

Using Art and Everyday Objects to Fight HIV/AIDS in Uganda

Abstract

This paper argues for the importance of enabling dialogue between women and men about taboo subjects of sex and sexuality in HIV/AIDS prevention. It reports the findings of a project that sought to use art (specifically sculpture) for creating dialogue between women and men in rural Uganda. It then provides suggestions for HIV/AIDS practitioners on how to use everyday objects to stimulate similar discussion about sex and disease prevention between women and men. We argue for the utility of art and everyday objects where literacy rates are low, or where modes of communication and information-sharing are predominantly orate.

Introduction

Since the 1990s, Uganda has made dramatic improvements in reducing HIV/AIDS prevalence rates and has been at the forefront in the global fight for disease prevention, awareness, and advocacy. However, ignorance and stigma attached to the disease has not been entirely eradicated and, as in many countries in East Africa where prevalence rates had also either declined or remained stable in recent years, the number of HIV/AIDS infections is again rising. Although the picture is complicated by regional, gender and age group differences, UNDP (2013) states: “infections are now on the rise in Uganda, with an estimated 130,000 new infections annually. This is close to the total number of infected people at the height of the epidemic in 1994.” This is partly because of growing complacency concerning the disease, especially among young people (Kidimu 2009), but also a possible consequence of the influence of external donors (especially the USA) in shifting government policy towards abstinence. According to the most recent UNAIDS survey, prevalence rates among Ugandans between the ages of 15 to 49 now stand at 7.3 per cent and are even higher in women at 8.3 per cent, up from 6.4 per cent in 2004-2005 (UNAIDS 2011). As in most sub-Saharan countries, Ugandan women are particularly vulnerable with consistently higher prevalence rates being reported; women in urban areas have higher prevalence than those in rural areas (11% versus 8%) (UNAIDS 2008; 2011). Patriarchal cultural and social relations mean that women lack the capacity to negotiate for safer sex. Associated stigma means that women often delay seeking diagnosis and treatment, which renders the disease more difficult to treat. Women are put at greater risk by cultural practices including female circumcision, polygamy and ritual sex (Sengendo and Sekatawa 1999), as well as by sexual abuse. Poverty and lack of education mean that for many women

sexual relationships are a means of achieving economic security, either through selling sex for money or goods and services, or forming long-term relationships with men (Authors 2011).

Attempts to deal with HIV/AIDS in Uganda are complicated by the fact that there are over fifty different ethnic groups, many of whom possess their own language and cultural practices. In addition, nearly half of women are illiterate, with a significant gender gap in literacy levels (UNDP 2009). Thus, despite relatively high levels of HIV/AIDS knowledge, risk perception and risk avoidance options, economic, social and cultural factors mean that women remain most vulnerable to the epidemic. In countries like Uganda, where there have been substantial public education programmes, awareness of the disease and how it is spread is not always the major problem. This is especially the case in urban areas, although lack of awareness does persist in poorer, rural areas where literacy rates are low. Of critical importance are the taboos surrounding discussion of sex and sexuality, and the related inability of women to exercise control of their sexuality within patriarchal societies (Ankrah *et al.* 1994). Lack of knowledge and skills, cultural norms and taboos are regularly reported as barriers to open dialogue, making it difficult for women and men, and parents and young people, to discuss sex, HIV/AIDS and prevention (Bastien *et al.* 2011). In this context, it is important to find new and innovative ways of combating stigma and preventing disease transmission. Improving economic conditions in sub-Saharan Africa is clearly of importance in reducing HIV/AIDS infections. However, enabling dialogue between women and men about the taboo subjects of sex and sexual disease is, we argue, equally significant in reducing infection rates. The utility of art and everyday objects in facilitating this dialogue is the central concern of this paper.

This paper reports on an ongoing project that seeks to use art and everyday objects as means to stimulate discussion about HIV/AIDS between women and men in Uganda. It emerges from

collaboration between an artist and a social scientist to rethink art – specifically sculpture – as not only an object of attention, but as an instrument of education, dialogue, and social and cultural change. While NGO practitioners have long made use of props in HIV/AIDS prevention (e.g. wooden phalluses to demonstrate proper use of condoms), we illustrate how using art can go beyond education in facilitating dialogue between women and men about HIV/AIDS. The paper first illustrates how the sensory properties of sculpture enable it to move beyond the visual into the social in ways that make it a valuable tool in the fight against HIV/AIDS, specifically through its abilities to bring women and men together in dialogue. It then provides suggestions for HIV/AIDS practitioners in sub-Saharan Africa on how to use everyday objects to stimulate discussion about sex and disease prevention between women and men. We make a case for the utility of art forms using everyday objects in generating dialogue, especially in contexts where literacy rates are low or in communities where modes of communication and information-sharing are predominantly orate.

Art and HIV/AIDS prevention: pilot research

It has long been acknowledged that HIV/AIDS usually affects those who are hardest to reach through conventional print and broadcast media channels: impoverished, uneducated, and rural people (UNESCO 2001). For this reason, indigenous and predominantly visual and/or oral forms of communication (e.g. dance, drama, drums and storytellers, flipchart illustrations and posters) are considered most appropriate for disseminating information (Mushengyezi 2003). These methods have been widely and successfully used by NGOs in Uganda (Barz 2001), not least because they require cheap and readily available equipment. Despite this, art has been less

commonly used to raise awareness about HIV/AIDS in Uganda, and in Africa generally, than it has been elsewhere (Wells *et al.* 2002). With the exception of the work of Francis Ssekyanzi, who was commissioned by the government to sculpt a relief panel in Kampala to raise awareness of HIV/AIDS in 2002, sculpture has not been considered an effective tool through which to engage with Ugandan communities about the disease. This is primarily because sculpture uses forms (e.g. woodcarving) and idioms (e.g. realism) that are not familiar to many Ugandans. In addition, sculptures are often heavy, expensive to produce and not easily reproduced or transported.

The research informing this paper seeks to use sculpture in new ways, specifically as a form of social practice to generate social change. It aims to take art into communities, drawing in viewers as participants in the creation of meaning and interpretation of the sculptures, allowing them to participate in the development of the sculptures by commenting at various stages on their effectiveness as tools of communication, encouraging them to handle and even take the sculptures home. The research also draws on traditions of Ugandan performance and musical art, which entertain at the same time as informing participants/observers about significant social issues. This socially-oriented practice seeks to use sculptural forms either created or selected from domestic objects. The aim was to use art to break down taboos preventing women and men discussing HIV/AIDS, to produce sculptural forms inspired by and attuned to the specificities of Ugandan cultures, and to explore their uses in creating dialogue, new methods of engagement and modes of intervention in the context of HIV/AIDS awareness and prevention.

The need to make the sculptures socially-oriented and to closely involve target groups in partnership became apparent in the early stage of the research. This was critical in creating a sense of ownership, encouraging openness in discussion of HIV/AIDS, and counteracting the

deleterious effect of taboos in discussing sex. Pilot studies sought feedback on the effectiveness of various kinds of art forms (including masks and sculptures made of soap and referencing everyday objects) from potential target groups and those working with them. The latter included a Ugandan-run charity in London (Innovative Vision Organisation) which, until recently, supported women living with HIV/AIDS (it is now closed), 13 HIV/AIDS organizations in Kampala, and focus group discussions in rural Uganda. Responses provided key issues to reflect upon while developing the sculptures. Responses from IVO included: “More effective HIV/AIDS prevention should start at home. Use forms associated with or adaptable to daily use, or domestic rituals”; “Use symbols that provide a constant reminder of HIV/AIDS”; “Use measures that are persuasive, entertaining and educative based on experiences of women infected by HIV/AIDS”. Discussants felt that using art would be particularly effective: “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... It engages the attention more immediately than literature. Illiterate people too can observe and understand.” Similar points emerged from women’s groups in Uganda, for example: “[Art] can convey messages that are balanced, creative and entertaining. When I see I understand; when I hear I forget”.

Feedback confirmed that symbolism and metaphor were more appropriate than literal, descriptive or documentary imagery (Authors 2011). For example, an installation entitled ‘Vulnerability’ (Figure 1) using sculptures representing baskets demonstrated that most women understood what was being communicated through the daily practice of straining flour. The installation comprises twenty bowls composed of basketry made of scrim, pigment, nails, latex, foil and food wrapping. Open vessels are used to refer to female physiology, with open-weave hessian scrim representing the porosity of the human body. Four of the baskets use different

materials to communicate different meanings: one is painted red with nails protruding from the inside communicating danger and pain; another is lined with latex to illustrate how hessian bowls can be rendered impermeable, a metaphor for condom use; the third and fourth bowls are covered in tin foil and food wrapping material, referring to the unreliability of improvised alternatives. Some bowls are upside down, suggesting abstinence. ‘Vulnerability’, and similar sculptures such as a metre-high wooden sculpture entitled ‘Mortar and Pestle’, facilitated discussions about HIV transmission, bodily fluids, sexual anatomy, condom-use and safe-sex practices that are otherwise difficult or taboo to discuss. Through the use of these sculptures, women visualised the virus in more tangible ways and discussions provided valuable insights into their knowledge of HIV transmission. In turn, this offered scope for practical interventions, specifically around the need for women to be able to negotiate safer sex.

[Figure 1: ‘Vulnerability’ near here]

Art and HIV/AIDS prevention: using soap sculptures

Although a number of sculptures based on household objects were used successfully in the pilot research, as large artworks they are costly and time-consuming to produce, and are difficult to transport because of their size and weight. Instead, transparent soap was chosen as the material for community workshop sculptures in the main body of the research. The pilot research confirmed that it is recognizable because of its universal everyday use, is easy to transport and relatively cheap. Associated with personal care, it also stimulated discussion about personal care related to HIV/AIDS, including accessing treatment, prevention and voluntary HIV/AIDS testing. Simple casting techniques were used to produce multiple objects from raw transparent soap using vinyl plastic moulds. Reflecting on taboos concerning sex, abstract male and female

genital forms were made and cast in soap (Figure 2). Embedded objects (Figure 3) convey messages that are familiar to Ugandans. Cowrie shells symbolize femininity, currency and traditional healing. Beans communicate ideas about germination, life and fertility; rotten beans suggest the sequential stages of infection, multiplication of the virus, infertility and death; black beans illustrate the infection in its advanced stages. On a visual level, beans represent different symptoms of HIV/AIDS: rashes, sores, blood and blood clots. Lychee skin and seeds symbolize the multiplication of the virus, infection and rashes. Nails illustrate the worst stages of the disease: injury, infection, danger, and full-blown AIDS; they also act as metaphors for the piercing effects of HIV/AIDS, both physiologically and in terms of the painful psychological effects of stigmatisation and shame. The smallness of each piece invites and facilitates closer inspection by the viewer.

[Figure 2: Male and Female Soaps and Figure 3: Soap with Embedded Objects near here]

The production of multiple soap sculptures generated larger pieces, such as ‘Soap Family’ (2004), which 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 (Figure 4). The imagery suggests a mother and father close together, surrounded by children, but also symbolizes the magnitude of potential infection. It simultaneously invokes danger and threat, but also compassion and affection in the context of infection and stigmatization.

[Figure 4: Soap Family near here]

The soap sculptures were used in a series of workshops to attempt to generate discussion about HIV/AIDS prevention. Their effectiveness was assessed through participant observation and

interviews with the participants after each workshop. Initially, the focus groups were single sex to test effectiveness of generating dialogue amongst women and men respectively, and to gauge the different ways in which women and men responded. Later groups were mixed sex to test the effectiveness of generating discussion between women and men. The first workshop, in the Buganda region, involved 89 women who were interviewed individually, or in pairs and groups. Women from fourteen ethnic groups were involved, with Ganda most dominant (54%). The majority of participants were aged 15-25 – the group most affected by HIV/AIDS (UNAIDS 2011). Participants were mainly single women, including widows and mothers, approximately half of whom were unemployed, with a small minority who were well educated and employed. The majority was either illiterate or had low levels of literacy. Those who were employed tended to earn an income insufficient to support their families. The second workshop, also in Buganda, involved 58 men drawn from 11 ethnic groups, but again with Ganda representing the majority (56%). Most were aged 26-36, the majority of whom were single, employed men and educated to at least secondary level. Reflecting the fact that men tend to have higher rates of literacy than women in Uganda, less than half of participants were illiterate or had low literacy levels. The third workshop was conducted around a public showing of the soap sculptures at Katikamu Catholic Parish in Kasana, in rural Luwero District of Central Uganda. This facilitated a focus group discussion and informal interviews with 23 women and 12 men, who were mainly poor and illiterate. Further workshops at public showings included: annual National AIDS Conferences in Kampala; Mutungo, a fishing village in Wakiso District, in 2010; Kampala Contemporary Art Festival in October 2012. These public workshops facilitated further feedback on the effectiveness of the soap sculptures in HIV/AIDS prevention via comments books from delegates and participants, some of whom are involved in policy-making, research and practice

in HIV/AIDS. They also generated follow-up interviews with men and women, many of whom are poorly educated or illiterate.

The workshops revealed high levels of understanding and interpretation of the meanings of the soap sculptures, without the requirement for mediation by the artist/facilitator (Authors 2011). Nearly all participants recognized the imagery of the soap sculptures, the associations between body parts, sex and infection, and the bodily effects of the disease. Only one woman misinterpreted the symbolism of soap as “a detergent to cleanse the sores of patients”, inferring incorrectly that the effects of the disease might simply be washed away. This required mediation by the artist/facilitator, but encouraged discussion among the women of more accurate symbolic associations. Participants in each workshop connected the fragile appearance of translucent soap, and its inevitable erosion through use, with the vulnerability of the human body. As one participant put it, “the use of soap may represent the frailty of life”. Transparency was a key theme identified, with the sculptures linked to the notion of openness while living with HIV/AIDS. Of significance was the success of the workshops in initiating discussion about the disease in a public forum, specifically about sex and body parts. This proved to be the case in both single-sex workshops and in those where both men and women were present.

Women-only workshop: findings

Amongst the participants in the women-only workshop, some expressed initial embarrassment at the realisation that the soap sculptures are abstract depictions of genitalia, but this often turned quickly to amusement and eagerness to hold the sculptures. This enabled further discussion among the women about the need to protect against infection and, in turn, the need for transparency and openness by those who are infected in order to prevent further infection, and the need to challenge the stigma associated with the disease. In explaining how the sculptures

helped dialogue, one woman responded: “It’s all about removing shyness out of our lives, be open to talk about AIDS” (10/10/2012). Transparency and openness were seen by the women as important in ensuring that those infected are able to receive treatment and to take measures to prevent further spread of infection. The women also understood and interpreted the symbolism and messages of the embedded objects, which provoked discussions about effects of HIV/AIDS and the sharing of intimate personal experiences and knowledge of the disease. In turn, this enabled the women to openly discuss the risks of unprotected sexual contact and the need to avoid sexually transmitted diseases. The soap sculptures enabled a discussion about HIV/AIDS infection and sex, while simultaneously conveying a sense of the reality of suffering experienced by those living with the disease. The symbolic representation of the reality that HIV/AIDS often kills those infected was clearly understood. This also enabled women to discuss in a public forum their own experiences of the disease, either personally or its effects on family members and other people they know.

The majority of women responded at the conclusion of the workshop that the soap sculptures had helped them to discuss HIV/AIDS, sex and sexuality, HIV/AIDS testing and other prevention measures, and the importance of openness about the disease. Some also pointed out that Uganda’s ABC (Abstain, Be Faithful, Use a Condom) message – a multi-sector approach with high-level political support – had not helped them. Some explained that they had practised fidelity and were faithful to their husbands, but nevertheless became infected after unprotected sex with husbands who had neither remained faithful nor were willing to use condoms. The inability to discuss sex and condom use with their husbands was highlighted as a major problem, which the ABC message does not tackle. Some women felt that the lack of sex education at home or school, ignorance and poverty push women into undesirable relationships and

prostitution, and discussed these as additional reasons for high prevalence rates among women. The consensus was that the soap sculptures are useful in initiating discussions between women and men about HIV/AIDS and disease prevention.

Men-only workshop: findings

The second workshop, exclusively with men, suggested that, on the whole, they were less embarrassed initially by the soap sculptures and more inclined to see them as fun and informative. As with many of the women participants in the first workshop, they recognized and understood images of transparency and the link between openness about the disease and saving lives. They also interpreted, without the need for mediation by the artist/facilitator, the embedded objects in the soap sculptures as depicting suffering, the pain and hardships associated with infection and stigma. Awareness of the disease was already high among both literate and illiterate men, and lack of knowledge was not an issue. A claim by one participant that: “The shells show a woman’s private parts as the trouble maker” required intervention by the artist/facilitator, but this opened up conversation with other participants about the causes of the spread of the disease and the need for men to take responsibility. Participants discussed a number of issues not mentioned by the women, such as sexuality, eroticism, lubrication and fertility. While sexuality is not normally discussed openly, the sculptures encouraged men to initiate conversation about cultural factors that could lead them to become involved in multiple relationships. Discussions also emerged around the expectation that people with HIV/AIDS should abstain from sex, which some considered unacceptable. However, this led in turn to a discussion about awareness of safe sex precautions. The consensus amongst the male participants was that the soap sculptures are helpful in stimulating discussion about the importance of openness, transparency and combating stigma in relation to HIV/AIDS prevention.

Public showings and workshops: findings

The first public soap sculpture exhibition at Katikamu Catholic Parish Church (Figure 5) was important in testing the efficacy of the sculptures in a rural area amongst a mainly poor and illiterate populace, and the possibilities of using these to generate dialogue between women and men. The launch was accompanied by a focus group discussion (in Luganda) with 35 men and women, and was video-recorded for analysis. An introduction by the artist/facilitator included a brief background to the research, describing the soap sculptures in general and in relation to the problems women, in particular, face as they cope with the HIV/AIDS epidemic, the contribution of Ugandan women living with HIV/AIDS to fight the disease, and the artist/facilitator's personal experience of caring for people infected by HIV/AIDS. Significantly, this meeting included women and men together, which would normally be considered inappropriate for the discussion of intimate issues. Thus, initial discussion focused on the use of soap as a means of encouraging all participants to engage in dialogue about HIV/AIDS. Although intended as an indirect, and thus non-threatening, entry into the issues, participants were quite sophisticated in their interpretations. For example, one woman suggested "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". One of the men observed "Like soap our bodies can easily get infected and destroyed".

[Figure 5: Soap Sculpture exhibition at Katikamu Catholic Parish Church, near here]

When the participants were introduced to and encouraged to interact with the soap sculptures, they expressed initial surprise, curiosity and then an eagerness to touch them. On realising that they represented sexual organs, albeit in abstract form, some of the participants expressed some

amusement, but also shyness and embarrassment. When asked about this, one of the women explained 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, which would cause embarrassment to the in-laws and the children.” However, with some encouragement from the artist/facilitator, this prompted a discussion among the participants about cultural norms surrounding discussion of intimate issues and led onto a conversation about the failure to talk openly about HIV/AIDS in the home. Some participants suggested that a lack of transparency has led to whole families being wiped out by the disease. Once the issue of embarrassment and the problems of non-communication had been aired, the participants were more comfortable in discussing openly the deeper symbolism of the soap sculptures in relation to the spread of the disease, its impacts on the body, the need for care, responsibility and openness, and implications for sexual behaviour. Some even related their discussion to personal experience of the disease. The consensus among participants was that the soap sculptures are valuable in enabling them to talk about topics that they would have previously found difficult in a mixed-gender group. They also recognized the value of being able to talk publicly about HIV/AIDS and its prevention. As one participant explained: “I hope this can be taken to rural areas where people shy away from the reality of sex and disease” (10/10/2012).

Feedback from public exhibitions was overwhelmingly positive. One woman delegate at the National HIV/AIDS conference commented that the sculptures were unique because they, “revealed sexual organs, which are rarely [depicted] in the African context”. Follow-up interviews revealed that participants were impressed with the novelty and possibilities of the project, particularly in terms of education and facilitating discussion of prevention between women and men. The message of transparency was highlighted as being particularly important,

as was the targeting of women's lack of self-determination in sexual relations made possible through this approach. Feedback also suggested that policy-makers and practitioners were keen to see the project expanded and developed as part of a "sustainable solution to HIV".

Summary of workshop findings

As we have argued elsewhere (Authors 2011), soap sculptures resonate with men and women from different educational backgrounds, including both literate and illiterate people. They attract interest because they are unusual and novel. Initial responses were sometimes humorous or embarrassed, or both, but as the participants explained, humour helped break through initial shyness and both men and women subsequently engaged with the soap sculptures on a serious and reflective level. The sculptures were successful in stimulating discussion and reminding people of their own experiences of HIV/AIDS, which they then felt more comfortable articulating in public. They also enabled respondents to share their reactions and opinions, often with great enthusiasm and passion. Of particular importance were the ways in which the sculptures succeeded in creating dialogue between men and women about sex and HIV/AIDS that they traditionally find extremely problematic, if not impossible, in both public and private spaces. Despite the potentially controversial representation of genitalia, very few participants objected, nor were they hesitant about giving their views. The scale of the tragedy of HIV/AIDS in Uganda perhaps means that there is widespread understanding of the urgency of opening up discussion of issues around the disease and sexuality in general, and acceptance of the usefulness of using sculptural forms that depict human genitalia to generate this discussion.

Using everyday objects in HIV/AIDS prevention

The research project was successful in using soap sculptures to stimulate discussion between women and men, inspired particularly by a desire to explore the use of art in HIV/AIDS prevention. There are a number of lessons that can be learned from the success of the workshops. We have argued elsewhere (Authors 2011) that with support and investment, the soap sculpture project could be rolled out on a larger scale along the lines of an arts- or craft-based community development project, which have been successful in HIV/AIDS projects in other parts of sub-Saharan Africa (see, for example, Martin 2003; Marschall 2004). The primary aim would be to assist in changing men's attitudes and promoting dialogue between women and men, but with potential to generate an income for women living with HIV/AIDS. In promoting dialogue and openness, a longer term aspiration would be to help women acquire greater confidence in negotiating for safer sex, while recognizing that this also requires wider structural change beyond the scope of this project. Here, we demonstrate how similar workshops aimed at promoting dialogue between women and men could be run without the need for either artistic knowledge or artworks, but by using everyday household objects. Such workshops would cost very little to run. Everyday objects, like sculptures, are metaphorical not literal and thus are appropriate to the Ugandan context where "polite or softer ways of talking about issues regarding taboos is manageable" (Wells *et al.*: 5). In contrast to literal props, such as wooden phalluses, they move beyond simply educating people to encouraging dialogue about HIV/AIDS and its prevention.

The household objects used could be adapted to the specificities of communities across sub-Saharan Africa (and elsewhere), and are particularly useful in contexts where education levels are low. The workshop guide summary outlined below draws from a more extensive manual for practitioners⁽¹⁾ working with communities affected by HIV/AIDS. It uses examples of

household objects that inspired the sculptures in the pilot workshops. In the pilot workshops household objects were the inspiration for artworks, much like the soap sculptures, which were used to precipitate discussion of HIV/AIDS prevention. Although these installations proved impractical compared to soap sculptures, primarily because of their size, the pilot discussions confirmed that the household objects that inspired them have resonance and their symbolism is easily understood by people in poor communities.

Like soap, everyday household objects are both familiar and can be used to broach sensitive issues through recognition, touch and humour. They can be used to stimulate, reflect upon, discuss, and debate HIV/AIDS among men and women. Specifically, they can focus discussion on: the factors that create vulnerability to HIV/AIDS; encouraging people to access testing and counselling; decreasing fear, stigma, denial, discrimination; promoting care, love and support for people living with HIV/AIDS; promoting HIV/AIDS awareness and prevention. Workshop effectiveness depends upon having a skilled facilitator/leader to hold a focus group discussion. Having a skilled counsellor or health professional present is not essential, but our experience is that it can help in answering questions or providing support to participants. The facilitator should, however, have knowledge of the nearest HIV/AIDS counselling, testing and treatment provision. We suggest a three-step approach to organizing a workshop to discuss HIV/AIDS using household objects.

Step 1: The facilitator should be familiar with the household objects and their local use, and clear about the messages s/he wishes to communicate about HIV/AIDS through these.

Step 2: The facilitator informs the participants that the purpose of the workshop is to stimulate discussion and debate about HIV/AIDS using household objects that can communicate HIV/AIDS related information. Participants are encouraged to join in discussion and to ask questions about anything they do not understand, with standard guarantees about confidentiality.

Step 3: The facilitator uses household objects to initiate and provoke discussion about key aspects of HIV/AIDS transmission and prevention. S/he asks questions such as how and why the household objects work and then asks participants to consider these in relation to what they know about HIV/AIDS. Examples of household objects and points of learning include:

Mortar and pestle

The key aims of using a mortar and pestle is to initiate discussion about sex and convey the importance of taking precaution during sexual intercourse. A mortar and pestle is a very familiar household object in Africa, used primarily for pounding groundnuts and similar products. Symbolically it can also relate to sexual intercourse in ways that are easily understood by participants: the mortar representing a vagina and the pestle a penis. In asking participants to discuss the ways in which the utensil works – the pestle entering the mortar and the mortar as a receptacle – initial discussions about sex can be stimulated using humour and without direct reference to sexual organs. In moving the discussion towards safe sex, polythene can be wrapped around the pestle to suggest a condom (in Luganda ‘kavera’ – polythene – is used to mean condom) and participants asked to reflect on the significance of this.

Baskets and sieves

As with mortars and pestles, baskets and sieves can be used to reinforce the importance of taking precautions during intercourse and to discuss the purpose of condoms. Sieves are less common in poorer, rural areas than in urban areas, but in most rural households winnowing or similar baskets are everyday items. Like mortars, baskets and sieves are used to represent female physiology and the porosity of the human body, and encourage reflection on permeability and barriers. Lining a basket with hessian scrim and asking a participant to pour water through demonstrates porosity and the ways in which fluids are permitted to flow through objects. Similar messages can be conveyed where sieves are commonly used through the use of flour. The obvious metaphorical reference is to a woman's body receiving sperm and the danger of infection. Impermeability can be demonstrated by covering the basket/sieve with a polythene bag. Here the metaphorical reference is to the role of a condom. Asking the participants to talk about the differences in relation to HIV/AIDS enables discussion of prevention methods.

Dirty and clean glasses of water

The key messages from activities using drinking water are the nature of risk and the need for testing. Water has simple connotations of purity and potential danger, which can be used to stimulate discussion about bodily fluids and precaution against invisible risks, such as diseases. Using one glass of clean water and another of dirty water, participants can be asked to discuss which they would drink/avoid and why. Participants can then be asked to consider if they would drink water from a non-transparent container through which they cannot see the cleanliness of the water, or what precautions they might take before drinking it. Most participants will be aware of the need to boil water if they are not sure of its purity and the need to take precautions before drinking water. The analogy between water, the transmission of bodily fluids, and the invisible

nature of disease risk (for example, HIV-positive people looking healthy) can then be explored, and the discussion moved towards the importance of testing, taking precautions and reducing risk-taking. Encouraging voluntary counselling and testing for HIV/AIDS amongst sexually-active adults is challenging in sub-Saharan Africa because of the taboos surrounding both sex and the stigma associated with HIV, but this activity is a way of opening discussion about its importance in preventing HIV/AIDS infection.

Conclusions

Using art in raising awareness and preventing the spread of HIV/AIDS presents particular challenges in sub-Saharan Africa. As Wells *et al.* (2002: 73) argue, “Artistic and public expressions of love and physical intimacy are rare in Africa, and images of human sexuality are rarer still”. However, the soap sculpture project is effective because it combines art with craft-based methods using familiar, everyday objects, and simultaneously builds upon the traditions of Ugandan performance and musical art, which entertain, involve and inform participants and spectators about significant social issues (Nzewi 2009). This is a more socially-oriented practice that seeks to replace the traditional focus on sculpture as an object with works either created or selected from domestic objects. It also seeks to involve people in different ways, including allowing them to participate in the development of the artworks and allowing them to handle the artworks.

Participants in this study found it easy to relate to the transparent soap sculptures because soap is an item they use daily and the embedded objects reflect the material cultures of their everyday lives. Transparent soap sculptures demonstrate the effectiveness of household objects in

addressing and communicating the frightening and often taboo subject of HIV/AIDS. By encouraging openness and dialogue between women and men, they help to reduce stigmatisation and discrimination. As the workshops revealed, they can educate, entertain and initiate discussion about the dangers of the disease, which may lead to behavioural change, while also reducing stigmatization of those living with HIV/AIDS. Soap sculptures depicting female and male genitalia stimulated discussion between women and men about sexuality and sexual practices in contexts where this is usually forbidden. A simplification of these items for widespread use in workshops where soap sculptures are not available led to a consideration of the metaphorical associations of other everyday household objects in the discussion of HIV/AIDS.

The project demonstrates that the use of everyday objects can also be a powerful visual and participatory strategy for developing HIV/AIDS prevention and provoking discussion of intimate sexual matters. Like the soap sculptures, with the involvement of a skilled facilitator, they can focus attention, present information, and generate/stimulate discussions in innovative ways by providing information, motivation, empowerment, and self-expression. They can communicate messages, encourage reflection, educate, create awareness of modes of prevention, summarize information, entertain and eventually lead to change of attitudes. Using household objects also provides opportunity for audience involvement; participants look, touch, pick up the object and then reflect on issues regarding HIV/AIDS, enabling discussion with other participants. Significantly, they are common objects, which may also lead to regular reminders through their use as household objects.

Poverty and patriarchal social and cultural relations are clearly of great significance in constraining women's ability to control their sexuality, and thus in HIV/AIDS prevention. Unless men's attitudes towards women change and women's livelihoods are improved, awareness campaigns alone will do little to check the spread of HIV/AIDS. Although encouraging dialogue between women and men through the methods we have highlighted in this paper does not address the structural problems of women's lives, or necessarily always help women negotiate for safer sex, it is a starting point in encouraging more openness about HIV/AIDS and its prevention. The use of household objects in workshops represents a new method of engagement and mode of intervention in the context of HIV/AIDS awareness and prevention. It is inspired by and attuned to the cultural and social specificities of Uganda and responsive to the challenges presented by low literacy levels, oral cultures and patriarchal societies. It is also effective in challenging taboos and encouraging dialogue about sex and sexual relations between women and men, which is essential in the fight against HIV/AIDS.

Notes

1. An unpublished Practical Manual Guide by Author 1 entitled 'Bypassing Literacy using Sculptural Forms as a Communication Tool in the Fight against HIV/AIDS' is available at: [ref removed for anonymity]

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