

# Program Evaluation

Community Education Program (Planned Parenthood Ottawa)

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## **Introduction**

Planned Parenthood Ottawa (PPO) is one of the few sexual health facilities in Ottawa that offers education, counselling and referral services to assist and support people in making informed sexual and reproductive health (SRH) choices. The goal of PPO is to equip families with the skills they need to become self-sufficient, while promoting healthy sexuality. PPO provides services that are non-judgmental, pro-choice, confidential, supportive, GLBTTQ positive and youth positive. Through its 46 year history, the organization has evolved in order to best meet the needs of the Ottawa community. With PPO's strong focus on providing up to date, nonjudgmental SRH information, they are able to provide pro-choice, evidence-based information and programming through its 'by youth for youth' Insight Theatre program, Pregnancy Options Counselling Program and Community Education Program (CEP). In 1971, PPO became incorporated, allowing it to become a charitable tax-deductible organization. This merge improved their potential to raise funds and possibilities for increasing services.

In its goal of assisting individuals to make informed SRH choices, PPO collaborated with Carleton University, Masters of Social Work (MSW) students in September 2009 to help respond to the needs of Ottawa's diverse and changing community. The project highlighted and discussed the sexual health needs of Muslim youth in Ottawa. As a follow up to this research initiative, PPO would like to further examine the effectiveness of the CEP workshops program that has been delivered to female youth members of the Ottawa Rape and Crisis Centre's (ORCC) Girl Chat Program. In order to achieve this, PPO has commissioned research with the Carleton University Masters students at the School of

Social Work. The researchers for this project are: Sinmi Akin-Aina, Allison Everett and Tobias Harrington.

### **Research Focus**

In our project design and implementation, we sought to include a research focus in keeping with our theoretical framework and the goals of the organization. We also sought a process that was beneficial and reflexive for both the researcher and the participant. As such, our primary research focus was as follows: To assess PPO's SRH workshops by exploring the participant's perceptions of empowerment. Chamberlin (1997) defines the "key elements of empowerment" as: "access to information, ability to make choices, assertiveness, and self-esteem" (p.1). We used this key element as a means to identify what the participants found value in, an increase in their knowledge, whether the workshop content had a lasting impact and their ability to access and navigate relevant sources of information and services. The CEP workshop that PPO offers engages in the topics of SRH with young women. These workshops address the following three areas:

- 1) Women's Health
- 2) Body Image
- 3) Healthy Relationships/ Self Esteem

For this research, the population that we were most interested in was female youth from diverse populations, who were of the ages of 16 and over, and have participated in PPO's CEP workshops. When researching this age group, we attempted to identify their perceptions and ideas surrounding SRH, and determine how informed they were.

### **Theoretical Framework**

The theoretical framework we used for this research project was an Anti-oppressive and Feminist approach. This is evident in our research focus, methodology, the design of the focus group questions, as well as in the considerations taken into account while engaging participants in the focus group. An Anti-oppressive and Feminist lens examines different forms of oppression and marginalization such as those based on class, gender, race or citizenship status. It sees these oppressions as systemic and institutionalized, thus rooted in structures within society, such as policy, social norms, education, politics, religion, the economy and many more. Scholar Roxana Ng defines systemic oppression as stemming from the “ideology of the superiority of one gender and/or race over others” (Ng, 1997, p.13). Anti-oppressive and Feminist approaches also acknowledge an intersection of oppressions. As stated by sociologist Sherene Razack (1998), “it is vitally important to explore in a historically and site specific way the meaning of race, economic status, class, disability, sexuality, and gender as they come together to structure women in different and shifting positions of power and privilege” (p.12). Most importantly, Anti-oppressive and Feminist approaches seek emancipatory and empowering ways to address these multiple forms of oppression, ones that empower individuals and utilize their knowledge, expertise and skills. More specifically, the basic tenets of a Feminist approach are as follows: Firstly, it foregrounds the concerns and experiences of women; Secondly, a Feminist approach also seeks to minimize the possible harm, control and power asymmetry of the traditional research process and; lastly, a Feminist approach and methodology seeks to involve and support research of value to women (DeVault, 1996, 33). Our rationale for employing this specific framework is due to the fact that we are dealing with a population of visible minorities and culturally diverse immigrant young women. As such, an anti-oppressive and

Feminist approach directly addresses their lived experiences and specific concerns. Our focus on the key elements of empowerment were designed to link the participants experiences, with the theoretical perspective of anti- oppression and the lived experiences and critical impressions of the participants from a feminist perspective. Additionally, as researchers who identify as people of colour and feminists, we wanted this process to be an empowering one for both the participants as well as ourselves. This results in situating the expertise with the participants, as well as in minimizing the age-based power imbalance between facilitators and younger women (Raby, 2010, p. 3).

### **Literature Review**

Current literature on women's SRH within the Canadian context is situated within a dialogue that determines what is current, relevant and socially acceptable. The focus is on a set of topics that are framed inside this dialogue and are essential to the promotion of healthy sexual practices. The overall message of safe and positive sexual practices is emphasized. The majority of the literature illustrates widespread support for SRH education, and specifically promotes school-based education programs that organizations such as PPO provide.

#### *Standard Topics*

According to McKay, the standard topics that are currently included within the educational component of SRH include: abstinence focused services, contraceptive use, safe-sex practices, sexually transmitted infection (STI) prevention, Human Immune Virus (HIV) prevention, pregnancy planning, unintended pregnancy prevention, and abortion services. These topics create a continuum of issues that health educators are expected to cover when providing the public with information. However, these standard topics do leave

many people with gaps in knowledge as a result of personal needs. These needs can include; gender and sexual identity, the search for that identity, alternative forms of sexual expression, sexual practices that are often considered taboo, sexually-based forms of social interaction, and numerous other topics that are specific to the needs of each and every individual. Due to the fact that information is standardized, it becomes difficult to predict what people, and especially youth require. Thus, feedback from youth is also an essential part of providing comprehensive services and education to all.

### *Youth Sexuality*

Within all societies, sexuality has been contentious, and this remains true for Canadian youth. Many people believe that youth need to be fully informed about the risks of engaging in sexual contact. Currently, there is an implicit assumption that youth lack the maturity to have sex without engaging in risky sexual behaviours, resulting in elevated rates of STI's and teen pregnancies.

Currently, youth are expected to wait longer to marry, most likely in their 20's or 30's, and to produce children after that stage. This has led to the assumption that SRH education is mainly for the prevention of teen pregnancy and transmission of STIs, which is not necessarily the case. SRH education spans a whole array of topics including, identity, personal development, advocacy and sexual health. In 2008, the Public Health Agency of Canada published the *Canadian Guidelines for Sexual Health Education*. The principles of these guidelines are; that education is accessible to all people, is age appropriate, is culturally sensitive, and is "respectful of an individual's right to make informed choices about sexual and reproductive health" (Minister of Health, 2008, p. 18). Within the guideline of age appropriate education, McKay identifies that the age of consent for sexual

contact is 16 years old in Canada (McKay, 2009). This means that 16 year olds have a legal right to have sex, the same as any other adult. Services and education then must be planned, delivered, and targeted to this population, in the same fashion as the rest of the adult population.

McKay (2009) identifies that “schools are the only formal educational institution to have meaningful and mandatory contact with nearly every young person, and are in a unique position to provide...the knowledge, understanding, [and] skills...that promote sexual health throughout their lives” (p. 29). This opportunity is also highlighted by the statistic that over 85% of parents in Canada feel that “sexual health education should be provided in schools” (McKay, 2009, p. 50). A survey in Saskatchewan also demonstrated that 91% of parents wanted sexual health education for youths before grade 9 (Ibid). This is a clear message for the government and the school system that there is a widespread recognition of the need for youth to be fully informed about sex, and SRH.

#### *Forms of Delivery of Sexual and Reproductive Health Education*

Across the educational landscape, there exists principle-based SRH education that promotes ‘abstinence-only’ programming. Principle-based abstinence programs teach youth, adolescents and adults to abstain from any sexual activity until they are married. This form of programming is contentious due to underlying assumptions that restrict sexual relationships to marriage, which is not always the case. According to McKay, a lack of provision for potential sexual contact creates a situation where people are not taught how to use contraceptives for the purpose of STI/HIV and pregnancy (2009). This also leads to the Ott & Santelli’s argument that “abstinence-only’ policies may violate the



human rights of young people because they withhold potentially life-saving preventative information on HIV and other STI's" (Ott & Santelli, 2007, p. 52).

The reality of the situation is that within specific cultural and religious communities, the preference is to withhold a certain degree of SRH information. For the SRH educator, the difficulty comes in navigating the needs of the community as well as the clients. Such communities often have religious and culturally based beliefs and expectations of what is appropriate and inappropriate sexual behaviour. Some of the expectations include the directive that people marry, form a heterosexual family consisting of a husband and a wife, and share the same faith. The reality is that this is not possible for all people. An adolescent may have grown up with these social expectations, however they may become engaged in sexual relationships that are deemed unconventional. Some examples include; same-sex relationships, premarital sex, children outside of marriage, intra faith relationships, as well as sex work. SRH educators are aware and witness these issues often in their practice. The issue of what is seen as culturally appropriate is amplified by the belief in 'honour' and 'family honour'. What information to include and what to withhold is important, due to the fact that there is a potential risk of offending and embarrassing people by discussing topics that are taboo to them. According to the Public Health Agency of Canada, "sexual health is a major, positive part of personal health and healthy living" (McKay, 2009, p. 56). With that in mind, it is important to provide all people with adequate information to protect themselves from harm and allow for them to have the ability to make informed and positive choices about their sexual and reproductive health.

On June 14<sup>th</sup>, 2002 a Canadian research team that consisted of Dicenso, Guyatt, Willan & Griffith published an article in *The British Medical Journal* that concluded that

sexuality education and pregnancy prevention does not work (McKay, Fischer, Maticka-Tyndale & Barrett, 2001, p. 12). Both *The Globe and Mail* and the *National Post* ran stories on how sexual education was failing to teach teens effectively (Ibid). This was a seminal finding as Dicenso commented that “we obviously don’t have it right yet” (as cited in McKay, Fischer, Maticka-Tyndale & Barrett, 2001, p. 12) resulting in the overwhelming sense that SRH education was near useless. Thus, the belief that all SRH programs are wasteful and ineffective pervaded the national consciousness, which justified the disabling and dismantling of SRH programs that were being incorporated into the education system.

PPO with these *Community Health and Sexuality Workshops* holds a different perspective than Dicenso and colleagues. PPO believes that the services they provide are effective and essential to the health of all people, and especially youth. Dicenso et al. criticized current programming and called for research to involve “adolescent input into program design and research on strategies to help adolescents improve the quality of their sexual relationships” (McKay, Fischer, Maticka-Tyndale & Barrett, 2001, p. 132). With this in mind, the program evaluation that we have undertaken specifically addresses the recommendations of Dicenso et al. In the opinion of McKay, teachers are not prepared to teach the topic extensively due to the fact that they lack the appropriate training and education. McKay points to the fact that, “Planned Parenthood... [Is an organization that] assists teachers in need of expertise and resources...[and contributes to] raising the standard of school-based sexual health education in Canadian schools”(McKay, Fischer, Maticka-Tyndale & Barrett, 2001, p. 133). PPO not only teaches youth but also guides teachers through the topics of SRH. With these factors all considered, we plan to evaluate the effectiveness of PPO’s CEP workshops on SRH.

**Methodology**

This study used a qualitative research method. We conducted a focus group for an hour and fifteen minutes with seven participants in total. Our use of the focus group as a method of data collection was in keeping with our Anti-oppressive and Feminist approach, which looks at conducting research in an emancipatory way. In this, we wanted to ensure that participants' voices were heard and that they were the experts in their own experiences and knowledge as well as in providing solutions and recommendations. There was also an acknowledged social component in the use of focus groups which was congruent with our approach. Our aim was to facilitate solidarity and communal support as we were dealing with topics that could be potentially difficult or triggering for some participants, such as the possibility of references to experiences of racism or gender-based violence when looking at issues of SRH with visible minority populations. Additionally, we wanted to emphasize the connections, shared experiences and positive social interactions amongst group members. Research has noted that focus groups are a wonderful site for fostering positive social interaction such as debate, laughter and communal problem-solving (Raby, 2010, p.2). For an investigation that looked into empowerment as measured by perceptions of knowledge, we also wanted to bring to the fore common shared assumptions as well as individual ideas. As an Anti-oppressive and Feminist research method, focus groups shift the power relationship from the researcher to the participants, as participants are greater in number (Raby, 2010, p. 3). As two of the researchers were also young immigrant women of colour, we hoped that this mitigated feelings of discomfort as well as perceived social distance. Literature on focus groups has also pointed to the fact that this method of investigation politicizes through problem-solving as well as in the

creation of a shared identity. Lastly, focus groups also provide participants with security as each individual does not feel the pressure to answer each question.

Several limitations to focus groups have also been noted in the literature. The first of which is the possibility for the distortion of individual opinions. This is particularly salient in the case of teenage girls where peer group status and interaction is important. This was a concern for us, and we noted the possibility of an echo chamber effect, where participants reinforced the dominant ideas and what had already been expressed. The research has also noted the difficulty in assessing whether the discussion portrays a genuine self-representation of the individuals. Raby references a study by Hyde et al ( 2005) with male participants on sexual health, and noted that individuals were focused on managing the impressions of their peers with bragging and posturing. For all intents and purposes, this was not a primary concern with our study as participants were quite familiar with each other. A final concern explored in the research was the danger of normative censure, in which peers may judge or shun a participant for disclosing sexual experiences or events. This was an issue we took into account particularly with regards to the topic of SRH (Raby, 2010).

The process that followed was to transcribe the contents of the focus group into a complete transcript. This transcript was then inputted into QSR Nvivo 9, a coding program that is considered the benchmark for qualitative data analysis. The coding process was used to convert the transcript into measurable data. The process was begun by splitting positive and negative responses in to separate sections. Each section was then broken down into categories and then sub-categories that would eventually be defined as the thematic findings and final result of our research. Special consideration was given to

examine positive and negative feedback by the participants on their experiences receiving the workshop content by Planned Parenthood Ottawa facilitators. The coded data was used in the final analysis and writing of this report.

### **Research Design and Process**

The focus group took place at the Gloucester Public Library on March 2<sup>nd</sup> 2011 from 3:45-5pm. We had seven participants in total, which was half the number that had consistently attended the workshop sessions, thus we had fifty percent representation for workshop attendees. There were several advantages to having the group at the Gloucester Library. Some of the benefits included the following: it was in close proximity to the high school, the group started twenty minutes after school ended and thus we were able to capitalize on timing, the library was also a space that the participants were familiar and comfortable with. The seven participants were all in their senior year of high school. Although, we did not ask them to self identify, three of the seven wore hijabs and several others spoke of being Muslim.

In the design and planning of the focus group we took cultural sensitivity into account. Our questions reflected this cultural sensitivity, we also provided halal pizzas for them to eat, and the choice of the Library was due to the fact that this was a space that was accessible to them, and which they could take ownership of in the short time that we were there. The ease and comfort in the space was also demonstrated by the fact that a Muslim participant felt comfortable enough to take time to pray. We endeavoured to create a safe and comfortable space that promoted open dialogue, and empowered the participants. At the beginning of the focus group we created a participant-generated collective agreement that detailed how the group would function. We were also careful to avoid triggering

language in our focus group questions with regards to past experiences and provided the space and opportunity for participants to leave, as well as counselling resources for any participant who felt they needed emotional support after the focus group.

## **Thematic Findings**

### *Determining the thematic findings*

Our findings are based on our results from the coding process and personal impressions of the focus group discussion. The group dynamics, openness of discussion, non-linguistic physical communication, levels of laughter and levels of comfort of all involved were instrumental in developing an overall takeaway message of the focus group experience. The experience of the focus group facilitators within our group were used to assess in particular, the unexpected depth and candidness of the participant's during the focus group. We as a group then discussed our impressions and extended these to become thematic focus of our findings.

### *Impression*

The first element of the findings is the participants' *impression* of the CEP workshops. They repeatedly described the CEP workshops as *informative* and *useful*. The CEP workshops were *informative*, and the participants left the series of workshops with new knowledge and a new understanding of their personal sexuality and individual reproductive health needs. This was due to the realization that every woman is different physically and biologically. This created a process of normalizing the common changes in a woman's body that participants' had worried about prior to the CEP workshops. The CEP workshops were *useful* because the participants' gained specific knowledge of what

contraceptive products are available and how they work. They also could understand how contraceptive products work and how their own bodies interact with these products.

### *Atmosphere*

The participants commented on the *atmosphere* of the CEP workshops. They described them as *safe* and *comfortable*. This included the impression that the facilitators from PPO were open to responding to their questions, concerns, and apprehensions. The participants felt that they could “ask anything” and that they would receive full and honest answers.

Within this atmosphere, there was the element of a group dynamic. The participants were comfortable with each other and developed a rapport over the series of CEP workshops. This was evident within the focus groups we conducted where the group dynamic translated into a focus group setting that included *lots of laughter*. The group was able to share both their anxieties and discomforts, as a group and as individuals. Their group exhibited a supportive approach and an authentic bond was visible in the way the group interacted with each other.

### *Misunderstandings*

One of the main *misunderstandings* that the group identified involved tampon usage. There was a socio-cultural aspect that included their values and expectations of what tampon use meant. Many of the participants were concerned about the *definition of virginity*. Some believed that tampons would break the hymen, and this would affect their perception of virginity. The participants stated that they learned during the CEP workshops that the breaking of the hymen may or may not happen with tampon use. The participants explained that this was important to them because they respected and were cognizant of

maintaining the social significance of virginity. This was not specified to be for religious, social, or individual reasons, however the participants explained that their choices on tampon usage were rested upon this misunderstanding of the effect of tampon usage.

The participants stated that they learned about what healthy relationships entail. This was helpful to them because they disclosed that they had some misunderstandings on relationships their friends had, and how they now would consider these relationships unhealthy. The issue of domestic violence was central to this and was discussed. The participants concluded that no matter what culture one came from, domestic violence should be considered wrong. The conclusion was that no culture would condone the presence of domestic violence in a relationship. This was a moment when the participants joined as a cohesive voice and concluded as a group that there was no place or defence for violence.

### *New Information*

One issue shocked the participants, and that was the supposed intention of some women wearing *make-up*. They learned that particularly in advertising women are put in specific types of make-up, such as deep red lipstick and bright blush to entice men who look at them or/incite physical arousal in men who look at them. The participants' expressed that they were shocked and uncomfortable with this piece of the CEP workshop. They questioned the validity of the information, because as one stated, "some women have really red lips naturally" and thus have no intention of enticing men. This was also uncomfortable for the participants because this reaction could be happening with any women with very red lips. This was discussed as an element that challenged their intention



of modesty. The participants felt that this assumption was uncontrollable for some women, and thus made them collectively feel a loss of control over what they portray to the world in their appearance. This was at the root of their discomfort.

The second piece of new information was the diva cup. The diva cup is an alternative menstrual product that is inserted into the vagina to collect menstrual fluid. The participants were surprised at this product, and were not comfortable with the way this product is used. The participants thought the idea of having to physically insert the product into their body was not appealing. They found the diva cup to be an option that they themselves would not choose but they considered it to be a piece of new information that they learned.

The last piece of new information has been mentioned previously, however, it deserves to be revisited. This is the topic of difference and diversity of all women. The cycles of fertility and of menstruation create many different reactions in the female body. Specifically, the development of vaginal discharge and secretions was an area that the participants had previously been concerned with when they experienced it happening to them personally. The workshops clarified that these are normal processes and by doing so, helped to relieve the anxiety associated with this process. This contributed to the process of normalizing the participants' own sexual and reproductive systems.

### **Major Finding**

The major finding from the focus group and the program evaluation was that participants did not want information on SRH to be specific or influenced by their culture and background. The participants identified that they wanted full, complete, unfiltered, uncensored information. Participants stated that when receiving information they would

interpret and/or analyze the information provided in terms of their own personal religious, cultural, and socio-ethnic needs. The participants stated they would determine what is relevant to them personally.

This related directly to the issue of providing services to specific populations that have more conservative outlooks on sexuality. This finding illustrates that as service providers, agencies should not concern themselves with attempting to predict what will be religiously, culturally, and socio-ethnically appropriate.

As one participant stated:

"I personally don't think your culture or your background should influence the information that you get about sexuality and reproduction... We're all women, and we're all girls, so our bodies are sort of the same. So our culture, I don't think should play a role in what kind of information people give you."

Another participant stated, "people just take from it and make up their own answers [in terms of their religion, culture, and community]." The participants felt that PPO provided them during the CEP workshops with full, uncensored information, and they appreciated and celebrated this.

The participants felt the information they received was empowering for them, for as young women they go through periods of questioning about their bodies when changes emerge. Through the CEP workshops, the participants gained a level of comfort and reassurance. This we believe was the factor that led to an empowering change in self-perception for the participants.

**Participant Recommendations:**

- a) The participants identified and recommended smaller numbers of participants in groups, as this would help them gain more from each workshop. This was due to the fact that some of the participants felt overwhelmed by larger groups, and were less likely to disclose and share their personal experiences in front of larger numbers of people.
- b) The participants stated they wanted more time for each workshop. They felt the allotted time was too short and was not long enough for them to fully explore each issue. They felt that by the time the group had settled, a considerable amount of the total time had elapsed, and this left them feeling that some topics were rushed.
- c) The participants expressed that they wanted more topics offered in the future. They gained extensively from what was offered and believed that if offered more, they would only continue gaining from the enhanced workshops. Some of the proposed topics included: emotional health, further exploration on healthy versus unhealthy relationships, women's health and men's perceptions of women when in a relationship. They felt that other participants would gain from topics that covered the aforementioned.
- d) The participants recommended that the diagrams or illustrations of the female reproductive system should be visually accurate, and avoid representations that are unrealistic. There was one diagram that the participants felt was unrealistic and that feeling seemed to be incongruent with the accuracy of the majority of information offered and their overall impression.
- e) All the participants stated that they would recommend these workshops to their friends and/or other youth in their age cohort. This is very substantial because not

only did the participants feel that they themselves gained from the workshops, but they felt that these workshops would help other youth. The conclusion is that the information, the process, and the CEP workshops in entirety were determined by the participants to have universal value to all youth.

- f) Finally, the participants stated that they themselves could now act as sources of information for their fellow peers who are searching for accurate information in the future. This is especially important because with youth the common daily dialogue that occurs amongst them can serve to educate or to mislead. These youth now feel that they can provide new information, and challenge the misleading aspects of what youth assume in terms of sexual and reproductive health.

### **Overall Impression and Takeaway Message**

The participants *overall impression* was highly positive and they felt they would carry forward with the *takeaway message* that 'everyone is different, diversity is good, and it is to be celebrated'. This message was repeated throughout the focus group.

### **Limitations**

The CEP evaluation is subject to several limitations. As with any program evaluation that uses a qualitative approach, there will be issues around how data is collected, how participants are selected and diffusing any form of bias. For this particular program evaluation, we adopted a qualitative approach due to that fact it celebrates the idea of exploring topics on which little is known. Additionally, this helped to assess the success of the workshops. By assessing these young women's experiences through qualitative

methods, we determined that the educational experience was one that the participant's valued. Also, the qualitative approach was most beneficial since we were looking at conducting research among marginalized youth while using a Feminist and Anti-oppressive framework. As researchers, we felt that that this approach would be the most suitable due to the fact that qualitative data collecting embraces the idea of "exploring a topic about which little is known- especially from the inside perspective" (Padgett, 2008, p.15). As mentioned earlier in the literature review, it is obvious that we are interested in evaluating PPO's CEP effectiveness on SRH. We also wanted to get verbal feedback from the participants on the effectiveness of this program, therefore, utilizing a qualitative approach that applied a focus group method was the most appropriate.

Although the program evaluation adopted a qualitative focus group method to help evaluate the effectiveness of PPO's CEP workshops on SRH, the program evaluation was not carried out using quantitative methodology, and did not use a pre- and post- test design. The inherent problem of this design is that it is impossible to measure if the positive changes were due to the learning in the workshops or simply natural maturation and social learning .

Secondly, the data was collected within a focus group setting and therefore subject to reporting errors and biases. It is common that the quality of answers from the participants can be heavily influenced by other members in the focus group. This phenomenon according to Parker (2011) is known as 'social desirability bias' and is defined as "the inclination to present oneself in a manner that will be viewed favourably by others... [and] all people are inclined to seek some degree of social acceptance". Some group members may have felt it was their duty to agree with the other participants on

certain topics. Most of the participants were vocal in expressing their opinions of the program's effectiveness. Even though all of our seven participants discussed their thoughts on sexual reproductive health in full detail, it was obvious that certain participants dominated the focus group. While this form of data collection ensures group involvement, it also likely led to an echo chamber effect. According to Padgett (2008), the echo chamber effect can be defined as one participant making a claim and then through repetition of the claim, other participants begin to reinforce and reiterate the other respondent's opinions. Therefore, participants begin to build their experiences based on what the previous participant stated. This is of particular concern with youth where their peer group and status amongst them is of a high importance.

Thirdly, participants were not randomly selected. Individuals who participated in the focus groups were recruited from PPO's CEP workshops. Only women who were a part of PPO's CEP workshops were able to receive information and details on our program evaluation project. Such recruitment strategies introduce selection bias. The reason being that this form of selectively recruiting female youth through the attendance of PPO's CEP workshops, limits the extent to which we can measure if these individuals' perceptions on SRH might be somewhat different from the population at large or the population segment of interest. The difference is that these females took the initiative to seek out information on SRH by attending the weekly workshops that were conducted during their lunch period. It is noted that on average, the typical female youth may have apprehensions and insecurities around seeking information on SRH (Sarty, 2004). However, we can not assume that the girls who participated in both the workshops and our focus group represent the larger female youth population in Ottawa. They may have a higher level of

maturity and more comfort around gaining knowledge on SRH when compared to the average female youth.

Finally, the focus group was conducted with only seven participants. This was due to the fact that, out of the proposed fourteen participants that we were anticipating, only seven agreed to participate. We were told that some of the girls were not able to attend due to having after school engagements. Although a 50% turnout is considered positive when relating our findings to the effectiveness of PPO's CEP, this sample size cannot be generalized and represent the larger population. Our sample is considered to be a strong one only with the results applying to the program effectiveness within these PPO CEP workshops. However, to extend these results to the larger population, our findings would need to be based on a larger sample size that was not randomly selected by PPO and employed a quantitative methodology. By doing this, it would ensure that our results are accurate and applicable.

### **Recommendations for Future Research**

To strengthen the research findings, a quantitative assessment that includes a pre-test and a post-test in its design could be useful. This design would reveal what knowledge SRH participants began the CEP workshops with and what they learned during the CEP workshop. A larger sample could possibly strengthen further the accuracy of the research, with more responses and higher detail leading into a deeper understanding of the specifics of the CEP workshops. Also, having the program evaluation at several different schools could reveal if socioeconomic factors have an effect on findings. It is possible that the structures of class, specifically the difference between affluent neighbourhoods and impoverished neighbourhoods, could result in different findings. The research could also

be improved with more extensive details into the content of the CEP workshops. This may allow the research process to identify and assess specific pieces of the CEP workshops. In an ideal situation, focus groups would be held on each and every separate CEP workshop.



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**Executive Summary:**

From September 2010 to March 2011, three Masters of Social Work students from Carleton University conducted a research project entitled a Program Evaluation of Planned Parenthood Ottawa's: Community Education Health and Sexuality Workshop Program. The project was in partnership with Planned Parenthood (PPO) and the Ottawa Rape Crisis Centre (ORCC) and involved a qualitative program evaluation of PPO's sexual and reproductive health workshops. The goal was to assess the following:

- The likelihood of participants experiencing positive changes in their sexual and reproductive health practices;
- Change in participants' feelings of social connectedness and engagement and;
- Increases in participants' perceptions of their knowledge on sexual and reproductive health.

The researchers conducted a semi-structured focus group with participants who had completed the workshops. The following is a synopsis of the study and its findings.

**Thematic Findings of the Literature:**

- There are standard topics offered in sexual reproductive health education;
- The topic of youth sexuality is one of contention;
- There exist different forms and approaches to delivering sexual and reproductive health.

**Thematic Findings from the Focus Group:****Impression of workshops:**

- a) The participants characterized the workshops as informative and useful.
- b) They also commented that the environment of the workshops was comfortable, and they appreciated that it was in a safe and confidential format.

**Relevant Topics:**

- a) Participants identified that the information on tampon usage and some of the misconceptions on possible effects was both of interest and a concern. Some concerns listed included: the risk of infection and the breaking of the hymen.

- b) Participants were also somewhat surprised by new information conveyed during the workshop. One such example was the anecdote about how certain types of makeup in advertising are meant to simulate the physical appearance of arousal (red lips, blush on the cheeks).
- c) Participants were also additionally surprised by information on alternative menstrual health products such as the Diva Cup. Prior to the workshops, the participants expressed both that they were unaware of this product, as well uncertain about how to use it.
- d) Finally, the focus on the message of diversity and every individual being different was very helpful for the young women especially around the topic of body individuality. This included the topics of determining normal changes in times of fertility, and issues related to the cycle of menstruation.

**Major Finding:**

- a) One major finding from the focus group was that participants did not want information on sexual and reproductive health to be specific or influenced by their culture and background. The participants identified that they wanted full, complete, unfiltered, uncensored information. Participants receiving information would interpret and/or analyze the information provided in terms of their own personal religious, cultural, and socio-ethnic needs. The participants stated they would determine what is relevant to them personally.

**Recommendations:**

- g) The participants identified that they would like smaller groups for the workshops.
- h) They also wanted more time for each workshop, as the allotted time was too short.
- i) They also wanted more topics offered in the future. Some of these topics included: emotional health, healthy versus non healthy relationships, women's health and men's perceptions of women when in a relationship. They felt that other participants would gain from topics that covered the aforementioned.
- j) They recommended that diagrams or illustrations of the female reproductive system should be visually accurate, and avoid representations that are unrealistic.
- k) All the participants present in the focus group stated that they would recommend these workshops to their friends and/or other youth in their age cohort.
- l) Finally, they also stated that they themselves could now be sources of information for their fellow peers who are searching for accurate information in the future.