

**Bypassing Literacy using Sculptural Forms  
/Household Objects as a Communication Tool in the  
Fight against HIV/AIDS – Practical Manual Guide**



*Motar and Pestle*

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(PhD. Newcastle University 2007)

## **Reasons for developing sculptures/house hold objects in fighting HIV/AIDS**

I have developed a Manual Guide to accompany **Sculptures/Household Objects** during the Commonwealth fellowship (2012) at Durham University. The manual is an extract from my **PhD study at the Newcastle University, UK**. Title of Thesis was *The Role of Sculptural Forms as a Communication Tool in Relation to the Lives and Experiences of Women with HIV/AIDS in Uganda*. In the manual am focusing on “sculptures/household objects” that are used as everyday materials in order to raise awareness and promote discussion around HIV/AIDS.

The ideas for sculptures were derived from a range of personal experiences, including caring for people living with HIV/AIDS in Uganda, literature about HIV/AIDS, and sculptural practice in the 20<sup>th</sup> century. Some of the sculptures/household objects represent essentially subjective and imaginative approaches to addressing a particular range of issues and 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.

The sculptures/household objects ideas are categorised in relation to the following:

- **Infection:** the reality of living with HIV/AIDS (see *Transparent Soap Sculptures*)
- **Testing HIV/AIDS positive:** a need for moral support, care, love, self-esteem, a positive attitude, treatment, and the confidence to fight stigma. (See *Drinking clean water*)
- **Awareness of HIV/AIDS:** sex education, promotion of condoms and femidoms, abstinence and mothers informing and protecting children (See *Motor and pestle*).
- **Vulnerability:** biological nature of women, polygamy; poverty, being ostracised, pain. (See *Baskets*).

These considerations led to a wider use of utilitarian household objects which formed the key components of the following works that could be used to stimulate discussions on HIV/AIDS (some discussed in the next pages).

## Preface

Uganda has made dramatic improvements in reducing the prevalence of HIV and has been at the forefront in the global fight of HIV/AIDS prevention, awareness, and advocacy. HIV infection rates currently stand at around 10% of the adult population. HIV has no cure yet and Uganda is a developing country without sophisticated health systems and in addition the effective antiretroviral therapy (ART) is not accessible to all Ugandans especially in the rural areas<sup>1</sup>. Ignorance and stigma attached to the disease are still major obstacles to any successful campaign in Uganda and the numbers of HIV/AIDS infections are again on increase. This reveals that HIV/AIDS is a disease that can be linked to complexities of human behaviors and social conditions. This challenges societies and culture on complexities of human behavior and social conditions regarding human assumption on sexuality, gender relations and vulnerability of marginalised groups. It is also noted that even in industrialised countries which thought they had managed to curb the epidemic; the numbers are on the rise (Uganda AIDS commission reports 2013, Di Christoph Benn 2010<sup>2</sup>, Uganda Pulse 2012<sup>3</sup>).

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<sup>1</sup> New Vision news, Uganda paper (2010), HIV *treatments* costly, says experts. 1/12/2010

<sup>2</sup> Di Christoph Benn, A solidarity that embraces the whole world. In Rodolfo Casadei (Ed) (2010), Irene's Eyes: Prevention and fighting AIDS the first-hand experience of an Italian NGO, Guerini Editore, Milano, Italy.

<sup>3</sup> <http://www.ugpulse.com/uganda-news/health/hiv-aids-prevalence-rate-increases-in-uganda/26014>. June 2012

## Table of contents

<b>Developing sculptures/house hold objects in fighting HIV/AIDS.....</b>	<b>2</b>
<b>Preface.....</b>	<b>3</b>
<b>Table of Contents .....</b>	<b>4</b>
<b>1.0. Introduction .....</b>	<b>5</b>
1.2. Targeted Audience .....	5
1.3. Objectives of the Practical Manual guide.....	5
<b>2.0 Transparent Soap sculptures for HIV/AIDS for HIV/AIDS awareness.....</b>	<b>7</b>
<b>2.1. Transparent Soap Sculptures .....</b>	<b>7</b>
<b>2.2. Three Dimensional Transparent Soap sculptures (2003-2004).....</b>	<b>9</b>
<b>2.3. Facilitating Transparent Soap Sculptures FDG/Workshop Stimulate Discussions on HIV/AIDS Practice.....</b>	<b>11</b>
<b>2.4. Assessing the Relevance of Transparent Soap Sculpture in HIV/AIDS awareness....</b>	<b>16</b>
<b>3.0: FDG/Workshop accompanied with Sculpture/Household objects to stimulate HIV/AIDS Discussions.....</b>	<b>18</b>
<b>3.1. Other Selected Sculptures/Household objects that can be used to stimulate HIV/AIDS Awareness Discussion.....</b>	<b>20</b>
3.1.1 Mortar and pestle (2002-2004).....	20
3.1.2 Shattered lives (2003-2003).....	21
3.1.3 Vulnerability (2003-2004).....	22
3.1.4 Modern Sieve (2002).....	24
3.1.5 Drinking water: Glasses, a water jar and a tray.....	25
<b>4.0. Conclusion... ..</b>	<b>27</b>
<b>Bibliography.....</b>	<b>28</b>
<b>Appendices.....</b>	<b>29</b>
<b>Appendix 1: Questionnaire .....</b>	<b>29</b>
<b>Appendix 2: Attendance list .....</b>	<b>30</b>
<b>Appendix 3: FGD/Workshop stimulated with Sculptures/household objects for HIV/AIDS Awareness/Discussion Plan.....</b>	<b>31</b>
<b>Appendix4: Dedication.....</b>	<b>32</b>
<b>Appendix 5: Acknowledgement .....</b>	<b>32</b>

## **1.1. Introduction**

The manual focuses on the use of Sculptural Forms/Household objects (e.g. Transparent Soap Sculptures soap, sieves, baskets) to raise HIV/AIDS awareness, bypassing issues of literacy and media access. I have revised, selected and organized the content from my practice based Ph.D. fieldwork “*The Role of Sculptural Forms as a Communication Tool in Relation to the Lives and Experiences of Women with HIV/AIDS in Uganda*”. As a practicing Ugandan artist I am interested in using art to address public health, and have developed a range of sculptures that use everyday materials in order to raise awareness and promote discussion around HIV/AIDS that will aim at reduce HIV/AIDS infections overcome stigma, denial, seek HIV/AIDS counseling services, testing and treatment.

## **1.2. Targeted Audience**

The Practical Manual is developed for skilled people who work with local groups namely, CBOs (Community Based Organisations), social workers, community leaders, counselors and HIV/AIDS educators working in similar organisations. It is targeting high-risk populations and those vulnerable to HIV and AIDS. These groups are often in marginalised communities namely: women, sex workers, injecting drug users (IDUs), migrant populations, youth out of school, women. They may have limited access to information, services and low levels of literacy or none. Although HIV/AIDS program planners have successfully used drama, traditional media, videos for this purpose, they have also developed print materials with visual aids or pictures that convey vital information and stimulate discussion on issues related to risk behaviours and sex and sexuality. For example, most women have an embodied understanding of sieves through the daily practice of straining flour. Thus when sieves are lined with non-porous materials preventing the flow of flour, an understanding emerges about HIV transmission, bodily fluids, sexual anatomy, condom-use and safe-sex practices that is otherwise difficult or taboo to discuss. Women ‘visualise’ the virus in more tangible ways and the surrounding discussions provide valuable insights into beliefs about HIV transmission and offer practical interventions for

example NGO, community health workers. Therefore the use of sculptures/household objects is a powerful, highly visual and intimate strategy for HIV/AIDS awareness. They can draw attention, present information, and generate/stimulate discussions in several innovative ways through motivation, empowerment, and self-expression. They can communicate messages, challenge the mind, encourage reflection, educate, create awareness, summarize information, entertain and eventually lead to change of attitudes. This strategy provides opportunity for audience involvement as it is interactive; one looks, touches, picks up the sculpture/household object and reflect on issues regarding HIV/AIDS.

### **Possible Limitations**

- Effectiveness depends upon having a skilled facilitator/discussion leader and a skilled counselor or health personnel.

### **1.3. Objectives of the Practical Manual guide**

The manual guide is tailored for community workers among communities affected by and infected with HIV/AIDS with low levels of education and also various tribal language barriers. It gives direction on how to use sculpture/related household objects to stimulate, reflect, discuss, and debate HIV/AIDS among communities on:

- Factors that create vulnerability to HIV/AIDS infections, thus averting/preventing the continual spread of HIV/AIDS.
- Encouraging HIV/AIDS testing and counseling, thus promoting treatment, and averting the continual spread of HIV/AIDS re-infection.
- Decreasing fear, stigma, denial, discrimination; and promoting care, love and support for people living with HIV/AIDS.
- The ability to use/reflect on sculpture/related household objects as daily constant reminders for HIV/AIDS awareness.

In section 2.0 and 3.0, the Focus Group Discussion (FGD)/Workshop will be accompanied with Sculptures/Household objects to stimulate HIV/AIDS Discussions

The sculptures to be discussed in a workshop comprise two categories: Transparent Soap Sculptures (See plates 10-16, in section 2.0) and sculptures derived from household objects developed during the research or the Real Household Objects (see plates 1-9 in section 3.0). The sculptural practice research ventured into Household Objects led to the development of Transparent Soap Sculptures to communicate HIV/AIDS awareness. On the other hand the Household Objects like *Mortar and Pestle*; *Drinking Water*; and ordinary soap do educate as symbols and metaphors for HIV/AIDS awareness and are constant reminders.

## **2.0. Transparent Soap Sculptures for HIV/AIDS Awareness**

### **2.1. Transparent Soap Sculptures**

The sculptures seen in (Plates 1-7) are abstract forms made of transparent soap resembling male and female genitalia (sexual organs). The forms were aimed to overcome the taboo of displaying realistic sexual organs in public. Penis form/genitalia relates to the awareness that women should negotiate measures for safe sex. The vulva/pear shaped form with a cowrie shell is a female symbol<sup>4</sup> to emphasise the female genitalia. The cowrie shell embedded in the transparent soap makes the soap attractive/beautiful so as women are attractive to men. The sculpted forms of male and female genitalia and various seeds were used to focus on the main mode of HIV/AIDS transmissions. The male and female transparent soap sculptures are embedded with objects with the intention of conveying various ideas in relation to HIV/AIDS, as a disease that is predominantly transmitted hetero-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.

Further rationales for the development of soap as a sculptural material:

- 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. In the era of HIV if one suspects that s/he may

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<sup>4</sup> The Cowrie Shell may be one of the original Goddess symbols. It has been a symbol of rebirth from at least 20,000 BCE. It represents the female Gate of Life - the yoni. The Romans called Cowrie Shells *meticulous*, which means little matrix or little womb. (Barbara Walker, *The Woman's Dictionary of Symbols & Sacred Objects*, p 508.). [http://www.wicca-spirituality.com/goddess-symbols.html#cowrie\\_shell](http://www.wicca-spirituality.com/goddess-symbols.html#cowrie_shell)

be infected or is suffering from the disease then soap could also be associated with accessing voluntary HIV/AIDS testing and if one is HIV negative then one takes precautions to avoid infections. And if one tests HIV positive then s/he seeks counselling, treatment and care. Therefore the association of soap as a cleansing material becomes relevant by keeping the body free/clean from the HIV infections. And if one is HIV positive to cleanse the body is by seeking proper treatment, reduce HIV/AIDS infections and live longer.

- If tested HIV positive one can also relate to the acceptance of living with the disease, as being as open and faithful as the transparent soap.
- The transparent soaps 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.
- The pieces of soap are embedded with objects to evoke other meanings:
  - Seeds - symbolising sperms or ova relating to life and children.
  - Nails - Symbolising the pain of people living with HIV/AIDS.
  - Lychee- gives an impression of an infection.
  - Cowrie shells –
    - a) are regarded as a female symbol.
    - b) In the past were used as currency. This can relate to the determination to be economically independent and avoid vulnerable situations that largely affect girls and women leading to HIV infections.



## 2.2. Three Dimensional transparent (2003-2004)



Plate 1: *Male* 8 x 8 x 4cm, (left) and *Female* 6.5 x 5 x 5cm (right) soap embedded with cowrie shell (2003-2004).



Plate 2: *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: 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 4: Male and Female transparent soap sculpture family (2004), 150 x 150cm, soap embedded with beans, cowrie shells, seeds and nails.**

Note

The Male and Female soap sculptures are patent registered according to *UK Intellectual Property UK* (2007); *Office for Harmonisation in the internal Market* (Trade Marks and designs) EU (2007); *The Registrar of Trade Marks Uganda* Class 05 under No. 27571 (2005). A proposal for the production of soap sculptures is currently being developed so that women living with HIV/AIDS can produce them to both run workshops themselves and to earn a living; the registration ensures that a fee could be charged if the soap sculptures are sold, generating income for the women. The artist's involvement is required in creating the molds, but the intention is that a select group of women living with HIV/AIDS would be trained to cast the soaps for use in community workshops, supported by NGOs, to continue the process of dialogue.

### **2.3. Facilitating Transparent Soap Sculptures FDG/Workshop to Stimulate Discussions on HIV/AIDS**

**Images of Soap Sculptures FGD/Workshop at Katikamu Catholic Parish in Kasana – Luwero District, 10<sup>th</sup> of March 2005**



**Plate 5: Participants observe the soap sculptures before responding to the questionnaire.**



**Plate 6: Participants in discussion, responding to the questionnaire and soap sculptures**





**Plate 7: Participants observe the soap sculptures and responding to the questionnaire with the research assistant and researcher.**

### **2.3.1 Procedure of Facilitating the FGD/Workshop with Transparent Soap Sculptures/household objects for HIV/AIDS Awareness/Discussion in Detail**

This section demonstrates how I run my FGD/Workshops accompanied with sculptures/household objects to stimulate discussions on HIV/AIDS. As I facilitate have a note paper with a plan of a FDG/Workshop. The note paper reminds me to: prepare a draft paper, FDG/Workshop attendance list (Appendix 2); Sample FDG/Workshop guide paper; have a paper with plan/programme for the FDG/Workshop with suggests a time frame (Appendix 3).

#### **Step 1: Facilitator's Opening Statement**

I start FGD/workshops with greetings and a short general prayer<sup>5</sup>. I introduce myself and also introduce other people who are accompanying me for example the Note Taker/Assistant, Doctor or Counselor if they are available (These are silent participants who can share their views and experiences towards the end of the discussion).

I inform the participants that the purpose of FDG/Workshop is to stimulate discussions/debates on HIV/AIDS using Sculptures/household objects that can communicate HIV/AIDS related information. I inform them that they should feel free to respond to the discussions. If they are

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<sup>5</sup> In Uganda we start off and end with a prayer in meetings. Many Uganda have been affected by loosing loved ones to HIV/AIDs or have had have tough experience thus a prayer gives them comfort or hope. This is optional in various communities and countries.

issues they do not understand they are free to raise their hands and ask. They are informed that the information received will remain **confidential** and I also ask for their **consent**. I promise the audience that private information discussed will not be passed to any other party for the respect of confidentiality. And also request them that if there are any private responses affecting participants they too should also respect confidentiality.

I explain how the information will be used and also establish ground rules for the discussion. These can include: time-frame, rest room breaks, availability of food, importance of talking one person at a time and respecting divergent opinions. I stress that a response is not needed for each question/views from every participant and that the questions/views can be answered after the discussion and reminding participants that their ideas are valuable and that they are the experts. I develop a rapport with and among group members and inform them that we are equal in this discussion/debate regardless of the levels of education, gender, social status or ethnicity. An example one of the workshop I facilitated is seen in the images of the Soap Sculptures at Katikamu FDG/Workshop at a Catholic Parish in Kasana – Luwero District, Uganda (2005) seen in plates (5-7) Soap sculpture debates/discussion can also be carried out for individuals as they would be free, have more information and discuss more sensitive issues openly. You can also discuss with two or three people as long as they were free with each other. When I run a FDG/Workshop or with an individual or two or three people the introduction, set up, procedure is similar. In a FDG/Workshop the manageable maximum number is 20 people. I lay the sculptures on the table and preferably on a black table cloth. The black material enables the sculptures to stand out clearly and all the attention is drawn on them. They can be mixed up as seen in the *Soap family* or you can have 2-4 or more and at least there should be one or more without anything embedded in them as seen in the male transparent soap in plate 1.

### **Relevant note for facilitators<sup>6</sup>.**

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#### <sup>6</sup> **Point to note**

The facilitator should be very familiar with the practical manual guide before starting the FDG/Workshop so that s/he is well-informed about the sculptures/household objects being discussed. This enables the facilitator to know when it is necessary to use the “probe” towards participant’s responses while discussing the sculptures/household objects (see also appendices 2, 3, 4, 5). The steps below can be taken or followed through a FDG/Workshop with sculptures /household objects.

## **Step 2: Developing a Budget**

This manual guide was designed so that it can be used in all levels of communities. It all depends on the facilitator (or the organisations in charge of the community group discussion they are handling).

## **Step 3: Participants invited to observe the Soap Sculptures**

The installation of the *Soap Family* (2004) comprises of two enlarged male and female transparent soap sculptures, surrounded by 100 smaller male and female transparent soap sculptures, some embedded with objects is displayed on an ordinary table (see plates 18-22). 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. The overall impression of this group of sculptures is that it is attractive to look at, and relates to fertility. Inference of the work takes on a rather sinister meaning. As the crowd of small soap figures surrounds 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.

- The soap activation by the participants in the workshop gives them time to interact with the soap sculptures by themselves. Therefore I present the soap sculptures embedded with objects, with a few words<sup>7</sup>. The participants are allowed to become involved in arranging the soap sculptures before the discussion. They touch, hold the sculptures, pondering over them and express their feelings about the soap sculptures in relation to HIV/AIDS awareness (as seen in plates 5-7).

During the introduction the assistant/note taker gives out the questions (seen in Box 1) to the participants. These can be carried home after the workshop especially to benefit those who can read and write - a reminder of the issues discussed).

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<sup>7</sup> It was noted (while piloting the soap sculptures) that revealing the symbolism of the objects in the soap influenced the participants' response. Therefore, it is important for the participants to observe the sculptures for themselves before they respond to the guided questions (seen in Box 1).

#### **Step 4: Touching the Heart as Well as the Mind of the Audience.**

Throughout the discussions I make participants feel positive, happiness, confidence, gladness, or enthusiasm that they can achieve through FGD/sculpture workshop namely: adopting the proposed behavior, attitude, confidence, come out of denial (for example reminding them that Edward (husband) would be alive if he was not been in denial). I make them feel that the sculptures/home objects presented address us directly.

#### **Step 5: Making the Message Relevant and Related to Real Life.**

The messages I attach to the sculpture/home object are important to the life of the participants during the discussion and I believe will probably be remembered. I make sure the presentation of the message refers to real-life situations.

#### **Step 6: Guidelines to be conscious of during discussions on HIV/AIDS**

As I facilitate the workshop I encourage every one to speak during the workshop. I am also prepared to deal with questions and misinformation from the participants. During the discussion I also address gender, gender inequality and culture as they are factors that propel HIV/AIDS infections. During the discussions I have to be vigilant that the messages should highlight service delivery systems that are operational and accessible around the community.

#### **Step 7: Asking for Participants' Final Comments**

About 15 to 20 minutes before the end of the allocated time, I let the participants know that they are coming to the end of the discussion and also need their help to identify and refine key themes that emerged from the discussion. I identify differences of perspective, contrasting opinions, and areas of agreement. I allow plenty of time for this final round of comments and insight as participants frequently choose this last opportunity to speak up about important issues. It is also important to give the Doctor or HIV/AIDS Counselor (if in attendance) a chance to make comments or add their views since they may have been silent participants in the discussion and yet they are the experts in HIV/AIDS issues.

## **Step 8: Wrap-up and Closure**

This gives me time to review, clarify, and summaries' main points arising in the discussion. I check out hunches, ideas, conclusions, and the relative importance of responses with the participants, allowing ample time for further debate. I identify differences of perspective, contrasting opinions, and areas of agreement. I summarise and examine with the group the relative importance of certain categories of responses namely HIV/AIDs infections; counseling; testing; treatment; caring for the infected and affected; protection-using condom or abstaining.... I allow a round of final comments and insights, then thank the participants for their contributions.

### **NB**

The Household objects and the Transparent Soap Sculptures address both educated and non-educated people from various ethnic groups and languages. This means that money cannot be spent on translating the Soap Sculpture FDG/Workshop into various languages, and this becomes economically a viable strategy.

## **2.4. Assessing the relevance of Transparent Soap Sculptures in HIV/AIDS awareness**

Here are some of the frequent questions asked on the transparent sculptures. I responded accordingly to the experience I have witnessed with individual or group discussions below:

### **A. How important are Transparent Soap Sculptures?**

1. Soap Sculptures are an effective strategy to communicate the message on AIDS especially to people with low levels of literacy. For example the embedded Soap sculptures succeed by revealing uses, abuses and the lack of conscious consideration or ignorance concerning one's personal health.
2. Transparent soap sculptures can address both literate and illiterate people and also overcome any language barriers.



3. The soap sculptures are excellent - they convey the message visually immediately. They are also tactile and meaningful of human flesh, in ways that other materials cannot approach through touch: for example stone, wood, plastics etc. Their transparency is a key dimension, suggesting the importance of revealing - information, experiences, the stories of women and men, the nature of relationships in different communities, but also the possibilities for change/transformation.

4. The success of the soap sculptures also depends on the target audience, the facilitator's knowledge and handling of the soap FGD/Workshop. The facilitator will need to evaluate the feedback from the participants. The feedback can be worked on as the **note taker** records the responses down following my guiding questions in Box1. In addition a tape recorder can be used to record the responses as well. At the end of the workshop participants can be asked to raise their hands if, "they think the soap sculptures stimulate a discussion on HIV/AIDS awareness?"

### **B. Do transparent soap sculptures make talking about HIV/AIDS easier and if yes how?**

Yes they do because people use soap daily by for cleaning their bodies. They want to smell good, to look good, feel good and this is quite significant as well as attending to issues concerning HIV/Aids. Soap sculptures are visual, tactile (warm to touch), easy to handle, slightly shocking (those embedded with objects and those without) an interesting concept end in themselves stimulating conversations on AIDS. They can be touched and passed around which helps to break the ice. They can make people laugh which helps to dispel embarrassment in talking about difficult issues (as seen in plates 5-7).

My 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 (Nabulime L M (thesis) 2007).

### 3.0 FDG/Workshop accompanied with Sculpture/Household objects to stimulate HIV/AIDS Discussions

The sculptures/household objects presented for interpretation of views on issues regarding HIV/AIDS awareness. This enables the facilitator to have an idea of the intended message of each sculpture. The sculptures are placed in the room/space to enable participants to reflect on them and discuss the dangers of HIV/AIDS. The **aim is to empower community workers handling vulnerable** groups with objects that can ease their; education/discussion/sharing issues and knowledge regarding HIV/AIDS. They can utilize sculptures/household objects like: baskets, mirrors, sieves, mortar and pestles. These can function as constant reminders about the risks or dangers of HIV/AIDS as these household objects are used on a daily basis. When vulnerable communities are aware of the basic facts about HIV/AIDS gained from the discussion with the sculptures they will develop favourable attitudes toward prevention, learn a set of skills that can be passed on to their families, even to question how to access appropriate products and services. FGD/Workshops discussions on HIV/AIDS awareness should involve men and women so as to enhance increased knowledge of the basic facts of HIV/AIDS and STIs transmissions, protection and treatments.

As I lead on the discussions I am reminded the objectives that I have to achieve for running the FGD/Workshop (see section 1.3). I am also guided by notes on the “Procedure of Facilitating the FGD/Workshop with Transparent Soap Sculptures/household objects for HIV/AIDS Awareness in Detail” (section 2.3.1) tailored by using data from other manual guides<sup>8,9,10</sup>. I embraced the underlying factors that contribute to the epidemic, namely; gender inequality, poverty, social and cultural factors that affect women and girls disproportionately. The discussions should include: Promote essential attitude changes such as perceived personal risk of HIV infection; Reduce stigma and discrimination; Overcome taboos and cultural barriers; Seek demand for information and services; Seek services for HIVADS testing, counselling, prevention, treatment care, and

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<sup>8</sup> *A Guide to Developing Materials on HIV/AIDS and STIs (2003)*, developed by organisations: PATH and Save the Children Fund and Family Health International [http://www.path.org/publications/files/CP\\_u\\_guide\\_hiv-aids-sti.pdf](http://www.path.org/publications/files/CP_u_guide_hiv-aids-sti.pdf)

<sup>9</sup> Alice Welbourn 2007, *Stepping Stones, A training package on HIV/AIDS, communication and relationship skills*, published by Strategies for Hope trust, Oxford, UK.

<sup>10</sup> I have tailored some of the manual guide procedure by extracting some parts from *A Guide to Developing Materials on HIV/AIDS and STIs (2003)*, developed by organisations: PATH and Save the Children and Family Health International

support. As the objects are placed in front of the participants we start off with one item. I usually ask the participants: “To observe, then reflect on the Sculptures/household objects; what thoughts come to their mind regarding HIV/AIDS?” I mostly use open-ended questions (questions that cannot be answered with “yes” or “no”), I probe, and follow up on answers to get additional information, clarify points, and obtain increasingly deeper responses to key questions and connecting emergent data from separate questions into an integrated analysis. I also ensure that all participants who want to comment can do so.

### **3.1. Other Selected household objects that can be used to stimulate HIV/AIDS awareness discussions**

The household objects to be discussed are derived from specific artworks: *Mortar and pestle* (2002-2004), *Shattered lives* (2003-2003), *Shattered lives* (2003-2003), *Vulnerability* (2003-2004), *Modern Sieve* (2002) and *Drinking Water* (2003). Each object/image is given a title; interpretive text describing the sculpture in relation to HIV/AIDS awareness; Activity (I engage the participants by asking them to lift, touch and hold the household objects aiming to stimulate their minds for the discussion); then I lead them by asking:

#### **What are their responses to the house hold objects regarding HIV/AIDS?**

“As we discuss each house hold object reflect and consult on the Procedure of Facilitating the FGD/Workshop with household objects for HIV/AIDS, Awareness/discussion in Detail (section 2.4.1).



Plate 8: Mortar and pestle and above and Plate 9 Plate 10: (detail)  
2002-2004), 57 x 50 x 100cm, wood, copper plates.

### 3.1.1. *Mortar and pestle* (2002-2004)

#### A. Message: Taking precaution in a sexual intercourse

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's are utensils used in pounding groundnuts, but symbolically they can relate to sexual intercourse: the mortar representing a vagina and the pestle, the penis. Moreover this metaphor is easily understood and these kitchen utensils are found in many homes. In the process of developing the sculpture, polythene<sup>11</sup> was wrapped around the pestle to suggest a condom. This sculpture was intended to communicate to women that they should encourage their men to use condoms. After the pilot project copper was nailed in and around the mortar. This Copper plating is a metal which represents strength/protection. This can be interpreted as the ability to resist temptation if you are unsure of the safety of a sexual encounter.

**B. Activity:** Get a mortar, pestle and polythene to suggest condom use or a condom that can fit the pestle.

**C. What are responses/views of the participants regarding the Mortar and Pestle and HIV/AIDS?** .....

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<sup>11</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 11:** *Shattered lives* (2003-2003), 122 x 122 x 60 cm, wooden table, copper bowls, mirrors, broken glass.

### **3.1.2. *Shattered lives* (2003-2003)**

**Message:** The pain of testing HIV positive and the impact on lives but getting better on counselling and treatment.

The sculpture used copper bowls filled with broken glass and mirrors. 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. 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 their lives. 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 the 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.

#### **B. Activity:**

Get two mirrors, one clear and another one shattered. Let the participants have a look at themselves in each.

#### **C. What are responses/views of the participants regarding *Shattered lives* and HIV/AIDS?**

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.....



**Plate 12: *Vulnerability* (2003-2004), 150 x 150 cm (installation) basketry made of scrim, colour, nails, latex, foil and food wrapping.**



**Plate 13: basketry lined with latex; Plate 5: coloured red and nails : *Vulnerability* (2003-2004), 30 cm wide (details), basketry made of scrim.**

### **3.1.3. *Vulnerability* (2003-2004)**

**A. Message: Nature of the female physiology and the vagina leads to more HIV/AIDS infections**

*Vulnerability (2003-2004)* is made of open vessels/baskets and are used to refer to female physiology, and the vagina is seen as a basket retaining sperm for some time. There are 20 baskets in the set-up, made of scrim, colour, nails, latex, foil and food wrapping. Four of the baskets are covered with different materials to communicate different meanings. The baskets's woven 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, fluids which may be infected. One of the baskets is painted red with nails protruding from the inside communicating danger and pain relating to HIV/AIDS infection. Another basket has latex painted inside to show that hessian bowls can be rendered impermeable (can be substituted to be covered with a polythene bag), referring to the need for condom use. The third and fourth bowls are covered with flimsy materials like tin foil and food wrapping material a reference to the unreliability of improvised alternatives<sup>12</sup> (Plates 3). 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.

### **B. Activity:**

The facilitator can have 3 simple baskets, a jug with water and a polythene paper. Basket (1), cover it with polythene, Basket (2) is empty and Basket (3) is empty and placed upside down on the floor suggesting abstinence. Request 2 participants one to hold the basket lined with polythene and another to hold the basket without anything. The third person pours water in the two baskets. One basket covered with polythene will retain water and the other will not.

### **C. What are responses/views of the participants regarding HIV/AIDS?**

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.....

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<sup>12</sup> Fake/poor quality condoms that sometimes are put off market in Uganda. Reference Mark Kirumira, Uganda: Engabu's Second Coming: In 2004, Engabu condoms were withdrawn from the market due to public outcry over their poor quality. Some changes have been made and hopefully, they will meet the consumers' expectations this time <http://allafrica.com/stories/200606220886.html> Monitor Newspaper, 23 June, 2006.





Plate 14: *Modern Sieve* (2002), 50 x 15cm, lentils, sieve and silver bowl.

### 3.1.4 *Modern Sieve* (2002)

#### **Message: Reflection on the relationships, safe sex, counseling, treatment and HIV/AIDS**

*Modern Sieve* (2002) consists of lentils, a sieve and silver bowl (Plate 14). The stainless steel strainer and bowl are home utility wares and the work relates to the process of winnowing. A modern stainless steel sieve was used, something that village women may 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.

#### **B. Activity:**

The facilitator can have a sieve, bowl and flour namely maize or cassava. In rural areas a winnowing basket with grains/seeds and chaff can be used if available. Both the *Modern Sieve* and *Winnowing basket* can be used for action by the participants in a workshop. As the participants sieve the flour or winnowing the grains/seeds from chaff, the participants reflect the actions regarding HIV/AIDS

#### **C. What are the responses/views of the participants regarding HIV/AIDS?**

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.....





**Plates 15: (left) Glasses, a water jar a tray and Plate 16: (right) Examining the water.**



**Plate 17: *Drinking Water* (2003), 46cm x 30cm. Water, clean glasses, dirty glasses, water jug.**

### **3.1.5 *Drinking Water* (2003)**

**A. Message:** Resist the urge to drink water that is not safe.

*Drinking Water* is a self-explanatory action related to the commonest and most regular of daily activity, and with simple connotations of purity and potential danger. The dirty objects can be clearly seen through glass but not touched or interacted with. *Drinking Water* refers to the role

people take to check if the water they are drinking is good/clean/boiled. 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.

### **B. Activity**

In the action of *Drinking Water*, the aim was to use water 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 water they drink and they should be equally mindful of testing for safe sex through VCT (voluntary counseling and testing) which is likely to reduce the rate of HIV/AIDS infections.

Have two glasses; one filled with clean water and the other with dirty water. Ask the participants if they would drink the water and if not why?

### **NB.**

- i. “NO” for the clean water leads to question if water is boiled or not. The same question applies to having sex “are you and you partner tested free from HIV” or “are you and your partner using protection in a sexual relationship”
- ii. “YES” would also lead to probing questions. “Water may look pure but not clean for consumption.” Same applies one may look good yet carries HIV virus, this calls for HIV testing or a reminder to use a condom.

### **C. What are responses/views of the participants regarding HIV/AIDS to this action?**

.....  
.....

## **4.0 Conclusion**

In the past I have had individuals or male groups or female groups but having men and women together in HIV/AIDS awareness discussion is crucial. There are tensions as women feel shy, embarrassed to express themselves among men or the men feel macho, that they do not want their sexual habits/cultures compromised. Transparent Soap FGD/Workshops with men and women encourage them to reflect on how the HIV/AIDS affects both of them and that is the most important opportunity to probe HIV/AIDS issues and listen to both the men and women views. The Transparent Soap FGD/Workshop if well organised then it is efficient and rewarding as both men and women will gradually lead to improved behaviours in communities and families.

Last but not least the Real Household objects discussed in plates 8-17 can be substituted for FGD/Workshop discussions on HIV/AIDS awareness incase Transparent Soap Sculptures are not available.

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## APENDICES

### Appendix 1: Questionnaire

**My discussions were guided by some of the following questions below:**

**1. What is sculpture? Has it ever been used in HIV/AIDS awareness?**

This question is important because Ugandans do not have a formal educational background in art.. The other questions below uncover the opinions about soap sculptures in HIV/AIDS awareness in order to find out if the soap sculptures had succeeded in promoting awareness.

**2. When you look at these sculptures what are your feelings about them? Please give me words which most closely describe the feelings they arouse.**

•Joy • humour • attraction • eagerness to touch • excitement • reflection • disgust • dislike • repulsion •embarrassment • shock • suspicion

**3a. Which of the following associations do you feel are most appropriate in describing the sculpture?**

•Reproduction • Death • Infection • Organs • Witchcraft • Personal hygiene • Soap • Transparency  
• Ritualistic Objects • Love soap • Sickness • Lubrication • Fun Soap  
• Cleansing • Fertility • Eroticism • Family • Protector Soap • Good Luck Soap

**3b. Would thinking about/seeing the sculptures remind you of the messages relating to HIV/AIDS?**

**3c. It is noted that there are more HIV/AIDS infections among women (UNAIDS, WHO, UAC 2012). What are the factors that make women vulnerable to HIV/AIDS?**

**4. Would transparent/translucent soap relate to transparency in relationships?**

**5. Soap is used for cleansing the body externally; would cleansing relate to amending one's actions in a way that would lead to behaviour change?**

**6a. Do you think the soap sculptures stimulate a discussion on HIV/AIDS awareness?**  
Yes or No

**6b. If yes, can you mention some of the issues that may be raised?**

**6c. If not, please give your views as to why they would fail to stimulate discussion.**

**Box 1: Guiding Questions Transparent Soap Sculptures FDG/Workshop on HIV/AIDS Awareness**

## Appendix 2: Attendance list

**Date (day/month/year):** \_\_\_\_\_ **Time FDG/Workshop began:** \_\_\_\_\_

**Name of facilitator:** \_\_\_\_\_ **Time FDG/Workshop ended:** \_\_\_\_\_

**Name of recorder:** \_\_\_\_\_

### Names/Bio data of participants

No.	Names	Age	Gender F/M	Ethnicity	Marital Status	Education Levels	Occupation

**Appendix 3: FGD/Workshop stimulated with Sculptures/household objects for HIV/AIDS Awareness/Discussion Plan. (Time frame: Approximately 2hour 30mins)**

ITEM	ACTIVITY	TIME
1.	<b>Facilitator's Opening Statement</b>	10 Mins
	-Introductions of facilitator, personnel assisting and participants	
	-Ground rules for the discussions namely: Issues of Confidentiality and Consent in the FGD/Workshop	
2.	<b>Warm-up session</b>	
	Participants introduce themselves. FDG/Workshop attendance list handled by note-taker/assistant	10 Mins
3.	Introduction to the development of sculptures/house hold objects in fighting HIV/AIDS	5 Mins
4.	<b>BREAK</b>	10 Mins
	Main body of FGD/Workshop accompanied with Sculptures/Household objects to stimulate HIV/AIDS Discussions	
5.	<b>Selected household objects to stimulate HIV/ADS Awareness discussion</b>	20 Mins
6.	<b>Transparent Soap Sculptures to stimulate discussions/debates on HIV/AIDS</b>	60 Mins
7.	<b>Asking for Participants' Final Comments.</b> Let the participants know that they are coming to the end of the discussion. Facilitator asks the participants to help to identify and refine key themes that emerged from the discussion.	15 Mins
8	<b>Doctor/Counsellor 's comments (if they are in attendance)</b>	10 Mins
9	<b>Wrap-up and Closure</b> The facilitator to review, clarify, and summarise main points arising in the discussion	10 Mins

## **Appendix 4: Dedication**

To the great men in my life: my late husband, Edward Kitaka Kizito, (1961-2005), my late father, Richard Kyeyune, (1934-1987) and the late Annet Nanvubya (2004) R.I.P. They gave me their love, support and encouragement to progress in both my studies and career.

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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 endeavors against HIV/AIDS.

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