

***Stepping Stones  
Workshops  
In a Public  
Health Department***

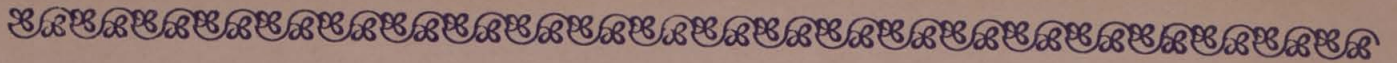


**Women Centred Health Project**

Public Health Department  
Municipal Corporation of Greater Mumbai

Society for Health Alternatives (SAHAJ)

Royal Tropical Institute



**Other related publications :**

1. **'Gatha Stree Arogyachi'** — a resource book on reproductive health for health workers (Marathi)
2. Puja Roy, **Women Centred Health Project, Prioritising Urban Women's Health Issues in a Public Health System, Mumbai, India**, The International Council on Management of Population Programme (ICOMP), November 2001
3. **Paving the Way for RCH - Tools for Quality and Gender Mainstreaming**
4. **Training Manual on Women's Health for Clinicians**
5. **Training Manual for Counselling in Gynaecology Clinics**
6. **Stepping Stones : Training Manual for Communication on Sexuality (Marathi)**
7. **Counselling Booth in a Gynaecology Out Patient Clinic : An Evaluation Report**
8. **Mainstreaming Quality Assurance in the Public Health Department**

- IEC material produced :**
1. **'Mahiticha Bagicha'** (Wall chart on Reproductive Tract Infections, Marathi)
  2. Pamphlet on RTIs (Hindi and Marathi)
  3. Pamphlets on MTP (Hindi and Marathi)
  4. Pamphlets on ANC (Hindi and Marathi)

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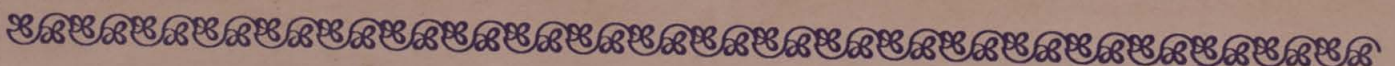
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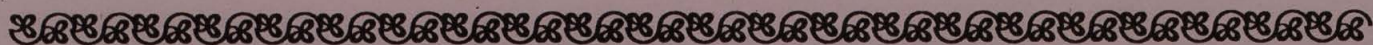
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***Stepping Stones  
Workshops  
in a Public Health  
Department***



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Renu Khanna  
Usha Ubale



# Stepping Stones Workshops in a Public Health Department

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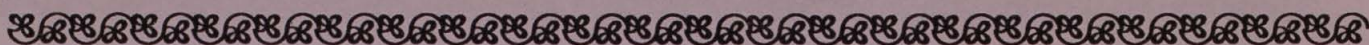
## ABBREVIATIONS

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## ABBREVIATIONS

AGI	Adolescent Girls' Initiative
AHO	Assistant Health Officer
AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxilliary Nurse Midwife
BMC	Brihanmumbai Municipal Corporation
CDO	Community Development Officer
CHV	Community Health Volunteer
CSW	Commercial Sex Worker
DEHO	Deputy Executive Health Officer
FTMO	Full Time Medical Officer
FW	Family Welfare
HIV	Human Immuno Deficiency Virus
IEC	Information, Education, Communication
IPP-V	India Population Project – 5
MCH	Mother and Child Health
MO	Medical Officer
MOH	Medical Officer of Health
NGO	Non-Governmental Organisation
PHN	Public Health Nurse
SS	Stepping Stones
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOT	Training Of Trainers
WCHP	Women Centred Health Project



## PREFACE

The Women Centred Health Project is a collaboration between the Public Health Department of the Brihanmumbai Municipal Corporation (BMC), SAHAJ (Vadodara) and the Royal Tropical Institute (KIT, Amsterdam).

The action research project was initiated in 1996 with the goal of providing women-centred, quality health care services through BMC's existing health facilities. Capacity building of all levels of health care providers and administrators to address reproductive and sexual health issues has been a key strategy for achieving this goal. This report is the documentation of one such effort: the "Stepping Stones" Workshops organised and implemented by the Project.

One important objective of the Project was to make available essential reproductive and sexual health services for women closer to their homes. This implied that the health post and dispensaries, which are the primary level health care facilities of BMC, be equipped to provide these services. Gynaecology clinics were therefore started within several health posts/dispensaries. Women patients who came to these gynaecology clinics sought advice on alternative strategies on sexual health issues, which they were unable to discuss with their partners.

Health care providers are often confronted with sexuality related issues while providing services related to Contraception, Reproductive Tract Infections, Infertility, etc. Sexual health issues are not easy to discuss and require special skills and attitudes, and health care providers often report a lack of knowledge and low levels of comfort when dealing with issues of sexuality.

Under the capacity building objective of the Project, it conducted a series of training workshops. The workshops for Auxilliary Nurse Midwives (ANMs), male Multipurpose Workers (MPWs) and clinicians began to include a few sessions on sexuality. It was observed that these were not enough to equip them to actually discuss sexual health issues in the community. Hence it was decided to conduct *Stepping Stones* Workshops with the health care providers.

*Stepping Stones* is a training methodology for promoting communication around sexuality among various community level groups and has had considerable success in changing sexual behaviours in several contexts in Africa. It was decided to introduce the *Stepping Stones* training package in the Public Health Department of BMC.

This report describes the process of implementing *Stepping Stones* (SS) Workshops with health care providers like ANMs, MPWs, CHVs (Community Health Volunteers), Full Time Medical Officers as well as participants from community based NGOs. The report will be useful in institutionalizing the SS methodology, for training health care providers within BMC as well as for NGOs.

We thank all our colleagues at WCHP, especially Anagha Pradhan, Archana and Rohini for helping in the analysis of the pre-post tests of the workshops.

Our heartfelt thanks are due to: ActionAid (Mumbai), Ayan Chatterjee, Parinita Bhattacharjee, *Apanalaya*, *Alert India*, *Prafullata*, and all the health care providers and trainers who helped to make this initiative a success.

Renu Khanna

Usha Ubale

Korrie de Koning

# PREFACE

The Women Centred Health Project is a collaboration between the Public Health Department of the Birmmham Municipal Corporation (BMC), SAHA (Netherlands) and the Royal Tropical Institute (KIT, Amsterdam).

The action research project was initiated in 1985 with the goal of providing women-centred, daily health care services through BMC's existing health facilities. Conducting a study of all levels of health care providers and administrators to address reproductive and sexual health issues has been a key activity for achieving this goal. This report is the documentation of one such effort, the "Stepping Stones" Workshop organized and facilitated by the Project.

One important objective of the Project was to make available essential reproductive and sexual health services for women closer to their homes. This included all the health post and health centres which are the primary level health care facilities of BMC. In order to provide these services, Gynaecology Clinics were therefore started within existing health facilities. A central gynaecology clinic could serve the alternative strategies on sexual health issues, which they were unable to discuss with their partners.

Health care providers and other concerned staff groups felt that the services provided were related to reproductive health issues. This included reproductive health, etc. It was felt that these services are not only for women and their partners, but also for other health care providers. It was decided to conduct a workshop on reproductive health issues and to discuss the level of care and training of health care workers.

Under the capacity building objective of the Project, a workshop was conducted for health care workers. The workshop was for Auxiliary Health Midwives (AHMs), Nurse Midwives (NMs) and Clinicians. The goal was to include a few sessions on reproductive health issues, but these were not enough to address their needs. It was decided to conduct a workshop on reproductive health issues in the community. Hence it was decided to conduct "Stepping Stones" Workshops with health care workers.

"Stepping Stones" is a training programme for health care workers and community health workers. It is a community health education programme which has been developed by the BMC. The programme is designed to address the reproductive health issues in the community. It is a community health education programme in the BMC Health Department.

The report describes the process of developing the "Stepping Stones" Workshop. It describes the workshop, the objectives, the content, the methodology, the results, and the conclusions. The workshop was held in the BMC Health Department.

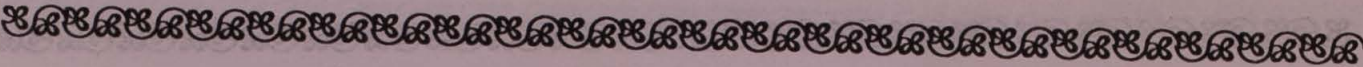
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Our thanks go to the BMC Health Department, Ayaz Chaudhry, Project Coordinator, for his support and assistance. We also thank the BMC Health Department for their support and assistance.

Kenneth K. King

Uma Lata

Rebecca



# **STEPPING STONES IN A PUBLIC HEALTH DEPARTMENT**

## **INTRODUCTION**

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

*Stepping Stones* grew out of a need to address the vulnerability of women and young people, in relation to decision-making about sexual behaviour. It is designed to enable people to explore issues, which affect their sexual health – including gender roles, money, alcohol use, traditional practices, attitudes to sex, attitudes to death, and aspects of their own personalities. Addressing behaviour issues, particularly in the area of sexuality related to HIV/AIDS/STDs, demands great sensitivity. *Stepping Stones* is a participatory tool aimed at behavioural change for prevention and control of HIV/AIDS/STDs.

This training package has been successfully used in sub-Saharan African countries and in many other countries around the world in preventing HIV/AIDS in general communities. In India, this package has been used at Bangalore, Tirupati and Assam by NGOs.

Through this methodology peer groups, like adolescents and older men and women in the community, are brought together in a workshop. The workshop revolves around improving communication between men and women and between people of different age groups.

The themes of the workshop include

- Group cooperation
- HIV and safer sex
- Why we behave in the way we do
- Ways in which we can change

Thus *Stepping Stones* does not stop at giving information about HIV transmission and prevention, but also includes discussion related to human and social behaviour with regard to HIV, and strategies to change behaviour.

In places where people have used the *Stepping Stones* methodology, they have reported the following changes after the training.

- Fewer quarrels among couples
- Increase in condom use
- Reduction in incidence of domestic violence
- Mutual respect for each other among adolescents

## **RATIONALE**

The Women Centred Health Project wanted to assess the feasibility of using the *Stepping Stones* methodology in urban slums with support from the outreach workers of Brihanmumbai Municipal Corporation's health posts. The initiation of weekly gynaecology clinics in the health posts posed the possibility of men and women visiting the clinics with complaints of Sexually Transmitted Infections (STIs). Thus the Project decided to introduce the process of *Stepping Stones* to not only tackle these complaints, but also prevent STD/HIV transmission in the general community surrounding the health posts. NGOs were also invited to participate in the process.

## **ACTIVITIES**

### **Training of Trainers (TOT)**

Thirty participants from Mumbai (12 men and 18 women, including WCHP staff) took part in the TOT workshop. Twelve participants represented non-governmental organizations, staff from the Municipal Corporation numbered 13 and the project staff 5. (See Annexure 1 for details of *Stepping Stones* Workshops conducted by WCHP)

The facilitators of the TOT were Ms. Parinita Bhattacharjee, ex-programme coordinator with ActionAid and at present working with an Indo-Canadian organisation in Bangalore and Mr. Ayan Chatterjee, working with Catalyst Management Services Pvt. Ltd., Bangalore. Both the facilitators have been using the *Stepping Stones* module in Bangalore and rural areas of Karnataka State since 2001 with positive results.

### **Objectives**

- To sensitise participants to concepts of *Stepping Stones* and the efficacy of the methodology based on African as well as Indian experiences.

- To train participants in *Stepping Stones* skills.
- To share successful experiences of prevention, control and care in HIV/AIDS/STD.
- To adapt *Stepping Stones* to suit local contexts.

The duration of the TOT was nine days. (See Annexure 2 for detailed schedule). The trainees were taken through *Stepping Stones* training, as it is implemented in the community, for the first seven days. On the last two days the participants prepared training sessions, practiced facilitation skills and received peer feedback.

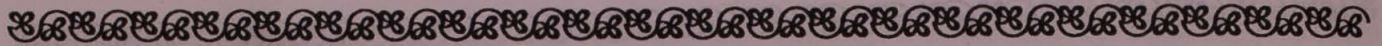
### **Adaptation of *Stepping Stones***

The following ideas emerged from the discussion on adaptation of the training contents to suit local needs and the feasibility of implementing it within BMC.

- The original *Stepping Stones* manual needs to be translated into the local language i.e. Marathi /Hindi. The language of the manual should be easy to understand.
- The present manual is too long and needs to be condensed.
- The objectives of *Stepping Stones* and that of the implementing agency should match. The methodology is flexible and can be made specific to the objectives of the implementing agency.
- There is need to add some more sessions in the module for some issues that are not discussed at length. These sessions should be as per the need and prevailing problems in the community such as alcoholism, unwanted pregnancy, HIV care management, saying 'yes' to condom use, domestic violence.
- It is not necessary to use the videotape as suggested in the manual.
- The duration of the workshop could be reduced to 6 days instead of 9 days, as it could be difficult to relieve staff from their routine duties for such a long period of time.

### **The action plan**

The action plan developed by these trainers in the TOT workshop included conducting two workshops with the health care providers before conducting one with the community. Conducting workshops with the health care providers from the health post is helpful in assessing the feasibility of this programme for the community and in preparing the sessions for the community. The two workshops with the providers also provided an opportunity for the trainers to practice their newly learnt skills. It was decided to include health care providers



as trainees, from different health posts to form a batch of not more than 30 participants. Three teams of trainers were formed to implement the action plan.

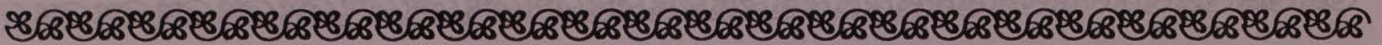
***The administrative sanctions-for wider implementation***

The experiences, the evaluation by trainees, and the action plan that emerged from the TOT were presented in a meeting organised by the Project to the DEHO (AIDS), AHO (IEC), AHO (TB), and the MOsH of wards from where the trainers came. The suggestions subsequently made by the senior officers were included in planning the *Stepping Stones* workshops for the health care providers.

The administrators suggested that the training could be conducted to include only health care providers from the same administrative areas in one batch for smoother logistical arrangements. WCHP thus decided to conduct three training workshops with health care providers, one in each bureau. (Mumbai is divided into three administrative areas (called bureaus under the IPP-V programme), namely City, Western Suburbs and Eastern Suburbs). It was also suggested that a dissemination workshop be scheduled following the completion of the training of health care providers.

The Project proposed collaboration with the AIDS Cell for implementing *Stepping Stones* so that the programme got institutionalised within the BMC system. The DEHO of the AIDS Cell agreed to explore possibilities of funding the first three workshops with the health care providers. WCHP, along with the AIDS Cell, thus submitted the proposal to the public health department for administrative sanction. It was also decided to train the AIDS Cell staff as trainers later. WCHP organised the first 6-day training with health care providers from March 25 - 31, 2002.

Since then the Project has conducted four more workshops for health care providers. (See Annexure 1 for details). The extra workshops became necessary, because all the providers from the eight Gynaecology clinics initiated by WCHP were to be trained, and all could not be relieved at the same time. Also, health care providers from other health posts (where Gynaecology clinics are not running) were included so as to have a proportionate number of men and women in each batch. The last workshop was conducted to include doctors running the Gynaecology clinics in the training.



## Training of Health Care Providers

The aim of the 6-day training was to train health care providers, enabling them to help individuals, their peers and communities to change their behaviour – individually and collectively – through various sessions provided by the *Stepping Stones* concept.

### Objectives

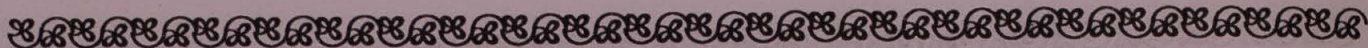
The objectives for these workshops were to conduct *Stepping Stones* training with health care providers, both men and women, of primary health care centres of Brihanmumbai Municipal Corporation to

- help the participants become aware of their communication needs with clients related to sexual desires, pleasures and sorrows,
- discuss expectations of men and women from each other in loving and non-loving relationships,
- discuss preference of sexual acts, likes, dislikes and risks associated with these acts,
- acquire knowledge on HIV/AIDS infection, transmission, prevention and difficulties in controlling the spread of infection,
- demonstrate condom use and help participants talk comfortably about condoms in the community,
- enable participants practice assertiveness skills and 'I' statements for controlling HIV transmission,
- plan strategies together with participants (men and women) to prevent HIV infection in the community.

### Preparations

The trainers' team for each workshop included two women and two men. In the first two workshops, the male trainers were from the NGOs *Apanalaya* and *Prafullata*. The trainers' team met before the workshop, to plan the number and the composition of the trainees in each batch and also to prepare session plans, common meetings with male and female participants during the training, and responsibilities of each trainer.

The duration of the TOT was nine days. The trainers selected sessions from the nine days' schedule and planned the sessions so as to fit them in six days. (See Annexure 3 for the adapted 6-day schedule).



The original manual of *Stepping Stones* programme is in English. The sessions selected for this training were translated into Marathi at the request of some trainers. This translated version will be useful, in future, for training to be conducted for health care providers of BMC and with the communities.

The venue for the training was selected so as to have space for conducting groups of men and women separately, as well as space for common meetings. The selected venue was away from the city so as to remove the trainees from the daily routine of busy life, thus creating a space for relaxation, reflection and sharing. The venue also ensured privacy required for personal sharing, in separate groups of men and women.

### **Participants**

One hundred and fifty eight participants attended the 5 workshops, of which 85 were women and 73 men. (See Annexure 1 for details)

### **Training Methodology**

The six-day training included sessions on knowledge about HIV/AIDS; attitudes towards sexuality; skills required to prevent self and others from HIV infection, as well as understanding behaviour and need to change sexual behaviour; and practices that make both men and women vulnerable to the risk of HIV infection. The following sessions were conducted.

- Orientation to *Stepping Stones* methodology
- Expectations and fears
- Trust and confidentiality
- Counselling and communication skills
- Importance of body language and non-verbal communication
- Societal norms that maintain gender stereotypes
- Being comfortable with one's own body and sexuality
- Images of sex, joys and sorrows related to sex (sexual abuse and violence)
- Expectations from the partners in a loving relationship and risks associated with sexual behaviour in a non-loving relationship
- Information on reproductive systems of men and women, contraception, HIV, AIDS, STDs and risk behaviours
- Different sexual practices and risk of HIV
- Being assertive and bringing conscious change in unsafe behaviour
- Why do we behave the way we do (alcoholism, sexual abuse and violence)

- Coping with AIDS
- Special requests from men and women to each other for taking responsibility for preventing STD/AIDS and gender-based discrimination and violence

Participatory methods and adult learning techniques were used, with very few lectures. Methods used were: drawing, role plays, buzz groups, small group discussions, debates, question-answer sessions, songs, and games.

All the sessions were first conducted in separate groups, of men and women, in order to encourage open sharing of personal issues related to sex, sexuality, sexual practices. The outcomes of these separate sessions were then shared in three common meetings (men and women meeting together). These common meetings provided a platform for men and women to express their expectations from each other in a relationship (sexual or non-sexual). In these meetings they would also discuss issues, constraints, their strengths and weaknesses to change the societal gender norms and to prevent sexual abuse.

At the end of the training programme, the men and women also made special requests to each other for preventing the spread of HIV infection and for caring for those already affected.

The requests included

#### ***In relation to man –woman relationship***

- sharing of responsibilities at home.
- more open communication between partners.
- understanding each others' physical, sexual as well as emotional needs.
- respecting each others' wishes and involving the partner in decision-making affecting their lives.

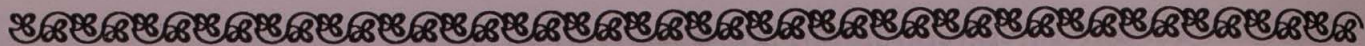
#### ***In relation to sexual practices***

- consensual sex, no forced sex.
- communicating and understanding each others' sexual needs, pleasures and sorrows
- mutual faithfulness and use of condoms to prevent infections.

#### ***In relation to sexual abuse and harassment***

- stop, prevent and protest against sexual abuse, harassment in public places and at work places

(See Annexure 4 for outcomes of some sessions)



## EVALUATION OF THE TRAINING

### Workshop Evaluation

#### Participants' evaluation

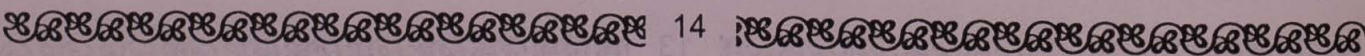
**Daily feedback** At the end of each day, participants were asked to write what they liked and disliked about that day's sessions on two separate chits of papers. One volunteer from amongst the participants collected all the chits and presented the contents to the whole group. After discussing the issues, modifications were made in the programme, if required. A volunteer among the participants also presented a summary of the day's learning in a recap session the next morning.

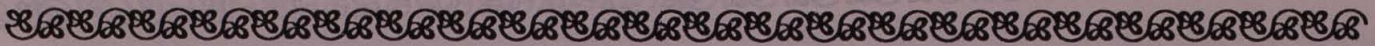
**End of workshop evaluation** Participants were asked to give a written feedback at the end of the workshop.

Some comments made by the participants are as follows.

- We like the participatory methodology used in the training and felt that the trainers were one of us so we could share things without hesitation.
- We got information on HIV/AIDS and STDs in detail. Our misunderstandings and fears about the infection are reduced now.
- This was the first time we talked about our own sexuality and now we feel we can talk about it confidently with the women and men in the community.
- We would like to share our experiences of this training and knowledge and skills gained with our colleagues and with the community.
- If both men and women share responsibilities and also improve communication between them it will help.
- This training will help us in our personal life.

Some male participants did not like the outcome of the training as they felt that they were held solely responsible for the spread of infection, violence, extramarital relationships. *'Men are changing now and women do not seem to appreciate that'*. Also they denied that men always take advantage of women's vulnerable situation. Many men in the group shared experiences of their relationships with their partners, both positive and negative. The women's group responded that they were not generalising their opinions to apply to all the men and they were happy about the men in the group who are not involved in unhealthy





behaviour with their partners. This made them hopeful about the future. The male participants also felt that their women colleagues were still not open to talk about sex and sexuality in the common meetings. They urged women to be more open.

Many participants were keen to conduct such trainings in their communities as a follow-up of this workshop.

### **Trainers' evaluation**

**Daily peer feedback** During the workshop the trainers met every day at the end of the workshop and gave feedback to each other. A review of the day's session was done in terms of time management, outcomes, facilitation skills, response of trainees and issues to be taken up in men's and women's group for discussion separately and jointly and strategies to address the issues.

**End of workshop trainers' meeting** After the first training, the team of trainers met to evaluate the training. They felt that the response from the participants was encouraging. All of them enjoyed conducting the sessions and felt that they would like to do more training. They were confident they could conduct the workshop with the community after doing it for health care providers. Modifications were done in the next workshop based on this feedback.

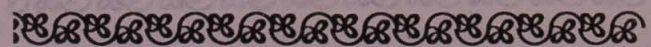
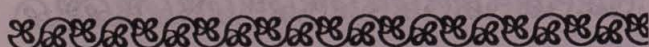
### **Pre-post Evaluation of Participants**

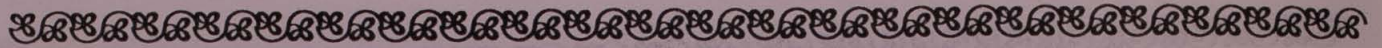
For three batches of *Stepping Stones* training conducted by the Project, a pre-post questionnaire was administered before and after the training. The analysis of the pre-post test results for two batches of trainees is presented here. (For a detailed report see Annexure 5)

The questions in the pre-post tool were based on the objectives and topics included in the workshop, namely HIV and safe sex, condom use, gender, communication, attitudes towards sex and sexuality, love and sex, and interpersonal relationship skills. Some questions related to the role of health care providers in addressing the concerns about HIV and STDs, were also included.

### **Findings**

- The average total score (Annexure 5 provides details of the scoring system) for both the batches increased after the training.



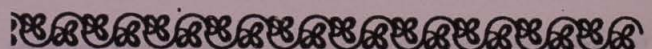
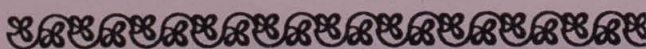


- All the participants showed a better performance in the post - test. The number of participants scoring more than 70% marks increased and the number of participants scoring less than 60 % decreased considerably in the post test in both the batches.
- The post - test scores increased considerably for the questions related to risk behaviour and safe sex practices for both the batches.
- Many participants were able to describe various sexual acts more vividly in the post test and there was a greater acknowledgment of masturbation in women and mutual oral sex.
- The number of participants mentioning masturbation as an alternative sex practice increased considerably, but it is a matter of concern that there was an increase in the number of participants considering anal sex as an alternative sex practice.
- After the training, more number of participants listed a number of desirable behaviours and qualities that a health worker or counsellor should possess to encourage people to talk about their sexual health concerns.
- The variation in the background of participants between the two batches, in terms of exposure to AIDS and gender training and related work, clearly had its impact on the pre - and post - test scores. Pre-test scores of the participants in the second batch, who were more exposed to repeated training in AIDS and gender, were much higher than those of the first batch, but the increase in the score was more for the first batch than the second.

#### **Analysis of Pre- and Post-Tests**

Analysis of the pre - and post-test results shows that *Stepping Stones* training has been able to bring about change in the knowledge, attitude and perceptions related to the issues of sexuality, safe sex practices, condom use, communication and gender issues linked with HIV transmission and sexual health of men and women. The change is more evident in the participants who have had limited training in the past and are not exposed to sexual health and gender issues in their work setting.

Hence we can say that the *Stepping Stones* methodology can be used as an effective and feasible tool for changing health workers' knowledge and attitudes towards the issues of HIV/AIDS, sexuality and gender.



## WCHP End Evaluation

### **Feedback from trainers and trainees**

Four *Stepping Stones* (SS) Trainers were interviewed in May and June 2003. Of these, two have been associated with WCHP since its inception, while two began their association with the *Stepping Stones* Trainers' Training in February 2002. One Focus Group Discussion was conducted with around 17 health care providers who had participated in four batches of *Stepping Stones* 6-day workshops.

**Trainers' experiences of the SS training** As mentioned above, the SS Trainers' Training seems to have been a profound experience for the trainers whom we interviewed. It set off a process of introspection and reflection. One CDO (Community Development Officer) said *"I learnt that one should not have double standards. There should be no gap between professed values and practical values. It taught me to think. 'Charity begins at home' meaning start from ourselves, improve our own thinking and behaviour. Be models for community change."*

Both the male CDOs interviewed said that the training had brought about changes in their relationships with their wives. Communication increased, as did their sensitivity to their partner's needs (including sexual needs) and they started giving them increased emotional support. *"I became more sensitive to my family's, including children's, perception of me"*.

These personal changes were reflected in their work as trainers. The confidence gained by the trainers helped in dispelling their fears and overcoming their inhibitions. One CDO shared how he could speak about his own dilemmas in the training and his own experiences of bringing about changes in his relationships.

Another CDO said that her perception continued to change right from the Trainers' Training, in which she was a participant to when as a trainer, she heard the trainees' reflections.

More than one trainer felt that each group that they trained was different. While the issues of the ANMs revolved around housing, shortage of space, lack of decision making, the social workers (who had gone through similar kind of trainings earlier) and doctors (who were of a different class, perhaps) were more vocal in their relationships with their partners, but concerned about family norms and relationships with in-laws. Another area of difference

between the men and women was different notions of sex. While for men sex was associated with images of breast and erect penis, for women the images were more romantic like candle light dinner, etc.

The PHN (Public Health Nurse) Trainer shared the municipal staff's feelings saying that they started off by resenting the training because they thought it would lead to an increase in their workload. In the initial stages they would come out with stereotypical responses that reflected a lack of openness. As the training progressed, their role plays reflected differences. The PHN trainer shared an example of men of a particular community being very rigid in their thinking, and then by day 5 of the training accepting that women can share their feelings and thoughts with men. *"The training process compels them to think"*, she said.

The initial lack of openness may also be due to the fact that the trainers know each other from before, some are from the same health post and don't feel safe talking about personal matters.

A male CDO stated that he became more client centred after the training, in his work through the Asha Cell, working among Commercial Sex Workers (CSWs) and their clients, many of whom were hotel boys. (He counselled mainly hotel boys). The value addition after the SS training was that there was reduction in the number of men who went back to CSWs. Another result was that the hotel boys, a closed group, became more open.

Results of the training were also cited as positive by the PHN. Three or four trainees telephoned her to ask how they could replicate this process in their community: *"They are demanding guidance now. The attraction is the participatory process"*, she said.

**Trainees' experiences (elicited through Focus Group Discussions)** At a personal level

- A woman doctor said *"I shared every day's learnings with my husband. There is now greater openness in our relationship"*.
- A Community Health Volunteer spoke for the first time towards the end of the meeting, *"My daughter goes to college, and I spoke to her about recognizing the quality of touch. It is important for girls to know this. She liked the discussion very much. I didn't talk to her about big things like AIDS"*.
- Male CDO *"I do weekly counselling in my ward, especially after film and slide shows. People come and ask me about AIDS. The quality of my counselling has improved"*.

At an individual level at the work place

- Shared with colleagues in the health post. Many colleagues expressed desire for this training. Some felt, "What is new in this thing that you are talking about?"
- Handled people better at the community level e.g. problem-solving with couples.

Other feedback from the trainees

- This training was different from other trainings on HIV/AIDS in which people come and lecture and we listen. In this training even seating arrangement was different.
- Was very participatory, creativity was encouraged, trainers got very involved with us.
- Was not boring — dramas, games, street play made it very interesting.
- Liked the fact that we began with confidentiality rule - safety was created.
- • Could express our expectations and feelings.
- Got to learn more about sexual and non-sexual relationships .
- Through this training learnt to speak about our reproductive health problems.
- Lost our inhibitions, could express ourselves.
- As a doctor also I could participate very well and had the opportunity to learn other's view points.
- Men also shared about their problems in the mixed group.
- There was tension between men and women in the group around issues of gender discrimination. No consensus was reached.
- No material was given during the workshop. We forget many things
- A male participant (MPW) stated that women felt that men have greater 'Varchasva' (authority) and men felt that it is their right to have that authority.

#### **Trainers'-Trainees' feedback on other issues**

In order to get suggestions for mainstreaming the programme within the Public Health Department of BMC, trainers and trainees were asked to comment on the systemic (or larger) issues. The comments invited related to: relevance of the training to their work, institutionalisation of the training and integration with other services, and programmes and support required for trainers to conduct *Stepping Stones* training.

**Relevance of Stepping Stones Training** All the four trainers expressed that SS was a profound experience. One PHN said she would not call SS a 'Training'. She thought of it

as a process to get people to think about themselves, their position in life, "As a human being, where am I?" and find solutions to their problems. They felt that SS related to sensitive topics, to emotions, attitudes and behavioural changes. It dealt with people in the community.

The trainers felt that SS Trainers' Training was very relevant not just for HIV/AIDS but could be applied to Family Planning, Family Welfare and other issues and that the module could be adapted to incorporate these issues.

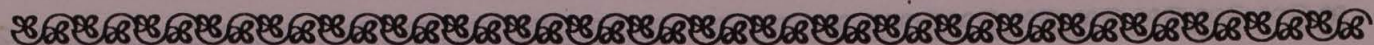
*"Stepping Stones does not have only a curative approach; it is also preventive and promotive. It can be applied to all social issues. For any community work, any social issue, being member of a family, we need Stepping Stones. It promotes liberal thinking, rational and not fatalistic approach. Flexibility is in-built in this methodology, flexibility to time situation, locality, and community. It can be adapted to suit any situation or group".*

One person felt that the SS Trainers' Training resulted in increased confidence of health care providers and clarification of their concepts. A CDO stated that SS helped an individual to develop as a whole person by enabling him to reflect on his thinking process and value system.

*"The Health Department is already exposed to the HIV/AIDS issue, other departments of BMC also need to be sensitised to it. They will be helped to understand their value system, won't get trapped in this disease. It is urgent because HIV/AIDS won't restrict itself, will affect each and every body. The epidemic is huge",* said a CDO.

The trainees in the FGD expressed their views as follows :

- One MPW said that he had acquired in-depth knowledge about STDs through this programme. Now he realises that the general public should also be informed that HIV needs to be prevented as the prevalence rates are increasing. He is now familiar with local terms and can use them in the community. Also, he could use participatory methods and media of communication in the community to talk about delicate and sensitive issues. Communication with couples can be now done more skillfully.
- Adolescent girls can be targeted with this methodology. They will get educated. So there is a need to link this methodology to the Adolescent Girls' Initiative work.
- There are some castes, community groups with whom discussions on certain issues are very difficult. e.g. Muslim women and contraceptives. We can talk to those groups separately using the *Stepping Stones* methodology.



**Institutionalization of SS training** Since the relevance of the training was so acutely perceived by those interviewed, they expressed that it should be continued even after WCHP is over. This training is relevant not just for the grassroots but for all bureaucrats, administrators and staff not just from the Health Department, but all of BMC. Bureaucrats going through the training and also planning for it will help in creating a conducive environment for change to happen.

It was suggested that a group of trainers be formed in each ward. Ward level teams comprising ANMs/MPWs, CHVs and community members and NGOs, those good in acting and communication should be constituted to organise street plays on various issues (Polio, HIV/AIDS etc.) using *Stepping Stones* principles.

Another suggestion was that in each ward and each health post, SS training can be conducted for CHVs and CHVs can adapt it for Mahila Mandals in accordance with their own schedules.

Some opinions were expressed that a 'proper' agency should take the responsibility for the SS trainings. Issues of funds, sanctions and approvals, permission for the staff to attend the 6-day training will need to be handled, so commitment of the system is required. There are enough trainers now within the Health Department, so that is not an issue of concern.

The point about an appropriate agency taking over SS training was restated by at least three persons: *"There is a possibility that this training may be lost in BMC. This can be done by other agencies in collaboration with BMC. Visible results will not be provided by such a training. E.g. Hepatitis B injections are quantitative and can be seen as numbers in reports."*

A concern being repeatedly voiced was how can we make a community level programme based on this training. This was asked by the trainers and the trainees. It was pointed out that adolescent girls are accessible through Public Health Department's AGI, but how can we include other groups in the community? There is an urgent need to plan out a strategy for different community groups. In fact, the trainees pointed out that because this issue was not adequately dealt within the training programme, the momentum was lost and they have forgotten much of what they had learnt.

## Support required for trainers to conduct SS training

### **Logistic support**

A training hall, permission for the staff to attend the 6-day training programme; for trainers, some help in time and responsibility adjustments are required. (The PHN mentioned that she was able to get the cooperation of her staff to manage this extra responsibility, but this issue does need to be recognized and dealt with).

Refresher training, ongoing or periodic observations and feedback from experienced trainers would help. The present practice of collective preparation and discussion after each session was appreciated.

### **Other Suggestions: Trainers**

- Should be implemented at mass level: NGO, Government, unorganized sectors, with CSWs, labourers and so on.
- Venue should be private, centrally located.
- Training should not be compulsory. Introductory orientation is required either through a pamphlet or a session. The staff should come for training willingly.
- Higher ups should be involved in discussions for planning and reviewing.

### **Other Suggestions: Trainees**

- Community level programmes should have been structured as part of follow up implementation.
- All the people/health providers in the ward, including maternity homes should receive this training, not just three or four persons from each ward. If all are trained then programmes can be designed for implementation. "Alone we can't do any systematic programme".●

### **FOLLOW-UP DONE**

WCHP did a follow up with the NGOs who had participated in the TOT. Three organisations out of the six who participated in the workshop conducted workshops either in the community or with their staff in the months following the TOT. The NGOs who conducted workshops are *Apanalaya*, *Alert India*, and *Prafullata*. In a follow-up meeting organised by *Apanalaya* to share the experiences of trainers, participants shared their experiences. *Apanalaya*

conducted a session with their staff, *Alert India* with adolescent boys and girls and *Prafullata* with sex workers. Each NGO adapted the contents to suit their needs and their participants' group. It was decided that each organisation could send *Apanalaya*, a brief outline of the training sessions conducted by them. *Apanalaya* would then compile and adapt the suggestions for the *Stepping Stones* manual to suit local needs.

### **Collaboration planned**

The trainers, who conducted the TOT, were ex-team members of ActionAid (an international development organisation). They suggested that since ActionAid was planning to set up a resource centre to coordinate *Stepping Stones* training in the state of Maharashtra, WCHP should keep them informed of all SS training initiated. ActionAid, when contacted by the Project, showed interest in supporting training workshops all over Mumbai.

WCHP in collaboration with the AIDS Cell of BMC has submitted a proposal to ActionAid. It was also decided to form a co-ordination committee of representatives from WCHP, AIDS Cell, ActionAid, and two or three NGOs, like *Apanalaya*, *Alert India*, or *Prafullata*.


In the interim period the AIDS Cell of BMC was dissolved and their activities are now being coordinated by the Mumbai District AIDS Control Society (MDACS). It is proposed that the Family Welfare and MCH Department coordinate the stepping stones activity (as the health posts are under this department). And the Training Cell of BMC co-ordinate the training workshops. This would mean that the DEHO (FW/MCH) and/ or DEHO (Cells-Training) could represent the BMC on the co-ordination committee formed in collaboration with ActionAid.

### **Dissemination of the experiences**

WCHP disseminated the experiences and the learning from the *Stepping Stones* workshops to the BMC officers, administrators and policy makers as well as NGOs and funding organisations working on issues related to AIDS/HIV, prevention of STIs, women's reproductive and sexual health, sexual abuse and violence.

The objectives of the dissemination workshop were

- To share the experiences and learning of conducting the *Stepping Stones* workshop with health care providers as well as in the community.

- 
- To discuss ideas on institutionalisation of the programme within BMC and get commitment from the BMC administrators and concerned departments in the public health system to continue this programme after the cessation of the Project.
  - To invite NGOs and ActionAid to become partners with BMC in implementing this programme at the community level.

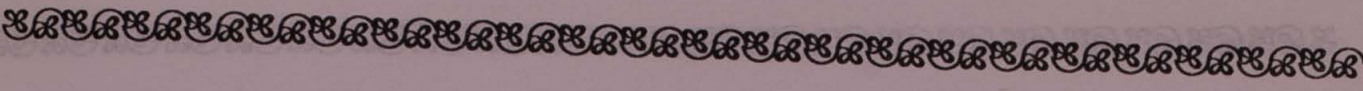
### **Dissemination workshop**

Eighty participants representing NGOs, the State AIDs control department, BMC and the funding organisations attended the dissemination workshop. In the workshop the participants were introduced to the *Stepping Stones* methodology, basic principles, approach, themes and changes reported in other countries after implementing the SS approach. The three organisations that had implemented the SS workshops after the first TOT (organised by the Project), namely, the *Women Centred Health Project*, *Apanalaya* and *Alert India* presented their experience of working with health care providers from public health departments, health workers from NGOs and adolescent girls from the community respectively. All three organisations found SS to be an effective tool for training health care providers and adolescent girls and reported changes in the attitude of the participants.

Participants of the workshops also presented their experiences, mainly narrating the changes in their personal life, related to the communication between spouses, with adolescent children, with parents and also being more assertive at work. The participants of the workshop commented on the usefulness of the workshop and suggested that the SS methodology should reach smaller towns and villages and also be integrated with ongoing activities of many NGOs. Many NGOs showed interest in attending TOT and requested ActionAid to conduct one in Mumbai.

BMC officers present at the workshop appreciated the methodology and felt that it may be implemented after due permission from the Head of the Department.

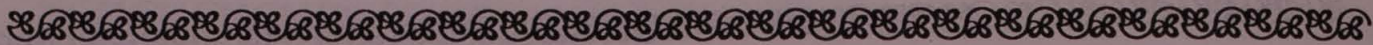
Following this dissemination workshop, ActionAid conducted a TOT for the representatives of the NGOs who attended the workshop. As a follow-up of this training, an association of SS trainers has been formed for Maharashtra region with co-ordination support from ActionAid's Mumbai Office.



## RECOMMENDATIONS

After this experience of conducting training for health care providers and based on the feedback of *Stepping Stones* Trainers and participants, WCHP feels that *Stepping Stones* would be a useful and effective strategy for prevention of HIV infection among the general population in the city. It is a tool to open up communication channels between men and women to talk about sensitive issues related to sex and STDs. It also serves as a strategy for making both men and women responsible for controlling HIV transmission and also to take care of those already affected.

- FW and MCH department could co-ordinate this programme along with Training Cell of BMC with support from ActionAid.
  - Training a team of trainers within BMC in each ward and conducting sessions in the community along with local NGOs and community based organisations can go a long way in preventing the spread of HIV in the areas surrounding the health posts, with active participation of the health care providers.
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## **ANNEXURES**

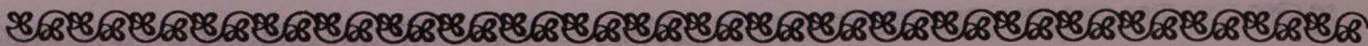
1. Details of 'Stepping Stones' Training Workshops Conducted.
2. Schedule for the Training of Trainers.
3. Adapted 6-day Schedule for the Training of Health Workers.
4. Outcome of Training Sessions.
5. Pre-Post Test Analysis of Participants.



## Annexure 1

## Details of 'Stepping Stones' Training Workshops Conducted

Training and Date	Duration	Total No. of Trainees (Category-wise)	Trainers
Training of Trainers February 5 -13, 2002	9 Days	<b>Total 30 (Women-18, Men-12)</b> NGO representatives- 12 WCHP staff- 5 CDOs -5 PHNs-3 MPWs-2 BMC AIDS Cell Staff-2 FTMO-1	<b>Woman-1, Man-1</b> External Resource Persons
Training of Health post staff -I March 25-31, 2002	6 days	<b>Total 29 (Women-18, Men-11)</b> CHVs-9 ANMs-7 MPWs-6 CDOs-2 NGO Staff-2 BMC AIDS Cell Staff-2 PHN-1	<b>Women</b> FTMO-1 WCHP staff-1  <b>Men</b> CDO-1 NGO staff-1 WCHP staff-1
Training of Health post staff -II October 7-12, 2002	6 days	<b>Total 27 (Women-14, Men-13)</b> ANMs-10 MPWs-8 BMC AIDS Cell Staff-4 CHVs-3 MO-1 CDO-1	<b>Women</b> PHN-1 CDO-1 WCHP staff-1  <b>Men</b> CDO-1 NGO Staff-1
Training of Health post staff-III January 27- February 1, 2003	6 days	<b>Total 37 (Women-21, Men-16)</b> MPWs-13 ANMs-10 PHNs-6 CDOs-4 WCHP staff-2 FTMO-1 CHV-1	<b>Women</b> PHN-1 CDO-1 WCHP staff-1  <b>Men</b> CDOs-2 BMC AIDS Cell staff-1
Training of Health post staff -IV April 7-12, 2003	6 days	<b>Total 30 (Women-19, Men-11)</b> ANMs-17 MPWs-10 PHNs-2 CDO-1	<b>Women</b> PHN-1 CDO-1 WCHP Staff-1  <b>Men</b> CDOs-2 ActionAid Staff-1
Training of Health post staff -V June 30 - July 5, 2003	6 days	<b>Total 35 (Women-13, Men-22)</b> ANMs-8 MPWs-8 FTMO-5 PHNs-4 CDOs-3 MOs from BMC's School AIDS Programme-4 MO Incharge-2	<b>Women</b> MO-1 PHN-1  <b>Men</b> CDOs-2 (1 CDO from -AIDS Cell, now transferred to another Department)



## Annexure 2

### Schedule for the Training of Trainers

<b>Day 1</b> <ul style="list-style-type: none"><li>• Registration</li><li>• Introducing ourselves</li><li>• Hopes and fears</li><li>• Objectives of the workshop</li><li>• Introduction to <i>Stepping Stones</i></li><li>• The first community meeting</li><li>• Forming groups</li><li>• Ground rules</li><li>• Trust and confidentiality</li></ul>	<b>Day 5</b> <ul style="list-style-type: none"><li>• Taking responsibility for one's behaviour</li><li>• The second common meeting</li><li>• Assertive skills</li></ul>
<b>Day 2</b> <ul style="list-style-type: none"><li>• Listening pairs</li><li>• Body language</li><li>• Ideal Images and personal destroyers</li><li>• Body mapping</li><li>• Images of sex</li><li>• Prioritizing problems</li></ul>	<b>Day 6</b> <ul style="list-style-type: none"><li>• 'I' statements</li><li>• Saying 'No'</li><li>• Sexual encounters revisited</li><li>• Coping with AIDS</li><li>• River of my life</li></ul>
<b>Day 3</b> <ul style="list-style-type: none"><li>• The first common meeting</li><li>• What is love?</li><li>• Happy and unhappy relationships</li><li>• Taking risks</li></ul>	<b>Day 7</b> <ul style="list-style-type: none"><li>• Preparing for the special request (request made by men and women's groups to each other for better future)</li><li>• Presentation of performances and special request</li><li>• Adaptation of ideas to suit different target groups and organisations</li></ul>
<b>Day 4</b> <ul style="list-style-type: none"><li>• More about condoms and safe sex</li><li>• Sexual encounters and our behavior</li><li>• Whose responsibility?</li></ul>	<b>Day 8</b> <ul style="list-style-type: none"><li>• Facilitation skills practice</li></ul> <b>Day 9</b> <ul style="list-style-type: none"><li>• Pre-Stepping Stones Community Assessment</li><li>• Monitoring and evaluation</li><li>• Action plans</li><li>• Evaluation and good-byes</li></ul>

### Annexure 3

#### Adapted 6-day Schedule for the Training of Health Workers

##### Day 1

- Registration
- Introducing ourselves
- Hopes and fears
- Objectives of the workshop
- Introduction to *Stepping Stones*
- The first community meeting
- Forming groups
- Ground rules
- Trust and confidentiality
- Listening pairs

##### Day 2

- Body language
- Ideal Images and personal destroyers
- Body mapping
- Images of sex
- Prioritizing problems

##### Day 3

- The first common meeting
- What is love?
- Happy and unhappy relationships
- Taking risks

##### Day 4

- Role plays on loving and non-loving relationships
- Reproductive system and health issues
- HIV / AIDS / STDs
- More about condoms and safe sex

##### Day 5

- The second common meeting
- Sexual encounters and our behavior
- Whose responsibility?
- Taking responsibility
- Assertive skills
- Saying 'No'

##### Day 6

- 'I' statements
- Sexual encounters revisited
- Coping with AIDS
- River of my life
- Preparing for the special request
- Presentation of performances and special request
- Evaluation and good-byes

## Annexure 4

### Outcome of Training Sessions

#### Session: Expectations and Reality

##### *Methodology*

The participants were divided into two groups - married and unmarried. The second group was again divided into two groups, one being young unmarried and the other being elderly unmarried.

The groups were instructed to discuss the expectations of society from them, and also what are the realities.

##### *Outcome of the session*

###### *For married women*

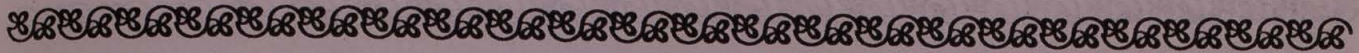
- Dress code sober and not fashionable
- Restriction on social activities and time for returning home
- Relationship with men other than husband was objectionable
- No say in decision making process
- Earn money, but no ownership
- Too many expectations from society – look after home, children, their schooling, studies, illness and other needs and requirements, also looking after the elderly at home
- Maintaining the marriage under any circumstances and following social conduct for married women.

###### *For older unmarried women*

- Too many responsibilities of the family
- Running after all matters related to property
- Looking after children of their brothers and sisters those who are married
- Not involved in decision making and also no authority.
- Always taken for granted, no one asks for their choice.
- The issue of avoidance also came up. These elderly unmarried women are mostly not called to social functions, if at all they are called, they are looked upon with pity.

##### *Issues emerging from the session*

- Both groups of women were under pressure to behave in a way that was acceptable to society in terms of restrictions on timings, dressing, spending money, and socialising.
- Role conflicts existed mostly in married and older unmarried women.
- Living up to the expectations of the family, community and society involves a great deal of sacrifice and struggle.



## **Session: Joys and Sorrows of Sex**

### **Methodology**

Participants were divided in to two groups and asked to discuss joys and sorrows of sexual relationships. They were instructed to depict or write about the activities that give them pleasure in sexual relationships and then to discuss about sorrows in sexual relationships.

### **Outcome of the session**

#### **Joys of sex**

- Consensual sex gives pleasure.
- Togetherness in sex.
- Bonding and trust in the relationship.
- Passion in sex.
- Physical and mental satisfaction.
- Pregnancy

#### **Sorrows of sex**

- Unwanted pregnancy
- Force in sexual relations
- Fear of HIV/AIDS/STDs
- Physical and mental trauma.
- Sex after consumption of alcohol and/or tobacco.
- Abuse and exploitation of women
- Men show no concern after the sexual act is over
- Women do not get opportunity to express their sorrows.
- Some expressed that even after sex, some women do not feel satisfied and then how should they cope with this sorrow?

### **Issues emerging from the session**

- Issues of safety in light of pleasure – what about the infections that women face through sexual relations and how to avoid them
- Some gender stereotypes – like positions in the sex, different types and positions in sex that give more pleasure.
- Women's role is to satisfy or to give pleasure to men at all times —immaterial whether women want to have sex or they are in pain or mentally they are not prepared to have sex.

## **Session: Second Common Meeting**

### **Methodology**

In the common meeting both the peers (men and women) presented the role plays demonstrating loving and non-loving relationships. The issues emerging from the role-plays were discussed to arrive at a common understanding.

## **Outcome of the session**

### **Characteristics of Loving Relationship**

- Responsibility
- Caring
- Understanding feelings
- Sharing of love
- Trust
- Commitment
- Respecting – considering partner's wish for sexual relations
- Concern – not much importance for sexual act, but concern for the partner

### **Characteristics of Non-Loving Relationship**

- Force – use of power in sexual relationship, prime importance to the sexual act
- Telling lies – non responsible behaviour
- Selfishness
- Inequality
- To take advantage of the situation
- High risk behaviour
- Emotional black mail
- Suspicion
- To judge wife
- Sexual harassment at public places
- No commitment

### **Issues emerging from the session**

- Force in the relationship is not acceptable to both groups.
- Behavioural change and giving away of power is very difficult for men e.g. to give seat to a woman in the bus, when the man is occupying the seat.
- Possessiveness / suspicion in a relationship is not the way of expressing love, but more of expression of control over women.
- Boys also should be told about responsible behaviour by their parents
- Some members from the men's group feel that education can bring change in the attitudes. But some members from the group felt that attitudes have nothing to do with education, but it depends on upbringing since childhood and cultural background of the family

At the end of this common meeting the women's group observed that there is change in the attitudes of men, as compared with the first common meeting. In this meeting, men were better behaved, there was an increase in acceptance of facts, and men revealed a few of their personal experiences.

## Session: Why do men behave the way they do?

### Methodology

Discussion and analysis

### Outcome

- |  |                                 |
|--|---------------------------------|
| • Power relations                                  | • Cultures and traditions       |
| • Sanctions from society for such behaviour        | • Money                         |
| • Patriarchal system                               | • Peer pressure                 |
| • Under the influence of alcohol, and other drugs. | • Trying to find an ideal       |
| • Upbringing                                       | • Sense of ownership over woman |
| • Value – building and morals in man               |                                 |

## Annexure 5

### Pre-Post Test Analysis of Participants

#### Introduction

For three batches of *Stepping Stones* training conducted by the Project a pre-post questionnaire was administered before and after the training. This report presents analysis of the pre-post test results for two batches of trainees.

The first batch was conducted during April 7 to 12, 2003 and the second batch from June 30 to July 5, 2003.

Profile of the trainees in the two batches is as follows

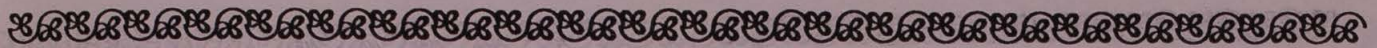
Profile	Batch 1	Batch 2
Number of trainees	Total 30 (Women-19, Men-11)	Total 35 (Women-13, Men-22)
Designation	ANMs-17 MPWs-10 PHNs-2 CDO-1	ANMs-8 MPWs-8 FTMO-5 PHNs-4 CDOs-3 MOs from BMCs School AIDS Programme-4 MO Incharge-2
Average age	39	37
Average years of service	12	11
Average number of times received training related to AIDS in last 5 years	2	2
No. of questionnaires analysed	25	30

#### Description of the pre-post questionnaire

The questions in the tool were based on the objectives and the topics included in the workshop, namely HIV and safe sex, condom use, gender, communication, attitude to sex and sexuality, love and sex, and interpersonal relationship skills. Some questions related to the role of health care providers in addressing the concerns about HIV and sexually transmitted diseases, were also included.

The total number of questions was 47. The questions were in the form of true/false statements, and participants were asked to choose the most appropriate answer from amongst the given responses. The questionnaire also included 6 open-ended questions, related to describing sexual acts, qualities of a counsellor, communication skills required to encourage sharing and alternative sexual practices.

The distribution of topics and weightage of questions included in the questionnaire are presented in Table 2.



**Table 2** Distribution of questions in the questionnaire

Topic	No. of questions	Total maximum marks	Weightage in the questionnaire
1. Risk Behaviour, Safe sex practices and Condom use	11	26	36%
2. Non-judgmental attitude and Role of health care providers	7	14	19%
3. Sexuality <ul style="list-style-type: none"><li>● Love and Sex</li><li>● Homosexuality</li><li>● Misconceptions</li><li>● Sexual Abuse</li></ul>	4 4 3 1	12	17%
4. Communication and Relationship skills	6	9	12%
5. Gender and HIV transmission	7	7	10%
6. Knowledge about HIV transmission and test	4	4	6%
<b>Total</b>	<b>47</b>	<b>72</b>	<b>100</b>

In terms of knowledge, attitudes, and skills, the distribution of questions was as follows: The knowledge component formed 31% of the questionnaire that included questions on condom use, HIV transmission, testing, safe sex and alternative sexual practices. 57% questions were related to attitude towards sexuality, sexual practices, gender and HIV positive persons. The questions related to interpersonal communication and counselling skills formed 10% of the questionnaire.

### Methodology

#### Steps followed in analysis of pre and post tests

1. The questionnaires that were not complete and did not have both pre and post were discarded. — 5 such questionnaires were discarded from the 1<sup>st</sup> batch and 2 from the 2<sup>nd</sup> batch
2. Each question was assigned a score
3. Marks obtained by each participant were added to get total score for each participant in both the pre and the post test. These results were compared for each participant.
4. Total score for each question in the pre and the post test was compared
5. Questions for which scores differed by more than five points between pre and post were selected as Key questions
6. Scores for sub-groups that included the key questions were used for analysis namely
  - Communication
  - Sexuality
  - Gender
  - Safe Sex practices and condom use
  - Role of health workers

## Results

### 1. Average Score

Table 1		Average Score	
Batch	Pre test	Post test	Improvement
Batch 1 (n=25)	38	47	9
Batch 2 (n=30)	49	54	5

### 2. Increase in the total score

Table 2			Increase in the total score	
Increase in the score	Batch 1	Batch 2		
No change	8 %	23%		
1-5 points	24 %	33%		
6-10 points	24 %	30%		
11-15 points	32 %	13%		
Above 15	12%	—		

The pre-test score of the participants in batch 2 was higher than batch 1 and the increase in the score was lower, which could be attributed to their exposure to training related to AIDS as well as their educational background and the position they hold at their work place. The trainees included more medical officers from the school AIDS programme, other doctors, more CDOs and more PHNs in the second batch than in the first batch. The number of trainees who have received gender training conducted by the Project are also more in the second batch compared with the first batch.

### 3. Marks scored by the participants

Table 3					Marks scored by the participants	
Marks Obtained			Batch 2 (n=30)			
	Pre-test	Post-test	Pre-test	Post-test		
Below 60	21	4	5	1		
60-70	4	16	13	6		
Above 70	0	5	8	20		

Table 3 shows that participants in both the batches performed better in the post test. The number of participants scoring less than 60% decreased, and those scoring more than 70 % increased for both the batches in the post test.

### 4. Distribution of marks scored and exposure to earlier training.

Table 4					Marks scored and Exposure to earlier training	
Marks Obtained	No exposure to training n=25		Participants who received the WCHP and AIDS training n= 29			
	pre-test	post-test	pre-test	post-test		
Below 60	17	3	9	2		
60-70	8	11	9	11		
Above 70	0	17	8	13		

Table 4 shows that the pre-test scores of participants who had exposure to training in gender, reproductive and sexual health and HIV/AIDS are much higher than the those who were not exposed to such training earlier. None of the participants who did not have the exposure to the training, scored above 70 in the pre-test, whereas 8 participants who had received training earlier scored above 70 in the pre-test. More number

of participants scored above 70 in the post test from the group with no previous exposure. Thus participants who do not have exposure to the earlier training are more likely to show positive changes in their post test scores than those who are exposed to the training.

**5. Distribution of marks and the sex of the participants.**

**Table 5      Marks and the sex of the participants**

Marks Obtained	Men Participants n=20		Women Participants n=34	
	pre-test	post-test	pre-test	post-test
Below 60	9 ( 45 %)	0 ( 0 %)	17 (50 %)	5 (15 %)
60-70	5 ( 25 %)	8 (40 %)	12 (35 %)	14 (41 %)
Above 70	6 ( 30 %)	11 (55 %)	5 (15 %)	17 ( 50 %)

Table 5 shows that none of the men scored less than 60 marks in the post test, whereas 15% of women scored less than 60% in the post test. The percentage of men scoring above 70, was also higher in the pre test than that of women participants. 50% of women and 55% of men scored above 70 in the post test.

**6. Increase in the post test score for the selected key question groups**

The questions for which scores differed by more than five points between pre and post were selected as Key questions. These included questions related to communication, attitude towards homosexuality, gender, misconceptions related to condom use, assertiveness, safe sex practices and role of health workers. The increase in the scores related to knowledge about HIV transmission, non judgmental attitude, attitude towards HIV positive person and sexual abuse was less than 5 points. Hence questions related to these topics were not included in the analysis.

The scores of all the key questions were added and compared with respect to increase in the post test scores. The result is presented in table 6.

**Table 6      Increase in the post test score for selected key questions**

Increase in the score	Batch 1 n=25	Batch 2 n=30
No change	1	8
1-5 points	11	15
6-10 points	7	7
Above 10	6	—

We see that the change in the scores for the first batch is more than the second batch. The number of participants whose post test score did not change was more in the second batch, and the participants showing more than 10 points difference are more in the first batch.

**Analysis of qualitative and open ended questions**

The questionnaire included 6 open ended questions, of which 3 questions asked the participants to describe 3 sexual acts, namely masturbation, oral sex and anal sex. The descriptive responses to these 3 questions were compared and coded according to the vividness of the description. Other 3 questions were related to qualities of a counsellor, communication skills required to encourage sharing and alternative sexual practices to penile-vaginal penetrative sex. Analysis of open ended question follows.

*Difference in the description of sexual act in the post test*

Table 7 Description of sexual act in the post test		
Masturbation		
Description of the sexual act	Batch 1 (n= 25)	Batch 2 (n=30)
1. Brief in the pre-test and not changed in the post test	6	5
2. Vivid in the pre-test and not changed in the post test	4	10
3. Brief and Blank in the pre-test changed to vivid description in the post test	15 (only men's masturbation-8, masturbation both by men and women -7 )	11 (only men's masturbation-7, masturbation both by men and women -4 )
4. Described only men's masturbation in the pre-test changed to describing masturbation both by male and females in the post test	4	3
Oral Sex		
1. Brief in the pre-test and not changed in the post test	5	14
2. Brief and Blank in the pre-test changed to vivid description in the post test	18	11
3. Described only in men in the pre-test changed to describing in both male and females in the post test	7	6
Anal Sex		
1. Brief in the pre-test and not changed in the post test	6	21
2. Brief and Blank in the pre-test changed to vivid description in the post test	10	6

The sessions related to sexuality and description of sexual acts helped the participants to express all 3 sexual acts vividly in the post test.

Table 7 shows that there is a greater acknowledgment of masturbation in females and mutual oral sex after the training.

More number of participants in batch 1 could describe the sexual acts vividly than in batch 2 in the post test

**Alternative sexual practices to penile-vaginal penetrative sex.**

Sexual practice	Table 8 Alternative Sexual Practices			
	Batch 1		Batch 2	
	Pre-post	Post	Pre	Post.
Masturbation	5	19	25	27
Oral sex	0	16	14	19
Anal Sex	0	12	11	6
Kissing	10	13	14	16
Massage	3	6	9	9
Caressing	3	7	3	9

Table 8 shows that the maximum number of participants mentioned masturbation as an alternative sexual practice to penile-vaginal penetrative sex. Also the number of participants mentioning masturbation, oral and anal sex in the post test increased considerably for batch 1.

The other ways of alternative sexual practices mentioned were Talking about sex, Hugging, watching pornographic films, magazines, and homosexual relations.

It is interesting to note that in another question related to safety in homosexual relations 52% of the participants in the first batch and 84% in the second batch perceive homosexual relations more risky without condoms. Question related to anal sex with condom shows that 68% in the first batch and 69% in the second batch perceive anal sex with condom less risky. 16% in the first batch and 3% in the second batch find anal sex more risky even with the use of condom.

**Qualities of counsellor**

The most listed qualities in the post test for both the batches are shown in table No. 9

Qualities	Batch 1		Batch 2	
	Pre test	Post - test	Pre - test	Post - test
Maintaining confidentiality	23	23	17	17
Trust	12	22	10	17
Guidance	18	18	7	20
Listening	15	12	12	12

Number of participants mentioning confidentiality and listening did not change in the pre and post test in both the batches. The proportion of participants mentioning 'trust' as an important quality of a counsellor, increased from 38% in the pre-test to 69% in the post test in batch 1, whereas in batch 2 proportion of participants mentioning 'guidance' increased from 28% in the pre-test to 80% in the post test.

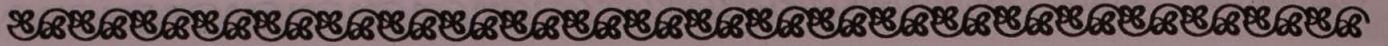
**Communication skills required to encourage sharing**

Most mentioned skills in the post test are shown in table 10.

Communication Skills	Batch 1 (post test)	Batch 2 (post test)
Active listening	20	16
Assurance	12	6
Rapport Building	6	6

**Summary**

- The average total score for both the batches increased after the training.
- All the participants showed a better performance in the post test.
- Post test scores increased by more than 6 points for 68 % of the participants in the first batch and 43% in the second batch.
- The post test scores increased considerably for the questions related to risk behaviour and safe sex practices for both the batches.
- vividly in the post test and 40% in the first batch and 19% in the second batch could describe the act of anal sex more vividly in the post test. Most of the participants could describe the acts better after the training.
- More number of participants listed a number of desirable behaviours and qualities that a health worker or counsellor should possess to encourage people to talk about their sexual health concerns after the training.



- The increase in the number of participants mentioning masturbation as one of the alternative sex practices increased considerably, but the increase in the number of participants considering anal sex as an alternative sex practice raises concern
- The variation in the background of participants between the two batches, in terms of exposure to AIDS and gender training and related work, clearly had its impact on the pre and post test scores. Pre-test scores of the participants in the second batch who were more exposed to repeated training in AIDS and gender were much higher than the first batch, but the increase in the score was more for the first batch than the second.

**Conclusion**

*Stepping Stones* training has been able to bring about change in the knowledge, attitude and perceptions related to the issue of sexuality, safe sex practices, condom use, communication and gender issues linked with HIV transmission and sexual health of men and women. The change is more in the participants who have had limited training in the past and are not exposed to the issue of sexual health, gender issues in their work setting.

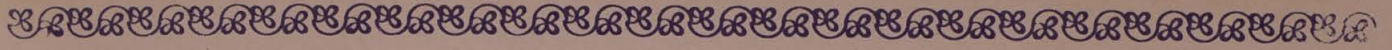
Hence we can say that the *Stepping Stones* methodology can be used as an effective tool for changing health worker's knowledge, attitudes towards the issue of HIV/AIDS, sexuality and gender.

10	10	10	10
10	10	10	10
10	10	10	10

Table 10: Communication skills required in various settings

Communication Skills	Batch 1 (post test)	Batch 2 (post test)
Active listening	20	10
Assertiveness	12	5
Feedback	5	5

- Summary
- The average first score for both the batches increased after the training.
  - All the participants showed a better performance in the post test.
  - Post test scores improved by more than 50% for 63% of the participants in the first batch and 43% in the second batch.
  - The post test scores increased considerably for the question related to safe behaviour and safe sex practices in both the batches.
  - Vividly in the post test and 40% in the first batch and 15% in the second batch could describe the safe sex practices of their sex more vividly in the post test. Most of the participants could describe the safe sex practices after the training.
  - A number of participants listed a number of best-practice behaviours and advised their health worker or counsellor to encourage people to talk about their sexual health, reproductive health and safe sex practices.



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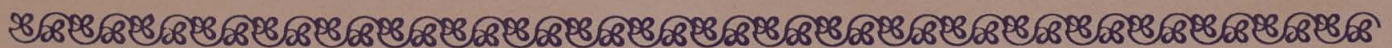
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