

Using Illustrations to Educate Communities in Uganda: A Study to Create Awareness of the Complexities of HIV/AIDS in Rural Communities

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Abstract

The study aimed at investigating to what extent traditional hand drawn Illustrations could be used in creating awareness about HIV/AIDS when organised in form of a tool. Many community-based awareness strategies have used awareness channels such as radio, posters, billboards flip charts and illustrations to ensure that community behavior is modified towards HIV/AIDS. No known organisation has organised illustrations into a tool to educate communities about HIV/AIDS. Nine selected locations in Kampala city were identified where the study was carried out through use of focus group discussions, interviews and participatory observation. Culture was found to play an important role in hand-drawn visual production. It was found that visual literacy amongst communities varies. Illustrations which intend to communicate a primary and important health message should be stand alone images with a lot of simplicity in terms of line and composition. It was concluded that Illustrations arranged into tools and used at interpersonal level enhance learning and opening up amongst communities. This makes the reflections on the method employed in this study particularly relevant to HIV/AIDS message developers and researchers wishing to achieve meaningful community involvement in communication materials production. It was recommended that those who intend to study communities should realise that they are studying a complex system which would not readily respond to traditional questions posed to them. Communities would always want to answer according to what they think you want them to answer. Others will keep what they perceive to be group secrets to themselves. Hand drawn illustrations are a remedy to all this complexity because they were found to entice respondent's resourceful comments and help in probing for community perceptions.

Keywords: HIV/AIDS; Illustration; Tools; Community.

Introduction

The use and role of hand drawn illustrations in creating awareness of the complexities of HIV/AIDS in rural communities in Uganda are discussed and the submission are made into tools and become key triggers which encourages the groups to open up about a range of sensitive issues within the HIV/AIDS ambit.

Literature has shown recent examples in which visual communication have been used to successfully address and target social and health issues but gaps identified are they have not been made into tools. Illustrations have been used globally to create awareness amongst communities. Notable among these are materials developed for people of low literacy (Zimmerman *et al.*, 1996). Healthcare programmes and issues related to water and sanitation have also been aided by illustration towards community mobilisation through use of *Participatory Rural Appraisal* PRA methodologies (Srinivansan, 1990). UNICEF an Ngo has used illustrations in its immunisation and HIV/AIDS related programmes and the success seems to be enormous (Berry & Regmi, 2010).

In Uganda various organisations have been using illustrations; among these are World Vision, Save the Children, the defunct Rural Water and Sanitation East Uganda Project (RUWASA). RUWASA where the researcher was an illustrator attached to project, used illustrations in the mobilisation guidelines to actualise project objectives visually. This was because most of the people in the project area didn't know how to read. It was assumed with success that; visual images could communicate with ease to those with low literacy. That is partly why the objectives of having sustainable water and sanitation were realized in the long run (RUWASA, 1997). Whilst there are many communication programmes in Uganda that have used illustrations in HIV/AIDS awareness, there is little if any programme that has gone as far as designing

illustration as tools for community awareness. This study saw need to try out tools which can be used to train communities.

Literature Review

The AIDS pandemic is felt all over the world (UNAIDS, 2008). The effort of attempting to make specific Ugandan communities aware of the disease, using Illustration, forms the heart of this review. The use of illustration, using simple hand-drawn visual materials, was selected in this study as an educational tool to educate communities on the repercussions and ramifications of HIV/AIDS. Good health implies the overall well-being of individuals, communities and society at large. It is human nature that people hope to live long and healthy lives as well as to accomplish their life objectives. The literature will look at the already employed strategies:

ABC Strategy

Uganda emphatically promoted the ABC model in Africa (UNAIDS, 2001). It is claimed by UNAIDS 2006 report, that this campaign is the reason why Uganda's HIV prevalence rate dropped from around 15% in the early 1990's to around 5% in 2001. The same view was held by Okware *et al.*, (2005). However, by the end of 2005, UNAIDS estimated that 6.7% of adults were infected with the virus (UNAIDS, 2006). From these figures, it appears that the AIDS infection rate in Uganda is raising once more (Kawuma, 2006; Nattimba *et al.*, 2009; Talisuna 2006).

The ABC campaign was an urgent intervention model which has yielded substantial positive change (Talisuna, 2006). This model is believed to be the reason why Uganda is always fronted as a success story in HIV/AIDS awareness (UNAIDS, 2006). This is most likely as a result of people modifying their behaviour. This behaviour modification had an important bearing on Uganda's success story (Kiwewa, 2008). The success story has further become linked to affirmative action girl child education (Marcella & Cutler, 2013). Graphic campaigns in the form of the ABC campaign were geared towards behaviour. Muturi (2007) asserts that behaviour change is the promotion of activities which are perceived to be good for society.

As a visual communication campaign, the ABC model with the intention of implementing behaviour change continues to have virtues as well as short-comings. This campaign tends to follow a one-way flow of communication which is known as bottom down (up?) communication (Barnard, 2005). The strategy advised communities, through both mass media and print media to Abstain, be faithful to your partner and to use a Condom (UNAIDS, 2001). It is argued that it is condom use that takes all the credit for the success of this campaign. The other components of the campaign, such as abstinence, and the promotion of faithfulness, are hard to realise (Mwebe, 1998). Others argue that it is being faithful to one's partner which should be credited for the success story (Michelle, 2004).

Illustration as a Visual Communication Tool

Crooks (2004) suggested that illustration is saying it all without using words. He further claims that hand-drawn images can illustrate what you want to communicate. He sums up by describing illustration as a communication tool that requires one to be able to draw. Ideas are put forward when the illustrator draws visual images aligned to what is being communicated. Bland (1969) proposed that Illustration is a visual communication tool used to elucidate text. There are many illustration forms which include technical drawings, comic book illustrations, caricatures, community-based illustrations and book illustrations to name a few.

Illustration for Health Care

In the production of illustrations for community healthcare, it must be noted that there are a range of opinions from both government and non-government message developers as to what illustration should

look like. This is coupled with what processes the illustration should undergo before being approved as effective visual material.

It is believed that the basic approach is to start with an idea, sketch and develop illustrations, simplify, and try not to complicate ideas (Crooks, 2004; Williams & Sutton, 2001). This approach is adopted because of varying visual illiteracy amongst communities (Wallace, 2004; Bennet, *et al.*, 2006). Wallace (2004) were very clear about health-care illustrations when she says that, they are most effective on the communities they are targeting when they are simple in terms of composition.

Based on the above, it is clear that, successful illustration for health care is dependent on drawing, simplicity of illustration, the culture of the target audience to which it is communicating and an awareness of the varying visual literacy in communities. This holistic intention is an attempt to encourage communities to recall local events and to read messages in an illustration in relation to the health objectives of the communicator. Crooks (2004) support this opinion with the following statement:

We recall pictures, images and events because we are able to see them either in our mind or in reality. This impacts our memory beneficially, and by extension, generates creativity. (Crooks, 2004:04).

Individual recall of images, as suggested by Crooks, is dependent on the simplicity of what is being visualised. In support of this assertion Wallace (2004) advocates simplicity in composition of all health-care materials. This point has proved significant for this research project. Crook and Wallace evidently are in agreement with Barnard (2005) who believes that design is a favourable arrangement of objects. This research, in an attempt to communicate to selected communities, opted for a simple and pleasing arrangement in all illustrations undertaken. It is believed that in order to encourage behaviour change, memory retention has to be ensured through the illustrations being simple in line and composition.

Interpersonal Communication

According to Zimmerman *et al.*, (1996), interactive learning possibilities, aided by face-to-face communication using illustrations, offer a better understanding of visual communication materials by communities. It is Sabatier who supports previous submission that the AIDS education must use images to teach about HIV transmission in communities through interacting with the target community on a face to face basis (Sabatier *et al.*, 1988).

Numerous awareness programmes in Uganda have been undertaken using mass media (Nattimba *et al.*, 2009). According to Nattimba, mass media is targeted at a wider audience. Muturi (2007) believes that, interpersonal communication is more reliable for its conscience-appealing approach. She also promotes one-on-one communication which she considers to surpass the impact of mass media (Muturi, 2007). Duggan, as cited in Muturi (2007:309), claims that this pathway is said to identify information giving and sharing processes and to recognise interpersonal sensitivity and partnership building as core communication skills that predict outcomes.

Illustrations used at interpersonal level are resourceful tools. Events depicted help the community to build insight into issues and to relate stories of their experiences (Gueye, *et al.*, 2005). At interpersonal level, illustration is a tool that simplifies probing. Information on the subject appears to flow seamlessly and naturally from the community who read and make meaning of the illustrations. Participants learn from each other's submissions. Wallace (2004) is of the view that, people tend to learn deeper and strengthen their understanding at interpersonal level plus when they hear submissions from their own.

Yet the prolific use of celebrities, depicted on posters, attempts to target a wider audience. This practice is, nonetheless, viewed as a limitation in the HIV/AIDS visual communication strategy as, according to

Nattimba, the approach of aiming at a wider audience tends to assume that communities are homogenous (2009).

This study however looks into an initial art and health venture intervention such as designing and illustrating awareness-creating tools.

Methodology

The study involved illustrating happenings and making them into tools. The tools were later used in nine selected locations in Kampala city. Focus group discussions were held with pretesting exercises to get people's opinions and comments. Participants were arranged into a focus group discussion and all the participants' responses were noted. Further to this, in-depth interviews were conducted on the use of illustrations in the awareness programmes in their locality. The study was dominated by participatory observation of the participants.

Production of Visual Materials

Visual material productions dominated the study and as such became essential tools in this undertaking. Issues which were initially interrogated in the relevant literature, as well as interacting with the community in general, provided the study with a range of purposeful topics. These topics were made into illustrations in order to gauge their impact as well as to seek clarity on peoples' perceptions. The variety of techniques used to create the illustrations were pen and ink, pencil, water colour paint and scanning line artwork to Adobe Photo Shop program for added effects. A selection of techniques, supported by a list of topics for field investigation, was compiled. These resultant visual materials categories are what the study refers to as tools. These tools were scanned, printed and placed in A4 envelopes in readiness for field work.

Prior to this a letter of introduction was presented to key people at all research stations to be used for the study. Early field work undertaken in the various communities also identified key informants in each area, as well as local leaders. A method termed 'snowballing' was utilised to identify these key members of the community by requesting them to participate in focus group discussions (Amin, 2005).

Focus group discussions were carried out in both informal settings and formal settings like schools. The process involved building rapport and notifying area village leaders about the events. This is because the success of any investigation in communities is dependent on the relationship between the researcher and the community (Katebire, 2007; Amin, 2004; Oso & Onen, 2008).

Eight focus group discussions were conducted with an average of 10 participants each. The focus groups discussions were facilitated with the help of assistants. It involved subjecting participants to visual materials which were categorised into tools (Srinivansan, 1990). Participants were asked questions in a participatory atmosphere with close reference to the tools using Participatory Rural Appraisal (PRA). Participatory Rural Appraisal (PRA) methodologies empower communities to get involved in issues which concern them (Zimmerman *et al.*, 1996; Katebire, 2007).

The use of tools simplified probing as comments and stories emerged. The PRA method was key in obtaining information which could not be easily observed, and where interview methods did not permit probing. According to Srinivansan (1990), illustrations make participants active in the research process. Illustrations also break the silence of a community by making the target group contribute stories about their experiences (Anyaeibunum *et al.*, 2004).

The process was more or less a pre-testing exercise where issues which do not work or were culturally inappropriate were ironed out. This exercise was a reflection on what Wallace (2004) outlines on

participatory visual materials; that they need to be exposed to the target group to check out loopholes. It was an experiment to test the efficacy of different techniques and role of culture in the development of hand-drawn health materials.

The focus group discussions were central to data collection and were carried out by my three research assistants and myself. This approach was pertinent as most participants came from low income communities and it was felt that a qualitative approach, through focus group discussions, may provide more insight. At the outset of the discussion, all participants were informed about the confidentiality of their deliberations and the significance of the study. A consent form was duly signed by all the participants.

The following is a list of the visual communication materials used, as tools, in most, if not all, of the discussions held:

- *'Unserialised'* pack of illustrations aimed at encouraging participants to form their own stories (adapted from Srinivansan, 1990).
- 'Blame Tool', a tool developed for this study, the purpose of which was to make the community understand stigmatisations of particular groups.
- *'3 Pile Sorting'*, a tool that encouraged participants to personally arrange and rank activities which they considered bad, good and in-between (adapted from Srinivansan, 1990).
- *'Story with a Gap'* aimed to test the community on how they interpreted outward physical manifestations of health (adapted from Srinivansan, 1990).
- 'Identification of Culture', developed for this study, through visually depicting and mixing various forms of cultural attire.
- 'Colour versus Black and White' aimed to ascertain the impact of colour on participant understanding.
- A range of illustration techniques aimed at gauging levels of perception and understanding.

More than twelve key informant interviews were undertaken in various locations in the Wakiso and Kampala districts. The key informants included community leaders, senior staff at both NGOs and Community Organisations, as well as local council leaders. Additionally, I made a point of travelling to various locations, where I practised participant observation, and by doing so, was rewarded with important data which was relevant to this undertaking. As a 'complete participant' (a term coined by development author Katebire), and thereby taking on a covert position so that the group under study was not aware, made it easier to get to the heart relevant research issues (Katebire, 2007).

The primary data was analysed thematically according to the tools used. Common themes and trends were identified in each of the Focus Group Discussions (FGDs). Subsequent to this, all emerging data was analysed and triangulated, as a whole, for each community in the study. This data was then analysed on behalf of all focus groups, in Kampala and Wakiso, as a whole. Data analysis continued throughout the qualitative fieldwork activity which allowed for new and unsolicited themes to surface at random. Amin (2005), nonetheless, cautioned that judgment may arise in reaction to new findings as they emerge. In this regard, an ongoing intuitive response throughout all of the fieldwork undertaken allowed for and encouraged new themes to be continually fed back to the participant groups.

Triangulation of data was useful and was undertaken by comparing and analysing the findings in the focus groups, the in-depth interviews, the participatory observations and all available literature. It is Amin (2005) who claimed that the triangulation process assists in ensuring that the data is valid.

In several of the key informant interviewed, and most especially with NGOs, there was a definitive level of difficulty in obtaining data due to the cold reception afforded me by the officers at the reception who were reluctant to read introductory letters. Data was analysed thematically as it emerged during the data findings

in the field. The approach used was inductive approach, this allows judgment to widen in response to realistic findings as they emerge (Amin, 2005). The suppleness inbuilt in this approach gave the researcher the opportunity cascades the research process across the different locations where data was collected. Data was analysed in an ongoing process throughout the fieldwork to permit emerging themes to be recycled into ongoing data collection.

Sample size: 200 adults (both female and male) were targeted. The respondents to this study fell short of this target due to constraints which were not foreseen.

Sampling: The sampling technique used was random purposive sampling.

Discussions

This part reflects on the study objectives and the research questions posed from which a range of findings emerged and were collected and collated. Descriptive data was gathered from in-depth interviews, numerous focus group discussions and the ongoing practice of participatory observation at all times. Importantly, new findings beyond the scope of this study which in turn demand further attention and inquiry were forthcoming. The primary data collection activity in the Focus Group Discussions (FGDs) involved pre-testing and experimenting with the visual tools, listed in the previous paragraphs.

The '*Unserialised*' pack of illustrations was aimed at encouraging participants to form their own stories. The purpose of using the *unserialised* tool was to reinforce the idea that neutral and open-ended visual materials can be an important tool in a participatory fact-finding mission. Used in the villages it was initially planned as a tool to assist in getting to know more about the community from their stories and concurrent discussions. It was subsequently discovered that all of the participants readily responded and expressed themselves openly with this tool. They freely gave of their interpretations, their personal experiences and their stories.

It rapidly appeared that, as tools, the hand-drawn illustrations clearly showed their ability to break through the all-pervasive silence. At the outset of this study, this silence on behalf of the community members was a common response in all of the groups I worked with. The tools helped the community members to reveal the reality of their lives at grass roots level and assisted them to become active participants in the data collecting process. It was also evident that probing on sensitive and personal issues was simplified through the use of these tools. When the tools were displayed to the communities all participants wanted to contribute their comments without realising that they were contributing to the data collection process. The hand-drawn visual materials were effective in aiding probing for information regarding HIV/AIDS and helped to reveal experiences and stories. This notion is supported by Gueye *et al.* (2005). Mason, as cited in Banks (2001) puts it well by claiming that images or visual illustrations are an important component of the ethnographer's arsenal, along with the field notes that he makes use of to obtain data.

In addition, Srinivansan (1990) asserts that visual tools simplify the probing exercise by making participants feel a sense of ownership in the process. I experienced the value of this first hand in my field observations and experiences in the FGDs, and obtained the requisite information with relative ease.

The '*Blame Tool*', a tool specifically developed for this study, is a pack of illustrations, the purpose of which was to make the community understand stigmatization of particular groups. Further to this, it aimed to interrogate and to get their opinions on apportioning blame for the spreading of HIV/AIDS in their community and the homestead. The intention was to challenge the community to find for themselves a solution to this wide-scale issue. It was also aimed at discouraging stigmatisation of particular groups and to encourage viewing HIV/AIDS as a disease that has no boundaries and that each one of us is vulnerable.



Figure 1: Household

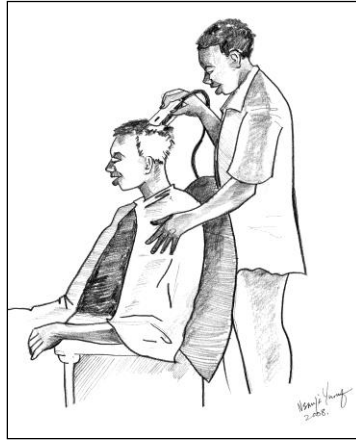


Figure 2: Barber

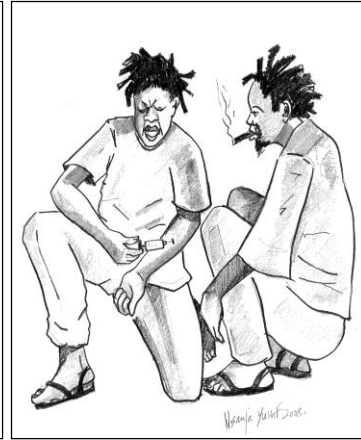


Figure 3: Drug addicts



Figure 4: Prostitutes



Figure 5: War



Figure 6: Fishermen

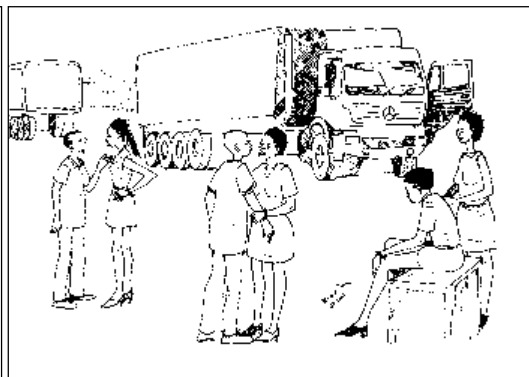


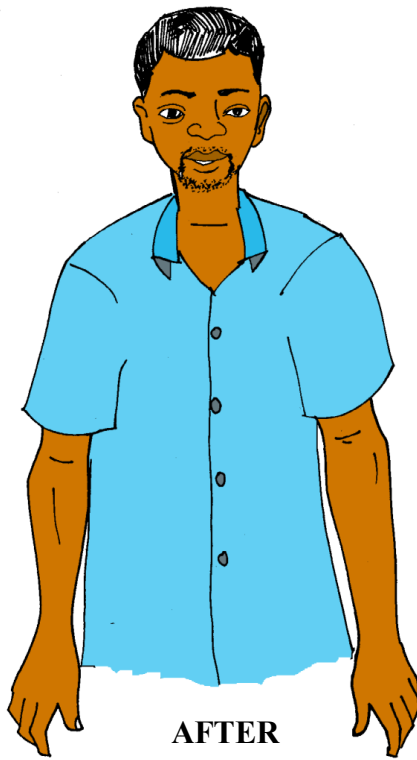
Figure 7: Truck drivers



Figure 8: Migrants



BEFORE



AFTER

Figure 9: Story with a Gap 1



Figure 10: Story with a Gap 1

The findings showed that the participants were knowledgeable about their role. They clearly understood the need to care for themselves and to avoid, at all costs, any behaviour termed risky. The groups also believe that the community has a role to care for the sick and the government has a role to play in ensuring that health facilities are available. The participants easily negotiated around ranking the positive and negative implications of the visuals. Numerous personal stories arose out of the exercise as to why certain activities depicted were put in a particular classification.

Conclusions

On top of creating awareness in communities, hand drawn illustration could be used as an investigative tool by seeking perceptions, interpretations stories and personal experiences. The results of this study indicate that illustration, the community and health awareness have a relationship. The use of hand-drawn visual materials has proved vital in targeting individuals, community and society as a whole.

Communities require regular reminding on issues of behaviour modification. This, according to my findings, must be undertaken in the form of simple messages, which have been carefully coaxed from participants' own personal experiences. Accurately interpreting visual messages with hand drawn illustrations depends on simplicity of the drawing. Simplicity in composition and cultural visual appeal has a powerful influence on the effectiveness of the visual material. Illustrations communicate effectively to communities, sensitise and educate communities on new information and simplify complex and often abstract messages.

Communities must participate in the design and development of visual messages. This procedure helps when ideas and messages that are abstract can be simplified in the image development procedure. Wallace (2004) promotes the idea of pre-testing, with the community to find out what works, and what is considered

to be culturally appropriate and inappropriate. To this end this study employed this methodology successfully and most especially at the interpersonal level. *Nattimba et al.*, (2009) agree that this approach appeals to the conscience of the community.

This study finally concludes that hand-drawn visual materials have been an effective tool in the delivery and the reception of messages of HIV/AIDS awareness in the Wakiso and the Kampala Districts. This exploration has also shown that, however small an art and health intervention, such as designing and illustrating awareness creating tools, there is much potential for growing a project of this nature into a full-scale awareness campaign in the ongoing fight against HIV/AIDS. I believe that hand-drawn illustrations can be an effective tool, in any part of the world if, when they are designed and produced the cultural ramifications of the target group are taken into account. Illustrations can be a tool for aiding probing communities on what they seem to keep to themselves. This is because people react and comment on pictures or illustrations without knowing that they are assisting a data collecting exercise.

Recommendations

The study findings maintain a recommendation that upcoming prospective illustrators involved in community visual material development should spend time in the field in order to understand more about the target community's culture and values. This is also a recommendation aimed at art and design training institutions in Uganda. It is important to include a social component on the aesthetic values of illustrations by giving students an opportunity to understand pre-testing processes in the materials production process. This will be of benefit when dealing with communities and appreciating differing cultures and value systems. Drawing as a discipline should be promoted at grass roots level and that young children should be exposed to drawing as early as possible in their educational journey.

Nonetheless, the production of visual materials requires substantial funding to design, reproduce and disseminate. Further to this, training on how to use the materials in the field is required. HIV/AIDS is a social disease, one that affects everybody and calls for a response from everyone, including government, to fight it. This fight must attempt to eradicate stigma and discrimination and steadfastly promote public health and human rights for everyone. For communities to understand promotional materials in this fight, illustrations need to be used because they tell it all.

Lastly, researchers and message developers should incorporate illustration as a tool towards understanding community perceptions. Probing for more data and insights could be attained through comments emerging towards illustrations provided. Communities tend not to reveal what they perceive as their own. They would want to respond to questions in a way to please you the researcher Ascroft (1978).

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