power and spirit women need to resist those situations that could expose them to HIV/AIDS.





Plate 3-30: (Left) Initial sculpture, Plate 3-31: (Final sculpture), Condom (2002-2003),  $103 \times 20 \times 8$  cm, wood.





Plate 3-32, Plate 3-33: Condom (Detailed), (2002-2003), 103 x 20 x 8 cm, wood, aluminium.





Plate 3-34, Plate 3-35: Shield (Engabo) (2002), 58 x 60 cm, wood and iron.

# 3.0.3 Comments on the early sculptures

Most of these early works had in common highly stylized figurative forms intended to carry strong messages. At the same time, they seemed rather clichéd, simple and overburdened with messages projected onto them rather than being evident in the appearance of the works themselves, as may be seen in the pictorial panels by Francis Ssekyanzi (see Chapter 2, Plates 2-37 to 52).

These limitations became apparent at the end of academic year 2001/2002, when the sculptures were discussed with the supervisors and other staff <sup>6</sup> in the Fine Art Department, together with the stories and ideas behind them. Critical comments suggested that while the sculptures were interesting and meaningful after hearing the stories, without these the relationship of the sculptures with HIV/AIDS was not apparent. In other words the sculptures did not communicate HIV/AIDS awareness unless this was explained to the

86

<sup>&</sup>lt;sup>6</sup> Sculpture Tutorials with Members of Staff in the Dept, end of Academic year (June) 2001/2002, these being: Roxaline Rose Walsh, Joel Fisher, Chris Jones, Monica Ross and Michael Owen.

Ugandan Artist: Nuwa Nyanzi on 16-4-2002.

audience. The same comment was made in an essay "Women Emerging: A Tribute to Uganda Art Exhibition" when the sculptures were displayed with an accompanying text at an exhibition in the USA (Tripp 2002, u/p.).

At Newcastle, observers considered *Mortar and Pestle* as the most successful sculpture for its humour which contributed to a message which was easier to understand (Plates 5-18 to 5-22). The observers asked more questions on how the sculptures were to communicate HIV/AIDS awareness, which resulted in the practice being reflected on in terms of the following:

- Degree of effectiveness in how the different sculptures communicate, engage and remind people of appropriate messages about HIV/AIDS awareness.
- Likelihood of viewers remembering messages from a temporary exhibition.
- Desirability of viewers being able to take away objects from an exhibition to remind them of the messages conveyed.
- Problematic status of the sculptures apparently being reliant on supporting stories or information.

Consideration of these issues led to a number of conclusions. Firstly, one of the more successful works in conveying a clear, easily understood message (*Pestle and Mortar*) was also one of the largest and heaviest. However, sculptures of this type could not feasibly be toured in Uganda, due to practical and financial constraints and limitations on how widely they could be displayed. The temporal limitations of exhibitions also suggested that some other strategy was needed to reinforce the message of the sculptures beyond display and that ideas needed to be developed which could make a more lasting impact. In addition, if texts were to be included this would involve translation into more than 50 languages; again, this was impractical. Most importantly, if the sculptures were to be accompanied by texts, this would undermine the basis of the research, as the sculptures would be regarded as illustrations or visual adjuncts. The research objective to *communicate HIV/AIDS awareness to literate and illiterate people* would also be compromised by excluding illiterate peoples.

# 3.0.4 Sculpture and communication

The initial sculptural ideas focused on human figures and faces (see 3-1 to Plates 3-17). An example are the *Faces* 1 and 2 ( Plates 3-8 and 3-9) of which Tripp commented that, *they* 

made sense only after the stories were told (Tripp 2002, p/u.). It seems the sculptures may not have communicated HIV/AIDS awareness expressively or strongly because they may have failed to convey appropriate emotions such as fear, panic, anger or misery in the facial expressions and bodily gestures. There are instances of contemporary expressive sculpture which do communicate with a broad audience through their ability to convey recognisable emotional states.

Stephan Balkenhol's eight foot, painted wooden sculpture, *Standing Figure Buoy* (1992) in the River Thames, London is an example of effective expressionist sculpture. Anna Maria Pacheco's exhibition *Some Exercise of Power*, (January 22-April 24, 2005 at the Victoria Art Gallery, Bath) displayed sculptures disturbing in their expressive engagement with issues of oppression, victimisation, control and power. Both Balkenhol and Pacheco introduce powerful facial expressions and bodily gestures which speak powerfully to the onlooker.

It was concluded that maintaining this emphasis on the human face and body would require a much more rigorous attention to expressive figuration in order to communicate the intended message. This type of sculptural approach is, by definition, generated by the sculptor's externalisation of expressive impulses. As such its subjective basis, while potentially enhancing communication, would also compromise the aim for the work to have an objective core informed by the common experiences of women living with HIV/AIDS.

#### **Summary for the Inception Period**

In general the strengths of the sculptures were seen in:

The use of a variety of materials and techniques to convey personal ideas of the suffering women experience when living with the disease, informed by personal experience as a carer of people living with HIV/AIDS.

The weaknesses of the sculptures were apparent in:

• The absence of an established methodology for developing the practice and theory.

The sculptural ideas were limited in the reflection of experience and not true testimonies of the lives and experiences of Ugandan women living with HIV/AIDS, as stated in the aims of the research.

After analysing sculptures produced in the inception period, further consulting the literature on HIV/AIDS, and receiving feedback in tutorials and critiques, it was felt that developing sculptural forms effectively communicating HIV/AIDS awareness should rely on reference to real-life testimonies and the experience of Ugandan women living with HIV/AIDS. This led to a pilot project to prepare, inform and direct the research in the "Post –Pilot phase (UK) 2002-2003" (see details in Appendix Chapter 3).

#### 3.1 Sculptures in the Post-Pilot Phase (UK) (2002-2003)

In 2002 a pilot study was initiated in order to outline and test appropriate research methodologies, for example whether a questionnaire was appropriate to the group to be researched (Nigel 2001, p.240). The pilot study provided an opportunity to further an understanding of issues relevant to this particular research including: privacy, confidentiality, trust, communication across language and cultural barriers, and solving problems that might arise in methods for theory and practice in the research study. There is a need to take time, experiment, reflect, assess and analyse the experience of a process in order to gain confidence and a solution to a given inquiry (Schon 1995, pp.68-69)

#### Access

Access to the target group was obtained by contacting African organisations in London that work with Ugandan women living with HIV/AIDS. The Innovative Vision Organisation (IVO)<sup>7</sup> was selected because they responded enthusiastically to the research

<sup>&</sup>lt;sup>7</sup> IVO, Charity Registration No.10639351. Address: 123 High Cross Road, Tottenham, London, N17 9NR. IVO was established in 1995 by a group of Africans living with, or affected by HIV/AIDS. Their aims are to provide:

Care and Support, to African communities in order to reduce the spread of HIV/AIDS and other sexually transmitted diseases, and to improve the quality of life.

Advocacy and referrals whereby they provide information and advise on HIV/AIDS testing and sexual health, benefits, treatment, childcare services, support groups and other support services

Positive Speakers/peer support project which involves people living with HIV/AIDS giving talks and offering training to the community and professionals on issues relating to HIV/AIDS.

Health promotion programme. This involves development and innovative programmes that are culturally sensitive, to reach out the black community across the U.K, with HIV/AIDS awareness and prevention.

Youth Initiatives.

Integrating culture and health through music, dance and drama.

IVO facilitates a youth promotion group to enable young people to discuss issues affecting their health and social life.

and being headed by a Ugandan, it was assumed that they could provide a number of Ugandan female respondents living with HIV/AIDS.

The pilot project highlighted and gave evidence about the issues in HIV/AIDS that affect women. Some of the most significant responses collected through the pilot project, provided key issues to reflect upon while developing the sculptures, as follows:

- 'Men are too stubborn to go for HIV/AIDS testing, and are reluctant to use condoms' produce sculptures encouraging men to use condoms.
- 'More effective HIV/AIDS awareness should start at home' devise sculptural forms associated with or adaptable to daily use, or domestic rituals.
- 'Symbols that provide a constant reminder of HIV/AIDS' sculptures should be easily read rather than complex.
- 'Measures that are persuasive, entertaining and educative based on experiences of women infected by HIV/AIDS' sculptures should engage and arouse interest and curiosity.

Further responses from Pilot interviews are in Appendix Chapter 3.

The practice was also informed by reference to the literature, and observing how other practitioners use art to communicate social issues, including HIV/AIDS (as seen in Chapter 2). This led to testing different materials and techniques, the combination of carving with other modes of making, and the development of sculptures composed of multiple or serial elements alongside more self-contained forms

# 3.1.1 Modifying "Inception sculptures" after the pilot project

As more sculptural ideas were generated in the post-pilot phase, the earlier sculptures, *Mortar and Pestle* (Plate 3-18 to 22), *Condom* (Plates 3-30 to 33), *Shield* (Plates 3-34 to 35), *Protect yourself* (Plates 3-24 to 29) were modified and developed in the light of the supervision and tutorial feedback, the literature review and the pilot project. One particular outcome was the ornamentation of sculptures with symbolic objects and materials to reinforce the associative references connected with AIDS awareness.

The *Mortar* (a feminine symbol) was covered with copper plates nailed on the interior and exterior of the sculpture, which could suggest condom/femidom use. Copper was also used as a reference to the subject matter, its property of conducting electricity being similar to love making as it generates heat and passion. Copper is also associated with Venus and femininity *Condom*, had aluminium plates attached with copper pins for contrast and to add a feminine touch to the metal, while also suggesting a 'rough-rider' condom that adds pleasure and excitement to sex. This sculpture was intended to communicate to women that they should encourage their men to use condoms.

The Shield was made more elaborate with the addition of forged metal arrow heads<sup>8</sup> to enhance the apparent penetrative power when seen in relation to the defensive shield. *Protect yourself* was altered from a vulnerable looking woman into an assertive beautiful, elegant contemporary woman by being embellished with copper and aluminium plates. The aim was to communicate that women should struggle to protect themselves from circumstances that make them vulnerable to HIV/AIDS.

### 3.1.2 Sculptures produced in the post-pilot phase (UK) 2002-2003

Analysis of the responses from the pilot interviews highlighted and gave evidence about the issues in HIV/AIDS that affect women, thus stimulating ideas about sculptural forms that could be developed to generate and increase awareness. The respondents' recommendations were also considered while developing sculptural ideas categorised in relation to the following:

- **Demography**: children or dependants, in relation to the effect of HIV/AIDS upon women's lives
- Testing HIV/AIDS positive: women's need for moral support, care, love, self-esteem, a positive attitude, treatment, and the confidence to fight stigma
- Awareness of HIV/AIDS: sex education, promotion of condoms and femidoms, abstinence and mothers informing and protecting children
- Vulnerability: biological nature of women, prostitution, polygamy; poverty, being ostracised, pain

<sup>&</sup>lt;sup>8</sup> Tutorial with Andrew Burton 30/1/2003

These considerations led to a wider use of utilitarian household objects which formed the key components of the following works (illustrated in Plates 3-36 to Plates 3-89).



Plate 3-36: Femidom and Condom (2002-2003), 43 x 43 x 14 cm, Copper Boiler bottom and condoms (top left); Copper Boiler bottom- condoms, cowrie shells- condoms presented on copper and aluminium plates as relief sculptures (top right); Copper Boiler bottom and condoms cast in plaster of Paris (bottom right and left).

#### Femidom and Condom (2002-2003)

Femidoms and condoms is an assemblage made from found and modified materials (Plate 3-36). Taken from hot water boilers, the copper dishes can be regarded as both male and female forms. Laid out as an open dish, the copper was covered with condoms suggesting femidoms for the open female form. Turned up-side down, the convex copper dish was again covered in condoms, representing a protected male form. The shapes were additionally cast in plaster containing condoms. Cast plaster slabs with condoms were mounted on aluminium or copper plates. The aim was to emphasise the use of condoms, but this sculptural was considered too laboured and literal and was abandoned.

#### Shattered lives (2003)

The sculpture used copper bowls tops filled with broken glass and mirrors (Plates 3-37 to 3-42). The broken glass represents the shattered lives, suffering, frustration and

hopelessness people go through when infected and affected by HIV/AIDS. The sculpture is symbolic, capturing the attention of women in particular to convey the messages. Every day before women go out of the house they look at themselves in the mirror. When women test HIV/AIDS positive they are shocked, and their lives are shattered like broken glass. Most women dream of looking good, feeling empowered and in control of life. Every mother wishes the best for her children, yet these dreams are shattered by disease, poverty and various forms of discrimination. Copper bowls may also suggest the power to take precautions in their sexual relationships. On the other hand, the bowls on the table can suggest preparation of food, but as the viewer looks into these bowls she sees her own distorted, fragmented face in the broken mirrors and glass. In this case the bowls may also communicate the need for composure after the shattering experience of finding out your own HIV/AIDS status or that of another family member.



Plate 3-37: Shattered lives (2003), 60cm wide, copper boiler top, mirrors, broken glass.



Plate 3-38: Shattered lives (2003), 40 x 30cm shattered mirror.



Plate 3-39: Shattered lives (2003-2004) (detail), broken mirror, copper bowl.

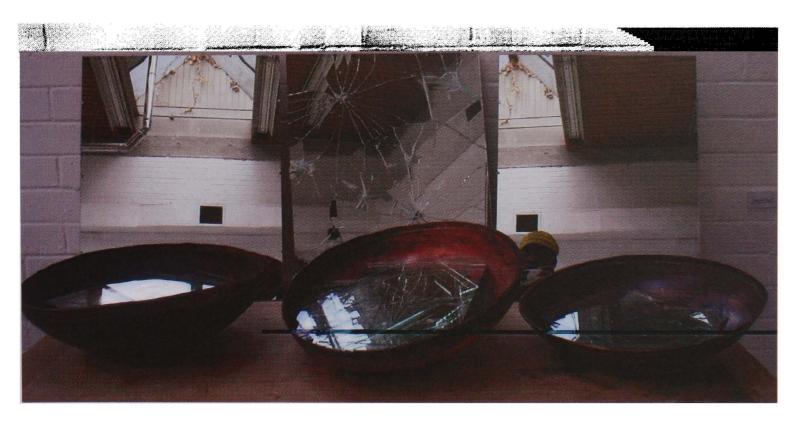


Plate 3-40: Shattered lives (2003-2003), 122 x 122 x 60 cm, wooden table, copper boilers, mirrors, broken glass.



Plate 3-41: Shattered lives (2003-2003), 122 x 122 x 60 cm, wooden table, copper boilers, mirrors, broken glass.



Plate 3-42: Shattered lives (2003-2004), 122 x 122 x 60 cm, wooden table, copper boiler tops, mirrors, broken glass.



Plate 3-43: Precaution (2002), 26 x 5 x 6 cm, a hand bag, condoms, alarms, mobile phone.

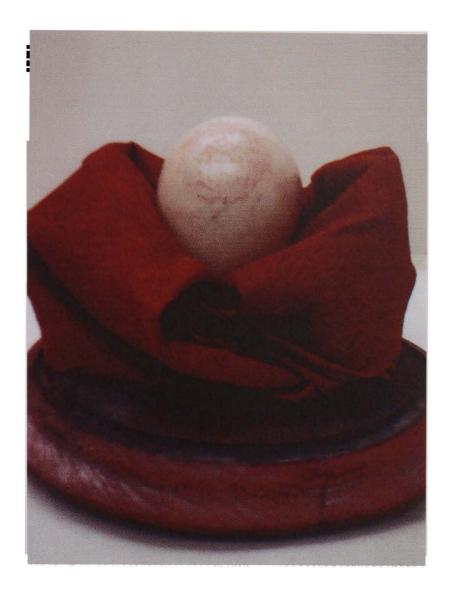


Plate 3-44: Protection (2002), 30 x 6 x 6 cm, glass, soap stone, bark cloth.

#### Precaution (2002)

This work includes ready-made objects - a handbag, condoms, alarms and mobile phone (Plate 3-43). The aim was to communicate that when women go out of the house they should carry condoms as a precaution in case they are pressurised or persuaded into sex and carry an alarm to scare off attackers. This idea was also abandoned as too literal and for the very practical reason that very few women in Uganda can afford a mobile phone or personal alarm device.

### Protection (2002)

This is an egg shaped soap stone, wrapped in bark cloth and symbolises protection for the unborn child (Plate 3-44). The motherly instinct is to care and protect children. This sculpture is a reminder to women that when infected the chances are very high that their unborn children will become infected too. It also aimed to communicate that prevention of Mother to Child Transmission (PMTCT), treatment to protect unborn babies is available in Uganda. This idea was abandoned because it was felt that the stone was not an effective symbol for the human ovary.







Plate 3-45 (left), Plate 3-46 (middle), Plate 3-47 (right): A mother's pain is her devotion (initial stages) (2003), wood.

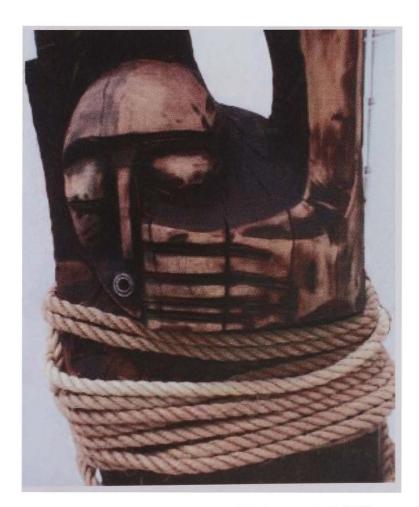


Plate 3-48: A mother's pain is her devotion (initial stages) (2003), wood, (back view).



Plate 3-49: A mother's pain is her devotion (initial stages) (2003), wood, Kid 2 (frontal view).

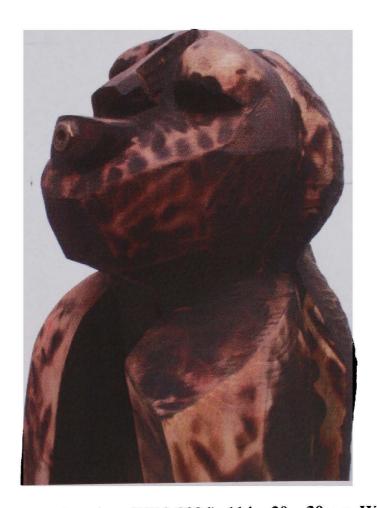


Plate 3-50: A mother's pain is her devotion, (2003-2004), 114 x 30 x 30 cm, Wood, stained and burned, rope, metal nuts), (portrait side view).



Plate 3-51: A mother's pain is her devotion (2003-2004), (side view) 114 x 30 x 30 cm, wood, stained and burned, rope, metal nuts.



Plate 3-52: A mother's pain is her devotion (2003-2004), (back view) 114 x 30 x 30 cm, wood, stained and burned, rope, metal nuts.

## A mother's pain is her devotion (2003-2004)

This carved sculpture made of rope, metal nuts, and stained and burned wood represents a woman with her two children (Plates 3-45 to Plates 3-52). Mothers living with HIV/AIDS struggle to live for their children. The ropes suggest bondage and the commitment they feel towards their families. The face expresses the pain and stress they go through while the hands embrace the children: one at the back and the other at the front, portraying the will not to let go.

Initially the sculpture appeared grotesque in its raw stage, showing chisel and chain saw marks communicating suffering rather provocatively (see Plates 3-45 to 47). Later the sculpture was developed further; it was stained, burnt, raised on a pedestal with the head stretching up higher, and a rope was tied around the two children symbolising tight bondage and suffering (see Plates 3-48 to 52).



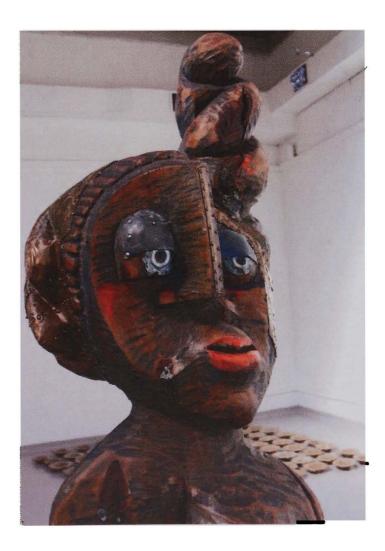


Plate 3-53: (on the left side view), Plate 3-54 (on the-right Portrait ¾ view): The Struggle to Live (2002-2004).

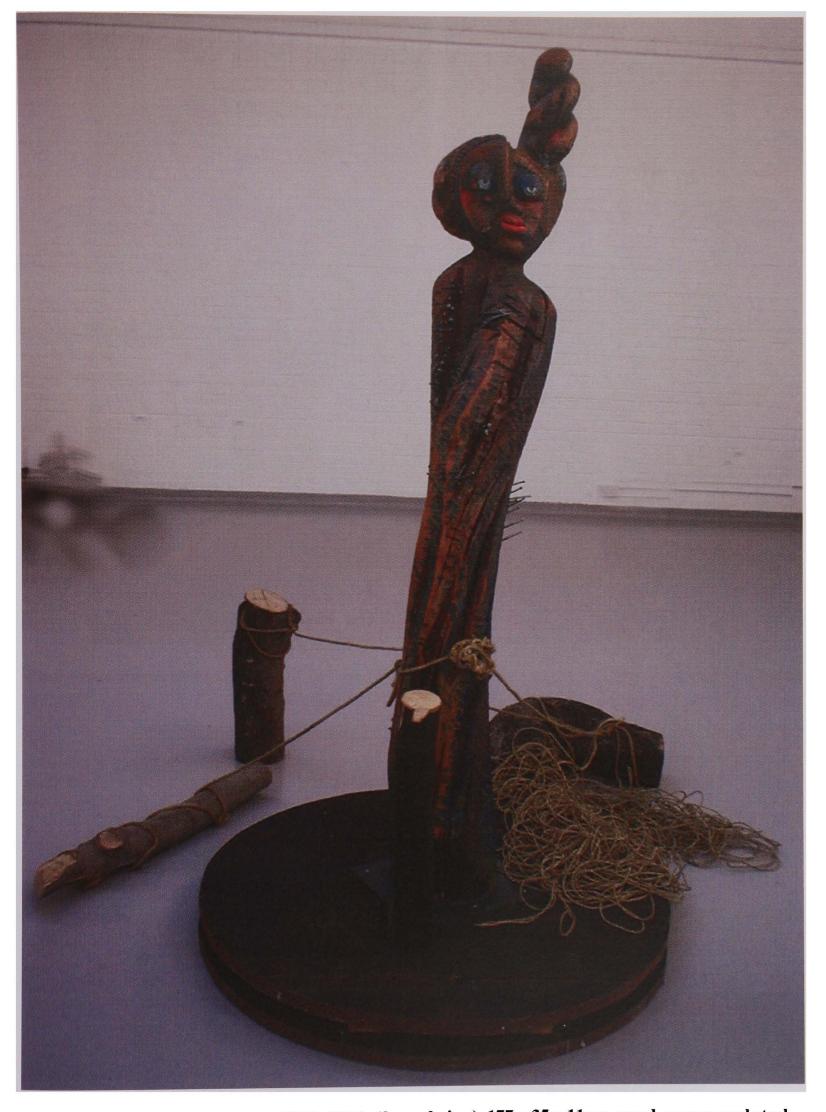


Plate 3-55: The Struggle to Live (2002-2004), (frontal view), 177 x 35 x 11cm, wood, copper and steel plates, rope, nails.



Plate 3-56 (frontal view), Plate 3-57 ¾ detail views): The Struggle to Live (2002-2004), 177 x 35 x 11cm, wood, copper and steel plates, rope, nails.



Plate 3-58 (bottom view of the sculpture): *The Struggle to Live* (2002-2004), (177 x 35 x 11cm, wood, steel and copper plates, rope.

## The Struggle to Live (2002-2004)

The sculpture is made of wood, steel copper plates, nails, and rope (Plates 3-53 to 58). It shows a carved female figure attached to a round wooden block and anchored by ropes and thick branches of wood. This is a powerful woman who has accepted her HIV/AIDS status and is determined to get on with her life. Some of the key concerns identified during the interviews were the determination to continue to live, and the desire to enjoy each day as it comes (see Appendix Chapter 3).

Although infected women suffer many ailments, their condition is often determined by their will to live. Wilton (1992) noted that, 'people with HIV/AIDS devise strategies for coping, for surviving, for getting the most out of their lives' (Wilton 1992, pp.9). *The Struggle to Live* depicts a woman living with HIV/AIDS. The twist within the form, the nails, metal pieces and the chainsaw cuts drawn into the form suggest the pain the woman is going through. As the woman struggles to stand upright, the ropes fastened to wooden blocks anchor her down. These logs, seen at the bottom of the sculpture, reflect the other burdens and responsibilities she has in addition to her illness, namely her family (Plates 3-55 and 3-58). The face has a smile indicated by her brightly coloured lips, while her hair is bundled up in a scarf and twisted up. The intention was to present a woman who is living positively with HIV/AIDS, determined to go on with her life.



Plate 3-59: *Knots* (2003), Various sizes, ranging from 4 x 40cm; scrim, latex, nails, test tubes, colour, cowrie shells, plaster of Paris, tooth picks.





Plate 3-60, Plate 3-61: Knots (2003), various sizes, scrim, latex, nails, cowrie shells, plaster of Paris.





Plate 3-62 (left), Plate 3-63 (right): various sizes, ranging from 4 x 40cm; scrim, latex, nails, colour, cowrie shells, tooth picks.



Plate 3-64 (bottom): Knots (2003), ranging from 4 x 40cm; scrim, latex, nails.





Plate 3-65 (detail), Plate 3-66: *Knots* (2003), various sizes, ranging from 4 x 40cm; scrim, latex, nails, test tubes, colour.



Plate 3-67: *Knots* (2003), various sizes, ranging from 4 x 40cm; scrim, latex, nails, test tubes, cowrie shells, tooth picks, colour.



Plate 3-68: Knots (2003), (detail) various sizes, ranging from 4 x 40cm; scrim, latex, nails, colour.



Plate 3-69 (left), Plate 3-70 (right): *Knots* (2003), (details) various sizes, ranging from 4 x 40cm; scrim, latex, test tubes embedded with colour, soil and water.



Plate 3-71: Knots (2003), various sizes, ranging from 4 x 40cm; scrim, latex, nails, test tubes, colour.

### **Knots (2003)**

This assembly of wall mounted shapes is composed of different kind of knots embedded with various materials made of scrim, latex, nails, (Plates 3-59 to 71). The 'knot' is used as a symbol of entanglement when women are caught up in the HIV/AIDS pandemic. Some knots are dipped in latex, a material that offers protection against HIV/AIDS. Though

condoms are supposed to protect women, due to poverty, culture and religion often the use of condoms is not possible or permitted (see Chapter 1 and Appendix 3).

The cowrie shell is a female symbol, also used in divination healing or witchcraft. Additionally cowrie shells were commonly used as a form of currency. In this sculpture they symbolise the funds needed for drugs, care, prevention, and awareness strategies to fight the HIV/AIDS pandemic (see Plates 3-60, 61, 67). Spiky toothpicks are also included (Plates 3-62 and 67). Knots can also be unravelled, but this depends on the victim's perceptions and determination to live a positive life.



Plate 3-72: Vulnerability (2003-2004), 150 x 150 cm (installation) basketry made of scrim, colour, nails, latex, foil and food wrapping.



Plate 3-73: Vulnerability (2003-2004), 30 cm wide basketry made of scrim, latex.



Plate 3-74: Vulnerability (2003-2004), 30 cm wide basketry made of scrim, colour, and nails.

### Vulnerability (2003-2004)

Open vessels and bowls are used to refer to female physiology, and the vagina is seen as a bowl retaining sperm for some time (Plates 3-72 to 74). There are 20 bowls in the installation, composed of basketry made of scrim, pigment, nails, latex, foil and food wrapping (Plate 3-72). Four of the baskets are covered with different materials to communicate different meanings. The baskets are made of scrim cast over a bowl. The open-weave scrim material represents the porosity of the human body. Hessian scrim was used, as it permits fluids to flow through. The baskets are containers and are representative of the nature of women's bodies that receive and contain sperm, which may be infected. One of the baskets is painted red with nails protruding from the inside communicating danger and pain (Plate 3-74). Another basket has latex painted inside to show that hessian bowls can be rendered impermeable, referring to the need for condom use (Plate 3-73). The third and fourth bowls are covered in tin foil and food wrapping material a reference to the unreliability of improvised alternatives (Plates 3-72). Some bowls are upside down, suggesting abstinence. The multiple versions of these baskets indicate the fact that human beings are often reduced to mere statistics.



Plate 3-75: Infected Sperms (2002), 40cm wide, scrim, backcloth, cowrie shells.



Plate 3-76: Modern Sieve (2002), 50 x 15cm, lentils, sieve and silver bowl.

#### **Infected Sperms (2002)**

This work is made of scrim, bark cloth and cowrie shells (Plate 3-75). The flat basket represents a woman's body as a vessel that receives the sperms (cowrie shells with tails made of bark cloth). An area is partially covered with bark cloth, indicating that the woman is not fully protected. The aim was to communicate to women that they should use condoms; and the dilemma when condoms are not used. Many times they are unable to negotiate with their partner or husband to use a condom, even when the man is infected or when they suspect that he is not faithful (see Appendix Chapter 3).

#### **Modern Sieve (2002)**

Modern Sieve consists of lentils, a sieve and silver bowl (Plate 3-76). The stainless steel strainer and bowl are home utility wares and the work related to the process of winnowing. A modern stainless steel sieve was used, something that village women would not own and couldn't easily relate to. This restricted breadth of communication so this interpretation was abandoned while retaining the idea of using the agricultural activity of winnowing, traditionally seen as women's labour, for a subsequent sculptural composition.

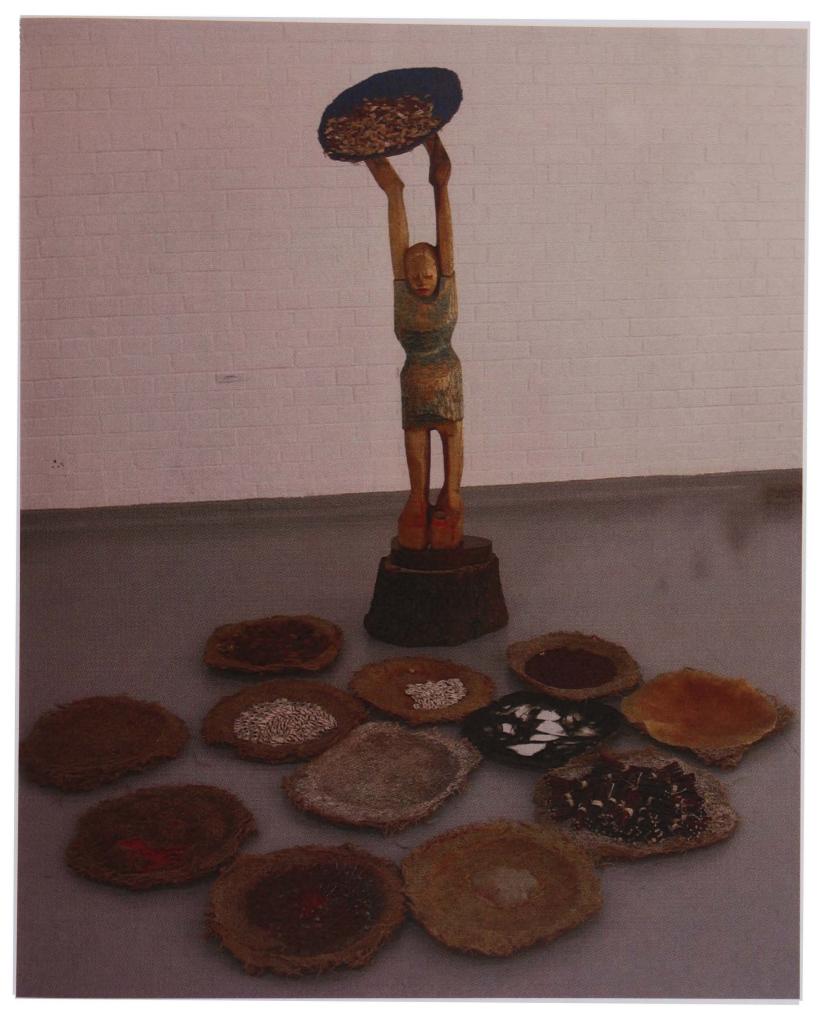


Plate 3-77: Winnowing (2002-2004, 168 x 125 x 125 cm; scrim, flat baskets, nails, cowrie shells, wood, beans, ground nuts, latex, glass, wasted tea bags, colour.



Plate 3-78 (left) back view, Plate 3-79 Top right) ¾ frontal view. Plate 3-80 (frontal view): Winnowing (2002-2004), (detailed views) 168 x 40 x 30 cm; scrim, flat basket.



Plate 3-81 (side view), Plate 3-82 (3/4 back view) raised hands holding a basket: Winnowing (2002-2004).

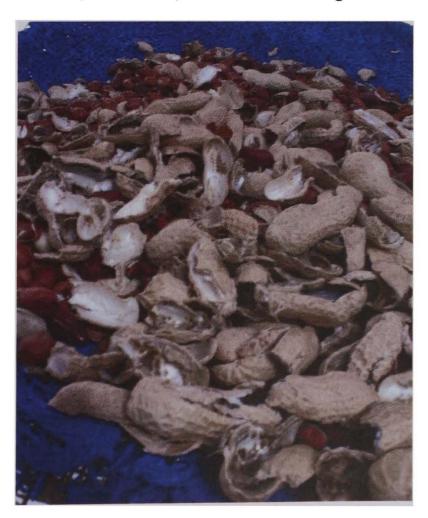


Plate 3-83: Ground nuts and shells.



Plate 3-84: Winnowing (2002-2004) detail of, scrim, flat baskets. Latex covering, nails, colour.



Plate 3-85: Winnowing (2002-2004), scrim, flat baskets, nails, colour.



Plate 3-86: Winnowing (2002-2004), rusted nails and red colour, in detail.



Plate 3-87: Winnowing (2002-2004), scrim, flat baskets, cowrie shells.



Plate 3-88: Winnowing (2002-2004), cowrie shells in detail.





Plate 3-89 (above): beans, Plate 3-90 bundles of sticks: Winnowing, (2002-2004).

## Winnowing (2002-2004)

The sculpture is made of the following materials: scrim, flat baskets, nails, cowrie shells, wood, beans, ground nuts, latex, glass, used tea bags, paint. The full sculpture consists of three parts (Plate 3-77). In the centre there is a fairly roughly carved depiction of a woman, with outstretched arms lifting a flat basket containing shelled ground nuts. She is wearing a blue tinted dress and high heeled platform shoes and is standing on a round wooden base (see details Plates 3-78 to 90). Surrounding the base of the sculpture are twelve shallow baskets made out of rough hessian containing several representative items (Plates 3-83 to 90). These include shelled ground nut representing the urge to sort out behaviour (Plate 3-83); latex covered nails indicating that women living with HIV/AIDS, if still sexually active, should use a condom (Plate 3-84); rusted nails and red colouring refer to infection (Plate 3-85, 86); cowrie shells are a female symbol (see Plate 3-87, 88), or represent money; beans refer to fertility (see Plate 3-89); bundles of sticks refer to arithmetic, and suggest the link to education (Plate 3-90).

This work tries to create an image of the lives women infected with HIV/AIDS are leading. The aim was to bridge the gap between those who know about HIV/AIDS and those who don't. Though the winnowing might be less familiar to an urban post-industrial public, it is clear that the process involved (of sieving to sort and discard) can be used as a metaphor to reflect behaviour change. The winnowing female figure is surrounded by shallow baskets containing different objects which appear to be the 'fall out', as seen in Plate 3-82, the debris of her winnowing which is comparable with the things and the people left behind during a lifetime. In this sculpture, life is portrayed as a continuous process of winnowing: a selection process, the sorting of good and bad, foul and fresh, edible or inedible, life or non-life, going to the hospital for treatment or going to a witch doctor, using a condom so as not to re-infect yourself or your partner, or using none; eating a healthy diet or not eating well, continuing with education or giving it up, taking a job or becoming redundant, being open or maintaining secrecy, having the willpower to live or deciding to give up.

## **Drip** (2002-2004)

The sculpture *Drip* is composed from: a modelling stand, metal frame, wood, plastic tubes, balloons, papier-mâché and cord. When a sculpture sits on a modelling stand this suggests that it is still being worked on, that it is still in a temporary state, a state of potential change implying future manipulation (Plates 3-91 to 95). This notion of change lies at the core of the work.

The carved upper body of a woman rests precariously on the modelling stand, attached to plastic tubes suggesting an intravenous drip, confinement and hospitalisation. The rough surface of the wooden sculpture has holes which are covered with plaster, suggesting wounds, blisters or ulcers. Elongated balloons hang on a metal frame standing adjacent to the figure. The balloons covered with cord collapse as they lose air and through this process they become more meaningful, suggesting empty intravenous bottles. The balloons covered with papier-mâché and strings do not collapse. The balloons are connected to the 'patient' by the plastic tubes. The corded balloons suggest seedpods, which represent life. The metal frame that holds the intravenous bottles – the corded balloons - moves into the space as if it derives energy from the space, which it channels through the 'intravenous bottles' bringing it to the 'patient' making it possible for her to live. *Drip* borrows some of its iconography from *Ingeminate* (1965), Eva Hesse's sculpture, which means new, creativity (Nixon 2002, p.125)

Overall the sculpture appears fragile, not least through the use of materials such as string and untreated wood, and the temporary appearance of the sculpture stand and metal stands. This sculpture warns of the consequences of bad choices, leading to hospitalisation and death. The sculpture also serves as a reminder that sometimes people living with HIV/AIDS are lonely and isolated. On the other hand the sculpture communicates the fact that hospitalisation reinstates life, as an encouragement to seek help, counselling and treatment.





Plate 3-91, Plate 3-92: *Drip* (2002-2004), 65 x 38 x 19cms; balloons 50 x 10cm, plastic tubes, papier-mâché, cord, wood, metal frame.



Plate 3-93: *Drip* (2002-2004), 65 x 38 x 19 cms; balloons 50 x 10cm, plastic tubes, papier-mâché, cord, wood, modelling stand.

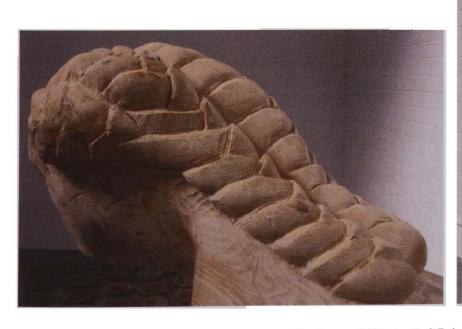




Plate 3-94 (left) detail of the platted hair and Plate 3-95 (right) frontal view of *Drip* (2002-2004).

# 3.1.3 Analysing Sculptures developed in the Post-pilot (UK) phase 2002-2003

Sculptures in the Post-pilot (UK) phase 2001-2003 were based on issues emphasising the vulnerability narrated by women living with HIV/AIDS. The sculptures developed were: Femidom and Condom, Precaution, Protection, A mother's pain is her devotion, The Struggle to Live, Shattered Lives, Knots, Vulnerability, Infected Sperms, Winnowing and Drip (Plates 3-36 to 3-95). In general, experiments were done with a wider range of materials and mixed media using different techniques like casting, forging, annealing, carving and assemblage. The resulting work was presented in the interim exhibition staged in the Department of Fine Art, Newcastle University, from 21<sup>st</sup> August – 15<sup>th</sup> September 2004.

# Developing utilitarian objects and concepts into sculptures, and some continuing expressive figurative work

## Readymade or Found utilitarian objects

In the sculptures: *Femidom and condom, Precaution, Protection and Shattered Lives* experiment were continued with the condoms, femidoms, copper boiler bottoms (industrial waste), copper boiler bottoms cast in plaster of Paris and other everyday objects women use such as: mirrors, bags, and mobile phones (only affordable for some) seen in Plates 3-36 to 3-95.

These objects are functional; the aim was to transform these into original sculptures which were familiar and therefore easily understood. The artists studied namely: Abakanowicz, Hesse, Bourgeois, Bertini, and Beuys (seen in Chapter 2) who regenerate and transform objects from industrial waste and consumer culture. However, with *Femidom and condom; Precaution,* and *Protection,* the materials and subject matter failed to elicit expressive HIV/AIDS awareness messages, and as a result these works were abandoned. Later, the copper boiler bottoms were assembled with the *Mortar and Pestle* as they were also associated with male and female sexual parts as seen earlier. Furthermore, *Shattered Lives* was assembled from a wooden table, copper boilers, mirrors and glass (see Plates 3-39 to 42). This was more successful because the combination and presentation of the items transformed them into a more integrated whole.

## Continuing figurative works

The women's experiences of living with HIV/AIDS were interpreted in traditional woodcarving. The mother's suffering was also depicted in *A mother's pain is her devotion*, a burnt, stained wood carving of a woman and her two children bound with rope (Plates: 3-45 to 52). *The Struggle to Live* (Plates 3-53 to 58) also conveys pain, suggested by chain saw cuts and the metal pieces inserted in the female form - a reference to such items seen in many African sculptures. The children, however, are symbolically represented by pieces of log attached to the woman.

The Struggle to Live, incorporated found objects and ropes suggesting the woman's burdens. While developing the sculptures care was taken to avoid making images which would further stigmatize people living with HIV/AIDS. For example the A mother's pain is her devotion and The Struggle to Live were strongly expressive in their initial stages, with the sharp power saw cuts and sharp metal objects, but they were later toned down. The angular forms were combined with rounded ones and adornment was introduced to engage the viewer. Much as the subject is painful and frightening, The Struggle to Live is a response to women's views about living positively with HIV/AIDS through openness and disclosure (See Appendix Chapter 3).

## Hand-made 'utilitarian' objects and carvings

The following sculptures: *Knots* (Plates 3-59 to 71), *Vulnerability* (Plates 3-72 to 74), *Infected Sperms* (Plate 3-75), *Winnowing* (Plates 3-77 to 90) and *Drip* (Plates 3-91 to 95) were a realisation of a more integrated sculptural language, where handmade quasi-utilitarian objects replaced mass-produced ones and could also be juxtaposed with figurative carving.

In *Vulnerability*, a large number of bowl shapes were created by casting hessian material over deep plastic bowls, some filled with metal rods, nails and latex. For *Infected Sperms* and *Winnowing*, flat basketry was cast over round or oval clay mound moulded structures. Through casting, the bowls and flat basketry were reproduced as multiples. These were made of layers of hessian material, dipped in wood glue or wheat flour, cast over bowls and left to dry. Hessian's organic characteristics were used to evoke the idea of vulnerability to infection symbolised by weaving, fusing and gluing foreign industrial materials into it. Furthermore some of these multiple pieces (like *Vulnerability* and

Winnowing) were strengthened by dipping and fusing them with other materials like plaster of Paris, latex, oil colours and acrylic paint.

Knots can be made in any flexible materials like cloth. The aim was to use these ordinary materials as constant reminders. The hessian can easily be manipulated, in a similar way to Magdalena Abakanowicz's fabricated sculptures: Backs (1982), and Crowd 1 (1986-87) (Inglot 2004, p.48). The above sculptures were intimately involved with the process of making art using pliable materials. Concentration on subjective or expressive forms was influenced by post-minimalist tendencies in sculpture of the late 1960's as demonstrated by artists such as Louise Bourgeois, Eva Hesse and Joseph Beuys. These artists used soft materials like cloth, felt, rubber, latex and fibre and animated hard materials such as fibre glass, using texture and form to convey a deeper psychological and sensory dimension (Inglot 2004, pp.62-63).

However in *Drip* (Plates: 3-91-95) an assemblage of soft and hard materials, specifically wood and metal, was used to deliberately exploit the different associations of these materials. *Drip* consists of a carved bust of a woman and elongated ovoid forms made with cord bound over balloons, or papier-mâché covered balloons bound with cord. All were made separately. Combined with the female bust this suggested a patient attached to drip tubes. Later the plastic tubes were joined to the corded balloons and hung up to a metal frame. The female bust was initially placed on a plinth but later placed on a modelling stand, which more effectively alluded to a complete figure. The works were all developed as individual artworks, and were brought together to create an affective combination of forms and imagery.

As the *Knots* were being made some had voids, and incorporated pronounced folds or vertical slits, accentuated with a touch of red colour to evoke erotic feelings of the female genitals (labia minora and labia majora) leading into the vagina (Plate 5-63). The hessian material became a metaphor for the internal organs, similar to Magdalena Abakanowicz's sculptures the *Abakans: Akaban Red-Orange*, 1967-70 (Plate11) and; *Akaban Grand Noir*, 1970 (Inglot 2004), (Plate 9). On the other hand the erotic effect is interrupted by the sharp objects such as tooth picks, nails and metal rods that may elicit pain, thus suggesting illness or disease. The knots are aimed to represent the different situations that expose

women to HIV/AIDS infection, as they vary in size and shape and have different material embedded in them.

Latex was used in making the *Knots* and *Winnowing* but was found to be unstable, drying to produce a glossy effect; dulling when exposed to heat, and shrinking when put in an oilbased substance. These conditions can be associated with illness. The objects made for *Knots* and *Winnowing* were not planned but were worked spontaneously with the hessian, rubber and other materials without following any traditional sculptural methods (see Plates 3-59 to 71 and Plates 3-77 to 92). Eva Hesse experienced the fugitive nature of latex and she too worked spontaneously, achieving expressive, unique contradictory forms with works exploiting the conditions of: ascending, descending, expanding, contracting, light and dark, rigid and limp. Despite the ephemerality of latex she was able to reinforce it with fibre glass (Barrette 1989, p.12).

The *Knots* led to the development of vessels or baskets titled *Vulnerability*, suggesting women's vaginas, and aiming to communicate ideas of infection, protection and caution through the materials used (see Plates 3-72 to 74). *Infected Sperms*, flat basketry representing the vagina, was combined with other materials like bark cloth and cowrie shells with attached strings made of bark cloth (representing sperms) (Plate3-75). *Winnowing* (Plates 3-77 to 88) involved flat basketry individualised with symbolic materials like beans, bundles of sticks, broken glass and sheets of latex. An earlier traditional carving represented a figure with raised hands, surrounded by flat baskets. The agricultural activity of winnowing and the removal of useless chaff from the valuable grain was an inspiration for a sculptural concept. A bigger flat basket was made and screwed on top of the girl's hands, and shovelled groundnuts were put in the basket. As a result three sets of sculptures were put together to create one, entitled *Winnowing*.

These sculptures succeeded, compared to Femidom and condom (Plate 3-36), Precaution (Plate 3-43) and Protection (Plates 3-24 to 29) because the materials, forms and ideas were not only more resolved in terms of sculptural progression, they also evoked the issues regarding HIV/AIDS narrated by the women in the pilot findings such as pain, physical, emotional and psychological pressure. hospitalisation and isolation. This information informed these works as did an increased attention to contemporary sculptors like Louise Bourgeoise who have addressed pain and suffering in their work.

Louise Bourgeoise terms some of her works *Cell Sculptures*, dedicating them to different types of pain, the physical, emotional and psychological pressures she experienced while caring and then losing her mother to an incurable illness (Storr, Herkenhoff et al. 2003, p.312). Her mother had a contagious disease which she felt necessary to conceal, (Storr, Herkenhoff et al. 2003, p.137) knowing that some diseases are considered to be sinful. Too often victims make efforts to hide away from people, and are not open about their condition because of the fear of being alienated. In most cases, if the disease is known to be infectious people will abandon the sufferer, just as happens with those living with HIV/AIDS. Louise Bourgeois comments:

"A sick man dies of the need for compassion, a stroking hand, a hungering for compassion. He runs away from people, and people run away from him out of fear of contagion. So he is isolated by his own fear and by that of others" (Storr, Herkenhoff et al. 2003, p.137).

Bourgeois's experience of her mother's illness can be compared to those in the stories narrated by the women living with HIV/AIDS.

Bourgeois's *Cells* are big installations, almost occupying a room: for example *Cell XIX* (*Portrait*) (2000), made of steel, fabric, wood and glass. Through these cells she represents the confinement and loneliness that patients go through, much as *Drip*, uses allusive imagery made with simple materials. This work also adapted sculptural ideas from Eva Hesse's work, namely, the corded balloons in *Ingeminate* (1965), (Barrette 1998) but went a step further by adding the collapsed corded balloons. Francis Ssekyanzi uses the same iconography rendered in a more literal narrative manner in one of his panels *Drip* (Plate 2-50) which shows a patient lying on a bed connected to a drip, while a doctor stands watching.

## The sculptures showed strengths and weaknesses as they were being developed, noted as follows:

## **Strengths of the sculptures:**

• The sculptures used a range of ideas generated from the lives and experiences of women living with HIV/AIDS, and a wider range of materials was used.

• The introduction of everyday objects (such as soup bowls, mirrors, cups, plates) while altering their meanings through slight changes, suggested ways of engaging a wider audience and appealing to the curiosity of the viewer.

## Weaknesses of the sculptures:

- Though a number of successful sculptures were produced, the ideas were not direct reflections women's lives and experiences in Uganda. The women interviewed in the Pilot study where living in the UK, where they have access to free treatment and services. For the sculpture to develop further in terms of communication it needed to respond to the lives of women living with HIV/AIDS in Uganda at grass roots level, with additional disadvantages including lack of treatment, poverty, illiteracy and language barriers.
- While the sculptures were being developed in Newcastle a more traditional method with clearly established iconographic references that highlighted cultural differences was used. This meant that a British audience had a different reading to that intended<sup>9</sup>.

These problems indicated that the sculptures being developed in the UK might not be meaningful to Ugandan women.

## **Summary**

The sculptures in the Post-pilot (UK) phase, 2002-2003 were informed by: the pilot interviews, attention to other artists' work, experimentation with a wider range of materials and approaches. The work evolved from traditional sculpture to mixed media pieces, conceptual work and assemblages.

As the studio practice progressed, more positive feedback was received from supervisors and other commentators. However, although the sculptural component of the research could be seen to be more formally and conceptually resolved there was a disparity with the degree to which it addressed the central concern. That is to say, there was insufficient data from the pilot findings to reliably inform the applicability of these works to the Ugandan

<sup>&</sup>lt;sup>9</sup> Examples: 'Condom': A curved male torso with an erect penis, with a curved ring suggesting a 'male condom', was interpreted by the British audience as a 'metal ring for sexual arousal'. A sculpture entitled 'Winnowing', a traditional process for separating grain from chaff, was intended to portray making the right choices in life.

context. After considering both the pilot study and the sculptures produced thereafter, it was apparent that there was a need to undertake field work research in Uganda.

# 3.2 Sculptures produced after field trip research in Uganda July-October 2003

## 3.2.1 Reflection on field trip research

After returning from Kampala, the views and recommendations of the professionals in the HIV/AIDS organisations and women living with HIV/AIDS in Uganda were reflected on (see Appendix for Chapter 3, Research results: Analysis of lives and experiences of women living with HIV/AIDS 2003). Further consideration was given to approaches used in effective HIV/AIDS awareness (discussed in Chapter 2). And a critical commentary on works produced in the Inception, Post-Pilot phases, with the intention of developing new sculptural approaches from a more critically-informed stance, and to address problems perceived in the previous works.

The field research 2003 in Uganda confirmed that the sculptures produced to date were:

- Not cost effective for the intended context.
- Impractical in terms of weight, portability and the size of certain components, with installations requiring large interior space.

Considering the approaches indicated above, it was clear that to communicate HIV/AIDS awareness effectively the sculptures needed to be attractive, interactive, inexpensive, easily transportable and accessible to many people, both literate and non-literate audiences. The sculptures had to communicate difficult medical terminology associated with HIV/AIDS and its processes, to make them intelligible to a layperson and impart messages which would leave a lasting impression. They should also involve the community in partnership while developing artworks on HIV/AIDS awareness, to create a sense of ownership and encourage openness in discussion of HIV/AIDS, to counteract the deleterious effect of sex being considered a taboo subject in African cultures.

It was also concluded that symbolism and metaphor were more appropriate than literal, descriptive or documentary imagery. This was based on the comments on the UK studio

practice and the research in Uganda. In both cases symbolism and metaphor were seen to be more successful, both in terms of sculptural resolution and in devising modes of communication appropriate to the intended Ugandan audience.

The literature review and field research confirmed that issues concerning HIV/AIDS are taboo, which discourages use of literal imagery. This was also reflected in South Africa and Brazil, where allusive sculptural approaches have been used successfully in Zulu beadwork and Adriana Bertini's condom garments (see Chapter 2). These approaches address both literate and illiterate people by provoking debate and discussion about matters regarding HIV/AIDS and sex; "the polite or softer way of talking about issues regarding taboos is manageable" (Wells 2003, u/p.; UNAIDS 2006, u/p.).

During the research practice in the UK, a critique with Nuwa Nyanzi indicated that he considered *Mortar and Pestle* (Plates 3-18 to 3-22) to be a successful symbolic sculpture that was suitable for communicating HIV/AIDS awareness. He also observed that alluding to domestic objects like these was particularly important for communicating with women, and this meant that this would form a strong symbolic link with the idea raised in the interviews with women that "sex education should start in the home". This confirmed that particularly in this domestic context, symbolic objects and metaphors should be used to avoid embarrassment or as a polite way of addressing HIV/AIDS and sex in discussion between adults and children.

It was indicated that the use of words that sound polite, entertaining and attractive to accompany a symbol would communicate effectively. A symbol combined with an appropriate metaphor can remove much of the taboo as it is non-linguistic, while the symbol is abstract. On the other hand, Uganda has over 50 ethenic groups or languages (as noted in Chapter 1) requiring sculptural symbols to have meaning which could be interpreted by all tribes of both literate and illiterate people. An initial simple metaphor that would have shared meaning and intelligibility for all the tribes should be used to introduce the HIV/AIDS sculpture to the audience.

## 3.2.2 Sculpture and action, performance and objects

Sculptures developed (after field trip research 2003-2004)

## Development of sculptures involving action, repetition and multiples

With reference to the strategies discussed regarding everyday objects, repetition and multiples in Western art (see Chapter 2), sculptures were developed which experimented with a number of approaches informed by both African and Western examples. *Drinking Water* (Plates 3-96 to 98) consisted of water, clean glasses, dirty glasses, water jug and a tray. *Good food and bad food* consisted of lightly toasted bread, burnt toast and a basket (Plate 3-99). *Test tubes* used wooden racks to hold sealed test tubes filled with materials and objects collected over a period of two to three months - seeds, sand, pigment, raffia, urine, blood, soil, powder colours, oil, nails, salt, leaves (Plates 3-100 to 103). The form of the test tube simultaneously evokes male and female sexual characteristics – the phallic and vaginal/uterine – suggestive of heterosexual relationships where both combine. The *56% Baskets Infected* installation is made of hessian, wheat flour, nails, yoghurt (Plates 3-104 to 108). This work was developed with an aim of producing a multiple work (Bury 2001)<sup>10</sup> that could be used in communicating HIV/AIDS awareness.

## Analysis of the sculptures

Drinking Water, Good food and bad food refer to self-explanatory actions related to the commonest and most regular of daily activities, and with simple connotations of purity and potential danger. Test tubes and 56% Baskets infected also use objects symbolic of the female body. The test tubes were filled and sealed, while the small baskets were intended to be empty and some were mouldy. Different types of materials and objects were collected, put in the test tubes and sealed. The action was repetitive, while the contents filling the tubes were different. In concept and appearance Test tubes had affinities with Susan Hiller's approach seen for example in From The Freud Museum (1991-97) which included a collection of objects presented in beautiful containers and boxes arranged in an organized manner. The sealed test tubes are also reminiscent of some of Louise Bourgeois' Cells, Hiller's Hand Grenades and Beuys' Vitrines, which hold memories and experiences or records of projects collected over a period, sealed and displayed as museum pieces. In

<sup>&</sup>lt;sup>10</sup> This term was first used in the 1960s to describe an artwork that was neither a print nor an edition, but cast sculpture intended to be produced in large numbers.

each case there is a distancing mechanism, where the objects can be clearly seen through glass but not touched or interacted with.

The 56% Baskets infected sculpture consists of 100 hessian baskets, fifty-six of which were made wet and had yoghurt added, and were then covered and placed in a temperature conducive to bacteria/mould growth. Bacteria multiply like the HIV/AIDS s in the human body, and is similarly potentially harmful. The bowls are both containers associated with food, and vessel forms symbolic of female anatomy and the uterus. The work evolved through experimenting with the same form and the hessian material used in the earlier sculpture Vulnerability, but using smaller bowls. As the number of bowls accumulated, they were a reminder of the 56% women infected with HIV/AIDS in Sub-Saharan Africa according to UNAIDS in 2004. This resulted in experimentation with substances which would suggest infection, for example rotting food. In all the experiments yoghurt proved most successful in evoking impressions of contamination and infection.

Drinking Water and Good food and bad food refers to the role of the woman at home cooking or serving the family and guests with drinks or food. While in the kitchen women taste the food and drinks before serving, to check if they are good and ready to be served. If they bother to check these, then equally they should encourage their partners to go for HIV/AIDS testing in order to have an enjoyable and safe sex relationship.

In the action or performance of *Drinking Water*, and *Good food and bad food* the aim was to use food and drinks which people consume in a way that is similar to sex, in order to engage them in reflecting on issues which are analogous. People are conscious about the safety of the food and drink they take, and should be equally mindful of testing for sexual safety through VCT (voluntary counselling and testing, see Chapter 2) which is likely to reduce the rate of HIV/AIDS infections.

# Weaknesses found in *Drinking Water*, Good food and bad food, Test tubes, 56% Baskets infected were as follows:

The sculptures were derived from commonplace activities and commodities with the aim that they would trigger reminders of the HIV/AIDS message. However, the sculptures produced were not appropriate in reference to 'section 3.2.1 Reflection on field trip research' in that they were not easily activated by the audience. easily reproducible and

were neither entertaining nor humorous. Furthermore, the individual sculptures had specific weaknesses as follows:

Drinking water, good food and bad food:

• This sculpture was costly in terms of securing and providing safe water and food for consumption. Bread is a luxury, and not all Ugandans can afford it.

#### Test tubes

• The objects enclosed were not standardised. Different objects had different meanings, and this would convey more than one message, which could be confusing. Many of the objects were not focused on HIV/AIDS awareness, and test tubes are not commonplace objects in the lives of most people.

## 56% Baskets infected

• The sculpture was not easily reproduced as the hessian material cast over the bowls took 3-4 days to dry. Furthermore, the sculpture required an impractically large space for display.

Having concluded that these works fulfilled some, but not all, of the desirable criteria for sculpture intended for Uganda, more viable alternatives had to be explored. With reference to the '3.2.1 Reflections on the Field Trip', the sculpture had be developed from a material that was cheap, lightweight, easily reproduced, familiar and used in people's daily lives. During consultation with the supervisors, wax was discussed as a possible material, but not all Ugandans use candles. Soap was then proposed, which is used by all Ugandans, a cheap commodity and one that is used regularly, thus being ideal for association with a memorable message. Whether this very suitable substance could be used to create appropriate sculptural forms to communicate HIV/AIDS awareness needed to be explored, and this led the research into the phase discussed in '3.3 Development of transparent soap sculptures in the UK'.

Sculptures developed involving action, repetition and multiples (after field trip research 2003-2004) are seen below (Plates 3-96 to 108).





Plates 3-96: (left) Glasses, a water jar a tray and Plate 3-97: (right) Examining the water.

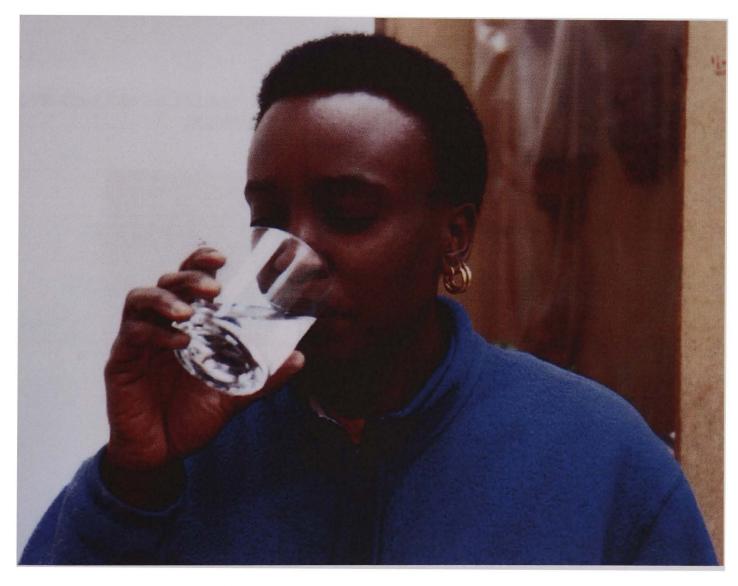


Plate 3-98: Drinking Water (2003), 46cm x 30cm. Water, clean glasses, dirty glasses, water jug. 38 x 13 cm, lightly toasted bread and burnt toast, basket.

Drinking Water and Good food and bad food



Plate 3-99: Good food and bad food (2004), 38 x 13 cm, lightly toasted bread and burnt toast, basket.

Drinking Water and Good food and bad food



Plate 3-100: Test tubes (2004), 27 x 6.5 x 2 cm, 20 wooden racks, test tubes on racks, seeds, sand, pigment, raffia, urine, blood, soil, powder colours, oil, nails, salt, leaves and others.







Plates 3-101, 3-102, 3-103: Test tubes (2004), (detail) nails rice, soil, blue chalk, seeds, soil.



Plate 3-104: 56% infection (2004), 214 x 214 cm, hessian, wheat flour, nails, yoghurt.



Plate 3-105: 44% non-infection (2004), hessian, wheat flour.



Plate 3-106: 56% infection (2004), hessian, wheat flour, nails, yoghurt.



Plate 3-107: 56% infection (2004), (detail) wheat flour, nails, yoghurt.



Plate 3-108: 56% infection (2004), (detail) wheat flour, nails, yoghurt.

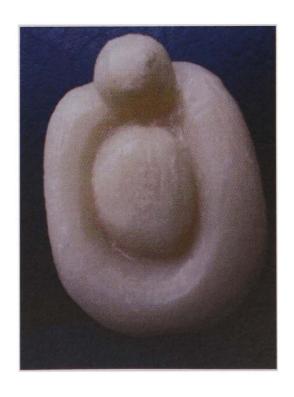
## 3.3 Development of soap sculptures in the UK

Soap trials were initiated by carving 3-dimensional soap bars but objects made by this process were not reproducible as multiples. Bathing tablet soap was melted and cast but the end results were not successful. Raw transparent soap was found to be easily cast in relief forms incorporating embedding objects. Subsequently soap was the main component in an action and in the development of packaging and editioning seen in section 3.3.3. Through the soap trials and reflections it was recognised that simple transparent soap forms could easily be produced, and fulfill communicative criteria indicated by the data collected.

## 3.3.1 Soap trials: 3-dimensional carving and 2-dimensional casting

The initial soap carvings were from bars of bathing soap bought from supermarkets. The soap was easy to carve using simple tools like table knives. The initial sculptural ideas were faces or masks, symbolic representations of protection, compassion and loneliness. The material readily lent itself to the creation of rough or smooth textures, and broken parts were easy to fix by wetting the two surfaces and fixing them together. *Soap Carvings* (*Faces, Women, Mothers and children*), these trials of three dimension carvings from opaque soap tablets are illustrated in Plates 3-109 to 111. Although soap fulfilled the need to use cheap, familiar and easily transportable material, the carving process was unsuitable for the production of multiples so this process was discontinued.





Plates 3-109 (left bottom), 3-110 (top left), 3-111 (on the right): Soap Carvings (Faces, Women, Mothers and children) 2003, 10 x 5 x 2.5cm, soap tablets.

## Initial soap casting trials

Simple casting techniques were used to produce multiple objects. Materials were investigated for suitability for casting and mould making that could be continuously used without getting damaged. The use of the waste (or lost) plaster mould technique as employed in the production of *Kissing* (seen in Plate 3-10) was inappropriate. The suitability of vinyl plastic was tested as it has properties similar to those of silicone rubber. Gelflex, also known as vinamold, has almost the same characteristics. However, Gelflex has a less greasy surface. Vinyl plastic comes in a block and is melted to a viscous liquid, and poured over the pattern or master (which can be made in any material, but for this work clay was used), forming the mould. It is available in several grades of flexibility, and has self–releasing qualities. One of the great advantages of vinamold is that it can be remelted and used again (Brooks 2005, pp.22, 79) and it retains the fine details of the pattern. Gelflex was used for both 2 and 3-dimensional objects.

The first experiments were relief sculptures from melting opaque soap tablets (Plates 3-113 to 114). Later transparent soap was used by melting and pouring and embedding it with objects in the Gelflex moulds, as well as forming shapes that were meaningful/symbolic such as the red ribbon (see Plates 3-115). Reflecting on sex as a taboo subject, a penis form was made, cast in soap and embedded with objects (see 5-118). These embedded objects seen in Plates 3-115 to 123 were intended to carry various messages: beans for fertility and food, condoms for safe sex, cowrie shells as a symbol of femininity and currency, but also associated with witchcraft and traditional healing (Kaleba, Namulondo et al. 2002, pp.51-2), nails for suffering and pain, lychee skin to suggested infection and something going wrong.

As the soap pieces accumulated the following observations were made:

- As soap is in daily use at home, it has the potential to act as a constant reminder. Soap is intrinsically linked to cleansing and personal care, and it seemed important to enhance this value. Soap as a symbol of cleaning could also be associated with accessing treatment, care, prevention and voluntary HIV/AIDS testing.
- The transparent soap embedded with objects were attractive and engaging. Soap sculptures became more meaningful with embedded objects loosely relating to HIV/AIDS awareness and prevention; the embedded objects required closer

inspection by the viewer, who in turn became more involved with the developing narrative. This reflected the strong messages conveyed in Gonzalez-Torres's works. Objects have defined functions, and their shapes convey meanings that relate to the world around us. For Gonzalez-Torres, art had to influence and amend personal consciousness to instigate changes in oneself which in turn would lead to social change (Corrin 2002, u/p.). The soap forms and shapes were assessed on their value and meaning in reference to HIV/AIDS awareness.

- Weakness was perceived in the Red Ribbon, which, though universally recognised, was not original indicating the need to come up with new ideas. Some of the sculptural forms were not meaningful thus it was important to develop new forms and colours in relation to HIV/AIDS.
- The penis seen in Plate 3-118 was too literal, especially once given a dark brown colour. It would cause conflict as a taboo, thus offending many people and preventing them from investigating the sculptures further.
- The relief soap sculptures were not appealing enough to be picked up or handled.

After assessing the soap sculpture trials it was agreed to develop more suitable soap sculpture with 3-dimensional forms and an action or performance involving soap sculptures was organised.



Plate 3-112: Initial 2D clay models (2003) for casting in soap. In the centre is a shape suggesting a vagina surrounded by penis shapes.



Plate 3-113: *Untitled soaps* (2003), 4 x 2 x 8cm, melting and casting bathing soap tablets with added colour.

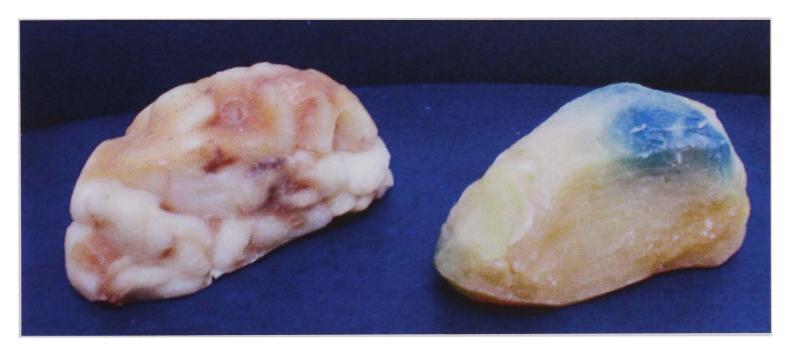


Plate 3-114: *Untitled soaps* (2003), 4 x 2 x 8cm, melting and casting bathing soap tablets with added colour.



Plate 3-115: Transparent coloured soaps (2003), 14 x 10 x 4cm embedded with kidney beans, lychee skin, red string.





Plates 3-116, 3-117: Details of soap ribbons embedded with objects.



Plate 3-118: Penises, (2003), 4 x 2 x 10cm transparent soap, coloured, embedded with red ribbons, lychee skins, condom and beans.



Plate 3-119: *Untitled transparent soaps* (2003), 4 x 2 x 8cm coloured, embedded with red ribbon and beans; above and below.



Plate 3-120: *Untitled* (2003), 4 x 2 x 8cm vulva shape, transparent soap embedded with kidney beans, red ribbon, nails, lychee, cowrie shells.



Plate 3-121: Untitled (2003) (detail), vulva shape, transparent soap with kidney beans.



Plate 3-122: Untitled (2003) (detail), vulva shape, transparent soap embedded with cowrie shells.



Plate 3-123: *Untitled* (2003), various shapes including vulva shapes, penises and ribbons, opaque and transparent coloured soap embedded with kidney beans, red ribbon, nails, lychee skin.

## 3.3.2 Soap sculpture making and soap action

Title: Soap sculpture making, and Actions (2004)

Materials: Video (2004), 5 min and photographs (see Plates 5-24 to 136)

The soap sculpture video is a 5 minute recording of soap making, starting from making the mould, melting the soap and pouring it into the mould, adding different objects to the soap before it cools, and pointing out the symbolism of the objects in relation to HIV/AIDS awareness. The still images of the Soap Action are seen in Plates 53-124 to 3-136. After making the soap, it is activated by washing the face (Plates 3-131 to 136). Cleansing the face communicates positive living and healthy life styles. Activating the soap and recording the actions transforms the soap sculpture, making it a product in itself.



Plate 3-124: Melting the Gelflex  $\circ$ 



Plate 3-125: Pouring Gelflex over a clay model.



Plate 3-126: When the Gelflex cools the clay model is removed.



Plate 3-127: Melting raw soap is either opaque or transparent soap being heated in a pan.

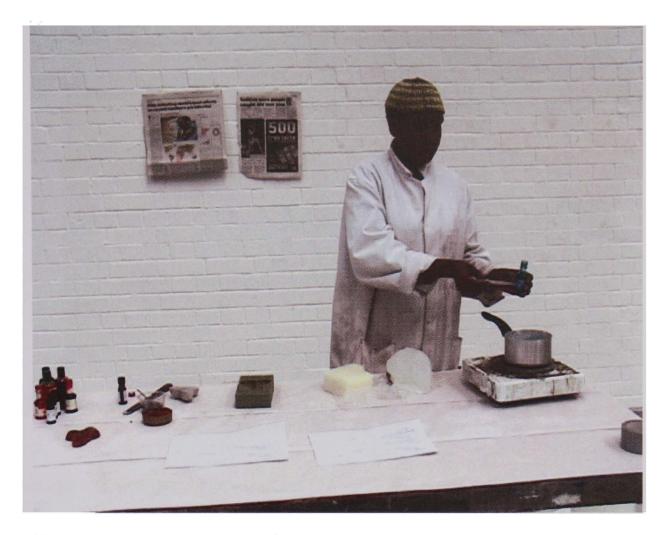


Plate 3-128: As the soap melts the following are added: Fragrances to add scent or smell colour for decorations.



Plate 3-129: The soap is poured into the mould embedded with objects which are meaningful and symbolic.



Plate 3-130: 2 Dimensional Transparent soaps (2003) in various shapes embedded with beans, cowrie shells, nails red ribbon, condom and lychee.

The following images and text captions are stills and transcripts from the video seen in Plates 3-124 to 3-136:

The pieces of soap embedded with objects (see plate 3-130):

- Seeds symbolising sperms or ova relating to life and children.
- Penis form the awareness that women should negotiate measures for safe sex.
- Condom protection against HIV/AIDS and other sexual diseases.
- Nails Symbolising the pain people living with HIV/AIDS go through.
- Lychee- gives an impression of an infection.
- Cowrie shells the determination to be economically independent and avoid vulnerable situations. The cowrie shell is also a female symbol.

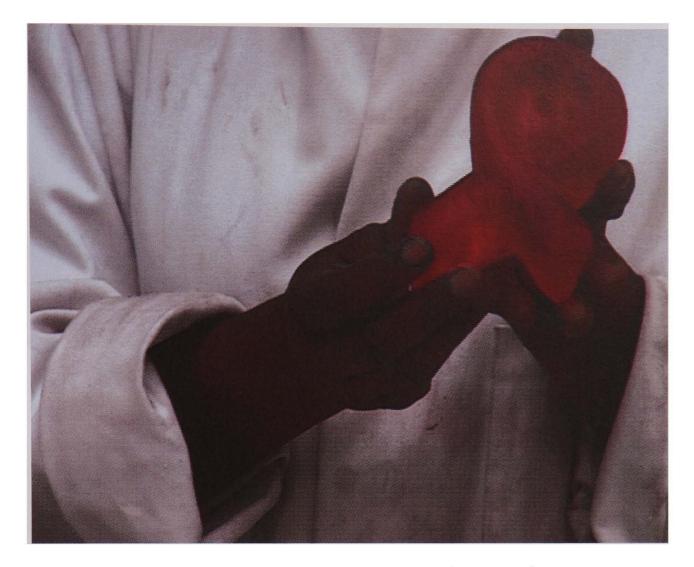


Plate 3-131: Ribbon soap sculpture used in soap action.



Plate 3-132: Transparent Red Ribbon soap.

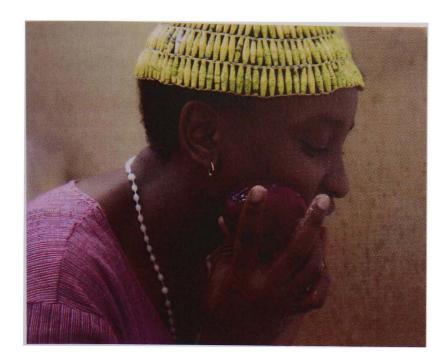




Plate 3-133 (left): Action of bathing of the face and Plate 3-134 (right): Soap action.





Plate 3-135, Plate 3-136: Soap action.

## Why use soap for HIV/AIDS awareness?

(Words spoken at the end of the action were in English)

- Soap is used in our daily lives. Soap is a symbol of cleansing, which can relate to assessing lives, relationships and behaviour within them. For example:
- Avoiding many partners and sticking to one.
- Going for HIV testing, and if positive or negative being responsible for yourself and the lives of those around you.
- Cleansing suggests testing for HIV. If tested HIV positive, one can also relate to acceptance of living with the disease, being open and faithful as the transparent soap.

## Text on Soap making and Action

Through *Soap Making* and *Action*, the soap (object)'s life became real, and the actions gradually became more important, as did the reaction of the audience. It was noted that bathing and washing the face is a daily ritual that evolved as an experience presented in an artistic environment to be introduced to the public. It was reflected on how the work might best be presented to the audience, and if the performance of making and activating the soap was the best method to engage the audience in issues regarding HIV/AIDS awareness.

## Reflection

The action of making and activating the soap brought an awareness of additional factors involving time, space and interaction, including the following::

- Time spent in the action and choice of words to introduce the soap sculpture was crucial. Making and activating the soap took 15 minutes, seen in Plates 3-124 to 136. It was felt that the soap making and action should be speeded up so that the audience would have time to interact with the soap sculptures by themselves. There was a needed to present the soap embedded with objects, with a few words to introduce the sculpture, activate a piece of soap by washing with it or allowing someone from the audience to do so. Afterwards the audience could be allowed to become involved by touching and holding the sculptures, pondering over them and expressing their feelings about the soap sculptures in relation to HIV/AIDS awareness.
- It was noted that revealing the symbolism of the objects in the soap was influencing the audience's response. It was important for the audience to observe the sculptures for themselves, then to respond to the soap and the objects embedded in them.
- On the other hand the words spoken at the end of the action were in English yet the research was to address illiterate people from various ethnic groups. This meant that money had to be spent on translating the soap action in various languages and this was not economically viable.

After the soap making and action, the means of packing and editioning the soap sculptures was considered, as the aim was mass production.

## 3.3.3 Packaging and editioning of the soap sculptures

#### **Initial experiments**

As the soap pieces were comparatively fragile, suitable packing was important and attention was given to Gonzalez-Torres's multiple installation *Placebo*, (1991) which involves objects (candies) individually wrapped in coloured cellophane or paper, not only to invite removal one by one but also because they suggest consumption and consummation (Bury 2001, pp.31-32). The transparent soap pieces would require similarly attractive wrappings to entice an audience.

A series of experimental packages were made (Plates 3-137 to 152). The packaging for 2-dimensional shaped soap was difficult because the sizes were not the same, so different packaging had to be made which was time consuming and not cost effective. The plain acid free paper and cellophane wrappings (Plates 3-137 to 139) were not satisfactory as soap being fragile and vulnerable requires packaging that will hold, protect and display the contents. The packaging had to be attractive, protective and practical at the same time. The earlier sculptures namely *Vulnerability* were revised by using the same method and materials (cast hessian) in order to make small bowls to contain the soap sculptures, to see if these were appropriate (see Plates 3-140 to 147).

#### **Observations**

It was observed that the packaging was not satisfactory because it appeared quite bulky, especially when the hessian basket and soap were wrapped in clear cellophane or brown paper (see Plates 3-145 and Plate 147). In addition, making the hessian bowls was time consuming and inappropriate given that the soap sculptures were to be produced cheaply and in large numbers.

The packaging experiments were continued by buying a stamp with numbers, adding the artist's logo *Linabu products* for editioning (as seen in Plate 3-148). This form of labelling was not appropriate, and eventually the transparent soap sculptures were taken to Uganda, introduced and displayed during the interviews without packaging material.

## Soap packaging in the UK 2005/2006

In 2005 some brown cartons were offered as packaging for the soap sculptures (see Plates 3-149 to 152). Two labels were attached, one for the top identifying whether a male or female sculpture was enclosed and inside, a written text stating: "Soap is used daily and is symbolic of cleansing. Soap can be related to positive living and healthy life styles".

### Observations/reflection and critical comments on the soap packaging

The boxes were sturdy enough to protect the soap sculptures. It was observed that since the soap sculptures were embedded with different objects it would be better to have the same type of boxes, with divisions accommodating at least six sculptures for group discussion (see Chapter 4).

A tutorial with visiting artist in the Fine Art Department, James Stapleton, reviewed the packaging and distribution of the soap sculptures. Stapleton came up with the following suggestion:

- The issue of copyright has to be considered because it is important to protect the soap sculptures.
- Distribution of soap sculptures could be through galleries as a reminder of the exhibition. A poem could also be written as reminder about HIV/AIDS awareness. There could be a show where the soap sculptures were sold, or where people paid an entry fee to see the works. As they left, each could take a soap sculpture as a reminder of the exhibition.
- The distribution of the soap sculptures could be through the "6 Degrees of separation" [11] (Wikipedia.org 2006, u/p.), which would mean having the sculptures in handy boxes. The sculptures may stay in a family for three days and are passed from one family to the other.

The suggestions were acknowledged but critically considered in light of the following:

157

Six degrees of separation is the hypothesis that anyone on Earth can be connected to any other person on the planet through a chain of acquaintances with no more than five intermediaries. The hypothesis was first proposed in 1929 by the Hungarian writer Frigyes Karinthy in a short story called Chains. The concept is based on the idea that the number of acquaintances grows exponentially with the number of links in the chain, and so only a small number of links is required for the set of acquaintances to become the whole human population.

- Galleries in Uganda are located only in the capital city, and it is the elite who visit them. Charging Ugandans to see the exhibition would not be viable, because many cannot afford the entry fees and that will adversely affect the communication of HIV/AIDS awareness to those most affected, who are the poorest people in society. Illiterate audiences too would be unable to understand the poems, and translations might be required for others.
- The "act of passing on the soap sculpture from one family to another" relates to the fact that diseases including HIV/AIDS are transmitted from person to person thus the suggestion about the "6 Degrees of separation" deserved further exploration.
- Regarding the issue of the distribution of soap sculptures, a workshop on "Academic Entrepreneurship" was attended. The feedback was that, it was important to register the soap sculptures at the international level and maybe also look for a suitable charity organisation that could handle their production, packaging and distribution. This advice is to be followed up.



Plate 3-137: Soap wrapped in plain acid free paper, above, and below, transparent cellophane paper tied with rubber band.

<sup>&</sup>lt;sup>12</sup> Organised by the Department of Cultures and Media Technology, on the 5<sup>th</sup> July 2006 at Newcastle University.

<sup>&</sup>lt;sup>13</sup> The soap sculptures have been registered in Uganda and their registration is being processed in the United Kingdom and European Union.



Plate 3-138: Soap wrapped in coloured acid free paper tied with string.



Plate 3-139: Soap wrapped in plain and coloured acid free paper, transparent cellophane paper tied with rubber band and string.



Plate 3-140: Basket made of hessian material being cast over a small bowl.

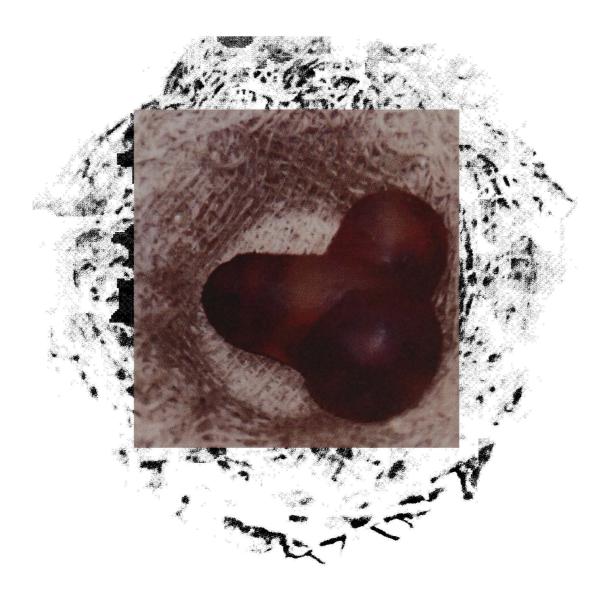


Plate 3-141: Hessian basket holding a 2-dimensional transparent soap of a penis embedded with lychee.



Plate 3-142: Hessian basket holding a 2-dimensional transparent soap embedded with beans and the red ribbon.



Plate 3-143: Hessian basket holding a transparent soap vagina shaped, embedded with kidney bean.



Plate 3-144: Hessian basket holding transparent soap, vagina shaped, embedded with a condom wrapped in transparent cellophane paper.



Plate 3-145: Baskets made of hessian material with a 2 dimensional transparent soap wrapped and tied up in transparent cellophane paper.



Plate 3-146: Hessian basket holding a transparent soap, vagina shaped, embedded with kidney beans placed on brown paper for wrapping.



Plate 3-147: Soap in a hessian basket, wrapped in brown paper.



Plate 3-148: Soap wrapped in acid free paper, with an edition number and the sculptor's stamp.

3-Dimension soap packaging; Male and Female Soap Sculptures (2005)

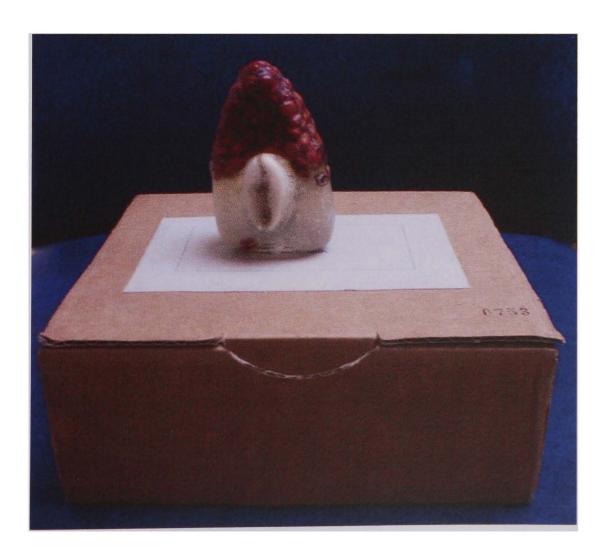


Plate 3-149: Transparent soap sculptures on a box with the words Female Soap Sculpture.

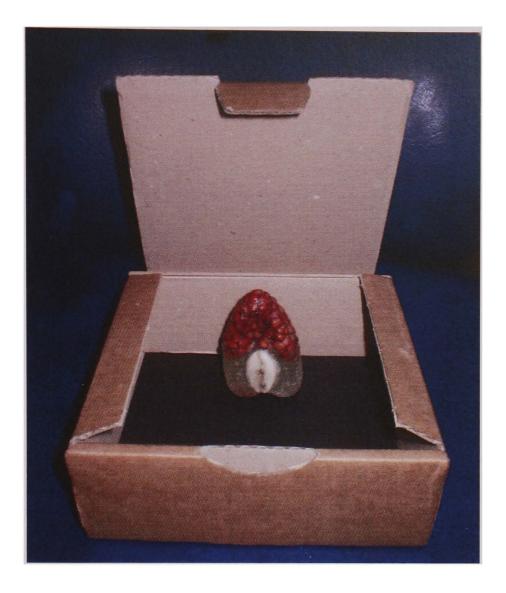


Plate 3-150: Transparent female soap sculpture inside the box.



Plate 3-151: Transparent male soap sculptures on the box with the words?

Transparent male soap sculpture.

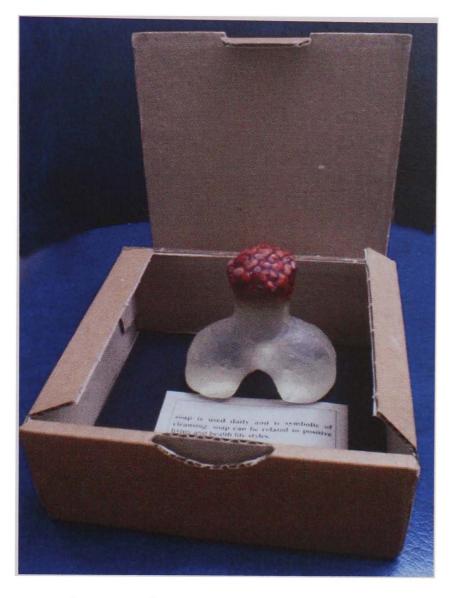


Plate 3-151: Transparent male soap sculpture inside the box, with leaflet stating: Soap is used daily and is symbolic of cleansing. Soap can be related to positive living and healthy life styles.

## 3.3.4 3-Dimensional transparent soap casting (2003-2004)

The experience of the soap action showed that the shape of the *Red Ribbon Soap* was awkward when performing the action (as seen in Plates 3-131 to 136). It was big, not easily manageable and clumsy to hold when wet. This was a reminded that if soap was to be activated for cleansing, its shape had to allow grip even when wet.

The first set of 3-dimensional forms modelled in clay was the abstracted *Mothers* holding babies (see Plate 3-153.). They were communicating the care, attachment and love mothers have for their children. The penis was simplified from a 2-dimensional, literal sculpture to a 3-dimensional abstract sculpture (see Plate 3-154 on the left). The sculpture represented an erect penis in clay. A female sculpture with a pear shape and protruding clitoris was also made (see Plate 3-154, centre). Knotting a clay coil made a form that portrayed a couple (Plate 3-154, right). The 3-dimensional models were cast into a simple two piece mould and the resulting transparent soap sculptures are seen in Plates 3-155 to 162.



Plate 3-153: *Mothers* (2003-2004), 6.5 x 5 x 5cm, terracotta.



Plate 3-154: Male~8~x~8~x~4cm (Left), Female~6.5~x~5~x~5cm (middle), Couple,~3.5~x~8~x~4 (right) (2003-2004) terracotta.

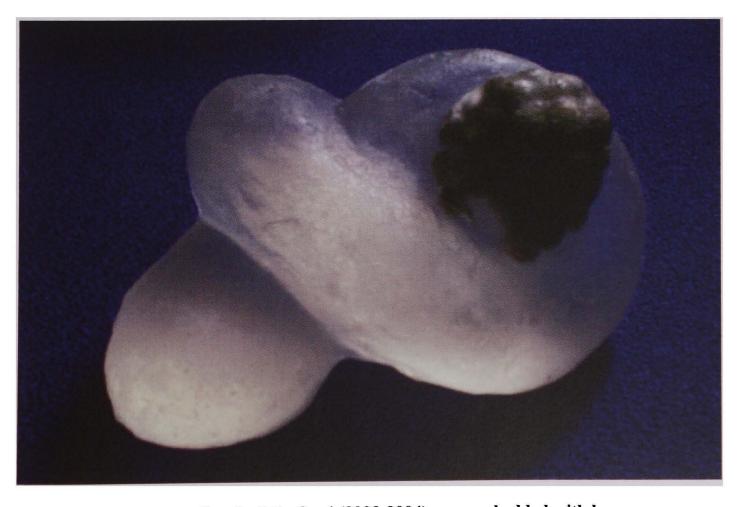


Plate 3-155: Couple,  $3.5 \times 8 \times 4$  (2003-2004) soap embedded with beans.



Plate 3-156: Male 8 x 8 x 4cm, (left) and Female 6.5 x 5 x 5cm (right) soap embedded with cowrie shell (2003-2004).

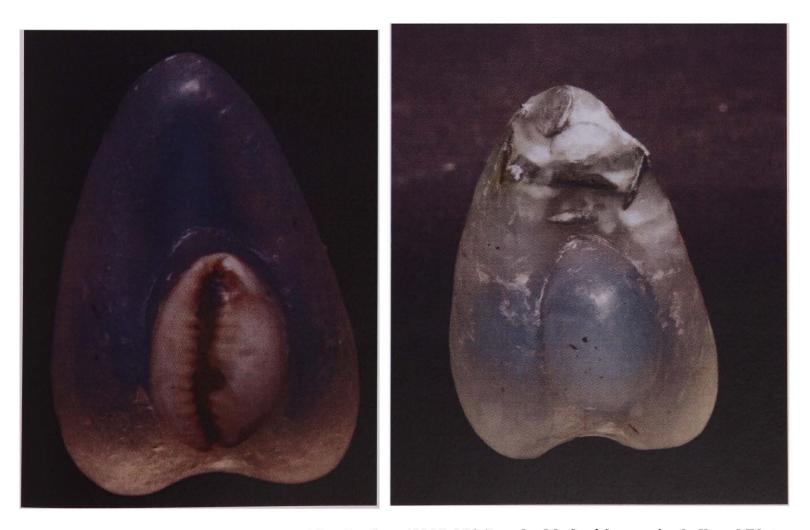


Plate 3-157: Female soap sculptures  $6.5 \times 5 \times 5$ cm (2003-2004) embedded with cowrie shell and Plate 3-158 and female soap embedded with nails .

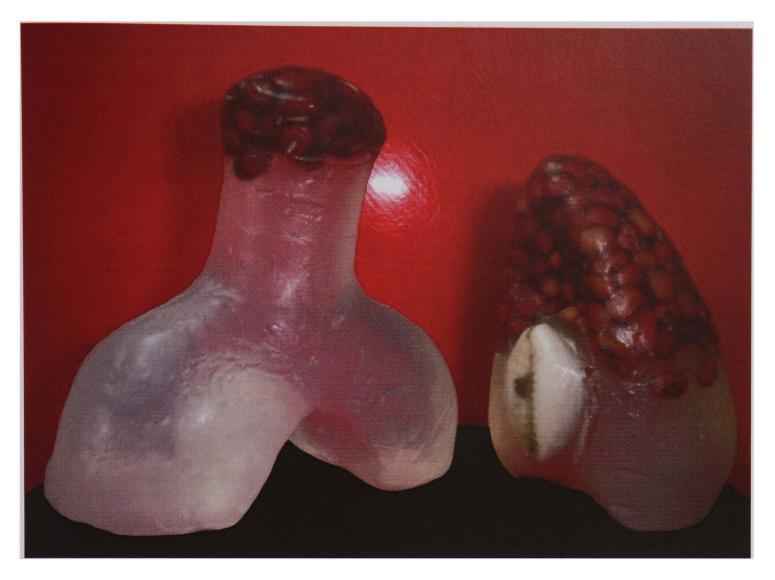


Plate 3-159: *Male* 8 x 8 x 4cm (left), *Female* 6.5 x 5 x 5cm (right) (2003-2004) soap embedded with cowrie shells, beans.



Plate 3-160: Male 8 x 8 x 4cm, (left) Female 6.5 x 5 x 5cm (2003-2004) soaps. Female soap in the middle is embedded with nails and the one on the right is embedded with cowrie shell and beans.



Plate 3-161: Female soaps 6.5 x 5 x 5cm (2003-2004) and Plate 3-162: embedded with cowrie shell, seeds.

#### 3-dimensional transparent soap (2003-2004)

The sculptures seen in Plates 3-155 to 162 are made of transparent soap resembling male and female genitalia. They are embedded with objects with the intention of conveying various ideas in relation to HIV/AIDS, as a disease that is predominantly transmitted sexually. The simple sculptures are made in a universal material used for personal hygiene. Thus the material is appropriate to ideas of health and cleanliness.

## 3.3.5 The transparent male and female soap sculptures as a multiple

Stephen Bury (2001) noted that since the 1960's artists have taken on the role of fabricators, employing materials and methods of industrial production, or becoming suppliers of blueprints that are used to contract out the manufacture of their artworks. Many artists have made, published and distributed their own work, often employing the latest manufacturing methods (Bury 2001). Joseph Beuys defined a multiple as an object that could permit multiplication, communicate in its multiplication, and which is easy to distribute to a large audience (Bury 2001, p.26).

Like all good art, a successful multiple enables you to see the world afresh. A work of art is not simply admired for the skill that went into making it, or pleasure for the eye. A multiple could be a set of instructions that anyone with inclination could realise (Lane 1994). Heslop (2005) and Blazwick (2002) view the multiple as an edition, a work of art

conceived and planned from the beginning to exist in quantity (Blazwick 2002, p.57; Heslop 2005, u/p.). They also believe that most multiples are reinvented existing mass-produced objects, while others can be regarded as extensions of one-off artworks. Unlike limited edition prints, multiples tend to be three dimensional, smaller and more affordable than unique art objects such as paintings or sculptures. Their culture and political commentary, combined with a witty and playful approach serve to make them more accessible and available to a wider audience.

Bury, Beuys, Heslop and Blazwick regard multiples as art works that are derived from a unique single object which is subsequently produced in large numbers. This may be a single production or a massive edition, but still maintain its status as artwork. The multiple can be a small piece that fits in a pocket, or made on a big scale. Artists have used both manual and industrial production techniques to make multiple works, either for sale or for free distribution thus allowing the artwork to circulate to a wider audience at low cost.

*Transparent Soap* were conceived as a multiple so that it could easily be reproduced in large numbers to communicate HIV/AIDS awareness to the masses (see plates 3-163 to 170). The male and female genital forms were simple and easily reproduced in soap. Even though a multiple is massively produced it should be attractive, and meaningful or "witty and playful" as noted by Heslop. *Transparent soap* is translucent and its luminescent quality reveals its beauty by glowing in the light, which captivates the eye (see Plates 3-155 to 162).

While developing the soap sculptures Gonzalez-Torres's idea that the exhibition space will become an inclusive environment in which all cultural activities can thrive was reflected on. He hoped that museums, galleries and studios would provide the space for the development and dissemination of ideas, a democratic arena; an active place for spectacle, celebration, dialogue, engagement and the transformation of public attitudes. He also believed that transformation in his work would come about through self questioning. One of his aims was to put the viewer into the position of confronting their own fears, forcing each to question their behaviour and to make decisions that directly affect the meaning of the work (Corrin 2002, p.8). Though Gonzalez-Torres' focussed on interaction within the gallery context, the soap sculptures were to be taken out of the gallery to communicate

with large numbers of people. Thus the arena for viewing and observing the soap sculptures would depend on where the audience was found.

Since the soap sculptures are small, light and easy to transport, they could be taken to different locations without extra costs, for example packaging and shipping. The size of the 3-dimensional *transparent soaps* was chosen so that they could be handled, allowing for their possible use as bathing or hand washing soap (see Plates 3-161 and 162). It was hoped that the soap sculptures would have the power to provoke viewers to questions their life or behaviour (see Chapter 4 for detailed analysis of the presentation of *Transparent Soap* in Uganda).

#### Assessment

The view held by Beuys, Gonzalez-Torres and Heslop, that multiples can communicate to large audiences at relatively low cost, is much like that held by professionals working for HIV/AIDS organisations and women living with HIV/AIDS in Uganda. They stressed that any art work used in awareness campaigns should be accessible and easily transported (See Appendix Chapter 3). The soap sculptures, particularly *Transparent Soap*, met some of these requirements which included:

- Interactivity They are attractive, easy to pick up and hold in the hands. The objects embedded in the soap are engaging and thought provoking.
- Economic in the production and distribution They were fairly inexpensive to make, due to the re-usability of the Vinamolds and the low cost of the materials used. More importantly, due to their size, they are inexpensive to transport from location to location.
- Symbolic in form and content Soap was used as sculptural material to allow for associations with the daily ritual of washing. The sculpted forms of male and female genitalia and various seeds were used to focus on the main mode of HIV/AIDS transmissions.
- Accessibility Transparent Soap was conceived as a multiple, thus it became potentially accessible and available to a larger, literate and non-literate audience drawn from different tribes in Uganda.
- Transparent Soap sculptures (multiples) intended for display for HIV/AIDS discussion or interaction Checkers/Draughts (2004) and Soap Family (2004) with

embedded objects highlight the awareness of transmission of the disease, conceptualising aspects of HIV/AIDS that in everyday life are not acceptable topics for discussion or interaction.

### Checkers/Draughts (2004)

Checkers or Draughts is a group of 16 small male and 16 female transparent soap sculptures, some embedded with objects and some without, laid out on a draughts board placed on a table (Plates 3-163 to 165). There are two chairs, one facing the other, apparently inviting two people to sit down and play.

Initially both the male and female soap sculptures were standing opposite each other, but some of the female sculptures have been moved to the male side. Draughts symbolises the concept that life is a game of chance, and simultaneously a number of planned moves; you either win or lose. Winning a game suggests cautious, planned moves, like a life conducted with caution and self protection. Losing a game can be compared to being a carefree and incautious player, perhaps somebody gambling with life and death – his own life and death, in the case of HIV/AIDS infection. Laid out as a game issues of infection and non infection can be played out; the participant can swap roles, from carefree to careful, swapping ideas of self-judgement and self-direction. These are some of the ideas that might arise spontaneously when people sit down, observe and pick up the soap sculptures to play the game.



Plate 3-163: Checkers/Draughts (2004), 100x 100cm x 150cm, a board, chairs, table, and transparent male and female soap sculptures embedded with nails, beans, cowrie shells.



Plate 3-164: Checkers/Draughts (2004) (detail), board size 100cm x 100cm. Soaps embedded with seeds, cowrie shells, nails.

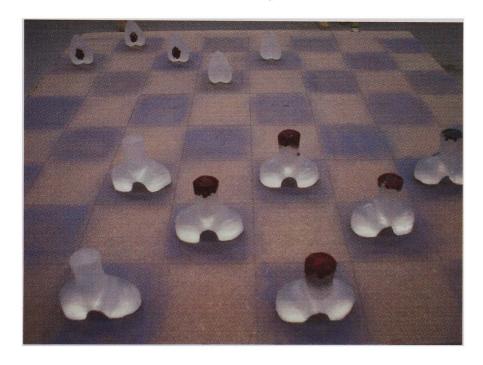


Plate 3-165: Checkers/Draughts (2004) (detail), board size 100cm x 100cm. Soap, seeds, cowrie shells.

#### Soap Family (2004)

Soap Family comprises two enlarged male and female transparent soap sculptures, surrounded by 100 smaller male and female transparent soap sculptures, some embedded with objects, displayed on an ordinary table (Plates 3-166 to 170). The imagery suggests a mother and father close together, surrounded by children. The big male transparent soap faces the big female soap while the small soap sculptures some embedded with objects and others without are grouped around them (for the symbolic meaning of these objects, see 3.3.2).

The overall impression of this group of sculptures is that it is attractive to look at, and relates to fertility. On closer inspection and handling, their associations become more

diverse and move towards notions of disgust, distrust and bewilderment. As the viewer detects the magnitude of the 'infection' - inference the work takes on a rather sinister meaning. As the crowd of small soap figures surround the big ones they give the impression of movement or the rate of transmission of the HIV/AIDS virus amongst the population at large. Beyond the ideas of danger and threat, they may also suggest notions of compassion and affection in the climate of infection and stigmatization. *Soap Family* contains a shade of sorrow, and yet it is attractive to look at.

Plate 3-166 Below: Male and Female transparent soap sculpture family (2004), 150 x 150cm, soap embedded with beans, seeds and nails.



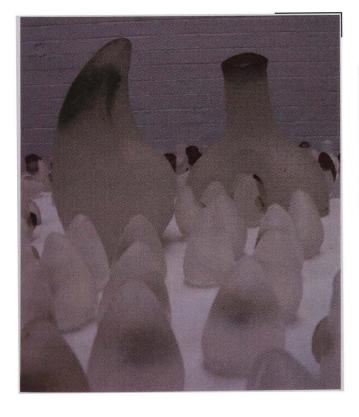
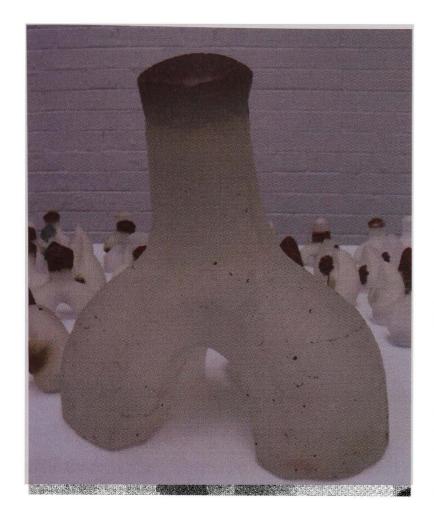




Plate 3-167 (above left): Soap Family (detail) (2004), size 150 x 150 x 35cm, Soap embedded with seeds, cowrie shells, nails. Plate 3-168 (above right): Male and Female enlarged transparent soap sculpture (2004) 35 x 30 x 30cm, embedded with beans.



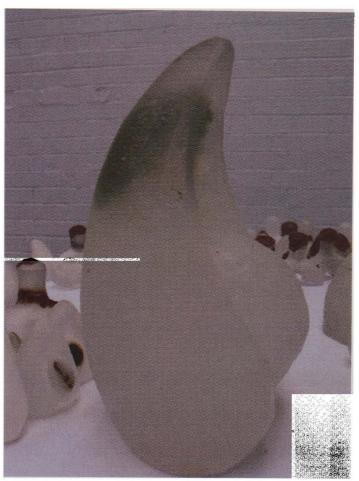


Plate 3-169 Male on left, Plate 3-170 female on right: Soap Family (detail) (2004), size 150 x 150 x 35cm, Soap embedded with seeds, cowrie shells, nails.

# 3.4 HIV/AIDS Awareness Exhibition - Postgraduate Degree Show (21st August – 15th September 2004)

In 2004 the sculptures developed for disseminating HIV/AIDS awareness were exhibited at the Degree Show, Department of Fine Art, and Newcastle University.

## 3.4.1 The exhibition display

The exhibition was very densely hung, however the intention was to display almost all the sculptures developed during the research period. This was to allow connections and interaction between the sculptures and their differing expressions and focal points. The aim of the overall installation of the work was to allow the audience to walk through, and actively engage with the various pieces. The installation in itself became a vehicle that allowed issues of audience participation, spatial integration and engagement for political, social or cultural content to co-exist. Chun Chao says that:

An installation practice is always leaning towards having a certain category of symbiotic relationship in mind between the audience and the artwork, the artwork and the space, and the space and the audience's mind. The artist might create an

installation in an architectural space that is large enough for the audience to walk through. The artwork provides an experimental environment and welcomes the audience to participate in the completion of the work (Chun-Chao 2005, pp.99-100).

Although the research is focused on sculpture and HIV/AIDS awareness in Uganda, it was encouraging to observe how well the exhibition was received by a predominantly British audience. Farrell (1997) noted that,

Perception and action occur at a time continuum. Most actions alter the visual and tactile field sufficiently to make new judgements possible (Farrell 1997, p.14).

The exhibition actively encouraged engagement with the work, in particular with *Soap Family*. Gonzalez-Torres's view on sculpture was that art had the power to change personal consciousness, and that change would lead to inevitable social change. As mentioned earlier, Gonzalez-Torres believed the "space" that would facilitate and enhance change to be the gallery space. With the installation of the sculptures in the white exhibition space in the Department of Fine Art, Newcastle University, the sculptures were set to engage the audience in a powerful, and possibly behaviour changing way.

The exhibition space was 27 x 39 feet, with 18 sculptures placed on pedestals, the floor and wall space (Plates 3-171 to 5-183). The works brought together pieces from the Inception phase to the most recent soap sculptures, arranged as a type of journey through the research process and from the more figurative and literal to the more conceptually based.

# Captions for the sculptures in the exhibition room Plate 5-171 to Plate 5-183.



Plate 3-171: Kissing (2001-2002).

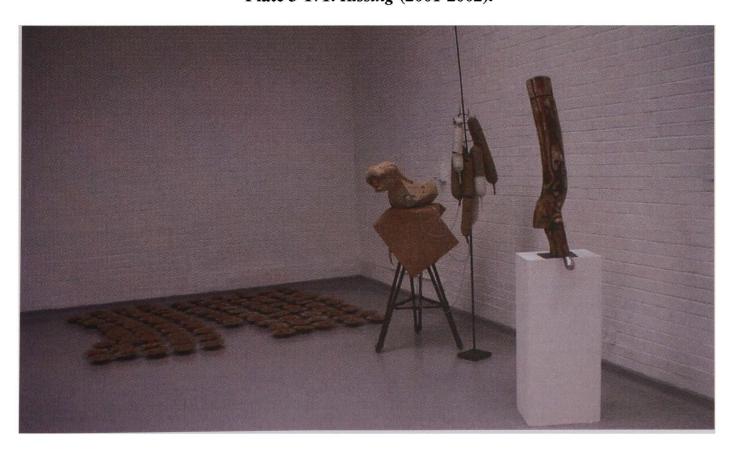


Plate 3-172: 56% Infection (2003-2004) in the background, Drip (2003-2004) in the middle, Condom (2002-2003) in the frontal position.



Plate 3-173: Vulnerability (2003-2004) on the left, Winnowing (2002-2004) in the centre, 56% Baskets infected (2004) on the right.



Plate 3-174: Vulnerability (2003-2004) left in the background, Winnowing (2002-2004) middle in the background, 56% Baskets infected (2004) right in the background. The struggle to live (2002-2004) in the fore ground.

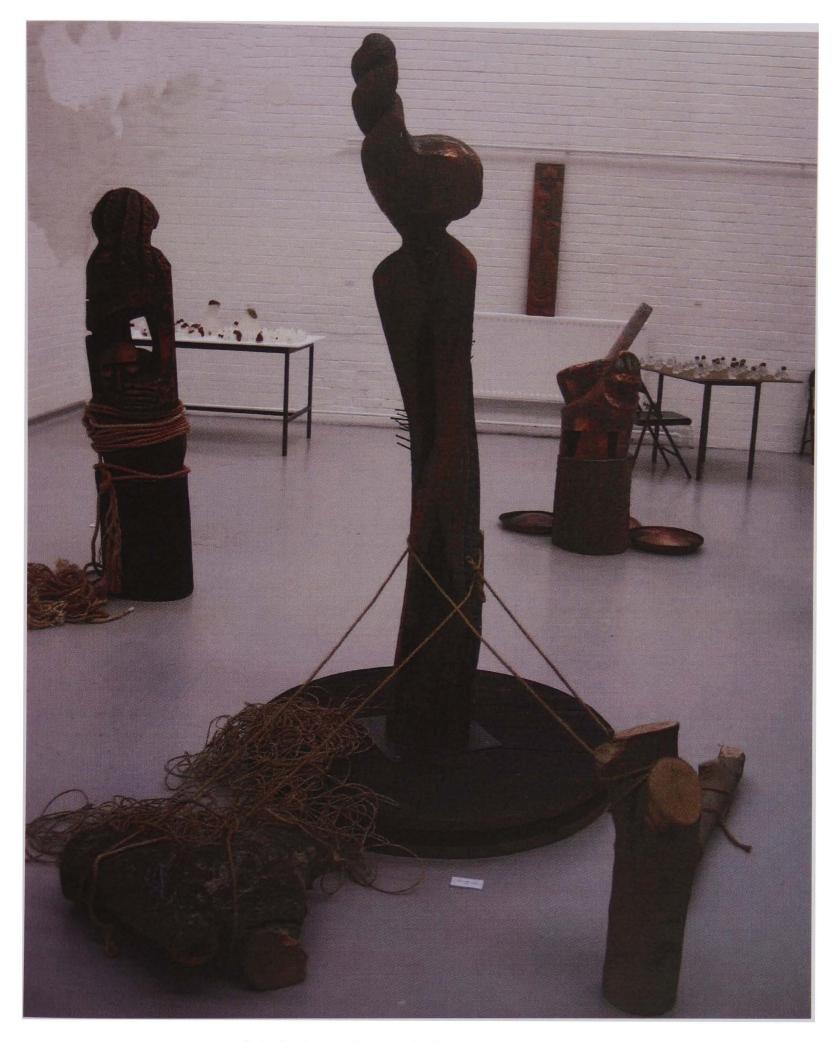


Plate 3-175: Left to right in the background: Soap Family (2004), Support (2001-2003), Checkers/Draughts (2003-2004). Middle ground left: Mortar and pestle (2002-2004), on the right: A mother's pain is her devotion (2003-2004). Foreground: The Struggle to Live (2002-2004).



Plate 3-176: Shield (Engabo) (2003) 200 on the left in the background4), Shattered lives (2002-2004) in the middle background, Vulnerability (2003-2004) on the right background. The Struggle to Live (2002-2004) in the foreground.



Plate 3-177: Knots (2003) the left background, Test tube (2004) centre in the background, Shield (Engabo) (2003) right in the background. Protect yourself (2002-2004) in the middle centre, Mortar and pestle (2002-2004) in the foreground.



Plate 3-178: In the background: *Checkers/Draughts* (2003-2004) in the background and in the fore ground *Protect yourself* (2002-2004).



Plate 3-179: Condom (2002-2003): in the background on the left, The Struggle to Live (2002-2004) in the middle on the left, A mother's pain is her devotion (2003-2004) in the middle on the right and Protect yourself (2002-2004) in the foreground.



Plate 3-180: Knots (2003) from the left to the right in the background, followed by Test tube (2004), next is Shield (Engabo) next is Shattered lives (2002-2004) then, Vulnerability (2003-2004) and Winnowing (2002-2004). Middleground are: Protect yourself (2002-2004), Mortar and pestle (2002-2004) and A mother's pain is her devotion (2003-2004). Foreground: Soap Family (2004).



Plate 3-181: Left to the right in the background: Winnowing (2002-2004), 56% Baskets infected (2004). Drip (2003-2004), Condom (2002-2003). Centre in the background from left moving to the right: Protect yourself (2002-2004, The Struggle to Live (2002-2004). A mother's pain is her devotion (2003-2004). Foreground: Mortar and pestle (2002-2004).



Plate 3-182: Left to the right in the background: Soap Family (2004), Checkers/Draughts (2003-2004). In the middle: Mortar and pestle (2002-2004). Foreground: A mother's pain is her devotion (2003-2004).

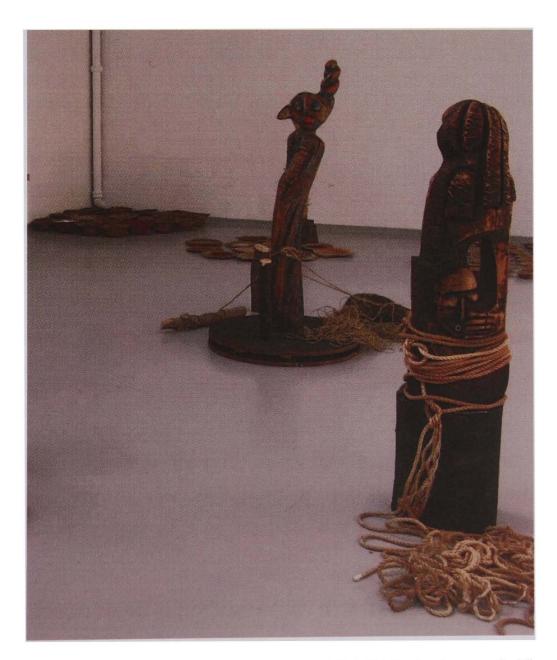


Plate 3-183: In the background: Vulnerability (2003-2004). Middle background: The struggle to live (2002-2004), Foreground: A mother's pain is her devotion (2003).

## 3.4.2 Comments about the sculptures

A guest book provided visitors to the exhibition with the opportunity to comment on the exhibits. The comments showed that the sculptures communicated HIV/AIDS awareness to some of the visitors, but to others the sculptures evoked different thoughts and feelings. Some of the visitors also filled out a questionnaire (see Appendix to Chapter 3) as part of the feedback process. The responses to the questionnaire are summarised below.

The sculptures *Protect yourself, Mortar and Pestle*, *Drip* and *Struggle to live* received the following comments:

"These are good sculptures because use of materials is appropriate, like copper around the form. You can enjoy them by looking at them, getting close and want to touch them." "They illustrated the pain and anguish of the illness." "Reality through the use of wood with metal and nails."

Transparent Soap and 56% Infection received the following comments:

"The sculptures were worrying and scaring." "You fear knowing what is in them, and getting close to them. The fungus is scary". 56% Infection received other comments such as: "The sculptures tell a story of the spread of infection, as well as communicating the chance of not getting it." A chilling and brutal reminder".

Transparent Soap received more comments as they drew people for a wider variety of reasons being attractive, erotic, fun, sensual, thought-provoking and reflective. On the other hand some people felt they were disgusting, generating aversion and they were perceived as lethal and wasted. Regarding HIV/AIDS awareness, more comments were noted:

'vulnerability', 'fertility, 'diversity', 'infection', 'gender and sexual relationship', 'experiences of people living with AIDS', 'trapped', 'death', 'illness', 'phallic', 'cleansing', 'different people, some well, others with different diseases; you can sense pain and death'.

Generally, the soap sculptures did seem to communicate issues relating to HIV/AIDS awareness. All the comments were thought provoking, as they raised issues and questions regarding sex and HIV/AIDS.

As the soap sculptures attracted more positive comments in communicating HIV/AIDS awareness and had fulfilled the requirements suggested by the interviews with the organisation, it was appropriate to return and assess the responses of the Ugandans.

## **CHAPTER 4**

## **Transparent Soap Sculpture Interviews**

## 4.0 Introduction

This chapter examines the responses to the soap sculptures, as recorded in questionnaires (see Appendix Chapter 4), and assesses the extent to which these may indicate whether the sculptures can contribute towards HIV/AIDS awareness. Apart from the general interviews of female and male respondents discussed in sections 4.1 and 4.2, the soap sculptures had two public showings in Uganda with documentations: The Soap Sculpture show which was an exhibition of the sculptures at the Launching of the Soap Sculptures at Katikamu Catholic Parish in Kasana, Luwero District, on the 10<sup>th</sup> of March 2005 discussed in section 4.3 (followed by Plates 4-1 to 4-26) and the 4<sup>th</sup> National AIDS Conference at the Speke Resort, Munyonyo, Kampala on the 21st and 22nd of March 2005 in section 4.4 (followed by Plates 4-27 to 40). Though the research was focused on women, male onlookers contributed to the discussions. Their interest and curiosity were aroused by the uniqueness and unfamiliarity of the Transparent Sculptural forms and the material. The men's participation contributed greatly to the research because there are sound reasons why men should become more fully involved in the fight against HIV/AIDS as described below. It was agreed by the UNAIDS (2002) campaign to involve men<sup>1</sup>. It was further elaborated that:

All over the world men tend to be more promiscuous than women, thereby increasing their own and their primary partner's risk of contracting HIV. Over 70% of HIV infections worldwide occur through heterosexual sex, and a further 10% homosexual behaviour. Men in all-male environments such as the military may be strongly influenced by a culture that reinforces risk-taking, including unsafe sex. And in some all-male institutions including prisons, men who normally prefer women as sex partners may have unsafe sex with other men. Millions of men each year are sexually violent towards women, girl, and other men, sometimes in their own family or household (UNAIDS 2001 U/P.).

<sup>&</sup>lt;sup>1</sup> AIDS: Men Make a Difference was a UNAIDS campaign in 2002 focusing on the role of men in the AIDS epidemic. The aim of the new campaign is to involve men more fully in the effort against AIDS, and to bring about a much-needed focus on men in national responses to the epidemic. Women, especially in the sub-Sahara, are at risk of HIV infection because of their lack of power to determine where, when and how sex takes place. Though the culture endorses the idea of men's superiority over women, on the other hand the cultural beliefs endanger the health and well-being of men and their sex partners.

A response to the above statement is the *Sara entertainment education strategy* for girls also involves boys and adults in their campaigns (See Chapter 2).

## 4.0.1 Piloting the Soap Sculpture questionnaire in Uganda 2004

On arrival in Kampala in 2004, the questionnaire was piloted with two groups of women, from NACWOLA<sup>2</sup> and the Roses of Mbuya, a group who had assisted by responding to the questionnaire in the field research 2003. This was a 'people-centred approach' to communication (a two-way, or multi-way communication) (Linney 1995, p.12) by taking the sculptures back to them to test their effectiveness thereby honouring their contributions. The group consisted of women who were living with HIV/AIDS, some literate and some illiterate, from various ethnic groups and who spoke different languages. These were considered because they would point out any statements or words that would stigmatise them as people living with HIV/AIDS, and judge whether the soap sculptures affected them.

Before carrying out the interviews the researcher verbally introduced some background to the soap sculptures with a folder of selected photographs of sculptures done in Newcastle upon Tyne and a letter of Introduction (see Chapter 3 and Appendix 4.1). The transparent soap sculptures were set out for the respondents, who were interviewed guided by the questionnaire. Responses were less informative than hoped and modifications were made to the questionnaire following consultation with four artists who had experience of working with communities<sup>3</sup> (For problems that occurred in the questionnaire see Appendix Chapter 4).

## 4.1 Analysis of results of female respondents interviews

A purposive sampling approach was adopted by selection on the basis of the level of interest displayed in participating in the research. Some of the women respondents were drawn from groups, namely: Nsambya Catholic Women's Guild, Reach Out-Mbuya Parish HIV/AIDS Initiative, and Makerere Kikoni Women. Other individuals, including students

<sup>&</sup>lt;sup>2</sup> NACWOLA (The National Community of Women Living with HIV/AIDS in Uganda) was one of the groups visited during the researcher's trip to gather information on organisations involved in HIV/AIDS and Awareness in Uganda, 28<sup>th</sup> June-19<sup>th</sup> July 2002.

<sup>&</sup>lt;sup>3</sup> Artist who gave advice on the questionnaire: Muwoge Kyazze, John Bosco Ssenyonga, Douglas Lubowa and George Kyeyune.

and lecturers from Makerere University, were also interviewed. The most difficult to interview were employed graduates, who had little time to participate.

#### Problems that arose in the interviews

Some female respondents were interviewed individually, and others in groups of two or more. During the interviews it was observed that some of women did not feel comfortable when responding to the questionnaire as individuals within a group. This was mainly due to low levels of education and lack of confidence. Some took too long over responding, thus inconveniencing others who were waiting. A decision was taken regarding support groups that a pair or more would be interviewed, to save time and encourage the women to respond to the questions. The respondents in groups were individually recorded, and a summary of their responses presented as one. The interviews were carried out both in English and Luganda.

#### **Demographic characteristics of female respondents**

Women from 14 ethnic groups were involved in the interviews. Ganda was the most dominant because the research took place in Buganda<sup>4</sup>. The age range of 15-25 had more respondents and this is the age group most affected by HIV/AIDS according to the (UNAIDS/WHO 2005). Respondents were mainly of single women, including widows and single mothers.

Though a number of the women were employed, not many of them earned an income sufficient to support their families and a great number were unemployed. This was reflected in their levels of education as few were highly educated with postgraduate education, many of them were either students or had low levels of education, thus are likely to be dependants (For further details to this and succeeding sections see Appendix for Chapter 4: Table 4-1).

#### Women's responses to the soap sculptures

A number of soap sculptures were set before the respondents for observation before they were asked to respond to the questionnaire (as seen in Plates 4-8 to 17 and 4-23 to 30).

<sup>&</sup>lt;sup>4</sup> Buganda is the central region that includes the capital city of Kampala. It attracts all the ethnic groups in Uganda.

Respondents were informed that sculpture is made from different materials, stone and wood for example, and the sculptures presented to them were made of soap. They were asked if this unusual choice of material made them wonder why soap had been chosen, and whether this would make them look for a connection between the sculptural forms and the material used.

## Women's views on the soap sculptures in terms of whether they speculated on the connection between material and forms

Many respondents wondered why soap had been chosen although a few were not surprised; some gave no comment, while others struggled to find an answer. The terminology *sculpture*, *sculptural forms* and even the unique translucent material of soap are not common to Ugandans. A quarter of the respondents did not mention anything, while the majority responded "Yes" - the unusual choice of material made them wonder why soap had been chosen. A small minority responded "No".

Those respondents who wondered why soap was chosen responded in ways characterised by asking further questions, such as: "Yes, but why soap? What is the connection between private parts and soap?" It seems some respondents could not relate the soap to the sculptural forms. Some respondents were able to interpret that soap in the form of genitals may convey a message that they should keep clean and free from infection. They noted that the objects embedded in the soap sculptures showed infection. Six respondents perceptively wondered: "Is it because it is cheap to use, or because soap can be easily moulded?" Their curiosity about the connection between soap and sculpture was connected with cost, and common and less common uses:

"We know that soap is used for cleaning. This use is unusual", "How soap would be used for other things apart from washing" and another respondent commented, "Yes I wonder... may be vulnerability".

Many respondents were surprised that soap had been used for purposes other than washing or cleaning.

Women's views on the connection between the sculptural forms and the material used The responses connecting the sculptures and the material used were categorised as: thoughts/feelings; hygiene/cleansing, and transparency.

## Thoughts/Feelings

The respondents were able to connect the fragile appearance of translucent soap, and soap's inevitable diminution through use, with the vulnerability of the human body which, when used in sexually inappropriate ways, becomes infected with HIV/AIDS and is subsequently weakened through weight loss.

One of the respondents observed that:

"the use of soap may represent the 'frailty of life' -given the form/nature of soap as a material. It's a new form of art that is not familiar to many people, but it clearly brings out the message about HIV/AIDS in that the use of soap is creatively done in relation to the material".

Another respondent simply mentioned the word 'vulnerability', but gave no further explanation.

### Hygiene/cleansing

Soap was referred to as a "cleansing material" relating to "awareness", "avoiding or treating AIDS". Some of the respondents mentioned that:

"people should be clean", while others speculated that "there must be a connection as we use soap daily!, "soap is used in daily life", "Soap is used by everyone, sick or not", "Soap is used to clean reproductive parts", "Soap helps to kill germs" and "Beauty".

Though the respondents pondered about the functions of soap as a material for cleansing, hygiene, beauty, and the cleaning of surroundings, they responded to the daily ritual of cleansing and transparency. This was a very positive response, as HIV/AIDS did not need to be spelled out.

#### **Transparency**

A number of respondents connected the sculptural forms and the material used through the property of transparency, linking the transparent soap to the notion of openness while living with HIV/AIDS:

"Even when living with HIV/AIDS, one can live positively to avoid more HIV/AIDS"; "Transparency portrays openness", "the awareness to avoid HIV/AIDS infection"; "As soap is transparent for us to see what lies inside the forms, you can explain about HIV/AIDS", "shows HIV/AIDS infection".

The objects embedded in the soap encouraged many respondents to reflect on HIV/AIDS infection. Yet another respondent connected it to the fluids discharged from the male or female genitals, as these are sometimes colourless.

#### **Controversial responses**

Some respondents interpreted the question of the connection between the sculptural forms and the material used, in the following ways:

"HIV/AIDS patients think they are in a way dirty. Soap is something used to cleanse, so there must be a connection," "soap treats skin infections", "HIV/AIDS causes skin diseases which can be treated with soap", "Because I think that HIV/AIDS can be 'washed' away from Uganda, thus using soap material", and "The connection is that like the soap, sperms are colourless".

The interpretations are valuable since they focus on issues of stigma, sex, and the feeling of being a 'second class citizen'. However they also point to the daily ritual of washing and cleaning, and it was an intention to develop a series of sculptures which gave a daily reminder to behave in an open and transparent manner. As the soap is used by first one then another member of a family, so is the thought that what is imbedded in the soap is used by all, for good or bad.

Some of the respondents did not see the connection between HIV/AIDS and soap sculptures as intended:

"No connection, but materials don't always have to connect to the idea being put across", "No connection. I think soap was the available material", and "Not necessarily - sculptures are transparent which shows that people are willing to talk about AIDS".

Some respondents were unable to interpret the connection between the sculptural forms and the material used. Their responses were: "I can neither interpret nor understand the objects", and "I wonder, but I don't see any connection". It is possible that these respondents either had no inclination to spend enough time considering the question, or it was too difficult for them to understand or not clearly worded.

## Women's experience of sculpture being used in HIV/AIDS awareness

Majority of the respondents had no experience of sculpture being used in HIV/AIDS awareness, while a few had some experience. This can be taken as evidence that sculpture is not used much in AIDS awareness.

### Women's experience of a dildo or 'Bogoya' (Banana) in demonstrating condom use

Majority of the respondents had experience of a dildo or 'Bogoya' (Banana) being used to demonstrate effective condom use, even though it is often used for this. During the interviews one respondent wondered if a dildo was a sculpture or not. This suggests that the small minority of respondents who acknowledged that sculptures were used in HIV/AIDS awareness could in fact have been referring to a dildo. This conclusion is reinforced by the interviews carried out with HIV/AIDS organisations in Uganda during 2003, (discussed in Chapter 3), which indicated that they did not use sculpture in HIV/AIDS awareness.

### Women's feelings about the sculptures

Respondents were asked to choose three words from joy, humour, attraction, eagerness to touch, excitement, reflection, disgust, dislike, repulsion, embarrassment, shock and suspicion, which described their feelings about the sculptures. Not all respondents chose three words for their feelings about the sculptures; therefore the percentages are derived from the totals of all the words selected by the respondents.

The feelings of many of the respondents about the sculptures were 'eagerness to touch', followed by 'reflection', 'embarrassment' and 'humour' with the same the same number of people and the least opted for was 'attraction'.

Some of the respondents were eager to touch and feel the sculptures. The sculptures made them think and reflect about HIV/AIDS, but the nature of sculptural forms such as the penis and vagina were embarrassing. On the other hand, the respondents found the sculptures humorous and caused many to giggle. This reinforces the fact that sexual organs and issues relating to sex are not discussed in public.

### Women's views on which association was most appropriate in describing the sculpture

The respondents were asked to choose three words from the following that best described the sculptures:

"Witchcraft, good luck soap, lubrication, fertility, transparency, reproduction, cleansing, magic, soap, eroticism, love soap, family, organs, fun soap, protector soap, personal hygiene, death, infection, ritualistic object".

Not all respondents chose three words that they thought were appropriate for the sculptures; some chose more. Therefore, the percentages were derived from the totals of all the words selected by the respondents as seen in the appendix.

The associations selected in describing the sculptures ranked as follows: 'transparency' was the highest selected association respondents felt was appropriate in describing the sculpture. 'Infection' took the second position while 'Reproduction' and 'organs' were in third position.

The selection of 'transparency' as a connection between the sculptural forms and the use of soap as a material suggests that the respondents were able to relate HIV/AIDS being transmitted through sexual intercourse via the reproductive organs, and the lack of transparency in relationships leading to infection. During the interviews the respondents also commented that those living with HIV/AIDS can live better if they are transparent, i.e. having access to treatment and not spreading the disease. Thus the three associations 'transparency', 'infection', and 'reproduction' represent an acceptable, oblique alternative to the more sexually loaded term 'organs'. The higher percentages indicate a link that communicates HIV/AIDS awareness.

#### Other associations describing the sculptures

The other associated feelings mentioned were: 'keeping free from HIV' and 'purity'. One respondent mentioned that, "the sculptures could pass for infected lungs"; others similarly mistook the sexual organs as 'lungs' and 'heart'.

This may illustrate a weakness in the intelligibility of the sculptures which are essentially naturalistic representations of the male and female genitalia; however, they were recognised as such by the overwhelming majority. The erroneous identification of 'heart' and 'lungs' very clearly relates to misrecognition of the female genitals as opposed to the male. Due to the fact that sexual organs are not mentioned in public, the respondents may never have imagined that male and female organs would be made public in this way.

## Women's views about embedded objects in revealing the relation between the sculptures and HIV/AIDS

The responses were categorised as Characteristics of HIV/AIDS; Admonitory and Warning Messages and are assessed below:

#### Characteristics of HIV/AIDS

One of the respondents acknowledged that the material used was transparent enough to show whether the organs were infected with HIV/AIDS or not. The sculptures communicated different messages. While the clear soap sculptures communicated ideas of 'beauty' and 'safety,' interpreted as representations of a non-infected person or a person free from HIV/AIDS, the soap that contained embedded objects was anthropomorphised as referring to an infected person. The objects in the sculpture produced the following messages:

Beans, which were embedded in some pieces, communicate ideas about germination, life and fertility. However, when beans rot this suggests negative connotations, and the sequential stages of infection, multiplication of the virus, infertility and death. The black beans show that the infection is in its advanced stages. On a purely visual level, the beans simulate the appearance of different symptoms of HIV/AIDS: rashes, wounds, blood and blood clots. The seeds show the worst stages of the disease; many seeds indicate multiplication of the virus, infection and rashes.

Nails communicate ideas of injury, infection, danger, and full-blown HIV/AIDS. They also act as metaphors for the penetrative or piercing effects of HIV/AIDS, both on a physiological level and in terms of the social effects of painful stigmatisation and shame. Other interpretations of the embedded objects in the soap included:

"organs affected by HIV infection", "the likeness of HIV", "HIV infection in the body", "You can not hide AIDS" and "when you are infected, it changes your likeness."

It appears that for most respondents, the objects embedded in the sculptures revealed further nuances in the messages communicated about HIV/AIDS.

### Admonitory and warning messages

The responses demonstrated that despite the curiosity they aroused, and the attraction of wanting to touch and handle the sculptures, they were seen to embody a message relating to caution and underlying danger. The analogy between the sculptures' attractive surface and internal substance, with sexual attraction masking invisible infection was recognised by some:

"... through sexual excitement we acquire AIDS"; "Various HIV infections"; "They show infection from it's initial stages to it's intensity, namely in reproductive organs"; "HIV infection starts small, multiplies, takes over the body and affects the body" and "Signs and symptoms of HIV like rashes"; "The private parts should be properly respected to prevent the spread of HIV"; "The reproductive organs spread HIV through sex"; "Death, HIV can kill in different ways"; "People with AIDS suffer in different ways"; "To encourage virginity among young boys and girls"; "Avoid sexually transmitted diseases"; "Not to be extravagant/loose".

The differences in emphasis of these responses can be attributed to the range of different embedded items, suggesting subtly different readings and associations. One response that: "The infected person can no longer enjoy sex" may be based on the respondent's personal experience.

From the above it seems the objects embedded in the soap sculptures provided a successful variation, in that they provoked the respondents to think about a number of different and appropriate messages in relation to HIV/AIDS in line with those intended. Only a small minority of the respondents failed to understand the significance of the objects. One stated this clearly, while another suggested that "soap helps as a detergent to cleanse the sores of patients".

### Women's thoughts about messages relating to HIV/AIDS of which they were reminded by seeing the sculptures

A great majority of the female respondents agreed that the sculptures reminded them of messages related to HIV/AIDS. The responses can be broken down into specific categories representing awareness of key considerations, as follows below:

### Reality of HIV/AIDS

The respondents recognised that by representing genitals, which are chiefly responsible for HIV/AIDS transmission, the sculptures deliver a message concerning HIV/AIDS infection as being overwhelmingly generated by heterosexual relations. Furthermore, the sculptures

effectively conveyed a sense of the reality of suffering that HIV/AIDS patients go through. The dangers associated with HIV/AIDS as a highly infectious disease spread through the organs. Finally, the reality that HIV/AIDS kills was understood by the majority.

#### **Prevention**

Awareness of this message was made apparent in respondents' comments that the sculptures communicate:

"prevention of the spread of HIV - the ones with embedded objects provoke a repulsive feeling, when you think about your private parts being infected like that".

Other responses alluded to positive actions and attitudes that the sculptures suggested including:

"abstinence", "HIV testing", "condom use", "faithfulness in sexual relationships", "openness" and "treatment in case one suffers from HIV/AIDS".

### **Problematic response**

A further instance of the sculpture provoking an unintended interpretation was evident in the comments of one respondent, who observed that:

"though the soap is translucent it is easy to tell the infected forms and those that are not. But HIV is not as transparent".

Two of the respondents felt that the sculptures needed some background information and that unless their significance was explicit, the sculptures would not be related to HIV/AIDS. Again, this was not a representative response. 88% responded positively, and the whole premise of the research was predicated on a form of communication which would overcome dependence on language and the written word.

### Women's views about whether the soap sculptures could stimulate discussion on HIV/AIDS awareness

The majority of respondents agreed that the soap sculptures could stimulate discussion on HIV/AIDS awareness. Only a small minority did not agree, while a similar ratio was also not sure. Some respondents commented that transparent soap relates to fighting the virus by being open about one's HIV/AIDS status, as it encourages seeking medical support and avoiding further infection. The sculptures do encourage communication about sex and sexuality, HIV/AIDS testing and openness.

# Women's views of issues that might be raised in discussing HIV/AIDS after viewing the sculptures

The issues that might be raised to stimulate a discussion on HIV/AIDS awareness were categorised by respondents as below:

### Awareness about HIV/AIDS and the symptoms of HIV/AIDS

The relationship between male and female genitals and the spread of HIV/AIDS and how it is contracted through sexual intercourse; basic issues about HIV/AIDS; transmission or spread (stages of multiplication) and prevention of HIV/AIDS; HIV/AIDS infection, stages of infection in the body and how lethal HIV/AIDS is.

The embedded objects in the soap sculptures could stimulate discussion on the symptoms of HIV and AIDS, for example, the seeds relate to infection in the private parts. From the interviews, it is clear that the sculptures were more meaningful to those who had cared for people living with HIV/AIDS. The 'female' soap sculptures stimulated some of the respondents living with HIV/AIDS to talk about the symptoms they had suffered, such as sores and genital warts - referring to the sculptures embedded with beans.

Two respondents observed that though the soap sculptures looked similar in shape or appearance, the different types and quantities of embedded objects could be seen to relate to differences in 'zero status'. This was a perceptive and informed observation, because people experience different viral loads from HIV/AIDS.

#### Women's views of why the sculptures might not generate discussion

While the majority of the respondents considered that the sculptures had the potential to stimulate discussion, a few did not agree. One respondent thought it could be difficult to stimulate a discussion without having personal experience of HIV/AIDS. However, unlike the questions which related to immediate, quantifiable, personal reactions to the sculptures, this question was speculative. Indeed, the mixed responses suggested that there was an inherent difficulty in asking for responses which would depend largely on conjecture, and the projection of the sculptures into possible scenarios other than that the respondents were directly engaged in. It can be concluded that the question was possibly not one that would generate dependable responses.

### 4.2 Analysis of male respondents interviews (in brief)

### Demographic characteristics of the men

A total of 58 males responded to the interviews, drawn from 11 ethnic groups with Ganda representing the majority ethnicity. In terms of age, male respondents aged between 26-36 years old were the largest group. With regard to marital status, more male respondents were single. The percentage of employed men was high with similar results of those considered educated (for further details to this and succeeding sections see Appendix for Chapter 4: Table 4-2).

### Men's views about the unusual choice of soap for the sculptures and any connections between the sculptural forms and the material used

Majority of the respondents agreed that they had wondered about the unusual choice of material, and why soap had been chosen; a few said they had not, and the rest offered no answer.

Some of the male respondents had precise and interesting responses connecting soap to HIV/AIDS, for example: "HIV is as common as soap". They too agreed that soap is used for cleaning in their daily lives; therefore the use of soap for sculpture is creative. One respondent looked at soap as a "cleaning material which reflects that HIV is dirty, maybe soap can clean it". This of course is a dangerous misconception, although the intended connection might be that it represents hygiene which is a key element in caring for people with HIV/AIDS.

Another interesting comment was "Soap does the job of cleansing and so (does) HIV/AIDS awareness". Other respondents made the following strong connections:

"Soap can be changed to other forms, and so can AIDS: changes in one's state; deteriorating in size, like soap reducing while washing"; "HIV/AIDS affects both men and women, and these sculptures express their feelings"; "the material is soft like human skin that can accommodate different sexual structures" and "soap and sex are connected by the fact that they are in everyday use. The sculptural forms are male and female."

The respondents were able to point out that soap as a material changes its form, as does the HIV/AIDS virus in the human body. Soap is a flexible material that can enclose or be embedded with other objects, showing parallels with the human body being invaded by

HIV/AIDS. The ability to connect male and female soap sculptural forms with both the familiar everyday activities of washing and sexual intercourse is also evident.

### **Problematic responses**

One respondent observed that materials other than soap could be used to embed objects, while another commented that, "it is only apparent that it is soap upon touching it, or being told". These were minority views which raise no serious problems of conceptualisation or presentation.

### Men's previous experience of sculpture being used in HIV/AIDS awareness and Bogoya (Banana) being used to demonstrate effective condom use

Majority of the respondents had never seen sculpture being used in HIV/AIDS awareness a few had, and the least fraction did not respond. Like the female responses, this indicates that sculpture is not commonly used in this context. Regarding the experience of a dildo, *Bogoya (Banana)*, being used to demonstrate effective condom use, majority of the respondents had seen this, while a few had had no such experience.

### Men's choice of words to describe their feelings about the sculptures

Respondents were asked to choose three words from: Joy, humour, attraction, eagerness to touch, excitement, reflection, disgust, dislike repulsion, embarrassment, shock, suspicion that described their feelings about the sculptures.

When the male respondents looked at the soap sculptures their feelings were, "attraction opted by the majority, followed by 'eagerness to touch' and 'reflection'. Other reactions mentioned were:

'thoughtfulness', 'wonder', 'curiosity', 'unhappiness', 'appreciation of creativity', 'innovation', 'understanding' and 'good smell'.

One respondent stated that none of the suggested terms described his feelings, and that he preferred to characterise these as:

"Soap with mixed media gives ideas of contaminated levels of AIDS" and "Those without objects raise a high degree of feelings, are enjoyable, sense of maturity, not contaminated".

### Men's views on which association was most appropriate in describing the sculpture

The respondents were asked which association they thought was most appropriate in describing the sculpture from the following:

"Witchcraft, good luck soap, lubrication, fertility, transparency, reproduction, cleansing, magic, soap, eroticism, love soap, family, organs, fun soap, protector soap, personal hygiene, death, infection, ritualistic object."

The majority of the respondents opted for: 'Transparency' followed by 'fun soap' and 'personal hygiene'. Other associations that were felt most appropriate in describing the sculpture, but which were not included in the list of choices, were 'virginity' and 'behaviour'.

#### **Problematic responses**

One respondent argued that the sculptures were not identifiable organs, that they were highly distorted and that at least if attached to the body, one would understand them better. This was an isolated view among both male and female respondents. The intention in presenting the genitals as fragments was to emphasise their significance as the cardinal site of infection, and furthermore, to make them relate to the widest possible cross-section of viewers.

### Men's views on the messages the objects embedded in the soap sculptures reveal in relation to HIV/AIDS

The responses indicated that the messages were very similar to those in the translucent pieces, but more precise. This was expressed in these views:

"Clear soap sculptures sent a message of "openness", that "we can choose to remain clean like the soap or rather be open about HIV and save lives"; "Think before you act"; "Suffering"; "the pain and hardships brought about by HIV to those affected; "be non judgemental"; "we cannot tell who has HIV or not by merely looking at people", "stigma"; "in Africa HIV is mainly spread through sex"; "HIV awareness".

The messages of objects embedded in sculpture relating to AIDS were:

'Shells-virginity'; 'relationships'; 'seeds-virus developing in the body'; 'Seek early treatment if HIV positive so as not to be weakened by the virus' and 'Protection vs. vulnerability', 'Feelings of the affected or infected with HIV'.

Although one respondent observed that "Women are more vulnerable as shown by more infected female structures" another claimed that: "The shells show a woman's private parts as the trouble maker".

These were interesting observations about the 'female' soap sculpture, which differed significantly from the perceptions expressed by the women respondents. As there were more 'female' soap sculptures with embedded objects than male, the respondents apparently assumed that women are more vulnerable. The responses are correct but it was easier to develop more female soap sculptures due to the nature of their shape. However, this practical consideration also reflected the greater vulnerability of women to infection due to the nature of their morphology. Statistics also reveal that HIV/AIDS infection is greater among women (explained in Chapter 1). However, the greater quantity of embedded 'female' sculptures was also misinterpreted by one respondent.

### Men's views about whether thinking about/seeing the sculptures would remind them about messages relating to HIV/AIDS

Majority of the respondents agreed that seeing the sculptures reminded them of messages relating to HIV/AIDS a quarter disagreed, and others made no response.

The following examples represent the messages thought to be conveyed by the sculptures: "You can live free from HIV, positively or negatively", this may mean that even if you are infected with HIV/AIDS you can have a positive attitude towards life. "No-one is immune to HIV", which is true; anyone can become a victim of HIV/AIDS. "Recklessness may lead to contracting the disease" and "the easiest way of contracting HIV is the wrong usage of one's private parts". Two of the respondents commented that:

"if you are not previously informed about HIV then something wrong ... is going on. It may be cancer" and "but in Uganda, you need to enhance the vividness of relaying the message to the masses".

Some respondents interpreted and made the connection that the more beans, the more suffering; because HIV/AIDS infection, illness and symptoms relate to planting and harvesting, just as seeds do.

In relation to the forms with embedded objects the following specific comments were made: "Beans are body building food". A few of the respondents thought that the beans

could be interpreted literally, and connected with the idea of nutritious food being recommended for people with HIV/AIDS. The beans sent a message that: "if you are living with HIV you should feed on beans to rejuvenate your body".

This was a relevant observation as beans could well be interpreted as providing good nutrition for a person living with HIV/AIDS.

### The respondents were asked if the sculptures would stimulate a discussion on HIV/AIDS awareness

Majority of the male respondents agreed that soap could stimulate such a discussion. Few said no, and others were not sure. The sculptures were thought to have potential in raising discussion of the following issues:

### Symptoms, awareness and prevention of AIDS

Embedding the soap with different objects reveals that AIDS was interpreted differently by different people, for example regarding: 'Infection and the reproductive organs' and 'Openness about the consequences and hardships brought about by AIDS'. There is an obvious analogy between the disappearance of soap as it is used, and the way that the body wastes away due to infection. This was reflected in comments made by male respondents as they observed the clear soap. Some respondents pointed out that the transparent soap portrayed 'openness', 'purity', 'honest', 'candidness', 'transparency to discuss issues' 'staying safe', 'playing safe', blood testing', 'personal hygiene', 'hygiene', 'virginity', 'social behaviour' and 'education'.

#### Other issues that could be discussed

The male respondents raised a number of other issues for discussion, which included issues not mentioned by the women. These were 'sexuality', 'eroticism', 'lubrication', 'sexual discussion, especially with teenagers' and 'fertility'.

While sexuality is not normally discussed openly, the sculptures encouraged the male respondents to initiate conversation about cultural factors that could lead them to become involved in multiple relationships. This is one of the factors described in Chapter 2 that expose women to HIV/AIDS risks. Another point that was raised was the expectation that people with HIV/AIDS should abstain from sex — this was considered unacceptable.

However, they too need to satisfy their natural desires; but it is important that they are aware of safe sex precautions. The majority saw openness and transparency in relation to soap as a key issue to raising discussion about HIV/AIDS awareness.

#### Witchcraft

The respondents wondered: "Is there is a connection between HIV and witchcraft as some people claim?"; "Does witchcraft work?"; and "Is there a cure for HIV?" These queries may have been triggered by the cowrie shells embedded in the soap sculptures. Cowrie shells are used in a number of cultural activities, such as traditional medicine where doctors use them to consult the gods or spirits. Due to stigma and denial HIV/AIDS patients have been victims of dishonest traditional doctors who reap funds on the pretext of curing them (as mentioned in Chapter 2).

Responses included the observation that although some of the sculptures were embedded, they conveyed the idea of infection to an extent; intelligibility depends on being previously informed about the subject. One complained that the soap sculptures were not realistic (being too distorted) so understanding of some of the symptoms could easily be distorted. (See the discussion in Chapter 3). Another argued that communicating messages about HIV/AIDS calls for clear information and openness, if people are to be sensitised about sexual issues. The problem of the sculpture being intelligible only to those with prior knowledge was an isolated view, at odds with the expectation that the overwhelming majority of Ugandans are informed, at least on a basic level of understanding, about HIV/AIDS. It has not been the intentional to replace clear/factual information but to supplement it/to bring a different innovative approach to HIV/AIDS messages.

### Views on why the sculpture would fail to stimulate discussion

One of the respondents noted that, "HIV cannot be seen, so the sculptures don't portray messages on AIDS". Though it is true that viruses cannot be 'seen' as they evade depiction other than diagrammatic representation, this literal response differs from the overwhelming majority of both groups of respondents. However, it is also informs the assertion that:

"There is no great connection with the sculptures leading to HIV. They mainly represent sex, hopefully leading to HIV discussion -without further information or context, they are too abstract." (From a British respondent).

There is an element of contradiction here in that there is a recognition that the work could lead to appropriate discussion. The issue of being pre-informed is also raised. It is possible that this British respondent was unaware that sex is a taboo subject in Africa.

# 4.3 Launching the Soap Sculptures at Katikamu (video recording)

The soap sculpture show was held on the 10<sup>th</sup> of March 2005, at Katikamu Catholic Parish in Kasana – Luwero District, situated in the Central Region of Uganda. This is 80km north of Kampala, the capital city. It is a rural area, and its population is mainly poor and illiterate. Choice of venue was suggested by the Parish Priest Fr Gabriel Mpabwire when he saw the soap sculptures. He requested the research to be carried out in his parish because he felt his parishioners would gain from study on HIV/AIDS awareness using sculpture. Holding the exhibition in country or village was an opportunity to interview people to find out if their views differed from the respondents interviewed in Kampala city. A group discussion was opted and prepared materials included: a invitation cards (see Plate 4-1); posters to invite people (see Plate 4-2); brochure a reminder of the male and female soap sculptures, their meaning and embedded objects (see Plate 4-3 and 4-4) and a folder containing photographs of sculptures on HIV/AIDS done at Newcastle University and the documented venue, soap sculpture discussion are seen in Plates 4-8 to 18

Katikamu Parish has a Church and a Hall to facilitate activities, namely weddings, village and educational meetings. The launch of the soap sculptures was accompanied by a focus group discussion, and was video recorded for analysis and used as reference material for this thesis. The discussion involved 35 men and women. Dr. Kasirye, an extension officer from 'Caritus Kasanaesis' in Luwero Diocese officially opened the exhibition. An introduction included a brief background to the research, describing the soap sculptures in general and in relation to the problems women face as they cope with the HIV/AIDS epidemic, the contribution of Ugandan women living with HIV/AIDS to fight the disease, and the personal experience of having been affected by HIV/AIDS.

<sup>&</sup>lt;sup>5</sup> An organization run by the Catholic Diocese in Luwero, to assist rural people via a number of activities that include poverty eradication, farming, health including HIV/AIDS awareness.

The exhibition attracted mostly adult men and women. A large number of them could read and write Luganda, the local language while more than a half could not understand English. Considering their knowledge of English was low, it was agreed by consensus that the participants should use their local language. This enabled them to express their views with relative ease. Women were fewer in number; women here, as elsewhere in Uganda, are committed to domestic chores and are sometimes restricted by their husband so they are less mobile than men (For further details to this and succeeding sections see Appendix for Chapter 4: Table 4-3).

The sculpture show was dominated by men, and this was appropriate as they are known to be most responsible for spreading infection. Educating men about HIV/AIDS is key to reducing the number of women infected. The participants were informed about confidentiality then introduced to the questionnaire as a group. One question was read, followed by a discussion. For the structured questions, the participants were encouraged to speak up to support or oppose the options given. The sculptures were displayed on a table, and consisted of two large scale male and female soap sculptures and a group of smaller ones which was interpreted as a family. Some of the sculptures were embedded with objects.

As the general responses have already been analysed in sections 4.1 and 4.2 only exceptional responses will be discussed here.

### The participant's views on the soap sculptures in terms of whether they speculated on the connection between the material and the sculptural forms

The participants displayed excitement in moving closer to the soap sculptures and in examining and feeling the material. To some this seemed to be a jelly-like and soft substance, and one man thought there was water inside. Some of these initial ideas were revised on further examination. The following comments relate to the use of soap as material and metaphor:

"(Having heard about Ms Nabulime's other work)"... if she had used other materials such as wood for her demonstration it would be difficult for us to understand, but with the soap sculptures it is easier". "When people get HIV/AIDS, they develop sores and there are types of soap used for cleaning the rashes"; "I think soap cleans everything, and the artist used it to symbolize purity and cleanness"; "Soap is used daily in our homesteads for cleaning. I think soap was used to portray how HIV/AIDS is now also part of our lives. Just as we cannot

avoid using soap, similarly we should not ignore the presence of HIV/AIDS in our lives"; "Like soap our bodies can easily get infected and destroyed".

The respondents were able to analyze the use of material in terms of its symbolic and associative values.

# The participant's previous experience of sculpture being used in HIV/AIDS awareness campaigns

Among those who had experience of sculpture being used in HIV/AIDS awareness raising, such usage, over half had seen a wooden dildo, banana, or egg plant being used to demonstrate condom use. However, some respondents expressed ignorance about the usage of dildos. For example, one respondent reported that: "At the clinic if you ask the nurse about how a condom is used, she uses a wooden dildo to demonstrate". This response suggests a perception of sculptural qualities informed by recognition of wood as a sculptural material.

### The participant's choice of words to describe their feelings about the sculptures

The respondents were asked to describe their feelings about the sculptures using some of these words: Joy, humour, attraction, eagerness to touch, excitement, reflection, disgust, dislike repulsion, embarrassment, shock, suspicion.

The respondents all reported being initially 'surprised', 'curious', or 'eager to touch', but as they examined the sculptures they realised that they were sexual organs and were embarrassed. One of the female respondents argued that:

"With respect to the Ganda culture, in-laws would shy away from the discussion, since the sculptural forms represent the male and female genitals (private parts) which would cause embarrassment to the in-laws and the children."

The dilemma was responded to by asking the participants to reflect on the fact that failure to talk openly about HIV/AIDS in the home has led to families being wiped out by the virus. This issue is significant, and has been used in a drama as a strategy to educate people about AIDS (Chapter 2 Indigenous media in communication and Rituals relating to indigenous communication).

The participants considered the implications of such scenarios, which was a positive outcome of exposure to the soap sculptures which had enabled discussion of a sensitive

topic. However, women are afraid to talk about the key issue of vulnerability, as explained in Appendix for Chapter3.

# The participants' views on which association was most appropriate in describing the sculpture

The respondents were asked which association they thought was most appropriate in describing the sculpture from the following: Witchcraft, good luck soap, lubrication, fertility, transparency, reproduction, cleansing, magic, soap, eroticism, love soap, family, organs, fun soap, protector soap, personal hygiene, death, infection, ritualistic object.

A number of associations prompted by the sculptures were raised. One in particular was 'witchcraft' because the use of cowrie shells is commonly associated with sorcerers; and 'death', and HIV/AIDS ultimately leads to death. In traditional Ugandan culture, cowrie shells are also associated with 'reproduction'; 'fertility' and 'good luck'. Another respondent said:

"When I look at these sculptures I see a family: a husband, wife, and these are the children. If a husband and wife are infected the entire family will be affected".

The sculptures were identified as those living with and without HIV/AIDS. The large scale soap sculptures being placed among small sculptures indicated that if parents are infected, then the whole family may end up infected as seen above.

### Messages communicated by the soap sculptures with embedded objects

A number of different messages were recorded:

"When you see those which are not embedded with anything, then you know that people can protect themselves and remain safe. The different objects in the sculptures indicate different levels of infection".

"The numerous seeds in the soap give the impression that there are many people who are infected with HIV. When I look at the nails, they remind me of the pain people go through when they develop AIDS. When I look at the rotten seeds, they remind me of patients whose body parts rot and even drop off as they suffer the disease"

"This sculpture shows a pregnant woman. Although she might be infected, she can still protect her unborn child by not passing on the infection".

"When I look at the sculptures, I see that HIV is mainly transmitted through sexual intercourse. When I look at the many sculptures embedded with objects, I get the

impression that everyone else is infected. So I should be careful when selecting a partner".

"When you look at the sculptures, you see that HIV/AIDS affects everyone. Here you can see both young and old, all infected, so it is everyone's responsibility to take care of one another".

"When you look at this one (the large scale sculptures embedded with beans together with the small sculptures), they appear big and wealthy, but still infected. It sends the message that no matter whether you are rich or poor, all can be infected by HIV/AIDS. When I look at these other small sculptures they have different symptoms. Some show, and others don't. This reminds me that I should be careful when choosing a partner".

The respondents were able to draw messages about HIV/AIDS from the sculptures in relation to HIV/AIDS and their personal life experiences.

During the discussions the respondents came up with some interesting observations and challenging question. For example, one respondent observed: "I see good luck in the ones that are not embedded with any objects. It means they are lucky. They have not been infected with HIV and wish to remain so". A response like this demonstrates an unfortunate tendency on the part of the under-informed to ascribe non-infection to 'luck' rather than to appropriate sexual practices. It is possible that this impression of 'luck' may have been prompted by associations connected with the cowrie shells.

In several cases the participants raised questions, for instance: "We have given you our views about the sculptures. Can you tell us what you had in mind when you made them?" The respondents were informed that the idea was to challenge the audience with the sculptural male and female sexual organs, and to find out if they could stimulate a discussion on issues regarding HIV/AIDS and sexuality. This is regarded as a taboo, yet it is through sex that the majority of people become infected with HIV/AIDS. Another participant asked how they could get the transparent soap to make similar sculptures to inform or teach others about HIV/AIDS. The response was that though the soap sculptures had proved a success, unfortunately the raw materials are not available in Uganda.

The respondents were asked to use normal soap as a reference to cleanliness by going for HIV/AIDS testing, practising safe sex, taking precautions to avoid sexually transmitted

diseases and seeking treatment should they become sick, and amending their lifestyles to avoid vulnerable situations that might lead them to HIV/AIDS infection. A number of participants proposed that the soap sculpture show be staged often and extended to other communities. I respected this proposal, and gave an assurance that I would endeavour to do this once the research was completed and the efficacy and appropriateness of the sculpture had been assessed in the light of the research findings.

The summary of these responses will be assessed along with other responses in section 4.5.

# 4.3.1 Documentation of promotional material and group discussion of the Soap Sculptures at Katikamu Catholic Parish in Kasana – Luwero District, 10<sup>th</sup> of March 2005

The preparations for the research and the launching of the Sculptures in Uganda included an invitation card (Plate 4-1), a poster (Plate 4-2), a brochure (Plate 4-3 and 4-4) and finding a suitable venue (Plates 4-5 and 4-6). A folder with photographs of sculptures developed at the Fine Art Department at Newcastle University was also prepared and presented to the participants (Plates 4-8 to 9). The setting up of the soap sculptures and the proceedings of the groups' discussion are shown in Plates 4-7 to 4-18).

Invitation
You are cordially invited to
Soap Sculpture SHOW
By Lilian Nabulime BA Fine Art. PGDE, MAFA, PhD Student, University of Newcastle, UK 2001-
Theme: Sculptural Forms to Communicate HIV / AIDS awareness.
Date:Time: Venue:

Plate 4-1: Invitation card.

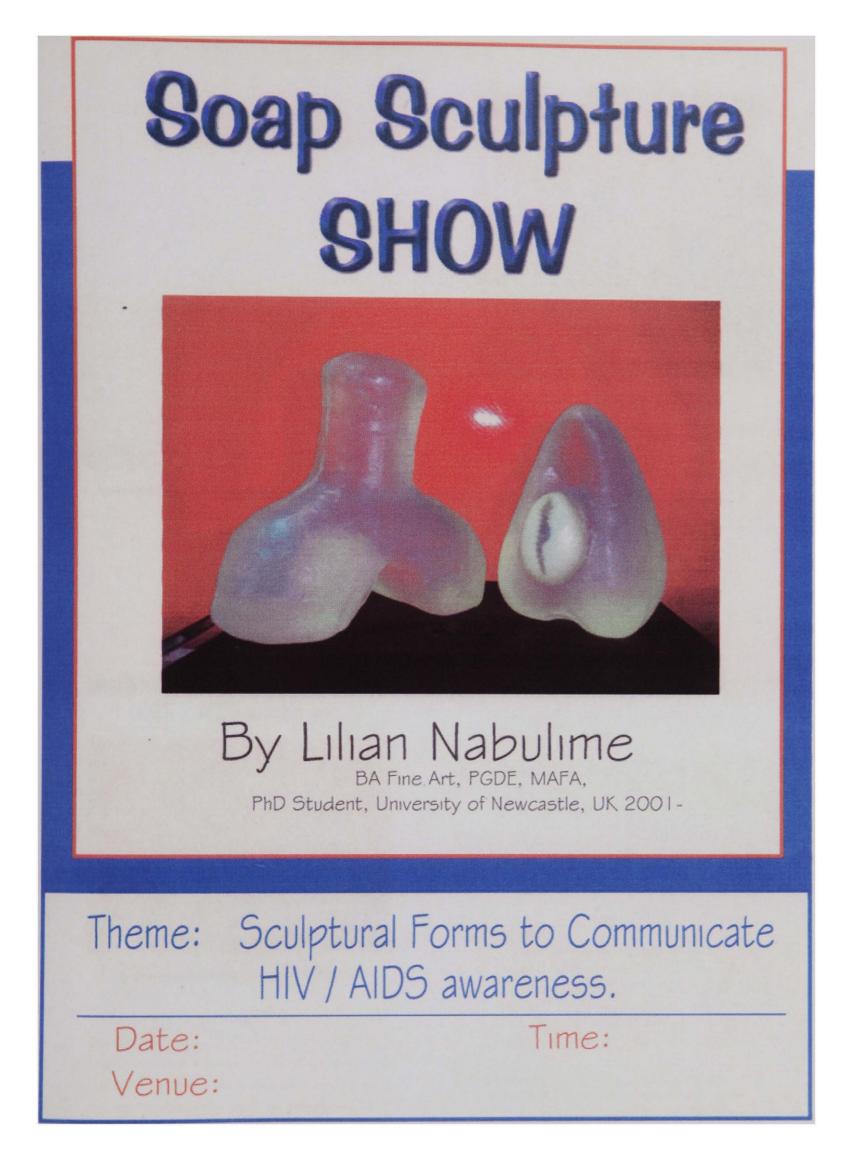


Plate 4-2: Poster developed for the soap sculpture shows.

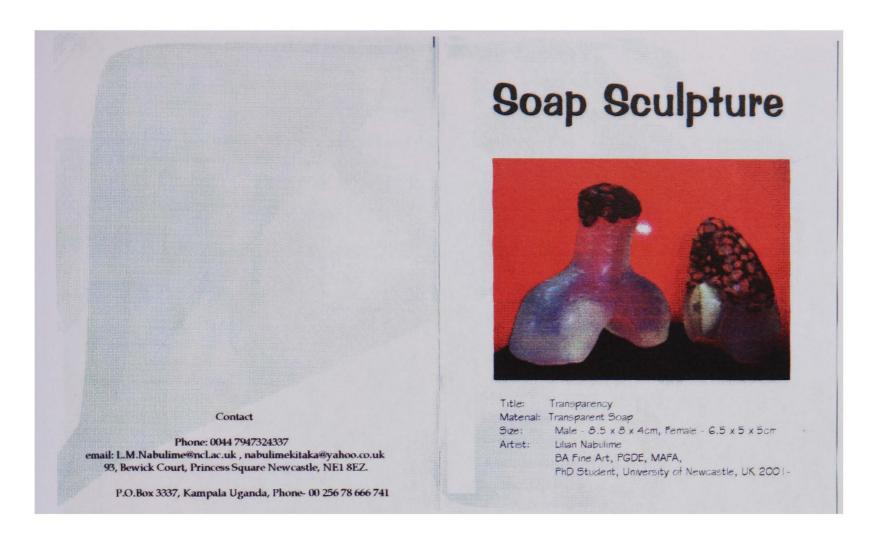


Plate 4-3: Brochure side 1.

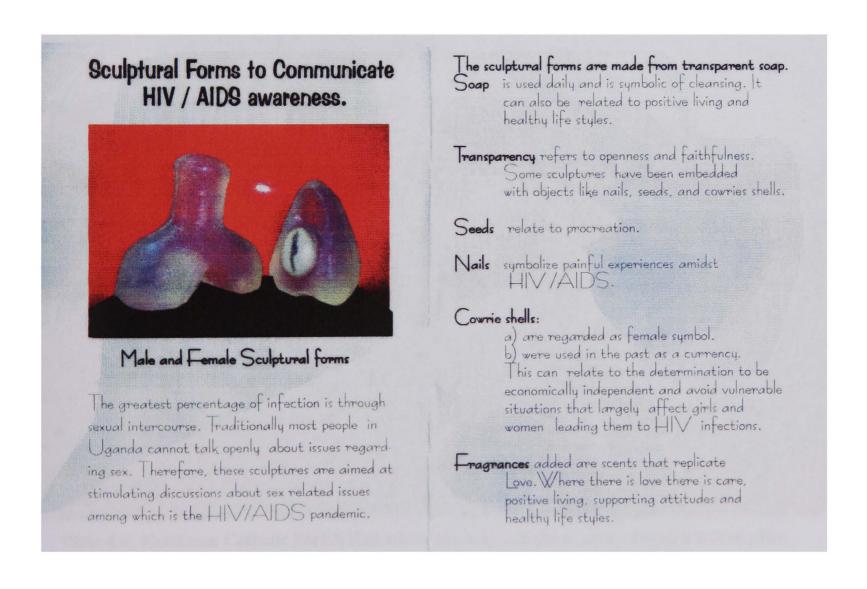


Plate 4-4: Brochure side 2.

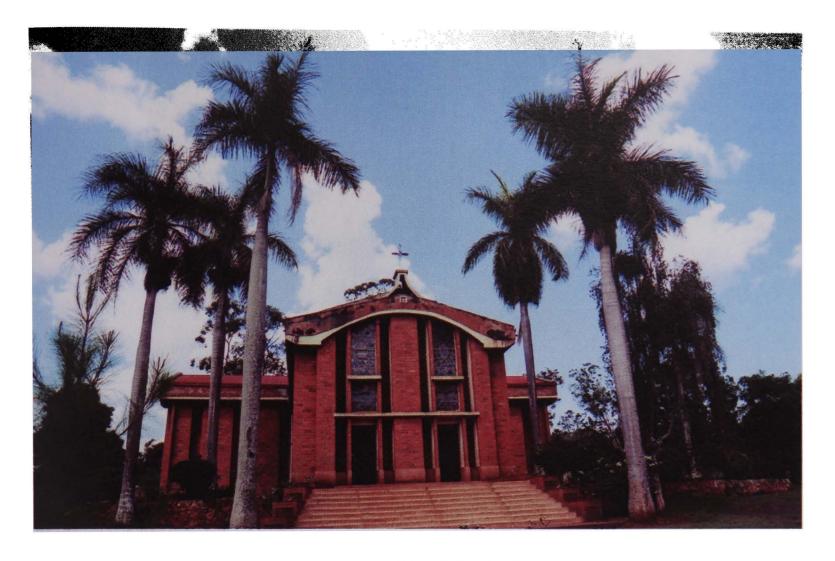


Plate 4-5: Katikamu Catholic Parish Church, Parish in Kasana Luwero, Uganda.



Plate 4-6: Katikamu Catholic Parish Hall where the soap sculpture group discussion took place.

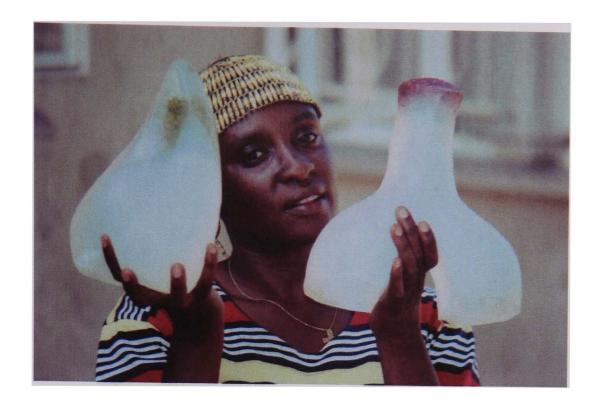






Plate 4-7 (top): Researcher with the soap sculptures, Plate 4-8 (middle): Respondents looking at the photograph sculpture folder and Plate 4-9 (bottom): the researcher introducing the research/practice done at the University, documented filed in a folder.

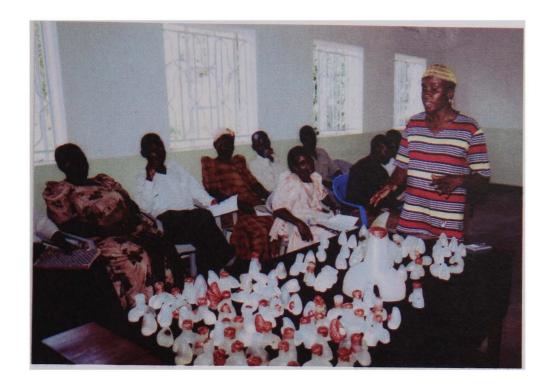




Plate 4-10: Introducing the soap sculptures to the audience. Plate 4-11: Participants observe the soap sculptures before responding to the questionnaire.



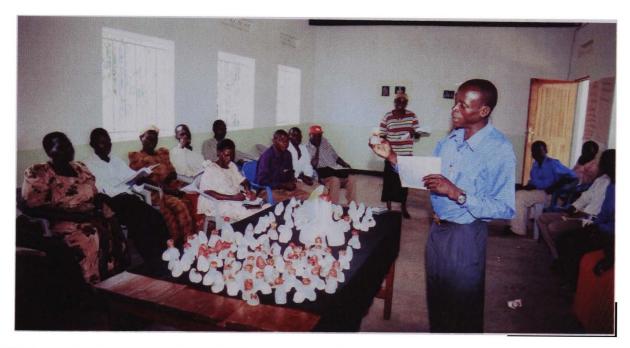




Plate 4-12 (top), Plate 4-13 (middle) and Plate 4-14 (bottom): Participants observe the soap sculptures and responding to the questionnaire with the research assistant and researcher.

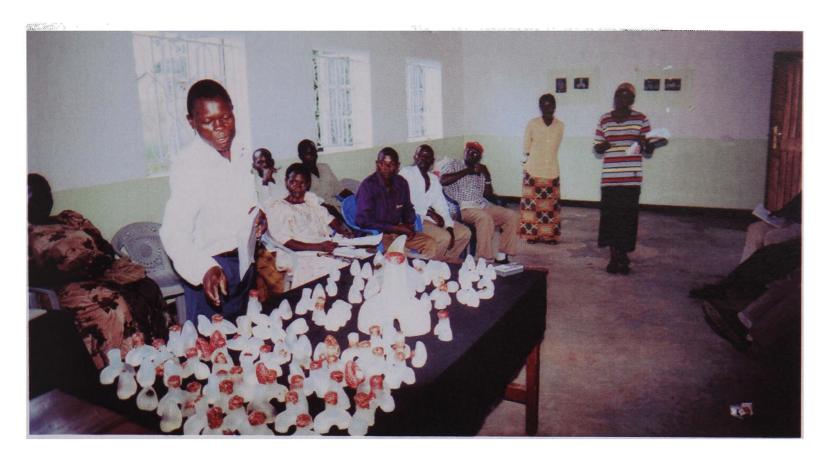




Plate 4-15: and Plate 4-16: Participants in discussion, responding to the questionnaire and soap sculptures.

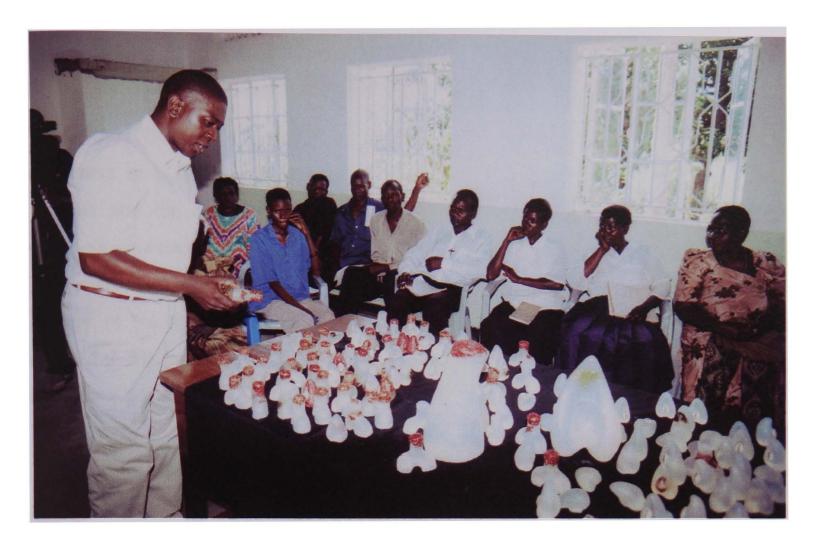


Plate 4-17: Dr. Kasirye, an extension officer from 'Caritus Kasanaesis' in Luwero Diocese, responding to the questionnaire and soap sculptures.



Plate 4-18: Some of the respondents in the discussion group photograph at Katikamu Parish, 10<sup>th</sup> March 2005.

# 4.4 Soap sculpture show at the 4<sup>th</sup> National AIDS conference, at Speke Resort Munyonyo (21<sup>st</sup> -22<sup>nd</sup> March 2005)

The Uganda National HIV/AIDS conference (NAC) brought together policy makers, researchers and AIDS practitioners to share their knowledge and experience of the epidemic and the response (Uganda AIDS Commission 2005)<sup>6</sup>. This was a unique opportunity as there were 1400 delegates, many of whom visited the soap sculpture stall. There were 235 comments and signatures in the guest book which also included the Minister of Health, Major General Muhwezi (see Plate 4-23), though only 45 people managed to fill the questionnaire due to constraints on time. (For further details to this see Appendix for Chapter 4: Table 4-4).

The questions, discussions and remarks were similar to those registered in the previous interviews with regard to the general forms and the objects embedded in them. A female delegate commented that the sculpture stall was unique because, "it revealed sexual organs, which are rarely exposed in the African context". Other comments included:

"very interesting", "very impressive", "new idea, impressive", "educative", "unique", "innovative", "I found it very educative", "creative", extremely creative and educative, "it is great wisdom", creative and meaningful", "challenging work to all of us", "very impressive brings a deeper meaning to life issues", "thanks for being educative", "openness will save, good innovations - please invent more", "Good abstract", "informative, carry on", "I would like to put your story on stage, please allow me. I love the art work", "good interpretation for education of women", "transparency is the foundation to sustainable solutions to HIV", "this is very deep. Please advertise the initiative", "we need art in natural medicine", "very interesting for young positives", interesting expression and angle to understanding the pandemic, "HIV/AIDS affects us all, any idea like this aimed at presenting it is highly welcome", "I recommend that you also mould sculptures that explain various STD's", "It is a very good way of educating and alerting people to be careful, because seeing is believing".

All the above comments were recorded in the visitor's book. Many of the visitors' remarks indicated that the soap sculptures had communicated HIV/AIDS awareness, and some made remarkable comments such as: "Good interpretation for the education of women" which might have meant that soap sculpture was an appropriate initiative to educate women on HIV/AIDS awareness. Another comment, "It is a very good way of educating

<sup>&</sup>lt;sup>6</sup> NAC resolutions feed into policy and programme development, and service delivery processes for an evidence-based response 2.0 The Conference Theme was "Achieving universal delivery of quality HIV/AIDS services" and the slogan "Success depends on us all". The theme echoes the gist of the revised NSF 2003/4-2005/6, to expand delivery of quality and comprehensive prevention, care and mitigation services to all Ugandans.

and alerting people to be careful, because seeing is believing", indicated that the soap sculptures had an impact as visual objects and would vividly instil messages about HIV/AIDS awareness. The phrase "seeing is believing" had been suggested in the pilot project; that by developing sculptures art was effective in HIV/AIDS awareness because Africans believe that seeing and touching is more effective than using words (see Appendix Chapter 3 Pilot Study).

"I would like to put your story on stage, please allow me. I love the art work". It seems that the soap sculptures did not only communicate HIV/AIDS awareness but also inspired some people to think about their own productions, including the visitor who made that comment. "Very interesting for young positives". While embedding objects in the soap sculptures one wondered whether they would stigmatise people living with HIV/AIDS. On the contrary, this comment indicated that women living with HIV/AIDS were not offended (as described during the interviews they found the sculptures amusing (Chapter 4, Section 4.1).

The soap sculptures did communicate HIV/AIDS awareness, and made the audience reflects on various issues in their lives, the pain of losing or living alongside people with AIDS. The respondents felt that through innovative means people could be more easily educated about HIV/AIDS.

# 4.4.1 Documentation of Soap Sculpture show at the 4th National AIDS conference, at Speke Resort Munyonyo 21st -22nd March 2005

The preparations for the Soap Sculptures at the 4<sup>th</sup> National AIDS conference, at Speke Resort Munyonyo included:

- A poster and brochures (Plates 4-2, 4-3 and 4-4);
- A story board poster (Plate 4-19); a chart displaying photographs of the soap sculptures, brochure, selected photographs of the launching of the soap sculptures and the New Vision newspaper (22<sup>nd</sup> March 2005) article on the soap sculpture launch at Katikamu, Luwero (Plates 4-20). A close-up of the New Vision article, "Lilian Nabulime fights AIDS with sculpture", is presented in Plate 4-31.
- A folder with photographs of sculptures developed at the Fine Art Department at the University of Newcastle.

- Plate 4-32: Ugandan Monitor News Paper, 16<sup>th</sup> April 2005, story covered in a news pullout Full Woman titled "Lilian out to sculpt" also mentioned the transparent soap sculptures.
- Pictures of the stalls at the 4<sup>th</sup> National AIDS Conference where the soap sculptures were exhibited and visitors interacting with the soap sculptures are presented in Plates 4-21 to 4-30.

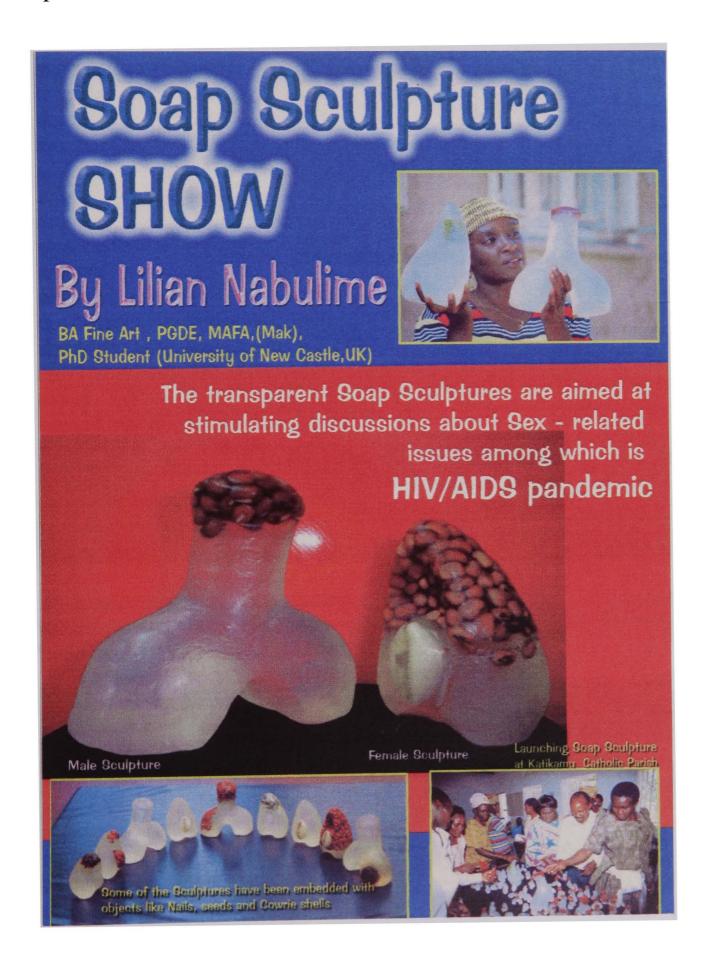


Plate 4-19: Story board poster.



Plate 4-20: A chart displaying photographs of the soap sculptures, brochure, selected photographs of the launching of the soap sculptures at Katikamu and the New Vision newspaper recording of the soap sculpture launch.

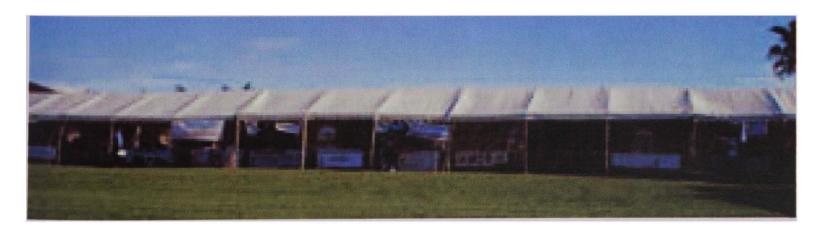


Plate 4-21: Stalls at the 4<sup>th</sup> National AIDS conference, at Speke Resort, Munyonyo (21<sup>st</sup> -22<sup>nd</sup> March 2005) from different organisations displaying their work, projects on HIV/AIDS.



Plate 4-22: Soap sculptures on the stall.



Plate 4-23: Researcher and her assistant at the Soap Sculpture Show Stall, with the Former Health Minister Major General Jim Muhwezi signing the guest book 21<sup>st</sup> March 2005.





Plate 4-24 (above): A visitor signs the guest book while Annette Kayongo (research assistant) engages visitors in the soap sculptures and in Plate 4-25 (below) as well.



Plate 4-26: Annette Kayongo (research assistant) engages visitors in the soap sculptures as well as distributing questionnaires.

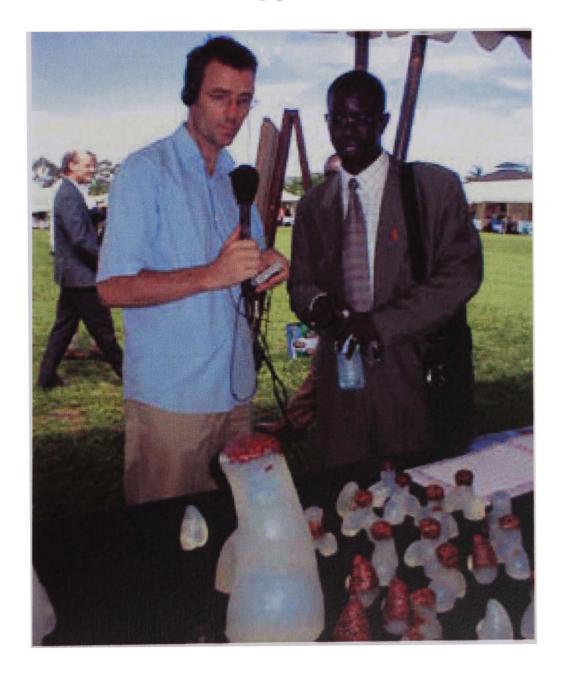


Plate 4-27: Will Ross of BBC Africa Network interviewing Associate Professor Edward Kirumira, Dean of Social Sciences, Makerere University on the 22 March 2005 at the 4<sup>th</sup> National AIDS conference, at Speke Resort Munyonyo (21<sup>st</sup> -22<sup>nd</sup> March 2005).

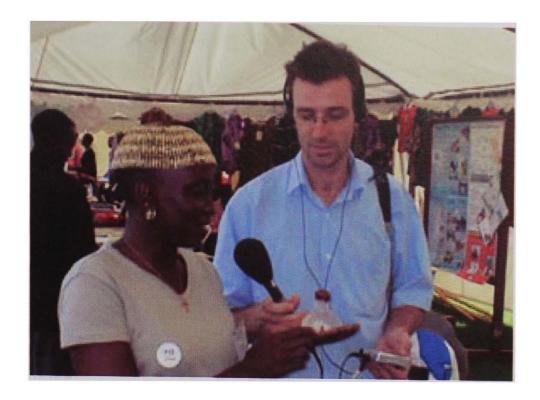






Plate 4-28 (top): Will Ross of BBC Africa Net work interviewing the researcher, 22<sup>nd</sup> March 2005. Plate 4-29 (middle): Rose (assisting at the soap sculpture stall) on the second day of the conference. And Plate 4-30 (bottom): After filling in the questionnaires and guest book, excited young people pose with Rose (assistant at the soap sculpture stall).

### 4.4.2 Media coverage of the Soap Sculptures

### The soap sculptures were communicated through the following media:

- Newspapers: An account of the 'Launch of the Soap Sculpture show at Katikamu Luwero District', was published in a national newspaper, The New Vision, on 22<sup>nd</sup> March 2005 (Plate 4-31). As the publication of the article coincided with the HIV/AIDS conference, many of the delegates who read the article that morning were prompted to visit the soap sculptures stall. National newspaper coverage of the soap sculpture was in the Uganda "Monitor News Paper", 16<sup>th</sup> April 2005; the story was covered in a news pullout "Full Woman" (Plate 4-32) titled, Lilian out to sculpt.
- Radio: The transparent soap sculptures were broadcasted on the following radios:
  - Voice of Teso (a local radio station).
  - BBC Network Africa's Will Ross covered the soap sculptures at the conference in Munyonyo on 22<sup>nd</sup> March 2005. The programme was broadcast on 23<sup>rd</sup> March 2005 during morning hours, thus advertising the soap sculptures about HIV/AIDS awareness at a national level and worldwide (see Plates 4-27 and 28. The tape recording of the interview is included as an Appendix).
  - The BBC World Service in London interviewed the researcher on her return to the UK for the 'Focus on Africa' programme. The interview with Lara Powson on 'Soap Genetelia' was broadcast on 1<sup>st</sup> May 2005. (The tape recording of the interview is included as an Appendix).

### Other means of communication:

- Word of mouth: Communication of the soap sculptures was realized as more people came to the stall. They advised the researcher that they had been informed about the pieces by colleagues at the conference.
- Invitation card, Brochures, Posters, Story board Poster (see Plates 4-1, 2, 3, 4, and 4-19) on the soap sculptures were printed for both respondents at Katikamu discussion group and people who visited the stall to take away as reminders at the 4<sup>th</sup> National AIDS conference, at Speke Munyonyo. It was hoped that visitors to the stall would publicise or communicate news of the soap sculptures, and their messages about HIV/AIDS awareness, to their families, friends and colleagues.

Through the means of communication namely: news article and the BBC radio interviews the soap sculpture exhibition attracted very high attendance figures. While many people attended, the exhibition stall would accommodate a few people at a time so some had to look over those in front of the table where the soap sculptures were displayed. So the only record is of those who managed to answer the questionnaire and sign the guest book. Significant levels of media interest and of attendance at the exhibition suggest that the sculptures were viewed as a serious and accessible means of raising HIV/AIDS awareness.

### Lilian Nabulime fights Sexism in UK parliament THE MOST compreher sive survey of female British MPs ever con-ducted has laid bare the AIDS with sculptures ducted has laid bare the British parliament's antediluvian attitude to women. Based on interviews with 83 MPs, it contains testimony about practices like male MPs juggling imaginary breasts and crying "melons" as women try to speak in the House of Commons. The study, Whose Secretary Are You, Minister? was carried out by Prof Joni Lovendusid of Birkbeck College London, Margaret Moran MP and researcher Boni Sones. Even if a person of Health. Nabulines says she preferred to conduct her research here because it is more viable since we still need a lot of awareness, which is not the case in the UK. "When I asked women in the UK and Ugandan women living with HIV/AIDS whether they were interested in knowing more about HIV/AIDS they said no. They said they had enough information and had access to treatment. They were also free from stigmatisation. So it was pointless for me to continue with my research there," she says is infected with AIDS, he still Moran MP and researcher Boni Sones. A new MP, Yvette Cooper, found it hard to persuade Commons officials that she was an MP, not a researcher or secretary. But the research suggests that Britain's politics have been dramatically changed by the arrival of more female MPs. Commons' hours have been made more 'family friendly', and childcare and domestic violence have become important concerns for parliament. needs love and care. That is why they are kissing WEAPONS: Soap sculptures of the human genitalia embedded with says As for why she opted to exhibit her work in Luweero district, Nabulime says she wanted to know the rural folk's reaction to her sculptures, since she had had interviews from towns. self-stigmatisation. "I decided to use genital sculptural forms because the greatest percentage of HIV/AIDS insection is through sex, a subject people in Uganda dread talking about openly, due to cultural virtues," says Nabalime. People related to it more easily than wood or clay. When Nabulime got a scholar-ship to study in the UK, when she walked into the library of the University of Newcastle in 2001, an idea struck her, to read about women and HIV/AIDS. When she started reading, she realised she was going through the same experiences. "People living with HIV/AIDS unless they are counselled they can be violent and abusive. I tested some of those experiences when I was caring for my husband before he died," she says. People related to it more easily EEING people suffering and dying of HIV/AIDS became sculptress Lilian Nabulime's inspiration. The HIV/AIDS epidemic was The HIV/AIDS epidemic was decimating my community. I lost my father to AIDS, I saw my husband going through heli since 1998 when he was diagnosed with HIV until he died this year. I had to do something," said Nabulime. She was launching her soap sculpture exhibition with the theme: Sculptural forms to communicate HIV/AIDS awareness, last week in Marian Hall at Katikamu Catholic church parish, Luweero district. It is based on her research for her doctorate in Art at the University of Newcastle, UK. On a table in the middle of the hall are about 100 sculptures facing each other. They are male and female genital forms. dread talking about openly, due to cultural virtues," says Nabalime. There are many interpretations for the objects that have been embedded in the sculptures. However, Nabalime intended the seeds to relate to procreation while the nails symbolize painfail experiences amidst HIV/AIDS people. She regards cowrie shells as a female symbol and in the past they were used as a currency. She uses them to relate to the woman's determination to be independent and avoid valuerable situations that affect them leading them to HIV infection. The fragrances added are those that replicate love. Where there is love there is care, positive living and lifestyles. Nabulime specifically looks at a woman because she is the most affected. The tragedy of a woman living with HIV is far more reaching. Using soap is an area of art that Ugandans have not explored and **UPDF Bill** he rural reaction is impressive. Their views proved they were reasonably sensitised about the HIV/AIDS scourge," she says. Some said the nails in the sculptures signified pain or infection and the seeds related to fertility or infection. They reasoned that it was infection because soap is supposed to be to outlaw pregnancy because soap is supposed to be clear without any blemishes. There is also an illustration of two forms made from bark cloth. One is good and the other looks rotten. Interestingly, the two pieces are kissing. says. While in the UK pursuing her Phd, Nabulime started making sculptures on HIV/AIDS awareness and has since exhibited her work based on her research on Ugandan women affected by HIV. She also talked to organisations taking into account their unique status and natural maternal functions" to sue kissing. "People living with HIV are neglected. What I wanted to stress is even if a person is infected with sores and suffering, he still needs love and care. That is why they are kissing," she explains. Nabulime, born in 1963, devotes herself to art. She is a lecturer at Makerere University where she studied her BA and MA in Fine Art on top of a diploma in education. government. "These proposed amendments are discriminating against women based on their biological function, subjecting female members to frequent medical testing, restricting their reproductive rights and infringing on their economic rights." sations e is with forms. They are peculiar, bold, beautiful, sessitive and humourous. They are made from transparent soap and they are transparent. Some of them are embedded with objects like nails, good and rotten seeds and cowrie shells. their economic rights, argues Mary Amajo, Kaberamaido woman MP, also UWOPA chairperson. They carry a warning derived from the painful experience of living with HIV/AIDS. Nabulizne says the art is meant to stimulate discussion about sex related issues among which is the HIV/AIDS scourge and derive ways also UWOPA chairperson. But even without the legal debate, some people argue that the suggested provision to suspend women who get pregnant is inconsiderate. "They are continuing the discrimination of women from an important power centre, the military, yet women have always been marginalised in the military. They are effectively saying women should not join the army How come in the war that brought the current government to power. women were included without those conditions?" asks Professor Joy Kwesiga of Makerere University. The law should make the military, a women friendly institution. We have to consider reproduction as an important factor of the human race, and we should recognise it other than punish people for it. These women join the army because they are interested. The UPDF should find ways to better encourage women join and stay in the army by discussing with women groups," Kwesiga says. MA in Fine Art on top or a diploma in education. She was one of the artists, who created the King Ronald Mutebi II monument at Bulange, in commemoration of the restoration of the Buganda kingdom. The statue is located in front of the Bugarda Ugandans have not explored and Nabulime has introduced it Soap is symbolic of cleansing. It can also be related to healthy and devise ways of avoiding infection. And if one is infected, he should get treatment, talk Transparency refers to openness," Nabulime justifies why she opted for soap. Soap is a material we use for washing, cleaning bables the Buganda parisament. about his status and curb VAIDS ACTIVIST

Plate 4-31: Uganda New Vision Newspaper, 22<sup>nd</sup> March 2005.



Plate 4-32: Ugandan Monitor News Paper, 16<sup>th</sup> April 2005, story covered in a news pullout "Full Woman".

## 4.5 Evaluation of the Research in Uganda, October 19<sup>th</sup> 2004-23<sup>rd</sup> April 2005

The data gathered from the exhibitions and interviews indicated that the proposed research objectives had been met:

- The sculpture received positive responses and remarks from those with different educational backgrounds, including both literate and illiterate people.
- The soap sculptures attracted interest because of their novelty and initial humorous impression, but were subsequently engaged with on a serious and reflective level.
- The sculptures stimulated discussion and reminded people of experiences related to HIV/AIDS.
- All respondents (both male and female) freely responded to or discussed the questionnaire, giving their opinions with enthusiasm.
- The sculptures succeeded in communicating and prompting discussion on ideas concerning sex and HIV/AIDS that men and women traditionally find problematic.

Despite the potentially controversial representation of genitalia for particular ethnic and religious groups, very few participants were hesitant about giving their views. This was seen in particular in relation to the audience at Katikamu, which involved Catholic priests as passive listeners. The fact that the Parish priest accepted the launch of the soap sculptures at his parish (Chapter 4.3) was evidence that the soap sculptures were recommended by him, and that they could be used educationally in communicating HIV/AIDS awareness; this despite issues of sex and HIV/AIDS being an area of sensitivity for the Catholic Church and among the various ethnic groups in Uganda. It seems that ethnic groups are also opening up to discuss issues around HIV/AIDS and sexuality (see Appendix for Chapter Table 4.5).

### 4.6 Summary of the Interviews on the Soap Sculptures

The research focused on women, but the men's views were integrated in the general interviews and group discussion that took place at the launch of the soap sculptures at Katikamu, and the Soap Show at Speke Resort, Munyonyo. Both sexes interviewed were selected to be of a demographically diverse background, of different ethnicity, age ranges

and included both literate and illiterate people. Although more than half were employed, they did not enjoy well-paid jobs due to their low educational levels.

In general, all the respondents interviewed (Sections 4.1 to 4.4) agreed that soap is a material used daily for hygiene and cleaning and relates directly to awareness, avoiding or treating HIV/AIDS. They were also able to make the connection that soap is fragile, diminishing just as the human body does when infected with HIV/AIDS.

Many female respondents made the connection between the sculptural forms and the material used, relating the property of transparency to a sense of openness whilst living with HIV/AIDS, therefore avoiding or reducing further infections. The objects embedded within the soap prompted a reflection on HIV/AIDS infection: a positive activity, which would lead people to assess their own life styles. Though some respondents could not see a direct link between the soap based sculptures and HIV/AIDS awareness, given some time to investigate the sculptures, all observed and commented upon issues such as 'transparency', 'vulnerability' and 'sex/sexual intercourse' when viewing the work.

Some male respondents (Section 4.2) were precise in making the connection that:

- 'HIV/AIDS is as common as soap', like the respondents from Katikamu (Section 4.3), they saw that just as soap is used every day, HIV/AIDS is also part of their daily lives. They recognised the use of this material in terms of its symbolic associative value, for example that soap cleans, symbolizing purity and cleanliness.
- They also recognised soap as a material that changes its form, just as the HIV/AIDS virus does in the human body; it is a flexible material that can both enclose or be embedded with other objects just as the human body is invaded by HIV/AIDS, or sexual organs accommodating each other. The male respondents were able to connect male and female soap sculptural forms with both the familiar everyday activities of washing and sexual intercourse much more frequently than the female respondents. Generally the respondents were able to connect the use of soap as a daily reminder that HIV/AIDS is a problem that affects people's lives on a daily basis.

In contrast, a few of the respondents (in Sections 4.1 Women's controversial responses) made the assumption that HIV/AIDS patients regard themselves as dirty, and that the

HIV/AIDS sufferers make the assumption that soap would treat them or cleanse them and wipe out the HIV/AIDS virus. 'Stigma' feels like being 'dirty'. More problematic is the number of respondents who thought that soap might be able to wash away the virus. This belief is incorrect, and through audience participation (discussion, interviews and the provision of further information) this misconception was corrected.

Many of the respondents had never seen such sculptures before. However, more than half had experienced a dildo being used in HIV/AIDS awareness programmes. The majority of the respondents chose words to describe their feelings about the sculptures, such as 'eager to touch'. As they picked up the sculptures, however, they became thoughtful and reflective, though the females (Sections 4.1 and 4.3) expressed their embarrassment. They found the sculptures of a penis and vagina unusual, but also found them humorous and entertaining.

The most appropriate association made by both male and female respondents (Sections 4.1 to 4.4) when describing the sculpture was 'transparency'. Furthermore the female respondents chose words regarding 'infection' and 'reproduction', leading to 'virginity' and 'behaviour' a caution on behaviour and taking protective measures. The male respondents chose 'fun soap' and 'personal hygiene'; while they may reflect on AIDS awareness, their interest lies in sex.

The embedded objects, according to the respondents, communicated warning messages that attracted people and made them want to touch and handle the sculptures. The respondents were able to relate the sculptures' attractive surface and the attraction of sex which leads to the dangers of acquiring HIV/AIDS infection. The difference in the responses (for example seen in sections of 4.1 Women's responses to the soap sculptures, 4.2 Men's views... and 4.3 Group Participants views...) was credited to the range of different embedded items, suggesting different feelings and associations in relation to the respondents' interpretations, which in turn related to their own life experiences. The soap sculptures invoked the respondents' awareness of HIV/AIDS knowledge and its prevention becoming a starting point for an exchange of very personal experiences, opinions and anxieties on issues regarding HIV/AIDS, sex, disease and treatment.

### Chapter 5

## Lessons learned, recommendations, future research and conclusion

### 5.0 Introduction

This study sought to explore the lives and experiences of women living with HIV/AIDS in Uganda with the aim of developing ideas for sculptural forms and assessing them, to generate a tool that will help communicate HIV/AIDS awareness. The research progressed from reflection and analysis during the inception period in 2001 by producing sculptures in relation to a personal experience of caring for people living with HIV/DS; to experimenting with different concepts and materials generated from learning about the lives and experiences of women living with HIV/AIDS and HIV/AIDS organisations; to finally testing the effectiveness of transparent soap sculptures in Uganda in 2004-2005. The study also involved a continuous review of the literature and of the work of other artists addressing the subject of HIV/AIDS and other related issues.

The pilot study conducted in London in 2002 sought information about the lives and experiences of Ugandan women living with HIV/AIDS in the UK with the aim of developing a methodology for theory and practice. The findings of the pilot study were subsequently analysed and sculptures developed at Newcastle University. It was important to interview women living with the disease in Uganda, and to find out if the sculptures developed in the UK were relevant to them. In 2003, a purposive sample of women living with HIV/AIDS in Uganda was interviewed and none of them were aware that sculpture had ever been used for HIV/AIDS awareness. This prompted an inquiry into why sculpture was not used by the HIV/AIDS organisations to raise awareness.

The interviews with women living with HIV/AIDS in the pilot study in the UK and Roses of Mbuya, Uganda in 2002 and 2003 respectively confirmed that the most common route of HIV/AIDS infection is through heterosexual intercourse. However, it is taboo to discuss issues relating to sex publicly in Ugandan cultures, as highlighted in the Appendix Chapter 3. As a

result, men continue to have extra marital relationships and do not use condoms, exposing both their partners and themselves to possible infection.

The women strongly pointed out that the Abstain; Be faithful; use a Condom/Condomise approach had had a harmful effect on them. While some wives practised 'B' and were faithful to their husbands, they nevertheless became infected with HIV because they had unprotected sex with their husbands who had not remained faithful and disregarded 'C'. On the other hand some felt, 'C' has also led to increased 'immorality'. The women also felt that the lack of sex education at home or school, ignorance and poverty push women into undesirable relationships and prostitution, and cited these as additional reasons for a high percentage of women becoming infected with HIV/AIDS.

As discussed in Chapter 4, the interviews with HIV/AIDS organisations in Uganda in 2003 revealed that sculpture is not used in raising HIV/AIDS awareness for a number of reasons; including the bulkiness, heaviness and cost of many sculptural objects. In contrast, other art forms are cheaper, easier to handle and can be replicated more easily. However, the HIV/AIDS organisations acknowledged that sculpture has significant potential, and 92% agreed that sculpture could be an effective tool in raising HIV/AIDS awareness. In this regard, they recommended that sculpture should be designed to address illiterate people, and reflect the realities of life for the target audience who can interpret the set message.

The results of the interviews with the women's groups and HIV/AIDS organisations were thus interpreted to develop sculptures that could be identified with objects used in daily chores or rituals, and which could stimulate discussion and communicate messages about sex and HIV/AIDS, as illustrated and explained in Chapter 3. Hence the transparent soap sculpture proved effective when tested for HIV/AIDS awareness in Uganda in 2004-2005, as described in Chapter 6.

### 5.1 Lessons learned

The key lessons learned in carrying out the research are summarised below.

- 1. Drama, song and personal testimonies have had a strong and lasting impact in raising HIV/AIDS awareness. They have enabled people to reflect on the dangers of the disease, with some taking the decision to change their behaviour. It was also found that creativity, performance and action can be incorporated in sculpture to address a difficult subject like HIV/AIDS and make an impression on the audience. This was seen during the soap sculpture interviews in Uganda in 2004-2005, where the transparent soap sculptures were touched, moved and picked up by the respondents. This may have led the respondents to new and unexpected ways of seeing and thinking about HIV/AIDS. For example, some of the respondents, relating to the soap sculptures, spoke openly about their symptoms; illness and suffering (see discussions in Chapter 4).
- 2. Sculptural forms and materials have different meanings in different cultures. Thus, if a sculptural form is to addresses issues effectively and have relevance the artist must collaborate with the community in question. People found it easy to relate to the transparent soap sculptures because soap is an item they use daily and the embedded objects reflect their culture and values.
- 3. Transparent soap sculptures can be effective in addressing and communicating the frightening subject of HIV/AIDS. This is because they help to reduce stigmatisation and discrimination by challenging the viewer to reflect on infection and non-infection. They can educate, entertain and provoke interest, as reflected in the interviews. At the same time they can give serious warning about the dangers of the disease, which may lead to behavioural change, while also giving guidance and hope for people living with HIV/AIDS. This was evidenced through the soap sculptures depicting female and male genitalia which communicated sensitive messages about sex while also encouraging openness in discussing issues related to HIV/AIDS amongst individuals and groups involving men and women.

4. Transparent soap sculptures can address both literate and illiterate people and also overcome any language barriers. The soap sculpture interviews encouraged the majority of respondents to contribute to the discussion, irrespective of their education or status. The soap sculptures with fully embedded objects expressed illness while those with fewer objects expressed less infection, thus encouraging discussion about issues such as HIV/AIDS testing, assessing treatment and safe sex practices. The soap sculptures without any objects expressed HIV/AIDS free status, reflecting responsible behaviour and protection from infection. The sculptures may have communicated similar experiences as some of the respondents asked for information and guidance regarding HIV/AIDS during the interviews (assessed in Chapter 4).

### 5.2 Recommendations

- 1. Though the research targeted women, surprisingly the transparent soap sculptures also prompted men to get involved, as seen in the soap sculpture interviews in Chapter 4 section 4.2. It was observed in the interviews that male respondents came up with suggestions to discuss issues regarding sexuality namely: eroticism, and lubrication, which are important issues that were not raised by the women. This perhaps reflects one of the reasons why men have extra-marital relationships—they cannot openly discuss such matters with their wives when they are not content with their sexual relationship. (lessons learned)
- 2. The research illustrates that transparent soap sculptures can overcome the subject of sex as a taboo and encourage discussion about issues relating to sex and factors that expose women to HIV/AIDS, which eventually affects both men and women and their children. Indeed, the majority of female and male respondents (88% and 79% respectively) agreed that the soap sculptures could stimulate discussion on HIV/AIDS awareness. Therefore, they should be promoted equally to both men and women as a means of overcoming the taboo of discussing sex in public and encouraging discussion about HIV/AIDS.

- 3. As observed in Chapter 1, infection rates in Sub- Saharan Africa are high due to "too little knowledge" about HIV/AIDS transmission routes (UNAIDS/WHO 2005). Soap sculptures can help reduce this problem as demonstrated in the soap sculpture interviews and the Katikamu focus group discussion in Uganda in 2004-5. This revealed that knowledge about HIV/AIDS could be increased as both literate and illiterate participants from different ethnic groups were active in the discussions, raising questions and fears regarding HIV/AIDS and sexuality. Therefore the transparent soap sculptures should be used to simultaneously transcend the literate-illiterate divide and the numerous ethnic groups and thereby contribute towards the raising of awareness about and reduction of HIV/AIDS in Uganda or elsewhere.
- 4. Once the logistics are put in place, transparent soap sculptures can be easily mass produced, thereby reducing the cost of production. Costs can be further minimised as there is no need for print and translation into different languages. Therefore, they should be promoted as a cost-effective communication tool for raising HIV/AIDS awareness.
- 5. Production of soap sculptures can provide employment opportunities for women living with HIV/AIDS. The women can be trained to produce the sculptures and also to facilitate discussions using soap sculptures for HIV/AIDS awareness. Hence, soap sculptures should also be promoted for their employment potential.
- 6. Uganda has been credited for the ABC approach which brought down the level of HIV/AIDS infection in the country, as discussed in Chapter 2. However, Uganda is now facing an increase in prevalence. Studies of steady heterosexual relationships have shown that promotion of condoms alone (the 'C' in ABC) is not an adequate strategy to lower infection rates. Rather, according to the interviews with women living with HIV/AIDS in Uganda in 2003 and other studies (Abraham, 2006), fidelity and a reduction in number of sexual partners (the 'B' in ABC) and abstinence or delaying the age of first sexual contact (the 'A' in ABC) appear to be the most important determinants of the earlier reduction in HIV/AIDS infections in Uganda.

The transparent soap sculptures have shown that they can have a significant impact on both women and men, as they have been able to make associations between the sculptures and sex and HIV/AIDS. Indeed, 75% of female respondents and 62% of male respondents agreed that the sculptures reminded them of messages relating to HIV/AIDS. The transparent soap sculptures thus have significant potential to raise awareness about HIV/AIDS and reduce infection rates by communicating messages to promote behavioural change among heterosexual/married couples. They should, therefore, be used to strengthen and enhance the 'A' and 'B' components of the ABC strategy and campaigns.

During the interviews with women living with HIV/AIDS in 2003 and the transparent soap sculpture interviews, women strongly expressed their fears that owing to poverty they are forced to remain in abusive relationships or have sex with rich, infected men, which exposes them to HIV/AIDS. They cannot, however, afford the cost of condoms to protect themselves from infection. Poverty also forces women into early marriages, and it is to the advantage of the men to have as many women as they want. This may be a reason for the increase in HIV/AIDS prevalence in Uganda reported by UNAIDS (2007). In this regard, a recent study by Newcastle economists Professor S Chilton and Dr Hugh Metcalf suggests that improving economic conditions in Sub-Saharan Africa will reduce HIV/AIDS infections (Newcastle University 2007). If taken seriously by aid agencies, this, together with tools that effectively communicate HIV/AIDS awareness such as the transparent soap sculptures, could significantly reduce infection rates among the poor.

### 5.3 Future research

1. 'Lessons learned 5' above highlights the issues raised by male respondents which were not mentioned by the women namely: 'sexuality', 'eroticism', 'lubrication', 'sexual discussion, especially with teenagers' and 'fertility'. These issues can be addressed in future research, together with the question of why they were raised by the men and not the women. Since sexuality is not normally discussed openly, it would be worthwhile finding out from men how and why these issues are related to HIV/AIDS. The failure of women to discuss these issues openly may be one reason why some men engage in

extra-marital relationships and, consequently, infect both themselves and their wives with HIV/AIDS

- 2. The material used to produce the transparent soap sculptures in the research project is not available in Uganda. Future research should explore the possibility of using an appropriate indigenous material that is readily available locally, and has similar qualities to those that made the soap an ideal material for making sculptures for use in HIV/AIDS awareness.
- 3. Future effective sculptural ideas can be realised by reflecting on this research practice and generating ideas from the literature review, web materials, exhibitions and critiques, experimenting with various methods and materials, assessing and analysing the processes. The emphasis would be on sculptural ideas addressing social issues and involving the community affected/concerned in the production of the work. In this respect, future research would further the trajectory away from subjective sculptural preoccupations, and towards a greater concern with communication and reception.
- 4. The research experience confirmed that traditional wood carving can be effectively incorporated with other ready-made or industrialised forms, or presented as part of an assemblage or installation. Future wood carvings do not necessarily have to be heavy.
- 5. The complaint raised that sculpture is expensive, heavy and not easily reproduced can be solved by producing sculpture as multiples, thus enhancing communicative potential and making it easily available, affordable or given free. Small and easily transportable, such multiples can demystify sculpture and the culturally conditioned preconception that sculptures are presented on pedestals, only in galleries and museums, and that sculpture is looked at but not touched or physically engaged with, Furthermore, sculpture can be activated, or incorporated with sound or video to communicate effective messages. This experience gained will be carried on for future sculptural productions.
- 6. The research practice assessed that symbolism and metaphor were more appropriate than literal, descriptive or documentary imagery both in terms of sculptural resolution and in

devising modes of communication appropriate not only to the intended Ugandan audience and even to the British audience. Materials, objects incorporated in the sculptural form should allow association to the intended group so that sculpture is meaningful to them. Evidence was the male and female soap genetelia sculpture that overcame of the taboo of discussing sex and HIV/AIDS in public. Thus this approach will be considered for future sculptural forms.

### 5.4 Conclusions

There is substantial evidence that the overall research objective of developing sculptural forms as a tool for raising awareness about HIV/AIDS was achieved. However, there were some ambiguities in the initial conception with regard to the soap sculptures. It established that there was the possibility of eliciting misguided or inappropriate responses to the sculptures. These have been detailed in the sections about problematic responses. In a minority of cases, such misconceptions give cause for concern, as do the particular features which prompted them. These relate mainly to the embedded objects within the soap. This failing needs to be addressed, particularly if the research is to be developed for future practical applications.

Overall the research generated a significant amount of interest nationally in Uganda, in particular with regard to the use of transparent soap sculptures as a communication tool for raising HIV/AIDS awareness. Positive interest was expressed from the wide audience that viewed the sculptures, including religious and lay people, and individuals and groups working privately or with organisations such as Makerere University, United Nations Children's Fund (UNICEF) and the African Medical and Research Foundation (AMREF). All of these registered their interest in obtaining examples of the sculptures to use in raising awareness about HIV/AIDS. The research can therefore be taken forward as an example of good practice and as a campaign proposal. Should there be need for the transparent soap sculptures to be produced in considerable numbers, this would require the development of a manual for use by community volunteers and others wanting to replicate them.

The soap sculptures were developed and evaluated on aesthetic grounds so as to give full consideration to their viability as a communication tool. However, the appreciation of meaning other than the aesthetic differs between cultures. While the research was largely informed by Western art practice, strategies and values, it was ultimately aimed at a more crucial level of communication within an African and, more specifically, Ugandan context. The verbal feedback from the exhibitions in the UK confirmed that the Western audiences recognised both the artistic value of the transparent soap sculptures and their intended messages. When presented in Uganda, aesthetic values were a key to encouraging participants to engage with the sculptures and be drawn into discussions about the issues they raised. However, the appreciation of the sculptures went even further beyond the aesthetic level. The audiences also considered the deeper meanings and symbolism of the sculptures based on their cultural values and experiences of HIV/AIDS, thereby achieving much of the purpose of the research.

In conclusion, the evidence gathered and the levels of interest generated support the contention that sculptural forms can be used effectively in raising awareness of HIV/AIDS issues among Ugandan women, and, as it turned out, among men, which is even more crucial.

### **Appendix for Chapter 3**

## Research results: Analysis of the lives and experiences of women living with HIV/AIDS

### 3.0 Introduction

Chapter 3 Appendix analyses the field study through interviews used as a tool in generating responses to develop sculptural forms. Sections 3.1 are the responses derived from the pilot project that took place in London 26th July-23rd August 2002, with the Innovative Vision Organization (IVO). Research in Kampala from the 15th July-15th October 2003 was covered in section 3.2 with the 'Roses,' Reach Out, Mbuya Parish HIV/AIDS Initiative concerning the lives and experiences of women living with HIV/AIDS, and 3.4 were organisations working on HIV/AIDS awareness in Uganda. And lastly, section 3.5 analysed ideas intended for the development of sculptural forms to increase HIV/AIDS awareness.

### 3.1 Pilot Project in the UK: July-August 2002

The aim of the pilot project was to outline and study suitable research methods for both theory and practice in the research study. The interviews aimed to:

- Gather information on the lives and experiences of women with living with HIV/AIDS, to generate ideas for sculptural forms that can contribute to awareness of HIV/AIDS.
- Analyse methods for producing sculptures that could simultaneously transcend the literate/illiterate divide, and reach the numerous ethnic groups of Ugandan women to communicate HIV/AIDS awareness.

The research methodology led to formulating questionnaires and the introduction and consent letters given to respondents (see Box 3-1 and Box 3-2) that were reviewed by the director of Innovative Vision (IVO) in London.

### **Box 3-1: Letter of introduction to respondents**

I am Lilian M. Nabulime, a sculptor from Uganda, pursuing Ph.D. research at the University of Newcastle. I will shortly be working with the Innovative Vision Organisation to interview some women living with HIV/AIDS about some aspects of their lives and experiences. Your experiences will hopefully provide me with more information on HIV/AIDS prevention and awareness, and possibly also contribute to the awareness of HIV/AIDS infections among the literate and illiterate African Women in the UK using Sculpture.

I have chosen HIV/AIDS and women because having been affected by HIV/AIDS I felt that my sculptures could make a contribution to the awareness of this condition. All the information is confidential and will be used anonymously.

Your help will be gratefully appreciated.

Lilian M. Nabulime

### **Box 3-2: Consent Form**

I promis	se that the information discussed will not be passed to any other party
for the r	espect of confidentiality.
Respond	dent:
Name	
Signatu	re
Researc	her:
Name	
• • • • • • • • •	
Signatu	re
Date	

## 3.1.1 Women Living with HIV/AIDS (Innovative Vision Organisation Clients UK 2002): Interviews Analysis

This section looks at the lives and experiences of African women living with HIV/AIDS in the UK. The pilot study was based on five female clients and the staff members of IVO.

### **Demographic characteristics**

The women's ages ranged from 25 to 65. They were literate and trained in various skills which illustrated that HIV/AIDS infection has no relation to educational level or wealth. This confirms statements by Urdang (2001), Berer and Ray (1993) that millions of women around the world regardless of geography, education or class are unable to negotiate for safe sex, and as a result end up infected with HIV/AIDS (Sunanda and Berer 1993, p.48; Urdang 2001). Four of the respondents were unemployed and one of them was studying. As for their marital status, three were single, one a widow and another married. Three of the five women have children and dependants in the UK, and two have dependants in Africa. Respondents who had dependants and children in Africa worried about them and this contributed to the strain on their health.

### HIV/AIDS diagnosis/testing

Two of the five respondents were diagnosed in Uganda, the others in the UK at a Gum/STD/HIVAIDS clinic or in hospital when they fell sick or visited the ante-natal clinic during pregnancy. After diagnosis the problems experienced by women included: stress, hopelessness, lack of self esteem, ostracisation, fear of disclosure, isolation from friends and partners. They would also become depressed due to a number of other factors, such as breach of confidentiality and lack of support. Consequently, IVO gives help to women through peer support.

### The experiences and problems of women living with HIV/AIDS in the UK

The respondents agreed that pretence results in denying oneself proper treatment, care and support. By accepting their status they had come to terms with the disease and were able to avoid stigmatisation. Treatment and counselling enabled them to adopt a positive attitude and a sense of freedom. The respondents agreed that the benefits of disclosing one's HIV status to family and friends outweigh the initial difficulties of doing so.

It was apparent that while life is a daily struggle for African women living with HIV/AIDS in the UK, it is more so for women in Uganda, who do not have the same free access to antiretroviral drugs, counselling, social services and support facilities. The women interviewed look to the future with optimism. They also have an increased chance of conceiving HIV/AIDS free children, an important consideration given the pressure of expectation to have children.

#### Women's vulnerability to HIV/AIDS

The women agreed that the sources of vulnerability are social and cultural, as described in Chapter 1. To illustrate, one respondent narrated informally how she had been infected when, at the age of 17, her parents had handed her over to the care of a rich man who promised to take her to the city and fund her education. Their poverty left her vulnerable to infection. Other woman shared similar experiences. One of the risks to women identified most strongly was the ignorance of men about the transmission of HIV and their stubborn refusal to go for testing or to use condoms<sup>1</sup>.

#### Women and HIV/AIDS awareness in the UK

### The women were asked if they needed more special programmes about AIDS awareness.

Four of the women felt there is a need for further provision. The IVO staff said that current provision includes information about fighting rejection and denial, awareness campaigns promoting condom and femidom use, safe sex, family planning and advice on birth by caesarean section and the dangers of breast feeding. Interpretative services are available for illiterate clients.

## The women living with HIV/AIDS and the IVO staff were asked "if sex education is more effective for awareness of HIV/AIDS if it starts at home"

Since women spend most of their time at home raising their children, it was important to investigate sex education experienced by respondents<sup>2</sup>. All agreed that generally parents

<sup>&</sup>lt;sup>1</sup>Although condoms and femidoms are recommended, there are cases when women cannot negotiate for a condom and that calls for other preventive strategies. Trials on micro biocides to protect against HIV/AIDS and sexually transmitted diseases are being undertaken. A solution would be to educate and economically empower women to gain assertiveness. Governments should also seek to end wars and enact tough laws about sexual abuse, as they expose women to HIVAIDS.

<sup>&</sup>lt;sup>2</sup> Among the Baganda in central Uganda sex education for girls is the duty of the Senga, (father's sister) who will counsel and prepare a girl for womanhood and marriage (Muyinda, Kengeya et al. 2001). Though women are prepared for marriage the men are left out. It was reported that failure to educate men about culture and sexuality exposes women to the risk of HIV/AIDS (UNAIDS 2002, u/p.).

should provide sex education (HIV/AIDS, STDS, pregnancy and their consequences) as promoting openness and creating trust between parents and children. Sex is a taboo subject in African cultures though some statements reveal that a high percentage of Africans become infected due to promiscuity (Mukasa, Tonga et al. 2001, p.20), one of the risk factors that exposes young women to HIV/AIDS at an early age (Sunanda and Berer 1993, pp.116-126). The culture of promiscuity can be challenged by discussion in the home.

#### IVO's persuasive measures in HIV/AIDS Awareness

The staff of IVO noted that they used measures during any interaction at the African community's cultural or religious events, through performances such as music, dance and drama, or videos. These measures were effective because they were both entertaining and educative. Testimonies based on personal experience by Positive Speakers<sup>3</sup> are more likely to be remembered.

#### The women were asked if art was used in HIV/AIDS awareness

The women responded that art had been used in HIV/AIDS awareness, but only in HIV/AIDS clinics. They thought that frequent adverts on TV or public transport and public places like pubs are effective. On this note the staff of IVO responded that they make creative use of the experiences of women living positively through talks, drama, music and poetry rather than art. Their thoughts why art would be effective are:

- African culture believes in seeing and touching, therefore effective art says more than words.
- Through images messages can be interpreted. A visual image sticks in the memory, and jogs the mind more than text. It engages the attention more immediately than literature. Illiterate people too can observe and understand.

### Symbols, words, phrases or colloquialisms on HIV/AIDS awareness

The women thought that symbols, words and colloquialisms (slang) would remind people of the illness. The best-known symbol is the Red Ribbon. Many of the words used were stigmatising though some cautioned people to take care of themselves against HIV/AIDS.

<sup>&</sup>lt;sup>3</sup> People who have accepted their status living with HIV/AIDS and openly give public lectures about themselves.

### 3.1.2 Analysis of the Pilot Study

### The strengths of the pilot study were:

- Experience of research with people living with HIV/AIDS was gained.
- Valuable knowledge about the lives and experiences of African women living with HIV/AIDS in the UK was obtained.
- The African women living with HIV/AIDS already had copious information from counselling and reading and were not interested in more HIV/AIDS programmes. The research revealed that the women had access to free medical and social services.

### The weaknesses of the pilot study were:

- Limitation to literate women. The research study also needed to involve illiterate Ugandan women, and women from different ethnic groups.
- The research was focused on Ugandan women but the women interviewed were too few in number and some were from other African countries.

Whilst the pilot study provided a valuable insight into working with the Innovative Vision Organisation, the group was not sufficiently representational with regard to the aims of the overall research. The women had already received the help needed. This recognition was a significant step in the research process since it highlighted the need to continue the research in Uganda.

The pilot project generated responses which were assessed for sculptural ideas (see section 3.4).

## 3.2 The Roses of Reach Out, Mbuya Parish HIV/AIDS Initiative, Uganda 15<sup>th</sup>July-15 October 2003

Reach Out, Mbuya Parish HIV/AIDS Initiative (MPHAI) is a non-governmental organisation (NGO) based at the site of a Catholic Church, Our Lady of Africa. The church is 5km from the capital city of Kampala. Access to carry out research with women living with HIV/AIDS from the Roses of Mbuya Sewing Work Shop was given by the Parish

Priest and Project Director, Fr. Joseph Archetti<sup>4</sup>. The workshop is located in the grounds of the church, and employed 35 clients. The Reach Out volunteers teach the women tailoring so that they can produce clothes, household items and educational materials.

The Roses of Mbuya Sewing Work Shop was selected because the group was a convenient size and all the clients worked together, thus saving time and interact with the women easily. The group consisted of women who are literate, illiterate, poor, marginalized and from different ethnicity, thus fulfilling the criteria for the research. Many of these women had settled on the outskirts of Kampala after fleeing the insurgency in the North and East of Uganda, seeking work, a better life, or treatment for HIV/AIDS.

### 3.2.1 Analysis of Interviews of Women Living with HIV/AIDS 2003

### Demographic characteristics of the women respondents

The group consisted of 33 women from 12 different ethnic groups (See Table 3.1). The majority of the respondents were in the age range of 26 to 30 years followed by those of 31-35 range (see Table 3-2). A small fraction of professional women had failed to secure jobs because of their condition but the majority had low levels of literacy with little or no income, making them vulnerable to HIV/AIDS infection (Table 3.3). The majority were single mothers who also had the burden of caring for their children and other dependants. Because they were temporarily employed, they were financially insecure and vulnerable (Table 3.4).

## The women were asked to comment on understanding of the causes of HIV/AIDS amongst Ugandans and to themselves identify such causes.

Not all agreed that people understood the causes of HIV/AIDS, suggesting that raising HIV/AIDS awareness is still vital. The women described the causes of HIV/AIDS as being: through sex with an infected person, wounds, injections, blood transfusions, mother to child infection, blood impact, unsterilised equipment or sharp objects. The respondents

<sup>&</sup>lt;sup>4</sup> As father Joseph made his rounds visiting people in the parish, he found many parishioners poor, sick and dying of HIV/AIDS. In May 2001 Fr Joseph, who is Italian, and Dr Margrethe Junker who is Danish and the Project Coordinator, started the Reach Out HIV/AIDS Initiative (MPHAI). They started off with a mobile team of three volunteers, and served fourteen people who had been diagnosed with HIV/AIDS. Currently they serve over 1500 clients.

Uganda has no free medical care, so Reach Out offers free healthcare to some of the poorest and most vulnerable of Kampala city's population. As a result the project has grown to include projects in micro-finance under the Bread of Life initiative, and incomegenerating activities such as the Roses of Mbuya-Tailoring and Sewing Department, plus a shop to sell products. There is also support for education, and food distribution donated by the World Food Programme (WFP). Reach Out programmes give clients a sense of hope, dignity and the need to live despite their HIV status.

felt that other causes such as poverty, lack of education and ignorance were factors that exposed women to HIV/AIDS infection. There are still people who believe that HIV/AIDS is caused through witchcraft and who seek solution in witchcraft rather than conventional treatments.

## The women were asked about the methods the government used to raise awareness of HIV/AIDS, and if they had an effect on people's behaviour; and if not, what were the reasons?

The women mentioned the measures used by the Government namely: mass media and public speaking campaigns (see Chapter 2). The majority of respondents agreed that some of the methods were effective.

#### The methods that made effective contributions were:

- They address both literate and illiterate people.
- They address behaviour namely: Voluntary Counselling and Testing, drinking alcohol sensibly, use of condoms, abstinence, seeking treatment such as PMTC (as mentioned in Chapter 1) leading to reduction in infections.

### The methods that respondents felt were not effective:

- One respondent felt that the warning has come too late, or is too slow when so many people are infected. This comment is surprising, because the Ugandan Government ran massive campaigns about HIV/AIDS awareness in the early 1980's. This indicated that there might be factors that hinder people from responding to messages about HIV/AIDS.
- The respondent added that it seems people need constant reminders. This suggested that the Government should extend HIV/AIDS awareness and education, as many people still think it is a myth.
- Some respondents felt that campaigns promoting condoms had increased immorality, influencing younger people to get involved in sex at an early age.
- Many people who are not infected, though they are aware of the disease, continue to have unprotected sex.
- Some methods were regarded as stigmatising, for example messages that aim to arouse fear about HIV/AIDS infection. This may have been a reason for people not accessing voluntary counselling, testing and treatment services, thus

contributing to increased infection levels (Kaleba, Namulondo et al. 2002, pp.11-12).

• It is a taboo to discuss private parts of the body openly. There is need to confront this taboo if the problem of HIV transmission is to be addressed.

### The respondents were asked if they had any experience of the arts being used in HIV/AIDS awareness. They gave the following responses:

In the first category, sculpture, represented 6% of the responses, with painting 48%, pictures 64% and posters 79%. Posters and pictures were not widely used in HIV/AIDS awareness, while sculpture is rarely used. One respondent pointed out that people living with HIV/AIDS, notably those with developed symptoms are 'living sculptures'.

In the second category music was the highest with 88%, followed by poetry at 73% and drama 48%. Others named were dancing, singing, videos and films used in HIV/AIDS awareness. The respondents agreed that drama, music and poetry were more effective and gave the following reasons:

- They are entertaining, and very educational. They portray real life scenes that people of all ages can relate to, though sometimes the stories are depressing, showing the stages of HIV/AIDS and the increasing misery.
- Music and songs, drama, poetry and other channels are all useful, because people have different interests and so a wider audience can be reached.

## The responses on how visual art can act as an effective medium to communicate messages for HIV/AIDS awareness were:

It can educate both literate and illiterate people, as long as they can relate to and interpret the art.

- It can convey messages that are balanced, creative and entertaining. For example one respondent stated, "When I see I understand; when I hear I forget."
- Art can be effective, because people look at images that they are not likely to forget.
- Through art people can realise their status which may encourage them to seek VCT services and treatment.
- Although the images of HIV/AIDS are frightening, they reveal reality and are effective in warning of the dangers.

One respondent commented that people from urban areas, especially those already infected, go to villages and spread the disease. The respondents suggested that posters with illustrations of HIV/AIDS should be taken into villages, as the majority of people there are illiterate and may not be aware of the disease.

### The respondents were asked if sculpture could be used specifically to communicate messages about HIV/AIDS.

The majority of the respondents agreed that sculpture could be used to communicate messages about HIV/AIDS awareness if:

- People can understand and interpret the messages. It engages people in searching for the message so they have to question the meaning of the sculpture and arrive at an interpretation. Because they are active seekers for meaning rather than passive recipients the message affects them at deeper level and in a more lasting way.
- Sculptures are long lasting, constantly reminding people of their message, unlike posters which are in circulation for a short time and then forgotten.

Respondents were asked about awareness of popular symbols, words, phrases or slogans used in relation to HIV/AIDS. They were asked to list them, state if they were happy with them, and if not, give reasons.

Their responses were considered carefully, but they did not generate ideas for HIV/AIDS awareness. Some respondents observed that some of the words used are misleading, such as "ABC".

### The respondents were asked to give their thoughts about the factors that put women at risk of HIV/AIDS infection.

Responses were categorised as biological, cultural, social, economic, and were similar to those gathered in the Pilot project. The factors of greatest concern were socio-cultural, with particular reference to alcohol<sup>5</sup>. They mentioned husbands getting drunk and having illicit relationships, exposing their wives to infection. Although prostitutes were identified as sources of HIV/AIDS, one respondent noted that the majority of the prostitutes are careful to use condoms, unlike housewives who trust their husbands, do not use condoms and become victims of HIV/AIDS.

<sup>&</sup>lt;sup>5</sup> One told of a friend who under the influence of alcohol was lured to have sex with a truck driver. The next day he exposed his infected body, and gave her money to go. The girl was shocked. Later she developed AIDS and died.

Due to **poverty**, men or women cannot afford condoms, so even though they may be on treatment they spread infection when they are involved in sex. One respondent described how some women say that, *I would rather go for money and get HIV/AIDS, because it will not develop into AIDS for a long time. This is better than dying of hunger which will kill you in two days.* Poverty also contributes to domestic violence, another factor that puts women at risk of infection. Owing to poverty women cannot access education for their children, nor awareness, prevention or treatment services (Goldenstein and Manlowe 1979, p.92).

**Orphans** are an issue of concern as they are passed among relatives, at times ending on the streets. Women living with HIV/AIDS constantly worry about their children as they realise that when they die, their children will suffer. Fortunately, Mbuya Reach Out Initiative HIV/AIDS offers free services and support to women living with HIV/AIDS<sup>6</sup>.

### The respondents were asked if they were positively living with HIV/AIDS.

All the women agreed that they were living positively with HIV/AIDS, and were facing or had gone through challenging experiences. Some of these are narrated below:

Regarding **relationships** some women go for HIV/AIDS testing and treatment without informing their partners, as it usually creates tension, rejection, domestic violence or divorce. Fear and failure to be open hinders women seeking VCT and treatment, leading to their early death. Married women, when they realise their husbands have been promiscuous, usually end up separating. Others forgive, and adopt positive responses such as treatment and practising safe sex. The respondents also repeatedly described their husbands' refusal to use condoms, yet some couples are HIV/AIDS positive and both have received counselling, learning about HIV/AIDS and re-infection. Some women complained that they found it hard to negotiate for safe sex. Indeed some women were pregnant and others had babies, at the time the research was going on<sup>7</sup>. Some respondents

<sup>&</sup>lt;sup>6</sup> Their programmes give women a sense of hope and the support to continue living, despite their HIV/AIDS status. Support for employment creation, income generation and school fees for children allow clients to sustain them economically as well as with dignity. As the women are all living with HIV/AIDS, they give support to each other emotionally and physically.

<sup>&</sup>lt;sup>7</sup> On a positive note, all women who fall pregnant are told about Prevention of Mother to Child HIV Transmission (PMTCT). PMTCT is an anti-retroviral programme to reduce viral replication in the mother, and through prophylaxis of the infant during and after exposure to the virus. Fortunately, those women from the Roses of Mbuya who joined the PMTCT have children who are HIV/AIDS free.

were sufficiently courageous to suggest using condoms to their husbands, and they responded positively.

**Disclosure and openness** about HIV/AIDS status can enable people to receive assistance in many ways<sup>8</sup>.

At the end of the interviews the women suggested that the government should develop more VCT centres, which people could be made more aware of and encouraged to access the available services. Ignorance and poverty should be fought, as they are the sources of risk that affect them. They also felt that it was the duty of mothers to educate their sons about respecting their wives, as this will lead to a reduction in promiscuity and eventually a decline in HIV/AIDS infections. The interviews were assessed for sculptural ideas that will be discussed in section 4.5.

## 3.3 Organizations Involved in HIV/AIDS Awareness in Uganda

Thirteen organisations, which included three government ministries, seven non-governmental organisations, two health clinics and one school, were interviewed using a questionnaire (see lists of organisations and the questionnaire in Appendix for Chapter 4.2.2). Their responses are presented below.

### The organisations were asked if they used art in HIV/AIDS awareness, what type of art they used, and why.

Only one organisation used art in the form of painting, sculpture, graphics and art competitions. The other organisations said they used graphics such as illustrated posters, charts, leaflets, booklets, photographs with text books, pictures in books, screen-printing for banners, T-shirts, caps, handkerchiefs and stickers, items that people use or have access to daily. In this way information is communicated easily (as seen in Chapter 2). Some officials stated that the audience can relate to or grasp the information better and faster when they participate in the production of HIV/AIDS materials (See Chapter 2).

<sup>&</sup>lt;sup>8</sup> All WLHA acknowledged that despite their HIV/AIDS status, Mbuya Outreach has given them a sense of hope through free treatment, care, food, support for employment, income generation, school fees for their children, the possibility of continued living with dignity.

The officials from the Ministry of Education stated that in schools pictures are used because they can be easily understood and remembered. They noted that some issues need the assistance of pictures, for example HIV/AIDS transmission through sex. "We use a picture of a naked man and woman standing facing each other, which shows that they are ready for sex" (see Chapter 2, Plate 2-24).

Art competitions about HIV/AIDS though aimed at illiterate people, are a challenge to the artists as they internalise the messages in text form and use their creativity to transform them into art.

The organisations were asked if sculpture had ever been used to generate awareness of how HIV/AIDS is transmitted, or used in prevention and control measures for HIV/AIDS.

One of the 13 organisations used sculpture for HIV/AIDS awareness. Sculpture has been produced in art competitions for young people, who have different opinions.

### Asked why sculpture was not used, they made the following points:

- Not cost effective.
- Not easily transportable to target audiences.
- Not capable of conveying complex messages in single forms.

The organisations that were not using art in their interventions were asked if sculpture could be an effective tool in raising HIV/AIDS awareness. The majority agreed that sculpture would be effective and made the following points:

- It can describe the messages it is intended to convey.
- It can be designed to address illiterate people, and reflect the realities of life for the target audience who can interpret the set message.

One respondent agreed, but wondered how such sculpture should be produced. Another respondent suggested that since one of the symptoms of HIV/AIDS is loss of weight then maybe this can be portrayed in sculpture as a constant reminder of the dangers of HIV/AIDS, to be put in various places.

### The organisations were asked if using art had assisted people living with HIV/AIDS to live positively.

Organisations that had used art gave their views:

- Those using a dildo had been able to demonstrate practically how to use a condom efficiently.
- An official working with UNICEF felt that communicating messages about HIV/AIDS is easier through visual forms and performances. Through visual aids the difficult terminology of HIV/AIDS and its process in the human body are made easier for a layperson. Visuals and symbols used in materials such as 'Yunia' and the 'Living positively with HIV/AIDS' booklets helped to break the communication barrier (as described in Chapter 2).

### The organisations were asked whether using art had had any effect on people's behaviour regarding change, hence combating the spread of HIV/AIDS.

All agreed that art has had an effect on people's behaviour combating the spread of HIV/AIDS, and expressed the following views:

- Visual images have had a strong impact, enabling people to reflect on the dangers of HIV/AIDS and influencing some to change their behaviour.
- Where people suspect that they have HIV/AIDS, they are encouraged to seek information and guidance, counselling and treatment.
- Visual aids address both literate and illiterate people, as well as overcoming language barriers.
- An official in the Ministry of Health stated that having the community in partnership while developing artworks on HIV/AIDS awareness creates ownership.
   People can easily relate to the artwork because it reflects their culture, values, dress code and environment.

It was found that the organisations valued art as an effective tool for addressing HIV/AIDS awareness regarding sensitive issues on sex thus encouraging openness in discussions.

## The organisation that did not use art in raising HIV/AIDS awareness described other strategies they had used, such as:

- Oral (Positive Speakers), drama, songs, sports, debates, radio/T.V talk shows, and retreats. Production of materials such as guides and textbooks for pupils, such as HIV/AIDS kits.
- The Ministry of Education and Sports uses sports and games, especially for young people in and out of school, lectures on sex education and visiting people suffering from HIV/AIDS.
- Workshops and seminars with participatory methods tackle sensitive issues like sex and advising communities on empowerment.

The organisations were asked if the methods the government uses to raise awareness on HIV/AIDS were effective or not. What effect did they have on changing people's behaviour, combating the spread of HIV/AIDS, effects on the lives of people living with HIV/AIDS and if not effective then why not?

As earlier noted, the Government had used varied approaches to generate HIV/AIDS awareness. Some methods may have had a positive effect on people's behaviour because of the massive campaigns hence:

- Demystifying sensitive issues such as sex.
- Increasing awareness levels to 90%.
- Delaying onset of sex among the young.
- Encouraging people to seek VCT.
- Eliminating harmful cultural practices, for example circumcision.
- Reducing social stigma for those living with HIV/AIDS by breaking the silence on the condition.

Though the government had done much to raise HIV/AIDS awareness, some methods generated negative remarks. One respondent from Youth Alive felt that achievements in the eradication of HIV/AIDS were less because some of the strategies did not address immorality and behaviour change, but instead emphasised the use of condoms. He felt that effectiveness would have been greater if abstinence (Nakazibwe, E.Kameo et al. 2003, u/p.) and behaviour change (Katende 2003, u/p.) had been substituted for condom use 10.

<sup>&</sup>lt;sup>9</sup> Marking World AIDS Day, Museveni addressed the nation about HIV/AIDS and how to stop it. He talked graphically about sex to the audience, and demonstrated the importance of abstinence. He asked for two bottles of Coca-Cola, opened one and left the second sealed. He called 5 students and asked them to take their pick. All chose the unopened bottle. He then pointed out that if a bottle has been opened it will be hard to find a buyer for it. He related the open bottle to girls who give in to sex. If they do, boys will boast that they have been using them. The meaning is that such girls cheapen themselves, and it will not be easy to get suitors to marry them.

One official from the Ministry of Education and Sports felt that immorality and infidelity were on the increase in Uganda, especially the defilement of girls. This indicated that the laws were too relaxed.

The negative remarks drew attention to the fact that HIV/AIDS is still having a great affect on people, because the Government is not addressing underlying causes such as poverty moral decay, ignorance, drunkenness. Although the women were receiving HIV/AIDS treatment they were re-infected by their spouses while trapped in abusive relationships due to poverty. A summary of the interviews with clients/organisations dealing in HIV/AIDS is given in section 4.5.

# 3.4 Summary of interviews with clients/organisations with regard to the possibility of generating sculptural ideas to communicate HIV/AIDS awareness

The summary of the interviews looks at the ideas generated for sculptures categorised below:

### **Demography**

The clients and staff of IVO gave valuable information about the lives and experiences of women living with HIV/AIDS but the women were from different African countries, they did not give a true picture of Ugandan women. The group of women who make up the Roses of Mbuya (2003) did meet the requirements of the research, as they were from different ethnic groups in various parts of the country. Their level of education varied: a few were illiterate, the majority had a low level of education, and those few who were professionals had failed to secure jobs because of their health. The women were on low incomes and had the burden of caring for their children and other dependants. This group was a viable representation of women in Uganda.

The sculptural ideas aimed to portray the struggles of women as mothers living with HIV/AIDS but determined to get on with their lives.

<sup>&</sup>lt;sup>10</sup> He states that HIV/AIDS is classified among Sexually Transmitted Diseases that are mainly associated with human behaviour, and that is where the focus should be. He believes that to be the answer to all human problems and challenges. It calls for good conduct, self-control and gives the opportunity for change of behaviour.

#### Testing HIV positive

When the women realised that they were HIV/AIDS positive, their first reaction was of fear of death, stress, hopelessness, loss of self esteem, ostracisation, fear of disclosure and of being rejected by friends and partners. Fortunately organisations such as IVO in the UK and Mbuya Reach Out HIV/AIDS Initiative in Uganda gave these women peer support. This encouraged them to get involved in activities with people living with HIV/AIDS in order to share their feelings. Through counselling the women adopted more positive attitudes by seeking treatment, gaining self esteem, confidence, being open and disclosing their condition.

The sculptural ideas developed, addressed infection/disease, fear, love, care, compassion and support for people living with HIV/AIDS.

#### **HIV/AIDS** awareness

Both the staff and women respondents felt that the behaviour of African men, engaging in extra-marital relationships and not willing to use condoms, was a factor exposing women to HIV/AIDS or re-infection. Sex as a taboo is embedded in all the Ugandan cultures. But the women do not have any opportunity to discuss the issues that affected them, such as sexuality. All the women thought that the lack of sex education at home was a reason for a high percentage of them becoming infected with HIV/AIDS. They all felt that parents should provide sex education for their children. The ABC campaign though it has potential for HIV/AIDS prevention, in reality it has been revealed that it will only work in relationships where both parties adhere to it. It seems that failure to talk about sex has led to increased levels of HIV/AIDS infection among women. Overall, it was assumed that if sex education starts at home, this will enable women to talk about issues related to sex and HIV/AIDS with their children and spouses. This suggested the desirability of sculptural objects in, and related to, the home, which would promote discussion of HIV/AIDS and confront the cultural taboo of discussing sex openly.

### **Vulnerability**

Sometimes women have no influence over the factors that expose them to HIV/AIDS. The responses generated stimulated the development of sculptural ideas to communicate the nature of women's bodies that makes them more vulnerable to infection than men, to encourage people to seek education, to fight ignorance, to generate assertiveness, discourage polygamy, illustrate a choice of life styles, show the suffering and pain people go through with A HIV/AIDS.

### HIV/AIDS organisations' criteria for awareness materials

Officials from HIV/AIDS organisations stated that sculpture is not used in HIV/AIDS awareness because it is not cost effective, the targeted audience is immobile, and usually such art is heavy. Both the women living with HIV/AIDS and the HIV/AIDS organisations agreed that sculpture could be used in HIV/AIDS awareness, and suggested measures that would contribute to developing effective sculptures that could:

- Address literate and illiterate people from different ethnic groups.
- Be persuasive, entertaining with humour while being educational and something the audience would remember, while reflecting the awareness message.
- Be motivating and tactfully handle sensitive issues such as sex, stigma and discrimination.

It was also suggested that it is an advantage to produce sculptures on HIV/AIDS awareness in partnership with people living with HIV/AIDS. The sculptures developed took into consideration some of the suggestions and advice gained (see Chapter 3).

### Questionnaire for the staff of Innovative Vision Organization

A semi-structured interview to establish the efforts of Innovative Vision, and the measures taken in prevention and awareness with HIV/AIDS among women.

Please tick appropriate answers that apply.

Staff in charge of:	<ol> <li>Treatment Up-Date and Support</li> <li>Health Promotion Brent &amp; Harro</li> <li>Haringey &amp; Enfield</li> <li>Positive Speaker and Coordinator</li> </ol>	w
	Section A	
b) What could be	nen infected with HIV/AIDS than men? the reasons for that?	
•••••••••••••••••••••••••••••••••••••••	ore vulnerable to HIV/AIDS than men?	
b) What are the s	sources of vulnerability?	
c) Tick any of the f	factors that contribute to the vulnerabili	ty of women.
<b>Biological factors:</b> Nature of the body (		male circumcision [
Cultural factors:		
Age at marriage	Extramarital sex by men or wom	en 🗌 Infertility 🗌
Ritual sex	☐ Wife sharing ☐	Polygamy 🗌
Informal polygamy	Sex for pleasure	
Social factors:		
Alcohol	Migration	Prostitution
Orugs	Sharing needles	

Sexual violence:					
Rape	Sex with teacher	ers and rich men	Child abuse		
Poverty	I	mmigration status			
Others (specify)					
3.a) Does the level	of education have an	influence on women a	and HIV/AIDS?		
Yes 🗌 or No 🗌					
b) Can you elabora	ate on that?				
	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		
4. When do women	realise that they are H	IV positive?			
In a Gum / STD	clinic or Test centre	in the UK			
At the GP (fami	ily Doctor) in the U.K				
In hospital (dur	ing pregnancy) in the	UK			
Ante-natal clinic (during pregnancy) in the UK					
Others, specify					
	roblems presented by	women when they r	realise that they are HIV		
positive?					
••••••					
•••••					
6 a) II d			IDCO		
•	r organization suppor				
			rom Haanda?		
b) How many che	nts do you have?	now many chems in	om Oganda:		
7 What magazines	almoody oviet for av	varance and protect	ion of women from the		
	•	vareness and protect	ion of women from the		
HIV/AIDS disease?					
			• • • • • • • • • • • • • • • • • • • •		
	k would be the best saf		enting HIV/AIDS?		
a) Condom 🔲 🛮 b) F	Femidom ( c)	u) Austainii	<b>1</b> 5 ∟		

9. a) Do you provide	literatur	e on HIV/AIDS	prevention and	awaren	ess?	
				YES [	or NO	0
b) Do your clients	understa	and the literatur	e on prevention	and awa	arenes	s?
				YES [	or NO	$\Box$
c) If they are illite	rate, how	v do you deal wi	th them?			
		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		
10. What is the exis	ting contr	ibution of wome	en living with Hl	V/AIDS	to the	awareness
and prevention of the	disease?					
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • •	• • • • • • •	••••
	• • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
		CECTIC	NAT D			
		SECTIO	JN B			
Please tick appropr	iate answ	ers to the follow	ing anestions			
Trouse trest appropr						
				Yes	No	Not sure
1. Are the HIV/AII	)S womer	n involved in the				
Prevention and	awarenes	s policies of the	organization?			
2. Do you create sit	uations so	o that women ca	n talk freely			
about their prob	olems?					
				. •	1	
3. Do you use any	creative	measures in HI	V/AIDS prevent	tion an	a awa	reness with
the following:	<del></del> 1					
(a) Art						
<ul><li>(b) Drama</li><li>(c) Music</li></ul>						
(d) Poetry						
(u) I och y						
4. Does the organis	ation use	visual materials	s on HIV/AIDS	awaren	ess thr	ough:
(a) Graphic						
(b) Painting						
(c) Sculpture						
(d) Others (specify)						

5. Would	visual	materials	be	effective	in	teaching	HIV/AIDS	awareness	and
preventi	on?			YES [		or NO [			
Give your i	reasons	<b>:</b> :							
	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • •	•••••		• • • • • • • • • • • • • • • • • • • •			••••
	• • • • • • • • •	••••••	• • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • •	• • • • • • • • • • • • • • • • • • • •			
	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • •	••••••	• • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • •	••••
							 wareness a	 nd preventio	m?
o. what po	or suast						iwai chess a	-	
						• • • • • • • • • • • • • • • • • • • •			
	it be mo	ore effectiv	e if s	sex educat	ion	started fro	m home? G	ive your vie	ws on
that.									
									••••
								ed in HIV/	AIDS
		prevention				-			
•••••	• • • • • • • •		• • • • •						••••
			• • • • •						••••
			• • • • •				• • • • • • • • • • • • • • • • • • • •		
			• • • • •						••••
	•••••		• • • • •	• • • • • • • • • • • • •	• • • • •				
All informati	ion is co	nfidential and	d will	be used an	onyn	nously. Your	responses are	of great value	to this

project. Thank you for taking the time to answer these questions.

## Question naire for Women Living with HIV/AIDS in the UK 2002

A semi-structured interview to establish the lives and experiences of African women living with HIV/AIDS in the UK.

		SECTION	A	
1. <b>Code</b>	•••••••	Nation	ality	
Please tick approp	oriate answers to	the following qu	estions	
2. What is your a	ige?			
15-20	21-24	25-30	31-34	35-40
41-44	45-50	51-59	60-65	66-
3. What is the high	ghest grade you	completed in so	chool?	
I have no education	nal qualifications			
Primary				
O-levels/GCSE or	equivalent			
High school/A leve	els equivalent			
College/Business S	School/Vocational	training		
University Degree	e (BA. MA. PH I	<b>D</b> )		
Other – please spe	ecify			
4. Employment Other	Employed 🗌		nployed 🗌	Not employed
5. Marital Status	s:			
Living with a part	tner Married	Divorce	d Wido	wed 🗌
Single	Single parent			
6. Immigration S	Status:			

Please specify.....

7. Do you h	ave your children	or depe	ndants in U.K o	r in Africa? Yes [	or <b>No</b>
If yes:	Number of chi	ldren in U	J.K Number	r of dependants in	U.K
N	Number of childrer	ı in Afric	a Number of	Dependants in Afr	rica 🔲
8. Specify t	ime/duration sinc	e you we	ere diagnosed wi	th HIV/AIDS	
a)	months/	years			
b) Don't	t know or c	Not sure			
9. Where w	vere you first diag	gnosed w	ith HIV/AIDS?		
In a Gun	n /STD /HIV clinio	in UK			
At your	GP (family doctor)	) in UK			
In the ho	ospital (on a word)	in UK			
Ante-na	tal clinic (during p	regnancy	) in UK		
In anoth	er country				
			SECTION B		
Please tick	appropriate answe	ers to the	following questic	ons	
1. When o	one has HIV/AIDS	, which a	ttitude has a posit	ive impact on one'	s health?
a) Prete	ending				
b) Acce	epting				
c) Taki	ng treatment and c	ounsellin	ıg		
d) Disc	losing to friends		partner [	family [	
e) Not	disclosing				
f) Not	associating with po	eople livi	ng with HIV/AID	OS	
	ing new friends		changing jobs		ations
h) Settl	ling in another cou	ntry			

2. a) When you knew your HIV/AIDS status	, did you s	share th	is with anyone?	
Yes or No			·	
b) If Yes, who?				
Family relatives friends par	tner 🔲 otl	her		
Please specify	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	
c) If No, do you find it difficult to disclose?			Yes 🗌 or No 🗌	]
d) If so what would help you to disclose?				
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	•••••	
3. (a) Have you had any negative experience	ces in rela	tion to	the following: (Tick	call
that apply)				
	YES	NO	NOT SURE	
Housing and living conditions				
Eating and drinking				
• Sleeping				
<ul> <li>Household chores and self care</li> </ul>				
<ul> <li>Mobility – ability to get about</li> </ul>				
• Money – getting enough to live on				
<ul> <li>Anxiety and depression</li> </ul>				
• Self confidence				
• Immigration				
• Looking after children				
• Knowledge of anti-HIV treatments				
• Taking anti-HIV treatments				
• Dealing with health professionals				
• Skills, training and job opportunities				
• Discrimination				
• Others, Specify:				
4. (b) What are the positive experiences you	have gain	ned as a	person with HIV/Al	DS,
if any?				
(i)				
(ii)				

(iii)
5. a) Are women more vulnerable to HIV/AIDS than men? Yes or No b) What are the sources of vulnerability? (Tick all that apply)
Biological factors:
Nature of the body (physiology) Untreated STDS Female circumcision
Cultural factors:
Age at marriage
Extramarital sex by men or women  Infertility  Ritual sex
Wife sharing Sex for pleasure
Social factors:
Alcohol Migration Prostitution
Drugs
Sexual violence:
Sex with teachers and rich men
Poverty
Others, (specify)
6. What do you think would be the best safe sex measure for preventing HIV/AIDS?
a) Condom   b) Femidom   c) Sticking to one partner   d) Abstaining
7. Do women need more special programmes for awareness and prevention from the
HIV/AIDS disease? YES or NO
If yes, what are your suggestions?
8. What contribution can women living with HIV/AIDS make, to the awareness and prevention of HIV/AIDS disease?
9. a) Would it be more effective if women's awareness and prevention of HIV/AIDS
started from home?  YES or NO
b) Should parents provide sex education to their children? YES or NO
What are your suggestions?

	••
10. a) What effective measures have been used for HIV/AIDS awarene	ess and
prevention?	
b) Why have these measures been effective?	
(Tick all that apply)	
a) Entertaining; that you enjoy while you are being educated.	
b) Humorous; that you laugh and remember the messages that are delivered.	
c) The messages are moving; they touch the feelings, encouraging reflection on HI	V/AIDS
prevention and awareness.	
d) The messages are frightening, that one is made afraid to mess up their life.	
e) The messages portrayed give guidance on HIV/AID awareness and prevention	
that are easily understood.	
f) Testimonies by people living with HIV/AIDS give true evidence of the	
suffering they have experienced.	
11. a) Has art been used in HIV/AIDS awareness? YES or NO	
b) If yes, when art is used in HIV/AIDS awareness how has it been effective?	
11. How can art be an effective medium to send messages of HIV/AIDS awaren and prevention? What are your suggestions?	iess
12. What symbols, words, phrases or colloquialisms (slang) are used in HI awareness and prevention?	V/AIDS

All information is confidential and will be used anonymously. Your responses are of great value to this project. Thank you for taking your time to answer these questions.

## 3.5 Field Research Questionnaires in Uganda 2003

This section presents the two questionnaires used in the field research in Uganda in 2003: the first for the Roses of Mbuya and the second, for HIV/AIDS organisations in Uganda.

#### Questionnaire for the Roses of Mbuya (2003)

#### **SECTION A**

1. Name/	code of t	he responde	ent:		
Tribe:	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		
Religion:					
Language:	(languag	ge used with	the responde	ent in interviews).	
2. Age ra	ange :				
15-20	2	1-24 🔲	25-30	31-34	35-40
41-44	4	5-50	51-59	60-65	66-
2		1 - C - J	- Aio n. 9 (Calor	at and of them)	
	_		ation? (Selec	ct one of them)	
I have no educ	cational qu	ualifications			
Primary					
O-levels/GCS	E or equi	valent			
High school/A	A levels eq	quivalent			
College/Busir	ess Schoo	ol/Vocational	training		
University D	egree (B.	A. MA. PH	D)		
Other – pleas	se specify	7			
4. Emplo	oyment	Employed	1	Self-employed	Not employed [
Otlean					

5. Marital Status:
Living with a partner Married Divorced Widowed
Single Single parent
6. Number of children or dependants:
SECTION B
7 Do wow think the main the CHI and 1 do 1
7. Do you think the majority of Ugandans understand the causes of HIV/AIDS? YES or NO.
b) If yes what do they think are the causes of HIV/AIDS?
8. What methods has the government used to raise awareness about HIV/AIDS?
a) Have they been effective? YES or NO
b) If YES, how effective have they been on people's behaviour?
c) If No, why have they not been effective?
9. a) Have you experienced or seen any of the following used in HIV/AIDS
awareness? Yes or No
(i) Visual Art such as: sculpture, painting, posters, pictures
Or name any others
(ii). Drama (ii). Music
(iii). Poetry
(iv). Or name any others
b) If YES, how effective was HIV/AIDS awareness messages from the above items
you have mentioned?
10. How can art be an effective medium to communicate messages about HIV/AIDS
awareness? Please give your suggestions:

- 11. Do you think sculpture can be used specifically to communicate messages about HIV/AIDS awareness? Please give your reasons:
- 12. Do you know of any popular symbols, words, phrases/slogan used in HIV/AIDS awareness?
- a). If yes, please list any of them.
- b). If **yes** are you happy with them?
- c). If **not**, why not?
- 13. Which of the following factors do you think put women at a risk of getting infected with the HIV/AIDS?

#### **Biological factors:**

Nature of the body (physiology) untreated STDS, female circumcision.

**Cultural Factors**: age at marriage, extra marital sex by men or women, infertility, ritual sex, wife sharing, polygamy, informal polygamy, sex for pleasure.

#### **Social Factors:**

Alcohol, drugs, prostitution and sharing needles.

#### **Sexual violence:**

Rape, sex with teachers and rich men, child abuse.

#### **Poverty:**

Others:

14. Are you positively living with HIV/AIDS?

## Tabulated data for the-Roses of Mbuya Reach Out AIDS Initiative 2003

Table 3-1: Percentage of ethnic groups of women of the women with HIV/AID Mbuya Reach Out AIDS Initiative 2003

Ethnic group	Number of women	Percentage
Ganda	8	24%
Acholi	7	21%
Ankole	4	12%
Samia	2	6%
Soga	2	6%
Teso	2	6%
Kiga	2	6%
Lango	2	6%
Munyole	1	3%
Lugbara	1	3%
Luo	1	3%
Toro	1	3%
Total	33	100%

Table 3-2: Age range of the women with HIV/AIDS Mbuya reach Out Aids Initiative 2003

Age range	Number of Respondents	Percentage
16-20	1	3%
21- 25	1	3%
26-30	6	27%
31-35	12	36%
36-40	8	24%
41-45	1	3%
46-50	1	3%
Total	33	100%

Table 3-3: Educational levels of the women respondents- Roses of Mbuya Reach Out AIDS Initiative 2003

Level of Education	Number of Respondents	Percentage
No education	2	6
Basic education (Primary)	18	55
Ordinary Education	7	21
A Level (High) Education	3	9
Professional Training	3	9
Total	33	100

Table 3-4: Marital Status of the women respondents - Roses of Mbuya Reach Out AIDS Initiative 2003

Marital Status	Respondents	Percentage
Divorced	6	18
Single	5	15
Widow	14	42
Married	6	18
Living with a partner	2	6
Total	33	100

## Questionnaire for HIV/AIDS organisations in Uganda (2003)

The questionnaire below was administered to officials/staff members of the following organisations involved with HIV/AIDS:

• UNICEF Kampala: Programme Officer Communication

Action Aid Uganda: Acting Team Leader HIV/AIDS

• Youth Alive: Head of Art and Design Department.

• Youth Alive: Management and Education Officer

• Virgo Health Care: Director

• STD/AIDS Control Programme, Ministry of Health: Health Educationist/Graphics

• Mbuya Senior Secondary school: School Children's Affairs Co-ordinator

• Plan International Uganda: Country Health Advisor

• Ministry of Education and Sports: Senior Education Officer

 Ministry of Education and Sports: Principal Education Officer (PEO)/Pre-Primary and Primary Education (PPE)

• National Guidance and Empowerment Network(NGEN): National Coordinator/Founder

 Reach Out Mbuya Parish HIV/AIDS Initiative; Communication /Volunteer Coordinator

• Nsambya Hospital Home Care: Nurse/Counsellor

The majority of these officers were not willing to be recorded on tape. A number of them were not interviewed but were asked to complete the questionnaire at a convenient time as they were too busy.

## Questionnaire for HIV/AIDS organisations in Uganda 2003

Name of Staff:
Position:
1. Has your organisation been using art in HIV/AIDS awareness?
YES or NO
If YES, what type of art have you been using?
And why have you been using it?
2. Has Sculpture ever been used by your organisation to create awareness of:
(i). How HIV/AIDS is transmitted? YES or NO
(ii). Prevention and control measures? YES or NO
Please give reasons for your answers:
3. If you have not been using Art in your intervention do you think sculpture could be
an effective tool in raising HIV/AIDS awareness? YES or NO
Please give reasons for your answers:
4. If you have been using Art, has it also helped people living with HIV/AIDS
(PLWHA) to live positively? YES or NO Please give reasons for your views:

5. If you have been using Art, has it had any effect on people's behaviour change towards combating the spread of HIV/AIDS?

YES or NO Please give reasons for your views:

- 6. If your organisation has not been using art in raising HIV/AIDS awareness, what other strategies have you used?
- 7. What methods has the government used to raise awareness on HIV/AIDS?

Have they been effective? YES or NO

a) If YES, what effects have they had on: (i). Changing people's behaviour towards combating the spread of HIV/AIDS and (ii). People living with HIV/AIDS.

If NO, why have they not been effective?

# 3.6 Postgraduate Exhibition, Hatton Gallery and Department of Fine Art, 10th August-15th September 2004: Sculpture Questionnaire

1. a) Select a	sculpture and o	ircle it:				
A. Drip	B. Vulnera	bility	C. Mother	r D.	57% Infection	n
b) Does this	sculpture evok	the follow	ving associa	itions?		
Please tick any	y 5 of the follow	ing:				
Grief	☐ Joy ☐	] Pain 🔲	Determinat	ion 🔲 F	ear	r Pride
Frustration	Worry [	∐ Норе [	Illness [	Loneliness	Suffering	
Death	] Recovery	Strength	Ор	timism [	] Unforgiving	
Compassio	on Desp	eration [	Melancho	oly 🗌 En	npathy	
c) Does the c	ircled sculpture	e offer you	ı more sugg	estions?		
	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
	••••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
		• • • • • • • • • • • • • • • • • • • •		•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
2.a) Which	of the follo	wing ter	ms repres	ent your	responses to	wards the
"Transparence	cy" soap sculpti	res? (Tick	call those ap	opropriate)		
☐ Joy ☐ F	Tun	ve 🔲	Eager to tou	ch Pes	simism	
Sickening	The desire to	own 🔲	Boring	Marve	llous	ion
☐ Interesting	Disgusting		Jokes	Charming	g Thought	tful
OR If	none of	those	given	kindly	name an	y other:
••••••			• • • • • • • • • • • • • • • • • • • •			•••••
		• • • • • • • • • • • • •				

2b) Which words describe the sculpture "Transparency" most appropriately?
(Tick all those appropriate)
Lethal Witchcraft Interaction Fertility Pregnancy Fun Soap Good luck soap Copulation Lubrication Reproduction Promiscuity Heterosexuality Cleansing Magic Soap Erotic Phallic Love soap Personal Hygiene Food preservative Organs Fun Soap Protector Soap Granary Ritualistic objects Therapeutic Reflective Exciting OR If there are more words kindly name them:
2c) Which of the following phrase appropriately describes the "Transparency"
objects?
"The shivers" [ "All that glitters is not gold" [ "Wolf in a sheep's clothing"
"You cannot judge a book by its cover" None of these
OR Name any other:
OR Traine any other.
2d) Are you tempted to take any of the "Transparency" soap sculpture?  [] YES or [] NO?  If you are given the option to take one or two of these small objects which one would you
chose? Tick any of these: Male Female Both
Or For example one with: beans, nails
Give a reason for your choice:
2e) What would you do with them?  Give it to a: boyfriend /girlfriend /my teenage child/children. (Circle any appropriate)
☐ Keep it locked away from sight ☐ Keep it as an ornament ☐ Use it
A stimulant for a discussion Among:: friends colleagues family
Other:
3) Are there any associations you have with soap sculptures laid on the tables?

4.a) Do you think the ex	khibited sculptures can p	romote HIV/AIDS awarene	ss?
YES or NO			
Please select the 3 scu most effective.	ptures that can promote	HIV/AIDS awareness starting	ig with the
1	.2	3	
Give reasons for your ch	noice.		
			• • • • • • • • • • •
Your responses are of gr	eat value to this research.	Thank you for taking your tim	e to answer
these questions 31/8/2004			

## **Appendix for Chapter 4**

## 4.1 Letter of Introduction, consent forms to respondents and registration of participants

Dear Participants,

I am Lilian Nabulime, a Ugandan sculptor pursuing Ph.D. research at Newcastle University. My area of study is to develop sculptural forms that communicate HIV/AIDS awareness through the lives and experiences of women living with HIV/AIDS.

The purpose of the research is to assess if the Soap Sculptures can communicate HIV/AIDS related information.

#### **CONSENT**

I promise that the information discussed will not be passed to any other party for the respect of confidentiality.

Kindly read the questions provided below and feel free to express yourself in your own terms.

Thanks a lot.

## 4.2 SOAP SCULPTURE RESULTS IN UGANDA 2004-2005

Table 4-1: Women's responses to soap sculptures in Uganda 2004-5

SECTION A		Number	Percentage
4.1.1 Ethnic	Ganda	48	54
	Ankole	15	17
	Munyole	1	1
	Luo	1	1
	Toro	5	6
	Soga	3	5
	Lugbara	2	2
	Kikuyu		1
	Acholi	2	2
	Teso	4	5
	Gisu	2	2
	Kiga	2	2
	Samia	2	1
	Rwandese	1	1
		89	100
4.1.2 Age group	Below 15 years	2	2
	15-25	34	40
	26-36	14	26
	37-47	24	25
	48 and above	6	7
		89	100
4.1.3 Marital Status	Single	61	69
	Married	22	24
	Widowed	5	6
	Divorced	1	1
		89	100
4.1.4 Employment status	Employed	46	52
	Not Employed	43	48
		89	100
4.1.5 Education	Univ. Grad.	28	31
III. Daucation	Tertiary Institutions	17	19
	Vocational Training	13	14
	Secondary Education	25	28
	Primary (BE)	5	6
	No education	1	1
	NO EQUEATION	89	100

SECTION B		Number	Percentage
4.1.6.1 Sculpture is made from different materials, stone and wood for example. These sculptures are made of soap. Does this unusual choice of material make you wonder why soap should be chosen? Does it make you look for a connection between the sculptural forms and the material used?	No	9	10
	Yes	59	66
	None	21	24
		89	100
4.1.7.1 Have you had any other experience of sculpture being used in HIV/AIDS awareness?	No	73	82
	Yes	16	18
		89	100
4.1.7.2 Have you had experience of a Dildo,	No	42	47
"Bogoya-Banana", to demonstrate condom use?	Yes	47	53
		89	100
4.1.8 When you look at these sculptures what	Excitement	16	8
are your feelings about them? Please tick the three words which most closely describe the	Shock	19	9
feelings they arouse. Joy, humour, attraction,	Repulsion	12	6
eagerness to touch, excitement, reflection,	Eagerness to touch	34	16
disgust, dislike, repulsion, embarrassment, shock, suspicion.	Suspicion	18	8
•	Disgust	11	5
	Dislike	4	2
	Humour	22	10
	Reflection	24	11
	Attraction	21	10
	Embarrassment	23	11.5
	Surprise	1	1
	Joy	5	2.5
		210	100

		Number	Percentage
4.1.9.1 Which of the following associations do	Reproduction	30	12
you feel are most appropriate in describing the sculpture? Please tick the three you feel are	Death	18	7
most appropriate:	Infection	39	16
	Organs	29	2
	Witchcraft	5	2
	Personal hygiene	16	7
	Soap	5	2
	Transparency	35	14
	Ritualistic Objects	12	5
	Love soap	3	1
	Sickness	12	5
	Lubrication	3	1
	Fun Soap	8	3.3
	Cleansing	8	3.3
	Fertility	3	1
	Eroticism	3	1
	Family	11	6
	Protector Soap	3	1
	Good Luck Soap	11	0.4
		244	100
4.1.9.2. Would thinking about/seeing the	No	21	24
sculptures remind you of the messages relating to HIV/AIDS?	Yes Do not know	67	75
	20 1107 1110 11	1	1
(Not the same as above!)		89	100
		89	100
4.1.10.1 Do you think the soap sculptures stimulate a discussion on HIV/AIDS	Yes	78	88
awareness? Yes or No	No	9	10
	Not Sure	2	2
		89	100
4.1.10.2. If yes, can you mention some			
of the issues that may be raised?			
4.1.10.3 If not, please give your views as to why they would fail to stimulate discussion.			

Table 4-2: Men's responses to soap sculptures in Uganda, 2004-05

SECTION A		Number	Percentage
4.2.1 Ethnic Group	Ganda	36	62
	Soga	5	9
	Ankole	6	10
	Kiga	3	5
	Swahili	1	2
	British	1	2
	Japadola	1	2
	Alur	1	2
	Teso	2	3
	Nyolo	1	2
	Gisu	1	2
Total	(100%)	58	100
4.2.2 Age group	15-25	18	31
	26-36	23	40
	37-47	11	19
	48 and above	6	10
		58	100
4.2.3 Marital Status	Married	25	43
	Single	33	57
		58	100
4.2.4 Employment status	Employed Not	48	83
	employed	10	17
		58	100
4.2.5 Education	Graduates	26	45
	Tertiary institutes	2	3
	Secondary Education	13	22
	Primary Education	3	5
	Vocational Training	12	21
	No Education	2	3
		58	100

SECTION B			
		Number	Percentage
4.2.6 Sculpture is made from different	No response	13	22
materials, stone and wood for example. These sculptures are made of soap. Does this	No	10	17
unusual choice of material make you wonder why soap should be chosen? Does it make you look for a connection between the sculptural forms and the material used?	Yes	35	60
		58	100
4.2.7.1 Have you had any other experience of sculpture being used in HIV/AIDS awareness? Yes or No	No	40	68
	Yes	17	30
	om different for example, ap. Does this eyou wonder closes it make between the lased?  Sexperience of OS  No Yes  No Yes  Sample, ap. Does this eyou wonder lased?  Sample, ap. Does this eyou wonder lased?  Sample of a lased?  Sample of a Dildo, rate condom  Yes  No response  In  Sample of a Dildo, rate condom  Yes  No No response  In  Sample of a Dildo, rate condom  Yes  No response  In  Sample of a Dildo, rate condom  Yes  No response  In  Sample of a Dildo, rate condom  Yes  Sample of	2	
		58	100
4.2.7.2 Have you had experience of a Dildo,	No	14	24
"Bogoya-Banana" to demonstrate condom use? Yes or No	Yes	40	69
use. Tes of No	No response	4	7
		58	100
4.2.8 When you look at these sculptures what	Reflection	20	13
are your feelings about them? Please tick the three words which most closely describe the	Disgust	5	4
feelings they arouse. Joy, humour, attraction,	Excitement	15	10
eagerness to touch, excitement, reflection, disgust, dislike repulsion, embarrassment,	Attraction	25	17
shock, suspicion.	Humour	14	9
	Eagerness to touch	22	15
	Suspicion	14	9
	Embarrassment	5	4
	Shock	8	5
	Dislike	4	3
	Joy	9	6
	Repulsion	8	5
	Total	149	100

		Number	Percentage
4.2.9.1 Which of the following associations	Cleansing	9	7
do you feel are most appropriate in describing the sculpture? Please tick the three	Love soap	7	5
you feel are most appropriate:	Personal hygiene	13	5
Witchcraft, good luck soap, lubrication,	Ritualistic objects	9	10
fertility, transparency, reproduction, cleansing, magic, soap, Eroticism, love soap,	Witchcraft	4	7
family, organs, fun soap, protector soap,	Infection	10	2
personal hygiene, death, infection, ritualistic object.	Eroticism	12	3
	Fun soap	14	7
	Protector	3	9
	Soap	4	10
	Fertility	6	10
	Magic	2	2
	Transparency	26	3
	Reproduction	9	
	Death	6	4
	Good Luck Soap	2	2
			19
			7
			4
			2
		136	100
4.2.9.2 Would thinking about/seeing the	Yes	36	62
sculptures remind you of the messages	No	14	
relating to HIV/AIDS?	None	8	24
			14
		58	100
4.2.10 Do you think the soap sculptures	Yes	46	79
stimulate a discussion on HIV/AIDS	No	9	
awareness? Yes or No	Not sure	3	16
			5
		58	100

Table 4-3: Responses to Soap Exhibition in Katikamu (Group Discussion) 2005

		Number		Pero	Percentage	
		Male	Female	Male	Female	
Education levels	Degree	5	2	7	20	
	Diploma	2	0	2	6	
	Secondary	7	1	8	23	
	Primary	9	9	18	51	
		23	12	35	100	
Language in favour for discussion	English		9		8	
	Luganda		24		92	
Have you had any other experience of sculpture being used in	Yes				10	
HIV/AIDS awareness?	No				80	
Have you had experience of a	Yes				60	
Dildo, "Bogoya-Banana" to demonstrate condom use?	No				40	

Table 5-4: Educational Levels of respondents at the Munyonyo Conference

	Men nos.	Women nos.	Sub total nos.	Percentage
Degree	12	14	26	58
Diploma	9	3	12	27
Secondary	3	2	5	11
Primary	0	0	2	4
Total	26	19	45	100

## 4.3 Problems with the questionnaire design

In administering the questionnaire on the soap sculptures that generated the responses in Tables 4-1 to 4-4 above for the first time, a number of problems were identified. It lacked questions allowing respondents the chance to express their own opinions about the soap sculptures. There was no question to check whether people had any idea what sculpture was, or if it had ever been used in HIV/AIDS awareness. This question was important because Ugandans do not have a formal educational background in art. Opinions about soap sculptures in HIV/AIDS awareness had to be uncovered in order to find out if the soap sculptures had succeeded in promoting awareness.

The questionnaire was subsequently amended and improved by addressing the above shortcomings. Questions aimed at stimulating a discussion on the factors that make women vulnerable to HIV/AIDS were also included, namely:

- Would transparent/translucent soap relate to transparency in relationships?
- Soap is used for cleansing; would cleansing relate to amending one's actions in a way that would lead to behaviour change?

By the end of the interviews, further flaws in the questionnaire had been revealed:

- Section B, Question 4.1.6.1 stated: "Does this unusual choice of materials make you wonder why soap was chosen. Does it make you look for a connection between the sculptural forms and the materials used?" The second sentence did not ask the respondents to answer 'yes' or 'no'. This proved difficult for many respondents.
- Questions 4.1.8 and 4.1.9: many of the respondents who completed the questionnaire on their own ticked more or less than 3 words. The solution during data analysis was to accept all the responses and then find the words which scored highest in percentage terms (See Appendix Chapter 4: Tables 4.1 and 4.2: Percentages of Responses on Soap Sculpture Results in Uganda 2004-5).
- On the other hand, the words gave respondents more time to reflect on the soap sculptures and to choose from a range of words that described the sculpture. English was the respondents' second language.

Some of the above errors were amended, but questions 4.1.8 and 4.1.9 were not amendable because the research had come to an end. However this did not adversely affect the results.

### 4.4 Correspondence

>==== Original Message From "Serwadda David" <dserwada@imul.com> ===== March 31 2006,

Hello Lilian,

Nice to 'hear" someone from my old university, Newcastle. I went to that university many years ago. Spent many a cold night at the Royal Victoria Infirmary.

Regarding your question, tribes and open sex talk. I do not think there is any one single tribe that openly talks about sex in Uganda. What we have observed is that all tribes in Uganda are now more willing to talk about sex than they did before. We have no data of which tribe does this more than others.

All the best,

Cheers Dr Serwadda

---- Original Message -----

From: "n1704039" <L.M.Nabulime@newcastle.ac.uk>

To: <dserwada@imul.com>
Cc: <dserwada@iph.mak.ac.ug>

Sent: Thursday, March 30, 2006 4:53 PM

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