

CAN CHILDREN DESIGN EFFECTIVE, AGE-APPROPRIATE, SRHR AND HIV MATERIALS?

Lessons from the *Stepping Stones With Children* training in Tanzania



F Kilonzo¹, N Chiziza², G Gordon³, P Kiwia⁴, W Manyama⁴,
E Bajenja¹, A Welbourn⁵

¹Stepping Stones trainer, East Africa Stepping Stones Network /
Salamander Trust Associate

²Pastoral Activities and Services for People with AIDS Dar es
Salaam Arch diocese (PASADA)

³Salamander Trust Associate

⁴Kimara Peer Educators

⁵Salamander Trust



Florence Kilonzo: Stepping Stones Trainer

NOPE | KENYA | 17TH June 2016

**With thanks: to Laura Pulteney, Salamander Trust Associate, for slideset design.
Other manual co-authors: Sue Holden, Elspeth McAdam**

HIV and AIDS among children and adolescents

- **One in five** people are aged 10-19
- 2.1 million adolescents live with HIV: 1.7 million (**82%**) in Sub Sahara Africa
- Girls account for **60%**
- **11%** of adolescents aged 15-19 in sub-Saharan Africa have had an HIV test
- **Most children** are becoming adolescents without testing, care, or treatment
- **Prevention** and **treatment** can be **lifesaving** yet adolescents and children lack appropriate proven interventions for prevention or access to care & support
- **Disclosure** of HIV status by care givers is still a challenge

WHAT IS *STEPPING STONES*?

- A highly **interactive** training process that had been used for over 2 decades worldwide
- Addresses **gender**, inter-**generational** & human **rights** issues in context of HIV
- Facilitates community members to explore issues in **peer groups** and collectively share their views and arrive at important **changes**
- 1993-1995 - Original *Stepping Stones* developed and published in rural **Uganda**
This included teenage and adult men and women
- 2008 - *Stepping Stones Plus* (SRH and HIV)
- 2014 *Stepping Stones for Peace and Prosperity* (for post-conflict settings)
- **2016 – *Stepping Stones with Children***



The original *Stepping Stones* programme has since gone global to over 100 countries. Adapted and translated into at least 30 languages, it reduced intimate partner violence (or IPV) in an RCT conducted by the South African Medical Research Council. The What Works for Women website grades it as Gray II evidence level for effectiveness, both in addressing violence against women and transforming gender norms. Women in countries including Malawi, India (where it has also ended child marriage in communities where it's been used) and the Gambia, have *themselves* reported IPV reduction, in response to being asked “what has changed for you?”.

Jewkes et al 2008 ***Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial*** BMJ 2008; 337 <http://www.bmj.com/content/337/bmj.a506>
<http://www.whatworksforwomen.org/search?utf8=%E2%9C%93&q=%22Stepping+Stones%22>
<http://pag.aids2014.org/flash.aspx?pid=1806>
 (eg COWLHA/Salamander Trust 2013; Bradley et al 2011, Paine et al 2002).

STEPPING STONES WITH CHILDREN PROGRAMME OBJECTIVES

- Answering “How do we talk to our children?”
- The training manual is designed for use with children 5-14 years affected by HIV and AIDS and their care givers
- Training is not FOR but **WITH** children - meaning effectively *involving* children in all dialogue on several sensitive issues – sexuality, HIV disclosure, reproductive health, gender, power, violence among others
- Facilitates children living with HIV and their care givers to establish and strengthen open and genuine dialogue around these sensitive areas

PROGRAMME DESCRIPTION AND METHODOLOGY -1



*Children aged
5-8 in the
workshop*



- Holistic comprehensive programme including psycho-social, physical, sexual & material themes (29 sessions in all, taking 15 full days minimum)
- Uses positive language, mind sight, virtues, visioning as well as role plays, games & drawing
- Building positive cross-gender & inter-generational communication skills & critical literacy

(Critical literacy – means learning to think about and understand why a situation is happening and why am I responding in this way? What is the other person feeling/ thinking? How can we communicate well? It includes mindsight, gender awareness, responsible use of power, assertiveness training etc.)

PROGRAMME DESCRIPTION AND METHODOLOGY - 2

- Two trained facilitators each work with 3 separate peer groups organized by **age** (twelve 5-8 year olds, twelve 9-14s and 24 adult caregivers, the majority women)
- Participants are divided by **gender** for some activities
- Each peer group covers the **same** topics with *adaptations* for the **age** of the participants.
- The groups come together at intervals and participants are encouraged to **share learning** after the sessions
- **Participatory** monitoring and evaluation is carried out through the sessions and recorded in a Facilitator's **Journal**
- **Data** from the baseline, midline, and endline survey (after 6 months) are currently being analysed

How are children involved in the design of materials in *Stepping Stones with Children?* - 1

- a) Initial *workshops* with children aged 5-8, 9-14 and 15-18 and their caregivers in Dar to input into the content of the manual, preferred learning activities and examples of stories, role plays and drawings
- b) 3 *pilot workshops* in Dar urban and coastal. Testing with, and feedback from children (and caregivers) fed into final draft for review and publication
- c) In the *community workshops*, children explore their situations, strengths, desires and wanted changes through their own stories, role-play, drawings, mind maps, ability spotting and dreams

How are children involved in the design of materials in Stepping Stones with Children? - 2

- Children produce drawings, role-plays, manifestos and requests to share with their caregivers, health workers, teachers and peers to bring about change
- Children dance, play games and sing local songs that link to session topics
- Children (and caregivers) made films of what happened after the workshop to encourage others to attend: *Kigadoro*, justice for girls going to school, and interviewing participants about changes (more loving relationships between caregivers and children with positive discipline rather than beating)

LESSONS LEARNED DURING THE WORKSHOPS

The children:

- demonstrated articulate maturity while discussing sensitive issues like HIV disclosure, relationships, love & sexuality
- opened up about their experiences and feelings regarding sexual, psychological and physical violence in their homes & communities

The care givers:

- strengthened their skills and confidence in supporting the children.

Increased HIV disclosure between care givers and children (although this was *not* used as an indicator to minimise any pressure to do this)

LESSONS LEARNED AFTER THE WORKSHOPS

- Communication and relationships between caregivers and children became more **loving** (e.g. positive discipline).
- Preliminary data suggest increased treatment **adherence** in some children.
- Children have formed small **groups** for mutual support, thereby strengthening their resilience to the impact of HIV and AIDS
- Some HIV **services** for children have **improved**
- Children have been able to make **their own films** about the changes brought about by the workshops & **advocacy** for children's **rights**



*'Our forest of love': children aged 9-14 years
in a pilot workshop in Tanzania*

Ellie and her son Daniel, after completing the *Stepping
Stones with Children* pilot workshop in Tanzania



Thank you!

STEPPING STONES WITH CHILDREN



A transformative training for children
affected by HIV and their caregivers

Gill Gordon

Publisher: Practical Action Publishing
<http://tinyurl.com/PAPStStwC>

Websites:

www.steppingstonesfeedback.org

www.salamandertrust.net

www.pasada.or.tz

Films: <http://tinyurl.com/StStwCDar>

