Women in Sexuality Education

THE IMPACT OF THE IRISH FAMILY PLANNING ASSOCIATION'S WISE UP PROGRAMME

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EQUALITY FOR WOMEN MEASURE
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WOMEN IN SEXUALITY EDUCATION

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WiSE UP

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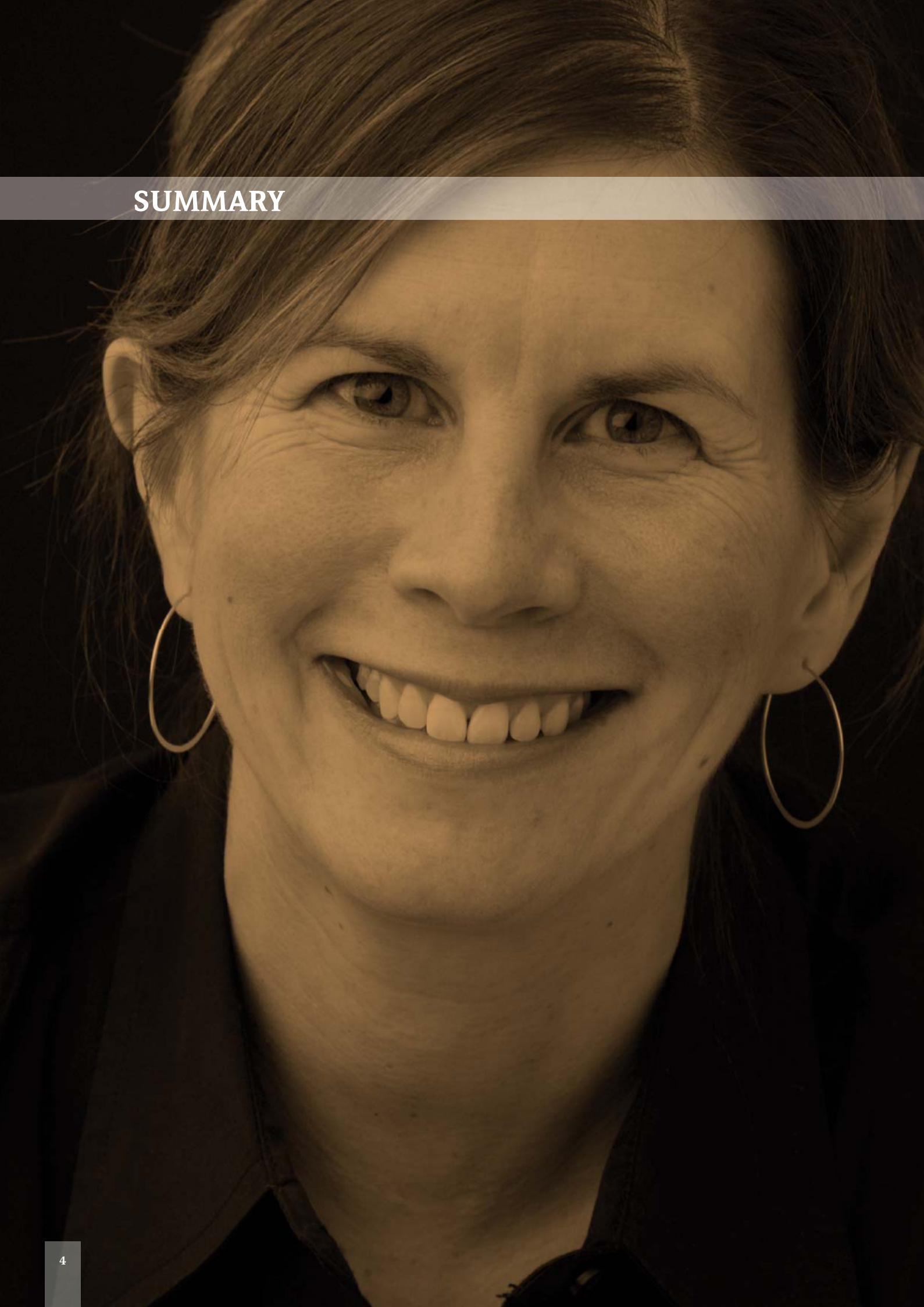
SUMMARY



SUMMARY

There has been a long-standing gap in effective education on sex and sexuality in Ireland at the levels of both schools and communities. Of particular concern is the lack of access to good quality education for people living in communities affected by social exclusion.

WiSE UP is a pilot programme on sexuality education designed by the Irish Family Planning Association (IFPA) for women living and working in communities experiencing social exclusion. It was developed to respond to two complex dimensions in Irish society:

- the need for a policy response to sex, sexual health and sexuality education for adults
- the need for a skills base about sex and sexuality within communities experiencing social exclusion.

Its objectives were:

- to improve women's access to education, training and employment by
  - providing accredited training in sex education training
  - improving accessibility of training on an issue of concern to disadvantaged women opening up a range of employment opportunities for those who have developed skills through programmes like Community Employment, Job Initiative and Social Economy initiatives.
- to increase the capacity of women from, or working in, disadvantaged communities to participate in decision-making with the following:
  - HSE structures in their area on primary health care provision
  - specialist agencies like the Crisis Pregnancy Agency and BreastCheck
  - the Department of Education and Science and local schools on the delivery of RSE programmes in schools
  - Health Networks and other health support structures in disadvantaged areas.

The IFPA began by scoping out the possibility of running WISE UP as a pilot programme with a number of NGOs internationally and with groups in Ireland such as Dublin AIDS Alliance, One Family, the Travellers Health Project and the Clondalkin Health Initiative. In 2005 IFPA staff approached a number of RAPID area coordinators to explore their interests in supporting such a programme in their development plans. The IFPA also applied to POBAL for funding and were awarded funding under the Equality for Women Measure: RAPID Strand. In total, four RAPID areas (Clondalkin/Tallaght, Blanchardstown, Bray, Dundalk/Drogheda) and Pavee Point agreed to support a pilot of WISE UP.

The course content included a wide range of issues: contraception and Sexually Transmitted Infections (STI's), sexual health services, prejudices and myths about sex, sexuality and minority groups and links between alcohol/drug use and sexual health. Underpinning the course was a desire to enable

the women to explore personal, cultural and religious values that impact on sex and sexuality and develop strategies for challenging these and managing difficult situations in sex education. A key component of the course was to enable the women to develop teaching, facilitation, and other personal skills to enable them to act as an educational resource within their families and communities.

Sixty-three women in all were recruited for WiSE UP through local community networks and word of mouth. A course of 20 weeks ran in the four RAPID areas, while the course for Pavee Point was a 13 week course. Fifty-eight women completed the course. It was not possible to secure FETAC accreditation for WISE UP participants, but there was a certificate of attendance for each woman and a graduation ceremony was held in 2007.

The first course began in November 2005 and the final course was completed in May, 2007. A core facilitator, a deeply experienced IFPA staff member carried out the main part of the teaching while other IFPA staff helped with specific dimensions such as community development issues. Three outside facilitators also contributed to WiSE UP.

An evaluation of WiSE UP was carried out by a team of researchers from the School of Nursing and Midwifery, Trinity College Dublin.

The evaluations used a quantitative questionnaire sent out by post to all participants of which 37 were returned. The team also attended a number of the training sessions in three of the RAPID areas, carried out 15 individual interviews with participants from the four RAPID areas, a group interview with the participants from Pavee Point and 6 other focus groups. The team also attended three of the final presentation days. In addition, the team interviewed key IFPA staff members.

Women reported that WiSE UP had firmly established their knowledge base on the following:

- safer sex practices and forms of contraception
- women's and men's reproductive physiology
- women's sexual and reproductive health needs
- sex and sexuality needs and rights of those with a disability
- gay and lesbian sex and sexuality needs and rights
- health services necessary to support good sexual health
- STIs, how they are transmitted and their adverse impact on health.

Women also reported understanding more about the following:

- sexual relationships and feeling confident in asserting their personal needs
- how the media portrays sex and sexuality
- what the pressures are on young people in relation to being sexually active.

Women reported greatly increased confidence in the following:

- discussing sex and sexuality comfortably, openly, and informatively with partners,

children, other family members and friends

- standing up and speaking in public.

Women gained the benefit of other personal development skills:

- being able to carry out basic research and put together a presentation
- articulating ongoing education needs
- being able to critique and negotiate with one another and with facilitators
- being able to give formative feedback.

Women were of the view that more people in their communities should have access to such a course and made some key recommendations for future courses, such as:

- duration of the course
- time management around break times
- the removal of what was perceived as peripheral issues e.g. aromatherapy.

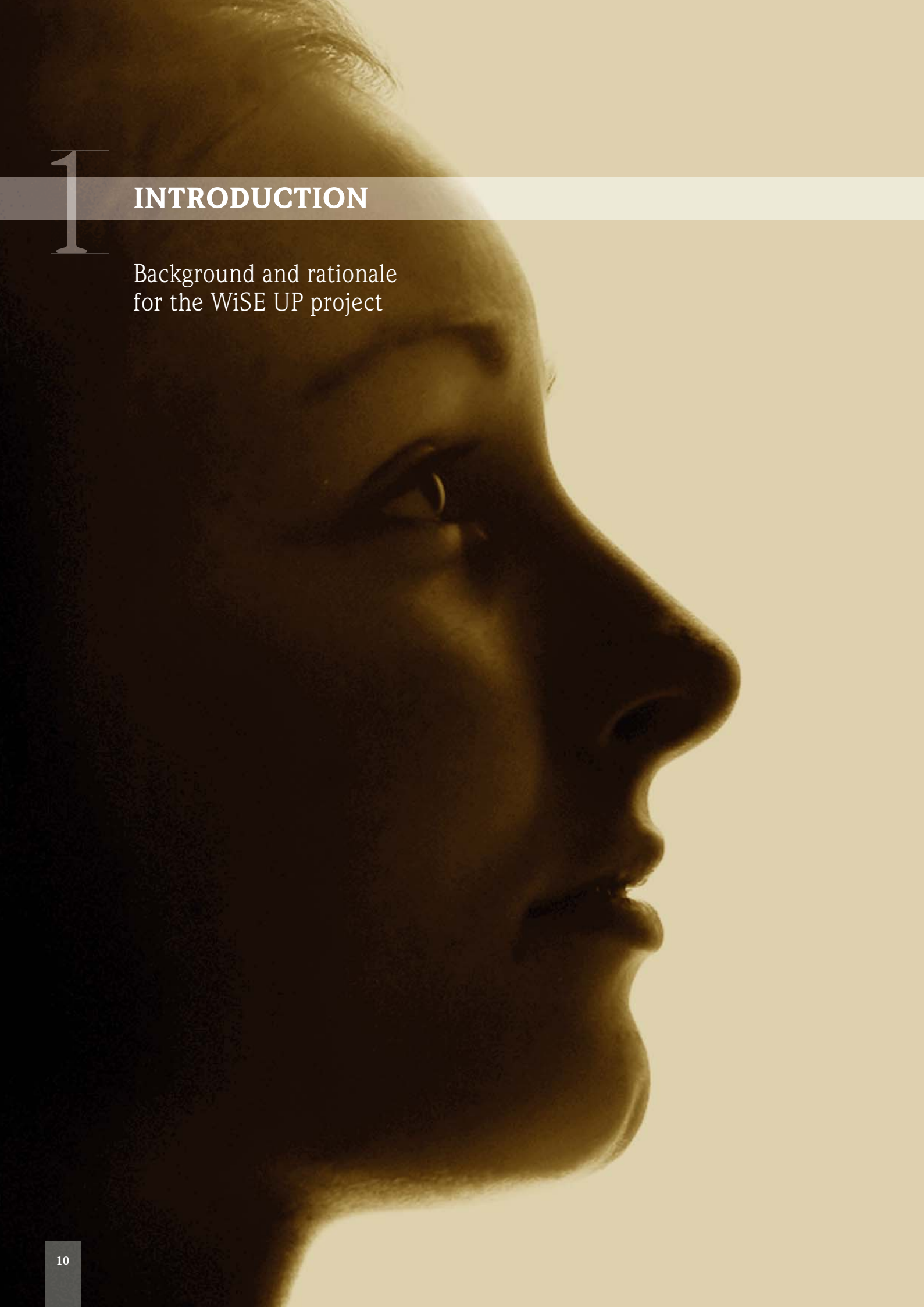
Recommendations:

- The women who have participated in the pilot WiSE UP need further training in facilitation and presentation skills in order to go on to deliver short programmes at community level; to this end, the Speakeasy course should be adapted to their needs.
- The original participants of each course in the pilot WiSE UP programme should be brought together for an evening workshop by September, 2008 to help them reconnect with one another.
- WiSE UP requires a form of accreditation that fits in with the nature of community-based learning, that will respect the flexible nature and holistic learning approach that underpins good sexuality education.
- Specific opportunities need to be created for youth workers and counsellors who participated in WiSE UP to use their skills as co-facilitators as and when WiSE UP is extended and to link their work with certification at third level institutes of technology.
- Retaining a community base, WiSE UP should be rolled out in an expanded number of settings in other RAPID areas.
- The IFPA should be centrally involved in developing WiSE UP for an expanded series of settings in this additional number of RAPID areas.
- The IFPA requires seed funding to enable it to identify and work with RAPID areas where

existing community structures are well placed to accommodate a programme on sexuality.

- The training of a new group of WiSE UP facilitators to carry out WiSE UP in more RAPID areas should be undertaken by an IFPA staff person.
- Time and energy must be given to ensure that core facilitators have a very good knowledge of sexuality, sexual health and sexual health resources. In addition, they require good skills in facilitation of group learning using participatory and experiential learning techniques. They also require skills to engage emotionally with women in a supportive manner.
- Core facilitators require the back-up of professional/clinical supervision.
- The IFPA requires funding to buy out staff time in order to undertake the training of new core facilitators of the WiSE UP programme in other communities.

In conclusion the WiSE UP model has much to contribute to meeting a tremendous wellpool of unmet needs in communities where social exclusion remains a daily reality.



1 INTRODUCTION

Background and rationale
for the WiSE UP project

CHANGING PERSPECTIVES AND RECENT RESEARCH ON SEX AND SEXUALITY IN IRELAND

Irish society has experienced vast changes in the social acceptability of women and men being sexually active in situations of their own choosing. Excepting the major issue of having no legal access to termination of pregnancy within Ireland, we can describe Ireland as having what a recent publication has referred to as a 'new consensus' about sex and sexuality (Fahey and Layte, 2007):

> 'over the past ten years the peace that has reigned in the politics of family and sexuality has been as striking as the controversy of earlier years' (ibid: 156).

Younger generations especially value the freedom to practice sex as they wish and this is very different to the experiences of their mothers (Inglis, 1998; Hug 1999). It can be argued that Irish women now have 'narratives' or life stories similar to women in other advanced economies where ideally they seek to experience and define sexual intimacy in their own terms.

Images and portrayals of sex are readily accessible on a daily basis in broadcast and print media, advertising, and other public fora. Sex as a commodity has been part of the changes to the social fabric during the last decade. One obvious indication of a changed climate was the virtual absence of legal challenges to the opening of the Ann Summers sex shop in O'Connell Street in Dublin in 1999, compared with the 1991 case brought against the Irish Family Planning Association for selling condoms in the Virgin Megastore. This is yet another form of health inequality in a society where health inequalities exact a great toll on poorer members (Combat Poverty, 2007; Public Health Alliance, 2007). Moreover, beneath the consumerist surface of our society, there is a reservoir of unacknowledged issues about sex and sexuality that are very problematic. Sex, sexuality, and sexual health face Irish women with continuing and complex challenges. Recent extensive research carried out on behalf of the Crisis Pregnancy Agency has furnished us with data about these challenges.

The Irish Contraception and Crisis Pregnancy Study (Rundle et al., 2004) indicated that the average (median) age at which women become sexually active is 18 years of age. This was a national survey involving 1,961 women and 1,356 men. More of the youngest cohort (group) of women, aged 18-25 years, involved in the study had their first experience of sex at ages 16-17 years, 42%, compared with the oldest cohort of women, aged 36-46 years, of whom only 18% had first sex at this earlier age. These findings confirm that women are becoming sexually active at younger ages.

Yet findings from other research carried out for the Crisis Pregnancy Agency indicate that while some women perceive today's increased access to sexual information, discussion, and images as enabling a broader expression of self, many women voice ambivalence, anxiety, and tension around a social demand to see themselves and to view others in sexual terms and to engage in active sexual practice (Murphy-Lawless, Oaks and Brady, 2005; Oaks and Murphy-Lawless, 2007).

This research indicated that the young women who fared best in navigating their emerging sexuality

and sexual relationships had the following advantages:

- supportive parental and family attitudes towards sex and sexuality
- good and accurate sex education
- good general self-confidence and a sense of entitlement about being sexually active
- good access to affordable and age-appropriate formal health services.

(Murphy-Lawless, Oaks and Brady, 2004).

These advantages, while not exclusive to better-off households, may be more commonly found in such households where there is a greater range of economic and cultural resources. Young people from this background are more likely to stay on at school and enter third-level education and may have wider exposure to sexual health services for example, through student health clinics. The ICCP study showed that the highest numbers of those who reported never using contraception were in the group who had left school before the Leaving Certificate (Rundle et al, 2004:72).

Qualitative research that concentrated solely on the experiences of women from more marginalised social and economic backgrounds revealed the following cluster of problems in relation to sex:

- lack of supportive inputs from parents and schools
- emphasis on 'doing it' – having sex - before one leaves one's adolescence
- need to offer sex as part of having a boyfriend, especially where traditional male work roles have collapsed and there is a high level of young male unemployment
- lack of emotional support
- sense of isolation in having sex
- a sense that sex is shameful
- finding it difficult to insist on young men using condoms
- being labelled for having sex or choosing not to have sex
- being labelled for carrying condoms
- lack of connection between having sex and being respectful of one's partner
- lack of adequate accurate education and information on sex and contraception
- lack of supportive services that respect a young woman's decision-making and her need for anonymity and privacy.

(Murphy-Lawless, 2006).

While many of these problems are common to young women across the spectrum of social groups, their impact is accentuated amongst women who come from lower socio-economic backgrounds who continue to have fewer educational and real career possibilities to support them in their futures,

despite the general increase in opportunities for women in a wealthier Ireland. The problem is especially difficult for early school-leavers. A third research project for the Crisis Pregnancy Agency shows the following from a sample of early school leavers across the country:

- 47.5% of the young women in the sample were sexually active
- average age of first sex for these young women was 14.5 years
- first sexual intercourse was almost always unplanned
- 63% of young women reported that after their first experiences of sex, they have had occasions when they have had unprotected sex.

(Mayock and Byrne, 2005).

At the same time, sex education in Ireland remains a vexed issue. The Department of Education first announced in 1995 that Relationships and Sexuality Education (RSE) was to be made an integral part of the secondary school curriculum. The full implementation of RSE in schools has been very slow. Researchers have noted problems of timetabling, resources, appropriate training, and lack of staff support and commitment on the part of schools, all of which need to be overcome by strongly directed policies (Mayock et al., 2007).

If many schools are currently not in a position to deliver good quality sex education, what can be said about the role of the parents? The ICCP study reported that most participants, 80%, argued that parents should be the principal educators of their children about sexual matters. When the ICCP researchers put specific questions about sex education to those 765 participants in their sample who had children aged between 12 and 18 years, the majority, but not all parents, reported that they had spoken to their children about sex.

The content of this communication was not explored in the study, but when parents of children between the ages of 12 and 18 were asked about their confidence and their knowledge base in communicating, gaps began to reveal themselves. Mothers had more confidence than fathers, but of those mothers:

- 40% said they were very confident
- 39% said they were fairly confident
- 17% said they were somewhat confident
- 4% said they were not confident at all.

(Rundle et al. 2004: 98-99).

The ICCP researchers point out that effective usage of contraception is reliant on an effective knowledge base about fertility and reproduction. In the survey results, there were differences about women's knowledge when the most fertile time within the menstrual cycle takes place. Sixty-five percent only of women were able to identify the most fertile time as being the midpoint in the menstrual cycle. Broken down by level of completed education, only 56% of pre-Leaving Certificate

women were able to identify the correct timeframe, compared with 75% of post-Leaving Certificate respondents. There was also a difference across all age brackets with 57% of 18-25 year old women able to identify the fertile period correctly compared with 71% of 36-45 year olds (ibid.: 107).

When asked about specific support resources to help parents talk with their children, 84% of parents responded that they would welcome having leaflets and booklets while 67% and 65% respectively also rated highly meetings for parents in local schools or community settings, and classes or training in sex education.

The findings from key Crisis Pregnancy Agency research form an important backdrop to the reasons why the WiSE UP Project was set up. The IFPA argued how important it was to design and pilot an intervention that would have the potential to enable women who live and work with social exclusion:

- to understand and discover their own meanings about sex and sexuality within the contexts of their own sexual relationships, and within their family, peer group and community.
- to achieve a grounded sense of entitlement, self-esteem and empowerment in personal, emotional and developmental issues in relation to sex and sexuality.
- to feel empowered to deal with sex and sexual relations in terms of reference they set for themselves.

Such an intervention is arguably part of a wider discussion we need to have in Irish society. Similar to other advanced economies like the United States and the UK, we work with strongly stereotypical versions of men's and women's sexual engagements with one another in heterosexual sex. Men, especially young men, might typically be seen as driven by 'hormones' which make them want sex while young women are seen to yearn after the emotional comfort of a relationship and intimacy. What is often denied in this story is women's awareness of their own sexuality and sexual desire. Deborah Tolman (2002) in her examination of young women's early sexual experiences, points out that in the overwhelming frequency of unplanned sex, young women report 'it just happened'. This perception flows from these stereotypes of how women are meant to interpret being sexually active:

> 'It leaves out the ways in which girls are under systematic pressure not to feel, know or act on their sexual desire. It covers up our consistent refusal to offer girls any guidance for acknowledging, negotiating and integrating their own sexual desire and the consequences of our refusal: unprotected sexual intercourse that "just happens" ' (Tolman: 2002:3).

Tolman argues that we need to work on redefining sexuality or what she terms 'sexual subjectivity' to include 'a person's experiences of herself as a sexual being, who feels entitled to sexual pleasure and sexual safety, who makes active sexual choices, and who has an identity as a sexual being' (ibid.:5-6).

This shift to a wider definition of sexuality that takes in all dimensions of sexual health has been called for by the United States Surgeon General, David Satcher, who, in 2001 launched a new initiative on responsible sexual health strategies and who stated that sexual health

> '…is important throughout the entire lifespan, not just the reproductive years. .. We must understand that sexuality encompasses more than sexual behaviour that the many aspects of sexuality include not only the physical, but the mental and spiritual as well, and that sexuality is a core component of personality. Sexuality is a fundamental part of human life. While the problems

usually associated with sexual behaviour are real and need to be addressed, human sexuality also has significant meaning and value in each individual's life' (Satcher, 2001).

Such an approach would entail moving away from traditional public health teaching on 'the dos and don'ts' of sexual health, essentially a medical model, which often forms the core of schools-based sex education programmes.

THE OBJECTIVES FOR WISE UP AND ITS DEVELOPMENT AS A TRAINING COURSE

Broad and specific objectives

The WiSE UP programme was developed to respond to two complex dimensions in Irish society:

- the need for a policy response to sex, sexual health and sexuality education for adults.
- the need for a skills base about sex and sexuality within communities experiencing social exclusion.

The creators of WiSE UP envisaged being attentive to these wider dimensions of sexual health and sexuality and working in a non-traditional way, hoped to enable women dealing with the everyday realities of social exclusion to become confident in their own right. This training might then enable women to be in a position to become peer educators within their own communities.

Historically, the Irish Family Planning Association had a significant track record going back to 1969 in reaching out to women in less advantaged communities to provide them with access and information to contraception, at a time when there was no officially sanctioned reproductive health policy for women at all (Solomons, 1992). The IFPA Strategic Plan, 2005-2008, reconnects with that groundbreaking community work and has set out the organisation's intention to undertake concrete actions to improve women's access to sexual reproductive health information and education on sexuality. Current needs, as indicated by the research detailed above and the experiences of IFPA frontline staff working with the issues, suggested an approach that would go out to the community rather than education initiatives that were clinic-based.

This move by the IFPA parallels complex developments in the international women's health movement which has moved a debate from reproductive rights to the notion of sexual health and to sexual rights. This change in approach has reflected the felt needs and experiences of women in non-institutional spaces who have been working to build women-centred health initiatives (Corrêa, 1997:108-109). It marks a difference between a public health approach to one that truly enables women as individuals in their own terms of reference. The women' health movement has also been aware of the way women's unmet needs stem from the way health care systems work and that a continuing interrogation of these lacunae on the part of grassroots women's health advocacy groups is vital to challenge and change state policy (Weisman, 1998).

The broad objectives of WiSE UP were:

- to improve women's access to education, training and employment by:

- providing accredited training in sex education training
- improving accessibility of training on an issue of concern to disadvantaged women
- opening up a range of employment opportunities for those who have developed skills through programmes like Community Employment, Job Initiative and Social Economy initiatives.

- to increase the capacity of women from or working in disadvantaged communities to participate in decision-making with the following:
  - HSE structures in their area on primary health care provision
  - specialist agencies like the Crisis Pregnancy Agency and BreastCheck
  - the Department of Education and Science and local schools on the delivery of RSE programmes in schools
  - Health Networks and other health support structures in disadvantaged areas.

The specific objectives were:

- to design and pilot a 20 week training programme on sex education
- to run the course in five separate RAPID areas
- to recruit 60 women from disadvantaged areas to complete the training for trainers course
- to have the course accredited at FETAC Level 2 so that participants who finished would have certification.

It was hoped that the programme would result in the concrete outcome of 60 trainers able to work as sex education trainers in schools, community groups or family service providers working at local levels.

Initial consultations and setting up the project

Building on pre-existing networks in the community sector, the IFPA wanted to embed the WiSE UP Project within the development strategy known as RAPID (Revitalising Areas by Planning, Investment and Development) that formed part of the National Development Plan. There are 25 such designated areas countrywide.
IFPA staff first explored the possibilities of such a programme with community groups and with groups already involved in sex education.

A relevant project was the North Clondalkin Pregnancy Prevention Project. Funded by the Crisis Pregnancy Agency and set up by the Clondalkin Community Health Initiative (Clondalkin Partnership, Dochas Family Centre and the North Clondalkin RAPID Programme), the project starting in 2003 and ending in June 2004, aimed to train local people to deliver a Relationship and Sexuality Education Programme to teenagers and interested adults that would focus on pregnancy prevention (Hanratty, 2004). Importantly, the initiative was based on local needs analysis carried out as part of the

community planning for RAPID. Six participants were trained in a series of eight session and then delivered an education programme suited to the needs of five different groups of children, young people and parents in various settings in the community. There was an emphasis on communication skills, accurate information about aspects of sex and sexuality and dimensions of relationships amongst families, friends and peer groups. This was a short training with a specific focus so the programme content was quite tightly structured with little scope for personal development work. However the broad approach mirrored the IFPA aims for WiSE UP.

IFPA staff met twice with the Clondalkin Community Health Initiative to discuss how this project had worked and what lessons IFPA could learn from it for WiSE UP. It meant that the IFPA staff had a strong sense of vital resources like childcare and issues such as appropriate venues in communities where such space is highly sought after and in short supply and which can be a source of conflict.

Other helpful discussions were held with groups who had a range of experiences in working with sexuality education programmes in Ireland and internationally. These included:

- One Family and Dublin Aids Alliance
- the International Planned Parenthood Federation international and European offices
- the Northern Ireland FPA, the Bulgarian FPA, and the New Zealand FPA.

Having completed this scoping work, the IFPA opened discussions with a range of potential stakeholders about the usefulness of WiSE UP for them in their locations. These included:

- a number of RAPID coordinators (nine)
- the Blanchardstown Traveller Development Project
- the Traveller Primary Health Care Team.

Funding, location of the courses and programme description

The IFPA submitted an application for funding to POBAL under the Equality for Women Measure: RAPID Strand (National Development Plan) and, following POBAL approval for funding, the IFPA continued meetings with RAPID coordinators on these issues:

- Timing, location and venues
- Childcare provision
- Transport and access

RAPID co-ordinators had additional concerns. They wanted to ensure that any recruitment process would reach out appropriately to women who were experiencing social and economic disadvantage. They also highlighted their concerns about an overload of programmes running simultaneously, possibly straining local resources to support all of them. Groups wanted to have a personal development component as part of the course work and also thought that a session on self-care with aromatherapy would be useful.

The IFPA also worked with POBAL and the Crisis Pregnancy Agency on funding, monitoring and

mainstreaming. Eager to include women from the Travelling Community, IFPA staff were advised that rather than trying to integrate WiSE UP with the Traveller Primary Health Care project, it would be best to set up a special project within Pavee Point.

In total some seventeen IFPA staff were involved in this set-up phase and the Board of the IFPA was also involved in discussion and monitoring of the project's development.

Agreement was reached with four RAPID areas to carry out WiSE UP:

- Clondalkin/Tallaght
- Corduff/Blanchardstown
- Bray
- Dundalk/Drogheda.

It was also agreed with Pavee Point to deliver a programme for Traveller women.

Recruiting of the women proceeded through:

- leafleting
- recommendations of employers to women working in the community sector
- word of mouth.

Each RAPID project took responsibility for interviewing and confirming participants. All women who participated had the assurance of a counsellor to be available for any difficult issues that might arise, for example incidents of abuse/rape.

The courses did not run simultaneously but consecutively with two overlapping at any one time:

- Clondalkin/Tallaght from November 2005 to March 2006
- Pavee Point from February 2006 to May 2006
- Corduff/Blanchardstown from October 2006 to December 2006
- Bray from October 2006 to December 2006
- Dundalk/Drogheda from January 2007 to March 2007.

All the courses ran for twenty weeks, except Pavee Point which ran for thirteen weeks reflecting the wishes of the group there.

Three core staff from the IFPA contributed as lecturers and session presenters/facilitators while one IFPA staff member took responsibility to coordinate the overall course delivery. Four external facilitators also contributed to the teaching. On one of the courses, one of the facilitators contributed, having completed the very first WiSE UP course.

The syllabus was developed to include the following elements:

- training on sex, contraception and STIs
- exploring prejudices and myths about sex
- developing strategies for challenging these and managing difficult situations in sex education
- developing skills, styles and creative methods that can be used in sex education, including

information on contraception, STIs, and HIV/AIDS

- understanding and researching primary healthcare and sexual health services at local levels
- facilitation skills
- personal development
- exploring personal values, cultural and religious values impact on sex and sexuality training for minority communities, such as those with disabilities
- developing personal confidence and skills to work with people with learning disabilities
- exploring links between alcohol/drug use and sexual health
- learning how to support parents as health educators.

The specific topic list is included in Appendix I.

Many of these elements involved an emphasis on personal development skills which was one of the prerequisites for a number of the RAPID coordinators. To help reinforce their learning, each woman was given a set of booklets on sex education for boys and girls that have been tested and widely used by the UK Family Planning Association and a series of IFPA factsheets on contraception, safer sex and STIs. There were also booklets from the Crisis Pregnancy Agency's Positive Options campaign. Additionally, when the course concluded each woman was given a demonstration contraceptive kit with samples of all current forms of contraception available through the IFPA clinics.

In laying out the work, the IFPA relied on two distinctive teaching threads:

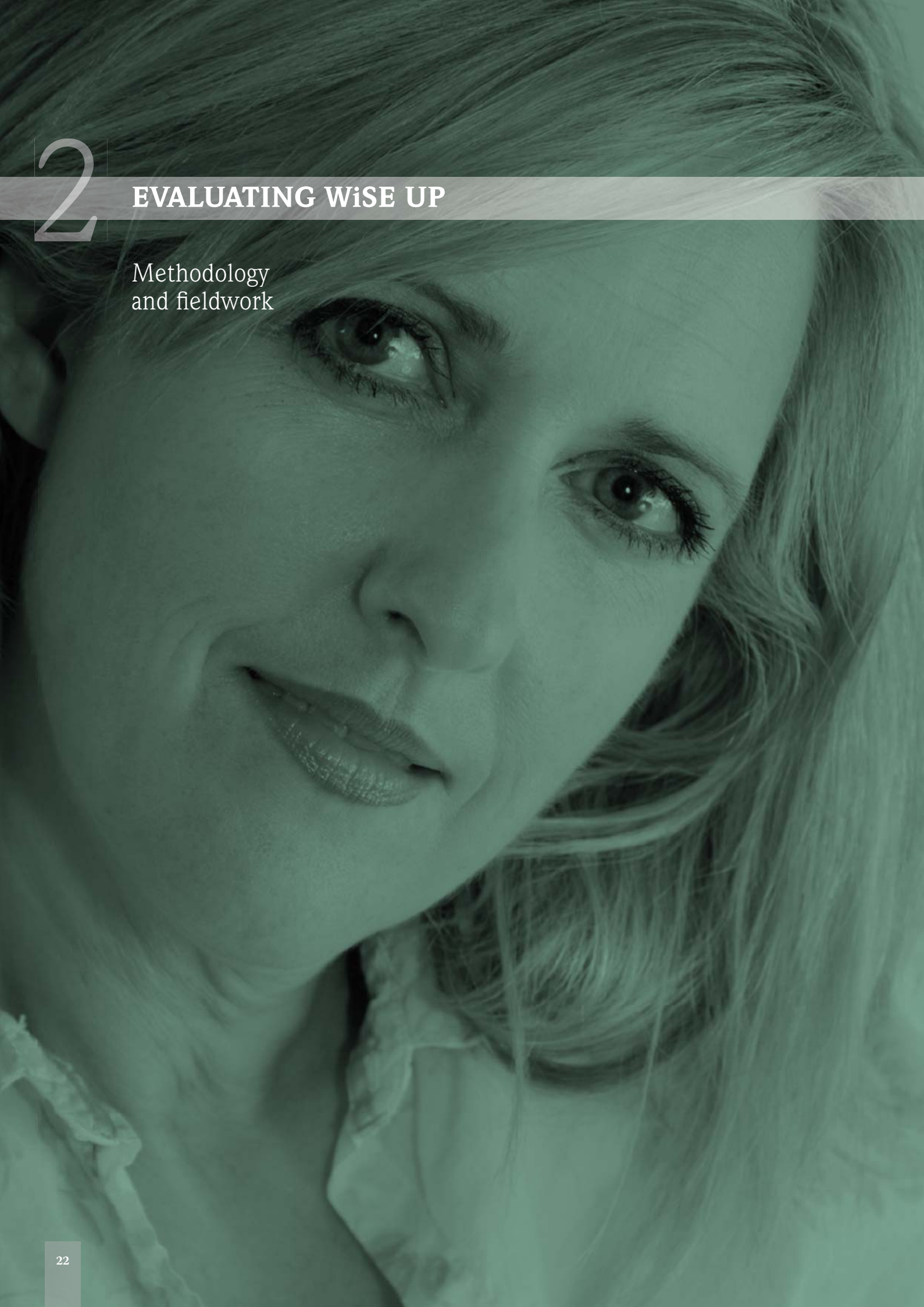
- formal presentations by programme coordinators and outside facilitators
- extensive guided discussion sessions with the women.

The final session of the programme was designed as an endpoint towards which the women would work to present a 10 minute presentation to the group and to invited outsiders, on a theme of their choice drawn from the range of issues on sex and sexuality they had explored.

Learning outcomes for women successfully completing the programme were laid out as follows:

- be aware of how their own sexuality develops and how it might be different from other people
- have a wider understanding of sexuality
- be comfortable with the language and physiology of sexuality
- have an awareness of the appropriate level of knowledge to be given to people of different ages
- have an understanding of attitudes, values and beliefs about sexuality
- have a better understanding of their own communication style
- have an understanding of how to use exercises and group work skills with parents and young people
- have the ability to discuss with their peers sexually related issues
- have experience in presenting prepared work to others.

Although the same broad course content was delivered across the five sites, the programme was sufficiently flexible and open in design that local issues and contexts and adjustments to women's needs in each group could be responded to and built in as needed. An example of this was the decision by the women's group in Pavee Point to hold only a 13 week course. Critically, the IFPA designated one of their most experienced and skilled staff members as the core facilitator which gave great stability to the programme.



2 EVALUATING WiSE UP

Methodology and fieldwork

RESEARCH DESIGN AND INTRODUCTION OF THE EVALUATION TEAM

The focus of the evaluation was fourfold:

- to document how WiSE UP worked from the perspectives of the women who participated
- to document what kind of outcomes and impacts the women could identify as a result of their participation
- to document how WiSE UP functioned from the perspectives of the core teaching staff
- to examine whether the IFPA met its initial outline objectives for WiSE UP.

The overall objective of the evaluation was to determine the usefulness of WiSE UP as a project that might contribute to meeting some of the complex needs outlined in Section 1, above, and if so, under what circumstances it might be made more widely available. This approach to evaluation has been termed 'evaluation for knowledge-building' (Abma and Schwandt, 2005; Donaldson and Scriven, 2003).

With the first two aspects of this evaluation, it was important to use methodologies and approaches that would continue on from one of the core principles of the course itself, encouraging self-confidence of women. An evaluation process therefore had to be an empowering one from their perspective, where their views and judgements would actively shape any future programme beyond the pilot stage. The specific research design chosen was a mixed methods approach. Data were collected from the women who participated in the programme and key facilitators, using a combination of the following:

- note-taking following attendance at some of the teaching sessions.
- note-taking following attendance at oral presentations given by the women on a topic that was significant for them at the course's conclusion
- focus group interviews with a semi-structured interview schedule
- individual interviews with a semi-structured interview schedule
- postal questionnaires.

The team also attended the graduation ceremony which brought the entire project to a conclusion in September, 2007.

Although these methods are all used in conventional mainstream evaluations, the team prioritised an overall approach that reflected aspects of Participatory Action Research (PAR) and of feminist action research. Both these approaches are grounded in a theory of 'horizontal dialogue' between researchers and participants, where the lived experiences of the participants and their understandings are the cornerstone knowledge that creates the basis to explore how to achieve immediate change and improvement in the lives of participants (Winter and Munn-Giddings, 2001).

To this end, the team sought to meet the women as soon as possible in the running of the courses. The evaluation team was introduced into WiSE UP in November, 2006. So although two of the courses were already completed by then, Clondalkin/Tallaght and Pavee Point, the evaluators were able to

attend eight sessions of the remaining courses between then and the conclusion of the last course in May, 2007. Three of these were in Corduff/Blanchardstown, three in Dundalk/Drogheda and two in Bray. Seven of these sessions were also used to carry out focus group interviews. The team was able to sit in on three of the concluding sessions where the women did their presentations.

Additionally, the team interviewed two IFPA staff members and had access to documentation about the course and the work involved in setting it up.

ETHICAL APPROVAL AND INFORMED CONSENT

Studies of a qualitative nature give rise to complex and contradictory dilemmas, not least because there is a power imbalance in all research. Feminism in particular has attempted to work with ways to redress that imbalance by centering women's voices and experiences at the heart of the research process. This is acknowledged as an imperfect approach, however, as it is most often the researcher who writes up work. Nonetheless feminists argue that entering any given project with a full consciousness and awareness of these power imbalances sensitises us, and is vital if we are to continue to find ways to explore often deeply private experiences in order to transform conditions at a wider social level (Wolf, 1996). This seemed especially pertinent to a project centred on sex and sexuality where there is a clear ethical obligation to be aware of the potential to invade the person's psyche (Lee, 1993). Traditional ethical review processes used in science, medicine and much social science emphasise a rationalist approach which seemed to us out of step with the sensitive nature of this project. Therefore, we endeavoured to make use of an ethics of care (Gilligan, 1982; Noddings, 1984) which meant that in obtaining informed consent from women about their participation, we entered into a collaborative dialogue with the women, fostering a consent dialogue throughout all aspects of the research process (Usher and Arthur, 1998). The women were initially approached by a member of the IFPA who explained the evaluation process and requested their participation and contribution. Written information about the evaluation process (Appendix II), and a consent form (Appendix III), developed by the research team, was given to each woman by either a member of the IFPA or a member of the research team, who spent time discussing the information leaflet. The written information included reference to the background and aim of the project, benefits, risks, confidentiality and the right to withdraw consent at any time. At the beginning of each individual and focus group interview the women's right to withdraw or refuse to answer any question without obligation (i.e. without having to offer an explanation) was reiterated. Each woman who agreed to be interviewed also signed the written consent form. Return of the questionnaires was taken as consent. The study proposal was also approved by the Faculty of Health Sciences, Trinity College Dublin Research Ethics Committee.

FOCUS GROUP INTERVIEWS

Focus groups interviews were chosen to maximise the number of women involved and the range of views expressed. The focus group interviews enabled the women to interact with each other, to clarify each other's views, and to build on comments made, thus allowing for a depth and breath of views to be expressed. In order to access views at different point in the education programme, focus groups were held at the beginning, midway and at the end of the educational programme. As two programmes were completed before the evaluation commenced it was not possible to meet these women during the programme; therefore, a focus group was held with one of the groups some time after the programme had been completed.

Eight focus groups were carried out in all. Convenience sampling was used in all instances with women present on the day the researchers planned to visit, and who were asked in advance if they wanted to participate in a focus group. The number of women involved in each group varied from 5-10. On average the focus groups lasted between 45 minutes to 1.5 hours. Each focus group was facilitated by one of the researchers, who led the discussion and recorded notes. All of the focus groups began with an explanation of the evaluation process, an opportunity for questions and answers, and a reminder that the women had the right not to participate and to leave at any stage without explanation. The focus groups were conducted in the centre where the education programme was being facilitated.

INDIVIDUAL SEMI-STRUCTURED INTERVIEWS

Semi-structured interviews, using an interview schedule (Appendix IV), were used to collect data from the women who participated in the programme. In total, fifteen women who had completed the programme were interviewed. Interviews were conducted as a conversation about the women's and facilitators' experiences, with the schedule being used at the end to check that issues were addressed. Recruitment for the individual interviews was conducted, through telephone contact, by a member of the research team. The phone numbers for the women were either given directly to a member of the research team by the women themselves or given to a member of the IFPA with expressed permission to pass on the number to the research team. In an attempt to represent the different centres, ages, parenting and work profiles of the women, purposive sampling was used for this aspect of the evaluation. Seventeen women were contacted and all agreed to participate. For personal reasons, two women were unable to attend the prearranged interview. Individual interviews were held with women from four of the centres. Women in one centre opted for a focus group interview as distinct from individual interviews. The interviews took place at a location and time convenient for the woman; in some cases this was a room in the centre, in other cases it was in the participant's home. The individual interviews were tape recorded and transcribed for analysis.

POSTAL QUESTIONNAIRES

An 18-item questionnaire was developed by the research team to capture the women's views of the impact of the programme on their knowledge, comfort and confidence in relation to sexual health issues and factors which they considered important to the success of the programme (Appendix V). The questions used a combination of multiple choice answers and Likert scales. The questionnaire was divided into three sections; biographical information, views on the programme and a section for open comments. Prior to sending out the questionnaire, a copy was sent to staff in the IFPA. Following staff comments, minor amendments to the language and content were made. In order to protect confidentiality, the questionnaires were distributed by the IFPA to all the women who had completed the programme. To facilitate this process sealed envelopes, containing the questionnaire, a covering letter inviting participation (Appendix VI) and a stamped addressed envelope were given to the IFPA for each woman. Completed questionnaires were returned to a member of the research team. To increase the response rate, the women were contacted a second time, six weeks after the initial mailing, when a reminder letter and questionnaire were re-sent. In addition, the researcher conducting the individual interviews reminded the women to return the questionnaires.

DATA ANALYSIS

Data from the completed questionnaires were entered into an Excel programme and simple descriptive statistics were generated using pi-charts and bar charts to illustrate these.

When the interview process was completed, the data from the individual and focus groups were examined systematically to identify categories of analysis and develop themes and headings under which to present these alongside and integrated with data from the questionnaires. These themes are presented in Section 3 to Section 6 below.

WILLINGNESS TO PARTICIPATE

Some writers suggest that, 'given the "grip" of sex, its potential to embarrass and strong conventions about its "private" nature', it was probably the most difficult research topic to pursue (Stainton-Rogers and Stainton-Rogers 2001:195). At no stage did we experience any reluctance on behalf of the women to consent to be involved or an unwillingness to share their views. Throughout all interviews and presentations there appeared to be an overwhelming desire and enthusiasm among the women to talk about their experience on the programme and the impact the programme had on them as individuals. As researchers we were made to feel very welcome each time we visited a centre or contacted a woman regarding an interview.

FINAL SAMPLE SIZE FOR INTERVIEWS AND QUESTIONNAIRES

In total, sixty-three women commenced the course in five different centres. Fifty-eight women completed the course. The women who did not finish the programme left for a number of personal reasons, including personal or family health issues and securing full time employment.

The following is a breakdown of the number of women who were interviewed, the number of focus group interviews completed and the number of questionnaires returned.

Table 2.1

Centre	Focus group interviews	Individual interviews	Questionnaires returned	Attended final presentations
Centre A Bray	2	5	3	Yes
Centre B Blanch	2	5	13	Yes
Centre C Dundalk	2	4	4	Yes
Centre D Clondalkin	0	1	7	No
Centre E Pavee	1	0	10	No
Total	**7**	**15**	**37**	**3**

DEMOGRAPHIC AND OTHER BACKGROUND DETAILS FROM WOMEN WHO RETURNED THE QUESTIONNAIRES

Of the fifty-eight women who completed the programme, thirty-seven returned the questionnaires, representing a 64% response rate. Two centre (B and E) accounted for 62% of the overall returned questionnaires. These two centres also had the greatest number of women completing the programme. In total 29 (50%) of the 58 women who completed the programme attended these two centres. The women's age ranged from 20 to over fifty-five years. All but one participant were parents. The response rate per centre and the age profile of the children are laid out in Table 2.2 and Table 2.3:

Table 2.2

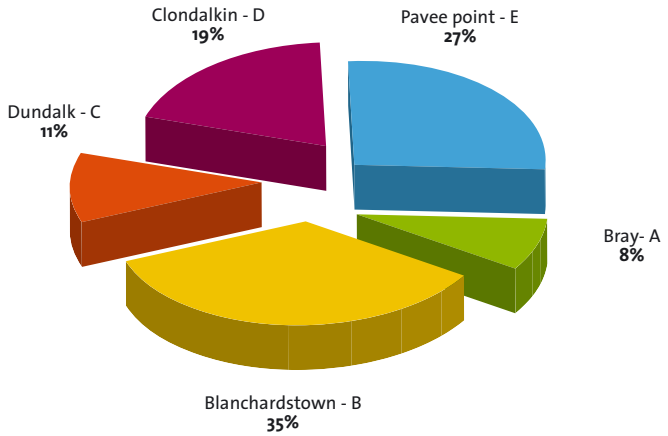


Table 2.3

Age of children (years)	No. of women with children within the age range
0 to 4	6
5 to 9	12
10 to 14	11
15 to 19	12
20 to 24	12
25 +	11

Word of mouth played a significant part in the manner women heard about the programme. The vast majority of the women, 78%, heard about WiSE UP through a friend or colleague at work. The remaining participants learned about the programme through a variety of other sources, including a leaflet being posted through the door, and being informed by a friend who had heard about the programme. The enthusiasm of some of the women about what could be learned on a programme on sexuality became a source of motivation for other women to commence the programme.

3 LEARNING AND RELEARNING

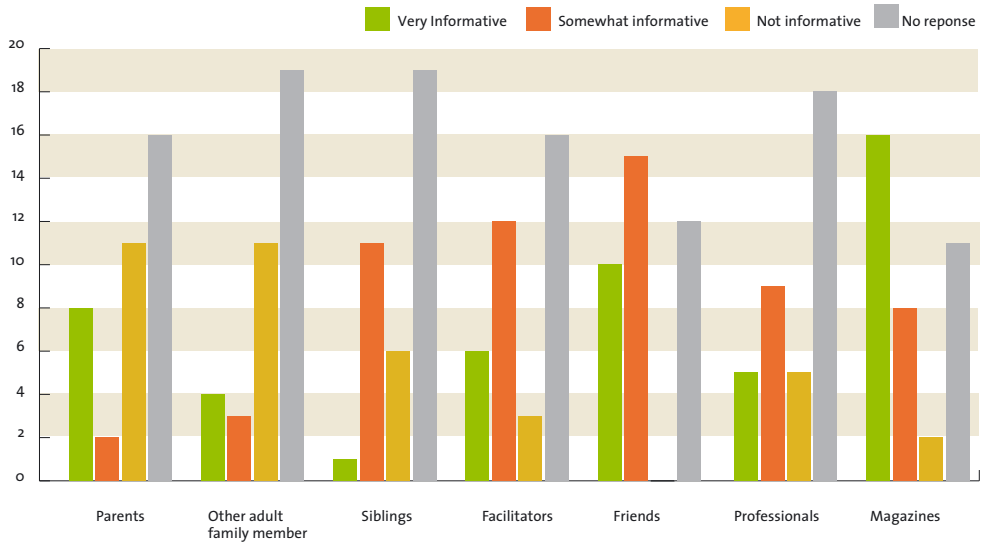
Learning and relearning about sex and sexuality

‘YOU WERE TOLD NOTHING’: HOW WOMEN LEARNED ABOUT SEX GROWING UP

Learning on sexual issues can come from a number of sources, both formal and informal. Ideally in strong familial relationships, learning might come from well-informed parents who are also confident about sexual relationships and expressions of their own sexuality. However, the research to date in Ireland indicates that many people learn not from their parents, but through friends, peer groups and sources such as magazines (Murphy-Lawless, Oaks and Brady, 2004; Oaks and Murphy-Lawless, 2007).

The women who participated in WiSE UP reported much the same experiences. The response rate to questions on source of learning are laid out in Table 3.1 below:

Table 3.1 Source of learning about sex and sexual health prior to attending the WiSE UP programme



They identified magazines (n=24) and friends (n=25) as their primary informants on sexual related issues. Siblings, other adult family members and parents were considered to be the least informative sources of education. Despite the fact that the majority of the women on the programme had attended a variety of health care facilities, including reproductive health services while pregnant and when seeking contraception from health care professionals, very few women (n=13) identified these professionals as an informative source of information on sex and sexual health issues. Although it is not possible to make a conclusive statement about the non-responses to the questions on source of learning, they may be a reflection of the women’s belief that they learned very little or nothing from these sources.

In the focus group interviews, women spoke of their own lack of education on sexuality, sex and relationships, within the home and schools and the very negative messages they received around sex and sexuality when growing up. They commonly experienced the television being turned off if any material suggestive of having sex appeared. Most critically they spoke of sex not being talked about openly to them by their parents:

'Told to keep your hand on your halfpenny'

'Just don't get pregnant'

'My parents never talked'

'We weren't told anything'.

Women spoke of lacking education about sexual issues in their own life:

'Learnt issues on the street'

'I believed that the first time (sex) was free and if you broke the hymen and you bled you couldn't get pregnant'.

Although the age within the group as a whole spanned several generations, it was clear that the younger participants' lack of education and messages of negativity around sexual relationships was similar to the older women, suggesting that little has changed:

'Things haven't moved on a huge amount'

'In school, the teachers don't learn you anything'.

'I WANTED TO LEARN MORE': MOTIVATIONS TO DO THE COURSE

Many women said that a keen desire to make a difference to their own families, friends and to the wider community was key in their decision to do the course. The pattern of not speaking within the family was one which many women had internalised and the course gave them the opportunity to openly identify this as a lack and to overcome it in relation to their own children:

'I would have loved to have done it when I was younger, when my kids were younger. That is one area I feel I have missed, being able to talk to them about that important area'

'I never spoke to my children'

'I suppose as a parent more than anything just to be more clued in, clued in about sexually transmitted diseases and things like that, so as a parent it was important'

'I came on the course as I wanted to teach my daughter about sexual issues'.

Personal experiences of crisis pregnancy were another motivating factor:

'I had a daughter at 17, I wanted to be able to talk to her'

'If the work can prevent even one crisis pregnancy from happening, it will have done something'

'If I thought I could prevent a pregnancy.'

A number commented on how they assumed that because they had been in a sexual relationship and had children that they had a good knowledge base:

'I thought I knew it all'

'I am forty-one, you think you know it all, but you don't'

'I told them what we thought we knew but we didn't know at all'

There was a strong desire to learn more in order to use good quality accurate information as workers and educators within community groups, including youth work and work with disabilities:

'It was actually my boss told who me about the WiSE UP programme and the way he put it to me was it was Irish Family Planning programme and I just laughed and said like I already have three kids, I should have done that years ago but it's a little bit more than that, to do with the counseling and with the youths and I need it for the work I'm doing'

'I felt it'd do me good because I work with children with special needs and that and I wanted more information on special needs'

'I'm a qualified counsellor so I wanted to extend my knowledge. I found myself being the age I am there was a lot to learn.'

'My boss recommended it to get a better knowledge'

'Just let women know what their rights are'.

Personal contact and the leaflet itself attracted some women to do the course:

'A girl come out and told me everything about it and gave me a folder about it and it looked really interesting'.

One woman identified that many women whom she encountered were deeply troubled about sexual issues and she felt the course would give her tools to help with that distress:

'What brought me here, well there were so many women wounded in society, there are an awful lot of young single mothers, women lacking information, don't know where to get it… we have gone from oppression to this liberation but the middle piece is missing…I was interested in getting more information…there is a need to stop the cycle'.

There was a deep concern that young people have too little support in their lives and that communicating with them about sex is far from easy:

'There doesn't seem a way to get through to them.'

'Teenagers are living their lives day by day'

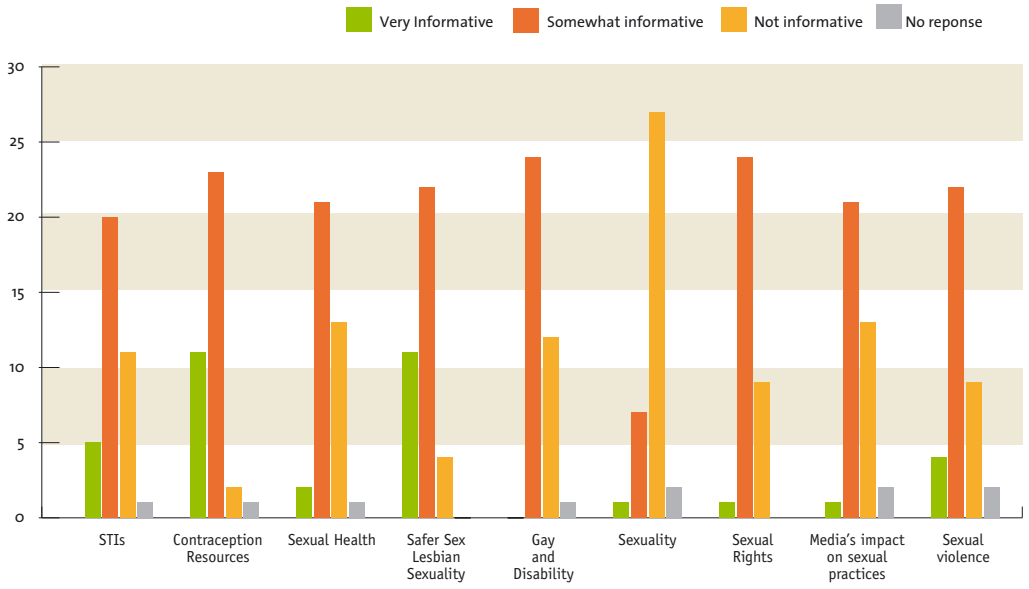
'It is very bad when you have worked to inform your child about sex and safe sex and they become pregnant'.

‘YOU THINK YOU KNOW IT ALL UNTIL YOU DO THE COURSE’: LACK OF KNOWLEDGE AND CONFIDENCE PRIOR TO WISE UP

In a society which has such contradictory responses to sex, it is not surprising that on the one hand, women stated that they wanted and needed to know more and yet on the other hand, because most women had children and were in or had experienced sexual relationships, there was a tendency to correlate those experiences with a reasonable knowledge base about sex.

Yet when the women were asked to enumerate in detail how knowledgeable they were on nine issues about sex and sexuality prior to the programme, they reported critical gaps in their knowledge. The findings presented in Table 3.2 below are consistent with what the women had already set out in individual and group interviews about their lack of, or rudimentary level, of knowledge.

Table 3.2 Prior knowledge of sexual health issues



The responses suggest that the women did not consider themselves as very knowledgeable on any of the topics listed. Knowledge on contraception and safer sexual practices were the two areas the women reported being most knowledgeable, with under a third of women, (11) identifying themselves as very knowledgeable in these areas. Sexuality and disability, gay and lesbian sexuality, sexual health resources and the impact of the media on sexuality were the areas the women reported having the least knowledge, with 73% (27) and 33% (12) of women reporting having little or no knowledge on sexuality and disability and gay and lesbian sexuality. This no doubt reflects, firstly, the assumptions of asexuality that often surrounds people who experience disability (National Disability Authority, 2006) and, secondly, the dominant social belief system within Irish society, where lesbian/gay/ bisexual/transsexual (LGBT) relationships have until recent years been ignored (Inglis, 1998).

‘You think you know it until you do the course’

‘The whole thing opened my eyes. You think you know everything about everything.’

'It was a wake-up call because I never knew half the things that I learned'

'I really did think I was open-minded, and was very aware of what was happening in the community sexually. Such a land I got! It was great that the facilitators could bring you up to date on the slang and the sexual activity of young people and the whole reproductive health care system, which was great'

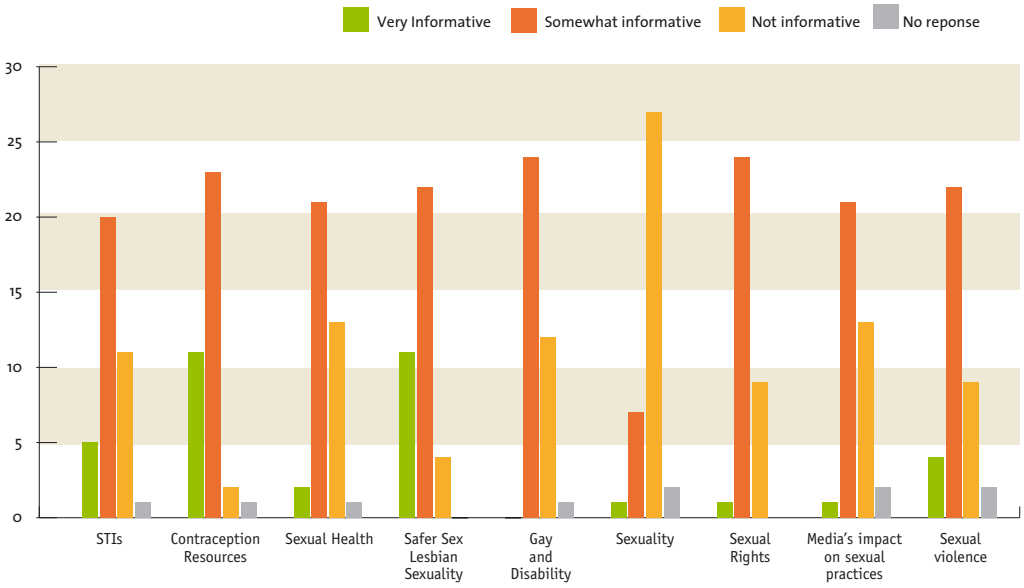
'I was surprised by the little information some people had'

'I am 24 years old and I never seen a cap, I didn't even know that a female condom existed'

'I'm 27 and I didn't know half the stuff'

In addition to increasing knowledge, one of the aims of the programme was to increase the women's confidence to talk about sexual issues and provide education both formally and informally to others. The women reported that prior to coming on the programme, they experienced high levels of discomfort and had a lack of confidence in talking openly about sexual issues to others:

Table 3.3 Prior to attending the WiSE UP programme, women's confidence in talking about sexual health issues



A significant number of the women reported having little or no confidence in talking about sexual issues to others, to one's own children (41%) and to other children (51%), work colleagues (32%), sexual partner (27%) and health professionals (27%). Talking to friends appeared somewhat less challenging: only 13% (5) of the women reported having little or no confidence to talk to friends.

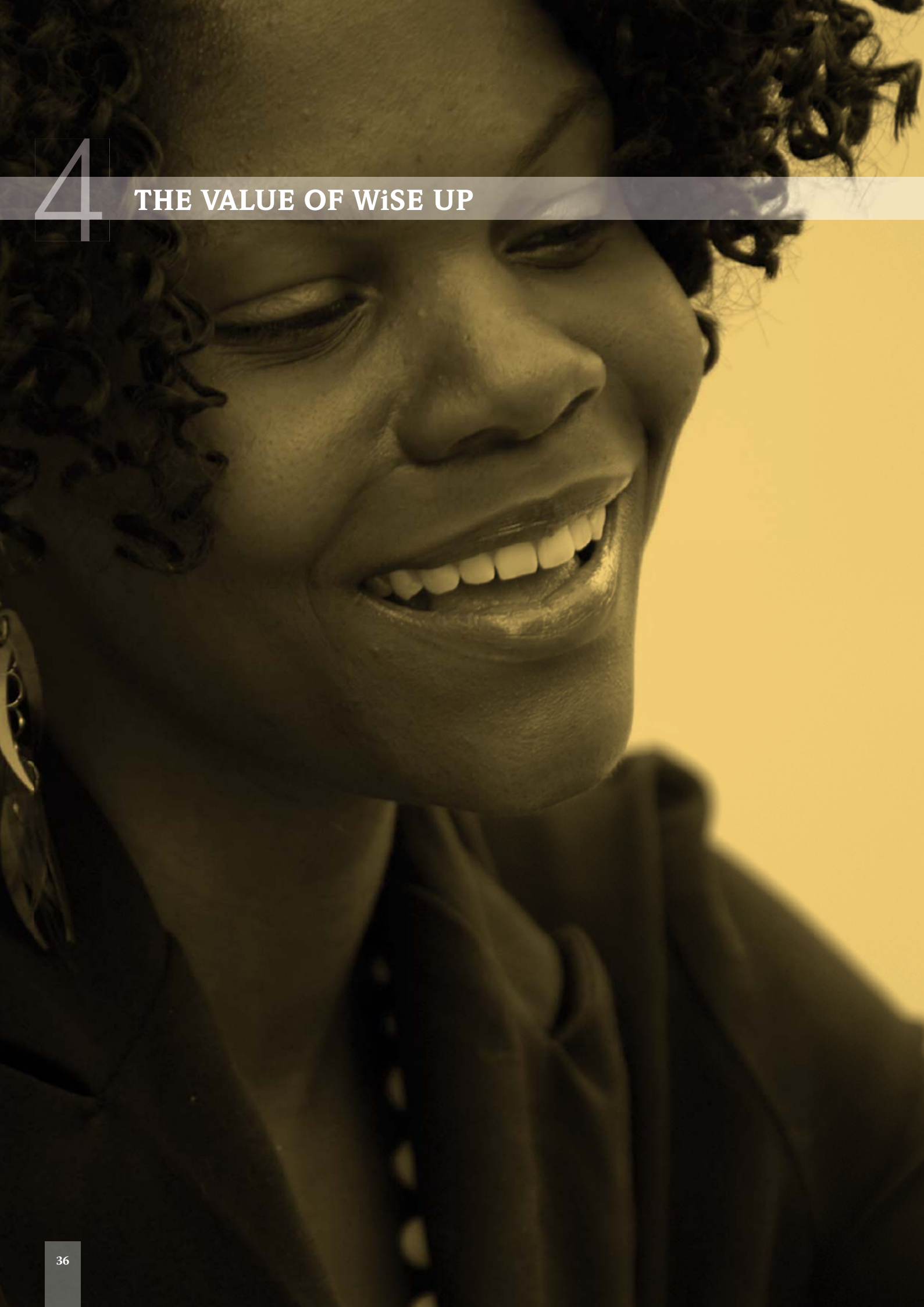
These findings were also borne out in interviews:

'I never spoke to my children. With this you learn how to really talk about things'

'I feel more confident. Before I did it, I couldn't talk to children'

'I'm not such a prude about it as I used to be'

'I would never talk about sex, I found it difficult to talk to my children'.



4 THE VALUE OF WiSE UP

‘I WOULD SAY IT WAS BRILLIANT’: BUILDING KNOWLEDGE AND CONFIDENCE

There is general agreement that good quality sexual health education will include knowledge of physical/biological, emotional, social and cultural issues in relation to sex and sexuality and will utilise participants’ experiences as a source of learning and reflection (England and Wales, Department of Health, 2003, 2005). At its best sexual health education has the potential to draw out and make sense of how discrimination, stigma and prejudice work. Sexual health education can respectfully challenging attitudes and practices that may infringe or limit peoples human rights and dignity (England and Wales, Department of Health, 2005), such as the patriarchal and heterosexist norms of society, the stigma surrounding gay, lesbian and bisexual orientation and the assumption of asexuality that frequently surrounds people with disability. The WiSE UP programme attempted to address many of these issues within the wider social context of sexual rights, citizenship and the media. The programme aimed to increase women’s knowledge of, and ability to locate sexual health resources within their own locality. To elicit the women’s views on the impact of the programme on their knowledge of these issues, the women were asked to re-rate the nine statements they had previously discussed about their levels of knowledge. In addition, a statement about knowledge of services in their locality was included. The response rate to questions on impact of the programme on knowledge of sexual health issues are laid out in Table 4.1 and Table 4.2 below:

Table 4.1 Increase in knowledge on sexual health matters as a result of attending the WiSE UP programme

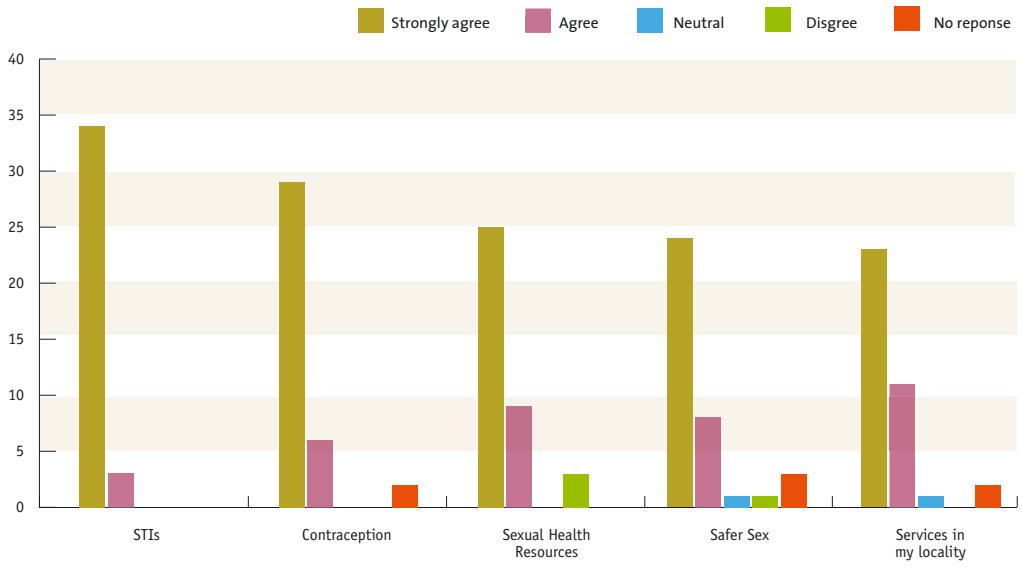
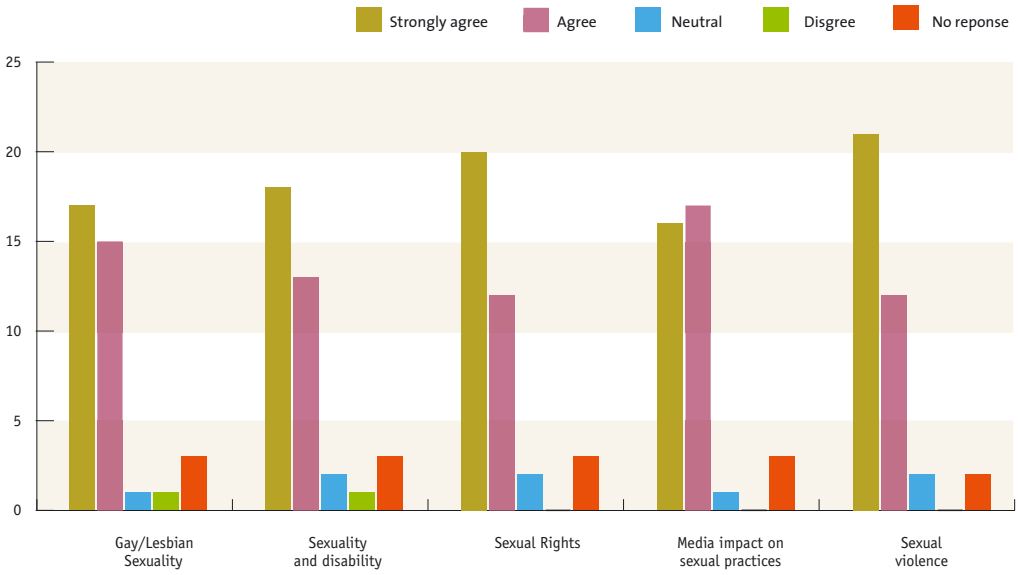


Table 4.2 Increase in knowledge on other aspects of sex and sexuality as a result of attending the WiSE UP programme



Responses suggested that the programme achieved its aim, with 84% to 100% of women agreeing (either strongly agreeing or agreeing) that the programme increased their knowledge on all ten issues.

Data from individual and focus group interviews also bore out these findings.

Women spoke of how their increasing confidence and knowledge affected their personal lives:

'It has built my confidence, more confident to talk about sexual issues'

'It changed how I thought about sex and sexuality in a big, big way, it taught me to respect myself more'

'I find it easier to talk. You're more open now talking to your friends and family and that, 'I think it's far easier to talk.'

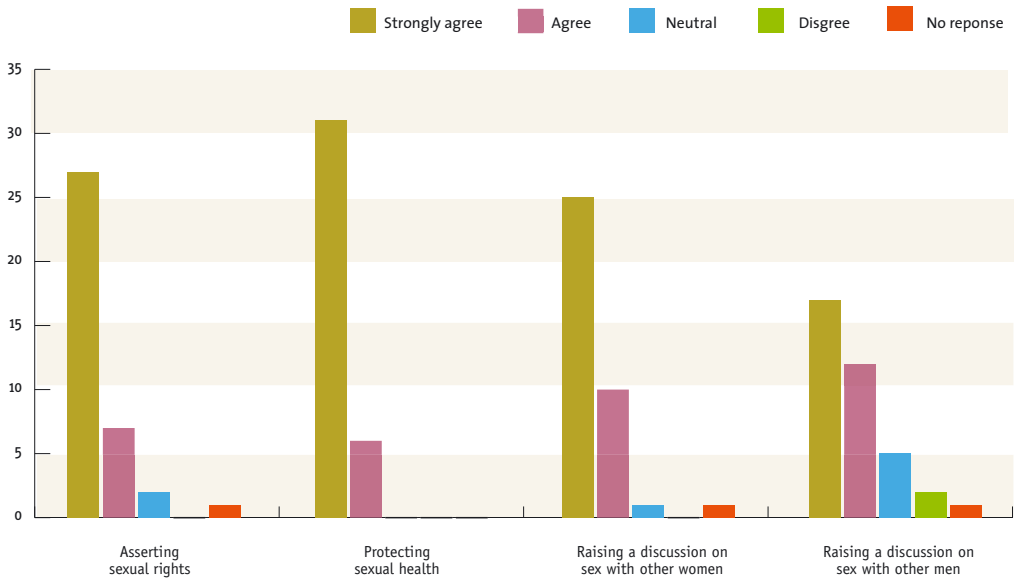
'I have more confidence now. You know what you're speaking about'

'My self confidence has definitely increased. I feel more comfortable with sexuality, feel more confident that I know what I'm talking about'.

Many people experience anxiety when it comes to opening a discussion on sexual issues for fear of transgressing social taboos. Embarrassment and anxiety may be increased by perceived differences in gender and what is often a power imbalance between women and men. One of the biggest challenges of WiSE UP was to develop the confidence to raise a discussion on sexual health issues, assert one's sexual rights, and manage one's own and others' embarrassment. To explore the impact of the programme on these issues the women were asked to indicate their agreement with a number of statements. The majority of the women either strongly agreed or agreed that the programme increased their confidence to assert their own sexual rights (92%) and protect their sexual health (100%). There was also a high agreement that the programme increased their confidence to raise a discussion on sexual issues with women, with 67% strongly agreeing and 27% agreeing with the statement. Not

unexpectedly, there was more of a variation in responses to the question on raising a discussion with a man. The numbers of women who strongly agreed with the statement dropped from 67% to 46%, with 32% agreeing 14% ticked the neutral box and 5% disagreed. The response rate to questions on the impact of the programme on these issues are laid out in Table 4.3 below:

Table 4.3 The impact of the WiSE UP programme on personal confidence in relation to specific sexual issues



Women spoke of how the teaching on many facets of contraception was changing their personal practices, including the importance of insisting on condom use to prevent STIs:

'I learnt about what I was taking myself, you just don't read leaflets that come with drugs, I know the doctor expect you to but you don't'.

'It was very educational. Since I started on this I haven't been with a man casually…wear your condom or forget it'

'Before I came on this I was always thinking about not getting pregnant but now I am more conscious of the STD issues and making sure I don't get that'.

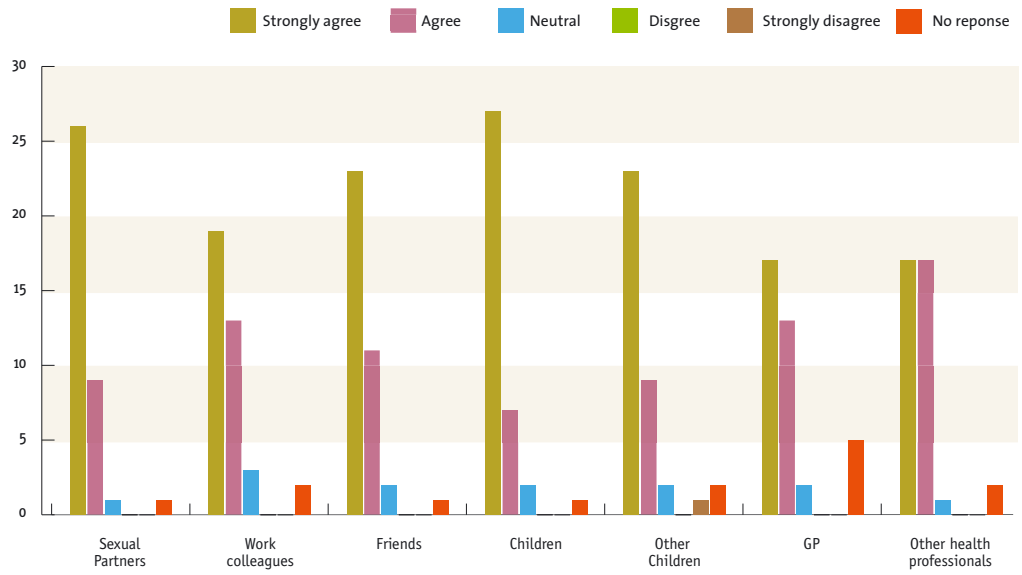
'I didn't know there were so many STIs, how you get them, how they affect you, what they do to you'.

One woman recounted that she had sought a Mirena coil from her GP and he had told her she knew more about it than he did.

‘NOW I CAN TALK MORE’: USING WiSE UP WITH FAMILIES AND IN THE COMMUNITY

Table 4.4 below presents data on women’s confidence across a broad spectrum of personal and social relationships:

Table 4.4 Impact of the WiSE UP programme on confidence in the ability to talk about sexual issues with others



The overwhelming majority of the women either strongly agreed or agreed that the programme helped increase their confidence and skills to talk about sexual issues to their sexual partner (95%), own (92%), and others children (86%), work colleagues (86%), GP’s (81%) and other health professionals (92%). In addition, parents have an important responsibility to educate their own children about sexual matters and need to be supported in this role, by providing them with opportunities to gain the necessary knowledge, confidence and skills. The majority of the women either strongly agreed or agreed that the programme helped to increase their confidence to talk to their own (92%) or others children (86%) about sexual issues.

As parents, women are now actively working to educate their children:

‘My eldest is only eight so I let him know about his body and show him pictures’

‘Now I do talk with my kids.’

‘I’m better than I used to be with my kids.’

‘My daughter, I talked with her, I showed her all the leaflets and everything, she knows she can come and talk with me.’

‘Now it’s quite easy to talk about the whole area of sexuality and sex as a whole, no problem at all. I’m talking with my kids now and I couldn’t before without getting embarrassed.’

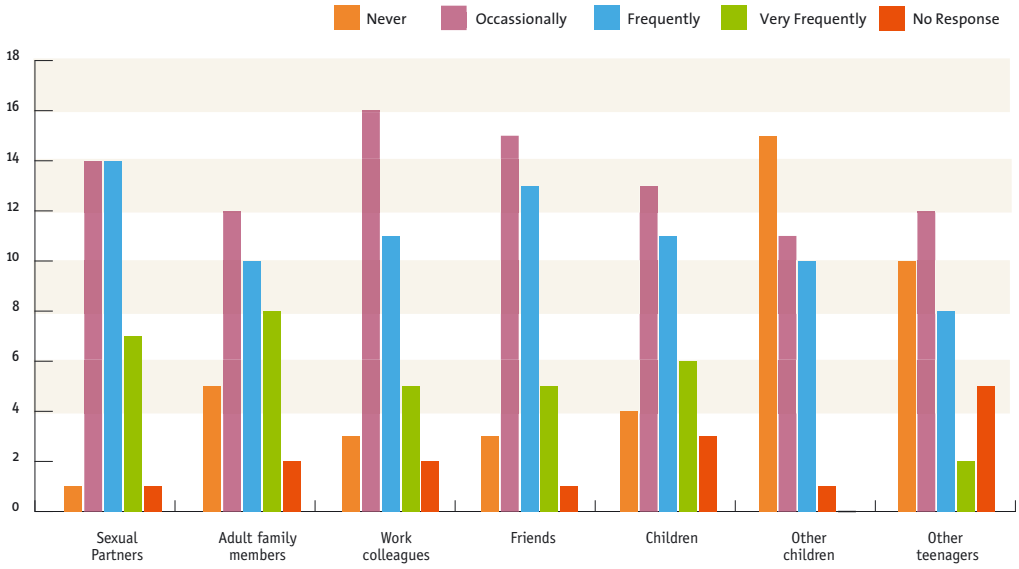
'It's interesting. I have a son who is 14 and a half. Working with young people at that age, it's easier to talk to other people's children but your own funnily enough it's not. But I thought the leaflets were a starting point with him, that was useful.'

'If I had gone when my kids were younger, I would have done things different".

One of the issues with all skill-based education programmes is the transferability of learning and skills outside the learning situation. The beginning of transferability of skills was evident in the women's responses to questions on the questionnaire and in the interviews on the frequency of discussing information they learnt with others people in the previous two to three weeks. The vast majority of the women reported having occasional to very frequent conversations about what they learnt, with a number of people, over the previous two to three weeks. Only a minority of the women (3-14%) reported never having discussing the information they learnt with the people identified, the two exceptions to this were discussions with other people's children (40%) and teenagers (27%).

The response to the questions on frequency of discussion is laid out in Table 4.5 below:

Table 4.5 Frequency of discussing information they learnt with people over the last two to three weeks



The interviews expanded on the range of contexts for these discussions:

'All the time, I talk with my younger sisters, if I didn't learn at school they're not learning at school.'

'I find a big difference with my children, talking to them, sex is natural talking about it is natural, I was dreading it but now even talking with my friends I feel I have permission.'

'I tell my friends and family.'

'I find it easier to talk, more open now talking to your friends and family about it. I met a friend coming away and she would be asking me what I had learned today and even my parents asking.'

'There was very little I knew about contraception other than the pill and the condom basically and the coil and I'd heard terrible stories about the coil so even the course itself allayed fears and stories you hear about it, so now I am quite confident about being able to talk about different kinds of contraception.'

Within the focus group discussions, one woman spoke of how she felt much more at ease to respond to her young child in a positive manner and educate him about sex and body changes. He had commented on the 'dirty book she was reading', the book being a leaflet from the IFPA. She said that because of the course she explained that neither the book nor sex was 'dirty', and how his body would change as he grew. Another woman spoke of her increased confidence and comfort in talking to other people such as her own mother and mother-in-law.

The session on language and the use of slang was perceived as important because it helped women gain insight into language been used by their children. One woman gave the example of someone saying to her young son that his mammy possibly was meeting someone and that was why she was late. The child became upset and said that his mammy was not like that. 'Meeting', it emerged, has become a slang term for prolonged kissing with someone one does not know well or has just met.

The confidence to incorporate the training directly into their work was also mentioned as a positive outcome:

'It is helpful at home and in work. My daughter is a teenager. I have used it because I'm a youth worker and we work with children aged twelve to twenty-one and it's come in handy, different levels.'

'We've started using so much of the information, leaflets and little games and quizzes that we discovered on the course with some of our young ones here. It's a fun way of getting into the conversation. It works very well.'

'I'm a lot more comfortable talking about sexual activities with the young people that I work with and exploring things where before we would have just skimmed the top of it, and now it's about looking at different angles around disability, sexual needs, I would never never have thought about that before and being a lot more open-minded about the different heterosexual, gay and bi-sexual relationships.'

'If there are ones out there with queries, we have the information, we can tell them where to go for help'

'Whatever we learned, we passed it on, you know with the packs, there was nothing there that we couldn't give to the children'

Some women were then able to use their new knowledge and skills in their own positions within the community. Two of the women from the Travelling Community who participated in one of the WiSE UP courses separate to the one in Pavee Point went on to press for the inclusion of sexuality issues in the Primary Health Care Strategy for Travellers that was being made available locally. One woman who participated in the very first course of WiSE UP went on to act as a tutor in later courses.

IFPA staff were anxious to include a scoping exercise for each course in which participants would go and explore at their wider community level what sexual health services were available. This work had opened their eyes to the widespread lack of comprehensive sexual health services:

'People thought that GPs were giving a full screen. We didn't know we were not getting a full screen.'

'Now we know only St James offers a full screening.'

'I learned about what services are available across the country now we know.'

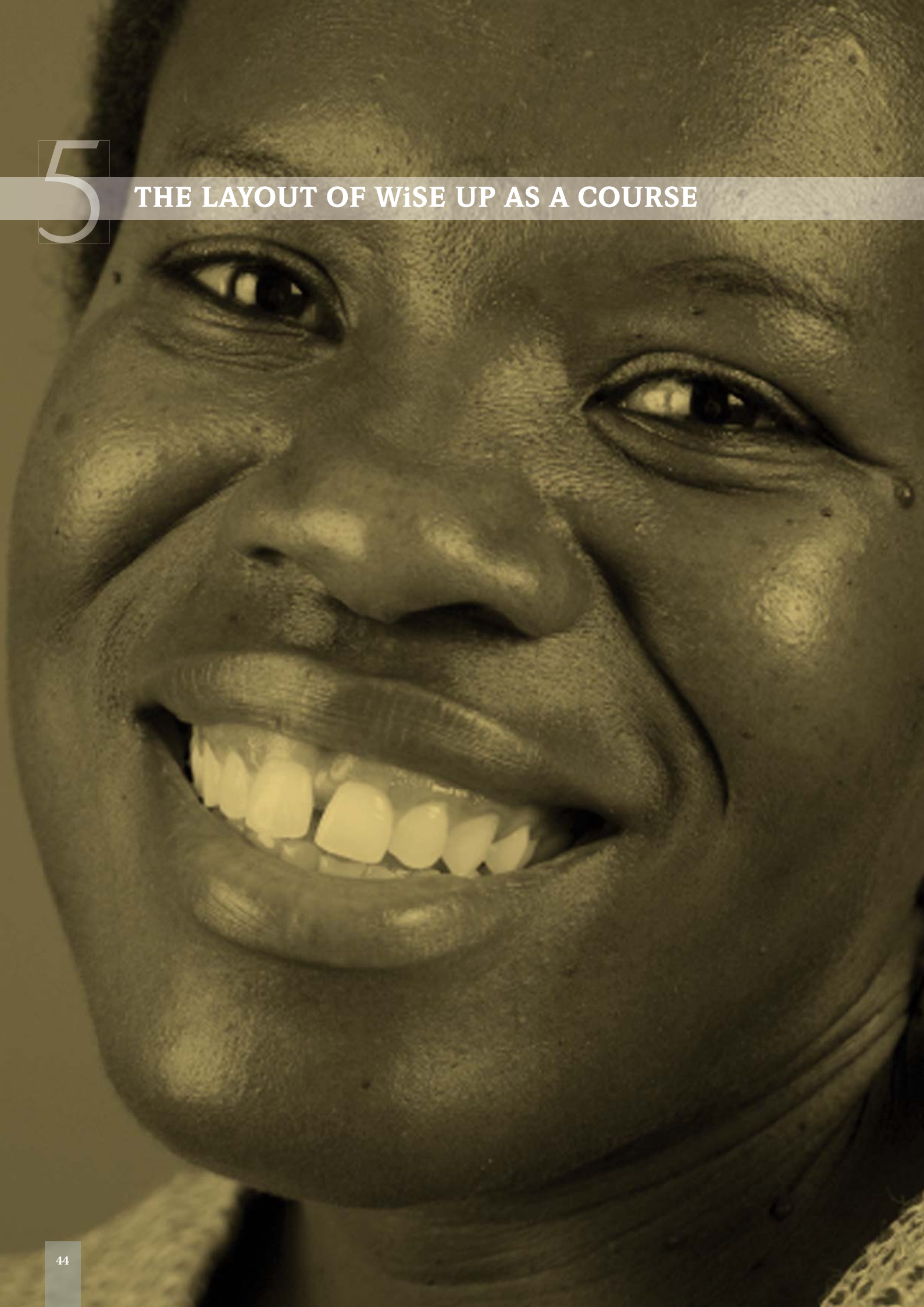
This engagement did lead to a further development after the training had concluded: WiSE UP left in place more knowledgeable women who have gone on to articulate sexual health needs as part of the primary care strategy scoping work being carried out by the HSE as part of their needs analysis and community consultation at local levels.

The component on disability opened up women's understanding of issues about disability and sexuality in ways that extended their understanding of what sexual awareness can and should be:

'You just don't think about disabled people and their sexual rights.'

'We learned about disabilities; they have a right to sex and to education as well. That was really good.'

'I liked the big involvement with the special needs and disability, they need to be taught sexual awareness too.'



5 THE LAYOUT OF WiSE UP AS A COURSE

‘I THOUGHT THE WHOLE LOT WAS GOOD’: POSITIVE DIMENSIONS OF THE COURSE

Given the sensitive nature of sexuality, creating an environment where participants feel safe to ask questions, discuss values and share their views is of central importance. The success of this in relation to WiSE UP appeared to turn on several factors:

- having a deeply experienced core facilitator and other teachers. The later courses benefited from experience in this respect (see also below, 5.3).
- holding the course in a local community centre
- having a small group.

‘I think I liked it because it was held here and it was in my own comfort zone, it was very relaxed.’

During the focus group interviews the women identified the qualities of the facilitators as intrinsic to enabling them to learn:

‘The facilitators were just themselves, they were not trying to be something they weren’t.’

‘The facilitators were very comfortable with the subject matter, so they were very good role models on how to speak openly.’

‘I learned to be more open, not to be embarrassed, learned more from the facilitators.’

The IFPA staff member who was the core facilitator was especially important in setting the boundaries, ensuring that women were comfortable and able to grow in confidence while they dealt with highly sensitive material:

‘At the start everyone was a bit nervous but as we got into it, it was okay. Anything that was said in the group or in the room was confidential.’

‘She spent time at the beginning of the programme getting the atmosphere right, you know one of comfort, acceptance, she used games, started each session with a coffee and a bit of social conversation.’

‘You learn more if you feel comfortable.’

‘She never said “I don’t want to go there”, she was willing to answer all questions, and help source information, even if she didn’t know.’

‘Never made you feel stupid or that any question was a stupid question.’

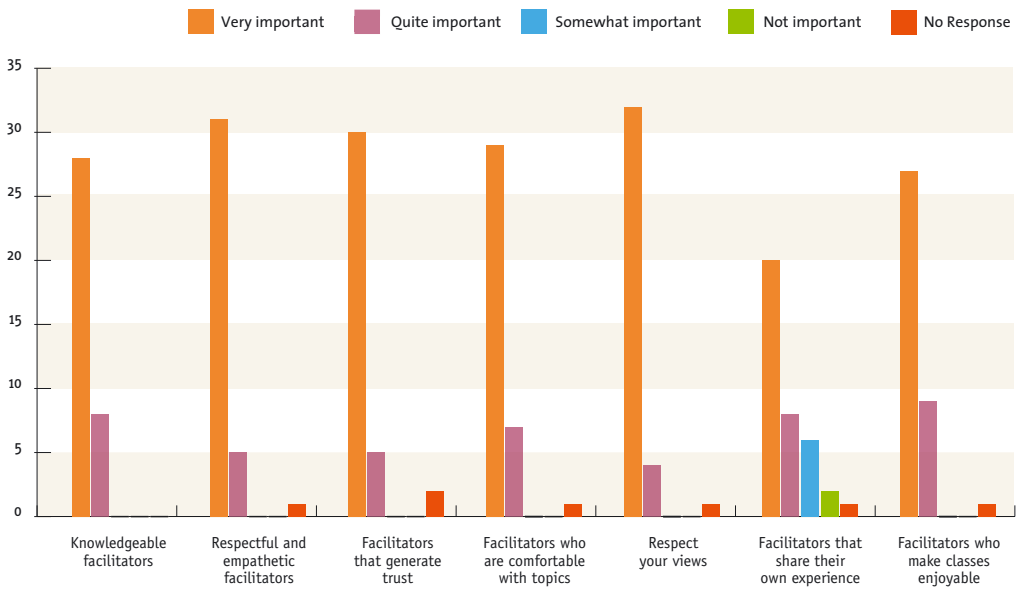
‘Treated and spoke to us as adults and not children.’

These statements imply that women were well aware of the ‘emotion work’ that each was doing herself and also doing as part of a group, initiating and negotiating conversations about deeply felt matters of personal identity. The core facilitator was able to afford real protection to them, to create secure boundaries for the work and to build and sustain confidence and confidentiality through a lengthy training course. It meant that the women had an anchor which even enabled some women to

approach the core facilitator outside the teaching sessions to seek a listening ear in confidence.

The importance of trustworthy qualities in all the facilitators were reflected in the women's responses in the questionnaires as set out in Table 5.1:

Table 5.1 The women's views on the importance of the qualities of the facilitators in relation to the WiSE UP programme



The women were enthusiastic about the work and eager to engage:

'I can't wait to come here every week, when I wake up I look forward to coming here'

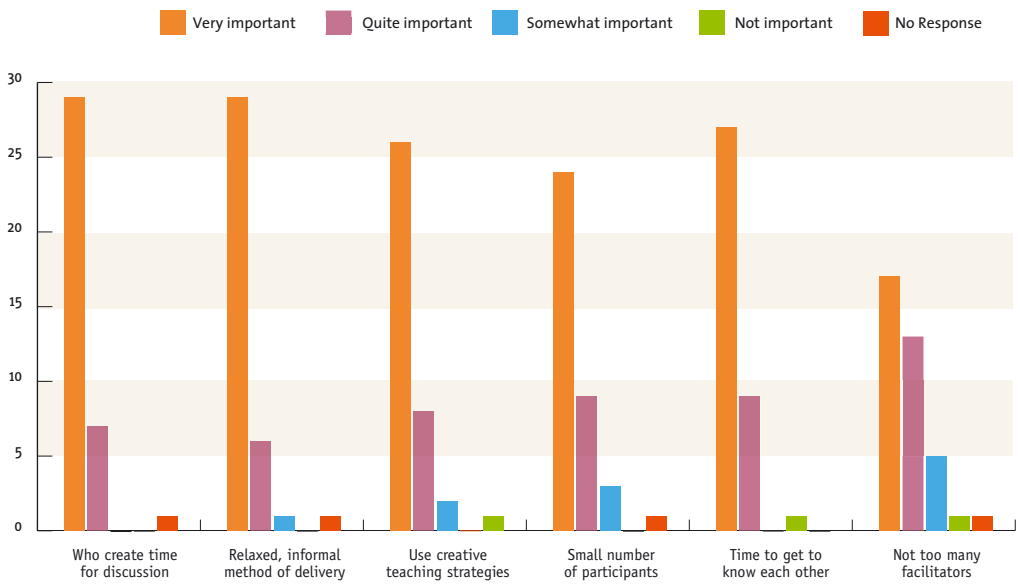
'This is so different to the other courses I am doing, I'm doing a computer course and I hate it.'

'I even miss it now believe it or not you know on the Wednesday morning'

'I learned a lot from them, how to stand up and facilitate. They gave me great confidence.'

Women indicated that creating time for discussion, having a relaxed informal method of delivery, allowing time for participants to get to know each other, and using a variety of teaching strategies were very important to how they learned. The response to questions on the importance of teaching strategies is laid out in Table 5.2 below:

Table 5.2 The women's views on the importance of teaching methods and the teaching environment in relation to the WiSE UP programme



Within the focus groups the women commented favourably on the way the facilitators involved them and used games to get messages across. This helped them to relax and it helped them to remember:

'I liked everything, the craic.'

'The learning, the fun, that you can teach sexual education through fun and I think that makes the young people more open to talking about it. Whereas when I was taught, it was just like a bowl of fruit and it was like put under the table, it just allows them that freedom of expression.'

'They used 'simple' language that we could understood, ye they did use technical language but they explained it, could marry the technical medical language with the language of the lay person, you know what I mean they didn't only use doctors words, they use our words.'

'They used humour and funny stories into the sessions, allowed us to giggle and laugh.'

'They used pictures, videos, handouts, leaflets to teach.'

The demonstrations of contraceptive devices were seen as especially helpful:

'One part that sticks in my mind was the week with Dr ____. She was just brilliant. She went through every contraceptive, told us exactly what each one did, what it does to your body, the whole thing'

The programme created opportunities for the women to build skills incrementally. For example, an ice breaker at the outset helped people learn one another's names:

'That first day throwing the teddy to one another got everyone comfortable with one another.'

However, the 'teddies' that were used came into play again when discussing STIs, for what looked like stuffed toys were actually giant 'models' of the microbes that cause STIs and helped familiarise the women with the range of STIs as they learned about the implications of unprotected sex.

The experiential nature of the programme ensured, from the outset, that the women were involved in creating the contexts for discussion and group work. An effective aspect of course was the participatory strategy used by the facilitators so that women were learning from facilitators and their peers alike:

'The facilitators were teaching us stuff that they knew and then one of the girls would bring in something they'd heard about and from different areas as well.'

'Telling their own stories and what they did know, what they didn't know.'

'It was very interactive, everybody got to speak up.'

'We were a great group, there was fun in it as well as taking things seriously. We all shared things.'

'All different parts of life, we learned a lot from one another.'

There was a lot personal experiences, things like that. Yeah sometimes there'd be differences as to what the person believed and what was actually true.

'There was no one making anyone feel uneasy.'

This teaching approach enabled the women to begin to acquire the skills necessary to facilitate learning in an adult environment, which was complemented by formal input on presentation skills. In response to the question on the impact of the programme on presentation skills, 57% strongly agreed and 32% agreed that the programme had a positive impact on their capacity to give a presentation on sexual issues. Having done their presentations, many felt they could 'give it a go' outside the course:

'I really do think so at this stage, yeah, think I could stand in front of a class, because I've done it with my sisters, no problem.'

'Yeah, I do, especially after doing our own presentations. Maybe before our presentations I would have thought "Oh my God no, I don't think I can even though I have the knowledge", but after doing the presentation and getting up in front of people, I do feel I could do that myself now.'

'Yes and no, yes if there was one of the ladies with you for one or two or three times and after that, you'd be used to it.'

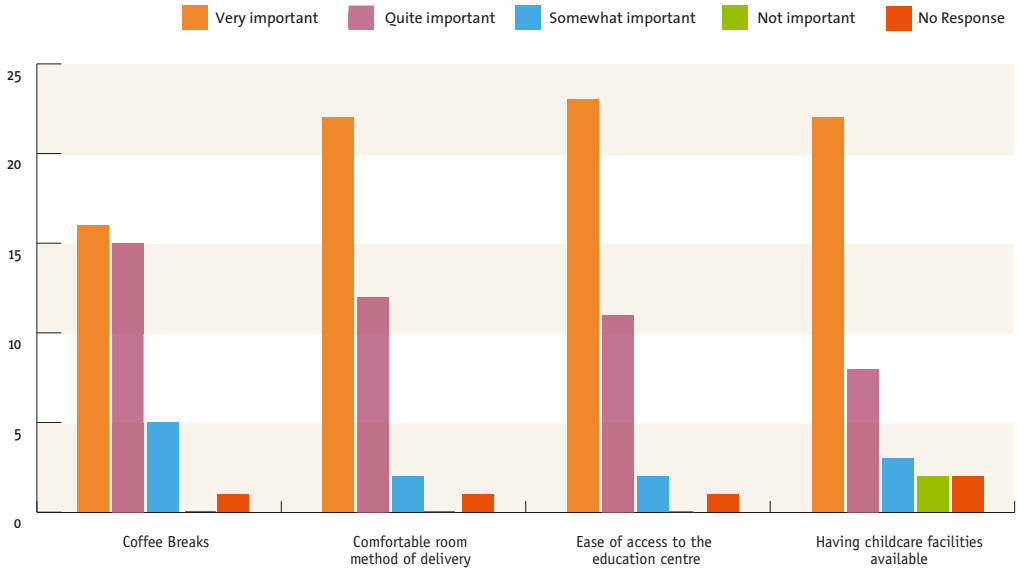
The women's awareness that they were at the beginning of a long-term learning process was reflected in their desire for follow-up education on presentation and facilitation skills. In the focus group interviews, the women requested follow-up courses to help them formulate a programme that they could introduce within their community. They felt a need for the following:

- information on how to sequence presentations and content within presentations

- how to tailor education to specific groups' needs
- dealing with age appropriate information
- examples of fun ways of teaching sexual issues
- information and strategies for opening up conversations on sexual issues with new groups or with people whom thy do not know very well
- more in-depth sessions on substance abuse (drugs and alcohol) and sexuality
- help in deciding what teaching approaches would work best for specific topics
- more help in speaking to children

In addition to the qualities of the facilitators and pedagogical approaches the women considered certain structural supports as very important to the success of the programme. Having access to child care facilities and the ease of access to the education centre were considered as very important by 60% of the women. The response to questions on importance of structural issues to the success of the programme is laid out in Table 5.3 below:

Table 5.3 The women's views on the importance of structural issues relating to the WiSE UP programme



'I FELT A BIT EMBARRASSED TALKING IN FRONT OF PEOPLE, BUT YOU GET OVER IT': THE PRESENTATIONS

One of the aims of the programme was to help the women begin the process of acquiring the confidence and skills to educate others on sexual health issues. To help this process along, the core IFPA coordinator was clear from the outset that she wanted the women to have an empowering experience and to that end sought to encourage them to do a presentation at the conclusion of the course on a topic of their own choice. Most of the women reported this as hugely challenging and one about which they felt truly apprehensive. The sentiments in this quote below were ones with which all the participants could identify:

> *'The only thing I didn't like I have to be honest, was the presentation, but I done it. That was the only thing I had trouble with. The minute she said that the second week I was "Oh I've never talked in front of anyone about any subject and now she wants me to talk about sex? It wasn't that hard now and I done it'*

At a number of the final sessions, when the presentations were made, guests were invited including people involved in local community projects, so the women faced that additional challenge of presenting outside the closed circle each group had formed. Yet despite their anxieties, on each occasion, the women conveyed a palpable sense of achievement in doing the presentations. The transferability of learning and teaching skills and the newly gained confidence in talking about sexual issues were very evident. Many women spoke at the beginning of their individual presentations about what a positive experience the course had been for them. The women presented their ideas and knowledge in a very organised way, and handled discussion, questions and the presence of an audience, with varying levels of humour, ease and competence. Many of the women had not spoken in front of an audience since leaving school. They were of the opinion that making the presentation was a major boost to their self esteem, self worth and confidence:

> *'I was so anxious last night, I wasn't going to come in but I just made myself and I am going home so proud of myself, I never did anything like this before, another girl didn't come in today and I am so glad I did. I am doing it again tomorrow to the group I am involved with…this is a great programme I learnt so much, things you wouldn't think of'*
>
> *'It was such an achievement for me to get up there and say my bit and get through it. I am going home on a high'.*

The women also demonstrated a beginning confidence in using educational equipment such as flip charts, and teaching aids such as contraceptive devices from the contraceptive kit they were given, diagrams of the female reproductive system and leaflets. During the presentations the women talked about the excitement of finding new information and researching their topic on the internet and/or getting and reading literature from the IFPA. The topics presented varied from information on contraception, sexual transmitted infections, and menopause, to attitudes to sexuality. To capture

parental attitudes and difficulties around discussing sexual issues with children and in particular teenagers, one woman performed an impressive one person drama. To ground the presentation in her local setting, another woman explained how she had done a small piece of research, asking a random group of people about their knowledge on sexually transmitted diseases.

In one setting, a small group of three did a joint presentation by carrying out a quiz on sex and sexuality with their audience:

'And let me tell you everybody got 100%'

'I'D GET PRETTY BORED AT THE THINGS ON THE WALL': AREAS FOR IMPROVEMENT

The structure and the content of WiSE UP not only had to be flexible, it also required great attentiveness on the part of the core facilitator to issues as they arose. Even so, it was not always easy to reconcile group needs and individual needs. A few women, for example, found it harder in sessions where they were asked to read prepared material difficult or work from written material on the board:

'Sitting reading, yeah if you look at a piece of paper, yeah you can read it, you can pick bits out but if it's a lot of reading, it's boring.'

Women preferred interactive discussions to presentations that were more didactic in orientation and appeared to learn better with the former. It was a difficult balance to strike because of the range of skills that required development if women were to be able to go on and do presentations themselves within their communities. This would include for example, working with written material such as booklets on sex education. The presentations themselves involved written work and, as we have seen above, the women did rise to that challenge, despite their fears.

What is also highlighted is the importance of the energy and teaching skills of all facilitators working in this kind of setting. Enthusiasm and the ability to engage and connect in creative ways can carry a group through even when they are less confident and less comfortable about extending their literacy skills.

The women were serious about their work and wanted to get to grips with the issues. Stemming from this serious focus, women in Clondalkin/Tallaght, Corduff/Blanchardstown, and Bray, three of the first four groups, cited the inclusion of aromatherapy as a self-care session as not relevant to their needs. Although RAPID coordinators had asked for this element, the women considered it to be of little benefit, an 'extra' if there were time, but it was not what they had come to do. One participant compared it with other types of courses that she would not choose to do, such as shiatsu or cooking. In her words:

'There were more urgent things, more priority things in the community than cooking lentils'.

By the time the last course began in Dundalk/Drogheda, this feedback to the core IFPA facilitator had been taken account of and it was not offered.

There was a different emphasis and rhythm to the course in Pavee Point which was held with a very experienced group of women who had met over a long period of time, who were used to working together and who knew one another very well. The IFPA staff found they needed to adjust to this different rhythm. For example, the age range of women was the most extended of any of the five sites and, reflecting a different ethos between generations and a respect for the older generation, the younger group of women tended to allow the older women to speak very frequently while they themselves were quieter.

The IFPA staff which had embarked on WiSE UP was relatively small in number, and when one person in the organisation who had been dealing with many of the structural issues of arrangements for external facilitators and so on, moved to a new job elsewhere, it created some problems for the Corduff/Blanchardstown course which was in progress at the time. This change in staff coincided with another facilitator being ill and thus the aromatherapy was run not once, but twice to fill that gap. The women felt frustrated by this lack of continuity. They were beginning to feel anxious that they might not be exposed to the range of issues they had urgently wanted to undertake.

In a focus group held early on in the course, the women expressed their concerns that they needed to be fully informed and skilled up to respond to community needs:

'If I don't know, how can I give information?'

'You need to have your facts right'

'You need authority and skill'

'You need to know that you're after giving your facts and figures right'.

Core IFPA staff held a feedback session with the women and worked quickly with this feedback to deal with the gap left by the departing staff member and the women went on to complete the course and their presentations successfully.

To match the work the women had already undertaken to scope out locally available sexual health services, IFPA staff planned a visit for each group to the IFPA Cathal Brugha Street clinic. What they hoped was that the groups would see possibilities for sexual health services for their own communities, having been guided through a well established clinic in reproductive health.

However, the feedback from the groups highlighted these problems about the clinic visit:

- An unanchored feel to the visit
- Insufficient time for clinic staff to introduce them to the substantive work of the clinic and to talk with the women
- Concerns that they were disrupting the clinic for women who were attending as clients on the days of the visits

'I liked going out to the clinic and seeing what it was about, but it just felt that we didn't have enough time.'

On the basis of feedback from the women, the IFPA proceeded to appoint a specific liaison officer to deal with such visits in the future and thus to ensure that future visits from women's groups do include substantial discussion time with clinic staff.

These examples illustrate the importance of ongoing feedback sessions with participants to pick up on difficulties.

The clinic visit nonetheless did have an impact on one group who felt they needed to plan towards campaigning to have something similar in their area:

'I think it's very good and we want to go to get a family planning down here because we badly need it.'

There were mixed reactions from women on time and the length of the course. On the one hand, twenty weeks were seen to be too long. On the other hand, the length of each individual session was identified as not long enough:

'You need a longer time in the day, like you were trying to get out the door at one o'clock and there were still a lot of things to discuss, a lot of things in your head then and then you were doing different courses in the week and taking care of the kids and that, and you'd forget by the following week what you wanted to ask.'

At the micro-level of time management, they wished for improvements and would have preferred that the course started directly on time with a more fixed time frame for coffee breaks. They were concerned that they were losing out on valuable input time, with things being rushed due to inefficient time management around break times.

Another problem in some of the groups was the differing ranges of skill. While facilitation and other core skills were welcomed by women who were stepping back into an intense learning environment, some women who were doing WiSE UP had had considerable amounts of such training in the past and were attending for the core information and training on sexual health and sexuality. They reported wanting less emphasis on facilitation skills. This suggests that in the future the course needs to be run at two distinctly different levels, a point that will be taken up in Section 8.

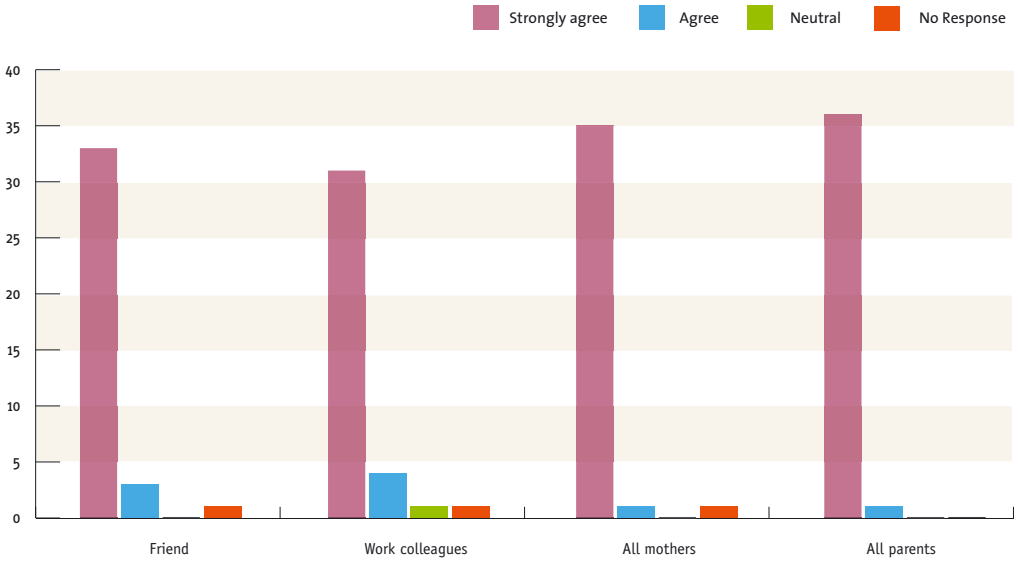
6 WHERE ELSE IN THE COMMUNITY

Where else in the community
WiSE UP perspectives are needed

'EVERYONE SHOULD DO IT': RECOMMENDING THE PROGRAMME TO OTHERS

A good indicator of quality and satisfaction within an education programmes is participants' willingness to recommend the programme to others. The women's satisfaction and degree of approval with the programme was reflected in the overwhelming majority who stated that they would recommend the course to others 100% (37) either agreed or strongly agreed with the statement, that they would recommend the programme to all parents (both mother and fathers). High numbers also strongly agreed with the statement on recommending the programme to work colleagues and friends. The response to questions on recommending the programme to others is laid out in Table 6.1.

Table 6.1 Recommendation of this programme to others



This was also reflected in comments made in the interview data:

'Parents need to be educated, the child will have sex whether they like it or not, so they need to be taught how to talk to the child, we need to get that message to parents, parents object to education because of their own lack of education'

'I would tell them it is really important, they really need to know for their children.'

'Oh my God, everyone should do it!'

A number of women pointed out how hard it is for men to talk about sex and that it would be important for them to be brought into such work:

'I think it should be done with the men as well. It mightn't be as easy but the men find it harder to talk.'

'They don't know what they are carrying, they don't know the symptoms, they don't know how to talk their daughters.'

'They don't know what they are carrying and just keep passing it and passing it.'

‘GET IN THERE, DO IT’: PROFESSIONALS WHO NEED A SIMILAR COURSE

Teachers and priests were two groups outside the family sphere who were identified as needing similar work. The women were keen to point out that education of young people needed to be a combined effort between parents and schools:

‘I think every first year student should have a course like this

‘Parents need to come to a similar course, plus the teaching of sexual issues in schools needed to be done by people who were trained and specialised in the area, not just the everyday teacher.’

‘Teachers as well they think it’s not part of their job to talk with kids but it is.’

They also suggested that schools should invite parents in to explore ways of teaching issues.

Priests were seen as another important target group:

‘Priests should go on the courses as well. They need to know you have to be safe.’

‘Priests need to know that people are out there having sex, STDs, they need to WiSE UP!’

One of the women, who identified her self as coming from the Travelling Community spoke of the difficulty in educating people within the community about sexual issues. It should be compulsory for more travelling women working with travellers to come to courses like this:

‘It’s hard to use the information as travellers won’t let you educate their children.’

She argued that more needed to be done within the travelling community to break the unwillingness to education on sexual issues:

‘Sexual issues are not taught with schools for travelling children and they should.’

Finally, one woman concluded:

‘It should be there for everyone, something in each community, someone should be there in each community to facilitate it. It needs to be taught.’

7 THE NEED FOR SEX EDUCATION IN IRELAND

How WiSE UP has worked
to fill a critical gap

Irish research has repeatedly drawn attention to the inadequate knowledge and understanding of sexual health issues among both the young and adult population; large-scale national polls indicate that we have simultaneously a sexually active and sexually poorly-educated population (Lansdowne Market Research, 2002; Brennock, 2003). The importance of school based relationship and sexuality education has been constantly highlighted within literature, with a number of studies evaluating various aspect of the implementation of the Relationships and Sexuality Education programme (Morgan 2000, Norman et al. 2006, Mayock et al. 2007). Although researchers have reported some problems in timetabling, training, and commitment on the part of schools and some parents, as a site for sexuality education, schools have many advantages. These include having a large captive audience, educators who are trained in educational theory and practice, and a curriculum on sexuality (Mayock et al 2007).

Schools are not the only means of educating children and young people about sex and relationship issues. Research suggests that 'parental involvement in sex education can have a significant positive impact on the subsequent behaviours of young people, encouraging later sexual integration, higher prevalence of protective behaviours and greater confidence in negotiating sexual relationships' (Layte et al. 2006:284). While parents may espouse the importance of sex and sexuality education, they are limited by their own lack of knowledge and often deep emotional discomfort. Researchers have noted a lack of confidence among parents and a desire for information and courses to help them with their children's education (Rundle et al. 2004). Others have commented that in general, sexual education within the home consists primarily of rules, warnings, and a discourse around self discipline, abstinence and risk, as distinct from messages of desire, empowerment and healthy choices (Inglis 1998, Kirkman et al. 2005, Murphy-Lawless 2006). As an advocate for change in sex education curricula for females, Fine (1988) argues that the narrative of fear fails rather than protects, and is detrimental to women's ability to fully develop a secure sense of sexual self.

In light of the different needs and contexts of school based education and parental based education, it was surprising to find that the discourse on sex and sexuality education within the international and Irish literature continues to focus on formal teacher-led, school based education, and/or risk prevention programmes for adolescents. The concept of sexuality education as a 'life long process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy' (Goldman and Bradley 2001:198) tends to be ignored. There is a lack of discussion on and evaluation of sex and sexuality programmes specifically designed to enable women explore issues around their own sexuality, prepare them for involvement in their children's education and/or their role as community educators and developers. Stepping into this considerable gap, the IFPA initiative of WiSE UP is not only an ambitious pilot programme in term of scope and numbers, it was groundbreaking because it was a community based sexuality education for women that was being independently evaluated.

Best Practice Sexual Health Training should:

- Prepare staff to support individuals and groups to manage their own sexual health in ways that are enjoyable, safe and consensual.
- Develop and promote an understanding of individual and collective rights and responsibilities in relation to sexual health.
- Play a part in the reduction of inequalities, particularly in relation to sexual health education and sexual health service provision and delivery.
- Support and promote partnership, multi-agency and multi-disciplinary approaches where appropriate.
- Highlight evidence-based guidelines and best practice where appropriate.
- Challenge discrimination, stigma and prejudice. This includes striving to provide equality of opportunity, valuing diversity and creating safe, co-operative, yet challenging training environments in which people can feel motivated and supported to change.

(Department of Health: England and Wales 2005).

The success of WiSE UP, as evaluated by the women, suggests that it met the goals of best practice training.

Women reported that WiSE UP had firmly established their knowledge base on the following:

- safer sex practices and forms of contraception
- women's and men's reproductive physiology
- women's sexual and reproductive health needs
- sex and sexuality needs and rights of those with a disability
- gay and lesbian sex and sexuality needs and rights
- health services necessary to support good sexual health
- STIs, how they are transmitted and their adverse impact on health.

Women also reported understanding more about the following:

- sexual relationships and feeling confident in asserting their personal needs
- how the media portrays sex and sexuality
- what the pressures are on young people in relation to being sexually active.

Women reported greatly increased confidence in the following:

- discussing sex and sexuality comfortably, openly, and informatively with partners, children, other family members and friends
- standing up and speaking in public.

Women gained the benefit of other personal development skills:

- being able to carry out basic research and put together a presentation
- articulating ongoing education needs
- being able to critique and negotiate with one another and with facilitators
- being able to give formative feedback.

One final outcome was women's increased awareness of the range of resources required to meet sexual health needs in their communities and how they might contribute to that as part of community development.

All of this was accomplished with participants either living in or working in communities, marked by patterns of deep social exclusion, where experiences of further education and third level education have been limited, which makes the outcomes for women participants even more impressive.

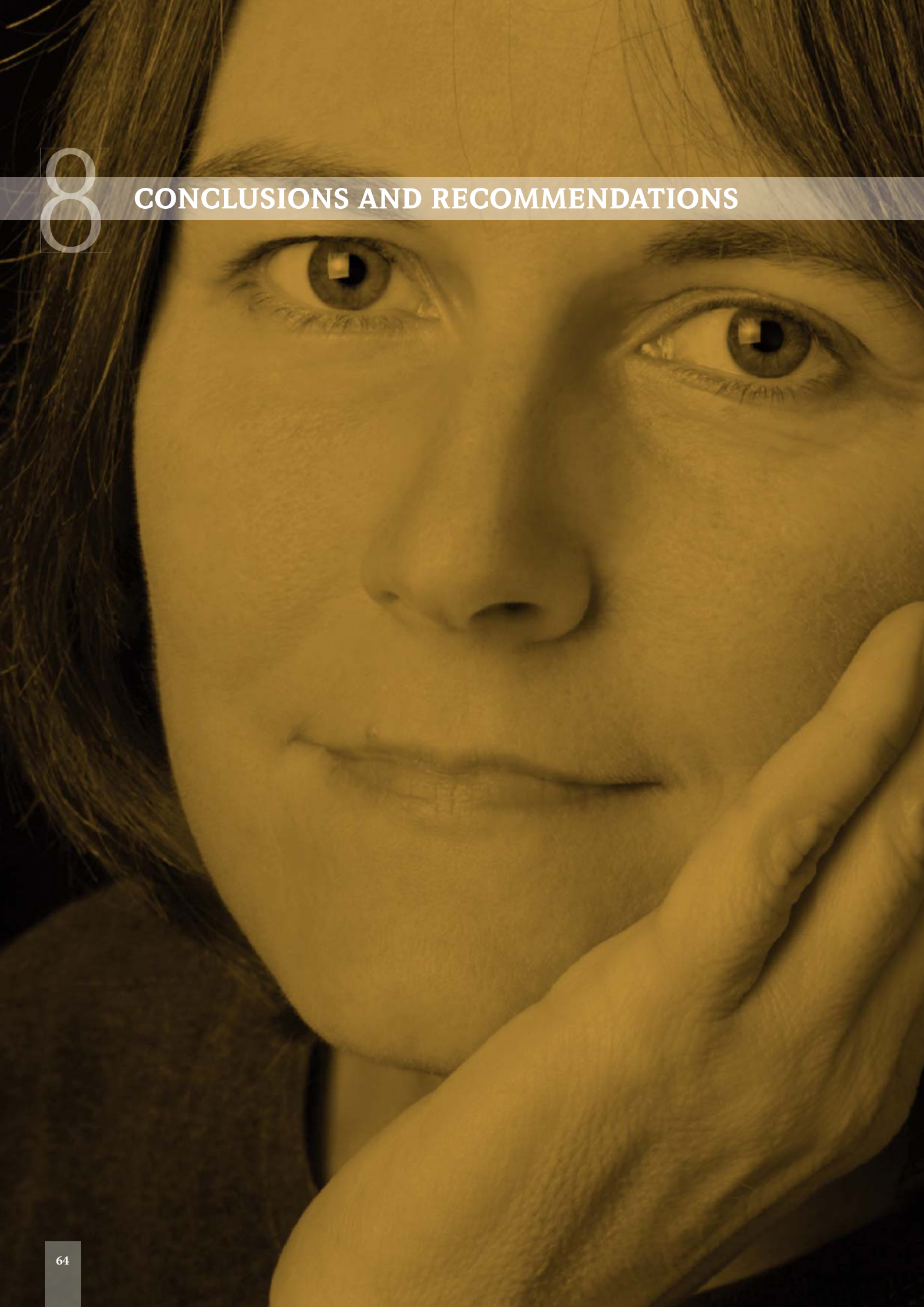
Judged by the syllabus and these outcomes, WiSE UP can be seen to have incorporated many of the key principles on quality sexuality education identified within the general literature on sex and sexuality education. Traditional, rationalistic, information giving approaches to sexuality education are considered inadequate, as they pay insufficient attention to the social contexts in which meaning is constructed and sexual practices enacted. Kippax and Stephenson (2005) assert that effective sex and relationship education must provide the participants with 'opportunities to socially transform their worlds…opportunities for agency…. To be effective messages of the educational programmes must be negotiated, questioned, adapted to suit and appropriated…they cannot be thought of as absorbed passively into the body of the recipient' (p. 360). Through the use of a variety of participatory and experiential teaching method, the facilitators of the programme viewed the women as agential in the educative process. By involving the women in their own learning, not only did the women get to share their wealth of personal experience, but they were enabled to think critically about sexuality and sexual issues, as well as to explore attitudes and beliefs, and to attend to the relevance of the educational material to their own lives. The variety of pedagogical methods also acknowledged the adult status of the women and accommodated their different learning styles. The choice of venues reflected the desire to involve the women in their own learning, using flexible spaces for groups to break up into pairs or small groups.

Several ideal characteristics of effective facilitators are identified within the literature, including an acceptance of sexual thoughts and desires as natural; an awareness of one's own sexuality, a comfort with sexual issues, a sense of humor; a tolerance of ambiguity; an expressed desire to teach sexuality; awareness of their own limitations, and a nonjudgmental and non-moralistic attitude (Minister of

Public Works and Government Services: Canada 2003). All the lecturers on the programme, and in particular the IFPA core facilitator appeared to embody these characteristics. Throughout the fieldwork, women stated that the core training was delivered in a respectful, sensitive and non-judgmental climate; opinions were addressed in safety, in the context of boundaries and working agreements/ ground-rules which were negotiated and made explicit from the outset. Facilitators lacking such characteristics are liable to demonstrate their discomfort with various sexual topics and transmit their guilt, shame and/or embarrassment to the participants (Department of Health: England and Wales 2005).

Quality sexual health education and training requires a holistic person centred approach, encompassing all aspects of people's well-being (Department of Health: England and Wales 2005). Engaging in sex and sexuality education is more that a cognitive endeavor. Sex and sexuality education have the potential to evoke a variety of emotional responses and reawaken past hurts and painful memories in the participants. One of the key elements contributing to the success of this program was the IFPA core facilitator's knowledge of the area of sex and sexuality and the support services available. This ran in tandem with her awareness and sensitivity to the sexual concerns of women and mothers across different age groups who may have low levels of knowledge and confidence, and have had negative sexual experiences in the past. This knowledge, together with her ability to be emotionally tuned in to the women's needs, ensured that the programme was educationally responsive, emotionally supportive and ethically relevant. In rolling out a similar programme, future trainers need to be adequately prepared for their supportive/counseling role, should the participants want to talk about past life experiences. They also need to be clear about how to access information on other resources and have a system of personal support, that professional development or clinical supervision may offer.

Community health education initiatives of any type requires multiple approaches and relies on strong interagency inputs, often operating at several levels over long periods of time (Tucker et al. 2006). The evaluation of WiSE UP also aimed to give insights into how the programme was developed and sustained as a community based initiative. Its success cannot be attributed to one single factor. It was the combination, from the outset, of responding to an identified need in the community; the commitment and skills of the IFPA staff involved to build close cooperative partnerships with existing community groups, mediate between personalities and work through difficulties and differences; the ongoing and continued communication among the staff of the IFPA, the IFPA and other external facilitators and most importantly, between the IFPA staff and the women, using formative feedback, as well as the community groups supporting the initiative that ultimately made for success.



8 CONCLUSIONS AND RECOMMENDATIONS

WiSE UP was a deeply ambitious pilot programme set in train by a relatively small number of core staff of a voluntary organisation. In the Irish context, it was also a deeply innovative programme; up to now, specific work with adults about sexuality is available, if at all, as part of a limited didactic approach to teaching adults how to speak to their children.

Two broad objectives of WiSE UP were:

- to explore how the need could be met for an integrated policy response to sex, sexual health and sexuality education for adults
- to create an integrated policy response to this need that could develop a skills base about sex and sexuality in communities experiencing significant social exclusion

As discussed in Section 7, WiSE UP met the broad intent of this dual focus and many specific objectives for the women. The women participants have indicated in the course of the evaluation the extent to which they have been able to take what is now a secure knowledge base on sex and sexuality and make use of it in their local everyday circles. Several women have been able to incorporate their new knowledge base more formally in their work; one woman trained at the outset who came to act as a tutor for groups coming on stream to do the course later in the pilot programme while other women in three locations have used their knowledge to challenge those formulating primary care strategies for their areas to include sexuality education and improved sexual health services.

The WiSE UP pilot programme, based on a principle of reflexivity, opens up a significant new approach to empowerment and skilled approaches on these complex topics that can be embedded in communities. This is a genuine cross-cutting approach that takes sex and sexuality out of a 'box' of more traditional health education and promotion (where it has very often been limited to a schools-based initiative only) and works directly with women involved with communities where because of the degree of social exclusion, there is a great need for local ownership of a skills base, giving women that critical edge to use and adapt their skills to local needs and issues.

However, WiSE UP was unable to accomplish on its own several other stated objectives, both broad and specific, including:

- formal accreditation of the training course
- opening up employment opportunities for the women as a result of their participation in the course.

We will discuss these issues below.

The main focus of the IFPA remains the work of making a substantial contribution to women's sexual health primarily through its health clinics and its campaigning work on reproductive rights. However as stated above in Section 1.2, WiSE UP was an important opportunity for the IFPA to renew and strengthen its work at community level, speaking to evolving contemporary problems and realities about sex and sexuality. The IFPA staff committed a significant amount of time to the programme,

with the unusual inclusion of its CEO involved in the course delivery, as well as the set-up phase. The programme broke vital new ground in Ireland and there are a number of ways this work can and should be built on at community level.

First, we will discuss some recommendations for the group of women who have completed the pilot programme.

RECOMMENDATIONS FOR THE PARTICIPANTS OF THE PILOT PROGRAMME

The IFPA met its broad initial objective of piloting a programme on sexuality education for women living and working with social exclusion. The data from the evaluation process indicates that the women found the course an overwhelmingly positive initiative which gave them a fully legitimated and facilitated space to speak and learn about sex and sexuality.

The central objective was the training of 60 trainers which would lead to further employment opportunities. There was an extremely high completion rate for the course, 58 of 63 women. However, for the majority of women who participated who had little or no other training and presentation skills prior to their involvement with WiSE UP, there was a need for further training to develop their newly acquired skills. The women themselves articulated this as a clear need before they would feel fully confident to go on to become peer trainers in either formal or other informal settings.

Recommendation: In order for women to be fully trained to go on to deliver a short programme, a further course is needed to advance their presentation and facilitation skills. The Speakeasy course, pioneered by the British Family Planning Association to deliver good quality Sex and Relationships Education, would present a good model to enable the women to work with parents at community level who want to speak comfortably and well with their children about sex.

It would be helpful for all the women who have worked with this initial pilot to be brought back together again within a year of graduation in an event such as an evening workshop and/or a social occasion to enable each group to reconnect with one another.

Recommendation: The original participants of each course in the WISE UP programme should be brought together for an evening workshop by September, 2008.

RECOMMENDATIONS FOR THE ACCREDITATION PROCESS AND FURTHER TRAINING AND CERTIFICATION

The graduation ceremony and celebration for the women with course completion certificates being given to them at the National College of Ireland premises in September 2007 was a welcome public recognition of their hard work in committing from three to five months of their lives to the WiSE UP training.

However, the objective of formal accreditation of the course at FETAC Level 2 was not achieved. IFPA staff began that work with the VEC, but were unable to carry it through to fruition and thus the potential was lost for contributing to the employment chances of the participants with a formal qualification to their curriculum vitae at the course's conclusion. The requirements that are laid down by the VEC for FETAC accreditation appeared to be administratively difficult, especially for a relatively small core group in the IFPA to negotiate in sufficient time. A rigid structure of accreditation, with prescribed learning outcomes, is not appropriate for this type of work in a community setting. Therefore, thought needs to be given to finding a way to achieve a form of accreditation that is responsive to the needs of community-based groups but that can also lend itself to formal employment opportunities. A possible approach to accreditation that might be explored is that used by the Community Action Network with their Community Development and Health course. This would require however, that IFPA staff be given sufficient lead-in time to develop this process before any further WiSE UP training is rolled out.

Recommendation: WiSE UP requires a form of accreditation for women who want to do WiSE UP to benefit their informal work within communities which will also lend itself to more formal employment opportunities in the future. This accreditation should fit in with the nature of community-based learning, so that it will respect the flexible nature and holistic approach that underpins sexuality education. The IFPA requires time and resources to build in this element of WiSE UP before any future rollout of the programme.

A small number of women who completed WiSE UP were already skilled and working formally as youth workers and counsellors. They require the opportunity to extend further their skills as facilitators and tutors working formally with sexuality issues. This could be accomplished by working as co-facilitators on a future rolling out of the WiSE UP programme (as happened for one woman with one of the courses on the pilot programme). They could also benefit by developing a relevant certification link at third level through one of the institutes of technology.

Recommendation: Specific opportunities need to be created for youth workers and counsellors who participated in WiSE UP to develop further their skills as co-facilitators on sexuality training courses. As and when WiSE UP is extended, this could provide a welcome format with women in this position working as tutors on the course. To improve their employment chances, they also require a specific level of certification that could usefully be linked to third level institutes of technology.

RECOMMENDATIONS FOR THE FUTURE OF WISE UP

WiSE UP has helped women to reach out and respond to their children, family and friends in positive ways about sex. However, the work has involved much more than establishing the basis for effective parent-child communication about sex which is the more common focus of sex education work. The WiSE UP model has enabled women to explore their own issues and stances on sex and sexuality so that the basis on which they can now offer accurate and informed perspectives on sex is critically grounded in their own extended sense of themselves as sexual beings.

The women have said they would like to see the course rolled out in a similar format to reach different groups and levels in their communities:

- parents, including men
- teachers and other professionals working in the community

It would be invaluable for this work to be undertaken.

Recommendation: Retaining a community base, WiSE UP should be rolled out in an expanded number of settings in other RAPID areas.

It must be stressed that WiSE UP (unlike programmes such as Speakeasy or the Crisis Pregnancy Agency's pack for trainers working with the DVD 'You Can Talk to Me') is a far more complex training which demands considerable inputs and resources to enable it to be successful, precisely because it is not primarily information-giving. Above all, it requires very careful, coordinated facilitation in order to establish a safe context so that individuals can use their personal experiences as learning tools. Individuals who have completed WiSE UP or who complete a rolled out version in the future may or may not choose to become formal trainers. Either way, they will be invaluable sources of support and dissemination within their communities, whether formally or informally because of the extensive nature of the WiSE UP model.

It is not possible for the IFPA to extend its commitments to run WiSE UP more widely. It is possible however, for the IFPA to play a key role in developing the model further, utilising the lessons from the pilot programme that the IFPA has gleaned.

Recommendation: The IFPA should be centrally involved in developing WiSE UP for an expanded series of settings.

It would be necessary for the IFPA to have adequate lead-in time to work with RAPID coordinators who opt to take up the programme locally to ensure that the results of the training of WiSE UP coordinators could be bedded down within their existing structures.

Recommendation: The IFPA requires seed funding to enable it to identify and work with RAPID areas where existing community structures are well placed to accommodate a programme on sexuality.

The data findings show that one central coordinator is vital to weave together all the elements of the programme over the period of the course delivery, even though a number of course lecturers and facilitators may be involved. This core person strikes the tone of the programme overall and builds the confidence of the participants. This individual will pick up on the emotional support needs of the women. The WiSE UP model will not work if it is seen, for example, as 20 different sessions delivered by 20 different people. There must be one facilitator who works with women across the time and space available to develop and run WiSE UP locally.

The potential core facilitator for each of those areas will need to be identified and recruited in the very early stages of implementation. These individuals will require training. Intending facilitators will need a knowledge base

1. on sexuality, sexual health and sexual health resources
2. on participatory experiential learning and supporting learning from woman to woman

They will also require the back-up of professional/clinical supervision.

Recommendation: The training of this new group of WiSE UP facilitators should be undertaken by an IFPA staff person.

Time and energy must be given to ensure that core facilitators have a very good knowledge of sexuality, sexual health and sexual health resources. In addition, they require good skills in facilitation of group learning using participatory and experiential learning techniques. They also require skills to engage emotionally with women in a supportive manner.

Core facilitators require the back-up of professional/clinical supervision.

The IFPA will need to be funded to buy out staff time in order to have one staff member take on the role as trainer, guided by the lessons from experience of the pilot programme.

Recommendation: The IFPA requires funding to buy out staff time in order to undertake the training of new core facilitators of the WiSE UP programme in other communities.

The WiSE UP model has much to contribute to meeting a tremendous wellpool of unmet needs in communities where social exclusion remains a daily reality.

APPENDICES

APPENDIX I

Topics Covered in Sexuality Education

Sexual Attitudes

How We Learn about Sex and Sexuality

Sexual Knowledge

Reproductive System

Anatomy and Physiology

Puberty and the Menstrual Cycle

An Introduction to Sexual Orientation

Sexuality and Disability

Communicating with Parents and Young People

Circles of Human Sexuality

Condom Use/Safer Sex

Assertiveness and Negotiating Safer Sex

Sexually Transmitted Infections

Contraception

Crisis Pregnancy

Child Protection Issues

Menopause

APPENDIX II

Information Sheet for Participants about Evaluation

Title of the Study:

Evaluation of the Irish Family Planning Association WiSE UP Peer Trainers' Programme

Background:

As you know, the Irish Family Planning Association WiSE UP (IFPA) programme is a sexuality education programme developed in response to a need identified by the staff working within the IFPA and by a range of health needs analysis reports which identified high rates of crisis pregnancy and a lack of knowledge in relation to sexuality education in disadvantaged areas. The aim of the programme is to deliver a course and skills to women to enable them to be peer trainers in their localities. The Department of Justice Equality and Law Reform is funding the WiSE UP Programme under its Equality for Women Measure.

We have been asked by the IFPA to evaluate the programme to seen how it can be improved. We would appreciate it if you consented to be part of that evaluation.

Procedures:

Being part of the evaluation involves give us your views and opinions. If you are willing to be involved it is our intention to talk you about how we might collect this information. This may involve talk to us either on a one to one, in a group or completing questionnaires. During the interview you would be asked to comment on things such as your experiences of the programmes, what you thought about the content and teaching methods, what you thought the strengths of the programme were and how the programme might be improved. There is no right or wrong answer. Our objective is to hear your views and opinions and to listen to your story. You will be asked some open-ended questions, which you are free to answer in whatever way you choose. If you agree to be interviewed we would like to tape record the interview, so we can listen to it afterwards, to ensure that we represent you views as completely as possible. If you agree to complete a questionnaire this will also involve answering a series of questions on your experience of the programme.

To get an all round view of you experiences we would like to talk to you or get you to complete questionnaires during the programme and at the end of the programme.

Benefits:

While their may be no benefits to you directly, it is hoped that the knowledge generated from the evaluation will provide an understanding of your experience and help improve future programmes.

Risks:

There is no foreseeable risk to you been involved in this study. Should you decline to take part in any aspect of the evaluation or decline to answer any questions, you decision will be respected. You will not be asked for an explanation of your decision.

Confidentiality:

At all times you identity will be protected. We will not be informing anyone that you participated in the study. Information that might identify you will not be used in any presentation or publication resulting from the study. If you wish to talk to people about the study you are free to do so.

Voluntary Participation:

There is no obligation on you to participate in the study. If you choose to participate you are free to withdraw your consent at any time without obligation to anyone. This means you can opt out before, during or after the interview, refuse to answer any question, turn the tape off, or request to stop the interview at any time. You can also refuse to complete the questionnaires. If you decide not to participate, or if you withdraw, you will not be penalised in any way.

Permission:

This research has been granted ethical approval from the Faculty of Health Sciences, Trinity College, Dublin.

Further information:

If you need any further information or if anything in this document is unclear, please contact us at the following number 01 6083001 and we will be happy to discuss any of this information with you.

You are under no obligation to participate in this evaluation and deciding not to participate will make no difference to your participation on the programme.

Thank you for taking time to read this leaflet, and for considering talking part in this evaluation.

APPENDIX III

Consent Form

Project: Evaluation of the Irish Family Planning Association WiSE Up Programme

BACKGROUND:

As you know, the Irish Family Planning Association WISE Up (IFPA) programme is a sexuality education programme developed in response to a need identified by the staff working within the IFPA and by a range of health needs analysis reports which identified high rates of crisis pregnancy and a lack of knowledge in relation to sexuality education in disadvantaged areas. The aim of the programme is to deliver a course and skills to women to enable them to be peer trainers in their localities. The Department of Justice Equality and Law Reform is funding the WiSE UP Programme under its Equality for Women Measure.

We have been asked by the IFPA to evaluate the programme to seen how it can be improved. We would appreciate it if you consented to be part of that evaluation. Being part of the evaluation involves give us your views and opinions. If you are willing to be involved it is our intention to talk you about how we might collect this information. This may involve talk to us either on a one to one, in a group or completing questionnaires. What ever option you choose, your identity will not be made known.

DECLARATION (Please read and sign if you agree):

- I have read the study information sheet and this consent form.
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I understand that all information collected in this study will be treated as confidential and that my identity will remain confidential.
- I understand that if I wish to do so, I may have access to my interview transcript.
- I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights.
- I have received a copy of this agreement and I understand that the results of this research may be published.
- I understand I may withdraw from the study at any time.

PARTICIPANT'S NAME (BlockCapitals):_____

CONTACT NUMBER: _____

PARTICIPANT'S SIGNATURE:_____

Date:_____

Statement of investigators responsibility: I have explained the nature and purpose of this study to the persons named above, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and have fully answered such questions. I believe that the person named above understood my explanation and have freely given informed consent.

Investigators Signature: _____

Date:_____

For Investigator's Use Only

Participant Code: _____

APPENDIX IV

Semi-structured Interview Schedule

How did you hear about the programme?

What interested you about coming on the programme?

What was the most important thing about the programmes for you personally?

Did the programme change the way you think about sexuality and your own sexuality?

Have you found yourself able to talk more about sex and sexuality to friend and family?

Have you found yourself able to talk more about sex and sexuality to your children?

How have you used the information and skills to date- in own life, in work life?

What were the things you liked most about the programme?

What were the things you liked least about the programme?

What sort of things did you learn from the facilitators?

What sort of things did you learn from your peers within the group?

Was there a difference between what you learned from the facilitators and your peers?

When you were choosing a topic for your presentation on the final day, how did you make the decision on what to present?

What influenced your choice?

What did you find as the most effective teaching strategy?

What did you find as the least effective teaching strategy?

If you were to talk to a work colleague about coming on this programme what would you say?

If you were to talk to you friend, who is a mother, about coming on this programme what would you say?

If you were to talk to a man, who is a father, about coming on this programme what would you say?

If you were to talk to the minister for health about funding more programmes like this what would you say?

APPENDIX V

Postal Questionnaire for Participants

This questionnaire is designed to gain your views of the education course on sexual health education (WiSE UP) run by the Irish Family Planning Association, which you recently completed. The study has been commissioned by the Irish Family Planning Association and has received ethical approval from Trinity College Dublin.

- The questionnaire comprises 18 questions that are mostly answered by placing a tick in a box beside the question. There are three sections to the whole questionnaire.
    - Personal Details
    - Views on the course
    - Comments
- Where indicated, please put a tick on each item. Example: [√]
- The questionnaire should take you 25-30 minutes to complete.
- To preserve confidentiality, do not write your name anywhere on this questionnaire.

THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS STUDY.

PLEASE PUT A TICK ON EACH ITEM AS APPLICABLE AND COMPLETE EACH SECTION OF THIS QUESTIONNAIRE.

SECTION A - Personal Details

1. What age group do you belong to?

15-19 years	[ ]	40-44 years	[ ]
20-24 years	[ ]	45-49 years	[ ]
25-29 years	[ ]	50-54 years	[ ]
30-34 years	[ ]	55 years and over	[ ]
35-39 years	[ ]		

2. Which WiSE UP education course did you attend?

(i) Bray	[ ]
(ii) Blanchardstown	[ ]
(iii) Dundalk	[ ]
(iv) Clondalkin	[ ]
(v) Pavee Point	[ ]

3. How did you hear aboutt the WiSE UP course?

(i) From a friend or colleague at work	[ ]
(ii) From a friend outside work	[ ]
(iii) Leaflet in door	[ ]
(iv) Other -	

4. If you are involved in work (either paid or voluntary), what kind of work are you doing?

……..

5. Does your work involve working with any of the groups listed below? (Tick all that apply)

(i) groups of adults	[ ]
(ii) groups of children	[ ]
(iii) Neither	[ ]

6. If you are involved in voluntary work (not paid), what kind of work is it?

(i) With adults	[ ]
(ii) With children	[ ]
Other (Please specify)	

7. Do you have children?

Yes [ ]	No [ ]

8. If yes, what age group are your children in?

0-4 years [ ]	15-19 years [ ]
5-9 years [ ]	20-24 years [ ]
10-14 years [ ]	25 years and older [ ]

9. Prior to coming on this course, whom did you learn most from about sexual and reproductive health?

	Very Informative	Somewhat informative	Not informative
Parents	[ ]	[ ]	[ ]
Other adult family members (aunts/ uncles)	[ ]	[ ]	[ ]
Sisters/ brothers	[ ]	[ ]	[ ]
Facilitators	[ ]	[ ]	[ ]
Friend	[ ]	[ ]	[ ]
Professionals (doctors/nurses)	[ ]	[ ]	[ ]
Magazines/books	[ ]	[ ]	[ ]

Other (Please specify).....

10. Prior to coming on the course, how knowledgeable would you have rated yourself on the following:

	Very knowledgable	**Somewhat knowledgable**	**Little or no knowledge**
Sexually transmitted infections			
Contraception			
Sexual health resources			
Safe sexual practices			
Gay/lesbian sexuality			
Sexuality and disability			
Sexual rights			
Impact of media on sexual practices			
Sexual violence			

11. Prior to coming on the course how confident were you in talking about sex to the following:

	Very confident	**Somewhat Confident**	**Little or no confidence**
Sexual partner (s)			
Work colleagues			
Friends			
My own children			
Other children/teenagers			
GP			
Other medical and health professionals (eg. Staff in family planning clinic)			

12. Now that you have completed the course, we would really like to hear your views on the following questions:

The course increased my knowledge of	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Sexually transmitted illnesses					
Contraception					
Sexual health resources					
Safe sexual practices					
Gay/lesbian sexuality					
Sexuality and disability					
Sexual rights					
Impact of media on sexual practices					
Sexual violence					
Services in my locality					

13. The course increased my confidence and skills in talking about sex to	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Sexual partner (s)					
Work colleagues					
Friends					
My own children					
Other children/teenagers					
GP					
Other health professionals					
Other people – please state who they are if not in the list above					

14. Since completing the course I am more confident in	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
asserting my sexual rights					
protecting my own sexual health					
raising a discussion on sex with other women					
raising a discussion on sex with men					
giving a presentation to a group on sexual issues					

15. In the last 2-3 weeks, how frequently have you discussed the information you learnt with the following people?	Never	Occasion-ally	Frequently	Very frequently
Sexual partner (s)				
Adult family members				
Work colleagues				
Friends				
Own children/teenagers				
Other children (under 13 years)				
Other teenagers				
Other people – please state who they were if not on the list above				

16. I would recommend this course	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
To a friend					
To work colleagues					
To all mothers					
To all parents, including men					

17. Of the various factors that contribute to the success of the course, how important in your view are each of the following	Very Important	Quite Important	Somewhat Important	Not Important
Knowledgeable facilitators				
Respectful and empathetic facilitators				
Facilitators that generate trust				
Facilitators who create time for discussion				
Facilitators who are comfortable with topics				
Facilitators who have a relaxed, informal method of delivery				
Facilitators who respect your views				
Facilitators who use creative teaching strategies (games, videos)				
Small number of participants				
Time to get to know each other				
Facilitators who share their own experiences				
Coffee breaks				
Facilitators who make the classes enjoyable				
Comfortable room				
Not too many Facilitators				
Ease of access to the education centre				
Having child care facilities available				

18. SECTION D – COMMENTS

Are there any areas that you would like further training and information on as a follow up to the WiSE up course?

……
……
……
……

Please add any further comments you would like to make about the course.

……
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……

Thank you very much for taking the time to complete this questionnaire. If you have any queries about its completion please do not hesitate to contact either

Jo Murphy Lawless at 01- 8377668

or

Agnes Higgins at 01-8963703 or 01-8451100

Please return the completed questionnaire in the stamped addressed envelope supplied

APPENDIX VI

Covering Letter Inviting Participation

Dear Participant

We are writing to you about the Irish Family Planning Association WiSE UP (IFPA) course which you have attended. You may or may not know that the course is currently being evaluated. Both myself, Jo Murphy Lawless and Agnes Higgins in the School of Nursing and Midwifery, Trinity College Dublin have been asked to complete this evaluation.

The purpose of the evaluation is to provide feedback for further course development. As part of this evaluation we are writing to invite you to give your views about how you found the experience of going through the course. We are enclosing a questionnaire which mostly has tick box answers and are very much hoping that you will feel free to fill it in an post it back to us. Once the evaluation project has been completed we will send you a copy of the summary report.

Should you have any questions please feel free to contact us at the following

Jo Murphy Lawless at 01- 8377668 email: jlawless@tcd.ie

or

Agnes Higgins at 01-8963703 or 01-8451100 email: ahiggins@tcd.ie

We are enclosing a stamped addressed envelope.

Thank you for taking the time to read and complete the questionnaire.

Yours sincerely

_____

Dr Jo Murphy Lawless and Dr Agnes Higgins

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