

## **Using Art to Fight HIV/AIDS in Uganda**

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## Using Art to Fight HIV/AIDS in Uganda

### 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 is 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 and 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 they 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 (Nabulime and McEwan 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 all 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 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 in facilitating this dialogue is the central concern of this chapter.

This chapter reports on an ongoing project that seeks to use art as a 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 art can go beyond education in breaking down taboos and facilitating dialogue between women and men about HIV/AIDS. The chapter 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. We make a case for the utility of art forms 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: experiments in sculpture as social practice**

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 unfamiliar to many Ugandans, and sculptures are often heavy, expensive to produce and not easily reproduced or transported.

The research informing this chapter seeks to use sculpture in new ways, specifically as a form of social practice to generate social change. The idea that art has potential to transform society is not new, but is under-explored in the context of development. The idea of social sculpture, which foregrounds the social, cultural and political function and potential of art, derives in part from the work in the 1960s of German sculptor and performance artist Joseph Beuys (Morgan 2003; Rosenthal 2005). Beuys stressed the critical role of the artist in developing an expanded notion of art through interdisciplinary working that facilitates dialogue and creative agency in transforming people's lives. In bringing this notion of social sculpture to bear on HIV/AIDS prevention, we draw inspiration from Beuysian interdisciplinary collaborations by new genre public artists and academics (for example, the Social Sculpture Research Unit,

<http://www.social-sculpture.org/>; Cook et al. 2000), which promote the idea that the spaces of art should provide for the development and dissemination of ideas, a democratic arena, an active place for spectacle, celebration, dialogue, engagement and the transformation of public attitudes (Corrin and Gonzalez-Torres 2002). In particular, we are inspired by the idea of involving the public in art to facilitate social change.

The research 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 the sculptures and even take them home. The research also draws on traditions of Ugandan performance and musical art that entertain while simultaneously informing participants/observers about significant social issues. This socially-oriented practice seeks to use sculptural forms either created from or inspired by domestic objects. The aim is 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 – IVO) which, until its recent closure, supported women living with HIV/AIDS, 13 HIV/AIDS organizations in Kampala, and focus group discussions in rural Uganda. Responses provided key issues to reflect upon while developing the sculptures. Suggestions 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 are more appropriate than literal, descriptive or documentary imagery (Nabulime and McEwan 2011). For example, an installation entitled ‘Vulnerability’ (Figure 1) using sculptures representing baskets demonstrated that most women participants 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 diverse 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; other 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 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]

### **Prevention through dialogue: 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 soap is recognizable because of its universal everyday use, it is easy to transport and is 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. Embedded objects (Figure 2) convey messages that are familiar across Uganda. 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 painful effects of HIV/AIDS, both physiologically and in terms of the 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 with Embedded Objects 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 (Nabulime

and McEwan 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 about 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.

#### Findings from the women-only workshop

Some participants in the women-only workshop 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 practiced 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.

#### Findings from the men-only workshop

The 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 mediation, 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 discuss 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.

#### Feedback from public showings and workshops

The first public soap sculpture exhibition at Katikamu Catholic Parish Church 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".

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, adults would shy away from the discussion, since the sculptural forms represent the male and female genitals, which would cause embarrassment to the adults 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 (Nabulime and McEwan 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 are sometimes humorous or embarrassed, or both, but as the participants explain, humour helps break through initial shyness and both men and women subsequently engage with the soap sculptures on a serious and reflective level. The sculptures are successful in stimulating discussion and reminding people of their own experiences of HIV/AIDS, which they then feel more comfortable articulating in public. They also enable respondents to share their reactions and opinions, often with great enthusiasm and passion. Of particular importance are the ways in which the sculptures succeed 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 being potentially controversial, very few participants object to the representation of genitalia, nor are they hesitant in 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.

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. Sculptures are metaphorical not literal and are thus 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 assuming that participants do not already have awareness of disease transmission, or wanting to educate them, to encouraging dialogue about HIV/AIDS and its prevention. There are a number of lessons that can be learned from the success of the workshops. We have argued elsewhere (Nabulime and McEwan 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.

## **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 as social sculpture 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 2006). This is a more socially-oriented practice that seeks to replace the traditional focus on sculpture as an object with works created from or inspired by domestic objects. It also seeks to involve people in different ways, including allowing them to participate in the development of the artworks, and to handle and interpret them.

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 metaphor and 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 can educate, entertain and initiate discussion about the dangers of the disease, which may lead to behavioural change, while also reducing stigmatization and discrimination 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. This chapter has demonstrated how sculpture can be a powerful visual and participatory strategy for

developing HIV/AIDS prevention and provoking discussion of intimate sexual matters. With the involvement of a skilled facilitator, the soap sculptures 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.

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 chapter 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 soap sculptures 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 ideas of social sculpture 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 illustrates the potential of art 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 Lilian Nabulime entitled ‘Bypassing Literacy using Sculptural Forms as a Communication Tool in the Fight against HIV/AIDS’ is available at: <http://cedat.mak.ac.ug/publications/bypassing-literacy-using-sculptural-form>

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