

# **Stepping Stones, Gender and Reaching Young People in Schools**

**Keynote speech  
8<sup>th</sup> April 2002**

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**UK**

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Equality in Schools: working in an  
HIV/AIDS environment”  
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**Stepping Stones, Gender and Reaching Young People in Schools.  
Durban Conference, 8<sup>th</sup> April 2002. Dr Alice Welbourn, UK.**

Ladies and Gentlemen, I am very honoured to be with you today on my first visit to South Africa. I have been asked to come and talk about Stepping Stones<sup>1</sup>, a training package on gender, HIV, communication and relationship skills, not because Stepping Stones is a package designed specifically for schools – it isn't - but because the findings which we have had from the use of the package in different countries and contexts have been remarkably uniform and do appear to show that its use has enabled gender inequities to be shifted. The findings are to do with people's behaviour change and changed identification of themselves in the world and are what you might also hope to achieve with young people in schools. So we will look today both at those findings and at what it is about the programme that appears to have enabled these changes to take place. We will then see how those factors can be related to the implementation of gender and HIV work with young people in schools – and I will take my examples, where possible, from countries where Stepping Stones *has* been adapted for a schools context.

First of all then, what is Stepping Stones?

Stepping Stones is part of the Strategies for Hope series of booklets and videos<sup>2</sup> and was originally published by ActionAid.

It was developed between 1993 and 1995, mainly in Uganda, where we<sup>3</sup> worked with a rural community, comprising Muslims, Protestants and

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<sup>1</sup> Welbourn A 1995: Stepping Stones: a training package on HIV/AIDS, communication and relationship skills. Strategies for Hope. ActionAid. London

<sup>2</sup> The package is distributed by TALC UK: [www.talc-uk.org](http://www.talc-uk.org)

<sup>3</sup> The late Professor Rose Mbowe and her ex-students from the Department of Music, Dance and Drama at Makerere University, Kampala, were the facilitators of the original workshop and contributed greatly to its content and success. Redd Barna had already been working with women in the community on income-generation and with school children on the Child-to-Child programme.

Catholics, all living together in the same village. The package was designed in response to the vulnerability of most women, men and young people in decision-making regarding sexual behaviour, through men's gendered patriarchal domination of women and older people's general attitudes towards youth. Thus the package was designed from the outset to work both simultaneously and separately with older men, younger men, older women and younger women in the community, in order to give them all private time and space in their own self-defined gender- and age-based peer groups. Here they could explore and analyse their own situations for themselves, without threat of domination or ridicule from others. The diagram below (fig. 1) explains how the original package was formed, with peer groups meeting by themselves for several sessions (defined by letters) and then meeting regularly in carefully facilitated plenary sessions to share and compare their own discussions, analyses and learning experiences, in a mutually respectful way. Thus the whole original workshop, which lasted for 18 sessions, spread over 9 weeks, was designed as what I have called a "fission and fusion" model, starting with, recognising and validating *different* experiences and perspectives and then enabling those to be brought together to find common ground and agreement<sup>4</sup>. It is important to recognise that Stepping Stones depends entirely for its success on its grounding in *local* knowledge, *locally* defined current and historical context and *local* experience of that context, explored and analysed by local participants themselves, during the course of the workshop. Without this locally specific basis from the outset, the package would not work, and certainly would not travel.

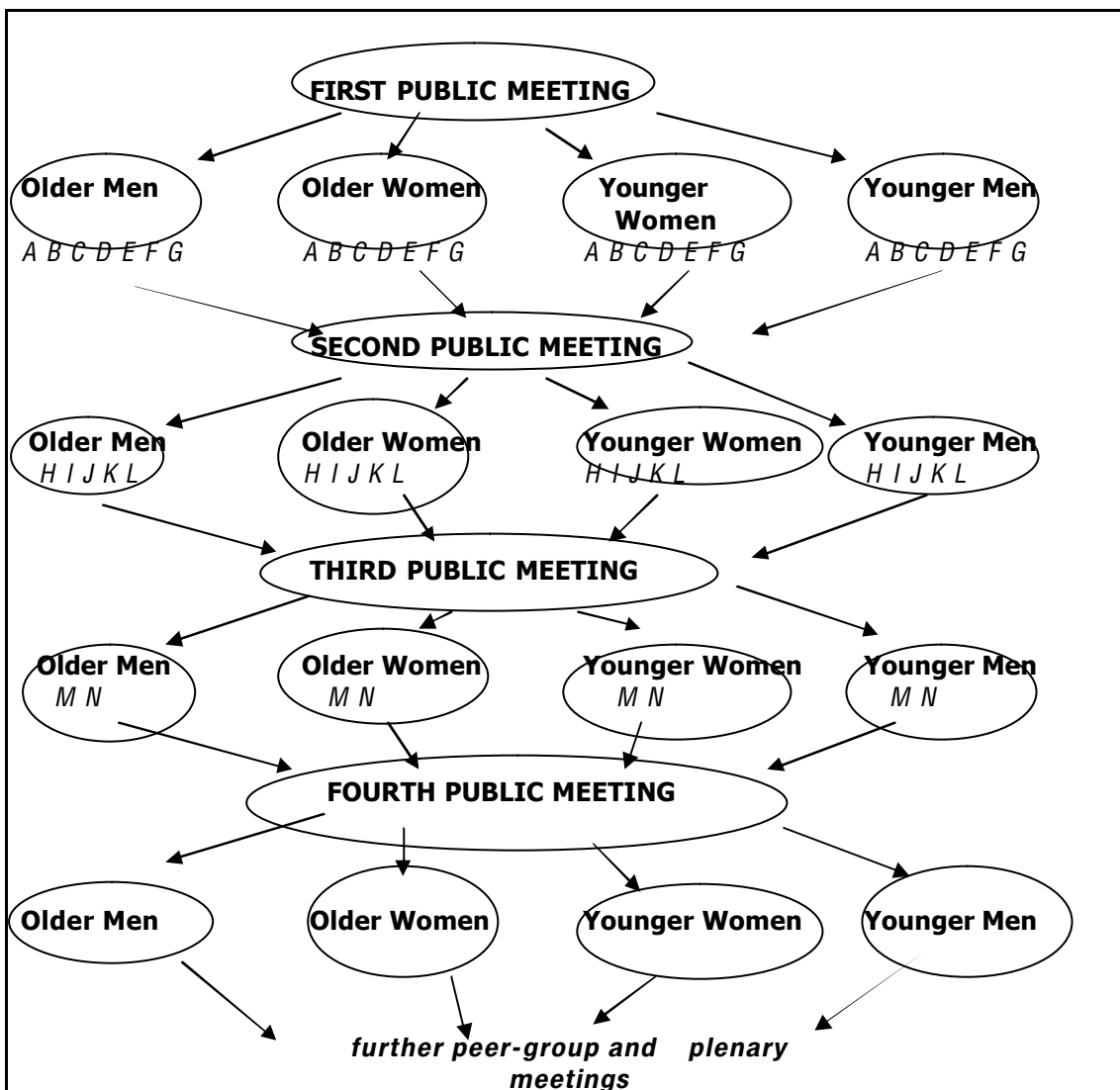
Therefore, one key to Stepping Stones' success is that it has been widely adapted and translated by many different organisations, mainly so far in Africa and Asia<sup>5</sup>, but also in Russia and in Latin America.

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<sup>4</sup> See Welbourn 1999 "Gender, sex and HIV: how to address issues that no-one wants to hear about" in Preiswerk Y ed. *Tant qu'on a la santé* IEUD, UNESCO. Geneva 195-228. Also on [www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org) from May 2002.

<sup>5</sup> See for instance Paranita Bhattachajee 2000, "Stepping Stones – a participatory tool to integrate gender into HIV/AIDS work", *Development in Practice*, 10 (5): 691-694, OXFAM UKI.

**Fig. 1 Fission and Fusion structure**



The South African version, adapted by Drs Rachel Jewkes of the MRC<sup>6</sup> and Andrea Cornwall of the Institute of Development Studies in Sussex, and published jointly with the PPASA, has focused especially on the urban needs of South Africans, adding exercises specifically addressing gender violence, fertility protection (through avoiding STIs), and coping with grief. It has also

<sup>6</sup> MRC South Africa: <http://www.mrc.ac.za/gender/stepping.htm>

been adapted for use in Northern Kwazulu Natal for students in grades 8-11 by Janet Fröhlich and colleagues. Other places have also adapted it to local contexts. In *urban Uganda*, girls as young as 10 insisted that they should be included in the workshops and stood up in front of the mayoral officials<sup>7</sup>, asking to stop being pursued by sugar daddies. In the Philippines the adult leaders of the boy scouts' and the girl guides' movements decided to work together for the first time ever, through an adult Stepping Stones workshop, after seeing its effect on the young people in their care<sup>8</sup>. In the Gambia, which is over 95% Islamic, a local Imam, one of the workshop participants, was selected by the other men to become their local condom distributor<sup>9</sup>. In Tanzania we have heard of parents and teachers of primary Standard 5-7 schoolchildren, asking for Stepping Stones to be introduced at an earlier stage<sup>10</sup>. These examples reflect how well the package must have been adapted locally, to relate to *local* contexts, interests and concerns.

So what has appealed to organisations about Stepping Stones?

A recent desk review of Stepping Stones programmes in very different countries and contexts across Asia and Africa, was conducted by Gill Gordon and myself for the Washington-based Inter-Agency Gender Working Group<sup>11</sup>. The results from the good use of Stepping Stones in these countries and elsewhere showed remarkable uniformity, reported by trainers, facilitators and community members alike. This is especially interesting, since an important part of the package is that participants should determine their *own* solutions to issues, and not have them prescribed by the package. Over the

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<sup>7</sup> Mbowe R 1997 "Rehearsing for Reality: using role-play to transform attitudes and behaviour" in PLA Notes 29. 43-49. IIED. London

<sup>8</sup> Pers. Comm. Dr Vic Salas, International HIV/AIDS Alliance

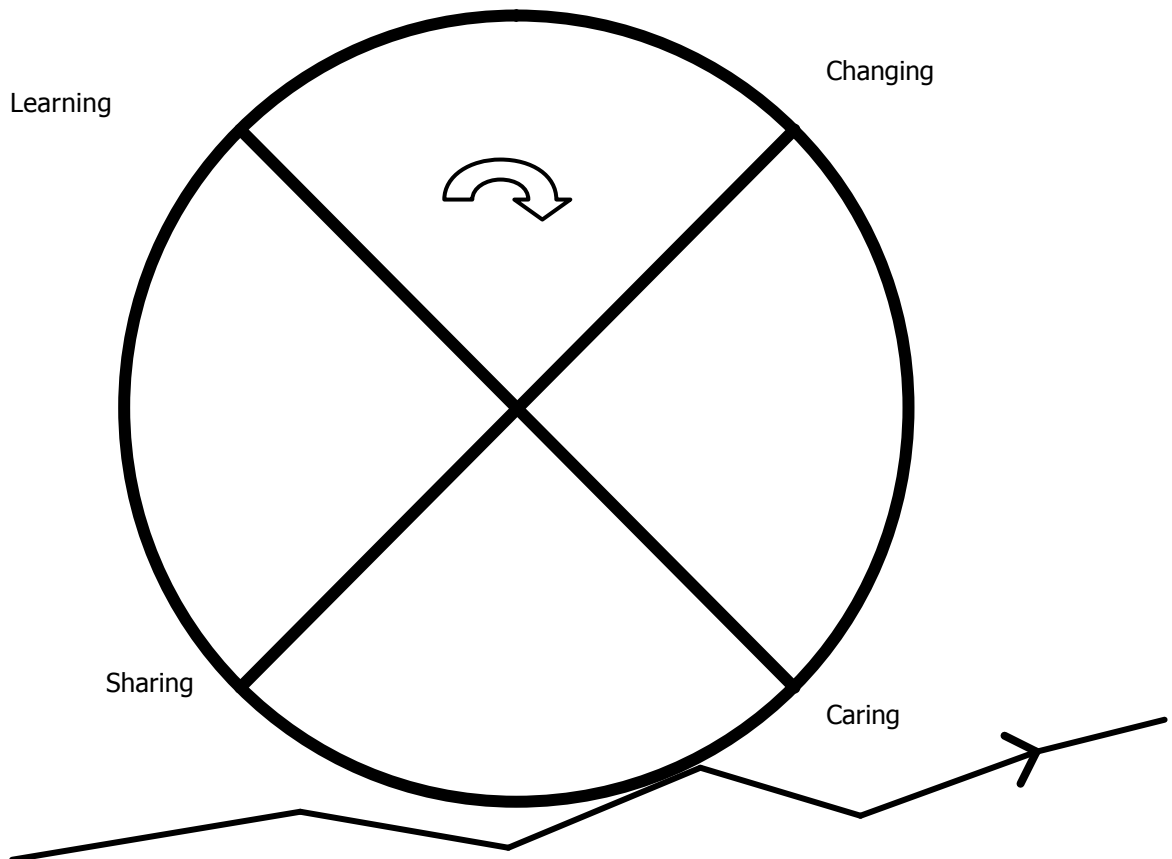
<sup>9</sup> Shaw M 2002 "Before we were sleeping" in Cornwall A and Welbourn eds. 2002 Realizing Rights: transforming approaches to sexual and reproductive well-being. Zed London.

<sup>10</sup> Rick Bauer, PASADA, Tanzania, pers.comm..

<sup>11</sup> Gordon G with A Welbourn. Stepping Stones and Men: a desk-based review of Stepping Stones workshops on Men. Inter-Agency Working Group. Washington. in press.

years, we have been able to categorise these results into what we call the “wheel of change<sup>12</sup>”.

**Fig 2. The Wheel of Change....**



The first spoke of this wheel is to do with **learning**: ie learning about the basic facts of HIV and other STIs and transmission; and about the ABC of AIDS. But as we all know, this isn't enough. The next spoke of the wheel is to do with **sharing**. This is when people say “ I am now starting to talk with my friends and others about these things”. Better still when they say they can talk to their parents or to their children, and especially when they say they can talk to their sexual partners. But this, in our view still isn't enough. These

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<sup>12</sup> See Welbourn A 1999 op cit.

two kinds of results are reported fairly frequently from IEC<sup>13</sup> programmes. But in order to effect a change in the way people actually *relate* to one another and *act* towards others, we have to travel further up this rocky road.

We have called the next spoke on this wheel the “caring” spoke. In Uganda after the first ever Stepping Stones workshop, we heard young men say that they had used to ignore or laugh at the people sick with AIDS in their village, but since the Stepping Stones workshop they had started to realise that HIV affects us all and had started to visit them and support their carers. We all know that *women* and *girls* are brought up from early life to serve and care for those around them. But enabling boys and young men to feel good about caring for others without being laughed at by their peers was a breakthrough: both in their attitudes to others, and in their own sense of self-esteem and what it meant to *them* to be cool young men *and* carers. Here then was the *beginning* of transformed traditional gender norms.

The final spoke on the wheel we have called the “changing” spoke. This is when we are really starting to talk business (Fig. 3). Both female and male respondents reported reduction in quarrelling and other physical and sexual violence between couples; increase in condom use, both between established partners and in *extra*-marital relations; a reduction in the latter, because of increased harmony at home; increased sharing of household tasks and of expenditure, with less burden falling on women to do all the household chores and to find money and goods from outside the home; a reduction in alcohol consumption because of reduced stress and because of the recognition of the potential contribution that alcohol can make to unsafe sex; and an increase by men in will-writing, to ensure that their female and junior dependents will be materially provided for at death; and young people especially, both young men and young women, reported greater self-esteem and a wish to *do* something in life; greater mutual trust for the members of the opposite sex,

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<sup>13</sup> IEC stands for Information, Education and Communication

especially for those who had also been through the programme and an ability to negotiate condom use; and greater respect *for* and *from* older people around them.

**Fig. 3. Changing.....**

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|--|---|
| ❖ reduction in quarrels and other physical and sexual violence | ❖ increase in will-writing by men                                 |
| ❖ increase in condom use                                       | ❖ greater self-esteem and self-efficacy                           |
| ❖ reduction in numbers of sexual partners                      | ❖ <i>young people</i> : greater mutual trust for other sex        |
| ❖ increased sharing of household tasks and expenditure         | ❖ <i>young people</i> : greater respect for and from older people |
| ❖ reduction in alcohol consumption                             |   |

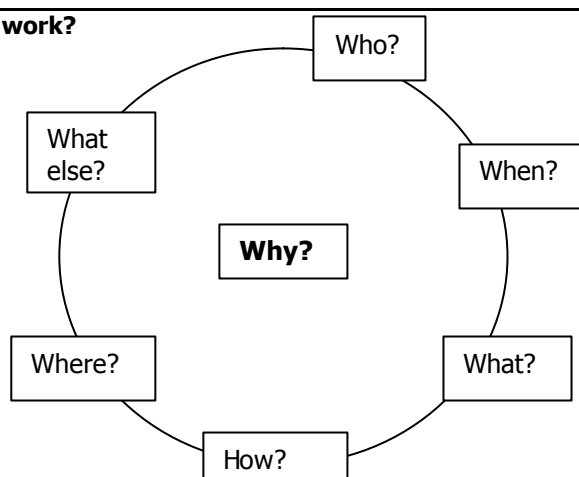
It is tempting to suggest that the uniformity of these reported changes, despite the wide diversity of different local cultural and historical contexts from which they were reported, reflects the universality of humanity.

So what was it about the Stepping Stones package which was enabling respondents to report these changes, not just in their thoughts and values, but in their actions also? I am highlighting here just a few factors which we feel have contributed.

It can be helpful to think through these factors in relation to who, what where and so on. So we'll begin with *who* and work round the circle.



**Fig. 4 What makes Stepping Stones work?**



## **WHO?**

Stepping Stones workshop organisers invite **the whole community**, from the age of about 11 years up, to attend. These include the men and women, old and young, who work in the separate peer groups, and then in larger plenary sessions, as I explained earlier. This helps community members to develop a greater social capital<sup>14</sup> in relation to these issues than there may have been before across the community, and also can develop young people's own sense of connectedness<sup>15</sup>, not only with their own family members but also with others in the community. Both these factors have been seen in schools-based studies in South Africa to contribute to young people's ability to change their behaviour, so our experience echoes this.

Perhaps to ensure this in schools therefore, there is a need not just to work with students, but to work also with teachers and other staff, with parents and governors, with religious groups, health providers and the wider community. Older students can be trained to work with younger ones, as peer

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<sup>14</sup> Moletsane R, R Morrell, E Unterhalter and D Epstein and "Instituting Gender Equality in Schools: Working in an HIV/AIDS Environment" ms

<sup>15</sup> See "Are more young people in South Africa using condoms?" in Horizons Report. Fall 2001. Population Council. Washington.

facilitators in rolling programmes, to narrow the age gap and increase the self-confidence of older and younger students alike.

Stepping Stones from the outset takes the standpoint that **we are all affected** by HIV, its causes and its consequences, and that therefore the only effective response to the virus is going to be a collective one. From the start the programme adopts a human rights based approach. It is careful not to distinguish between those who are infected and those who may not be and aims to break down the barriers between "us" and "them" which some HIV prevention programmes in the past have inadvertently promoted. A sizeable number of students and staff alike in South African schools are already living with HIV or have relatives with HIV. People with HIV often feel isolated and stigmatised by such programmes, especially if they just concentrate on how not to get infected.

Another key aspect of the sessions being run effectively is having skilled facilitators of *both* genders, but especially **skilled male facilitators**. Each peer group has its own facilitator, who is the same gender and, ideally, of a similar age to themselves. The peer group forms a close relationship with this facilitator, who sits with them at the same level in a circle, guides them through the troubled waters of the programme, gently probing to support their questions and fears, and reassuring them as they struggle with themselves to make eye contact with others, to find new body language and words, new listening skills, new thoughts, and new actions in this often uncharted territory of sexual well-being. Facilitators are discussed further later.

## **WHEN?**

Next, *when* should these workshops take place? Timing is critical. In schools in Tanzania and Uganda, children as young as Standard 5 primary are already in Stepping Stones workshops and, as I mentioned earlier, parents there now

want them to **start in younger classes**. This demand now seems to be echoed by parents in many countries.

Next, a time needs to be found that fits in with the **needs of individual peer groups**. Therefore good times for older men to meet are likely to be very different to those for young women. Similarly, teachers in schools are likely to need to meet at different times from pupils in their care. Even for young people in school, timing can be critical. In Tanzania, while the schools weren't interested in having help with their *health* lessons, the *religious* education lessons were free – so PASADA, the religious NGO concerned, offered to run these sessions. This is how they first began Stepping Stones in the schools there. Now it has spread to 42 primary schools and 15,000 children in the area.

We have found in communities that **regular attendance** is very important, so as to maintain the momentum of the sessions and not to lose their flow. Since participants are only *invited* to attend, we have to ensure that each session is interesting enough for them to want to return. This appears for the most part to have been successful. You have an advantage in schools: if a session is made compulsory, or if students are given accreditation of some kind for attendance, you may have more chance here of achieving regular attendance than others working outside the school context.

Finally, we realise that no programme can effectively be expected to change people's life-long patterns of behaviour in a few weeks. The lessons of Stepping Stones and similar programmes need to be revisited and rehearsed at regular intervals throughout people's lives. That wheel of change needs to be oiled regularly, in order to keep turning and in order to **sustain** that forward progress up that rocky road. Without that regular oil, people will soon feel unsupported and will start sliding back into old patterns of behaviour.

## WHAT?

Now we come to what the issues are which Stepping Stones covers.

The programme is split up into 4 separate **themes** and takes a very holistic view of the causes and consequences of HIV: the first few sessions enable each peer group to **form** itself, settle down and develop a sense of identity and safety for itself. There is an exercise on defining local words for sex and parts of the body, which usually differs from group to group. There is also an exercise on what is love, enabling each peer group to clarify for itself its own understanding of what love means in different relationships, with parents, other relatives, friends - and if and how it relates to casual or more permanent sexual partners. These definitions too can change from group to group. This first section of the package also begins to enable participants critically to analyse their own gendered identities, through thinking about the ideals they are supposed to live up to, compared with the realities of the stress of these ideals. Thus young men acknowledge that it's quite hard to be tough and cool all the time, young women talk about the stresses of always having to obey their elders, and so on.

The second few sessions explore the **facts** about sex, HIV and other STI transmission, and the options available for them to consider, namely condom use, abstinence, faithfulness and other potential options<sup>16</sup>. Then the next few sessions explore **why we behave in the ways we do**, and address issues such as alcohol use, gender violence, traditional practices which may nowadays increase vulnerability to STIs, and access to and control of money and other resources within and beyond the household. The final sessions,

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<sup>16</sup> The South African and Gambian adaptations use body maps explicitly to explore sexual turn-ons and turn-offs, enabling participants to discuss, for instance, female orgasm, masturbation and non-penetrative sex, stroking, hugging etc., as well as sexual harassment, assault and rape.

entitled ***ways in which we can change***, draw everything together, with participants practising and rehearsing together new-found skills in assertiveness, in positive communication, in the development of trust and in facing up to and preparing for death, which is inevitable for all of us.

Secondly, as I mentioned earlier, it is important for people to start with addressing **their own concerns** first, rather than ours. The original Stepping Stones package was a bit more prescriptive and focused primarily on HIV. But various others have successfully improved the package by addressing first participants' **own concerns** in their separate peer groups, such as avoiding pregnancy, maintaining fertility, worries about impotence, or just basic anxieties about puberty, spots and the beginnings of adulthood<sup>17</sup>. Thus the package is effectively rooted in the real lived experiences of the participants of each peer group, rather than being something which feels to them externally imposed. Once these first concerns have been addressed successfully, participants feel engaged and are then ready to explore other issues, such as HIV. It is so important that they don't just feel turned off by yet more warnings about HIV, which can still feel quite irrelevant and disconnected from their own lived experiences. And of course, if people want to use condoms to minimise exposure to STIs, in order to protect their fertility - which might be *their* priority concern - then this is great because HIV transmission will be addressed also.

It also seems to be important that all participants are doing and are seen to be doing the same exercises and activities in their own separate workshop sessions, even though the individual subject matter may vary from group to group. Thus men who may fear that their wives are being mass-injected for population control, or that their children are being encouraged to get into sex early are soon reassured that such things aren't happening in the separate

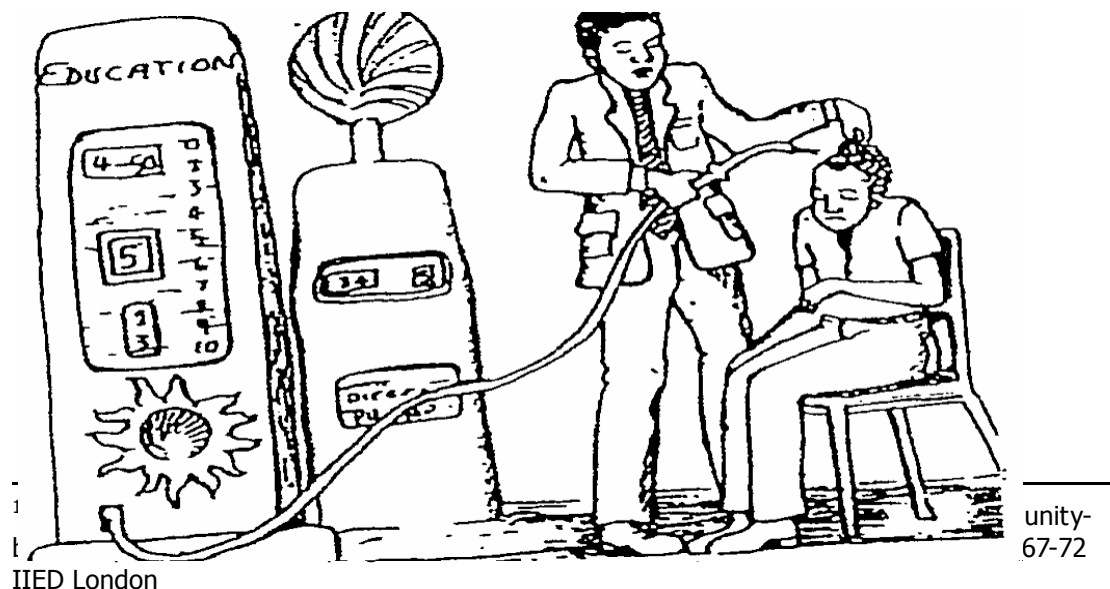
groups. Similarly young people appreciate that their elders are putting themselves through a process like their own – it adds to their own self-esteem that the older ones are taking these issues seriously enough to address them too, rather than just expecting the young ones to be “taught” them. Young people are extremely perceptive about the hypocrisies of older people’s behaviours: what will young men see wrong in their own sex lives if they can see their male teachers and relatives harassing female students or cultivating sugar babes?

### HOW?

How then is Stepping Stones constructed? Firstly, Stepping Stones views all the **people involved, both old and young, as actors central to their own lives**, rather than as empty vessels for our endless health education messages to fill (figures 5 and 6). Throughout the workshop process they are conducting their *own* research on their *own* lives, exploring and analysing how local historically and culturally constructed contexts have shaped the way in which they identify themselves and relate to others around them. The facilitator who guides each peer group through the exercises in each session, guides this exploration.

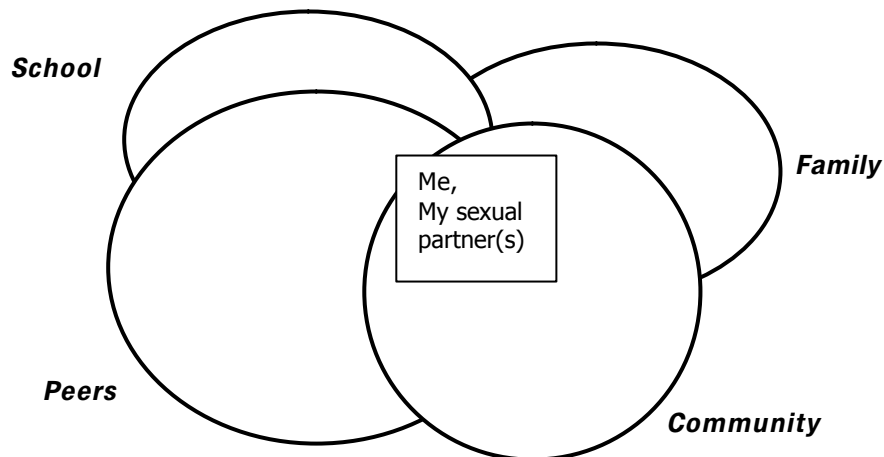
**Figure 5. The petrol pump approach to education**

**Abstain! Be faithful! use Condoms!**



**Figure 6. The participant as the central actor**

*The shapes, sizes and strengths of these circles will vary with context and over time*



The programme offers all the participants the **skills to explore and analyse** their own situations in which they find themselves and those around them, and then **to rehearse and reflect** on new ways of behaving themselves and relating to others, within the safety of their **own separate gender- and age-based** peer groups, before going public with these new ideas.

The skills they are taught help them use their own experiences to look with new eyes. Each facilitator helps the group to create **experiential learning activities**, which include **role-play**, discussions, tableaux and drawing exercises, to open up new ways of thinking about the world and their places in it. These exercises draw heavily on the creativity of the performing arts in us, using songs and dance also to break up the sessions and build on the learning. No skills in reading or writing are required during the workshops, so no student with dyslexia, or parent who has little formal education is disadvantaged in this process. During these exercises, the men have to act at times as women, or as young people, and vice-versa. They learn to see how

life feels from these different perspectives of greater or lesser power than they normally experience in their own lives. They learn how both anger and aggression can not only harm others greatly, but can also be just as *self-destructive* as can passivity and submission. All participants, old or young, male or female, can start to dare to take control of their own lives rather than feeling that their lives are in control of them. They learn to swim against the current, and to find the stepping stones across the river of life, which can and should be full of pleasure as well as pain, if only they have the means to find the pleasure for themselves.

It's also important to make the sessions funny, **fun** and enriching as well as challenging and painful. The main exercises of each session are sandwiched between warm-up games and other fun exercises, which often reflect in a humorous way the main serious learning process of the session. Participants are then easily able to remember the greater learning processes by referring to the fun games which made them laugh.

It is therefore critical that the facilitators who are guiding these peer group members have been **well-prepared** and feel at home themselves with their own issues of sexual health and gender equity. A facilitator who says one thing in the workshop, who then goes home and beats his wife or shouts at her husband is clearly not going to be very effective. In schools, teachers who have been taught to stand up and lecture at pupils at the front of a classroom, in a traditional chalk-and-talk fashion, find such facilitation skills terrifying enough in themselves: and the thought of then having to talk about sex and condoms with giggling teenagers is often just the end of the line! In Uganda, however<sup>18</sup>, they have introduced Stepping Stones as a part of the curriculum for the trainee teachers at a Kampala teacher training college, so that they have the chance through the programme to explore these issues for themselves on a personal level in their own lives, before they are ever



expected to work with young people on these issues. Those teachers have then gone on to run Stepping Stones programmes not only with the school students themselves, but in the wider community also. They have also been able to make wider use of these facilitation skills in other parts of the school curriculum. In Tanzania, another group has opted for a different route, deciding to train volunteers in their early twenties who come into the primary schools to facilitate Stepping Stones with the young people, instead of the teachers. The young people relate to these volunteer facilitators well, often chatting to them informally after the sessions and looking on them as big brothers and sisters rather than as teachers.

Another key factor in the Stepping Stones process is the constant **challenge that it poses to conventional gender and age norms**. The very format of the peer groups gives separate, equally recognised space to the different groups. Then the structure of the several plenary sessions, which bring all the peer groups together to share and compare what they have been doing, builds and steadily reinforces mutual care and respect between the different groups, across the generations as well as across the genders. The combination of these two processes, challenging gender and age norms together, lends I believe, a particular strength to the effectiveness of this work.

## **WHERE?**

The next part of the circle to consider is *where* these workshops have taken place. Our experience is that it is important for each peer group to decide for themselves where they would be most at ease to meet. Some parents might find meeting in a school very daunting, if they are not themselves school graduates. Other locations might be more convenient, quicker and cheaper to reach. The locations also need to be ones where quiet will prevail and participants will not be distracted or overheard by others nearby.

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<sup>18</sup> Pers comm. Nathan Nshakira, ActionAid Uganda

## WHAT ELSE?

Of course, no one programme can have all the answers and Stepping Stones certainly doesn't. Other programmes that I am aware of, such as the Auntie Stella<sup>19</sup> programme for schools and youth clubs in Zimbabwe, created by Barbara Kaim and TARSC, which is developed around real questions and real answers created by real young people, is a very well received package which helps young people to work through a lot of commonly recognised issues together in a popular format, with minimal training necessary for teachers. Ironically, the Ministry of Education has found it a bit too radical for schools. However, it has really taken off across the country in youth clubs. The Usiko<sup>20</sup> – Boys to Men programme in Bonteheuwel in Cape Town, which trains men as adult role model mentors to support young men who go through a modern-day wilderness experience of ritual and real seclusion and re-birth has, I believe a lot to offer also. The Men as Partners<sup>21</sup> manual, the work of the Quakers in their Manual for Education and Peace<sup>22</sup>, the Hip Hop bush radio programmes of Zane Ibrahim<sup>23</sup> and the work of Joanna Thomas<sup>24</sup> with men in Pollsmoor high security prison in South Africa have much, I believe to teach us as well. No doubt there are other programmes in and around Southern Africa which have much to offer. But since we have young people at school for up to 13 years, there should also be time to take the most positive elements from *all* these programmes, and adapt them for work with school students, to keep that wheel oiled and sustain the changes that people wish to make in their lives.

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<sup>19</sup> Auntie Stella: see Kaim B and Ndlovu R 2000, "Lessons from 'Auntie Stella': using PRA to promote reproductive health education in Zimbabwe's secondary schools" in PLA Notes 37, 45-49. IIED London and [www.auntiestella.org](http://www.auntiestella.org)

<sup>20</sup> The Usiko – Boys to Men Programme, Bonteheuwel, Cape Town, managed by Des van Niekerk and Lionel Arnolds. Contact: Nic Fine, Programme Director, [fine@gonet.co.za](mailto:fine@gonet.co.za)

<sup>21</sup> Engender Health Programme, [www.engenderhealth.org](http://www.engenderhealth.org).....

<sup>22</sup> South African Handbook of Education for Peace 1992 Quaker Peace Centre, Cape Town.

<sup>23</sup> In Cornwall A and A Welbourn eds forthcoming op cit.

<sup>24</sup> Killers Don't Cry and Killers Come Home BBC Correspondent Programmes, [www.bbc.co.uk/correspondent](http://www.bbc.co.uk/correspondent)

Much should also be said about on-going and participatory monitoring and evaluation of any programme, where school students themselves have a chance to monitor and document their own progress and thereby take ownership of their learning journeys. I see participatory monitoring and evaluation as a critical part of a successful programme. But I have no time to discuss that here.

And of course, efficient, non-judgemental, youth-friendly service provision is needed – for condoms, other contraceptive advice, other health care in general, social and legal care, employment and careers advice and so on. Young people, once empowered by a programme such as Stepping Stones, will want to seek out HIV testing and will need good support and understanding to do this, if they are to carry through their intentions to behave responsibly. If they are let down at this stage, treated badly, or unable to access the right services, they are soon likely to feel disillusioned with the whole thing. Many services are still very user-*un*friendly. But there are various programmes around now, such as the health staff gender training programme at Witwatersrand<sup>25</sup>, and various projects in Nepal, India, Egypt, the Andes, England and elsewhere<sup>26</sup>, which show ways in which health-service providers have learnt to provide much more sensitive and mutually satisfying services than they had previously.

## **WHY?**

Then last, but not least, we move on to why? Why are we doing all this work? Well, as we are only too aware, schools are not necessarily safe havens for young people. For young women, schools are often places of danger, with the approaches and temptations of older male students and male teachers, offering them sex in return for stationery, for help with homework, for good

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<sup>25</sup> Fonn S 1999 "Applying theory in practice: some experience in incorporating gender analysis in health programming" in Preiswerk Y ed. *Tant qu'on a la santé* IEUD, UNESCO. Geneva 43-60

<sup>26</sup> See various articles in Cornwall A and A Welbourn forthcoming, *op.cit.*

grades or more. They may be encouraged or even threatened by their mothers to come home with their “baskets full”. Despite their own aspirations for careers and independence, more common realities may quosh their dreams. For young men, who are surrounded by few older positive role models, sexual conquest and the physical and psychological violence associated with it becomes a way of defining the power of their masculinity, and a welcome relief for them from the lack of power in most other aspects of their lives. It lies with us then, as educationalists or community workers, to redefine what we do in and around schools and their wider communities, to seek out the best in students, staff, and parents alike<sup>27</sup>. We need to see schools not as institutions for whom *we* have to work, but as institutions that work *for us* and, ultimately for the all-round benefit of the *young women and men* whom we aim to educate there. As we have seen, schools can be like petrol stations, pumping their supposedly empty students up with “knowledge” and facts. Yet, as I keep discussing with my teenage daughter and son, there is a difference between knowledge and wisdom, and I see it as my job to help them to understand that difference. Schools can be quite strict, over-disciplined, brusque environments where pupils feel at risk, on edge, controlled, bullied, defensive, vulnerable and, in turn, they can bully others. Or schools can feel warm, supportive, creative environments, where students are encouraged to take their own decisions, to make mistakes and learn from them, to recognise in advance the risks attached, and face up to the consequences of those risks, in the knowledge that they will be guided, supported and cared for in the process. Rather than as *passive targets* for focused programmes defined by well-meaning but mis-guided outsiders, I believe that in the latter institutions we can see hope. Young people, with the support of the significant adults around them in the school and in the wider

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<sup>27</sup> See the inspiring article on appreciative enquiry and its use in Swedish schools: by Mcadam E and P Lang: nd “Working in the worlds of children: Growing, schools, families, communities through language.” ms

community, *can* be treated as the central actors in their own creative processes, which they own for themselves and want to share with others.

Ladies and Gentlemen, this conference is about taboos – about sex, about death, about gender and about race. It is also about other taboos and phobias, such as homophobia, about xenophobia, about injecting drug use and religious differences – and about poverty. I have had no time to enter all those additional alleyways here today.

Maybe as many as 20% of us in this room are likely to be living with HIV. UNAIDS says that many *married* people are likely to be unaware of their positive status. HIV-positive women in Zimbabwe said that they were so pleased to join a support group, partly because all the other women looked so “normal” that they realised that other people in “normal” life wouldn’t automatically guess their own status<sup>28</sup>. Some programmes have placed a lot of emphasis on people with HIV disclosing their status publicly and coming to public places such as schools and conferences to testify to others, in the hope that people will be so shocked that they will change their behaviour overnight. But, behaviour change is not an overnight phenomenon and, as we learnt to our cost in the UK back in the 1980s, shock tactics soon wear off and we are left with the realities of gender inequalities, as we also see in British schools today. Moreover, for HIV-positive people who do speak out, this can put a terrible strain on them as individuals. They often feel exploited to perform in public, and rarely feel adequately supported to cope in private<sup>29</sup>. Ladies and Gentlemen, Stepping Stones has always started from the standpoint that *all* of us, old and young, male and female, rich and poor, black and white, gay or straight, are human beings, with the same aspirations and feelings, whether we may be HIV positive or not. It is up to us in this conference whether we prefer to view HIV as something that can stand for Hope, Involvement and

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<sup>28</sup> Manchester J 2000 Institute of Education, London University, Masters Thesis. ms.

<sup>29</sup> Manchester op cit.

Vision<sup>30</sup>, or whether we throw up our hands in despair and allow it to overtake us in the form of Hopelessness, Inertia and Victimisation. I am aware that there are huge logistical issues in working in school environments, but in this world of HIV and AIDS, perhaps we have to learn to think the unthinkable, to speak the unspeakable, to do the undoable... Ladies and Gentlemen the choice is with us here and now. Thank you.

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The website, [www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org) gives more info about Stepping Stones.

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<sup>30</sup> Thanks to Jo Manchester for this idea.