

**PRODUCTION OF ILLUSTRATION SIGNAGE TO SENSITIZE
THE SABINY COMMUNITY ON THE DANGERS OF FEMALE
GENITAL MUTILATION IN KAPCHORWA DISTRICT**

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DECLARATION

I, Oneka Mary Lesley, declare that this dissertation's work is my original work and has not been presented to any other University for an award of a master's degree or its equivalent.

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APPROVAL

This is to certify that this dissertation entitled “*Production of illustration signage to sensitize the Sabiny community on the dangers of Female Genital Mutilation (FGM) in Kapchorwa District*” was done by Oneka Mary Lesley, Registration No: 17/U/14746/GMID/PE, under our supervision.

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DEDICATION

First and foremost, I would like to dedicate this Research to the almighty God. With his wisdom, knowledge, understanding, and discernment, I accomplished what I have today in this academic journey.

I dedicate this research to my entire family, especially my husband, Mr. Mugaya Ian Brian, Kitimbo Keller Florence Mugaya, and Bulamu Hellen Nimaro Mugaya (my daughters). My love, you have been with me since the start of this journey. Words cannot express all that you have done. You have been humble, patient, loving, caring, and supportive. You have all been my support system, and I thank God for your blessing to me. My God's favor shower you, and may he protect you all. You are my light.

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(Proverbs 23:22-25)

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LIST OF ABBREVIATIONS AND ACRONYMS

FGC	Female Genital Cutting
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FIDA	Uganda Association of Female Lawyers
GOU	Government of Uganda
NGOs	Non-Government Organizations
PWC	Price Waterhouse Coopers
REACH	Reproductive Educative and Community Health Programme
RHU	Reproductive Health Uganda
SDGs	Sustainable Development Goals
SEA	Sebeyi Elders Association
UBOS	Uganda Bureau of Statistics
UJCC	Uganda Joint Christian Counsel
UN	United Nations
UNFPA	United Nations Population Fund
WHO	World Health Organization

ABSTRACT

The purpose of this study was to produce illustration signage to sensitize the Sabinu community on the dangers of Female Genital Mutilation (FGM) in Kapchorwa District. The objectives of the research study were to establish the existing gaps in illustration signage in sensitizing the dangers of FGM and to design and produce illustration signage to sensitize the Sabinu community on the dangers of FGM in Kaptanya sub-county, Kapchorwa District. The qualitative study used Peirce's Theory of Signs. A Case study design was employed. A purposive sampling technique was used, where 19 respondents were purposely selected. The researcher collected data from interviews, focus group discussions, observation, photography, and studio experimentation. The findings revealed that the existing signage mainly displayed in urban areas is presented in a language that cannot be easily understood in that the kind of health danger associated with the practice, for example, pain and excessive bleeding, are not explicitly mentioned. Some forms of communication used were mainly on t-shirts worn by those in the urban areas, yet the critical issue is in the rural areas. Several key parties in the community are involved in joint efforts to bring about positive change in eliminating the traditional practice. Recommendations are that Sabinu girls and women be equipped with knowledge and skills that will empower them to be mindful of the health risks of the practice of FGM and engage in advocacy work aimed at curtailing and eventually eliminating the practice. Policymakers, law enforcement bodies, religious and cultural leaders, and NGOs should work tirelessly to end the practice of FGM. There is a need for scholars and visual artists to continue engaging in research and related activities on FGM in all parts of Uganda, where the practice is prevalent to support efforts made by other stakeholders. In conclusion, the world today keeps on evolving. Certain cultural

practices cherished by some communities, such as FGM, are now considered harmful. FGM continues to inflict adverse health dangers on the Sabinu girls and women. Therefore, there is a need for the government to link up with its counterpart in Kenya to address the problem of Ugandan citizens who cross into Kenya to be circumcised. Rural areas have the highest FGM cases; the signage that points out dangers such as excessive bleeding and pain is hardly seen. Targeting rural communities with illustration signage is necessary for sensitization purposes.

CHAPTER ONE: INTRODUCTION

1.0 Overview

This chapter brings to the fore global, regional, and local information about signage in relation to Female Genital Mutilation (FGM) and its dangers. It highlights efforts that the government and other actors have made towards curtailing and eventually eliminating the practice. It consists of the background to the study, statement of the problem, the purpose and objectives, and studio guiding questions. It also highlights the significance of the study, its scope, limitations, and definition of operational terms.

1.1 Background to the Study

Female Genital Mutilation comprises all procedures that involve partial or total removal of the external female genitals or other injuries to the female genital organs for non-medical reasons (WHO, 2016). A few communities in Uganda, including the Sabinu in Kapchorwa District, practise FGM for various socio-cultural reasons. The primary reason for doing so is that those who practise it consider it part and parcel of their communities' history, cultural tradition, and identity. It constitutes a rite of passage to adulthood, safeguards virginity before marriage, promotes marriageability, ensures fidelity after marriage, prevents rape, and provides a source of income for people who do traditional circumcision and esthetic reasons (WHO, 2016). While FGC is considered a sign of beauty and womanhood in one context, it may signify violence and repressive traditionalism in another (Jordal M et al., 2021).

It is estimated that over 200 million girls and women worldwide live with FGM's effects despite efforts to eradicate the practice. Every year, some 3 million girls and women are at risk of FGM and are exposed to this harmful practice's potential adverse health consequences. The health risks associated with Female Genital Mutilation are severe pain, excessive bleeding, genital tissue swelling, fever, infections such as tetanus, urinary problems, wound healing problems, injury to the surrounding genital, shock, and death. In addition, the FGM practice violates established medical ethics as FGM internationally has been recognized as a violation of the human rights of girls and women. The practice – prevalent in 30 countries in Africa and a few countries in Asia and the Middle East – is now present across the globe due to international migration (WHO, 2016, p. viii). In Uganda, efforts to eliminate the practice include counseling and guidance, posters highlighting its associated dangers, conferences, advocacy targeting the affected female population, and legislative interventions. This study focused on using illustration signage as an effective communication tool for sensitizing the Sabin community about the dangers of FGM and offering suggested avenues for eradicating the practice.

Signage is a general term for any graphic display envisioned to convey information to an audience (McGuigan, 2022). Over the years, signage has been an essential and effective tool to transmit messages. Any graphics exhibition aims to divulge information and give instructions to people. Therefore, signage with effective communication plays a crucial role in our society. Illustrations are used effectively on signage that can tell the community's vision for a particular issue. As such, one can use graphics on signage to capture the message the community wants to address. According to the preliminary study,

signage used in Kapchorwa District is less communicative, hence ineffective in delivering FGM news on the dangers. The study discusses the role illustrations on signage have in influencing the Sabiny community on this vital issue. This research plays an essential role in achieving the Sustainable Development Goal on gender equality SDG 5, target 5.3, which aims to eliminate all harmful practices such as early forced marriage and FGM by 2030. Efforts towards realizing this goal are evident in posters in different parts of the world.

Worldwide, some ethnic communities in the United States of America, Spain, and the United Kingdom practice FGM. There have been efforts made by many of these countries towards curtailing the practice of FGM. The African Medical and Research Foundation (AMREF) is an organisation that installed signage to campaign against FGM on the streets in Barcelona, Catalonia, Spain. The poster was launched to create social awareness against FGM in the community.



Plate 1. AMREF signage for a campaign against FGM in Barcelona, Catalonia, Spain.

Source: Zuma Press, Inc., and Alamy Stock Photo 15th August 2018.

Plate 1 was a photograph of a signage in Barcelona, Catalonia, Spain. The image was of a lady dressed in a red outfit. The colours used in the signage were black, red, and white. Symbolism was used where the colour red could have been used to show the act of circumcision. The words used to talk about FGM. However, there needs to be more communication from the illustration.



Plate 2. A poster warning against the dangers of FGM in Burkina Faso.

Source: Nimco Ali Obe, 6th February 2020.

In Burkina Faso in West Africa, a poster in plate 2 warns against the danger of female genital mutilation. A poster designed by a graphics designer displays a scenario of a girl who has undergone FGM. The operation seemed to have gone wrong as people around her were crying. The victim appears to be dead or unconscious due to excessive bleeding.

Kenya is one of the countries in East Africa where FGM is practised in some communities. The anti-FGM campaigners in Kenya have used different means of delivering messages aimed at discouraging the practice, including the display of billboards and stickers. On plate 3, below, the signage was created under the theme of an article entitled 'Lifting

Youth Voices to End FGM.’ Girls who had gone through an alternative rite of passage are seen singing anti-FGM songs and walking together while carrying a poster.

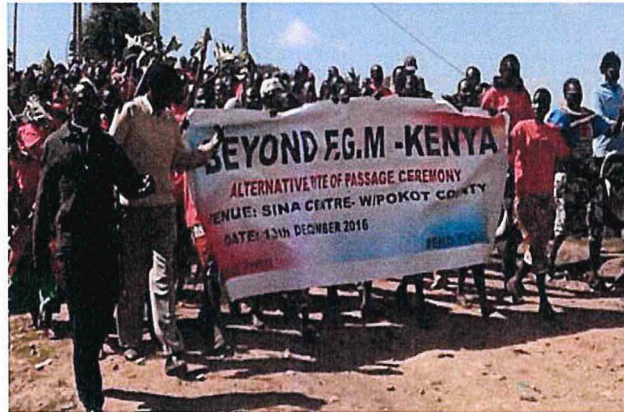
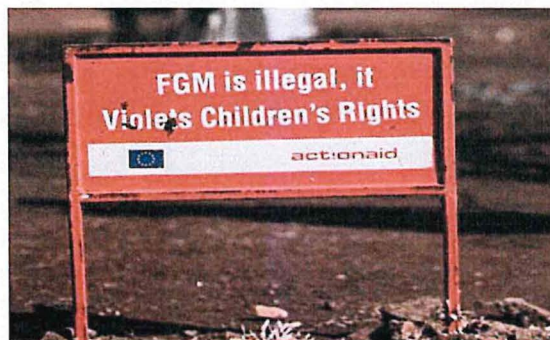


Plate 3. A campaign banner against FGM in West Pokot.

Source: Marryann Chai. 17th December 2016.

In Uganda, two ethnic communities practise FGM. These are the Sabiny in Mount Elgon Sub-region in eastern Uganda and the Pokot in Karamoja sub-region in northern Uganda (UBOS, The National Population and Housing Census 2014–Main Report, Kampala, Uganda., 2016). In Amudat town in northeastern Uganda, Action Aid installed a message plate at Kalas Girl's primary school. The school hosts girls who escape from FGM or child marriage.



*Plate 4. A warning sign against FGM in Katabok village,
Northeastern Uganda.*

Source: Ollia Horton 06th February 2022

This photo, taken on January 30, 2018, shows a warning sign against female genital mutilation (FGM) in Katabok village, northeast Uganda (Horton, 2022).

In Kapchorwa, FGM is a treasured custom that they hold dear to their hearts, just as other cultures have their traditions and practices that they have had from ancient times. FGM is a part of the Sabiny culture, and it is crucial to understand why the Sabiny cherishes and practice it. According to the Sabiny community, FGM is a form of initiation to womanhood. The Sabiny who have not undergone Female Genital Mutilation are stigmatized and deemed as girls regardless of age or marriage. FGM reduces women's promiscuity and keeps their virginity. To other Sabiny, it is a part of their cultural history and shows a sense of ethnic and gender identity within the community (WHO, 2016). Nevertheless, FGM is a deep-rooted tradition grounded in inequitable norms and practices that impact girls' and women's health and socioeconomic status in the Sabiny community. The practice limits the desires and aspirations of girls and women.

In 2019, the unprecedented outbreak of COVID-19 also contributed to the increase in FGM cases. According to Esho et al. (2022), in Uganda, before the pandemic, most respondents reported that cases of FGM/C and CFM were decreasing due to limited movements brought about by the total lockdown in the country. However, statistics from (Esho et al., 2022) show that during COVID-19, there was a slight increase in the proportion of community members who believed that the pandemic had led to a slight rise in FGM/C cases (from 5% to 7%) and a substantial increase in CFM cases (from 14 to 69%). The common reason for the increasing number of FGM/C cases was that people, including potential victims, stayed home longer (50%). In comparison, loss of income (59%) was the most common reason for the perceived increase in CFM cases during

COVID-19. Peace Mutuuzo, the Minister for Culture Affairs, said that FGM increased from 0.3% to 52% in Kapchorwa District and Karamoja, respectively, during the COVID-19 pandemic (Mukhaye, 2021). The Sabiny performed FGM in the even years. In 2020, when COVID-19 was at its peak, many were circumcised.

There have been concerted efforts by different stakeholders to curb the practice. A case in point is the enactment of the Prohibition of Genital Mutilation Act 2010. The Act provides for the prohibition of female genital mutilation, the prosecution and punishment of offenders, and the protection of victims, notably girls and women under threat of FGM and other related matters (GOU, 1995). Despite this measure, FGM continues among the Sabiny community. Girls and women secretly practise it in remote areas, hard-to-reach areas. Others cross over to Kenya to be circumcised. The law has instilled fear among those practicing FGM; hence, it is done without ceremony or celebration, either with individuals or small groups.

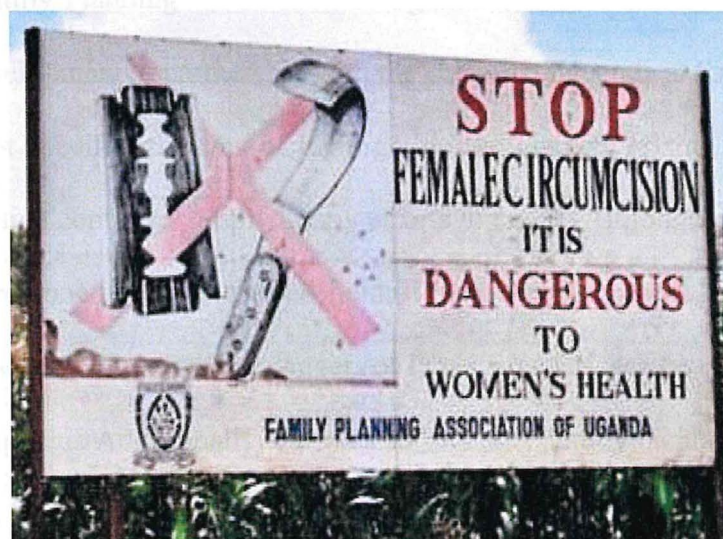


Plate 5. Signage on the dangers of FGM.

Source: James Ssekandi, The Observer. October 14, 2015

1.6 Significance of the Study

The study findings will be helpful to different stakeholders in the following ways:

Researchers will use the findings to build on FGM illustration signage and the mindset change towards its adverse effects.

Findings will enrich the literature on FGM illustration signage since the public research focuses mainly on the theoretical field of human rights practice, and philosophy in Indigenous studies only highlights the dangers of FGM. More effective sensitization messages will be received through graphic design using signage.

The government and non-government organisations, and other groups can use the findings in their efforts to eliminate FGM. Key players include the Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Education, and the Sabiny community.

1.7 Scope of the Study

1.7.1 Geographical Scope

The study was carried out in Kapchorwa district in eastern Uganda, particularly in Kaptanya Sub-County, which registered the highest cases of FGM. Kapchorwa Town is located on the northern slopes of Mount Elgon in Eastern Uganda, perched at an altitude of 1.900m. The indigenous people of Kapchorwa are the Sebei, a Southern Nilotic ethnic group, who occupy three districts: Kapchorwa, Kween, and Bukwo, an area of 1.730,9

square kilometers. (Oxener, 2022). The Sabiny, who speak Kupsabiny, belong to an ethnic group called the Nilotics (Joan, 2009, p. 3)

1.7.2 Content Scope

The study focused on using illustration to address FGM's dangers from a graphics artist's perspective. The content scope offered the study's theoretical objectives: to establish the existing signage used to sensitize the dangers of FGM through literature searches and visits to different parts of the study area. Held conversations and interviews with participants, which aided the researcher in assessing the effectiveness of the current illustration signage in sensitizing the dangers of FGM; and using studio exploration and field data, the researcher designed and produced illustration signage to sensitize the Sabiny community on the dangers of FGM in the Kaptanya sub-county, Kapchorwa district. The researcher did it in a manner that can convey the message, contribute to positive change, and ultimately end the practice.

1.7.3 Time Scope

The data collected was between 2013 and 2022. It evaluated the trend of FGM, especially the dangers it poses to Sabiny girls and women, through literature search, visits, observations, existing signage, and studio exploration.

1.8 Limitations

The researcher faced financial challenges regarding transport, accommodation, and field movements within Kapchorwa.

The community was very sensitive and reserved in 2020. This was also an even year and a season for circumcision. As a result, some Sabinu women and girls felt uncomfortable associating with community members whom outsiders interviewed. They feared possible backlash. For this reason, the researcher made visits in 2019 and 2020, as well as in 2021.

1.9 Definition of Terms

In this study, the researcher used different terms as operational definitions. They included the following:

Female Genital Mutilation: A procedure that is done to remove part of or all the sensitive external female genitals or can cause damage to the female genitals for non-medical reasons.

Signage: construed as any graphics display aiming to impart information or instruction to people.

Illustrations: These are visual articulations of Artworks by artists.

Sensitization: Refers to a way of talking about an issue in a sensitive and particular manner.

Sabinu Community: A group from Kapchorwa district in Uganda who speak Kupsabinu.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviews pertinent literature on the subject matter of the research. It is in accord with the study's objectives: signage in communication design on FGM, factors of less communicative signage, and production of signage with text and images. Reviewing the literature required information from primary sources such as government reports, dissertations, artworks, scholarly articles, and photographs. Secondary sources included laws and regulations, books, and articles.

2.1 Theoretical Framework

The theory that was used was the Pierce Sanders theory on signs.

2.1.1 Peirce's Theory of Signs

Charles Sanders Peirce is a well-known pioneer of pragmatism doctrine who provided the basics of the general theory of signs through his writings and texts compiled 25 years after he died in a single comprehensive piece of work entitled *Oeuvres Completes* (Wirawan, 2020). Between 1996 and 2005, his work was collected. Peirce's practical writing on signs was broad and well-elaborated, and he interested many to compile his works into a book. Peirce proposed the term 'semiotic,' which, according to him, is synonymous with the concept of logic that focuses on the knowledge of the human thinking process (Andreas & Halina, 2014). Peirce looked at how the human thinking process has the power to see a sign and be able to make out its meaning by being able to reason what is communicated. Peirce Sanders' theory defined,

‘... a sign can be determined by something else, called its Object, and so determines an effect upon a person, which effect I call its Interpretant, that the latter is thereby immediately determined by the former’ (Jappy, 2017).

Andreas and Halina wrote that Peirce’s theory’s main principles are the human mind and sign boundaries, the three-dimensional system, and the relativity regarding the three typologies or taxonomies of signs (Andreas & Halina, 2014). Peirce explains his theory and research on the triadic system that explains signs, objects, and interpretation of one’s work.

Peirce was interested in the signifying element of a sign and emphasized that not all the aspects of a signal are necessary or carry the same weight in its interpretation. Thus, in his view, it is not the sign that signifies an object but those elements most crucial to its functioning as a signifier (Lanir, 2019). In other words, the signifying features of a sign are those that bring out the meaning directly, and the other elements are ignored. For example, the terms and illustrations are essential in signage and can convey a message, but the frame might communicate.

Therefore, signage must be simple, straightforward, and direct to communicate a message such as FGM to the Sabin community of Kapchorwa district. In addition, people generate meaning in their behavior, words, and illustrations, as messages worldwide are in different

forms using signs. Therefore, signage helps us combine all these elements that contribute to a robust and meaningful message that can lead to positive change in a community.

2.2 History of Signage

The history of signage dates to when man first figured out a way to express himself artistically (Daniel, 2013). He adds that from the symbolic cave paintings of early human existence to Tokyo's bright and modern digital city, signs, and symbols have always been used to communicate feelings, capture moments, or advertise goods and services. Weiss (2013) also asserts that the term "signage" was not established until the 1980s when it was added to U.S. dictionaries. Weiss notes that it can primarily be signs collectively or a system of such signs.

Elite signs and graphics write that modern visual sign, as we know them today, started around the time of the Greek, Roman, and Egyptian cities, dating from about 3000 B.C. and beyond. Most of these signs were made of stone or terracotta, using imagery more than text since many people were illiterate then. They further suggest that most signs were made through carvings or paintings on buildings' interior and exterior walls. Fast-forwarding through history, after the Dark Ages, the increase in trade, commerce, and wealth encouraged increasingly elaborate and artistic forms of trade signs. They used carvings, bright paint, ornamental iron, and gilding, encouraging competition between merchants to see who could create the most elaborate signs.

In the 1700s, London and Paris introduced laws that forced signs to be removed or fixed flat against the wall. It was in the 18th century that new technologies like gas lighting, the

industrial printing press, and electricity began to shape modern signage. At this point, businesses and artisans had even more options when creating signs, and they began to realize how creativity played a role in attracting customers. World War II ushered in the time of mass production. Improvements in plastics made it easy and affordable to print larger quantities of signs. Creating changeable signs allowed businesses to mix and change messages using a single sign. Today, hundreds of printable materials, colors, and sizes are used to communicate messages targeting specific audiences (Elite Signs, 2014). Signage has been used for many years, and people continue to use it. However, there have been technological advancements in the signage we see today as the world keeps evolving.

2.3 History of Female Genital Mutilation

Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of the external genitalia or other injuries to the female genital organs for non-medical reasons (WHO, 2016). In general, all forms of FGM/C result in immediate and long-term complications, including physical, obstetric, gynecological, sexual, and psychosocial complications that might have a lifetime impact on the victims. The women who undergo FGM/C can experience difficulties ranging from immediate problems like shock, bleeding, and infection to long-term consequences such as chronic pain, miscarriage, stillbirth, primary infertility, and psychological suffering like post-traumatic stress disorder. Moreover, the health impacts resulting from FGM/C significantly burden health systems (Workie, 2022). In other words, FGM endangers the health and life of girls and women.

The Inter-African Committee on Traditional Practices Affecting the health of women and children (UNICEF, 2013) adopted the term Female Genital Mutilation in 1990. In 2014,

- **Type II** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **Type III** Narrowing of the vaginal orifice with the creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
- **Type IV** All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, pulling, piercing, incising, scraping, and cauterization.

Statistics from the Sebei sub-region suggest that only 24% of girls aged 10 to 14 have experienced some form of Female Genital Mutilation – while 76% of women between 25 and 35 have undergone the procedure (Mafabi, 2019). IN AN INTERVIEW, Mafabi D writes that Ms. Chelangat stated that in Kawoyon sub-county, 7 girls were cut on a Tuesday in Kapsindle sub-county, Kiring parish, 11 were cut, and in the Taritar sub-county, 18 were cut last night. This morning, 18 girls were cut in Kaptanya sub-county in Kapchorwa district alone (David, 2018). Female Genital Mutilation among women and girls aged 10-59 is highest in Kaptanya Sub County at 18% and lowest in Kabeywa and Gamogo Sub County. Kaptanya, the area of interest, still registers the highest number of girl's cut (UBOS, 2022, p. 7).

2.4 Existing signage on dangers of Female Genital Mutilation

In the United Kingdom (UK), Aissa Edon and Hoda Ali started a non-profit organization called Vavengers in 2014. The two survivors of Female Genital Mutilation (FGM) launched Britain's first billboard campaign to raise awareness and encourage girls at risk to get advice as public pressure mounts to stamp out the practice (Joseph, 2019). They

commissioned students Mabel Evans and Kain Egan, who devised a billboard when no one had used one. Hence, the billboard to create awareness of FGM in the U.K. This marked the beginning of using billboards to create awareness.

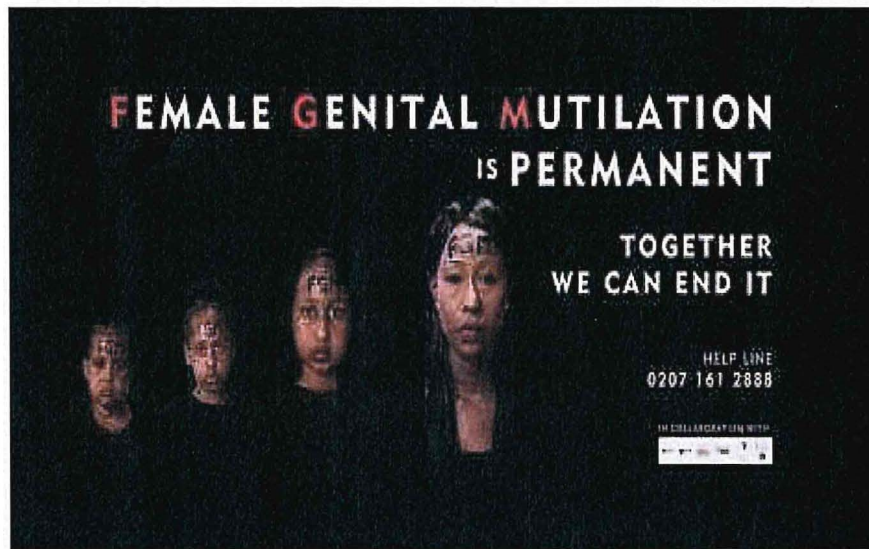


Plate 6. The first billboard on FGM at Greenford Road and Broadway, Greenford, London

Source: Response Source, June 5, 2015.

Plate 6 displays signage that uses photography. The girls and women are of different age groups, with the text FGM written on their foreheads. The billboard stated that FGM causes permanent damage. Their facial expressions are sad, displaying the pain they went through. It is accompanied by texts that are bold, clear, and readable. “FEMALE GENITAL MUTILATION IS PERMANENT; TOGETHER, WE CAN END IT”.

There were helplines at the end of the signage for one to call for assistance. WHO confirms that, for many girls and women, undergoing FGM can be a traumatic experience that may

leave a lasting psychological mark and cause several mental health problems (WHO, 2016). The photograph itself is less effective in communicating the problem. The colours used were black, red, and white. Black symbolizes death and sadness; red is the blood after being cut.



Plate 7. An Anti- Female Genital Mutilation (FGM) signage in Conakry.

Source: Liriel Higa, *The New York Times*, February 9, 2016

Plate 7 demonstrates an Anti-Female Genital Mutilation (FGM) signage in Conakry, funded by the U.S. State Department. Photography was used for this signage, which captures a group of young girls. The girls were scared and covered their faces in fear of FGM. The messages on the signage are in French. The first message in white font on the left upper corner states: *A girl who is not cut is wholesome and complete.* The second message in the middle of the plaque in pink and white coating states: *A Guinea free from female genital mutilation.*

The researcher believed that the signage was intended to achieve three objectives. First, the use of symbolism by covering their face was intended to show fear of FGM. By covering their face, the girls seem to say, 'We want nothing to do with female cutting!' The first written message was that we do not want our girls to be mutilated and subjected to pain and suffering. Thirdly, the second written message says, 'We want our country (Guinea) to be free of FGM.'

In Africa, many cases of FGM endanger girls and women. In Tanzania's Manyara Region, not far from Mount Kilimanjaro, a grandmother was cutting the genitalia of her granddaughter with a knife (Cascais, 2017). It was December 30, 2016, and two weeks later, the girl bled to death in hospital. She was just 17 days old. The child was put at risk and died after FGM. He continues to write that, in Kenya, the Masai, and other ethnic groups are unaware of the severe damage it causes to human health. This calls for alternative strategies, which is why some African countries have used signage. Farouk (2020) writes that doctors in Egypt have taken time out of their surgeries for a campaign to raise awareness of the dangers of Female Genital Mutilation (FGM) after the death of a 12-year-old girl, saying they do not want their white coats "stained with blood." As part of the doctor's campaign, doctors from Egypt made a billboard as part of a national campaign to encourage families to stop circumcising their daughters, which was hung outside the train station in the Upper Egyptian city of Minya in December 2017 (Farouk, 2020). The signage had a photograph of a young girl with her head down and one hand covering her face to show the pain of FGM. In the researcher's view, even medical

personnel know the harm FGM can cause, so they are also organizing campaigns to end the practice.

In 2011, UNFPA and UNICEF elucidated an image of Ethiopian girls during an FGM/C abandonment ceremony sitting in front of signage saying, 'OFFICIAL DECLARATION TO STOP FGM.' This signage used words without illustrations and did not display the dangers of FGM.

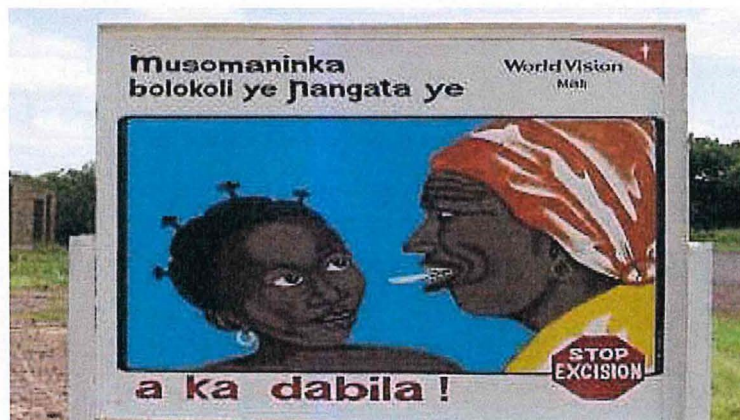


Plate 8. Signage installed in Mali by Helvetas Source Response

Source, June 5, 2015

Plate 8 was signage installed in Mali. It is a not-for-profit organization based in Switzerland. It was founded in 1955 as Switzerland's first private organisation for development cooperation. They have been operating in Mali since 1977. They continue to work with the community towards curtailing Female Genital Mutilation. Badder asserts that, in Mali, an estimated 90 percent of women have been circumcised (Bader, 2019). They further write that this painful practice, which involves the partial or total removal of the external female genitalia, has been banned in hospitals but was often carried out in

unclean toilets. Therefore, many women are doing it in hiding in defiance of the law. The signage reads ‘‘STOP EXCISION’’. The signage displayed a young girl and a female circumciser with a knife in her mouth. The girl showed no expression of fear or pain. The colours used are bright. The words are both in lowercase and upper-case letters. The signage showed the act of FGM but not the dangers that arise following the cutting of the woman or girl.

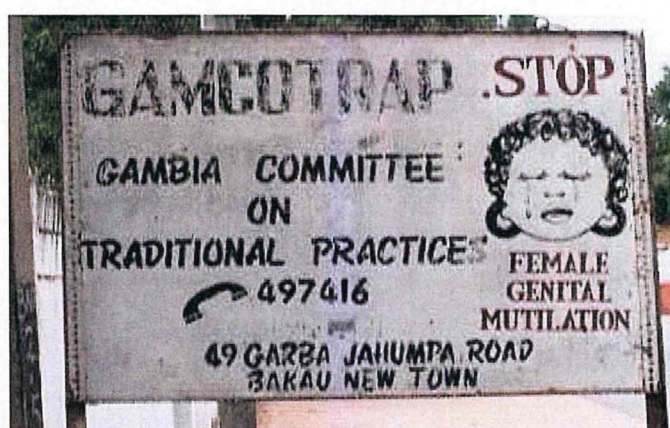
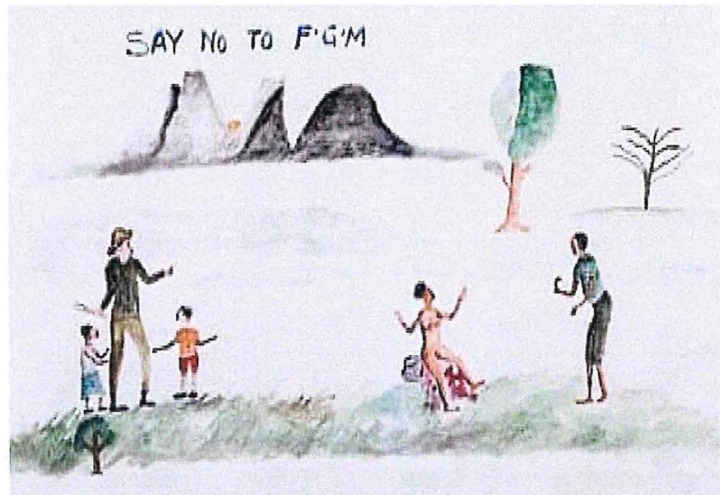


Plate 9. Signage in Bakau New Town, Gambia, on FGM.

Source: WNN Editors Team, Women News Network, December 3, 2013

Plate 9 was signage in Bakau New Town, Gambia. It was in simple line drawing. The woman’s face was crying with her eyes closed. It had a textual message: ‘‘STOP FEMALE GENITAL MUTILATION’’. In addition, the signage had a helpline number that anyone could call in case of urgently needed assistance on FGM. Again, simple, bold letters in different sizes are used. However, as this exhibited the excellent progress made, it did not portray the dangers affiliated with FGM in the Gambia. Strengthening the illustrations to show the dangers associated with FGM would help communicate better.



*Plate 10. Consolata Lokiru's winning FGM artwork on billboards
around West Pokot.*

Source: Guardian's global media source: Alexandra Topping, 12th January 2015

Plate 10 exhibited signage in Kenya, where there was a competition in Kenya opened to different schools. The Artwork that won the competition by Consolata Lokiru was printed on billboards around West Pokot. The Guardian's global media campaign to end FGM supported the competition. The signage displayed a circumcised girl bleeding on a rock. From a distance, a boy is seen with a girl and a man watching. The illustrations are not very conspicuous but show that the girl has been circumcised. The illustration was left in its original drawing simplicity. The image size was also small and not very clear.

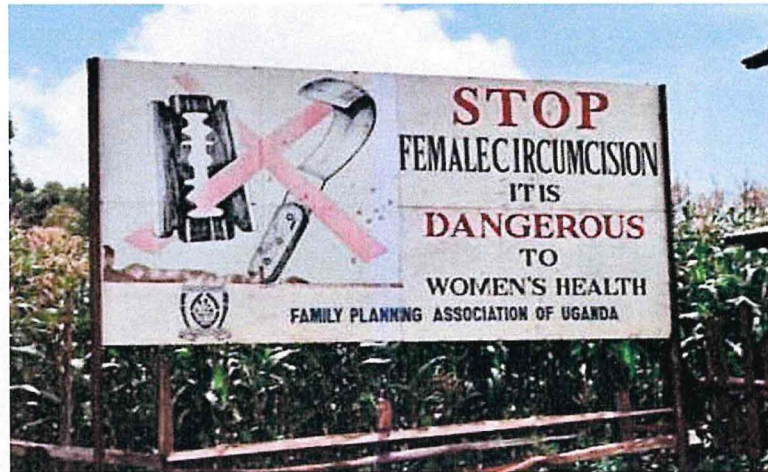


Plate 11. A billboard denouncing Female Genital Mutilation in Kapchorwa District

Source: James Ssekandi, The Observer. October 14, 2015

In Kapchorwa district, Ssekandi (2015) writes about a billboard denouncing Female Genital Mutilation (*Plate 11*). When entering Bukwo, a remote district in the region, one is welcomed by a giant billboard saying: ‘Stop Female Circumcision,’ it is dangerous to women’s health”. Any person would expect the Sabiny, who inhabit the area, to take the message seriously, but events reveal otherwise (Ssekandi, 2015). The Family Planning Association of Uganda installed the signage in the Kapchorwa district. It has an image of a razor blade and a knife with an X sign in colour red. The text was in bold letters: “STOP FEMALE CIRCUMCISION IT IS DANGEROUS TO WOMEN HEALTH”. The textual and pictorial analysis does not show the dangers of FGM clearly. However, they showed the tools used during the FGM. There was an element of information framing in the signage artwork.

2.5 Factors of less communicative signage

In Canada, according to Dewan, pictures facilitate learning by clarifying examples, extra-lingual information, contexts for interpretation, and redundancy, which aids recall. However, the absence of conspicuous illustrations contributes to less communicative signage (Dewan, 2015). The human brain processes visual information faster than verbal information (Mutabazi, 2021). Therefore, for illustrations to be effective in communication, they should be conspicuous and readable. The study focused on using illustrations signage to tackle FGM among the Sabiny community. The illustrations should be visible, easy to understand, and communicate effectively to bring about the desired changes among recipients.

Furthermore, Dewan (2015) suggests that there are ambiguous words that are complex to understand, yet they have a simple meaning. Therefore, careful word choice is needed to avoid different message interpretations. He points out that people learn better from words and pictures than from words by themselves. Additionally, pictures are more effortless to recognize and process than words and easier to recall (Dewan, 2015). Therefore, it is best to accompany texts with illustrations to aid comprehension and learning. In this study, vivid illustrations with simple words were used to communicate the dangers of FGM to the Sabiny community.

Suitable and relevant content generation for visual communication was essential. Dewan (2015) recommends that people learn best when extraneous words and pictures are eliminated. Content must be precise to the point and not irrelevant to get the message.

Typically, signage should convey no more than one concept or thought (Dewan, 2015). The two essential aspects of communication concerning signage are the means used to convey information: graphics, text, and content (Dimbleby, 2020). The graphic information and text applied to signage are intended to be read by viewers in various situations. Data on the dangers of FGM among the Sabiny community should respect their culture and show their identity.

In South Africa, to communicate their message effectively, signs must be noticeable and accessible (Leonard et al., 2014). If they are not noticeable and accessible, communication is not conveyed to the public. Signs should be brightly coloured to make them stand out from their background, saying that text should be in a contrasting colour to make it readable (Leonard et al., 2014). When the illustrations, colours, and words in signage are not clear and well used, it can affect message delivery.

In Uganda, physical barriers like placement and distance of the signage contribute to effective signage. According to Ministry of Lands, any sign/billboard shall a) Be designed and erected or constructed so as not to be detrimental to or have a negative aesthetic impact on the road structures and the road environment; b) Have a neat appearance and shall consist of durable materials (MINISTRY OF LANDS, 2011, p. 36). Many other guidelines have been stipulated to ensure placement. A good location in Uganda allows for no interference with any other features. Accordingly, Leonard suggests that for effective communication, signs must be visible and accessible. Signs should align to core traffic zones where they can be seen (Stephenson, ND). He further writes that they should be

visible from all directions, and all viewing angles should be considered. It is, therefore, crucial for signage to be positioned where many people are moving. Signs should not be positioned right before or after an intersection point, as this will confuse end users.

The layout, fonts, and delivery of the information must consider the audience being communicated to and tailor the message to fit them. To ensure signage visibility and legibility, the viewing distances, fonts, lights, and information layout must be planned (Rodrigues et al., 2019). Furthermore, consistency among all signage is crucial since each type of information should appear in the same format and layout throughout the whole setting. Knowledge of the audience is essential. In the early stages of a change program, you need to connect with the audience and excite interest (PWC, 2017, p. 2). Furthermore, content familiarity grows as an audience moves along the change curve. Therefore, it was necessary to know the audience you were working with to convey the message and to avoid any resistance and change of attitude of those in the environment.

Colour application in work is very crucial. The power of colour psychology in persuasion was one of the most popular and controversial facets of marketing and communications (PWC, 2017, p. 4). However, PWC continues to write that elements such as personal preference, upbringing, cultural differences, and context affect the impact of colors on us as individuals (PWC, 2017). Colour indeed can persuade an audience if used in a good way. It can convey a message and evoke emotions towards signage when discussing issues.

Poorly conceived visualization can distract your audience from core messaging and sometimes even constitute ‘misinformation.’ Content that is poorly presented not only has the potential to corrupt your narrative but threatens the effectiveness of your entire communications strategy (PWC, 2017, p. III). The researcher agrees that it is essential to use illustrations to deliver the right message of a particular issue in a manner that can easily be understood. This is because it will ease message delivery to the audience that you are targeting.

2.6 Production of signage with text and images

2.6.1 Identification of the problem

Solving a problem starts with getting to understand it. Understanding the underlying causes behind something (defining the problem) can bring more understanding and better solutions (AIGA, 2021, p. 55). For example, in this case, the study looked at less communicative signage in the fight to sensitize the Sabiny community on the dangers of FGM. Therefore, it was essential to identify a problem to contribute to eradicating the practice using more communicative signage with clear text and vivid illustrations. This was done through studio processes, including idea generation, design development, and design implementation.

2.6.2 Idea generation

Idea generation was a process that took time, and coming up with good ideas was what constituted the process. The goal was to use existing research outcomes to form a concept that leads to possible solutions. Furthermore, AIGA suggests that these concepts are possible visual expressions or directions for a project . These ideas should be based on learning and research (AIGA, 2021). The researcher and others needed to develop their ideas using visuals to come up with a good and beneficial project.

2.6.3 Design development

Design development looks at refining the artwork to be placed on the signage. Visualized ideas and decisions must bring the design closer to its final state (AIGA, 2021). One way to generate and visualize ideas was to create thumbnail sketches. It is essential to consider factors such as colour, lighting, size, shape, branding, and imagery (Signstar, 2017). Designs are very crucial in any project formulation. There was a great need to use the elements and principles of design to guide the process that leads to creating communicative artwork. The intention is to finalize the design before using a computer to develop the final design.

2.6.4 Design Implementation

Design Implementation was considered the final stage of the entire process. AIGA suggests that this is applying the completed design (AIGA, 2021). In this case, the design was to be placed on signage to communicate FGM's dangers. Hopefully, the work will be done in a manner that will bring positive change to those in the Sabiny community.

2.7 Summary

The chapter uses Peirce's Theory of Signs. Literature on signage about Female Genital Mutilation (FGM) and its dangers from different parts of the world are used. It offered the study's theoretical objectives, highlighting signage in communication design on FGM, factors of less communicative signage, and production of signage with text and images. Many signages worldwide have been made to sensitize people about FGM. However, they were less communicative about the particular dangers of FGM, such as pain, shock, excessive bleeding, and pain during childbirth. The illustrations also focused on circumcision and not its dangers, revealing, in many ways, the missing information to be captured in the steps to follow during the studio graphical process.

CHAPTER THREE: METHODOLOGY

3.0 Overview

This chapter presents the research design, area of study, study population, study sample population, sampling techniques, and data collection instruments. It further looks at the administration of instruments, methods of data analysis, and ethical considerations.

3.1 Research design

The research is qualitative, and the selected research design is a case study. According to Harling, a case study is a holistic inquiry investigating a contemporary phenomenon within its natural setting (Harling, 2012). This study was conducted in the Sabiny community, focusing on producing computer-aided illustration signage to sensitize the Sabiny community on the dangers of Female Genital Mutilation. Case studies are used in design research to analyze a phenomenon, generate hypotheses, and validate a method (summers, 2008). Therefore, the researcher chose the case study design to examine the current situation of FGM and discover the dangers of the practice. The dangers inspired the researcher to develop illustrations showing the impact of FGM on Sabiny girls and women. The different signage will show the Sabiny an alternative rite of passage that does not harm the Sabiny girls and women physically and psychologically.

3.2 Sample population

The study population was of the Sabiny community, particularly those from the Kaptanya sub-county. Male and female participants were selected. Local leaders, elders, and church leaders also took part. The participants knew about FGM and understood how it affects

the health of girls and women in their community. The community is involved in the practice, much like the affected girls and women. The victims of FGM shared their stories and experiences of their pain. The elders in the community shared the involvement they had in ending the practice. Church leaders and local leaders shared the percentages of girls who were circumcised and gave the history of FGM and how the law has been operating by implementing the law prohibiting FGM in Uganda and arresting the culprits.

3.2.1 Study sample

Purposive sampling was used while selecting participants for the study. This type of sample focuses on community characteristics that will benefit the investigation. The participants chosen were readily available and willing to participate in the research. The informers of the study were purposively selected because some of them are FGM victims, have a close relation to the victims, health workers, and others are involved in the fight against FGM. Such interaction with the participants helped derive illustrations inspired by their experiences with FGM practice. They also helped to produce illustration signage showing the dangers of the practice to the community as a way of contributing to the fight against FGM, with the hope of eradicating it. The study comprised 19 participants: 10 circumcised girls of Kaptanya Sub- County, 2 were from the district community development center, 2 were elders, 2 were church leaders, one traditionalist, and 2 were tour guides from Discover Sipi.

3.3 Instrument of Data collection

The researcher used different techniques and worked with a designed tool for each method. The study used three research instruments: an interview guide, questionnaires, and a focus group discussion guide. The objectives of the study guided the research instruments: to establish the existing signage used to sensitize against the dangers of FGM, to assess the effectiveness of the existing illustration signage in sensitizing the dangers of FGM: to design and produce illustration signage to sensitize the Sabiny community on the dangers of FGM in the Kaptanya sub-county, Kapchorwa district.

3.3.1 Interviews (in-depth interviews)

The researcher employed in-depth interviews as a qualitative collection method. This allowed the researcher to collect data on the attitude, behavior, and perception on signage about FGM among the Sabiny. The interview guide had structured questions. The interviewee was free to respond with their own opinion. The interview guide allowed the researcher to get firsthand information and instant feedback about the existing signage and its effectiveness in communicating the dangers of FGM. The voice recording of the conversation was one with the knowledge and acceptance of the interviewee. The information recorded was to be used to capture unwritten data. The interview captured various issues that affected message delivery, particularly the dangers of FGM. Interviewees were male and female from the district, the church, tour guides, culturalists, and elders in the community.

3.3.2 Focus group discussion

Two focus groups were used, and each consisted of five participants. All the participants had experienced circumcision. Heartfelt stories of their experiences were shared in the groups through storytelling. The information was relevant and detailed in response to questions about signage and its effectiveness in message delivery, particularly on the dangers of FGM. They mentioned that most information was placed in the urban areas, yet FGM was mainly practiced in the rural areas. The illustrations were primarily images of razorblades and blood that only highlighted the cut and not the particular dangers such as pain, shock, and death. This hindered message delivery to the Sabiny community.

3.3.4 Observation

The researcher used an observation checklist and had to take keen note of the environment and the different participants, such as the FGM victims and older people. As a result, the researcher could discern behaviors surrounding the Sabiny in real time and took notes on events that were relevant to the study. This information helped the researcher derive illustrations from the FGM practice as the source of inspiration.

3.3.5 Photography

The researcher took photographs at different stages of the research that helped capture various events. The gadgets used were a smartphone camera, which helped capture existing signage, Kapchorwa general, and the Sabiny culture and traditions. The different photographs also helped the researcher derive inspiration for illustrations to talk about the dangers of the practice.

3.3.6 Questionnaires

Data was collected using questionnaires on the production of illustrations on signage to sensitize the Sabiny community on the dangers of Female Genital Mutilation in the Kapchorwa district. In addition, there was the use of formulated structured questions. The prearranged questions were straightforward, and the participants could understand the questions easily. Those selected included the local leaders, elders, church leaders, and tour guides.

3.4 Procedure of data collection

3.4.1 Interview guide

The researcher used an interview guide (Appendix 1) to conduct interviews with the Sabiny community on producing illustration signage to sensitize the Sabiny community to the dangers of FGM in Kaptanya Sub-County, Kapchorwa district. The researcher went to the community with the contact person who knew the dialect. The researcher was introduced to the participants, who had already been briefed about the meeting. Structured questions were asked, and responses were made with the flow of the questions. The guide asked queries on signage, visual illustrations, FGM, and how they have been used to address its dangers among the Sabiny community—an interview guide directed to the Sabiny community who provided information to help the studio process. The final data helped express FGM's dangers using illustrations on signage.

3.4.2 Checklist

The researcher met the participants of the two focus groups at two homesteads to have a discussion. Various questions were asked using the focus group discussion guide (Appendix 3). The participants were made to sit, and the contact person made introductions. Questions were then asked about signage in relation to FGM dangers. The questions ranged from their experiences to questions on signage. They all participated; although some were shy, others were very free. The researcher read the questions, and the contact person translated from Kupsabiny to English. The responses from each focus group were recorded with an audio recorder and others were written on the checklist.

3.4.3 Observation checklist

The researcher made observations starting from when she arrived in Kapchorwa. The buildings, people, dangers they faced, and lifestyle inspired the drawings. Observations were also noted in the researcher's notebook. The responses provided information that helped inspire the researcher, who drew graphical illustrations to show the particular dangers of FGM.

3.4.4 Photographs

Photographs were taken using a phone camera right from arrival at Kapchorwa. The researcher captured the lifestyle, dressing, food and drinks, and the activities before the ceremony, such as vigorous dancing. Photos were stored in a file on the laptop. The photos

were printed out and used to draw inspiration. The photos brought inspiration that helped in the final design of the studio's graphical artwork.

3.4.3. Questionnaires

Questionnaires were structured and open-ended; Appendix 2. Introductions were made by the different participants. This was followed by asking open-ended questions that allowed one to give additional information other than what was asked. However, it had to be related to signage about FGM. The prearranged questions were directed to the participants, including the Sabiny girls and women, the Sabiny community, local leaders, and church leaders.

3.5 Studio production

There was the use of experimentation and exploration in the studio production. Sourced materials, tools, and equipment helped bring the message to life. It aligned with objective three of the study to design and produce illustration signage to sensitize the Sabiny community on the dangers of FGM in Kaptanya sub-county, Kapchorwa district. At this stage, the collected data aided in developing illustrations from FGM as the source of inspiration for producing illustration signage to sensitize the Sabiny community on the dangers of Female Genital Mutilation in the Kapchorwa district.

The following steps guided the design process for signage on FGM. Creating signage is a lengthy process involving different stages.

- a) Developing a concept or theme for signage.

This stage starts with asking questions and getting answers to the questions. This can be done by doing research and critical thinking. It is followed by sketching the ideas per the issue being addressed. A picture is more than 1000 words. Therefore, the information presented in photographs and images can be absorbed and understood better, a phenomenon known as the Picture Superiority Effect (Katja, 2020). The study used FGM as a source of inspiration to develop different illustrations. This was to help address the use of signage about certain dangers of FGM in Kapchorwa district. This was because images and pictures can deliver information about issues such as FGM just by looking at them.

b) Exploring different colour effects on the design.

Colour can be introduced in the artwork to refine it at this stage. Colour helps bring the message to life and allows the artist to visualize how the work will appear. The way colours are used affects the audience's responsiveness. The more the color chosen matches the mental and emotional needs of the individual and the audience's memoirs and messages, the more the message is transmitted and communicated effectively (Talebzadeh, 2019). The colours can stimulate the mind and help someone visualize the message.

c) Computer editing and refining of the artwork.

This involves using graphics software such as Adobe Illustrator to draw, modify, and make layouts for the design. According to Talebzadeh, considering the simplicity and correct choice of words and expressions, literary and writing values should be considered so that text and fonts can be easily understood (Talebzadeh, 2019). It was essential, therefore, to choose the right type and font to use in a signage design. Fonts should be easy to read and

have variations in size and weight. The study used upper- and lower-case bold lettering for variety, visibility, and legibility.

d) Printing of the final design work on a suitable material.

The artwork at this stage can be printed onto suitable materials for making signage. This can depend on various factors, including location (indoor or outdoor), weather, and visibility.

e) Visibility and legibility of the final signage.

The signage should be easy to read and interpret, and the message should be delivered concisely. One needs to consider the location and any obstacles that may hinder the signage from visibility. Talebzadeh writes that moving element, as the viewer is walking or is in a car, he must be able to quickly and easily receive critical information (Talebzadeh, 2019). The study needed to use visible signage for those in Kapchorwa district.

3.6 Validity and reliability

This study used qualitative research methods to yield reliable results, for example, interview guides, questionnaires, and focus group discussions. The collected data is valid because it covers the area of investigation, which is the production of illustrations on signage to sensitize the Sabiny to the dangers of FGM. Permission given to collect data was verbal. However, the contact person who was trusted was there to help with interpretations and witnessing the events as they unfolded. The informants were asked for their free will to participate in the research, which they gladly gave. The data collected

was reliable as the information obtained was the same as the information from other sources, for example, the internet and books, methods used under the same circumstances. Photographs, recordings, and field notes were used for purposes of the validity of the research.

CHAPTER FOUR: PRESENTATION AND INTERPRETATION OF STUDIO FINDINGS

4.0 Introduction

The findings in this chapter emerged from the purpose of the study, which was to produce illustration signage as effective communication to sensitize the Sabiny community on the dangers of FGM in Kapchorwa District and contribute to a positive change of eradicating the practice. The findings are, at this moment, presented and discussed chronologically based on the objectives of the study. The researcher established through the study that the existing signage could have been more communicative regarding the dangers of FGM. The study provided information to guide the studio process that involved experimentation and exploration of materials and tools to design signage with type and images that, in the researcher's opinion, are more communicative.

Data collected through interview guides, photographs, and focus group discussions were analyzed visually. The approach, involving the use of photographs and signage such as posters and billboards, shows how the text and images do not communicate the dangers of FGM in clear, direct terms. The informants who viewed the existing FGM signage offered recommendations for developing signage aligned with the research objectives. They also shared their perspectives regarding FGM's dangers to girls and women. Emphasis was put on highlighting dangers such as pain, excessive bleeding, and death.

These findings and suggestions for addressing the existing gaps are presented below. They reveal the extent to which the application of illustrations on signage is relevant to the Sabiny community's understanding of the dangers of FGM.

4.1 FGM among the Sabiny community

The Sabiny are among the few communities in Uganda who practice FGM. They are mainly what WHO refers to as Type Two of the cutting. This involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). According to a local leader, FGM has been a cultural practice since immemorial. She adds that the women who perform the cutting use crude instruments such as razor blades. The immediate effects of the practice include bleeding and death. They also use the same tools on many women and girls. As a result, some victims have acquired HIV/ AIDS. Some have bled to death.

The informant added that the ceremony of circumcision involves vigorous dancing. She said this has led to miscarriages attributable to the energetic dancing. She added that the long-term effects of circumcision include keloids. On a sad note, she also said that FGM affected their marriage because sex was painful and not enjoyable anymore. In addition, FGM has caused infertility in some individuals, while others have become disabled. Referrals are taken to some health facilities to help women with complications.

Another local leader said that according to a survey in the Kapchorwa district, FGM was being practiced in 4 sub-counties out of the 15 in the community, including the municipality. The three sub-counties are the West Division comprising Kapteret and

Tegeres, which were recently merged to form West Division. The other two were Kapsinda Sub-County and Kaptanya Sub-County. The local leader added that Kaptanya recorded the highest number of circumcised girls and women, totaling 322. These were circumcised during the COVID-19 pandemic in 2022, which was an even year. Circumcision was done in even years. Furthermore, FGM is done in these areas at the extreme ends of Kaptanya and Kapsinda.

The informants pointed out that various stakeholders have been involved in the fight against FGM. They include Reproductive Health Uganda (RHU), Sebeyi Elders Association (SEA), Reproductive Educative and Community Health Programme (REACH), Kapchorwa District Local Government and other local governments, Kazowa, Kapchorwa Aids Support Network, Kafuru, Uganda Association of Female Lawyers (FIDA), Sebei Diocese, Uganda Joint Christian Counsel (UJCC) and Kapchorwa Moslem Council. Their involvement entailed organizing sensitization workshops and seminars to create awareness about the dangers associated with FGM, sensitizing local communities on the dangers associated with practicing FGM, including the risk of arrest, prosecution, and imprisonment or fine or both in the event of being found guilty of participating in or aiding and abetting FGM and risking one's life, happiness and joy arising from the adverse effects of FGM as highlighted above and preaching against FGM using the pulpit.

4.2 The law on FGM in Uganda

In 2010, the Government of Uganda enacted the Prohibition of Female Mutilation Act 2010. This resulted from many years of advocacy involving various stakeholders, including women groups and religious leaders. The Act provides for the prohibition of

FGM, the prosecution and punishment of offenders, and the protection of victims, girls, and women under threat of being subjected to FGM and other related matters.

The Act imposes heavy penalties, including life imprisonment in case of aggravated FGM such as where death occurs or where the victim is infected with HIV/AIDS. It also makes it compulsory for anyone who has information about any activity involving FGM to report incidents to the police.

Fear of the law has pushed the Sabiny to use traditional birth attendants to carry out female genital mutilation. They used the opportunity to carry out the mutilation immediately after the delivery. The rituals and ceremonies are done after the mutilation. Some circumcision activities have pushed many women to be circumcised in hidden, rocky, and hard-to-reach areas. Others have crossed over to Kenya to get circumcised.

Participant 3 in Focus Group B shared her experience with FGM: *I was circumcised in a hidden cave for fear of the law.* Likewise, participant 1 in Focus Group A also shared her experience: *I was arrested with other community members after being circumcised.* This indicated that the law enacted in 2010 by the Parliament of Uganda was being implemented. However, the girls and women continued to undergo FGM illegally in hiding for fear of being found committing the offense, arrested, prosecuted, found guilty, convicted and imprisoned, or fined. The fear of being caught on the wrong side of the law was real. Therefore, those planning to undergo FGM had to think twice.

4.3 Three perspectives on FGM origin

According to Kapchorwa district leaders, there are three perspectives on why the Sabiny practice FGM: promiscuity, health, and hygiene.

4.3.1 Promiscuity in the women

The men were pastoralists, and they would go hunting and look after cattle. The dry environment where the Sabiny lived made them move to outlying areas, leaving their woman at home. The women would see dust rise to know that the men were coming back. However, when the men took so long, the women decided to do some rituals and get married to other men. When the men returned, they found the women had married again, and others had children. The men were hurt, so they decided to 'circumcise' their women, hoping it would save their marriages. They said that after cutting the women, the libido or sexual urge reduced. The men would now go away for a long time to graze their animals, and when they returned, they would find their women still at home. Over a period of time, people felt that FGM was a good thing, and so it became a Sabiny culture.

4.3.2 Health reasons

According to a local leader, there was a Sabiny woman who became very sick and became very weak. They tried to check her body and found nothing unusual. Then, they thought the woman might get well if her clitoris was cut. When she was circumcised, the woman became fine. According to the local leader, the woman was cared for and given food and drinks after FGM. The woman did not do heavy work because she was healing. It was for this reason that she gained weight and looked beautiful. The Sabiny concluded that FGM makes them healthy.

4.3.3 Body Hygiene

The Sabinu originated from Ethiopia and passed in areas where water was scarce. When the women started smelling, the men wondered why women were smelling. So, they said, let us circumcise them and see what happens. According to the local leader, when the clitoris was cut, the female genitals became dry, and there were not many fluids, so the smell was reduced. After cutting the women, the men saw that the smell was not there anymore, so they cut them.

4.3.4 Reasons for practicing FGM

There have been different engagements with the people in the communities. Information received from most of them points out the reasons that made them continue practicing FGM.

4.3.5 A rite of passage to womanhood

The Sabinu community believes that once you are circumcised, you become a woman. Whoever was not circumcised, regardless of age, was considered a girl. According to Participant 3, focus group B, *FGM is a rite of passage to womanhood. I was mutilated at 16 years old and then got married. I DID NOT REFUSE TO PARTICIPATE IN THE CEREMONY because I knew it was a part of our culture. I was proud to be with my peers and be considered a woman and respected. However, after mutilation, everything changed for me. I thought things would be okay, but I have a wound which never gets healed and is very painful.*” The health consequences of FGM are highlighted, with the participant developing injuries around the genital area that was cut.

4.3.6 Social pressure from the community

In a community, a lot of pressure from different directed at an individual can sometimes come from various people, a situation that is hard to bear. Among the Sabiny, much pressure is exerted against women and girls who are considered ripe for circumcision by parents, husbands, in-laws, or the community. According to participant 1, focus group A: *“When I married at 14, I went to my husband’s home. From there, I got much pressure from my in-laws to get circumcised. I was not allowed to climb the granary to collect food to cook. I was constantly chased from fetching water, so I had to fetch water at night. At 15, I was pressured and went to my parent’s home to be circumcised. I became a guest of honor at home, dancing, singing, and participating in all the rituals”*. Peer pressure can be seen as an influencer for one to get circumcised. Usually, this is done when one is unwilling to do something but is compelled to do it.

According to participant 4, focus group B, *“I got married in 2011, and in 2013, I was circumcised. My husband insulted me before I got circumcised with the influence of the community. Now I have peace from him after FGM. However, I had a challenge during childbirth. I bled a lot each time. I also experience much pain during sex. I always try to avoid it because of the pain”*. The pain one must go through after FGM during childbirth is traumatizing for some. Sex was also seen to be painful since there was no friction because the clitoris was cut.

4.3.7 Pleasure in sex increases

The men believe that sex is enjoyable to both women and men. However, that was not the case for most of these circumcised women. According to participant 5, focus group A,

after circumcision, I got a wound (cysts) in my private part that never seemed to heal. Now I feel pain during sex. According to Participant 4, focus group A, Before FGM, my marriage life was good, but after being cut, everything changed. I enjoyed sex before marriage, but now it is painful. I hide from my husband by making myself busy with household chores. The pain caused in the sensitive area of the clitoris because of the lack of lubrication causes the women pain during sex, making it unpleasant and painful for them. This has caused problems in their marriage, and the men are not noticing this.

4.3.8 Health reasons

The Sabiny considers FGM to help in the cleanliness of a woman. It was for this reason that they continued to circumcise their girls. According to participant 1, focus group A, *I bled excessively after mutilation. In childbirth, I had much pain when pushing my baby.*

According to participant 3, focus group A, *“I got an infection that keeps occurring all the time. Whenever I urinate, the pain is excruciating.”*

According to participant 1, focus group B, *during sex, it is scorched, and there are no fluids, making it so painful. I fear telling my husband. I fear having sex with him.’*

The dangers seen amongst their friends depend on how one has been circumcised. According to participant 2, focus group B, *‘I bled and had much pain after circumcision. My friend developed a wound around her private part. My daughter has experienced much pain when giving birth’*. According to the participant 5 focus group, *‘My husband*

does not want me to talk to people about the pain I am experiencing after undergoing circumcision. I have a scar. I feel pain during sex.”

4.3.9 Lack of basic social needs

According to a district leader, the communities need access to the most basic social infrastructures and services, such as schools, water, and health centers. FGM was done in sub-counties in the extreme ends. The two sub-counties, Kapsinda and West Division do not have any secondary schools. A college called Sabeyi College Tegeres cannot accommodate the poor people and is far from Kaptanya. Kaptanya recently got a school called Tumbogoye Secondary School, which is accessible to the population in the area.

According to another district leader, West Division had a village cut off by a cliff with no road, school, or health service. So, they have to go to Kapsinda to access these services. The information collected was taken to different forums; however, priority was given to the health centers. Kaptanya now has two health centers, Tumbogoye Health Center three and Nyangata Health Center three. They claimed that the female being cut was a recently married girl. Most of these girls are aged 14 to 16 years.

4.3.10 Taboos and denial of Social Duties

The Sabiny believes that when a girl is not cut, she brings bad luck to the family. Therefore, she had to be circumcised and then allowed to participate in social duties at home. According to participant 5, focus group A, *“I was not authorized by neighbors to collect cow dung for building or repairing my house because she was not mutilated.”*

According to participant 1, focus group A, *“I was not allowed to climb the granary or*

collect food to cook. I was constantly chased from fetching water. So, I had to bring water at night'.



Plate 12. A photo of a granary at a Sabiny homestead

Source: Researcher (2021)

Plate 12 displays a granary where the Sabiny keep their food. The women and girls are not allowed to climb and pick food from the granary if FGM is not done to them. Instead, they have to wait for a circumcised girl or woman to collect their food to cook.



Plate 13. A Sabiny homestead plastered with cow dung.

Source: Researcher (2021)

Plate 13 exhibits a Sabiny homestead plastered with cow dung. Women and girls are prohibited from collecting cow dung if they are not cut.

4.3.11 Education services

Education services were a big challenge. The long distance to school contributes to girls marrying early, before 18 years old. A participant from the community said *the population from the three sub-counties, including Kaptanya, has to come to Kapchorwa S.S, which is in town. She added that transport was an issue for the girls. They would get desperate, and boda-boda riders would give them a ride and ask for favors.* These long distances have resulted in school dropouts and early child marriages. According to participant 1, focus group B, *“I went to school up to senior one and was forced to get married. Later, I was pressurized to be circumcised.”*

4.3.12 Monetary reasons

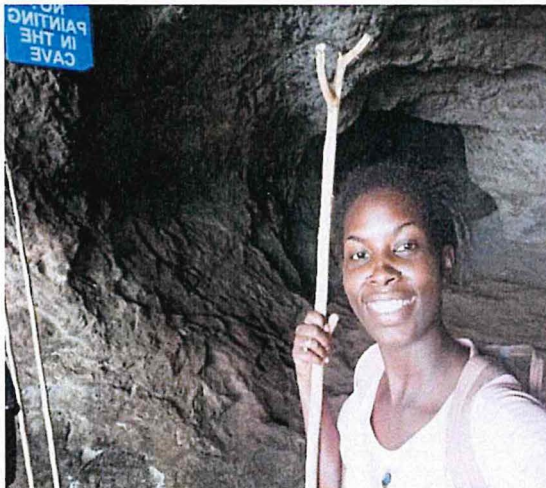


Plate 14. A Former circumcision cave at Sipi falls at Kapchorwa.

Source: Researcher (2021)



Plate 15. A Former circumcision cave at Sipi falls at Kapchorwa.

Source: Researcher (2021)

The women who perform the cutting during the FGM ceremony have an interest in what they do. They earn income from FGM and are motivated to do the cutting. Participant 3, focus group B, states: *'My in-laws paid the circumciser much money for her to secretly circumcise me. The pain was excruciating. I bled a lot. A traditional medicine healer gave me some medicine to reduce the pain. However, I still feel pain, especially when passing urine.'*

The images above capture the researcher inside a circumcision cave which was in use many years ago. The cave is near the second Sipi falls in Kapchorwa district.

4.4 Existing signage on dangers of FGM among the Sabinu community

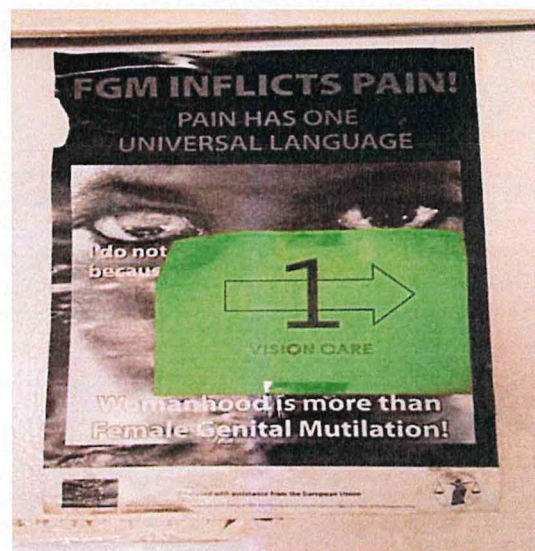


Plate 16. An FGM poster at Kapchorwa General Hospital

Source: Researcher (2021)

Plate 16 displayed an A3 poster at Kapchorwa General Hospital. It was on the notice board of the attendants' waiting area. The poster was in the corner where it was not easily visible, and it was the only poster at the hospital. The colours used were dull: brown, white, and black. Photography of a girl's image crying was used. It had text written in both bold

uppercase letters and lowercase letters. The dominant text in uppercase states: FGM INFLICTS PAIN: PAIN HAS ONE UNIVERSAL LANGUAGE.

Below the above inscription is another lowercase inscription that cannot be easily noticed. It states: 'I do not because.' There is yet another inscription on the lower part of the plate, which states: Womanhood is more than Genital Mutilation!



Plate 17. A sticker at Kapchorwa General Hospital

Source: Researcher (2021)

Plate 17 was an A5 sticker funded by the European Union. The artist who designed it is unknown. The words were in bold upper-case letters. There was no use of images or illustrations. The colours used were cool and hot colours blue, black, white, and red. It also displays a razor blade, one of the instruments used by women who do the cutting. It also bears a message in uppercase which states: EMPOWERING CHILDREN AND THEIR COMMUNITIES TO ADDRESS HARMFUL TRADITIONAL PRACTICES AND VIOLENCE AGAINST CHILDREN IN UGANDA. However, it needs to mention the dangers, hence not sufficiently communicative.

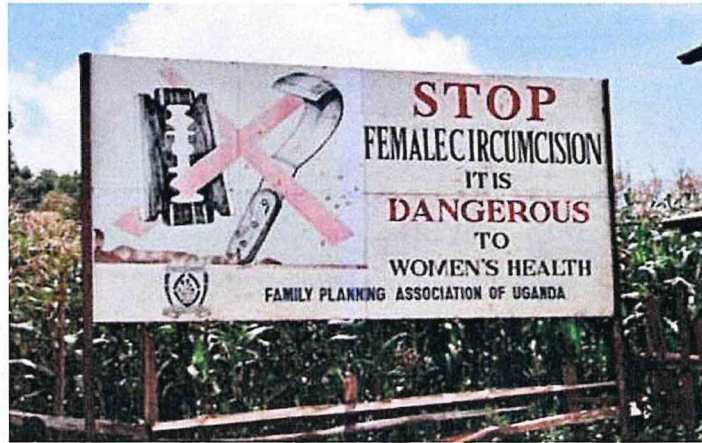


Plate 18. Signage on the dangers of FGM at Kapchorwa main highway.

Source: James Ssekandi, The Observer. October 14, 2015

Plate 18 was another signage installed in the Kapchorwa district by the Family Planning Association of Uganda. It was the only existing signage at the roadside in Kapchorwa town before road construction in 2020. It has an image of a razor blade and a knife with an X sign in colour red to send a message saying: STOP FEMALE CIRCUMCISION; IT IS DANGEROUS TO WOMEN'S HEALTH. However, the textual and pictorial analysis does not explicitly state or name the type or kind of dangers associated with FGM, such as pain, bleeding, and death. It is, therefore, not sufficiently communicative.



Plate 19. The newly rehabilitated highway without FGM signage

Source: Researcher (2021)



Plate 20. Signage displaying Civil works for the upgrading of Kapchorwa Suam road 73km to paved Bituminous standard.

Source: Researcher (2021)

Plate 18 showed signage installed by the Family Planning Association of Uganda. Plates 19 and 20 display the ongoing road works. The signage was removed from the roadside so that road work could continue. However, it was nowhere to be seen when tracing where it was kept. So, only those on the roadside are still there. However, they are not on FGM.

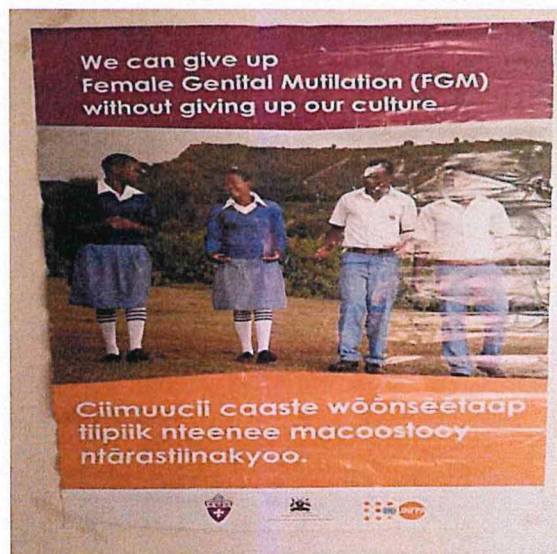


Plate 21. A poster of Sabiny students discussing FGM

Source: Researcher (2021)

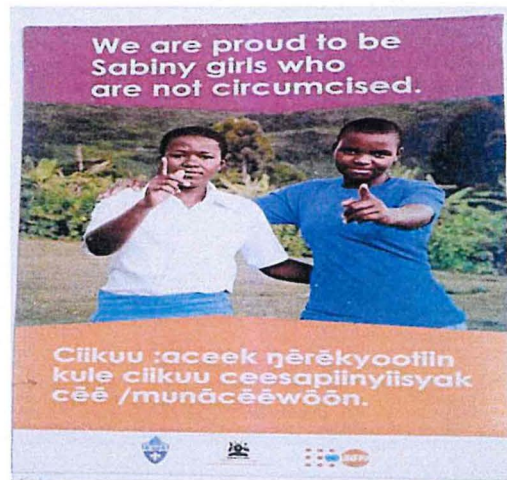


Plate 22. A poster of Sabiny girls standing against FGM

Source: Researcher (2021)

Plates 21 and 22 were A3-size posters, and the artist is unknown. The sponsors are the Government of Uganda, the church of Uganda, and UNFPA. Photographs display secondary school students, both male and female, campaigning against FGM. Bright colours of orange, purple, and white are used. The letters are in lowercase and are bold. They are in two languages, English and kupsabiny. The message of FGM is not brought out clearly in the images but in words.

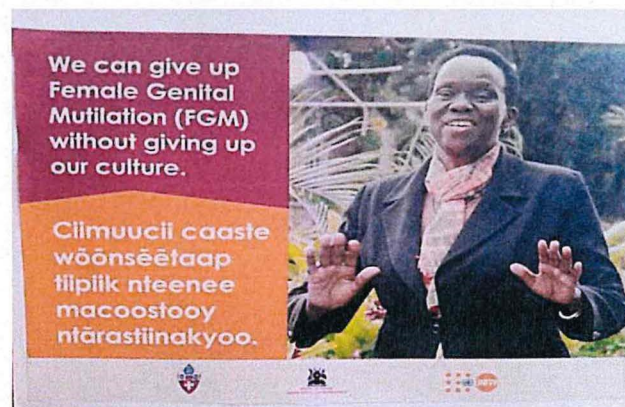


Plate 23. A flyer of the former MP for Kapchorwa district

Source: Researcher (2021)

Plate 23 is a photograph of a key campaigner against FGM, Ms. Jane Francis Kuka, a former area member of parliament for Kapchorwa district. The colours used are bright orange, white, and purple and are well-balanced. The texts are both in English and kupsabiny, bold uppercase and lowercase letters are used to the reader about FGM. However, the images do not communicate the dangers of the practice effectively. The signage used was few, mainly in small sizes, and around the town area. Those in the rural setting do not see this signage unless they come to town. Many of the signage was also hidden, and few people saw them. The symbolism incorporated urged people to end FGM; however, the messages were not clear on the dangers of FGM. As well, the artists were unknown. For this reason, the research embarked on producing illustration signage as effective communication to sensitize the Sabinu community on the dangers of female genital mutilation in the Kapchorwa district as one way of ending the practice.

4.5 Factors of less communicative signage

In focus group A, participant 3 said, *“I have seen some flyers and t-shirts around the main road that talk about FGM. They have a razor blade with an x cross on it. The illustrations show circumcision tools and talk about FGM being dangerous and that we should stop it”*. The women and girls have seen the message of FGM; however, it only shows the tools used for circumcision. Participant 2 in focus group B agreed with Participant 1: *“When I see the t-shirts, I know that they are talking about FGM, and it is not good.”* They know FGM is being talked about and is not good, but there is no showing the harm it has on them. In focus group B, participant 5 said, *“The t-shirts are mainly given to a few people in the town areas. A local leader agreed, “The t-shirts are given to us who attend the workshops and celebrations in town but not to those who practice FGM*

in the rural areas.” The signage is circulated in the town areas, yet the biggest problem was in the rural areas.

A local leader said, *“The signage location was at the outskirts of town, and not so many get to see it. This has affected effective communication on FGM”*. In focus group A, participant 2 said, *“I have seen signage at Matingot, which is around Kapchorwa town. The image is no longer there, but it showed an image of a razor blade and knife and had words saying stop FGM. It is dangerous”*. The images were of circumcision tools; however, the messages only told them that FGM is harmful. It does not show them why it is harmful.

In focus group A, participant 1 said, *“I do not know which artist made the installed signage.”* According to a local leader, *“car stickers of the vocal person who is the RDC. In addition, materials and banners have been used. When asked if visual signage would be used if the community welcomes it, she said yes because the message will be understood”*.

In focus group B, participant 4 said, *“If better images are used to show what we are going through with words in our language and clear images, then the message can communicate well.”*

A tour guide said, “The lettering used on the signage in town was bold and readable;” an elder agreed and said the letters on the signage in town were big and readable from a distance.”

An elder said, *“The colours used for the signage in town were not attractive. There was white, black, and some red colour in some words.”*

According to a local leader, *“The message on the signage focused on FGM not being good, and no solution was discussed. It did not illustrate its dangers”*.

In focus group B, participant 2 agreed and said, *“Maybe if there is a picture of someone being forced into FGM, maybe they can see its dangers and know it is bad.”*

In focus group B, participant 4 *“I have not seen signage around Kaptanya. There is one I saw in town. Signage was mainly in town, and we do not go there often. The signage shows circumcision tools used for FGM with an X to mean stop the practice”*.

A local leader said, “Signage is expensive, and so many resort to using flyers and posters which are small sizes.” Another local leader agreed and said that is why few signage are made to address the matter. Another local leader said, “There is no maintenance done for the existing signage. The one in town was moved during these ongoing road works. The signage was old and faded”.

A tour guide said, “I saw an FGM signage a few years back, and it used texts and images. The images were not talking about FGM, but the tools could give you an idea of the message”. Another tour guide also said, *“The size of the posters was A3 and A5, which are small.”* In focus group B, participant 5 agreed and said, *“Yes! The small posters are small and get lost very fast”*.

The participants’ stories and experiences inspired the researcher, who was able to make illustrations that addressed the dangers of FGM—for example, excessive bleeding, death, and pain during childbirth.

The researcher will be able to derive themes from the information shared. Their views on using words and symbols not communicating will help the researcher use illustrations and words. They shared that the communities in the rural areas need more information because the signage is in town. This will help with knowing where the signage can later be placed if an instruction to install it is granted. It will significantly help me develop signage to guide my research on *the Production of illustration signage to sensitize the Sabiny community on the dangers of Female Genital Mutilation (FGM) in Kapchorwa.*

4.6 Production of signage with text and images to sensitize the Sabiny community on the dangers of FGM

The studio production process was as follows:

- a) Concept and idea generation. This is where the researcher thought of the problem and then made drawings using FGM as inspiration.
- b) Development of sketches using pencil colour. This is where the researcher used B pencil to develop the ideas. The girls' and women's stories helped the researcher develop drawings to show what they went through at such a young age.
- c) Coloring of the artwork. At this stage, colour was introduced to help bring out the artwork and help to communicate.

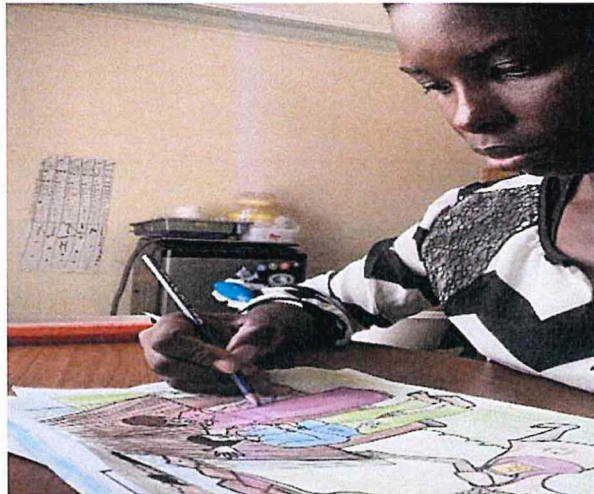


Plate 24. Researcher shading using coloured pencil.

Source: Researcher (2021)

- d) Computer editing and design. At this stage, computer-aided programs such as Adobe Illustrator and Photoshop were used to draw and modify the design. The colour was applied using the paint tool, eyedropper tool, and spray symbol.

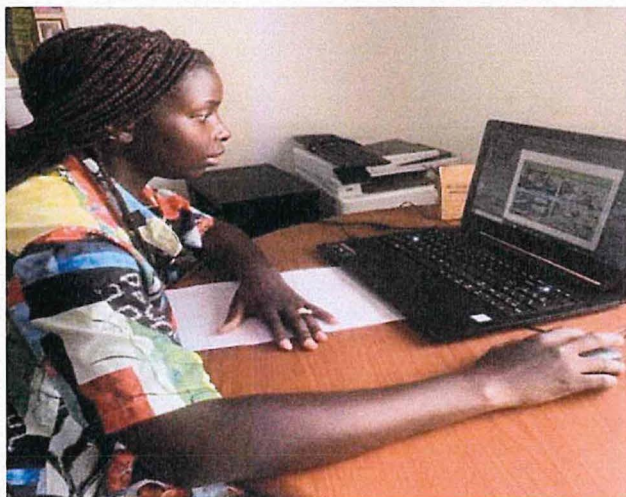


Plate 25. Researcher using Adobe Illustrator to draw and design.

Source: Researcher (2021)

e) Digital printing of the artwork. The work was printed on a regular sticker canvas.

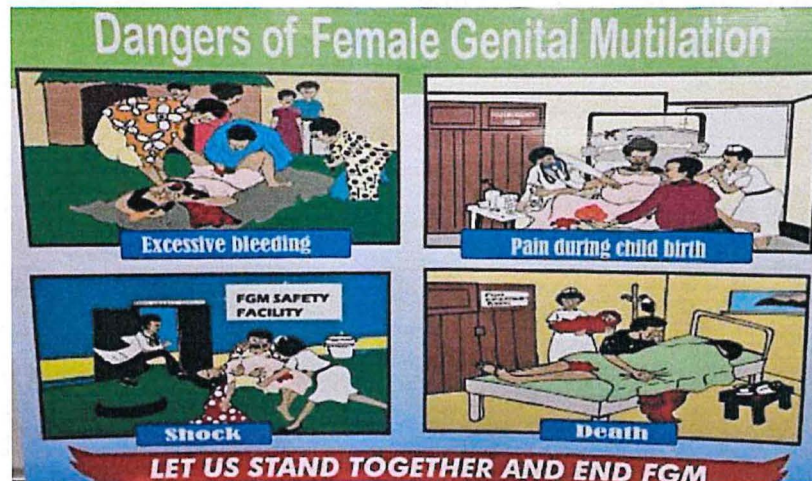


Plate 26. Printed artwork on regular sticker canvas

Source: Researcher (2021)

f) Display of the artwork. The artwork was placed on a mobile Korex board stand with support stands and could easily be folded and moved.

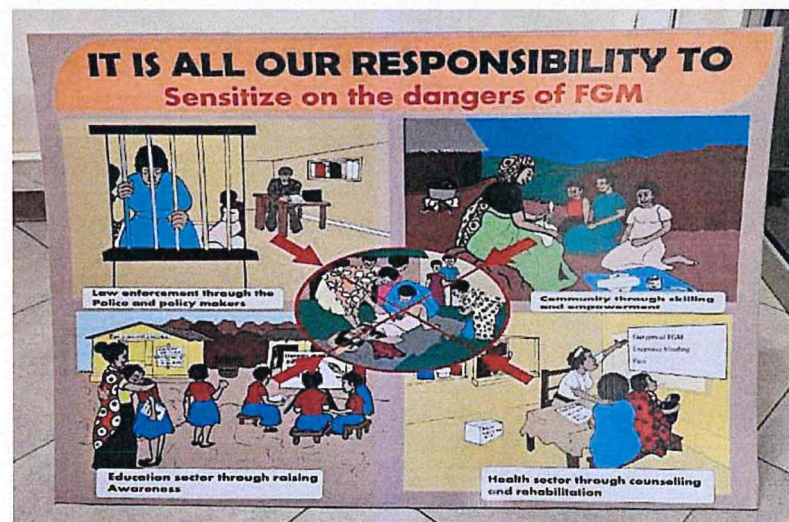


Plate 27. Displayed artwork.

Source: Researcher (2021)

4.6.1 Themes of the artwork

The themes executed for the signage include The Silent Cry of the Child Bride and the dangers of FGM. It is all our responsibility to sensitize on the dangers of FGM

4.6.1.1 Theme one: The Silent Cry of the Child Bride

B pencil and coloured pencil stage



Plate 28. Chebet at school

Source: Researcher (2021)

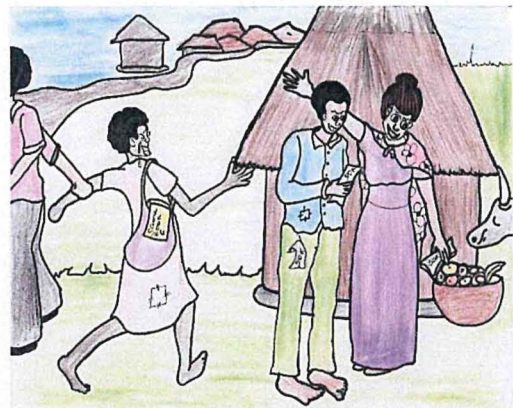


Plate 29. Chebet being married off

Source: Researcher (2021)

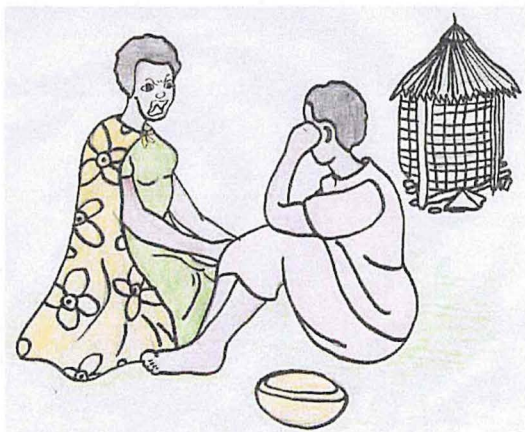


Plate 30. Chebet being told to get circumcised

Source: Researcher (2021)



Plate 31. The day of circumcision

Source: Researcher (2021)



Plate 32. Pregnant at 16 years

Source: Researcher (2021)



Plate 33. Difficult childbirth

Source: Researcher (2021)

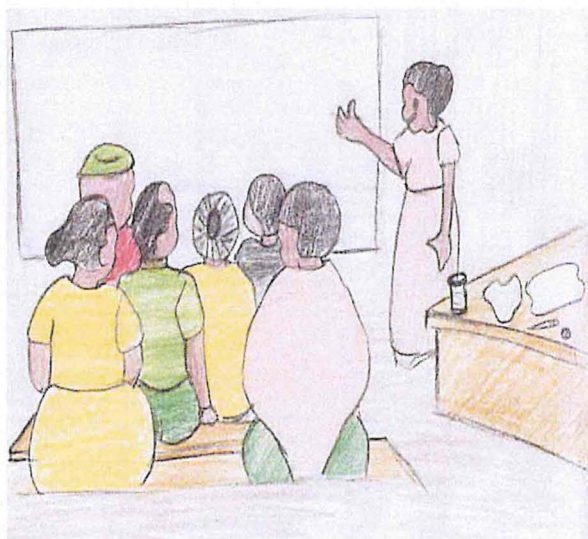


Plate 34. Empowerment and Skilling by Chebet

Source: Researcher (2021)

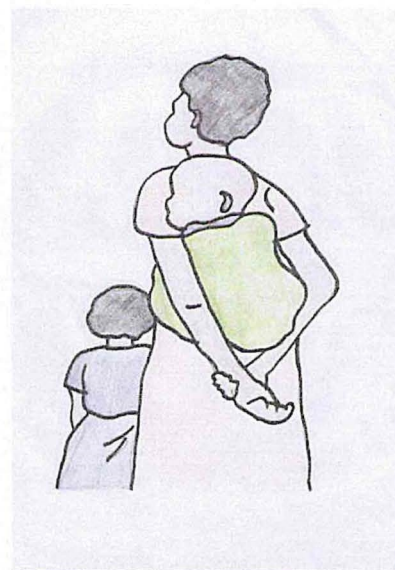


Plate 35. Chebet's promise to protect her children

Source: Researcher (2021)

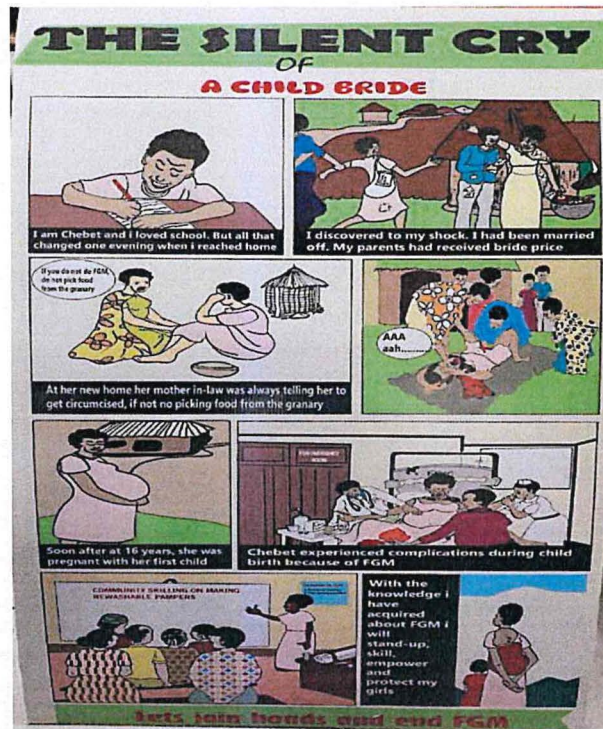


Plate 36. Computer edited and designed stage of the final artwork

Source: Researcher (2021)

FGM has been used as inspiration to display illustrations about child marriages and FGM. Many Sabiny are married off at a young age. A panel approach has been used to tell the story. The first panel displays a young girl called Chebet at school. The second panel shows her being married off by her parents to an older man for money and other goods. The girl refuses to go because she is still young and in school, but her parents are not bothered. The third panel displays the girl being told by her mother-in-law to get circumcised, and if she does not accept, she should not pick food from the granary. The fourth panel displays the girl being circumcised by force, crying in much pain, and bleeding; these are some dangers of FGM. The fifth panel shows the girl has gotten pregnant at 16 years. The sixth panel shows her having a difficult childbirth and bleeding

excessively. The seventh panel shows the girl-empowering her community and skilling them as a way of leaving FGM. She also tells them about the dangers of FGM. The final panel shows her with her two daughters and proclaims that she will protect them from FGM now that she knows it is dangerous.

4.4.1.2 Theme two: Dangers of Female Genital Mutilation



Plate 37. Danger 1: Excessive bleeding

Source: Researcher (2021)



Plate 38. Danger 2: Difficult childbirth

Source: Researcher (2021)



Plate 39. Danger 3: Shock after FGM

Source: Researcher (2021)

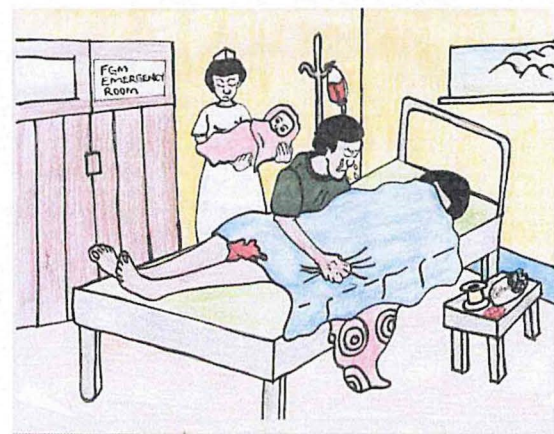


Plate 40. Danger 4: Death after FGM

Source: Researcher (2021)

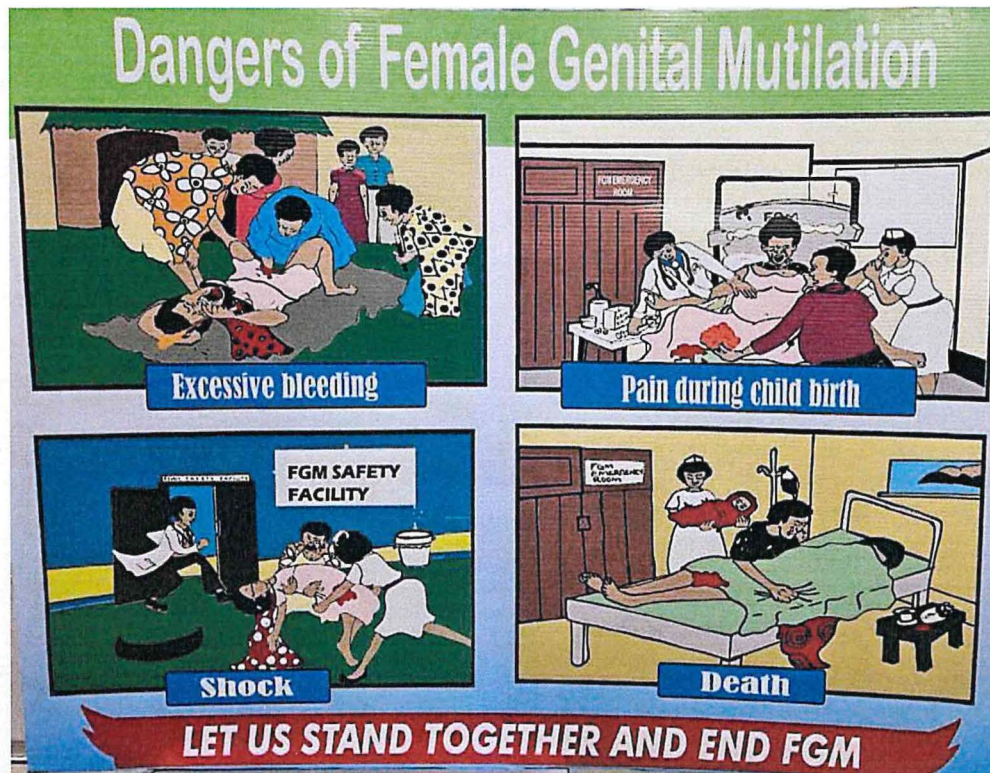


Plate 41. Computer edited and designed stage of the final artwork.

This design work illustrates some of the many dangers that many have faced after FGM has been done to them. The first illustration concerns excessive bleeding after the circumcision has been poorly done. The second shows a girl or woman having a difficult childbirth because they feel pain during the delivery. The third shows a young girl who has collapsed after FGM and has been rushed to the hospital for help. The fourth shows a girl or woman who had died after having a difficult childbirth and leaves behind her husband and newborn baby.

4.4.1.3 Theme three: It is all our responsibility to sensitize on the dangers of FGM

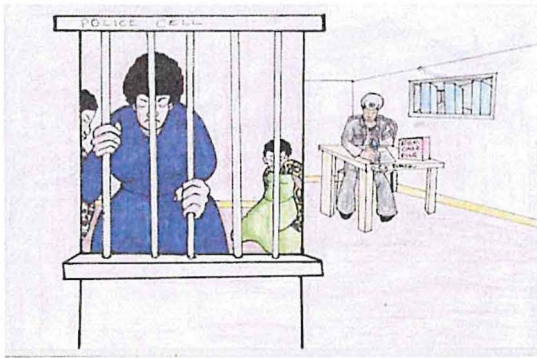


Plate 42. Law enforcement's role in ending FGM

Source: Researcher (2021)



Plate 43. Elders empower the girls with skills.

Source: Researcher (2021)

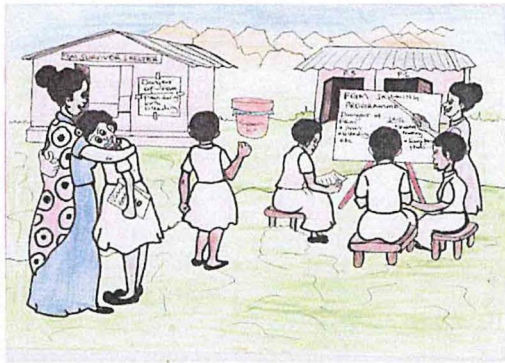


Plate 44. A community survivor shelter

Source: Researcher (2021)

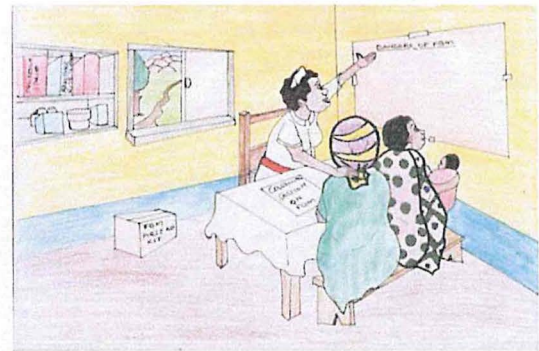


Plate 45. Guidance and Counselling by the Health sector

Source: Researcher (2021)



Plate 46. Circumcision ceremony

Source: Researcher (2021)

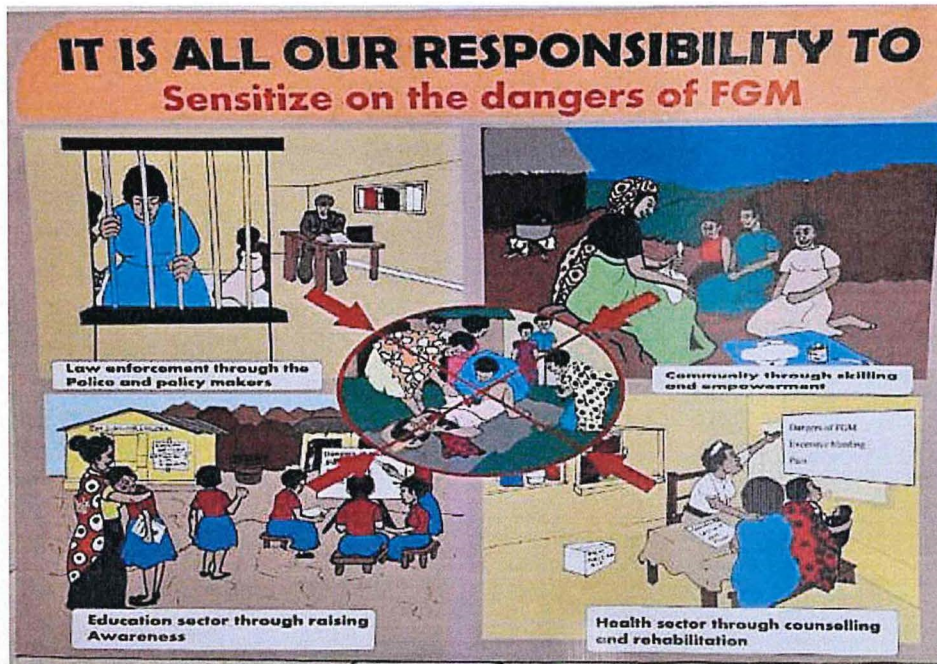


Plate 47. Computer edited and designed stage of the final artwork

Source: Researcher (2021)

Under this theme, the study used illustrations of people in the community and how they can all be a part of ending FGM. It starts with the law enforcement's role in ending FGM. It is followed by an elder skilling and empowering the girls by teaching them different crafts. In the middle is FGM being done on a girl. This is what this signage was talking about ending and showing its dangers. The next is a community survivor shelter house where the girls can be safeguarded from forceful FGM through educating them. Finally, the health sector counseling, rehabilitation, and telling the girls and women about the dangers of FGM.

CHAPTER FIVE: DISCUSSIONS, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

In this chapter, the discussion, conclusion, and recommendations. These are based on findings highlighted in the dissertation's preceding chapter. The study aimed to produce illustration signage to sensitize the Sabiny community on the dangers of FGM, which, from the findings highlighted above, has ripped apart the lives of many family members. This has taken various forms and shapes, including life-long pain, excessive bleeding, contracting HIV/AIDs, and living with the stigma of the condition and death. The objectives of the study guided the summary, the conclusions, and the recommendations. These were to establish the existing signage used to sensitize the Sabiny communities on the dangers of FGM, assess the effectiveness of the illustration signage being used, and produce illustration signage that would convey the dangers associated with FGM in more direct and precise terms.

5.1 Discussion

The world keeps on evolving. This seems to be happening rapidly. What was considered repulsive in some cultures in the past is no longer viewed in the same light. Likewise, female genital mutilation, widely regarded as good and acceptable among the Sabiny in Uganda who have practised it since immemorial, is no longer considered in the same light today. This is because it has been demonstrated over the years that FGM harms women's health. The dangers of FGM, as highlighted in the previous chapters, include pain, excessive bleeding, and death.

This problem is not unique to Uganda. History shows that women worldwide have borne the brunt of harmful cultural practices, including wife-battering and FGM. The Sabinu women have been taking the burden of FGM for years. With the promulgation of the Universal Declaration of Human Rights in 1948 and other UN covenants and conventions, including the Convention on the Elimination of All Forms of Discrimination Against Women on 8 December 1979, the General Assembly of the United Nations has sent a strong message to the world that all human beings are born free and equal in dignity and rights and are entitled to all the rights and freedoms without distinction based on sex. Since then, there has been an intense spotlight highlighting cultures, traditions, and customs against women's dignity. FGM was one of them. In Uganda, making the constitution in the early 1990s presented a unique opportunity to entrench the rights of women and girls in the new constitution. Article 32 of the Constitution of Uganda 1995 provides that prohibits any culture, custom, or tradition that undermines the dignity and rights of women. However, because of these new developments many Sabinu women have been subjected to FGM clandestinely against their will. Therefore, the Parliament of Uganda enacted the Prohibition of Female Genital Mutilation Act of 2010, which outlawed the practice. The Act provides for stiff penalties, which include life imprisonment. Some of the sentences are controversial, but they convey the intention of the lawmakers to try and eliminate this cruel practice. Even though the enactment of the Act has not brought an end to the practice, it has made it risky for those bent on practicing it.

Why do some people continue to practice FGM despite the risk associated with it following the passing of the above law? Based on interactions with the Sabinu community in Kapchorwa District, the researcher learned that those who practise FGM consider it an excellent customary tradition. It presented a mindset problem that can only be comprehensively addressed through sensitization targeting the community, including those who do the cutting. In that regard, the researcher was of the view that the use of signage along with mass sensitization can play a significant role in bringing about a change of the mindset towards FGM. Findings from this study have established that in the area where the research was conducted, signage is displayed mainly in urban areas, yet FGM is practiced in rural areas. Therefore, signage was needed to communicate the dangers associated with FGM for mass dissemination. This should involve strategically erecting signage with appropriate messages in various parts of Kapchorwa district. In this way, the message can reach many people. The same should be done in other districts where FGM was still practised clandestinely.

The researcher also believed that the above initiatives should go on alongside strict law enforcement measures. This will entail empowering the police and other law enforcement agencies with the necessary skills and resources to address weak enforcement measures. In this respect, practical measures should involve training officers who carry out investigations and equipping the Uganda Police Force with adequate logistics, including transport. The public liaison department of the Police should also be strengthened so that they can engage communities frequently with the help of the local council leaders.

5.2 Recommendations

The researcher recommends that stakeholders continue to focus on FGM to bring it to an end in areas of Uganda where it is still being practised. In that regard, the researcher presents the following recommendations for consideration.

1. The Sabinu girls and women should be equipped with knowledge and social skills that will empower them to be mindful of the health risks of FGM. Women groups such as the Mothers Union, Christian Women Fellowship, Women's Guild, etc., should mobilize their fellow women to take advantage of government programs that are aimed at improving household livelihoods, including the Parish Development Model and the Presidential Initiative on Skilling Uganda so that they earn income and acquire skills in various fields including making sanitary pads, washable pampers and basketry.
2. Policymakers, law enforcement bodies, religious and cultural leaders, and NGOs should continue to sensitize communities about the dangers of FGM using the pulpit, funeral gatherings, weddings or marriage ceremonies, clan or village meetings, and other social platforms to talk about the dangers of FGM.
3. The Government of Uganda, local governments, and other stakeholders should find ways and means of sealing all avenues used by people seeking to carry out FGM illegally in caves and other difficult-to-reach areas.
4. The Uganda Police Force should be empowered to implement the law without fear or favor so that FGM is made a thing of the past.
5. Scholars and visual artists should continue to engage in research on various aspects of FGM to bring out new perspectives that might enhance or enrich

ongoing interventions aimed at ending the practice and offering counseling and rehabilitation services to the victims who continue to live in pain.

6. Development partners (donor community) should continue to support efforts aimed at bringing the practice of FGM in Uganda to an end in Uganda.

5.3 Conclusion

As the discussion highlights, female genital mutilation poses a serious risk to women and girls worldwide. It was widely considered an affront to the dignity of women and girls. In Uganda, although FGM is outlawed under the Prohibition of Female Mutilation Act 2010, FGM was still being practised clandestinely in some parts of the country, including Kapchorwa District, where the research for this dissertation was conducted. The research findings above have highlighted the dangers associated with FGM, including excessive bleeding and persistent pain during childbirth. The findings have also highlighted progress made in the fight against FGM, including its being outlawed. This research has also shown that FGM was still glorified by a section of the population attached to the Sabiny culture. The research has also shown that there was a low level of sensitization about FGM in rural areas. Some efforts have been made to create awareness, but interventions are few and not adequately coordinated. The research has also shown that several organizations have implemented projects in Kapchorwa to raise awareness of the dangers of FGM and advocate for bringing the practice to an end. Among these are the Uganda Joint Christian Council and the Uganda Muslim Supreme Council. What is now required are sustained, coordinated interventions. The interventions should, among others, target mindset change. The researcher believes this goal could be achieved, although it will take time.

What needs to be appreciated by stakeholders is that every change that takes place begins with an idea followed by a first step in the form of action. In the case of FGM, the fight against it, which was already ongoing, needs to be ramped up. This requires building a coalition of forces including the Ministry of Gender, Labour and Social Development, the Ministry of Health, the Ministry of Local Government, the Ministry of Education, traditional or cultural leaders, faith-based organisations, human rights organisations, visual artists, women groups and youth groups and researchers, among others, some of whom are already involved in anti-FGM advocacy. This researcher has no plan of being left behind in the fight against FGM and is contemplating some concrete steps, including sharing the research findings and recommendations with the community in Kapchorwa district where the research was done. Further steps being contemplated include linking up with fellow researchers, visual artists, and local organisations and activists to work on a project focusing on using signage to raise awareness of the dangers of female genital mutilation.

Further research can be done on why FGM is still being practiced even after sensitization has been done by many.

Another area for Research is why the Sabiny men allow the women to keep practicing FGM, yet they have been told it harms their health. The Sabiny many are a good study area because they are very influential in ensuring FGM is done.

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LIST OF APPENDICES

KYAMBOGO UNIVERSITY

SCHOOL OF ART AND INDUSTRIAL DESIGN

LIST OF STUDY INSTRUMENTS

Research Topic: Production of Illustration Signage to Sensitize the Sabiny Community on the Dangers of Female Genital Mutilation in Kapchorwa District

Appendix 1: Consent Form

I am ONEKA Mary Lesley, a student of Kyambogo University pursuing a Master's Degree in Art and Industrial Design. I am researching the use of illustration signage (graphic design) to sensitize the community of Kapchorwa District on the dangers of female genital mutilation. I would be very grateful if you could spare a few minutes to share with me your thoughts about FGM, particularly what you think about using signage in the campaign against FGM.

Please note that participation in this study is voluntary. You are free to participate or not to participate in the study. You are also free to ask any question about the research. If you choose to participate, you will be free to withdraw from the study at any time. If you decide to withdraw from the study, any information collected from you shall not be used in the study. Besides, your withdrawal shall not affect you in any way.

I would also like you to note that any information collected for the study shall be kept confidential and used for the research only. Apart from me, the researcher, no one shall have access to the information. Furthermore, no study participant shall be identified by name but through a code known to the researcher. Besides, the information shall be safely kept in a computer to which I alone shall have access.

There is no financial benefit attached to participation in this research. However, the researcher shall provide refreshments during interviews or focus group discussions that may last 45 minutes and one and a half hours.

I want to thank you for agreeing to participate in this study by answering questions in the attached questionnaire. In case you wish to get any further information about this study, you can contact the researcher through the following contacts:

Ms. ONEKA Mary Lesley

Department of Art and Industrial Design

Kampala, Uganda

Tel: + 779 678080

E-mail: lesleyoneka4@gmail.com

Consent

I....., wish to state that I am an adult of at least more than 18 years of age. I have read/have had the above information explained to me and have fully understood what is stated above. I do hereby wish to state as follows:

I agree/do not agree to participate in the above study on the terms stated above.

Signature:.....

Name:.....

Date:.....

Appendix 2: Questionnaire for Organizations working on FGM in Kapchorwa

Name:.....

Organization:.....

Position or title:

1. Tell me about your organization
2. Are you involved in female genital mutilation advocacy?
3. If so, what are you doing?
4. How effective has your organization been in addressing FGM issues
5. What can you say about Government policy on FGM?
6. What strategies are you using in the fight against FGM?
7. Are you aware of the use of signage in sensitization on FGM?
8. In your view, how effective is signage in raising awareness on FGM?
9. Did the signage communicate clearly about the dangers of FGM? If yes,
10. What challenges have you noted in trying to stop FGM?

Appendix 3: Interview Guide for the Sabiny Community

1. **H**ave you heard about female genital mutilation?
2. **I**f so, can you briefly tell me what you know about it?
3. Why is FGM practiced?
4. Tell me about your experience.
5. Did you face any challenges?
6. If yes, please elaborate.
7. Do you think it is a good thing to stop female genital mutilation?
8. What do you think can be done to change the practice?
9. Are you aware about the use of signage?
10. If so, what message is being communicated by signage on the dangers of FGM?
11. What illustrations or words were used to discuss FGM on the signage you have seen?
12. How effective was this signage in stopping FGM?

Appendix 4: Checklist for the Focus Group Discussions with the Sabiny girls and women

1. What do you know about female genital mutilation?
2. What experience did you have with FGM?
3. Do you know of any dangers because of FGM?
4. Are you familiar with the use of signage in campaigns connected with FGM?
5. Do you remember the message that was being conveyed through the signage?
6. How effective is the signage in communicating the dangers of FGM?