

FACILITATION OF STEPPING STONES FOR WOMEN CENTERED HEALTH PROJECT

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BACKGROUND:

Women Centered Health Project (WCHP) is an Intervention Research Project, which is collaboration between Public Health Department of Brihanmumbai Municipal Corporation (BMC), SAHAJ, an NGO in Baroda, Gujarat and Royal Tropical Institute, Amsterdam. The main goal of the project is to improve the quality of the services provided by the Corporation to the urban poor with a focus on Reproductive and Sexual health.

The problem of HIV/AIDS is threatening the communities in a big way. It can have implications on the health of an individual as well as communities investment in terms of care of the affected people, pressure of preventing young people from falling prey to AIDS and other sexual health problems as well as can affect their participation in the social and economical development of the nation. The Project has been working on the Women's Reproductive Health issues and realises that no problem can be addressed in isolation with women without addressing the issues of sexuality, gender issues, and communication between the partners. Thus while addressing issues related to sexual health, the project also talks about the issues like economical pressure, gender, decision making in the family and the community, relationships, alcoholism, media, traditional practices related to sexual behaviour and so on.

In this venture seven to eight NGO's along with Health care staff from BMC are the partners.

The project has a mandate of building the capacities of the community. STEPPING STONES with its international popularity was deemed to be a potentially useful package for facilitators to help run workshops within communities on HIV/AIDS, communication and relationship skills. The training was expected to respond to a growing need of addressing the communication problems about sexual attitudes and behaviour in the community.

Thus pre-workshop Needs Assessment meet was arranged on November 8, 2001 at Mumbai, which was facilitated by Ms. Parinita from Action Aid. Based on the needs expressed by the participants a draft modification of the module to address the needs was made and the training conducted from February 5th to 13th, 2002.

THE PROCEEDINGS

Ms. Parinita Bhattacharjee co facilitated the 9 days training of trainers (TOT) on Stepping Stones for staff of BMC and few NGOs working in Mumbai along with Ayan Chatterjee. Women Centred Health Project (WCHP) organized this training for their project staff and staff of BMC specially in the wards the project is working. They also roped in community based NGOs who are working in the same geographical area as that of the project and supporting the project.

16 women and 12 men attended the training. The women's group was a mixed one ranging from participants who were attending training on sexual health for the first time to few participants who were trainers themselves. Knowledge of HIV/ AIDS or reproductive health was also varied with few participants attending a session on HIV for the first time. Language was also an issue that needed attention in the women's group as participants spoke different languages. The men's group was more homogeneous. All participants were very enthusiastic and eager to learn and share their experiences.

The training started with a common session where the participants were given information on stepping stones as tool and its evolution. Hopes and fears of the participants were addressed and the agenda of the training was discussed. This was followed by separation of peer groups into i.e. men and women. Parinita facilitated the women's group while Ayan facilitated the men's group Both the peer groups had separate spaces for discussions. The SS training went on for 6 days (5th - 10th Feb) during which the peer groups met three times. The last three days (11th - 13th Feb) were dedicated to sessions on monitoring and evaluation, adaptation, workplan and strengthening facilitation skills.

REVIEW OF THE WORKSHOP

What was good about it ?

The positive aspects of the programme identified were:

- a. The workshop integrated both the GOs and NGO bodies with representation of staff from local development agencies.
- b. BMC's backing and support
- c. The enthusiastic support from participating received from management of NGOs and the other participants.
- d. The participants were all experienced in working in the community
- e. The positive feedback received from the participants
- f. Participants' willingness to learn
- g. The programme has raised issues, and we now have some idea on what future workshops should be looking for
- h. We have secured a good assessment of a the "Stepping Stones" module in the Indian Context. Certain modification have been suggested by the participants which were noted shared. These modifications will be adopted by the participants further on.
- i. The willingness of the participants to carry forward the process in their outreach area.
- j. The support of BMC and the management of participant NGOs to the plan to take forward the stepping stones methodology.

What needs to be improved:

- a. The women's group had participants with a highly differential profile. There was a difference of age , marital status, information and knowledge on reproductive and sexual health and language. Such high number of deviant indicators affected the progress of the workshop and the pace of learning. While for some it was slow, for the others it would have been fast.
- b. For such distinctly segregated groups it is advised that there should be multiple facilitators.
- c. More innovative learning methods in the local context should be incorporated.
- d. Certain sessions stimulated the participants for more learning for which resource persons need to be arranged in future.
- e. A few times some of the participants perceived the experience sharing and the exercises as relevant to the community at large and not themselves, which should be discouraged, and the knowledge that the participants are a representation of the community should be reinforced.
- f. Translation of the manual in the local language should be done prior to the workshop.
- g. The continued participation of the participants should be ensured.

Annex A: LEARNINGS

Selection of participants has always been an important part of any training. This training had limitation in this regard. The participants were from varied background, some were trainers themselves with experience in participatory learning, while some had attended lectures on Reproductive health only. There were also few who had no exposure to reproductive health and were attending training on sex, HIV for the first time. So while for some participants the facilitator had to go slow, others found it repetitive or boring. It is very difficult to pace training at the right speed if the group is very heterogeneous! So while selecting participants there should be a process followed such that a homogeneous group (in terms of language, level of knowledge, experience etc) can be selected.

The first workshop meeting is very sensitive. As the first sharing session is on images of sex and joys and sorrows of sex, the session may be very intimidating for some. Like in our training openness of the men's group was considered as vulgar by the women's group. Men shared that their images of sex included undergarments, breast, sanitary napkin, besides, other actual sexual acts (oral, vaginal, anal, masturbation and so on). These images were presented in pictorial form. The women's group was very disturbed by seeing such images. For them the pictures were very stark and also brought home the realization that how differently men think.

In the same way women's presentation could not satisfy men. Women's images of sex included togetherness, romantic dinner at the beach, kissing, perfume, flowers and so on. Men refused to believe that those were images of sex and termed women as hypocritical or two faced. They felt cheated as according to them women were not honest!!

The first workshop meeting may be the first chance where participants get a chance to discuss about sex and sexuality so openly with women not only in the workshop but may in their own life. Hence any of the peer groups may ask few direct questions to the other which may not be always acceptable. Like few men asked women directly to explain to them about woman's orgasm (what is it, how does a woman feel and how would a man come to know about a woman orgasm and so on). The women's group felt very violated and offended by such a question. They felt the men's group was trying to embarrass them!!

The first meeting brings out such questions, which are sensitive, and needs to be facilitated well. There can be great deal of distrust among the groups due to different perceptions of the group. The facilitator would have to be firm and while challenging ideas and perceptions would also know where to draw the line. Like when the question on female orgasm was raised, it was suggested that an expert be invited to address such concerns of the men, as the woman's group was not comfortable in dealing with it.

The facilitators have to play an active role in the first workshop meeting constantly reminding the group that there is no right or wrong perception so one group should not be judgmental to the other group. Most of the time it is seen that as perceptions do not match, groups start questioning each other and become judgmental. This is especially in the first meeting. It could be because it's the first time the groups are meeting and /or the subject of discussion being sex evokes more reaction!

It was suggested by one of the participants that if we do sessions on "What is love" before "Images of sex", and share loving and non loving relationships in the first workshop meeting before sex, the dynamics may be different. This could be explored.

The facilitators need to be conscious of their role in these community meetings. It may be easier to behave like a participant in these meetings as the facilitator in this tool also goes through the process herself or himself. However that may create confusion among participants and the discussions may go in tangent.

Therefore it is very important that the facilitator maintains a neutral position and facilitates the group meetings rather than participate!

Extra sessions could be adjusted if planned well. Sessions on violence and the likes if not covered during the training could be covered during the facilitation skills practice session. Participants could be encouraged to do sessions not done during the training. Its necessary to link these exercises with the main training and suggestions could be taken how and when to do those sessions.

Residential training of Stepping Stones should be promoted. Non-residential training puts strain on time. This training was hurried up in some sessions as participants had to leave by 5 pm to catch trains and buses to reach home as distances in Mumbai are very long. Residential training provides a much relaxed environment and also gives opportunity to make more mixed peer groups activities, which helps in reducing the strain between groups if any.

Break between Training is a must. It is most necessary that 9 days or 10 days training has a break in between. Its quite tiring to continue for 9 days as we realized in this training. Its tiring for participants and also for facilitator. So a days break after 5-6 days is necessary whether it is residential or non residential.

Annex B: ADAPTATION FOR THE STEPPING STONE GUIDELINES:

GROUP 1:

Sex Workers (Brothel Based)

- Observation of the Community (Finding out the feeling)
- Group Forming
- Introduction (Name, Adjectives, Expectations)
- Trust and confidentiality
- Ground rules (Time, Quorum etc.)
- Listening pairs (Customer, Police, each other)
- Body Language (Same as above)
- Perceptions – Ideal images and Personal Destroyers
- Images of Sex – Typical sexual behaviour and why it is?
- Prioritizing problems
- What is Love?
- Our Prejudices – Pass the Picture, who is labeling whom?
- HIV
- Condom
- Attacking and Avoiding – Acceptance, Aggressiveness, Manipulation and Assertive
- 'I' statements – Saying Yes and No
- Let's change ourselves
- River of life
- Rehabilitation – Saving groups, Health Problems, Funeral Plans
- Study Tours – Information about the government schemes and Policies

GROUP 2:

Community (Adolescents)

- Parents would agree to send their kids for 3-4 hours.
- Cassette "badte badte kuch kuch hota hai" should be stopped in between and issues discussed.
- Based on the opinion of the boys and girls issues will be discussed on mutual importance.
- How they cope with different relationships. What are relationships? How they break?
- Linkages are possible with formal or informal school institutions
- School AIDS programme will incorporate some issues of SS
- Remand homes and other institutions can also incorporate this module of community adaptation with adolescents

GROUP 3:

Community (Adults)

- Hindi and Marathi both languages may have to be used.
- Group formation: men and women: Women group may be divided on the basis of age with widowers and widows in separate groups.
- A concerted attempt will be made to include couples in the groups

STRUCTURE:

- Introduction
- Sitting with the respective groups timing of convenience will be discussed
- Thus four groups will be separated
- First exercise will be self introduction of all group members
- Expectations will be discussed in the group
- Ground rules
- Listening, non listening and body language
- Expectations and contributions in relationship
- Expectations and facts (ideal and Image) from society
- In first community meeting (couples will be part of the group) identification of participant views should be avoided and represented.
- What is LOVE should be prior to images of sex.
- For males good and bad things about sex and joys and sorrows of sex in females.
- Body parts game (to delete shyness) energiser
- Body mapping (reproductive system and about HIV AIDS, condom demo, safe sex and family planning (maybe chits will be used)
- Wildfire game (magnitude of HIV AIDS
- AV items would not be depended on much
- Maya ki kahani(story of Maya)
- Issues: on behaviour: alcoholism, avoidance
- Assertiveness, role plays
- Last community meeting what to be changed, and what is societies recommendation

Questions:

- Gender and health should be related
- Gender can be linked with cross-cutting themes and sensitivity should be enhanced
- Love, relationships, role plays should be looked thru a gender perspective: e.g. daily calendar for men and for women.

