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The Editor  
Development in Practice  
c/o Oxfam GB  
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Dear Madam,

Please find enclosed an article ( Practicle Notes) titled *Stepping Stones – a participatory tool to integrate gender into HIV/AIDS work*. I am sending you a hard copy of the article along with a diskette. The article is written using Microsoft Word package ( version 97).

Please feel free to edit the article if it exceeds the maximum length.

With regards,

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**Current Work** : The author is currently working as a Programme Officer (HIV/AIDS) in ActionAid India. The author has 5 years experience of working in the field of reproductive and sexual health. Her areas of interest have been working with women and adolescents on reproductive and sexuality issues.

### **Abstract**

The author through her article attempts to explain Stepping Stones, which is a training package on HIV / AIDS, gender, communication and relationship skills designed both for use in existing HIV / AIDS projects and in general development .By narrating her experiences of attending a training of trainers programme in India, the author explores the possibilities and challenges of using this tool to integrate gender into HIV /AIDS project. The tool does not isolate a particular group in a community but encourages all the groups- age, gender to understand their responsibility and be a part of the solution thus facilitating behaviour change.

**NB This article was published by Oxfam in their Gender Journal.**

## **Stepping Stones – a participatory tool to integrate gender into HIV/AIDS work**

This situation is not new. By December 1999 an estimated 33.6 million adults would have been infected by HIV globally and out of that 14.8 million would have been women. (UNAIDS estimation). The latest trends show that HIV is moving from urban to rural areas, high risk groups to general population and from men to women. Gender based inequalities contribute significantly to the vulnerability of young girls and women to HIV / AIDS. Globally, the major route of HIV transmission is through heterosexual sex. Girls and women, because of their low status, cannot negotiate safer sex, while men have more status and power which, in turn, influences their personal and sexual behaviour. Studies estimate that in India one in three women who become infected with the virus are monogamous. Economic legal and social inequalities are also exacerbating women's risk of infection, while at the same time making them less able to care for their families. Women not only get infected but also move from the stage of HIV to AIDS much faster.

Therefore there is need to work on issues related to HIV and STI from a gender perspective. There are various tools available today to integrate gender into HIV/AIDS work but these tools have to be adapted keeping these above stated differences in mind. This article describes a participatory tool, Stepping Stones which has been developed for working on HIV/AIDS issues from gender perspective. The author through her experiences of participating in a Stepping Stones training in India in the month of November 99 reflects how it can be effectively used to look at some of the gender issues of communication, relationships thus facilitating behaviour change. It has been felt for many years now that fragmentation of services, education and user groups has made it more difficult to achieve behaviour change and control HIV/STI. Stepping Stones attempts to address some these issues.

### ***Stepping Stones***

Stepping Stones is a training package on HIV / AIDS, gender, communication and relationship skills designed both for use in existing HIV / AIDS projects and in general development projects which plan to introduce an ongoing AIDS component. This training package has been very

successfully used in sub-Saharan African countries and is being successfully adapted for use in Asia, North and South America and Europe. It grew out of a need to address the vulnerability of women and young people when it comes to decision making about sexual behaviour. The ABC of AIDS ( Abstain! Be faithful! Use Condoms !) on its own does not work and lectures on AIDS are too simplistic. The training package is designed to enable people to explore the huge range of issues which affect their sexual health – including gender roles, money, alcohol use, traditional practices, attitudes to sex, attitudes to death, and their own personalities.

The training package authored by Alice Welbourn, PHD , contains a 240 page manual for trainers and an accompanying workshop video of 15 five minute clips (though the manual can be used without the video too). The themes of Stepping Stones are – group cooperation, HIV and safer sex, why we behave in the ways that we do and ways in which we can change. It works on the principles of learning, sharing, caring and changing behaviour. All sessions use a participatory approach of adult learning through shared discussions and own experiences. No literacy is needed.

In a recent Stepping Stones training programme in India, the participants were divided mainly into two peer groups of men and women. The article predominantly expresses the processes that took place in the women's group ( as I was a part of the women's group).

### ***Key features in Stepping Stones***

The key features in the tool that make it suitable to address gender issues in STI / HIV work is the method of working with peers, use of non verbal communication, exploration of sex and sexuality issues, developing communication and assertive skills and planning for the future.

### ***Discussing sex and sexuality***

Many of us were discussing sex and sexuality issues for the first time and smaller groups divided in the lines of gender and age helped us feel comfortable. The facilitator clarified in the beginning that nobody should feel compelled to share personal experiences if we do not want to. It was also

clarified that we behave like ourselves and not act as a member of the target beneficiaries with whom we work. It was interesting to note that from day one the women shared their very personal experience starting from sexual fantasies to first sexual experiences. We also realised that many of us had similar experiences of sexual harassment, lack of choice in sexual relationships and very little participation in decision making within the family and work place.

Body Mapping was another exciting exercise, which many of us had done it before but still found interesting. We were asked to point out the parts of the body that we liked and we started with parts like eyes, hands, hair and then moved on to parts that give sexual pleasure. It was interesting to note that some of us were naming the sexually pleasurable parts of our bodies for the first time. When we started giving local names to the sexual parts, we realized that none of us could think of a local name for clitoris, which provided maximum pleasure to women. This led to discussions on how and why women find it so difficult to communicate about sexual pleasure with men.

The session on “Joys and Sorrows of Sexual Life” raised fears of unwanted pregnancies and abuse. It was also very revealing to note that most of us viewed companionship and togetherness with self and our partner very joyful and sexual. The women’s peer group shared their joys and fears with the men’s group during the first full workshop meeting. The men’s group found it very astonishing that women find the act of togetherness more joyful and sexual, than actual penetration. The stereotypes of both men and women emerged during the discussions, which were challenged.

The Listening Pairs exercise was a learning exercise for men as it made them realize that they are rarely in the position of a listener. This session also gave an opportunity to men introspect the status of the women in their own lives.

### ***Exploring loving relationships and safer sexual practices***

The session on “What is Love” provided an opportunity to the peer groups to express what according to them is a good and a bad relationship. The good relationships depicted an understanding male partner who is helpful in the kitchen and with the children, cares for his partner

when she is sick, is honest, does not give in to the sexual overtures of another woman, and also supports his partner in front of his mother. The bad relationship depicted an uncaring male partner, womaniser and alcoholic, who does not share the household responsibilities, sexual harassment, and an unsafe environment for woman. It was most interesting to note that role plays of both the peer groups had the same messages. It was understood that there is atleast no apparent difference in perception between men and women about a good and a bad relationship and what ever was shown was grounded in reality. This session gave the men sense of responsibility and an understanding that they were a part of society and equally responsible for the low status of women in the society.

The discussion on safer sex was also very important and interesting. This discussion was preceded by a session on STI and HIV. We discussed different kinds of safe sexual behaviour in relation to three situations, viz. before marriage, after marriage, and in commercial sex. Arranged marriage, social sanctions and morality came up in the first group. The second group raised issues of trust, pressure to produce children, providing pleasure and satisfaction to the male partner and polygamy as barriers to safe sex. The third group discussed low decision making power, availability of quality condoms and economic pressures. Flow chart diagrams were made for better understanding and linkages.

It was realised that women hardly have any practical safe sex options. Most of the practices like abstinence, masturbation, oral sex or sex with condoms did not take into consideration the social need /pressure on women to prove her fertility. Many of us even brought out the fact that women, most of the time, do not have bargaining skills to negotiate safe sex. This session was followed by role plays and discussion on development of assertive skills. These skills were very important for most women present in the training as most of us had faced situation of abuse and forced sex even with the institution of marriage.

### ***Planning for the future***

The river of life exercise where we drew our life in the form of a river and analyzed our futures made many of the women very emotional. Relationships, some painful, some joyful, with parents,

partners, children, friends, colleagues and work were the most important thing in all the rivers drawn by the women. For women who were into relationships, how they met their partner, marriage were an important topic of discussion.

It was most revealing to note that for few men, marriage and childbirth did not appear in their river of life. One of the participants while drawing the river realized that he was not present at home when his wife delivered their first child and regretted having missed an important occasion in his life.

The stepping stones workshop ended with the final community / group meeting where the peer groups make their special requests to each other and the community. These requests as stated in the manual normally reflect the changes the participants like to see in themselves / their relationships / community in the future. In our workshop the women's group through role plays made the following three requests to men–

- To show equal respect for women - Women can be tall, short, dark, fair, ugly, beautiful, fat, slim, dumb, intelligent, able-bodied, (dis)abled - but all have the same emotions and feelings and would like to be treated with respect and appreciated for their skills and ability
- To share responsibility for talking to children about sexuality
- And to be sensitive to the fact that making love should only happen when both partners agree.

The men's group made a request to the community to stop treating women like objects and to treat them with respect and requested women to be more assertive and men to stop mistreating women.

### **Challenges**

Men found difficulty in talking about their feelings even in their peer groups and most of the time shared experiences of their friends and relatives thus distancing themselves. Women on the other hand, shared their very personal experiences and found such discussions supportive and therapeutic.

Men on the grounds of reality and validity constantly questioned role-plays depicted by women. Specially role plays on sexual harassment and division of labour was questioned and invariably an intellectual debate was initiated.

As the male facilitator was from a different culture and country, it was difficult for him to challenge some of the notions and values voiced by the majority of the participants. These perceptions and notions need to be challenged during the process to analyze ones behaviour and attempt a change.

There was also a lot of curiosity among the peers to know what was happening in the other group. Hence there was need to meet more often than stated in the manual.

The manual does not address the issue of same sex relationships. However in the peer groups it was raised and discussed though not in great detail. This omission in the manual narrows down the sexuality issues to heterosexual relationships.

### ***Conclusion***

Stepping Stones is an important tool to integrate/address gender needs into HIV/AIDS work. The tool is participatory and encourages participants to use drawing, mime, role-play and songs. Besides enabling non-literate members of the community to participate, this tool helps in discovering newer ways of thinking about ideas, experiencing problems and ways of dealing with them. Another important aspect of this tool is that it believes that everybody in a community plays a role in facilitating behaviour change and therefore involves all irrespective of age and gender unlike many reproductive health programmes

### ***Reference***

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- Gender and HIV/ AIDS : Guidelines for integrating a gender focus into NGO work on HIV / AIDS : Save the Children Fund, 1997
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