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Abstract

This article explores the possibilities of art as social practice in the context of the fight against HIV/AIDS. It is inspired by notions of art having the capacity to move beyond the spaces of galleries into an expanded field, and thus beyond the visual and into the social. The article examines the potential for sculpture to play a transformative role in HIV/AIDS awareness and prevention, and in transforming the gender relations that shape the dynamics of the spread of the disease. These ideas are developed through discussion of research conducted in Uganda and in the UK, which sought to develop forms of sculptural practice for HIV/AIDS awareness and prevention in Uganda. The article explores the ways in which a series of soap sculptures are an effective tool in the fight against the disease, particularly in communities with high rates of illiteracy and in which discussion of sex and sexuality remains largely taboo. The article contends that countering taboo and facilitating dialogue between women and men, thus encouraging attitudinal and behavioural change, are perhaps the most significant impacts that this form of sculpture can make. This is because while awareness of the disease in Uganda is often high, having the capacity to discuss and act upon this awareness is often problematic, largely because of fear, stigma and taboo, and the unequal gender relations that determine the nature of men and women's sexual lives. The article concludes that the transformative effects of the soap sculptures are revealed in the ways in which they challenge taboos, tackle fear and stigma, and facilitate dialogue between men and women.

Keywords

art, gender, HIV/AIDS, sculpture, sub-Saharan Africa, transformation, Uganda

Introduction

The idea that art has potential to transform society is not a new one. Radical, new ideas about the social, cultural and political function and potential of art emerged after World War Two. A particular influence during the 1960s was German sculptor and performance artist, Joseph Beuys, who proposed and stressed the need for an expanded conception of art in which every human being – in

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their inherent freedom, creativity and transformative power – has the potential to be an artist.¹ This period also witnessed the emergence of a more explicit idea of art as socially engaged practice. Artists began creating sculpture and other art forms that extended beyond the spaces of the art gallery and museum to involve people directly in what Rosalind Krauss described as art ‘in the expanded field’.² This notion of art in the expanded field has been developed by new genre public artists and groups committed to socially and politically engaged artistic practice around the world.³ What distinguishes these artists and groups of artists is that they specialize in involving the public in their work to facilitate social change, in contrast to mainstream contemporary artists who are frequently accused of being far removed from common concerns.

Inspired in part by this long tradition of socially and politically engaged art, this paper explores the possibilities of art as social practice in the context of sub-Saharan Africa. Specifically, it examines the potential for sculpture in the expanded field to play a transformative role in both HIV/AIDS awareness and prevention, and in the gender relations that shape the dynamics of the spread of the disease in sub-Saharan Africa.

It draws on research conducted in Uganda between 2002 and 2005, which sought to explore the extent to which art can play a role in communication about the lives and experiences of women living with HIV/AIDS, and the kinds of art forms that might contribute to awareness and prevention of the disease. The paper is a product of collaboration between an artist and a human geographer⁴ to examine the role of art in promoting education, dialogue, and social and cultural change in the context of HIV/AIDS. It is in large part also inspired by the experiences and motivations of the artist herself, specifically Lilian’s personal experience of caring for someone with HIV/AIDS and her understanding of the areas lacking support in spreading HIV/AIDS awareness. Drawing on ideas of socially engaged art,⁵ the paper contends that art is able to move beyond the visual and into the social in ways that make it a valuable tool in the fight against HIV/AIDS. Moreover, it suggests that art as social practice in the context of Africa has further transformative potential than has often been realized elsewhere, primarily because of its ability to enable hitherto marginalized people to exercise voice and develop, what Appadurai terms, a capacity to aspire.⁶ In this sense, the paper explores the potential of art to harness creative capacity in the fight against HIV/AIDS in ways that might bring about social, cultural, and even economic transformation.

The paper begins by outlining the current situation concerning HIV/AIDS in Uganda and the problems faced by women, specifically, that render them most vulnerable to the disease. It explores the use of art in HIV/AIDS initiatives in Africa, before discussing the development of sculptural practice for HIV/AIDS awareness and prevention in Uganda. In the light of the gravity of the impact of HIV/AIDS in Uganda, the paper explores how art as social practice could be a significant and effective tool in the fight against the disease. It contends that sculptural forms can be useful in promoting awareness and prevention of the disease among both men and women, specifically in communities with high rates of illiteracy and in which discussion of sexuality remains largely taboo. Indeed, it suggests that countering taboo and initiating discussion between women and men are perhaps the most significant impacts that art can make, since in Uganda awareness is not necessarily the most pressing problem. Many people, whether literate or not, have some awareness of the disease, of how it is transmitted, and even modes of prevention. However, having the capacity to discuss openly and act upon this awareness is another matter entirely, largely because of fear, stigma and taboos surrounding the disease, and the unequal gender relations that determine the nature of men and women’s sexual lives. It is in challenging taboos, tackling fear and stigma, and facilitating dialogue between men and women that we argue for the transformative possibilities of art as social practice in the context of HIV/AIDS.

HIV/AIDS in Uganda

Uganda is widely considered an HIV/AIDS success story. The nature of this success is a source of contention because of the unreliability of survey methods and statistics. Some reputable sources claim that Uganda reduced its prevalence rate significantly during the 1990s from one of the highest (around 25%) to a rate lower than that of the sub-Saharan African region overall (around 5.5%).⁷ Others claim that there was never any reliable evidence that prevalent rates were so high.⁸ However, most commentators do agree that prevalence rates have fallen in Uganda at the same time that they have risen elsewhere in Africa. As Allen and Heald argue:

... there is certainly evidence that there has been a decline in both incidence and prevalence at several locations, and overall rates have not exploded in the way that they have in southern Africa over the last fifteen years.⁹

One reason for this reduction was high-level political support from the late 1980s, effective awareness-raising campaigns, and a multi-sector response organized primarily around an 'ABC' message: Abstain; Be faithful; use a Condom. The latter was initially not prioritized by President Museveni, who preferred to promote 'family values' in a largely Catholic country. There was reluctance until the 1990s to distribute condoms in rural areas, but this has increased significantly since the 1990s.¹⁰ However, more recently, HIV/AIDS infection rates have increased to around 8%, partly because of growing complacency concerning the disease, especially among young people,¹¹ but also as a consequence of the influence of external donors (especially the USA) in shifting government policy towards abstinence. Attempts (at the time of writing) by the Ugandan government to criminalize HIV/AIDS transmission are likely to discourage testing and transparency, escalate stigma and increase infections rates.¹² The impact of HIV/AIDS has been felt across the country in terms of the loss of lives and associated social and economic costs.¹³ Ugandans have employed a variety of approaches to education and prevention, yet the spread of disease still results in thousands of deaths each year and contributes to reduced life expectancy, higher infant mortality, and declining population and growth rates. HIV/AIDS has had detrimental impacts on social capital, population structure and economic growth, with serious consequences for human development.¹⁴

As in most sub-Saharan countries, Ugandan women are particularly vulnerable to HIV/AIDS, with consistently higher prevalence rates being reported.¹⁵ Patriarchal cultural and social relations mean that women lack the capacity to negotiate for safer sex.¹⁶ Associated stigma means that women often delay seeking diagnosis and treatment, which renders the disease more difficult to treat.¹⁷ Women are put at greater risk by a number of cultural practices including female circumcision, polygamy and ritual sex.¹⁸ Sexual abuse, particularly at times and in places affected by conflict, and forced marriages have also added to women's vulnerability.¹⁹ Perhaps most significantly, poverty and lack of education means 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.²⁰

Attempts to deal with HIV/AIDS in Uganda are complicated by the fact that it has a predominantly rural population with over fifty different ethnic groups or tribes, many of whom possess their own language and cultural practices. In addition, nearly half of women are illiterate – with higher rates among older women living in rural areas – and there is a significant gender gap in literacy levels.²¹ Thus, despite relatively high levels of HIV/AIDS knowledge, risk perception and risk avoidance options, economic, social and cultural factors mean that Ugandan women remain

most vulnerable to the epidemic.²² In this context, art has a potentially useful and important role to play in the fight against HIV/AIDS.

Art as communication in the context of HIV/AIDS in Africa

The dynamics of power and knowledge in the global information economy pose challenges for education and social development in the context of the HIV/AIDS pandemic. As Mushengyezi argues, African governments and their development partners tend to take communication models and techniques from the global North and apply them wholesale to local environments in Africa.²³ Consequently, these often have little or no impact upon the peoples for whom they are intended because they are not contextualized against local settings and are often ignorant of cultural dynamics and worldviews. In many poor countries, communication technologies have limited coverage and the necessary equipment is costly. In addition, communication often fails in the context of poverty because what people hear does not address their basic needs. These problems are exacerbated further by gender disparities, which hinder women's access to information about HIV/AIDS, and the lack of meaningful roles in leadership positions for women at community and national levels.²⁴

HIV/AIDS often affects those who are hardest to reach through conventional print and broadcast media channels: the poor and the uneducated.²⁵ For this reason, indigenous forms of communication – dance, music, drama, drums and horns, village criers, orators and storytellers – remain effective channels for disseminating messages in rural societies where the population tends to be predominantly orate.²⁶ These methods require cheap, locally made and readily available equipment and there are numerous examples of their use in HIV/AIDS education and prevention, particularly in rural parts of Uganda.²⁷ Given the use of non-literate methods of communication, it is perhaps surprising that art has been less commonly used in Africa to raise awareness about HIV/AIDS than it has been in Europe, North America and Australia. Exceptions include the South African Memorial Quilt (1989) and Joyce Kohl's AIDS Wall (2003) in Harare, which were both inspired by AIDS memorial quilts in the USA, as well as the Art versus AIDS public murals in Lome, Togo.²⁸ South Africa is one of the few African countries exploiting art as an approach to communication about HIV/AIDS by developing traditional beadwork and crafts as a visual mode of expression for the discussion of personal, intimate matters among illiterate rural women. Projects such as Siyazama and the Monkey Biz women's group aim to communicate about HIV/AIDS in a visually entertaining manner, to raise messages of hope and love and, by countering negative stereotypes, to promote positive attitudes and behaviour towards the disease and the people affected.²⁹ However, despite these examples, as Wells *et al.* argue, 'Artistic and public expressions of love and physical intimacy are rare in Africa, and images of human sexuality are rarer still'.³⁰ This presents a number of challenges for using art in raising awareness and preventing the spread of HIV/AIDS.

In Uganda, graphic images in print have been used recently by NGOs and service providers as a communication tool in the fight against HIV/AIDS. For example, Plan International has developed a series of flipchart illustrations for use in clinics or workshops to highlight the risks of contracting HIV/AIDS and the benefits of voluntary counselling and testing. UNICEF has also used flipchart illustrations and posters in health education settings, especially with children and in areas with high rates of illiteracy.³¹ Visual methods such as these are used to dispel myths about HIV/AIDS and to challenge stereotypes and stigma associated with infection. Despite the success of such methods, however, the use of other forms of art in HIV/AIDS awareness has been rare in Uganda. With the notable 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 2002,³² sculpture has not been considered an effective tool through which to engage with communities about the disease. There are several reasons why this might be the case. Primary amongst them is

the fact that sculpture uses forms, such as woodcarving, and idioms, such as realism, that are not common to many Ugandans. In addition, sculptures are often heavy, expensive to produce and cannot easily be reproduced or transported to communities.

The research that informs this paper sought to use sculpture in a novel way to take art into communities and to draw viewers in as participants in the construction of meaning and interpretation of the art objects. In this sense, it draws on traditions of public art and art as social practice in aiming to facilitate social change. The aim of the project, like new genre public art, is to create works that are of more value than simply consumption value and to disrupt the “do not touch” principle of separation of artist and spectator.³³ However, it simultaneously builds upon the traditions of Ugandan performance and musical art, which entertain at the same time as informing participants and spectators about significant social issues.³⁴ This more socially-oriented practice seeks to replace the traditional focus on sculpture with works either created or selected from domestic objects or assemblages. It also seeks to involve people in different ways, including allowing them to participate in the development of the artworks by commenting at various stages on their effectiveness as tools of communication, allowing them to handle the artworks and even take them home. The intention is to produce sculptural forms inspired by and attuned to the specificities of Uganda, 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.

Developing sculptural practice in HIV/AIDS awareness in Uganda

Art as social practice facilitates mutual communication between the artist and spectator. The role of the artist as communicator is thus of significance. In this case, Lilian’s position as both a renowned artist in Uganda and university lecturer might have distanced her from the peoples and communities with which the project sought to engage. However, Lilian has also cared for and lost loved ones infected with HIV/AIDS. By divulging this fact as the inspiration for her work throughout the research, she was able to open up intimate dialogue with participants, particularly with women similarly affected by the disease. As the remainder of this paper illustrates, the fact that Lilian is experienced in dealing personally with HIV/AIDS effectively opens up spaces of engagement through which her artworks can be used to raise awareness and inform, and through which taboos and stigma might be broken down.

Central to this, of course, are the artworks themselves. The project sought to develop hybrid art forms that combine indigenous methods and materials with approaches taken from successful HIV/AIDS campaigns in the global North. Hybrid artworks emulating western models have an impact because they involve artists and/or people living with or affected by HIV/AIDS. However, as we have seen, approaches directly imported from elsewhere into African contexts to communicate HIV/AIDS have often failed to capture the audience or to translate their messages. Poverty, culture, religion, sexual practices, low levels of technology and education have led to a search for indigenous or hybrid means that are economically viable and can address diverse literate and illiterate cultural groups. Therefore, the project responded to a need to develop appropriate sculptural forms to address HIV/AIDS awareness that are culturally acceptable and community-based.

In order to be effective, HIV/AIDS awareness initiatives need to reflect the lived experiences of people living with HIV/AIDS and communicate coherent messages that are precise, easy to remember, and able to transcend educational, linguistic and cultural differences. Therefore, finding appropriate methods was essential to develop sculpture specifically conceived of as a tool for communication and social transformation. The research was thus divided into three phases, which allowed for the development of sculptures based on people’s experiences. These were developed with the intention

of transcending literacy divides and reaching the numerous ethnic groups in Uganda. The effectiveness of the sculptures was tested at each stage through interviews and discussion with people living with HIV/AIDS.

The initial phase developed a series of small sculptures, the design of which drew on Lilian's personal experience of caring for people with HIV/AIDS. They were also informed by interviews with Ugandan women living with HIV/AIDS in the UK. Five women were interviewed between 26 July and 23 August 2002 through Innovative Vision Organisation (IVO), a Ugandan-run charity based in London that supports women living with HIV/AIDS. IVO staff were also consulted about the form and design of the sculptures. These interviews provided information about the experiences of women living with HIV/AIDS, their views on sex education and the difficulties of speaking openly about sex, the role of visual methods in communicating about the disease, and the kinds of images that might be effective in Uganda.

The first sculptures developed from ideas generated by these initial interviews utilise a range of processes including carving, modelling and assemblage. At this stage, Lilian wanted to address numerous 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. Clay sculptures were created depicting men with erect penises, aimed at emphasizing the relationship between heterosexual sex and high rates of female infection, a couple embracing to convey ideas of faithfulness in relationships, and a woman holding a book to convey the value of women's education in HIV/AIDS

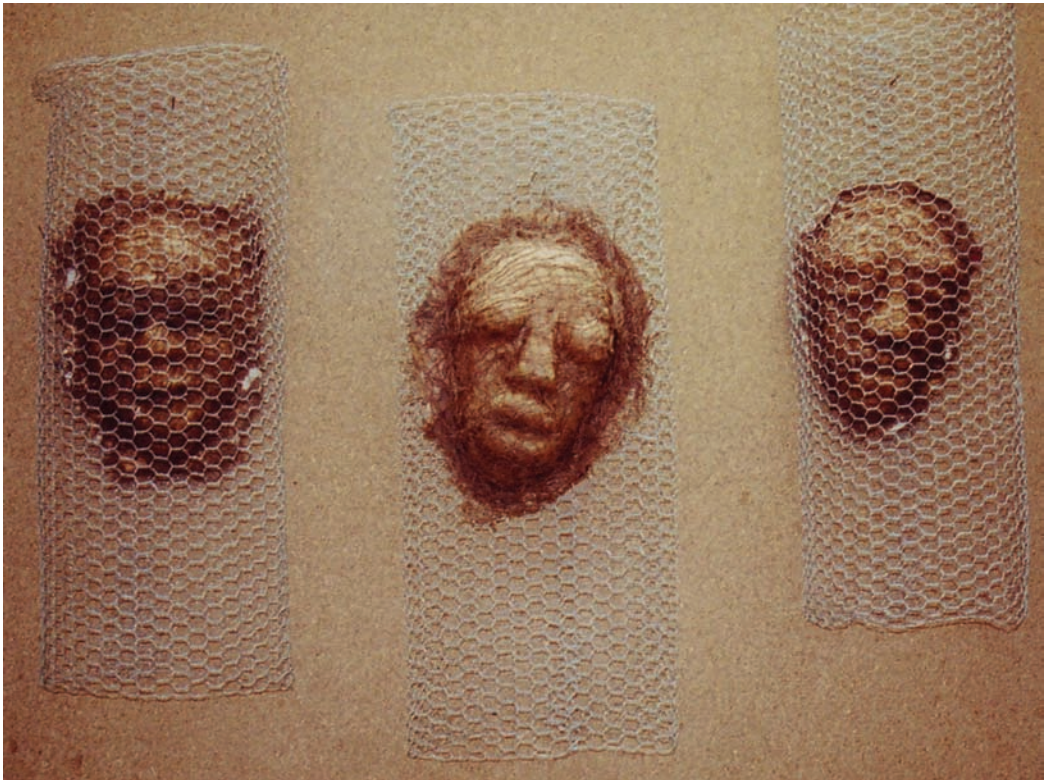


Figure 1. *Stigmatised Face* (under the mesh) and *Face Free from Stigma* (above the mesh) (2001–2002).

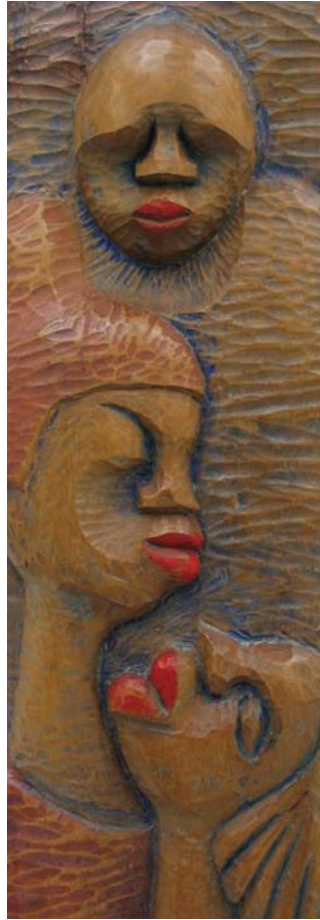


Figure 2. *Support* (2001–2003), 126cm x 23cm x 5cm, wood.

awareness. ‘Masks’ and ‘Faces’ were made from various materials including wood, bark cloth, wire mesh, papier maché, and metal plates (Figure 1). These sculptures focus on ideas of concealment and disguise, related both to the stigma associated with HIV/AIDS and the dangers posed by infected people who are either unaware of their status or fail to disclose it to a sexual partner. ‘Kissing’ is a papier maché and bark cloth sculpture of two heads facing each other. It depicts the need for care and love and echoes the message that HIV/AIDS cannot be spread through kissing. ‘Support’ (Figure 2) is a wooden relief panel showing three women with expressionless faces and closed lips. The hand of one woman touches another who stands close by stretching upwards as if seeking support. It suggests an image of mutual support of women living with HIV/AIDS and aims to counter the stigma by emphasizing the giving of hope, care and love to those with the disease.

The initial sculptures use materials familiar to the intended audience to raise awareness of HIV/AIDS and issues surrounding the disease. This is perhaps most apparent in ‘Mortar and Pestle’ (Figure 3). Mortar and pestle are utensils used in pounding groundnuts, but symbolically they can relate to sexual intercourse: the mortar representing a vagina and the pestle a penis. Taboos around



Figure 3. *Mortar and Pestle* (2002–2004).

discussion of sexual issues in Uganda make realistic depictions of sexual intercourse difficult. However, the metaphor is easily understood. Polythene was wrapped around the pestle to suggest a condom (in Baganda, condoms are commonly referred to as 'kavera' – polythene), with copper nailed in and around the mortar to symbolize protection against porosity. Other sculptures utilise wooden carvings to symbolise the need for women to protect themselves, or draw on Ugandan imagery of shields and arrows to symbolise threat and the need for protection. Some are more explicit in depicting the need for men to take protection.

The efficacy of these sculptures in communicating HIV/AIDS awareness was ascertained in two ways. Firstly, feedback from exhibitions in the UK suggested that the relationship with HIV/AIDS is not always apparent and the sculptures are overburdened with messages that require explanation rather than being evident in the works themselves.³⁵ One of the more successful works

in conveying a clear, easily understood message through humour and metaphor is 'Pestle and Mortar'. However, it is also one of the largest and heaviest, which makes it difficult to transport and use. The temporal limitations of exhibitions also suggested that a different strategy was needed to reinforce the message of the sculptures beyond display and the spaces of the gallery in ways that would make a more lasting impact on those directly affected by HIV/AIDS. Secondly, further informal interviews with Ugandan women living with HIV/AIDS in the UK were conducted (again facilitated by IVO) and their responses to the sculptures assessed. The key issues highlighted were: the need to produce sculptures to overcome men's stubbornness to have HIV/AIDS tests and use condoms; to encourage the idea that HIV/AIDS awareness should start at home, especially in the absence of sex education and the taboos on discussion of sex, which means devising sculptural forms associated with or adaptable to daily use or domestic rituals; to create symbols that provide a constant reminder of HIV/AIDS and sculptures that are easily read; to create sculptures that are persuasive, entertaining and educative based on the experiences of women infected by HIV/AIDS.

In the light of this feedback, the second phase of the project sought to develop sculptural forms that would be less limited in the reflection of experience and testimonies of Ugandan women living with HIV/AIDS. An example of this is 'The Struggle to Live' (Figure 4). Made of wood, steel,



Figure 4. *The Struggle to Live* (2002–2004).



Figure 5. *Vulnerability* (2003–2004).

copper plates, nails, and rope, it depicts a carved female figure attached to a round wooden block and anchored by ropes and thick branches of wood. The twist within the form, the nails, metal pieces and the chainsaw cuts are suggestive of pain. As the woman struggles to stand upright, the ropes fastened to wooden blocks anchor her down, reflecting the burdens and responsibilities that women have in addition to coping with illness. Yet the face has a smile to represent living positively with HIV/AIDS, recognizing that ‘people with HIV/AIDS devise strategies for coping, for surviving, for getting the most out of their lives’.³⁶ Another example is ‘Vulnerability’ (Figure 5), one of several sculptures that use everyday materials and domestic rituals to reinforce HIV/AIDS awareness. The installation comprises 20 bowls composed of basketry made of scrim, pigment, nails, latex, foil and food wrapping. Open vessels and bowls are used to refer to female physiology; the open-weave hessian scrim material represents the porosity of the human body and the vagina is represented as a porous bowl that receives sperm. Four of the baskets are covered with different materials to communicate different meanings: one is painted red with nails protruding from the inside communicating danger and pain; another has latex painted inside to illustrate how hessian bowls can be rendered impermeable, thus echoing the need 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.

The effectiveness of the second phase sculptures was gauged by discussing a portfolio of photographs with professionals in 13 HIV/AIDS organizations in Uganda and through interviews with women living with HIV/AIDS in Kampala. 33 women from 12 different ethnic groups were interviewed between 15 July and 15 October 2003 through two organizations, the National Community of Women Living with HIV/AIDS (NACWOLA) in Makindye and Reach Out HIV/AIDS Initiative in Kampala. Feedback and recommendations confirmed that sculptures are effective in communicating messages about HIV/AIDS awareness and in provoking discussion about the disease and its prevention. However, they also confirmed Lilian’s sense that the sculptures are not cost effective and are impractical in terms of weight, size and portability. To work as art in the expanded as field, as Lilian intended, and to communicate HIV/AIDS awareness effectively the sculptures need

to be attractive, interactive, inexpensive, easily transportable and accessible to both literate and illiterate audiences. Lilian wanted to communicate the bodily impacts of HIV/AIDS and its symptoms, to make them intelligible to a layperson and impart messages that would leave a lasting impression. The need to make the sculptures more socially-oriented and to more closely involve target groups in partnership also became apparent, specifically to create a sense of ownership, to encourage openness in discussion of HIV/AIDS, and to counteract the deleterious effect of taboos around sex. In addition, feedback from participants confirmed that non-literal and metaphorical images were more appropriate than literal, descriptive or documentary imagery, especially in Uganda where 'polite or softer ways of talking about issues regarding taboos is manageable'.³⁷

Soap sculptures as social practice in HIV/AIDS awareness

Drawing on the earlier findings and feedback, the final phase of the project focused exclusively on developing soap sculptures. Lilian chose soap because of its universal use and familiarity. The fact that it is a cheap commodity and used regularly makes it ideal for creating memorable messages, as well as for generating dialogue and modes of engagement. Moreover, soap is intrinsically linked to cleansing and personal care and may thus be associated with accessing treatment, care, prevention and voluntary HIV/AIDS testing. Raw transparent soap is easily cast in relief forms and soap sculptures are easily (re)produced. Simple casting techniques were used to produce multiple objects, using vinyl plastic moulds. Reflecting on taboos concerning sex, abstract male and female genital forms were made and cast in soap (Figure 6). Embedded objects carry various messages:



Figure 6. Soap sculptures *Male* 8cm x 8cm x 4cm (left), *Female* 6.5cm x 5cm x 5cm (right) (2003–2004).



Figure 7. *Soap Family* (2004).

beans for fertility, condoms for safe sex, cowrie shells as a symbol of femininity and currency, but also associated with traditional healing,³⁸ nails for suffering and pain, lychee skin to suggest infection. Embedded objects add to the aesthetic detail of the sculptures, as well as deepening the meaning of each piece. The smallness of each piece facilitates closer inspection by the viewer. The soap sculptures are produced as multiples, thus drawing on methods devised in the 1960s by which cultural and political commentary is combined with a witty and playful approach to make artworks more accessible and available to a wider audience.³⁹ ‘Transparent Soap’ can be reproduced in large numbers to communicate HIV/AIDS awareness to a broad audience and, since the pieces are small, light and easy to transport they are easily moved beyond the gallery into communities and between different locations.

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 7). The imagery suggests a mother and father close together, surrounded by children, but also alludes to the magnitude of potential infection. It simultaneously invokes danger and threat, but also compassion and affection in a climate of infection and stigmatization. The embedded objects convey messages that are familiar to Ugandans. Beans communicate ideas about germination, life and fertility. However, 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 purely visual level, beans simulate the appearance of different symptoms of HIV/AIDS: rashes, wounds, blood and blood clots. Seeds illustrate the worst stages of the disease, infection and rashes. Nails symbolize injury, infection, danger, and full-blown AIDS. They also act as metaphors for the piercing effects of HIV/AIDS, both on a physiological level and in terms of the social effects of painful stigmatization and shame.

The effectiveness of the soap sculptures was assessed through four sets of interviews. The first, in the Buganda region, involved 89 women individually, or in pairs and groups. Women from fourteen ethnic groups were involved, with Ganda most dominant. The majority of participants were aged 15–25, which is also the group most affected by HIV/AIDS.⁴⁰ Participants were mainly single women, including widows and single mothers, approximately half of whom were unemployed, with a small minority who were well educated and employed women. Those that were employed tended to earn an income insufficient to support their families. Participants also included students and unemployed women without formal education. The second set of interviews, also in Buganda, was conducted with a total of 58 men, drawn from 11 ethnic groups, but again with Ganda representing the majority. In terms of age, most were aged 26–36, the majority of whom were single, employed men and educated to at least secondary school level. The third and fourth sets of interviews were

conducted around two public showings of the sculptures. The first, at Katikamu Catholic Parish in Kasana, in the rural Luwero District of Central Uganda on the 10 of March 2005, facilitated a focus group discussion and informal interviews with 23 women and 12 men, who were mainly poor and illiterate. The second, at the 4th National AIDS Conference in Munyonyo, Kampala on the 21 and 22 of March 2005, facilitated interviews with 26 men and 19 women, most of whom were highly educated and involved in policy-making, research and practice around HIV/AIDS.

As suggested previously, awareness of HIV/AIDS is not the most pressing issue in Uganda. Following high level political support and sustained campaigns, most people have some awareness of the disease. However, it was expected that the sculptures would reveal a greater level of misunderstanding than they did. Nearly all participants recognized the imagery of the soap sculptures, the association between body parts, sex and infection, and the bodily effects of the disease. Only one woman interpreted the use of soap literally as 'a detergent to cleanse the sores of patients'. Participants in each set of interviews were able to connect the fragile appearance of translucent soap, and its inevitable diminution 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. Comments included: 'Even when living with HIV/AIDS, one can live positively to avoid more HIV/AIDS'; 'Transparency portrays openness'; 'the awareness to avoid HIV/AIDS infection'. However, of greater significance is the fact that the sculptures initiated discussion about the disease in a public forum, specifically about sex and body parts.

In terms of women's responses, some expressed initial embarrassment at the realization that the soap sculptures are abstract depictions of genitalia, but embarrassment often quickly turned to amusement and an eagerness to hold and touch the sculptures. This facilitated 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, which requires that stigma is also removed. Transparency and openness were seen as important in ensuring that those affected are able to receive treatment and to take measures to prevent further spread of infection. Women participants also offered interpretations of the symbolism of the embedded objects. These included: 'organs affected by HIV infection', 'the likeness of HIV', 'HIV infection in the body', 'you cannot hide AIDS', 'when you are infected, it changes your appearance', 'they show infection from its initial stages to its intensity, namely in reproductive organs', and 'they show signs and symptoms of HIV like rashes'. One woman's interpretation was: 'HIV infection starts small, multiplies, takes over the body and affects the body'. This could be seen as a misinterpretation since viral load is very high initially and then subsides, but is more accurate in terms of expressing how AIDS is manifested physically. Lilian's knowledge of HIV/AIDS in facilitating discussion was thus significant, suggesting a requirement for the presence of 'expert' knowledge to ensure the effectiveness of the sculptures in precipitating attitudinal change. However, such responses opened the possibility for further public discussion, knowledge creation and knowledge sharing between participants. The analogy between the attractive surfaces of the sculptures and internal danger and risk was recognized by some respondents. Women participants also understood the resonance between the depiction of genitalia and the risks of unprotected sexual contact; when asked about this they responded: 'through sexual excitement we acquire AIDS', 'the reproductive organs spread HIV through sex', 'we need to avoid sexually transmitted diseases'. While delivering a message that HIV/AIDS infection is overwhelmingly generated by heterosexual relations, the sculptures also convey a sense of the reality of suffering that those living with the disease experience, which enabled women to discuss in public their own experiences of the disease.

The symbolic representation of the reality that HIV/AIDS kills was clearly understood. Participants suggested that the sculptures indicate a need for prevention. For example, one woman

commented that the sculptures communicate: 'prevention of the spread of HIV – the ones with embedded objects provoke a repulsive feeling, when you think about your private parts being infected like that'. Other responses alluded to positive actions and attitudes that the sculptures suggested, including: 'abstinence', 'HIV testing', 'condom use', 'faithfulness in sexual relationships', 'openness' and 'treatment'. The majority of women agreed that the soap sculptures could stimulate discussion about HIV/AIDS and encourage communication about sex and sexuality, HIV/AIDS testing and openness. In interviews, some pointed out that Uganda's ABC approach had had a harmful effect on them. While some wives practised fidelity and were faithful to their husbands, they nevertheless became infected because they had unprotected sex with husbands who had neither remained faithful nor used protection. The inability to discuss sex and condom use with their husbands was highlighted as a major problem. Some women also felt that the lack of sex education at home or school, ignorance and poverty push women into undesirable relationships and prostitution, and cited these as additional reasons for high prevalence rates among women.

The interviews with men suggested that, on the whole, they were less embarrassed by the soap sculptures and more inclined to see them as fun and informative. As with many of the women participants, they recognized images of transparency: 'Clear soap sculptures send a message of openness', 'we can choose to remain clean like the soap or rather be open about HIV and save lives', 'we cannot tell who has HIV or not by merely looking at people'. Men also interpreted the sculptures as depicting: 'suffering', 'the pain and hardships brought about by HIV to those affected', 'stigma'. Again, awareness is already high among both literate and illiterate men, although one respondent claimed that: 'The shells show a woman's private parts as the trouble maker'. The men raised a number of other issues for discussion, some 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, they discussed awareness of safe sex precautions and the majority saw openness and transparency as an important issue raised by the sculptures in relation to HIV/AIDS awareness.

The soap sculpture show at Katikamu Catholic Parish was important in testing the efficacy of the sculptures in a rural area amongst a mainly poor and illiterate populace. The launch was accompanied by a focus group discussion (in Luganda) with 35 men and women and was video recorded for analysis. An introduction included a brief background to the research, description of the soap sculptures in general and in relation to the problems women face as they cope with the HIV/AIDS epidemic, the contribution of Ugandan women living with HIV/AIDS to fight the disease, and Lilian's personal experience. Significantly, this meeting included women and men together, which would not normally be considered appropriate for the discussion of intimate issues. Thus, initial discussion focussed on the use of soap as a means of encouraging all participants to engage in dialogue. Again, 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'.

Initially, both men and women when asked for their initial responses claimed that they were 'surprised', 'curious', or 'eager to touch' (Figure 8), but as they examined the sculptures there was gradual realization that the soaps depicted sexual organs. This, in turn, elicited some embarrassment. One of the women suggested 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, this expression of embarrassment through reference to disapproving in-laws prompted a discussion about the failure to talk openly about HIV/AIDS in the home and the fact that this has led to whole families being wiped out by the virus. 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, implications for sexual behaviour, and even related their discussion to personal experience of the disease. Examples of comments include:

‘When you see those which are not embedded with anything, then you know that people can protect themselves and remain safe. The different objects in the sculptures indicate different levels of infection.’

‘The numerous seeds in the soap give the impression that there are many people who are infected with HIV. When I look at the nails, they remind me of the pain people go through when they develop AIDS.’

‘When I look at the sculptures, I see that HIV is mainly transmitted through sexual intercourse. When I look at the many sculptures embedded with objects, I get the impression that everyone else is infected. So I should be careful when selecting a partner.’

‘When you look at the sculptures, you see that HIV/AIDS affects everyone. Here you can see both young and old, all infected, so it is everyone’s responsibility to take care of one another.’



Figure 8. Examining soap sculptures at Kasana-Luwero, Uganda (2005).

Finally, the exhibition of the sculptures at the National HIV/AIDS conference in 2005 enabled feedback from policy makers, researchers and practitioners. 235 delegates left comments in a guest book and a number agreed to informal, unstructured interviews. The majority of the feedback was overwhelmingly positive. A woman delegate commented that the sculptures were unique because they, 'revealed sexual organs, which are rarely [depicted] in the African context'. The interviews suggested that delegates were impressed with the novelty and possibilities of the project, particularly in terms of education, raising awareness and facilitating discussion between women and men. The message of transparency was highlighted as being particularly important, as was the targeting of women 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'.

The soap sculptures are significant in terms of their possibilities in generating attitudinal change, both among those directly at risk of HIV/AIDS and in agencies working in disease prevention. They resonated with men and women from different educational backgrounds, including both literate and illiterate people. They attracted interest because of their novelty. More significantly, the non-literal, non-naturalistic forms offered greater opportunities for enabling men and women to discuss taboo subjects than awareness-raising methods used by agencies in Uganda, including graphic flipchart information. Given that sculpture is not a common medium in Uganda, this is striking. One reason for this lies in the fact that the artworks themselves are inspired by Lilian's personal experience of caring for a person with HIV/AIDS and her openness in speaking about this. She was able to establish a bond of trust and connection with the participants. Allowing participants to touch, hold and interpret the artworks reinforces this shared intimacy and opens up space for the articulation of shared experience. Sometimes responses were initially humorous or embarrassed, or both, but the sculptures were subsequently engaged with by all respondents on a serious, reflective and often personal level.

The sculptures were successful in stimulating dialogue and discussion and reminding people of their own experiences related to HIV/AIDS, which they then felt more able to articulate in public. They also enabled respondents to share their reactions and opinions, often with great enthusiasm. Therefore, through creating spaces of shared intimacy, the sculptures succeeded in facilitating dialogue between artist and viewers. Moreover, they helped in communicating and prompting discussion about ideas concerning sex and HIV/AIDS between Ugandan men and women that are traditionally problematic, if not impossible. Despite the potentially controversial representation of genitalia, very few participants raised any objections, nor were they hesitant about giving their views. Even at Katikamu, which involved Catholic priests as facilitators and passive listeners, there were only positive responses. The non-literal and non-naturalistic representation of human genitalia in the context of Uganda, in addition to the participatory nature of interpreting these representations, was critical in opening up spaces for discussion of issues around HIV/AIDS and sexuality more broadly. This clearly has broader implications for how art is used in predominately orate societies to not only raise awareness of HIV/AIDS, but to engage those potentially at risk in dialogue about disease prevention.

Sculpture and transforming lives

The soap sculpture project was conceived of as a form of social practice, with the aim of broadening art beyond the aesthetic as a field of social and cultural transformation. In creating spaces of intimacy between artist and among participants through which to break down taboos around discussion of sex and stigma around HIV/AIDS, the project goes a significant way towards meeting

this aim. The fact that participants were encouraged and felt able to discuss and interpret the soap sculptures suggests that they are useful in raising awareness, generating dialogue between women and men, and enabling participants to articulate modes of prevention. In patriarchal societies where women often lack the means to control their sexuality, changing attitudes among men, in particular, is especially important. Even in more traditionally conservative rural areas, the soap sculptures were successful in encouraging men to discuss the causes and consequences of infection. Furthermore, mixed-sex discussions about HIV/AIDS are highly unusual in sub-Saharan Africa. Soap sculptures make this possible and could, therefore, provide a means through which NGOs and practitioners might also work with mixed groups to effect attitudinal and behavioural change.

With further support and development, the project has potential to inspire other forms of transformation. The soap sculptures generated discussions in workshops and public exhibitions, but there is clearly scope for participants to take these into domestic spaces to precipitate discussion about sexuality. Translating what can be discussed in public venues into the spaces of the home is notoriously difficult in patriarchal societies, but this is essential in HIV/AIDS prevention. As relatively inexpensive and easily understood works of art, soap sculptures could provide an effective bridge between these spaces that changes personal consciousness and in turn leads to social change. In addition, there is potential to develop the idea that all human beings have the potential to be artists and to work towards enabling participants to improve their livelihoods through production of soap sculptures. This is significant because raising awareness about HIV/AIDS is not necessarily sufficient in generating attitudinal and behavioural change. Evidence from across sub-Saharan Africa indicates that economic disempowerment of women, in particular, renders women especially vulnerable to infection.⁴¹ In the course of the interviews, some Ugandan women expressed their fears that owing to poverty they are forced to remain in abusive relationships or to have sex with infected men, which exposes them to HIV/AIDS. They cannot, however, afford the cost of condoms to protect themselves from infection. Poverty also forces women into early marriages – also a likely cause of infection.⁴² Improving economic conditions in sub-Saharan Africa is clearly critical in reducing HIV/AIDS infections.

With this in mind, the next stage of this project would be to develop the possibilities for mass production of soap sculptures as a cost-effective communication tool for raising HIV/AIDS awareness. Women, including those living with HIV/AIDS, could be trained to produce the soap sculptures – to become artists themselves – and to facilitate discussions in their own communities and beyond, using soap sculptures for HIV/AIDS awareness. This opens up the possibilities of providing employment opportunities for impoverished women, as well making use of their intimate knowledge of the disease as a form of intervention. NGOs and other organizations have been slow to treat those affected by the disease as potential sources of knowledge and agents in the reduction of stigma surrounding it. Yet this could be significant in a context of increasing prevalence and, as studies have demonstrated,⁴³ where fidelity, reduction in number of sexual partners, or delaying the age of first sexual contact appear to be important determinants in reducing the spread of infection.

The development of the soap sculpture project in this way raises the possibility of a more complete, nuanced understanding of women in the context of HIV/AIDS awareness and prevention, which engages their creative resistances to various hegemonic – in this case patriarchal and economic – forces. As Appadurai argues, there is a need to strengthen the capacity of the poor to exercise ‘voice’ – treating voice as a cultural capacity – because it is not simply a means of inculcating democratic norms but of engaging in social, political and economic issues in terms of metaphor, rhetoric, organization and public performance that work best in their cultural worlds.⁴⁴ Appadurai argues that the cultural contexts in which different groups live form the framework of a

capacity to aspire, which is not evenly distributed. Voice and the capacity to aspire are reciprocally linked and are significant to issues of social, cultural and economic transformation. The soap sculpture project has the potential to enable Ugandan women to have a voice in HIV/AIDS awareness and prevention in ways that would also harness their knowledge and creativity, build their aspirations, and improve the material circumstances of their lives. By aspiring to improve their lives they would also, in turn, be asserting their cultural capacity. Further development of the soap sculpture project would require investment and support from NGOs and/or policy-makers. However, successful models of similar projects abound in other sub-Saharan countries⁴⁵ and have been effective in empowering women, both economically and culturally, which is essential in the fight against HIV/AIDS.

Conclusions

Sculpture is not usually used in HIV/AIDS initiatives for a number of reasons, including the bulkiness, heaviness and cost of producing sculptural objects. However, we suggest that through the use of small sculpture with available and common-place materials, and when designed to accommodate cultural sensitivities, address illiterate people and reflect the realities of their lives, it can be useful in communicating information and in eliciting discussion of previously taboo subjects. Designing the 'Transparent Soap' project as an iterative process with individual women, women's groups and HIV/AIDS organizations enabled the development of sculptures that could be identified with objects used in daily chores or rituals, and that could stimulate discussion and communicate messages about sex and HIV/AIDS. Working with women's groups and women affected by HIV/AIDS at the formative stage of the project ultimately inspired the creation of transparent soap sculptures, which when tested for their effectiveness in raising HIV/AIDS awareness and generating discussion amongst both men and women in Uganda, proved highly effective. Artists like Felix Gonzalez-Torres argue that sculpture has the power to change personal consciousness, which leads to inevitable social change. While 'Transparent Soap' would need to be far greater in scale to fulfil such lofty ambitions, by initiating and facilitating dialogue between women and men about sex, HIV/AIDS and its prevention, it represents a small but significant step in the right direction.

Sculptural forms and materials have different meanings in different cultures. Thus, to be effective as a form of social practice the sculptural form needs to address issues appropriately and have relevance, which requires that the artist collaborate with the communities in question. 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 are effective in addressing and communicating the frightening subject of HIV/AIDS. By encouraging openness and dialogue, they help to reduce stigmatization and discrimination. As the interviews revealed, they can educate, entertain and provoke interest. They simultaneously initiate discussion about the dangers of the disease, which may lead to behavioural change, while also giving hope by reducing stigmatization of those living with HIV/AIDS. Non-literal depictions of female and male genitalia are able to stimulate discussion between women and men about sexuality and sexual practices in contexts where this is usually forbidden. This is not to suggest that other factors, such as poverty and patriarchal social and cultural relations, are insignificant. As the paper illustrates, 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.

Women's economic empowerment is of particular significance, since impoverished women very often lack the ability to exercise control over their sexuality, which puts them at greater risk

of infection. Improving economic conditions in sub-Saharan Africa is thus clearly of primary importance in reducing HIV/AIDS infections. However, by enabling dialogue between women and men about one of the most taboo of subjects in Ugandan society, the soap sculptures in part fulfil the promise of change that art as social practice offers. With support and investment, the project could also deliver other forms of transformation. In realizing the potential to develop the project along the lines of a craft-based community development project, the likes of which have been successful in other parts of sub-Saharan Africa, a small, but significant, contribution would be made on two fronts. First, this could play a role in countering the economic disempowerment of women that renders them vulnerable to infection. Second, in problematizing and addressing patriarchal cultural and social relations, it could assist in changing men's attitudes and enabling women greater capacity to negotiate for safer sex. In this sense, therefore, 'Transparent Soap' has the potential to be truly transformative. At the very least, it illustrates the potential role that art as social practice might play in the fight against HIV/AIDS in sub-Saharan Africa.

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Notes

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- 4 This collaboration was made possible by a British Academy Visiting Fellowship. The paper is based on primary research conducted by Lilian in the process of completion of a PhD in Fine Arts at Newcastle University. The inspiration for the project, and the development of both the artworks and the surveys of their effectiveness, is entirely Lilian's. Cheryl's role in the collaboration is in developing the conceptual framework of the project and in communicating the core ideas to a social science audience.
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- The social forces underlying the epidemics of HIV in Sub-Saharan Africa are undoubtedly complex and powerful. Clearly, poverty generates circumstances in which some people have few options but to accept a high level of behavioral risk for HIV. Wealth may also play a role in generating risk for some people. But the complexity of these processes will be obscured if the discourse of epidemiologists and social scientists is constrained by a unidimensional, dehistoricized view of wealth and socioeconomic position. The DHS Wealth Index is a welcome addition to our arsenal of empirical tools, but like all tools, it should be used cautiously and with a full appreciation of its ambiguities and limitations.
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