

Stepping Stones and Stepping Stones Plus

Praise for the book

'Stepping Stones is a programme that truly transforms relationships between women and men, older and younger people in communities. As no other guide, it promotes dialogues and understanding between men and women and the different generations: it shows the route to equality. If we can just get this approach fully implemented around the globe, the world would be a better place!'

*Doortje Braeken,
Senior Adviser Adolescents,
Gender and Rights,
International Planned Parenthood Federation*

'I observed the profound impact of Stepping Stones in a small village in The Gambia. The village consisted of over 30 families, and all but one woman reported spousal violence in the year before Stepping Stones began. In the nine months after the fourteen-week peer-led programme ended, there had been only one incidence of intimate partner violence. The men reported that now they were glad to understand the use of condoms and that they could use them with their wives.'

*Susan Paxton, Public health consultant,
author of International Community of Women living with HIV Speakers' Guide*

'This manual has been of tremendous benefit and help to stakeholders, middle-level managers and entire health workers in the district. It has increased the knowledge and proficiency of those health workers dedicated to home-based care and counselling of HIV/AIDS patients.'

*Frederick Ofosu, Ministry of Health,
Odumase-Krobo, Ghana*

'The process was emotionally charged — we were talking about very deep issues. This wouldn't have happened without the Stepping Stones methods. There were young women, widows, mothers with sick children, all taking part. People shared some deep experiences they had never told anyone before.'

*Rudo Chikukwa,
Network of Zimbabwean Positive Women*

'The girls really love doing the games and drama. Many of them are already involved in unsafe sex; now they're gaining the confidence to say no, or let's use a condom.'

*Sarah Tweats, VSO teacher,
Solwesi Technical Secondary School,
Zambia*

'I was always scared and ashamed to talk about these things with my husband. He didn't want me to attend these meetings; he used to say that after these meetings, women would rebel against their husbands ... It has been different... I used to live in the darkness...now I am in the light.'

A woman from an indigenous community, Ecuador

'For every worn, rain-splattered copy of Stepping Stones that is in circulation, there are thousands of people that have benefited from it. Communities have been mobilized, lives saved and hope restored.'

*Laura van Vuuren,
Medical Teams International,
Seattle, USA*

'UNAIDS has included this resource package among the "key documents" recommended for use in innovative community mobilization programmes.'

*Noerine Kaleeba,
Community Mobilization Adviser,
UNAIDS*

'Stepping Stones has helped ActionAid India to deepen and strengthen our work in the area of HIV and AIDS. ActionAid India has been using Stepping Stones to break the silence about sexuality and HIV among development workers, NGO staff and communities; to create more acceptance of vulnerable groups such as people living with HIV and AIDS, men who have sex with men, and injecting drug users. The changes started by Stepping Stones have created ripples across the country, and the demand for Stepping Stones is growing.'

Christy Abraham, ActionAid India, Bangalore, India

'Here in Latin America and the Caribbean, these materials are some of the most effective tools we have to link the African experience of the AIDS pandemic with the innovative work of local communities.'

*Mark Connolly, UNICEF,
Panama City, Panama*

Stepping Stones and Stepping Stones Plus

A training package on gender, generation,
HIV, communication, and relationship skills

Alice Welbourn with Florence Kilonzo,
T.J. Mboya and Shoba Mohamed Liban

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ENDNOTE

1. Modified by T.J. Mboya et al for exercises modified from Kidd and Clay (2003) on the following subjects: greater sensitivity of health staff, supporting wider uptake of voluntary counselling and testing, involving neighbours in support of people with HIV and their families, infant feeding, and orphans.

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DEDICATIONS

Stepping Stones was dedicated to Mr Mulumba of Buwenda village, Masaka District, Uganda, who died shortly after the shooting of the film which accompanies this manual.

Stepping Stones Plus was dedicated to the honour and memory of my son, Ben, who died suddenly aged 18 whilst this work was in progress.

*From you I receive
To you I give
Together we share
By this we live*

Stepping Stones and Stepping Stones Plus is dedicated to my own special family, Muna, Ben, Jack and Nigel, who have taught me so much about dying – and living – with all my love and thanks.

Alice Welbourn

PREFACE

The *Stepping Stones* training package has been in use since the first workshop was run in rural Uganda in 1995. It has been used by over 1,000 organisations in over 100 countries and in many different religious and cultural contexts worldwide. Its users find it as useful and relevant as ever in supporting individuals, their peers, and wider community members to prepare for and address the issues that we all face in relation to our sexual and reproductive health and well being, and our relationships.

Over the years, we have seen immense technological advances in the treatment of HIV. It is now possible to live a long, healthy and productive life with HIV, and also to have children born HIV-free, when the right medication is combined with the essential ingredients of care, love, respect, and support.

As the author of *Stepping Stones* I can testify to this. I was diagnosed with HIV in 1992 and I have been on ARV medication since 2000. At the time of writing (November 2015) I have a CD4 count of 970, an undetectable viral load, and I am fit and well.

But medication alone cannot end AIDS.

For those who already have HIV, there is the added possibility that they will experience gender-based violence for the first time, either from intimate partners, other family members, neighbours or work colleagues – or from health care and other institutions.

This is where *Stepping Stones* comes in: it's about timeless issues such as our relationships and the people who create them – amongst peers and across genders and generations. It's only by building long-term, mutually supportive, and respectful relationships that we can overcome the challenges we all face in our lives together. We can keep ourselves and one another safe from fear of violence of any kind (which can often increase vulnerability to HIV) and free of HIV, (other) sexually transmitted infections, and unplanned pregnancies.

How *Stepping Stones* was created – and grew

When I wrote *Stepping Stones* shortly after my own HIV diagnosis, it was a way of trying to make sense of what had happened to me, and so I tried to create a training package for a workshop that might have protected *me* from acquiring HIV. I was supported by many extraordinary people who have helped to shape, produce, and disseminate this programme over the years. Because of the care and support of those around me, I have been able to continue to lead a life fully integrated into my community, and be fully involved in all decision-making about what happens to me. Yet this is very far from the reality for most people with HIV in the world; instead, they are shunned, ostracised, blamed, and excluded from life by their communities, and then die very scared and lonely deaths. Because I was supported so well, I was able to speak out about my experiences, and others have said this has helped them to understand what HIV is – and what it isn't.

Stepping Stones spread around the world largely by word of mouth. There are no big bucks behind it. People say that the best HIV prevention education is for people knowingly to meet someone like themselves who has HIV. However, for those of us with HIV, a supportive environment is critical in order for us to summon the energy to *continue* to speak out and share our experiences and to *keep taking* the daily medication that keeps us healthy. So we hope that this training package will enable us all to understand more clearly how important it is for us *all*

to question and challenge our ignorance about HIV, as well as our negative attitudes towards people with HIV, so that we can all learn from each other how very easily HIV can – and does – affect us all.

Stepping Stones Plus

This new edition of *Stepping Stones and Stepping Stones Plus* incorporates both the original *Stepping Stones* programme manual and the supplement, *Stepping Stones Plus*. We designed and published the supplement in response to new scientific advances in healthcare for women with HIV, so that whole communities would support women to have babies safely, when they want to, and to create a new, HIV-free generation. The original manual was designed in 1993–4, a little before antiretroviral therapy (ARVs) had been invented and a long time before it started to become available in most parts of the world. In those days HIV definitely looked as if it *always* meant AIDS and death. For many people with HIV it is still extremely difficult to get hold of ARVs. But this medication can and does make a huge difference to the lives of many people with HIV. WHO¹ now states that ARVs should be offered to an individual, if s/he wants to start them, as soon as they are diagnosed with HIV. So someone who has HIV now may no longer necessarily become sick with AIDS-related illnesses, and may well be able to live a long, healthy, and happy life.

The new exercises and sessions in *Stepping Stones Plus* were designed to supplement the original training package, to provide additional support to communities in understanding how HIV breeds and flourishes on the ongoing root inequities and injustices in our lives, and our collective reluctance to look at or challenge them. The new sessions were designed especially to support women's rights around perinatal care and breastfeeding, to enable us together to have the courage to stamp out many injustices women face in the context of motherhood – and, in doing so, also halt the spread of HIV. Key issues such as supportive health care, support from partners, families, faith leaders and neighbours, and support for other family members are covered. These are all topics that had been highlighted by previous *Stepping Stones* facilitators and trainers as needing more attention. Also, new research has shown² that it is from the very people who should be supporting them that women, once diagnosed with HIV, experience gender-based violence (GBV), often for the first time.

Meanwhile, men in many countries seem to fear being tested for HIV but often get sick before their wives or other sexual partners, which suggests that they are likely to have acquired HIV first, especially if their wives are younger. In fact various studies³ have backed up this observation. In many countries, men are older than their wives or other sexual partners, are expected by their peers to have had several sexual partners before they marry, and to continue to have other sexual partners after they marry. By contrast, women are generally younger than their husbands or other sexual partners, are expected to be virgins when they first marry, and to be absolutely faithful to their husbands during their marriage. When men get sick, they are nursed and cared for by their wives or daughters. However, they often die prematurely because they haven't had access to the medication that could keep them well. So often men leave their widows and children in a very difficult financial and legal position. Often the man's parents expect the widow to marry the dead man's brother, or to leave the home. But this may not be what she wants to do.

This is why we designed new exercises and sessions for *Stepping Stones Plus* that have now been incorporated in this revised manual to help different sections of the community look more closely at how they feel about people living with HIV, how those of us who have HIV are treated by others, and how the support we receive might be improved.

Ultimately, everyone in the community needs to feel more positive about being tested for HIV, more confident that if they test positive for HIV they will be fully supported by everyone, and more able to keep themselves, and their families, happy, healthy, safe, and alive.

Stepping Stones and Stepping Stones Plus

So, welcome to the 21st anniversary edition! Day by day, the river of life sustains and nurtures each of us in body, mind and spirit. Yet as we cross this great river, we also need to be aware of its strength and power – of its potential dangers and threats – and treat it with respect so that it can best help us to grow and thrive.

These dangers include gender-based violence, especially intimate partner violence, and a virus called HIV, which can bring illness, suffering, and even death and grief, to many.

In this training manual and the accompanying optional DVD, we offer you and your community some ‘stepping stones’ for overcoming these threats, which often lurk together under the surface as you navigate your way across this river of life. We do not offer any simple solutions, because we believe strongly that communities are capable of developing their own solutions to the particular issues we all face.

We therefore suggest that you each use this training package to help you steer your own way across your own river of life.

HAVE A GREAT JOURNEY!
Alice Welbourn

ENDNOTES

1. WHO (2015a)
2. Orza et al (2015)
3. For instance, one study in Uganda concluded that ‘men are the predominant source of new infections in rural villages. Risk factors and preventive behaviors vary with the sex of the infected partner, and seroconversion rates are similar in both sexes.’ (Serwadda et al., 1995). See also Abdool Karim (2014).

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STEPPING STONES COMMUNITY OF PRACTICE

This 1,200-strong database, which is free to join, links individuals and organisations, large and small, around the world who have used or are using *Stepping Stones* in different contexts and cultures. We have a regular newsletter and you all have so much to share! We are especially keen for you to share with us any evaluations you have undertaken of your work with *Stepping Stones* – you can see others' evaluations on our website. We can also keep you up to date with new ideas and advice about how best to adapt *Stepping Stones* to your context whilst keeping true to the original 'foundation stones', to maximize your chances of using it well. **Do please join us – we ask you this so that we can all support one another to share in our learning journey together.**

Website

If you have internet access, you can learn more about the package and how it works on: **www.steppingstonesfeedback.org**

This site also has links to related gender-sensitive participatory approaches to, and articles about, sexual and reproductive health and wellbeing and rights. We also provide information about participatory approaches to monitoring and evaluation, in which community members themselves can be engaged, that complement more formal approaches.

Adaptations

The programme has also been adapted and translated widely across Africa, Asia, Latin America, Eastern Europe, Central Asia and the Pacific, where many similar results from diverse Muslim, Christian, Hindu and other communities have been reported. There may already be a local translation and/or adaptation of *Stepping Stones* **relevant to your needs, and we can help you find** out about these and how to get hold of them.

Vimeo

You can also watch films about *Stepping Stones* on our Vimeo page (<https://vimeo.com/salamandertrust>) or on your smartphone Vimeo app.

Contact us

You can also email us on: **enquiries@steppingstonesfeedback.org**

Alternatively, you can write for the information to:
Stepping Stones International Coordinator
Salamander Trust
Positively UK
345 City Road
London EC1V 1LR, UK

ACRONYMS

ANC	Antenatal care
AIDS	Acquired immune deficiency syndrome
ARV	Antiretroviral
CD4	Cluster of differentiation (a glycoprotein that is used as an indicator to help physicians decide when to offer treatment to people with HIV)
GBV	Gender-Based Violence
HIV	Human immunodeficiency virus
IPPF	International Planned Parenthood Federation
PMTCT	Prevention of mother-to-child transmission
STI	Sexually transmitted infection
WHO	World Health Organization
UNICEF	United Nations Children's Programme
VCT	Voluntary counselling and testing

BEFORE YOU BEGIN ...!

This section presents the following information:

WHAT skills and information are presented in this training manual and DVD package.

FOR WHOM the package was prepared.

WHY the package was prepared.

WITH WHOM to use the package.

WHERE the package could be used.

WHEN the package could be used.

HOW the sessions are structured.

FINAL preparations.



WHAT

What skills and information are to be presented in this manual and DVD?

Some training manuals are like recipe books, which you can dip into to pick and choose different exercises.

Other manuals are like paths across a river, where you should begin at the beginning, and not attempt to jump in mid-way or you risk falling in.

Our manual is of the second kind. It provides you with the details of a training workshop which you could run together with your colleagues in the community where you want to work. The manual describes the sequence of ideas which you can encourage community members to consider and discuss. It suggests appropriate exercises and session timetables for you.

It is important to **follow the sequence of exercises in the sessions as described** and not to jump in and out of exercises in different sessions. Otherwise, the experiences of the earlier exercises will not help participants to cope well with the harder ones that follow. Participants might feel that they have taken on too much and can't cope if they have not been prepared by working through the earlier sessions first.

The accompanying DVD¹ provides illustrative material, filmed in Uganda, showing members of a rural community who have discussed and re-enacted their own problems and developed their own solutions. The DVD is divided into fifteen brief clips, each of which provides viewers with a springboard for discussion, enabling them to address their own concerns in a constructive, participatory manner. It shows us how we can learn to behave responsibly towards others as well as to take care of ourselves. **The DVD does not tell a story and only makes sense if each clip is viewed during the appropriate workshop session.** See more about the film in Annex 3.





If this training manual and DVD are like a path across a river, the people journeying are the participants, each travelling and discovering him or herself. Each session which the manual describes has a theme, which is captured in the session title. The first sessions (Theme 1: Sessions A–D) focus on exercises which develop group cooperation and which help participants to recognise their own perspectives on life and needs. After two sessions on HIV and safer sex (Theme 2: Sessions E–F), the programme moves on to several sessions which help participants to analyse why we behave in the ways we do (Theme 3: Sessions G–J). A variety of factors, such as alcohol, local traditions, the need for money, social expectations, and our own personalities are considered in some depth. The next sessions (Theme 4: Sessions K–N and second open community meeting) help participants to think about and practise ways in which they can change their behaviour in a manner which allows them both to be more assertive and to take more personal, social, and community-wide responsibility for their actions. There are also *optional* sessions (Theme 5: Sessions O–R and further open community meeting). These support participants and the wider community in moving forward, expanding the network of support across the community, engaging with health settings and faith leaders, and thinking about how best to support both women who are, or wish to be, mothers and the next generation.

The whole workshop aims to enable individuals, their peers, and their communities to change their behaviour, individually and together, through the stepping stones which the sessions provide. To help build understanding across peer groups, during Themes 3 and 4, above, there are two meetings which bring all four peer groups together, in order to share and compare what they have learnt so far. The programme is based on the assumption that community-wide change is best achieved through a personal commitment to change from each of its members. This demands some effort from all those involved and, as we explain below, participants are strongly encouraged to make a commitment to attend all the sessions.

Ideally, there should be four of you working together as facilitators: two men and two women. We explain why below.



FOR WHOM

This manual was written for skilled people who work with local groups in small-scale development settings. You may be professional staff or volunteers. You may be social workers, community leaders, health workers, counsellors, HIV educators, members of support groups of people with HIV, religious leaders or other similar people.

The programme is for use only where there is an ongoing HIV prevention and support programme, or a community health or education programme that includes HIV. **This training package is not for use unless you already have, or plan to have, ongoing HIV work in the community.** The skilled people (you?!) need to have the time to run the workshop in the community over about three or four months. You also need to make a commitment to run follow-up sessions over the course of the following six months or year.



We have designed the manual and its accompanying optional DVD specifically for users in sub-Saharan Africa. The illustrations reflect this part of the world. However, the training programme and exercises described are relevant to many communities elsewhere too.

In order to make best use of this manual, we expect you **ideally** to have the knowledge, qualities, skills, and experience that the quiz below asks about. The quiz below is tough, but maybe it could help you to identify areas where you need training to do your work better. Alternatively, perhaps you could plan to team up with other facilitators who have skills in the areas where you don't. Together you could make a great team! Now have a go at the quiz, ticking the YES or NO boxes according to your particular skills, and see how you score.



A QUIZ FOR YOU

	YES	NO	
a	<input type="checkbox"/>	<input type="checkbox"/>	Experience with participatory adult learning techniques.
b	<input type="checkbox"/>	<input type="checkbox"/>	Fluency in your community's first language (including the first language of the women in this community).
c	<input type="checkbox"/>	<input type="checkbox"/>	Training in participatory needs assessment.
d	<input type="checkbox"/>	<input type="checkbox"/>	Training in participatory evaluation techniques.
e	<input type="checkbox"/>	<input type="checkbox"/>	A sound knowledge and understanding of gender issues.
f	<input type="checkbox"/>	<input type="checkbox"/>	The trust and respect of a wide variety of people in the community in which you intend to work (old, young, male, female, rich, poor).
g	<input type="checkbox"/>	<input type="checkbox"/>	A basic training in sexuality, including knowledge of your own feelings about sexuality and awareness of your own practices.
h	<input type="checkbox"/>	<input type="checkbox"/>	An ability to discuss sexual matters in public, with a frank, unembarrassed, but sensitive approach.
i	<input type="checkbox"/>	<input type="checkbox"/>	An ability to relate well to people in an understanding, non-judgemental manner.
j	<input type="checkbox"/>	<input type="checkbox"/>	Sound knowledge of basic facts about HIV transmission and prevalence in the community in which you intend to work.
k	<input type="checkbox"/>	<input type="checkbox"/>	An ability to use humour appropriately.
l	<input type="checkbox"/>	<input type="checkbox"/>	An ability and willingness to be openly self-critical, to be able to say 'I don't know' and 'I'm sorry', and to acknowledge and learn from your mistakes.
m	<input type="checkbox"/>	<input type="checkbox"/>	An understanding of and full respect for confidentiality.
n	<input type="checkbox"/>	<input type="checkbox"/>	A colleague of another gender, who also fulfils all of the above criteria, with whom you can run the training programme jointly (ideally, there should be four of you: two of each sex).
o	<input type="checkbox"/>	<input type="checkbox"/>	A fluent understanding of the language in which this manual is written.
p	<input type="checkbox"/>	<input type="checkbox"/>	Experience in operating a laptop and DVD player and projector.
q	<input type="checkbox"/>	<input type="checkbox"/>	Time in your work-plan to prepare for and run the workshop sessions over about three or four months.
r	<input type="checkbox"/>	<input type="checkbox"/>	Time in your work-plan to hold follow-up sessions over a further six to twelve months.

How did you get on?

If you have ticked 15 or more of the YES boxes: you are ready to continue study of this training manual and DVD. We suggest that you form a training team with other facilitators who have the skills and experience that you do not have, so that you can share your knowledge with one another. Please see below.



If you have ticked 4 or more of the NO boxes: please have a chat with your supervisor. Perhaps additional training could be arranged for you – or perhaps it would be better for someone else in your organisation to use this manual for training purposes. If you have no supervisor, perhaps you could seek the advice of an organisation which may be able to provide you with appropriate training. It would really help you enormously if you had training or assistance in these areas before you attempt to run this programme. The list of further resources at the back of this manual may also help you. If you don't know anyone who could train you, contact us at **enquiries@steppingstonesfeedback.org**



THANK YOU.

If...

If you think this manual is suitable for your use (see above), we strongly recommend the following:

- Work through the whole manual and DVD with a group of colleagues, as if you were participants. You will need ideally two weeks for this.
- Then hold a workshop with the friends or colleagues with whom you plan to use the package for training others. If you know of no one locally, try to meet with others through the help of an interested organisation. We recommend that you run a training of facilitators workshop: practising the whole package on yourselves and completing all the exercises together before facilitating the programme with participants in a community. You will need at least two full weeks for this. Three weeks would be better.

By doing these things you will be able to:

- Become familiar with the material in the package.
- Anticipate and explore areas that are likely to be of particular interest or difficulty in your own communities.
- Gain confidence in handling the subject matter with large and small groups.
- Increase your own understanding of the factors which influence people's ability to cope with HIV.
- Increase your empathy and solidarity with different community groups by understanding that these issues face all of us together – not just them.
- Develop an ongoing support group structure with other facilitators in your area.

Finally ...

This training package is designed to challenge the attitudes and behaviour of people (including us) to themselves and others. You are likely to find this rather frightening. You may also feel rather nervous about things going wrong, or not going according to plan.

Don't worry – there are many other people out there who will feel like you! We warmly encourage you to share your fears and successes with other facilitators in your area, so that you can learn

from one another's experiences, suggest alternative options to one another, and so on. We do believe that your efforts to help people better identify their needs and express them to one another more openly will help all of us in our work to address HIV. So please take courage in your skills and ...

NOTE ABOUT FACILITATORS: As people living with HIV have become more supported and respected by their communities, they have felt more able to share their experiences with others and have become powerful peer educators. Can your organisation train and employ people with HIV to be *Stepping Stones* facilitators? If so, they will add a lot to the power of this process in the communities where you work!

GOOD LUCK!





WHY

This training manual and the accompanying DVD have been produced in response to a growing need for material to address our communication problems about sexual attitudes and behaviour. We all find it hard to communicate at times, even with our closest friends. Rich people don't understand the needs of the poor; the old often complain about the ways of the young; men and women often argue. Communication presents a challenge to all of us.

We communicate in a huge variety of different ways. Speaking is just one. We communicate to others about ourselves in the way we look at them, in the way we behave, in the way we move our bodies, in the clothes we wear, in the activities we pursue, through the people we mix with, in what we eat and drink, in what we don't say and don't do... so really communication is about the whole of human interaction. And often the message that we think we are communicating is different from the message that someone else has received. We can all think of an example from our own life in the past week where our message has gone wrong. Can you?



We find it especially hard to communicate about sex and about death – our expectations, our needs, our hopes, our fears. In almost all societies around the world, sex and death are taboo subjects. People may question our morality if we know or use certain words or perform certain actions related to sex. If we are women, we may fear lack of financial support or mental or physical violence if we talk about sex. We may be thrown out of our homes. If we are men, we may fear teasing and worse from our peers if we are not seen to have a healthy interest in sex, for instance by talking about it frequently or demonstrating our manhood. It's tough! Death too is a subject which prompts great emotion.

Sex is traditionally connected with new life, with birth, with fertility, with blessings and joy. At times, it can also be something threatening or even dangerous. But the main emphasis of sex has always been life-giving.

Yet we know that nowadays, in many parts of the world, there is HIV. And HIV, if untreated, leads to AIDS, so both have close connections with sex and death. Suddenly, in these places, sex is no longer associated with joy and fertility but it is instead connected to death and misery. No wonder many people are scared of AIDS.

The HIV messages we hear all around us are simplified either into an ABC of rules:

	A bstain!
or	B e faithful!
or use	C ondoms!
(or practise	N on-penetrative sex.)

Increasingly, people are encouraged to take pre-exposure prophylaxis (PrEP) or, if they have HIV already, anti-retroviral medication (ARVs), to protect others who might acquire HIV from them.

These rules may sound easy and clear. But they often fail to address our own problems of communication, or our expectations of what Real Sex is. Also medication doesn't protect against unplanned pregnancy or sexually transmitted infections (STIs).



'What does my faithfulness matter if my husband has other sexual partners? Surely his sexual activities put us both at risk? He would throw me out if I suggested we abstain or that he stops seeing other women. And how can I suggest we use condoms when we both want children? What can I do?'



'How can I suddenly suggest to my wife that we start using condoms? I want to be faithful now, but there are times in the past ten years when I haven't been. And I want to protect her from the risk of my past activities. What can I do?'

The whole programme is designed to explore ways in which we can all begin to find a safe way across the river of life. Each session is like one stepping stone, helping us on the way. Instead of being told WHAT to do by outsiders, this programme shows HOW you and your community members can begin to discuss and decide for yourselves what we can all do in our own social contexts, to improve our skills in communication. Through better communication, community members may be helped to achieve something that they want for themselves, their families and their communities: namely, improved care and support for those who are sick and better HIV prevention practices for everyone.



WITH WHOM

Peer Groups

This training manual and the accompanying DVD are designed for use with people in small groups, not for open meetings. This is because it has been shown repeatedly that people share and learn best from talking first with those who are most similar to themselves. If I am an old man, I am most likely to talk openly with other old men. They are my 'peer group'. Similarly if I am a young woman, my peer group will be other young women.

So we recommend strongly that you use this programme with small peer groups only, and not in open meetings. In this way, the discussions will have maximum value for the participants.

There will be times during the sessions when workshop meetings of larger, mixed groups are recommended. But these times will be indicated in the text. For the most part, the sessions are designed for peer groups only.

Selection

So how should these peer groups be selected in the community where you work?

Each community will be different and the relative importance of different divisions in that community will depend upon the issue to be discussed. However, we feel the most important divisions influencing open discussions about sex and sexuality are **gender** and **age**, and/or **marital status**.

We recommend therefore that a minimum of *four* peer groups be encouraged to form amongst your community.

Each community should really decide for themselves how they would like to split up for the sessions.

However, before you go and ask them, please bear the following points in mind.

Particular lines of division which you may find are relevant to people's opinions in a community include:

- gender (male/female)
- age (older/younger adult)
- marital status (married/unmarried/widowed/divorced/separated)
- parental status (parent/non-parent/step-parent)
- religion (e.g. Christian, Muslim, etc.)
- level of formal schooling (e.g. primary leaver, non-literate, secondary leaver)
- socio-economic wellbeing (e.g. well-off, destitute etc.)
- pastoral, agricultural, or urban background
- ethnic group

If your community would also like this workshop to be conducted with older children, be sure to encourage the inclusion of out-of-school children as well as schoolchildren. Some may be old enough to join in with the younger men's and younger women's groups. Alternatively, they may prefer to form their own peer groups. See also our new sister manual, *Stepping Stones with Children*.

For example, in the village of Buwenda in Uganda, where the DVD was filmed, the people chose to self-select themselves as follows:

- **older men**
- **older women**
- **younger men**
- **younger women** (including younger single mothers)

There were some married women in the younger women's group as well as in the older women's group. Their main reasons for choosing which group to join seemed to be age and where they felt most at ease. However, in other communities, women may be much more rigid about dividing themselves on the basis of marital status and whether they have yet given birth or not. How is it in the community where you want to use this training package?

Why are peer groups so important?

Why is dividing up into peer groups so important for this work? Good communication is about good listening and about respecting the views of others. If we want to do this effectively, we need to give everyone the privacy, time, space, and confidence to voice their own views and beliefs in a secure atmosphere.

If you were to run the workshop as an open meeting, the views of young women or young men would rarely be voiced. And if they dared to overcome their shyness and speak



up, their views might be contradicted or laughed at by the older men or women who were present. Then they would have lost the confidence to voice their thoughts in public another time.



Think of your own experiences of public meetings. Which people talk most? Which people say nothing? Which people never come to the meetings in the first place? Which people make the decisions for the whole community? Are the decisions made really representative of **everyone's** views and needs?



On the other hand, older men also need their own space to talk and learn. Few older men would be happy to examine and ask about a condom, for instance, in front of women or younger men. Their privacy needs to be respected too.



Finally, saying anything in public can be hard enough for a young woman. But talking about her sexuality in a mixed group would usually be impossible. Trust and confidentiality are issues which are extremely important when talking about such private matters. They are much more manageable in a peer group of people of similar gender and age or marital status than they are in a large group.

These are the reasons why we put so much emphasis on working with small peer groups in this programme. Please do try to follow this important recommendation.²

People: numbers

Aim for a maximum of twenty and minimum of ten people in each peer group at any one time. This is large enough to allow you to work with quite a few people at one time; and small enough to encourage everyone's individual involvement in the peer groups. (See more about these peer groups above.)

Implications for you the facilitator

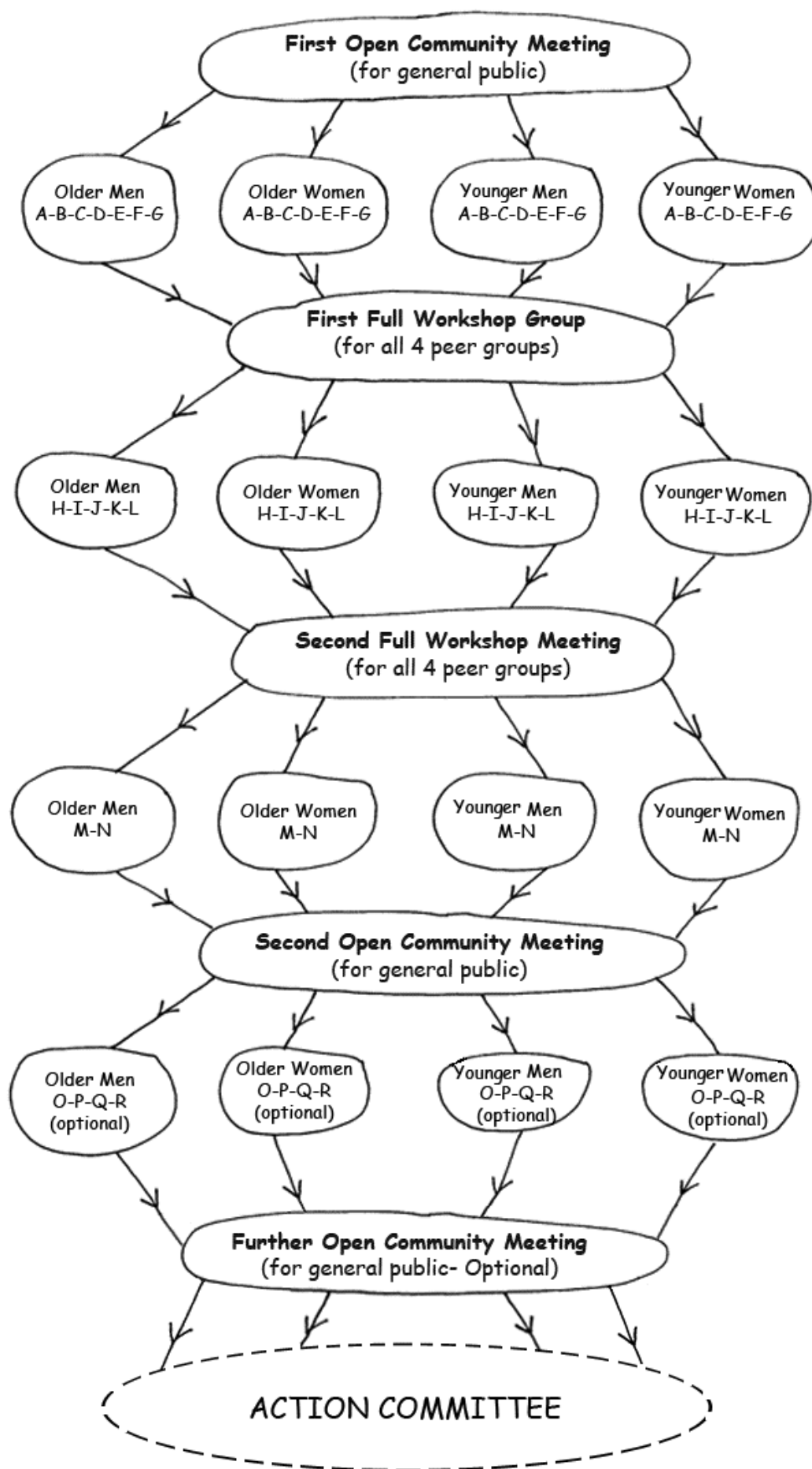
This emphasis on peer groups means that it would be best for you the facilitator to work in a team of four: two women and two men. In this way, each of the four peer groups can have their own facilitator, who can guide them through the sessions and in whom they can develop confidence. If it is only possible to have teams of two, it would be best if one of you is male and the other female. Then each of you can run two separate peer group sessions in the community: i.e., the male facilitator can run the sessions with the older men's group and with the young men's group. The female facilitator can work with the young women's group and with the older women's group. Remember that if children want a separate peer group or groups, you may need even more facilitators!

In Buwenda, there were four facilitators: two middle-aged women ran a woman's group each; one young man ran the young men's group; and one older man ran the older men's group. In this way each group felt at home with a facilitator who was most like themselves.



We do recognise that some of you may wish to run a workshop where there are only male members or female members, such as in the army, or with a scout group, with female sex workers, or with the YWCA or YMCA. In these cases, you will not need to divide up along gender lines but you may still have different age groups among your membership, who would best be separated for this workshop. We have written the programme on the assumption that most facilitators would use it in the context of a small community where all different age and gender groups are represented. We believe this formulation has the best chance of lasting success, since it best mirrors the realities of our lives. We have also focused on HIV transmission in heterosexual relationships, because this is widely recognised as the main means of transmission in Africa. We have not addressed in any detail relationships between men or women who have sex with others of their own sex. We have also not addressed issues specifically concerning injecting drug users or sex workers. However, the manual has been successfully adapted for use in different contexts, including these, and we hope that you will also feel able to adapt the text as you go along, in accordance with the visions and needs of your particular participants. Please contact us about adaptations and observe the permissions statement at the start of the manual.

Here is a flow chart which shows you how we recommend that the workshop sessions are structured in a community with four different peer groups.





WHERE

Ideal context for the workshop

For many people in Africa, HIV and AIDS are among many problems that they have to face every day. Poverty and the social, economic, and political disadvantages linked to it are constant burdens. Other health problems, such as malaria, TB, diarrhoeal disease, accidents and injuries, and so on also need to be addressed. There are also many other problems to do with sexual health, such as fertility control, infertility, STIs, sexual abuse, and female circumcision, which are rarely adequately addressed.

Many argue that the high prevalence of HIV and the severity of its impact in Africa is closely linked to the lack of health and social service facilities, lack of formal education (especially for women), lack of equality between people in sexual relationships, and sheer general poverty. And, of course, the lack of these things has a great effect on many other aspects of the quality of people's lives, not just on their vulnerability to HIV.

We believe strongly that the issues of communication which are addressed in this training package can influence people in all aspects of their lives, not just in relation to HIV. Therefore we consider that the most effective context for this training workshop would be where other aspects of development work are also in progress. These could be income-generation activities, malaria control, the supply of safe drinking water, adult education programmes, effective immunisation, safe motherhood and child spacing – to name but a few. If activities such as these are already underway in the area (perhaps through good local government services or the work of another development agency), people's basic practical needs are to some extent being addressed. They will therefore be more likely to have some interest in the contents of this workshop. In areas where basic needs are not being addressed, communities will be less ready to address the issues which will challenge them here.



Nonetheless, it is clear that many wishing to use this training package will not be working in the context of a broad development approach. We think that sexual health and HIV will still be of enough concern to people for them to be ready to become involved in this workshop. It may well be, as in Buwenda, that this programme could act as a springboard and prompt community groups' interests in other development work.

Finally, those development agencies who are already involved in income-generation and other development activities may find this manual an effective way of introducing the discussion of HIV into their work. **We recommend strongly that income-generation activities be introduced after the core sessions (A-N)** (i.e. after the second community meeting, once participants feel excited about developing future projects together). We have seen the success of this approach in Buwenda, Uganda, the original workshop location.³ This was also found in South Africa by the creators of *Stepping Stones Creating Futures*,⁴ a vocational training supplement to the original manual, designed for younger participants.

Community ownership

If community members feel involved in considering and deciding where the workshop should be held, they are more likely to be ready to join in with the project. Therefore we recommend that you discuss locations with some community members first. Make sure that those you consult really represent all the different peer groups with whom you plan to work! Seek their opinions on the best locations. Below are some hints to guide the choice.

Mobile venues: location

Where the package could be used depends on whether or not you have a laptop with DVD player and a projector that have enough battery power, and either a mobile screen or a clear wall space you can use. If you have these, it is a good idea to take equipment to the community, and to conduct the whole workshop within that community's living area, or workplace, or recreation area – whichever seems the most appropriate location.

Mobile venues: privacy

It is a good idea to find quite a **private** place to conduct the workshop since adults are not likely to want to have children around them during the workshop sessions. You may need to think about organising full-time child care for each session, in order to keep children away from discussion areas. Adults often feel inhibited in their discussions if children are around. (Of course, most children in the world know a lot more about sex than we care to admit – and yet they need to know even more to care for themselves!)

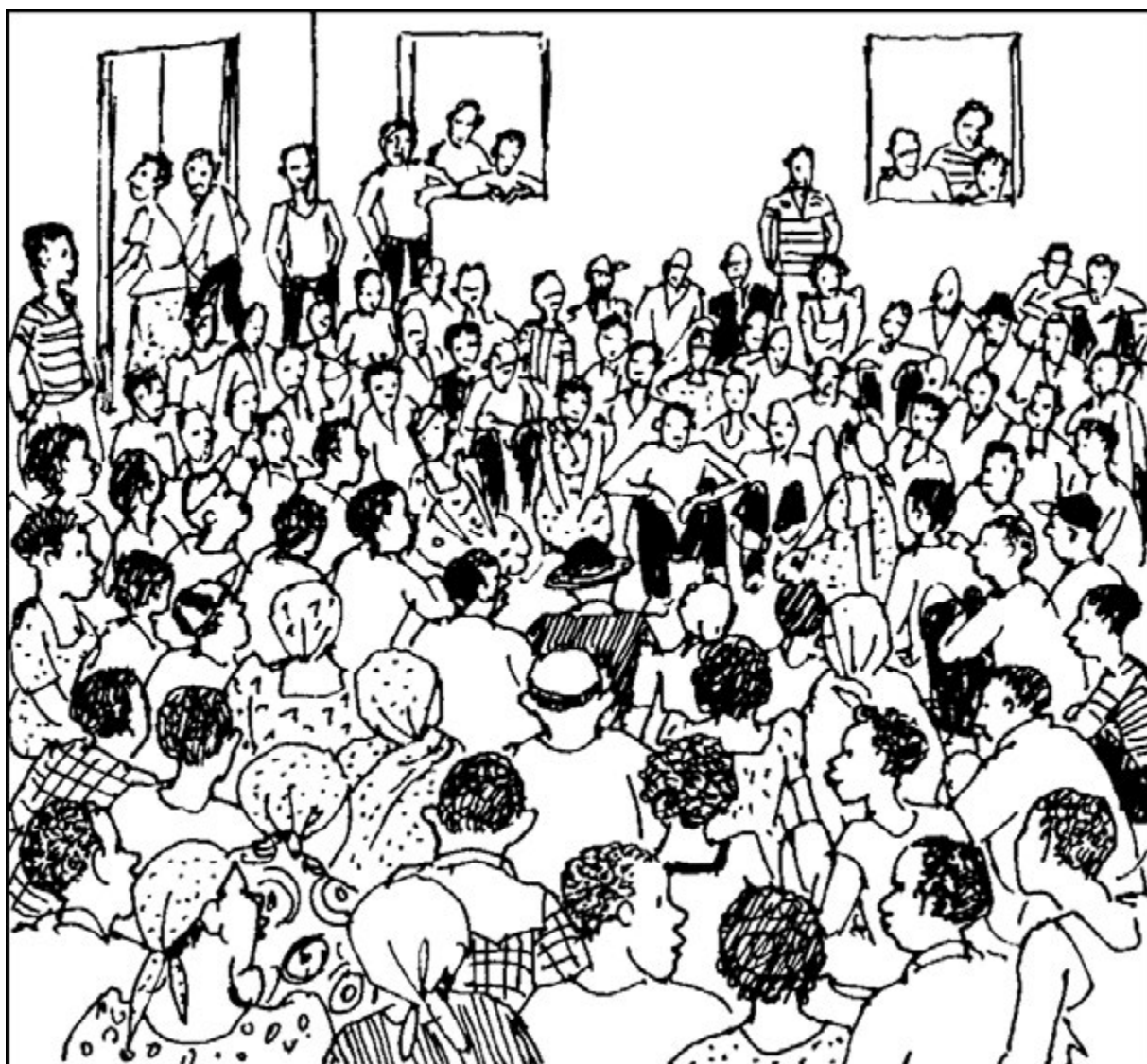


Mobile venues: size

You also need to choose a location where everyone can get to know one another reasonably well and where people feel comfortable. This involves a certain amount of thought about the **size** of your location. For instance, having a meeting of ten people in a huge echoing hall is very difficult. Equally, two hundred people squashed into a class-room designed for thirty is hopeless. (For numbers of people involved, see earlier in this section.)

Fixed venues:

If you do not have mobile DVD equipment and need to bring community members to a fixed venue, again consider location, size, and privacy, as well as transport costs and other difficulties. Try to stick to a maximum of twenty people and minimum of ten in each peer group and, again, try to make sure all the peer group have similar gender and age. (See more about these peer groups earlier in this section.)



YOUR NOTES ...



WHEN

Time of Year

The timing of the workshop should bear the agricultural seasons in mind. Many development projects or workshops fail because we just think about the agency's own planning year and not the local community's. If a workshop clashes with planting time, weeding, or harvesting, attendance is likely to be very low.



Often the best time for workshops is after harvest, when people might be able to relax a bit – both mentally and physically. But remember – women's work in the household doesn't stop just because the harvest is in! You still need to discuss their availability closely with them, even at this time.

Other events

If you plan to run your workshop sessions in a more urban area, the agricultural cycle may be less relevant. But, of course, there are still busy times like Christmas, Easter, Ramadan, or Eid, or there may be other attractions like football matches, market days, elections, Independence Day, or weddings. It sounds obvious that these dates should be avoided. But it is worth planning in advance to check when they are, so that you can schedule your workshop sessions accordingly. There are also always unexpected happenings, like funerals or transport breakdown, which can interrupt your schedule. So it is always a good idea to allow extra time for such possibilities, so that you don't find that you have run out of time.

Time of day

The time of day you meet at can be just as important as where you meet. Different people in a community have different things to do at different times of the **day or night**. For instance, if you arrange a session in the middle of the morning, this may be fine for older men, but may be hopeless for younger men who are away working, or for women who may be fetching water or weeding and so on. The best idea is to ask different peer groups in the community what would be the best times for them to meet with you. You can then arrange session times to fit in with each peer group.

Workshop duration

We suggest that you run the workshop over the course of about three or four months, on a twice-weekly basis. (For a suggested timetable plan, see **opposite**.) We recommend that you do it over this length of time, rather than as an intensive course, so that people can make use of what they learn in their day-to-day lives between each session. This approach has often been seen to be more effective than a short, intensive course.



Please remember this is only a **suggested** timetable, based on the minimum time of **nine weeks** for the first four themes, with two sessions a week. We expect you may need at least three extra weeks during this time for different peer groups to catch up with one another, or for participants to attend to other commitments. This sort of timetable may be fine for an agricultural community in the post-harvest season, but it may be hopeless for an urban community, or where people have regular hours for paid jobs. **So do plan and write up a timetable with your community, before you begin the workshop!** Remember to include breaks, catch-up time, public holidays, and so on. Remember also that you need at least another four to six weeks for the additional optional sessions (Theme 5); and then at least another six months for follow-up work after the workshop.

A SUGGESTED TIMETABLE

THEME	SESSION	DVD	Wk No.
Introduction	CM1: First Open Community Meeting	1. Stepping Stones	1
1. Group Cooperation	A: Let's Communicate	2. What is Love?	1
	B: Our Perceptions		1
	C: What is Love?		2
	D: Our Prejudices		2
2. HIV and Safer Sex	E: HIV	3. The Condom	3
	F: Condoms		3
3. Why We Behave in the Ways we do	G: Our Options	4. Hopes and Fears: The Young Women	4
	W1: First Full Workshop Meeting		4
	H: Let's Look Deeper: Part 1	5. Hopes and Fears: The Young Men	5
	I: Let's Look Deeper: Part 2	6. Alcohol	5
	J: Let's Support Ourselves	7. Traditions	6
		8. Money	
		9. Saying 'Yes'?	
4. Ways in Which we can Change	K: Let's Assert Ourselves	10. Saying 'No'?	6
	L: Let's Change Ourselves	11. Coming Home	7
	W2: Second Full Workshop Meeting	12. 'I' Statements	7
	M: Let's Work Together	13. Trust	8
	N: Let's Prepare for the Future	14. The Long Journey	8
	CM2: Second Open Community Meeting	15. The Community Challenge	9
OPTIONAL FURTHER SESSIONS: (you may want a small break before starting these)			
5. Moving Forward Together	O: What Happened Next?		10
	P: Nurturing Common Ground: Promoting Care and Support amongst Partners, Families and the Wider Community		11
			12
	Q: Supporting Mothers and their Children: Our Community's Future in their Hands		13
	R: Accepting HIV within the Family: Supporting Family Members Living with HIV		14
	CM3: Further Open Community Meeting		

Duration of each session

We suggest that you take between three and four hours for each session, depending on the availability of participants and the level of their interest in the discussions.

In Buwenda, the women's groups discovered that they had so much to talk about that they stayed on, continuing their discussions long after their facilitators had gone home. The sessions opened the floodgates on their thoughts and experiences. Sometimes they would spread the exercises from one session over two meetings, to give themselves more time to talk.

On the other hand, the men's groups tended to complete each session in one meeting. Men, on the whole, find it much harder to talk openly with one another about their experiences, so they tended to prefer to press on to the next exercise, rather than to explore a difficult issue in more depth.



We have deliberately not put individual time recommendations on each exercise. This is because you may find that participants are keen to explore an issue at length. If they do, then it is a pity to break up such a discussion just because this manual says your time's up!

On the whole, therefore, we suggest that in each session you spend around:

- 30 minutes on the introduction
- 10 minutes on each of the quick warm-up and wind-down exercises
- 20–40 minutes on the longer exercises
- 20–40 minutes on the DVD clips and their discussions.

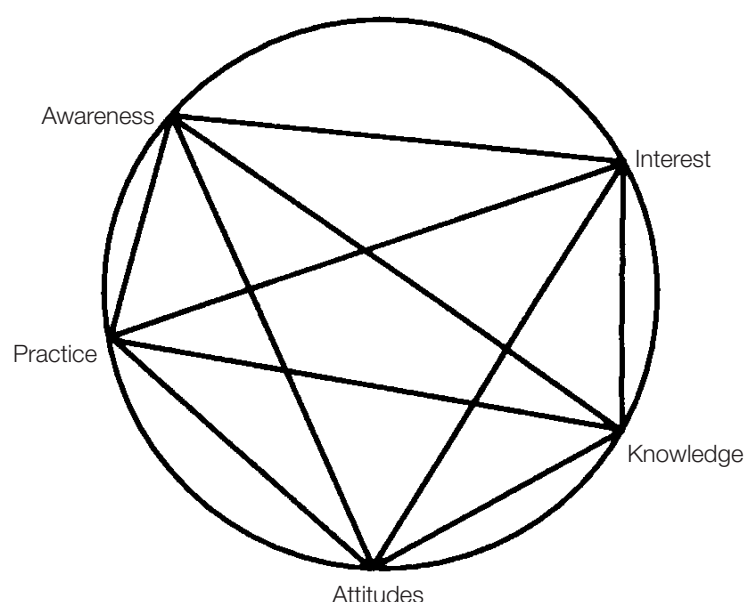
There are a few major exercises, which may need as much as two hours. These are marked as long exercises in the text.

If you use these recommended times, then most sessions should take 3–4 hours.

We also suggest that, if any of the peer groups feel they need more time, they should have the flexibility to spend more than one meeting on each session. However, it is important that you allow all the peer groups to catch up with one another before each of the first or second full workshop meetings and the second and further open community meetings. **Please discourage the peer groups from thinking of the completion of the sessions as a race!** The more often the men can be encouraged to spend a longer time in discussion the better – for themselves and for everyone else too. (If you do need to split a session into two meetings, see Annex 5, which gives advice on how best to structure any extra session you run.)

Pace

There are several different factors which can affect the speed at which your participants will be able to move through the workshop sessions together. These will include:



All of these factors – and others – influence one another closely and govern the level of understanding of each peer group. Each peer group will be at a different stage of understanding. (There will also be variations in the understanding of individuals within each peer group.) Do not worry about this: it is inevitable.

We might find, for instance, that older women may want to practise safer sex⁵ and already have a good understanding of the issues. But they may be entirely powerless to put what they know into practice, because of their husband's limited understanding of sexual health.

Alternatively, we may find that a young man wants to practise safer sex with his wife because he is unsure of his HIV status. But she may have little understanding of the risks of HIV and may wish to have children, and so be recognised as a woman, as quickly as possible.

Each peer group will therefore have its own starting point and perspective. The important thing is that each peer group is given the time and space to work through the sessions and develop their understanding of all the issues at their own pace. Some peer groups may want to repeat certain exercises or take longer over some of the discussions than the other peer groups. **This is fine – just let it happen.**

Once each peer group has been able to work through all the sessions for itself, **at its own unhurried pace**, there will be a much greater chance of members of different peer groups reaching agreement by the end of the workshop, on the basis of a common understanding of all the issues.