

## Safe Crossing

### The Stepping Stones approach to involving men in the prevention of violence and HIV transmission

**This briefing from ActionAid's HIV/AIDS team sets out an innovative approach to involving men effectively in HIV prevention, including tackling the domestic and sexual violence which all too frequently exposes both women and men to the risk of HIV infection.**

#### Introduction

ActionAid recognises HIV/AIDS as a global development emergency, one that not only thrives in an environment of poverty, but also deepens existing poverty and inequality. HIV/AIDS has reversed hard-earned development gains, and introduced into society new fault lines for discrimination and violation of individual and community rights.

At the same time, violence against women and girls is a leading cause of death globally, accounting for more deaths among females aged 15-44 than traffic accidents, malaria, cancer or war (World Bank Discussion Paper 255). HIV and gender violence are of course often linked. Rape and other forms of sexual violence, traumatic enough in themselves, also carry obvious risks for the transmission of infection. Even the threat of violence inhibits the ability to talk openly about sexual issues such as condom use.

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#### Why is it so important to involve men?

- Men are primarily the leaders, opinion formers and decision-makers in their households and communities; they are the gatekeepers in controlling and channelling resources. Interventions involving men will thus have an impact not only on the men themselves, but much more widely as well.
- The behaviour of men is likely to be influenced by peers – and yet the majority of front-line workers in sexual and reproductive health, HIV/AIDS and domestic violence are women who have little or no influence on the collective behavioural norms of men at community or societal levels. Peer education programmes have demonstrated the success of influencing behaviour of men at the individual level, but there is still a general lack of strategic programming for influencing male behaviour at the collective level.
- Programmes that involve only one partner in a couple will be ineffective. If we neglect men whilst equipping women with information about sexual health, we may put the latter at risk of even more suspicion and violence. Men who are educated about sexual and reproductive health issues are more likely to support their partners' wishes, support that may be essential if women are to practise safer sex or avoid unwanted pregnancy.
- Men need to recognise their own risk, and their responsibility to protect themselves and others from infection. They are largely 'statistically

*"The time is ripe to start seeing men not as some kind of problem, but as part of the solution."*

Peter Piot,  
Executive Director, UNAIDS

*“The initiatives to improved man-woman relations must come from the men. I am a man, and must remain so till my death. But ActionAid’s workshop has made me begin to know how I can be a better man, I hope, than I was.”*  
Uchhal Kumar Bhadra, State AIDS Trainer, Calcutta, India

*“Men’s violence restricts women’s and children’s development by curtailing their freedoms and restricting their rights.”*  
UNDP report on Men, Masculinities and Development

*“The secrecy surrounding any issues related to human sexuality, especially female sexuality, has been at the heart of much of the abuse and violence against women.”*  
Aruna Gnanadason, World Council of Churches

invisible’ because HIV prevalence projections are often based on testing of women at antenatal clinics. This enables men to deny their own vulnerability and also leads to more blaming of women as ‘carriers’. Such stigma often leads to violence.

- Men – especially in high HIV prevalence countries – need new skills to cope in a world where HIV is a constant threat to their lives and yet traditional practices, values, and expectations of machismo have hardly changed. They need skills for positive living and long term survival with HIV/AIDS, coping skills to adjust to new male roles of caring and nurturing, and skills to negotiate collective change of cultural practices that condone violence and increase infection risk.

### **What are the links between violence and HIV?**

Violence against girls and women increases their vulnerability to HIV infection, indirectly as well as directly. Indirectly, an atmosphere of violence compromises a woman’s ability to negotiate safer sex such as condom use. In South Africa, for example, (Jewkes et al., unpublished data from survey, 1999) in relationships involving physical abuse there is significantly less likely to be communication about HIV prevention. Even abuse that occurred years in the past has an ongoing legacy: those who have experienced sexual violence and abuse as children are much less likely to believe they have the right to negotiate safer practices as adults. War and other violent trauma also create altered perceptions of what is acceptable and “normal” behaviour.

Directly, sexual violence clearly poses the risk of HIV infection. Any unprotected sex carries risk, but when it involves physical trauma resulting in torn tissue, the virus is able to enter the body much more easily. There is also evidence, e.g. from a large-scale study in the Indian state of Uttar Pradesh (reported by UNAIDS), that men who use force to get sex at home are far more likely than other men to engage in extramarital sex and contract sexually transmitted infections. The widespread belief in southern Africa that sex with a virgin “cures” HIV and AIDS has greatly increased the vulnerability of young girls to rape and infection. So too has the trafficking of girl children for the sex trade in Asia.

HIV risk is all the greater when rape is used as a weapon of war. In most countries, even in peacetime, rates of sexually transmitted infections amongst the military are two to five times higher than in comparable civilian populations. During conflict and war the figures increase dramatically. Thus when the rapist is a soldier he is much more likely to be infected already.

### **What are the biggest challenges we face in preventing both gender violence and HIV transmission?**

- ***Tackling silence, denial, and stigma***  
Shame and fear lead to unwillingness to address the issues openly.
- ***Challenging the acceptability of gender inequality in sexual relationships and decision-making***  
Too often, “culture” is used as an excuse to hide behind, justifying a whole range of practices and structures which violate women’s human rights. Traditional social and cultural expectations harm men as well, by denying them the opportunity to develop skills of nurturing, caring, communication and non-violent conflict resolution.

*“It’s difficult when women have no rights, are taught they are inferior to men and are of little importance, while even little boys are told they have the right to dominate women.”*

Martine Somda, HIV+, Burkina Faso (Positive Woman’s Survival Kit, ICW, 1999)

In her plenary address to the World AIDS Conference in Durban (July 2000), Dr Geeta Rao Gupta of the International Center for Research on Women commended Stepping Stones as an excellent example of an approach to HIV prevention that works by transforming gender roles; it *“targets men, particularly young men, and works with them and women to redefine gender norms and encourage healthy sexuality.”*

- ***Moving from awareness to behaviour change***

Many interventions and campaigns are built on the false assumption that information leads automatically to behaviour change. There is insufficient support to enable individuals and communities to bridge the gap between knowledge and practice.

### **What is the Stepping Stones approach?**

It was to meet these challenges that Stepping Stones was born. First developed in Uganda in 1995, it has since spread to over 2,000 organisations in 104 countries. It is based on the following principles:

- The best solutions are those developed by people themselves.
- Men and women each need private time and space with their peers to explore their own needs and concerns about relationships and sexual health.
- Behaviour change is much more likely to be effective and sustained if the whole community is involved.

The Stepping Stones training manual (A Welbourn, 1995) sets out a series of participatory activities for use in parallel men’s and women’s workshops, as described below. UNAIDS has endorsed the approach as an example of “best practice” in addressing the gender aspects of HIV.

### **How does the Stepping Stones process work?**

Rather than concentrating on individuals or segregated ‘risk groups’, Stepping Stones works in groups of peers of the same gender and similar age (younger women, younger men, older women and older men) drawn from the whole community. The groups work separately much of the time so they have a safe, supportive space for talking about intimate issues; then periodically meet together to share insights. Throughout, they use participatory methods such as songs, games and role plays which are enjoyable and empowering. The process builds on people’s own experiences, needs and priorities. It enables the exploration and negotiation which are essential for sustained behaviour change by individuals and communities.

In northern Myanmar (Burma), communities using Stepping Stones compare it to making a cup of tea. They say that other approaches are like eating dry tea leaves or drinking plain hot water, or mixing them but drinking the mixture before it is ready.

The tea leaves alone represent information without discussion – bitter and unsatisfying.

The hot water alone represents discussion without information – heated but without substance or flavour.

Leaves and hot water with no time to mix represent information and discussion without reflection – no time to digest or put into practice what you have learnt.

Leaves, hot water and time to brew represent the reflection and negotiation that lead to real change – this is the blend of Stepping Stones.

In order to provide the necessary time and skills to create this ideal ‘brew’, the Stepping Stones process goes through a progression of themes. First, time is devoted to developing skills of **co-operation and communication**. This helps each peer group to bond together and creates a safe, friendly atmosphere in which to explore sensitive issues. The facilitator or trainer of each group is the same gender and age as the members, so that everyone can feel comfortable together as peers.

Next, participants explore facts and feelings about **relationships, HIV and safer sex** (including but by no means limited to condoms). The men’s and women’s groups each have a chance to assess their own priorities in sexual

health and family life, in the context of greater understanding of their potential vulnerability to HIV. Domestic violence – often linked to alcohol abuse – is an issue frequently highlighted by men’s and women’s groups alike.

The third set of activities enables participants to understand **what influences us to behave the way we do** – including, crucially, society’s expectations of us as men and women (gender roles), which are often closely tied up with cultural traditions. Involving men in this sort of reflection is key to transforming gender relations and harmful practices. But it is not a directive ‘thou shalt not’ approach. Participants – male and female – evaluate for themselves the advantages and disadvantages of the factors influencing them. Community members are encouraged to question: What are the benefits of this practice that we want to retain? What are the risks we want to avoid? What alternatives can we devise? Other influences on behaviour, such as the pressures on us to make a living, the use and abuse of alcohol or drugs, and so on, are also taken into account.

The ‘special request’ process allows traditional barriers of age and gender to be overcome. For example, one schoolgirl on her own would find it almost impossible to challenge the abuse by older men which means she and her friends cannot walk to and from school without fear. But when a younger women’s group in Uganda presented their ‘special request’ on this issue to their community, it had a dramatic result in eliminating such abuse.

Finally, participants explore **how to practise and sustain change**. This includes a strong emphasis on assertiveness skills and non-violent conflict resolution. The culmination of the process is a ‘special request’ from each peer group to the whole community, presented in the form of a role play which illustrates the change each group sees as its top priority. The fact that these requests are collectively made, and collectively heard, makes them far more effective than a request by a single individual could possibly be. Men’s groups appealing to other men in their community for change – such as reducing alcohol abuse or wife-beating – can have a powerful impact on changing collective norms of behaviour.

### **How does Stepping Stones motivate and mobilise men?**

- Preparation for Stepping Stones work in a community involves participatory needs assessments and discussion with community leaders, resource persons and existing grassroots groups – thus creating prior interest in the process among influential men.
- By dividing community participants into age and gender groups, Stepping Stones creates time and space for the discussion of intimate, personal issues – respecting cultural norms of dialogue on sexual health issues. In the majority of cultures in Africa, men and women have traditionally been initiated into adulthood through “gender and generation” groups. Stepping Stones builds on that confidence and encouragement by society to discuss sexual health matters within the confines of gender and generation. This motivates participation of men.
- Facilitators of men’s groups are always men of similar age, usually from within the community where the workshop is conducted.
- The groups themselves decide the venue and the time for their workshop meetings, ensuring that the process is built around their convenience and commitments, not those of the implementing organisations. This helps to mobilise the men for regular attendance.

The approach helps men deal explicitly with their own mortality, and prepare for the security of their families through will writing. This is empowering in that it allows men to feel valued and to retain the status of head of the household even when dealing with death.

- The methodology is not restricted to a community context but can be used in schools and colleges, as well as “shop floor” contexts of industries, mining and other workplace environments. Stepping Stones is hence a versatile tool with potential for mobilising thousands of men.

*“It is not enough just to implement the programme, the ‘change agents’ must themselves have undergone the transformation process.*

*Secondly, those affected must want and be empowered to change the situation. Finally the community must be supportive and change collective norms.”*

Dr Jacqueline Bataringaya,  
Global HIV/AIDS  
Co-ordinator, ActionAid

*In two districts in Uganda,  
41 per cent of men said that  
they beat their wives.  
UNAIDS, 2000*

- Finally, Stepping Stones helps people – especially young people – create a vision for the future, helping them to reflect and choose priorities in their lives and relationships. This is essential if young men are to choose a different path.

## **What difference have we made?**

In the 5 years that the approach has been in use, Stepping Stones has had a dramatic impact, as illustrated by the following case studies.

### ***“I THOUGHT IT WAS OK BECAUSE I’M A MAN”***

Fred Iwalwa, 32 year old farmer and father of 5, Nabirumba, Uganda: “I have to admit that I used to have casual sex with a few women in the village. I thought it was OK because I’m a man. But since the Stepping Stones workshop I’ve given up casual sex and I’ve been faithful to my wife. At home we’ve started using condoms because my wife also attended the workshop, where we learned about family planning and AIDS prevention. So she had no problem about the use of condoms. In fact she was the one who first suggested we should start using condoms. We get them from the family planning officer who passes by every week and gives them to us for free.” Taking part in Stepping Stones has also influenced the way Fred deals with conflict: “My wife and I used to quarrel a lot. I never used to forgive her for anything until we quarrelled about it. But in the workshop we learned how to settle conflicts without quarrelling. These days, when there is a problem between us, we sit down and talk about it like adults.”

### ***“WE WERE FIGHTING EVERY NIGHT”***

Before Stepping Stones, Ugandan villagers – both men and women – complained that excessive alcohol consumption (especially by men) was a major problem, leading to extra-marital sex, sexual abuse of young girls by older men, and conflict in the home. As one woman in Lyakiribizi explains: “My husband was drinking heavily every day. We were fighting every night and I used to sleep outside, in the bush. But after the workshop he changed. Now we go out together, and sometimes he brings alcohol home and we drink together happily.” The changes noted by participants are corroborated by local bar owners in Kabanga and Nabirumba, who report that there is now less serious drunkenness, resulting in fewer fights and less commercial sex in bars.

#### **HIV and AIDS in Uganda**

Total population: 21,209,000

Adults (15-49) living with HIV: 770,000

Women: 420,000

Men: 350,000

Adult infection rate: 8.3%

Children (0-14) living with HIV: 53,000

AIDS orphans (children under 15 who have lost mother or both parents to AIDS):  
1,700,000

Source: UNAIDS

### ***“WIFE BEATING HAS BEEN ERADICATED IN OUR COMMUNITY”***

Men and women in Jannack village in the Foni district of The Gambia agree that the Stepping Stones process has made a dramatic difference in their lives. “As a result of the Stepping Stones workshop, wife-beating has been totally eradicated in our community, and it has encouraged dialogue between partners within the household. It has raised our awareness of how to avoid the spread of sexually transmitted infections and AIDS within our community,” reported

a representative of the women's group during a participatory review earlier this year.

#### **HIV and AIDS in The Gambia**

Total population: 1,266,000

Adults (15-49) living with HIV: 12,000

Women: 6,600

Men: 5,400

Adult infection rate: 1.95%

Children (0-14) living with HIV: 520

AIDS orphans (children under 15 who have lost mother or both parents to AIDS): 9,600

Source: UNAIDS

#### ***HIV POSITIVE WOMEN TACKLING MALE VIOLENCE***

A group of HIV positive women in Zimbabwe used the Stepping Stones process to carry out a needs assessment for themselves in 1998. One very important outcome was the establishment of the Network of Zimbabwean Positive Women (NZPW+). Members also strongly identified the need to tackle domestic violence and its relationship with HIV and AIDS. This has led to the initiation of the Network's main project: addressing gender violence in positive women's lives. The project is also working with male community leaders including chiefs and the police on changing negative attitudes when women report rape and domestic violence. One police commissioner has requested that NZPW+ develop a practical awareness-raising programme for his officers.

*In Zimbabwe, 78 per cent of HIV positive women reported that they were forced to have sex with their partners.*  
Study by the International Community of Women Living with HIV/AIDS

#### **HIV and AIDS in Zimbabwe**

Total population: 11,509,000

Adults (15-49) living with HIV: 1,400,000

Women: 800,000

Men: 600,000

Adult infection rate: 25.06%

Children (0-14) living with HIV: 56,000

AIDS orphans (children under 15 who have lost mother or both parents to AIDS): 900,000

Source: UNAIDS

#### ***"I WANT TO MAINTAIN ONE PARTNER, MY WIFE"***

There is a saying in Malawi that "A husband is your man only when he is in the home. You never know what he does outside." Communities here are using Stepping Stones to promote dialogue between men and women, resulting in improved relationships. When asked about what he had gained, one man in Salima announced at a community meeting, "I have decided to reduce my extra-marital relationships. I feel that my wife can give me as much satisfaction as my other girlfriends. In the end I want to maintain one partner, my wife."

#### **HIV and AIDS in Malawi**

Total population: 10,674,000

Adults (15-49) living with HIV: 760,000

Women: 420,000

Men: 340,000

Adult infection rate: 15.96%

Children (0-14) living with HIV: 40,000

AIDS orphans (children under 15 who have lost mother or both parents to AIDS): 390,000

Source: UNAIDS

ActionAid's experience on the ground of involving men in preventing domestic violence and HIV transmission leads us to make these recommendations for policy and programming.

## Recommendations for action

- Ensure that **gender equity and rights** (including those of children and young people) are built into HIV/AIDS and violence prevention and care responses, such as community based life skills training, workplace programmes, home based care and orphan care programmes. Equally, ensure that HIV/AIDS prevention and mitigation are built into the gender mainstreaming initiatives of development programmes.
- In the planning, evaluation and research of interventions, address the **issues and concerns of men**. Investigate the **obstacles** to men seeking and accessing services and the impediments to behaviour change. Identify approaches that enable men to **recognise their responsibility** within relationships and communities for the factors driving the epidemic.
- Incorporate into National Strategic Frameworks / Action Plans for HIV/AIDS clear strategies for dealing with **cultural impediments** to behaviour change, including educating male gatekeepers. Develop **legal platforms for prosecution and redress**, e.g. for rape and domestic violence, child sexual abuse, property-grabbing from widows, etc.
- Develop skills building and training for men to **strengthen their ability to cope with the new roles and demands** in a world with HIV/AIDS, including their ability to communicate and share decision-making within relationships.
- Set up surveillance systems that regularly **track the epidemic amongst men** to address their statistical invisibility. Use the information generated to increase men's perception of self-risk and reduce denial, blame and stigma against women.
- Increase the **proportion of service providers** (counsellors, trainers, facilitators, peer educators, etc.) in sexual and reproductive health, HIV/AIDS and domestic violence interventions **who are men**. Systematically target men as beneficiaries and as partners (caregivers, participants in community workshops, etc.) with **appropriate messages** that have been developed and tested by men.
- Integrate the principle of male involvement into the **curricula and training of service providers**, so that they understand why and how to involve men.
- Turn the focus on mother-to-child transmission to an emphasis **on parent-to-child transmission**. Actively seek to include men in these programmes so that there is a holistic approach to the health of the mother, support from the partner, and increased participation of men in the welfare and survival of the children.

## Conclusion

Many of these recommendations go beyond what any one approach, however powerful, can achieve. However, we believe that Stepping Stones has an important contribution to make to the struggle in which we are all engaged: to enable both men and women to gain control over their lives, secure their basic needs and rights, live with dignity and achieve sustainable development in the face of HIV/AIDS.

## References

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Stepping Stones: A Training Package on HIV/AIDS, Communication and Relationship Skills (A Welbourn, ActionAid, December 1995)

Stepping Stones: Feedback from the Field (R Jewkes et al., Medical Research Council, South Africa, January 2000)

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## Further information

ActionAid is committed to working with communities – and the political, economic and social structures of which they are a part – to tackle the factors driving the spread and impact of HIV and AIDS. We also work with donors and decision-makers to promote “best practice” in addressing the epidemic. For further information about ActionAid’s HIV/AIDS and gender work, please see our website ([www.actionaid.org](http://www.actionaid.org)) or contact:

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