

COMPARING "STEPPING STONES" WITH OTHER APPROACHES

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Other Approaches	Stepping Stones Approach	Possible Positive Effects of SS	Possible Challenges	Conclusion?
One-to-one counselling	Group work	Long-term: less demand on counselling services, as community-support grows	Short-term: greater demand on counselling services	Use both to complement each other
STI/HIV testing clinics only	Group work, which promotes going to clinics	Greater nos. of people diagnosed with STIs or HIV; and greater treatment rates for STIs	Short-term: greater demand on STD services	Use both to complement each other
Condom supplies only	Practical discussions + training on how to use condoms in separate peer groups promotes community-wide acceptance	Widespread condom acceptance + use in communities; self-selection by each peer group of own condom distributor	Increased demand for condoms	Use both to complement each other
Training CHWs, CBDAs, TBAs, THs only etc.	Training <i>anyone</i> in community who wants to be involved	Everyone feels empowered, since no need to read or write to change behaviour	Sometimes not enough men want to be involved – men may need separate <i>initial</i> mobilisation	Use both to complement each other
Focus only on eg women or youth	Work simultaneously with women, men, old, young, mainly in separate groups	Intimate discussions in small, safe groups; men change views + actions too	Sometimes not enough men want to be involved – men may need separate <i>initial</i> mobilisation	Working with all groups more effective for sustained change continued over.....

.continued Other Approaches	Stepping Stones Approach	Possible Positive Effects of SS	Possible Challenges	Conclusion?
HIV focus only	STIs/HIV viewed in much wider socio-economic context, <i>linking</i> it to gender, income, labour,, violence, power relations, life and death etc.	HIV not just seen as health issue for some; instead that it affects us all, in all ways; Recognise importance to sexual/repro health of being self reliant, start small business; greater support and respect for HIV positive people + carers	Greater demand for support in other areas, eg IGAs, water supply etc;	Do HIV-focus-only work <i>only</i> if no other option
Development work only, no HIV	STIs/HIV shown to affect and be affected by work loads, seasons, money, gender relations etc.	Communities empowered to develop appropriate social + economic coping strategies for HIV in their lives		HIV should be incorporated into all development work
FP work only	Recognising HIV in broader context of sexual + reproductive health	Sustained increase in condom use: reduction in STIs, unwanted pregnancies		Doubtful that FP work alone very effective in meeting people's visions or felt needs
Lectures, conventional IEC approach	Role plays, PRA, games - all experiential and participatory	Internalise learning far more effectively		Learning through participatory approaches more effective

An *ideal* scenario for the effective use of Stepping Stones would be in a location with an established sense of community where:

- general **development work** is already taking place and meeting (other) priorities and felt needs such as water supply, food security, income;
- there is good access to confidential and understanding Health Staff, providing early diagnosis and treatment of **STIs and FP** services;
- there is good access to **counselling and HIV testing** services;
- there is a good affordable **condom** supply.

Initial and Supplementary training courses could also be conducted with (see endnote 7):

- school children;
- out-of-school adolescents;?
- other marginalized people
- CHWs, TBAs, THs, CBDAs;
- religious leaders; teachers; health staff
- male factory workers, business men prison officers, prisoners, army etc etc
- community leaders;
- and others

to support the changes which the community are wanting to make in their lives.

STEPPING STONES: FOUNDATION STONES AND MOVEABLE STONES

FOUNDATION STONES	MOVEABLE STONES
<p>PARTICIPANTS:</p> <ul style="list-style-type: none"> * regular meetings of separate age and gender groups * occasional meetings of joint age and gender groups 	<p>? THE ORIGINAL VIDEO:</p> <p>[-----]</p> <p style="display: flex; justify-content: space-between;"> Uganda The Gambia </p> <p style="display: flex; justify-content: space-between;"> ✓ ✓ XX </p> <p>? cultural variations? ? language translations? ? access to video players?</p>
<p>PARTICIPATORY APPROACH:</p> <p>Through</p> <ul style="list-style-type: none"> • tableaux (freezes) • games • role-plays • PRA • fun as well as serious activities 	<p>? EXTRA SESSIONS:</p> <ul style="list-style-type: none"> • on STIs • on family planning • on female circumcision • on polygamy • on unwanted pregnancy • on fertility protection • on other locally relevant issues...
<p>SEQUENCE OF SESSIONS:</p> <ul style="list-style-type: none"> * Theme 1: Group Cooperation * Theme 2: HIV * Theme 3: WHY we behave in the ways we do * Theme 4: WAYS in which we can change <p>REVIEW:</p> <ul style="list-style-type: none"> • On-going throughout workshop • Including participants 	<p>? SESSIONS TO DROP....?</p> <ul style="list-style-type: none"> * alcohol?

? EXTRA METHODS...?

* include personal testimonies:

- of positive people
- of women who have experienced female circumcision
- of others

provided they are ready to share these with others

KEEP GOING:

- Follow up initial workshop sessions with regular meetings (see Endnote 5)
- Encourage participants to form wider groups with other participants elsewhere
- Encourage participants to develop their own materials, eg posters, newsletters etc.
- Brainstorm with them on other ideas they may wish to develop
- Help them identify and link with other supporters

If you just want to make use of bits of, or ideas from "Stepping Stones" in your existing programme, PLEASE remember.....

? "Stepping Stones" is not there to provide answers: instead it helps people to find **their own answers**, provided these do not oppress anyone else in the community

? to **follow the same sequence** of exercises as they are presented in the manual. Some of the exercises in later sessions could do more harm than good, if the proper ground work has not been done with the participants

? that working with people in their own **peer groups** then *bringing them together* (the "fission and fusion" approach) is a key part of the process

? that **participatory approaches** to learning are the ones which are most sustainable

? that, if you use the **video, it must only be used in a workshop context**: otherwise people will not understand the role-plays and will be confused by there being no story-line.

? that the whole-length workshop would give communities the best chance to change their behaviour for good.