

Positive Thinking:

A Sex Positive Approach to HIV/AIDS Education

A Resource for Educators, Counsellors
and Health Care Providers



Canadian
Strategy on
HIV/AIDS

La Stratégie
canadienne
sur le VIH/sida

Prevention

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POSITIVE THINKING: A Sex Positive Approach to HIV/AIDS Education

A Resource for Educators, Counsellors
and Health Care Providers

May 2000

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Foreword and Acknowledgements

The Planned Parenthood Federation of Canada (PPFC) is pleased to present these six case studies that illustrate the effective integration of HIV/AIDS issues into the work of our affiliates.

PPFC is a national voluntary organisation that works in 68 communities across Canada. Our goal is to ensure that Canadians have access to universal, reliable information and services in order to make informed decisions related to their sexual and reproductive health and behaviour. We work from a non-judgmental, choice-oriented, and sex positive approach.

This publication is part of a national project that sought to measure Planned Parenthood's skills and needs in delivering services related to HIV/AIDS. The project was sponsored by PPFC and was funded by Health Canada under the Canadian Strategy on HIV/AIDS. The National Reference Group, which oversaw the project, selected these six case studies to demonstrate activities that have the following qualities:

- They are sex positive in approach;
- They deal with sexuality in a holistic manner;
- They could be implemented in other communities; and
- They are innovative and successful.

PPFC is working toward a time when we celebrate our sexuality and the diversity of its expression. Our services and programs are based on the premise that a negative and fear-based approach to health education does not work. Our greatest successes, including the projects highlighted here, have resulted from using a sex positive, proactive approach to sexual and reproductive health. By using this approach to integrate HIV/AIDS issues into the broader spectrum of sexual and reproductive health, we hope to provide our clients with a consistent and effective message.

We thank Health Canada for funding this project and for providing this opportunity. We also thank our affiliates who continue to provide exceptional service to their clientele, often in the face of harsh fiscal realities.

A handwritten signature in black ink, appearing to read 'Bonnie Johnson', with a long horizontal flourish extending to the right.

Bonnie Johnson
Executive Director
Planned Parenthood Federation of Canada



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Sex Smart

An AIDS-Prevention / Harm-Reduction Project
Planned Parenthood Nanaimo
by Donna Craigon, R.N.

Purpose and Objectives

The purpose of this project is to help young women to change their behaviour and thereby decrease their risk of contracting HIV. Participants will:

- Be able to identify three risk factors for HIV in their lives or in the lives of their children, and state ways to attempt change;
- Be able to provide three examples of how to negotiate safer sex with a partner;
- Become aware of where they can go in Nanaimo for confidential HIV and STI testing;
- Be able to provide their peers with accurate information regarding risk behaviours associated with HIV/AIDS;
- Be able to demonstrate proper universal precautions in dealing with used drug and sex paraphernalia, thereby decreasing the risk to themselves and their children.

Target Audience

The initial group consisted of clients of the Teen Learning Centre in Nanaimo. All were either pregnant or teen mothers aged 15-19 years. Two participants were pregnant with their second child, at least one participant was First Nations, and one had used IV drugs for recreational purposes. Only one had been in a monogamous sexual relationship for more than one year.

Project Description

Sex Smart is a client-centred, harm reduction, interactive education program geared to high risk adolescents. The program helps teens to identify their personal risks and behaviours regarding HIV and assists them with behavioural change. The project ran from January to June 1999.

Sex Smart allows adolescents to personalise information and to identify their personal behaviours that increase their risk of contracting sexually transmitted infections, in particular, HIV. The 6- to 8-week program is delivered weekly, in two-hour sessions that include a question-and-answer period.

The commitment of the participants is an important component of this program. Participants must want to participate, and they are strongly encouraged to attend all sessions. To help maintain their interest and to ensure that the program meets their needs, participants take an active role in deciding what topics should be covered and how.

Sample topics include the following:

- Sexuality
- Lifestyle choices
- Values
- Communication skills
- STIs (especially HIV/AIDS and its increasing prevalence and incidence)
- Prevention
- Identification of community agencies that test for HIV and assist people who are HIV positive

Participants take leadership roles in obtaining information and collecting data to share with the group. They build group consensus, record information and develop a youth-friendly personal risk assessment tool. They take field trips to local agencies that provide HIV/AIDS testing and participate in small and large group discussions.

Involving the participants this way enables them to take ownership of the information and of the skills they develop while gathering the information. We hope that they will use this information and these skills to motivate and educate their peers and to broaden their own vision of harm reduction.

The participants in the first session developed the following outline:

Session One

- Assessment of knowledge and risk
- Group ground rules
- Discussion and consensus of topics to be included
- Definition of sexuality
- Sexual values
- Questions

Session Two

- Preparation of questions for field trip #1
- Field trip #1
- Questions

Session Three

- Sexually transmitted infections
- Questions

Session Four

- Condom evaluations
- Strategies for negotiating condom use
- Questions

Session Five

- Mid-survey and evaluation
- Risk thermometer
- Preparation for field trip #2
- Field trip
- Questions

Session Six

- Development of a risk assessment tool
- Questions
- Final survey and evaluations
- Celebration and certificates of completion

All participants completed a confidential sexual health risk assessment prior to, during, and after participating in *Sex Smart*. Participants also completed pre- and post-test questionnaires about their knowledge of HIV and AIDS. The last four digits of their telephone numbers provided the only identification. Participants were informed that all data collected through the questionnaire would be used solely to evaluate the program. They were also told that they did not have to answer any questions that made them feel uncomfortable. A final copy of the evaluation was made available for them to see.

Partners and Funding

Sex Smart receives funding from the following sources:

- The AIDS Communication Budget, British Columbia Ministry of Health and Ministry Responsible for Seniors
- The British Columbia Centre For Disease Control, a division of STD/AIDS Control

This grant project of the Central Vancouver Island Health Region, contracted to Planned Parenthood Nanaimo, British Columbia, has three partners:

- Central Vancouver Island Health Unit
- Planned Parenthood Nanaimo
- Teen Learning Centre: an agency providing support, education, and child minding to teen mothers

Developing the project, running one workshop series and developing a draft manual for facilitators cost \$6,040 over the first year.

Community Readiness and Project Rationale

Several factors in our community combined to make *Sex Smart* a timely project:

- The Central Vancouver Island Region, which includes Nanaimo, has the second highest rate of teen pregnancies in the province (57.8 per 1000 in 1997). People at risk of an unplanned pregnancy are also at risk of contracting sexually transmitted infections (STIs);

- There was a need in our region for teen mothers to personalise information regarding HIV/AIDS and STIs — beyond being able to recite, “this is how you can get the virus, and this is what it will do to you,” — in relationship to their decisions concerning lifestyle choices. Prior to *Sex Smart*, no single agency was looking at this broader picture;
- Within our health region, there is a focus on prevention; and
- Planned Parenthood of Nanaimo has a long-standing working relationship with the Teen Learning Centre. All three partner agencies noted and were concerned about the risk-taking behaviour of clients of the Teen Learning Centre.

In addition, *Sex Smart* meets the criteria laid out by Health Canada in *The Canadian Guidelines For Sexual Health Education* (1994):

- It provides information about STIs;
- It teaches the skills of negotiating safer sex and making sexual decisions;
- It helps to motivate participants to avoid or change risky sexual behaviours; and
- It provides firsthand information about community agencies that provide HIV-testing and/or services to people identified with HIV.

As recommended in *Provincial Profile of Women’s Health: A Statistical Overview of Health Indicators for Women in British Columbia* (May 1999), *Sex Smart* also provides “opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life’s challenges, and to make choices that enhance health” by:

- Improving educational opportunities for women located in isolated or disadvantaged communities; and
- Providing opportunities for women to be involved in identifying and addressing health issues specific to women.

How do you know your program was successful? Why is it best practice?

Prior to participating in *Sex Smart*, all participants were engaging in risky sexual behaviour, their knowledge surrounding STIs was limited, and, for the majority of participants, safer sex was seldom practised. Only one participant was in a long-term, exclusive sexual relationship. Two participants were in the first trimester of their second continuing pregnancy, and some participants had not been screened for STIs since their pregnancy. Most participants did not know if their sexual partners had been tested.

After participating in *Sex Smart*, the participants showed positive effects:

- One-third of the participants reported an increase in condom use;
- One-quarter reported that they had been tested for STIs; and
- Most participants indicated that they felt “more comfortable talking to their partners about safer sex, and getting tested.”

These behaviour changes represent a major success for the program, given such a high risk group of youth.

When asked what was useful about the program, participants mentioned “talking about STIs,” “talking amongst each other,” “sharing experiences,” and “being encouraged to get tested.” All stated that they enjoyed the program and would recommend it to their friends. One participant has become a volunteer for AIDS Vancouver Island, after a field trip to that agency.

Strengths

Sex Smart empowers young women to make decisions and motivates them to reduce risk-taking behaviours. The program is adaptable and can be done in whole or in part depending on time and availability of trained staff and the needs of a particular group of participants.

By adopting a “Train the Trainer” approach, any agency dealing with high risk adolescent clients can be trained to offer this program. By training their staff, agencies can continue to provide clients with onsite education in the most cost-effective manner. Field trips and help lines such as Planned Parenthood’s “Facts of Life” lines can provide answers to questions beyond the knowledge of the facilitators.

Challenges and Lessons Learned

A common obstacle encountered in providing a program such as this continues to be a lack of funding. Local NGOs that might make use of the program can’t afford the cost of the facilitator and other related expenses. Similarly, organisations like Planned Parenthood can’t always afford to provide the service for free. Planned Parenthood Nanaimo must bill for outside training to cover costs. Therefore, the most cost-effective way to deliver the service is to train facilitators at the NGO in question. We hope that the training of facilitators will continue and that the proceeds from the training will be used to help fund future *Sex Smart* programs.

A lack of control over the program outline presents a unique challenge to this model. Youth play an active role in determining the direction of the program and, as a result, the order of the sessions may not have the “flow” that a facilitator may feel would be most beneficial. Facilitators need to consider that the order of the sessions may reflect the order in which participants are motivated to learn. In addition, it may be difficult to spend enough time on the topics that need to be covered in greater detail.

From the facilitator’s perspective, consistency of program delivery (a six-week program with one session per week) was beneficial. However, more time could have been used for reflection, review and emphasis on certain topics. An eight-week program may be ideal with Session 7 offering a revisit of the risk assessment tool, the Prochaska theory of change¹ and a field trip. Session 8 would include “putting it all together”; the final survey and evaluations; and celebration and certificates of completion.

¹ This model is widely used and respected within the health care system. Prochaska’s five stages of change include Pre-contemplation (ignoring problem, denying risk), Contemplation (considering change but with no specific plan), Preparation (formulating a plan with some action steps), Action (starting change), and Maintenance (sustaining change, although relapses may occur).

Getting Started

Planned Parenthood has an excellent reputation in Nanaimo and is involved with local schools from grade 8 to grade 11. A very supportive community with excellent resources made the development and delivery of this program straightforward. Once a need was identified at the Teen Learning Centre by Planned Parenthood staff, the agency was approached and asked if they were amenable to participating in the *Sex Smart* project. Co-operation between the two agencies continued throughout the duration of the program. The biggest challenge in delivering *Sex Smart* was meeting the needs that were identified by the participants. As mentioned before, it can be difficult when the list of topics generated does not match the facilitator's vision of the program.

Similar to many projects, the salary of the project officer/facilitator (\$5,520) was the most expensive part of *Sex Smart*. The actual delivery of the program is very economical. Other costs included photocopying resources and providing transportation for field trips. Meetings were held at the Teen Learning Centre and were free of charge. The program used materials that had already been developed (such as books and lesson plans developed by Peggy Brick)² and relied on the excellent lending library maintained by Planned Parenthood Nanaimo: this also helped to reduce costs.

A manual for facilitators is under development. For further information on *Sex Smart*, contact Planned Parenthood Nanaimo at (250) 753-9511 or the Central Vancouver Island Health Region at (250) 741-5449.

² Peggy Brick, the author of such documents as *The New Positive Images: Teaching Abstinence, Contraception and Sexual Health*, and *Teaching Safer Sex*, is a sexual health educator based in the USA.

Sexuality and Positive Women

Staff and Volunteer Training Workshop

Calgary Birth Control Association (A PFFC Affiliate Organisation)

by Audrey Gardner

Purpose and Objectives

Sexuality and Positive Women is a half-day training workshop for the Calgary Birth Control Association's program staff and volunteers on sexuality and reproductive issues for women living with HIV/AIDS. It uses a sex positive approach based on the belief that women are sexual beings and deserve supportive environments and accurate information.

The objectives of the workshop change depending on the needs of the audience. Potential objectives are:

- To increase the understanding of HIV — particularly as it relates to women — and the impact of sexism and stereotyping;
- To integrate new knowledge into program planning and service delivery;
- To identify and reduce the internal barriers of staff and volunteers; and, by doing so
- To contribute to an open environment for women workers or volunteers living with HIV/AIDS;
- To review policies and procedures concerning HIV/AIDS, disability and diversity;
- To ensure that there are long-term learning opportunities for staff and volunteers on sexuality issues for positive women; and
- To identify and address barriers in feminist communities for women living with HIV/AIDS.

Target Audience

The primary target audience of the workshop was program staff and volunteers at CBCA. The secondary audience included CBCA administrative staff, the board of directors and committees.

Project Description

In March 1999, a social work practicum student offered a half-day training workshop for program staff and volunteers at the CBCA. The student, Co-ordinator of the HIV+ Women's Peer Support Group, was knowledgeable and skilled in issues relevant to women living with HIV. Her goal was to build skills in workshop development and facilitation, and to link her knowledge of women and HIV with sexuality issues for women and feminist principles and practices. The goal for CBCA was to address the lack of information on this issue and the desire to apply learning to program planning and agency practices.

The workshop included these topics in its outline:

- Introduction
- Working assumptions
- Transmission

- Disease continuum
- Viral replication
- Drug realities and side effects that occur more frequently in women
- Increased transmission risk for young women and biological vulnerability of women
- Differing prognoses for women and men
- Myth and fact game
- Lack of research on women
- Routine testing of pregnant women in Alberta
- Reproductive lives of women with HIV
- Conclusion and participant evaluation

The facilitator and participants conducted an evaluation to ensure adequate teaching and learning experiences. Selected participants led the follow-through activity, uniting what was learned from the workshop with programming and organisational policies and practices. Written evaluations were also completed. In addition, the facilitator worked with selected participants to apply their feedback to future workshops.

Partners and Funding

CBCA completely funded *Sexuality and Positive Women*. Costs were minimal since the social work practicum student did most of the work as part of her course requirements. Partners included AIDS Calgary, Positive Women Connection, and Positive Action (an advocacy and support group of persons living with HIV/AIDS and affiliated with AIDS Calgary). They provided the facilitator with resources, and the target audience with information.

Community Readiness and Project Rationale

Two factors contributed to the development of *Sexuality and Positive Women*. First, the Executive Director of CBCA had formerly worked at AIDS Calgary and knew the facilitator and her ability to provide successful learning opportunities. Second, the workshop was very relevant to CBCA staff and volunteers for the following reasons:

- Staff and volunteers wanted to learn about serving more diverse sectors of women (such as women with HIV or women at risk of contracting HIV) as this is a growing population accessing CBCA;
- In Alberta, HIV screening is now included as part of routine pregnancy testing;
- A supportive environment must be continually cultivated at CBCA for women staff and volunteers living with HIV;
- Understanding safer sex practices for women of all orientations requires knowledge of their specific sexual and reproductive health needs;
- Deconstructing assumptions about women living with HIV is necessary for improved provision of services;
- It is important to increase understanding of HIV and pregnancy including the interaction of contraceptives, HIV medications and other medications on foetal development; and
- Developing a pre- and post-HIV test counselling service is being considered.

In addition, *Sexuality and Positive Women* addresses the Health Canada Determinants of Health that impact sexual identity and self-esteem, and the discrimination experienced by women living with HIV/AIDS.

How do you know your project was successful? Why is it best practice?

The lack of integrated HIV and women's sexuality/reproductive choice programs and services is one of the barriers for women living with HIV. HIV serving agencies are primarily male-focused and their services on women's reproductive and sexual health are usually restricted to HIV prevention. The *Sexuality and Positive Women* workshop is CBCA's attempt to reduce this barrier by giving attention to sexuality and reproductive issues for HIV+ women, using a feminist analysis and a community development approach. The premise for the workshop, therefore, is the validation of women's experiences and knowledge, and the creation of strategies for change. At CBCA, we are very encouraged by the influence this workshop has had in making our program and agency practices more accessible to women living with HIV. The participant evaluation and changes to program workplans demonstrate the success of this workshop.

Eleven staff members, one volunteer, one CBCA student, and one student from Planned Parenthood Alberta attended the workshop in March 1999. Of the 14 participants, 11 evaluations were completed and returned to the facilitator after the workshop. *Sexuality and Positive Women* increased the knowledge of staff, volunteers and the student in all areas discussed in the workshop. In addition, staff and volunteers were motivated to incorporate their new knowledge into program planning and training. Agency policies and standards of practice were reviewed; the staff training budget was adjusted to allow for future workshops; and program workplans were revised.

The following objectives for the 1999-2000 counselling and education workplans are either new or have been given greater priority:

- To increase information on the interaction between medications taken by women with disabilities (including HIV) and contraceptives as well as the effect of medications on fertility and foetal development;
- To find appropriate resources for HIV/AIDS and pregnancy;
- To research and compile comprehensive information on the impact of street drugs on fertility and foetal development;
- To reassess CBCA's ability to offer pre- and post-HIV test counselling for pregnant women and/or women considering pregnancy;
- To increase safer sex information and sessions to women and their partners;
- To offer off-site counselling services to women and their partners;
- To improve the Education Team's ability to deliver programming to diverse client populations;
- To widely promote safer sex during National Condom Week;
- To offer group education to young women at young offenders' centres;
- To increase opportunities for the Education and Counselling Teams to learn from one another;
- To offer the workshop to staff and volunteers in the winter of 2000; and
- To include the topics of HIV and sexism/stereotyping in the Youth Peer Education Project, through training, participatory research activities, and long-term project planning.

Finally, the Human Resources committee will review policies regarding HIV/AIDS, disability, and diversity, and recommendations will be reported to the board by next spring.

Strengths

One of the major strengths of *Sexuality and Positive Women* is that it can be tailored to meet individual needs. The workshop has a generic template to be filled out during the planning phase of the workshop. By reflecting the needs of the participants, the program ensures that they can learn what they want.

This workshop suits organisations working with women living with HIV and women at-risk of HIV infection based on the presence of violence, addiction, homelessness, systemic discrimination, poverty, and unprotected sexual activity. The acknowledgement of values is very important as it influences the organisation or groups' openness to learning and, most importantly, the follow-through activities.

Sexuality and Positive Women is an innovative program that follows community development and feminist principles. It is created by and for the group, involves appreciative inquiry, is an inclusive process, and fosters action for equity. The workshop is a combination of collaborative efforts and actions between the facilitator and organisation. *Sexuality and Positive Women* is a workshop within a larger process of organisational transition through learning and action.

Challenges and Lessons Learned

The template used for this workshop is very much influenced by the context of the particular community. For example, when the facilitator conducted the workshop at the youth symposium (Canadian AIDS Society Youth Conference in May 1999), it was difficult to plan successfully since contact with participants was virtually impossible. Therefore, the provision phase was limited to general knowledge of diverse youth issues regarding HIV. In addition, because it was a conference with participants from various places, the evaluation and follow-through phase was curtailed.

CBCA will continue the *Sexuality and Positive Women* workshop annually. This will be done by ensuring that resources are available for appropriate facilitation of the workshop, and by training CBCA staff to co-facilitate. We have learned that co-facilitation is successful in the long-term, resulting in increased integration of the issue into programming, continual learning, and on-going skill development in training and evaluation.

At present, there are two agencies that have requested the workshop: Planned Parenthood Edmonton and the Outreach Program at AIDS Calgary.

Getting Started

This workshop is applicable to communities or organisations that have already identified a need to learn about sexuality and positive women. It is crucial that the community itself initiates this learning opportunity. Also, to be accessible to the participants, the workshop must be designed to meet the audience's knowledge level and perspective on the issues.

Therefore, the planning phase of this workshop was the most critical. The facilitator and a key staff member developed an anonymous participant survey to identify what participants knew, what they wanted to learn, and how they wanted to learn it. This was supplemented by a few one-on-one interviews. The CBCA workshop was conducted with a youth focus as defined by the participant survey and interviews. Cultural diversity was also included as an issue of systemic discrimination and the workshop took CBCA's feminist perspective into account.

Most of the work was completed by a social work practicum student, keeping costs for the project to a minimum. Workshops that are given outside CBCA charge a minimal honorarium to cover costs.

To find out more about *Sexuality and Positive Women*, contact Deborah Hollins or Audry Gardner at the Calgary Birth Control Centre at (403) 270-3209 or Jennifer Heibert at AIDS Calgary at (403) 508-2500.

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Resources for HIV/AIDS Education in Newcomer Communities

HIV/AIDS Resource Development Program

Sexuality Education Resource Centre of Manitoba (A PPFC Affiliate Organisation)

by Myrna Majano

Purpose and Objectives

The purpose of the HIV/AIDS Resource Development Project was to develop HIV/AIDS information resources for newcomer communities in Winnipeg, Manitoba. These resources were intended to provide accurate, culturally appropriate information to the general public, and to apply to all sexual orientations. All of the resources were intended to:

- Address the denial identified in many communities that HIV/AIDS is a concern and encourage open communication and leadership;
- Provide specific, accurate, and up-to-date information to all community members (heterosexual and homosexual), on transmission and prevention;
- Decrease irrational fears about HIV/AIDS;
- Address barriers to services by providing newcomers with accurate and supportive information about resources and standards; and
- Promote community acceptance and compassion towards those infected with HIV.

Target Audience

The following groups were targeted:

- Single males and females in their late teens (Vietnamese, Iranian, Spanish);
- Grandparents and parents (South Asian Communities);
- Ethno-cultural organisations representing the eight communities across Canada (there are two to three organisations per group in the major metropolitan areas of Toronto, Montreal and Vancouver);
- Gay and lesbian organisations such as The Gay Asian Project;
- Community health agencies and organisations including public health offices, community health clinics and clinics specializing in testing and treatment;
- Immigrant-serving agencies and organisations (including settlement agencies, multicultural councils, immigrant women groups, and church groups that sponsor refugees); and
- Government departments serving immigrants and refugees.

Project Description

Between 1992 and 1994, print resources on HIV/AIDS were developed in eight languages. Two types of resources were developed in each language:

- A booklet to raise awareness about HIV/AIDS in each community; and
- A smaller pamphlet, more uniform in format, to provide basic facts on transmission and prevention (including condoms use and the proper cleaning of needles).

Each newcomer community played a role in developing its own unique resources. All materials were written in their first language (as opposed to being written in English and then translated) with the guidance of community advisory groups. The Sexuality Education Resource Centre (SERC) and Health Canada assumed the responsibility of ensuring that the information was accurate and consistent with existing Canadian standards for HIV/AIDS prevention materials. The communities and the language of each resource are as listed: Cambodian (Khmer), Vietnamese, Latin American (Spanish), Chinese, Laotian (Lao), Eritrean (Tigrinya), Ethiopian (Amharic) and Iranian (Farsi).

This two-year process of planning, writing, illustrating, proof-reading and field-testing yielded accurate, comprehensive resources that are sensitive to community values and culture, and reflective of newcomers' experiences and issues.

Partners and Funding

The Health Services and Promotion Branch, Health Canada, funded the HIV/AIDS Resource Development Project. Funding totalled \$349,344 over 3 years with the bulk of the money being spent in the second year on the production of the resources. Below is a list of the partner organisations:

- Free Vietnamese Association of Manitoba
- Laotian Community Association
- Ethiopian Society of Manitoba
- Iranian Community of Manitoba
- Eritrean Community of Winnipeg
- Chinese Cultural Association
- Chilean Association
- Winnipeg Salvadorian Canadian Cultural Association
- Nicaraguan Association
- Members of Guatemalan, Honduran, Panamanian, Venezuelan, Mexican and Colombian communities
- Cambodian Cultural Association

Other participants included Winnipeg Settlement Agencies, English as a Second Language Programs, public health nurses, and other ethno-cultural communities.

Community Readiness and Project Rationale

All Canadians need information about HIV/AIDS, yet not all communities are equally served by standardised, mainstream messages. On such a sensitive subject, attitudes and beliefs vary greatly from community to community. Newcomer Canadians, in particular, need information in their own language and in a manner that reflects their own culture if it is to change individual behaviour.

Consultations with the ethno-cultural communities have shown that many newcomers to Canada are not receiving even basic information on HIV/AIDS. This presents a serious challenge

in refugee communities where, on average, 85% of newcomers arrive with no English or French language skills.

There are other barriers to HIV/AIDS education as well. HIV/AIDS is not seen as a priority for many newcomer communities. Denial of HIV/AIDS as an issue within communities is also common. At the same time, fear of HIV/AIDS is high among many members of ethno-cultural communities. Absence of accurate information had resulted in a high level of fear of transmission of HIV through casual contact.

While basic information on HIV/AIDS for the general public has been available to Canadians for many years, this was not the case for many of Canada's newcomers. Simple translation of existing resources into other languages has not been the best solution. Such translations do not address either cultural differences or the barriers to access faced by newcomers.

As the largest urban centre in Manitoba, Winnipeg has a substantial population that is new to Canada. No resources existed in first language for this population.

Strengths and Successes

Although there has been no formal, research-based evaluation of this project, it is clear from the response of the community that our objectives have been met:

- **Pamphlets and brochures.** The pamphlets have been in huge demand by public health officials, educators, and community leaders. To date, we have had to reprint these three times since 1992 in order to meet the demand.
- **Increased knowledge.** Although some of the community advisory group members were active in their community, few of them had accurate information on HIV/AIDS. Through the advisory role/process, community members learned accurate, up-to-date information on HIV/AIDS. They became more aware of the community resources available, and had the opportunity to explore many other sexuality issues which impact HIV/AIDS education issues. Anecdotal feedback indicates that these volunteers then began to initiate discussion with their families and colleagues and within ethno-cultural associations.
- **Increased action.** More than 100 individuals from the eight communities became very active in HIV/AIDS awareness — whether in a formal or informal sense. Many participants acknowledged that, after being involved in this initiative, their communities became more tolerant and more understanding of sexuality issues ñ issues that may have been taboo at the beginning of the program.
- **Increased awareness.** Through the advisory role/process, community members endeavoured to learn about HIV/AIDS in a manner that would provide a broad analysis of sexuality, not HIV/AIDS in isolation. Some advisory groups developed broader educational initiatives about sexual and reproductive health in general. For example, youth and sexuality, adolescent development, HIV/AIDS and youth, and pre- and post-natal care.

Because of this project, other community leaders have asked SERC to develop AIDS education resources appropriate to their specific needs. We have developed two new videos: one for the Chinese community entitled “Accident,” which deals with HIV/AIDS and family issues; and one for the East Indian Community called “Listen, Listen My Friend” which deals with HIV/AIDS issues as they relate to youth. SERC has also been invited into various ethno-cultural communities to discuss other sexuality issues. For example, we have completed the first phase of a project with the Hindi/Punjabi community dealing with inter-generational communication about sexuality.

Challenges and Lessons Learned

SERC has worked with ethno-cultural communities on reproductive health issues and sexuality education and programming for over ten years. We have found that a “by community — for community” approach is crucial in securing community acceptance. The community development process implemented during this initiative was unique due to the diversity of each community. Each community developed its own way of doing things — SERC’s staff merely facilitated the process. In some communities, decisions were made by consensus. In others, community members had to struggle with intra-community politics, or they had to lobby for project control.

The following lessons were learned:

- A community advisory group must have diverse representation even if the community is perceived as relatively homogeneous;
- Communication about all aspects of the project must be carefully planned and provided in both written and verbal form. This communication should include specific information:
 - purpose and objectives of the project;
 - philosophy of the project (this may include agency beliefs, development versus translation, agency commitment to community direction);
 - authority and accountability (who makes the decisions);
 - role of cultural associations;
 - role of community advisors; and
 - services that will receive financial reimbursement and services that will be voluntary.
- Working with a trained and experienced staff person (in this case a health educator) with in-depth knowledge of the community saves time and funds. If the sponsors do not have this resource, significant time must be allocated to community outreach and assessment before a group is brought together;
- The apolitical nature of the project must be clearly presented;
- Access to a contact person who has a good reputation within his or her community is essential;
- Efforts must be devoted to identifying individuals who see health needs as a priority since many of the active community leaders may not;
- Sensitivity to political, racial, cultural and religious divisions within the community must be demonstrated by the facilitator; and
- In some communities it may be difficult to recruit either women or men. It is important to compensate for this lack of participation (e.g., in the proof-reading or field-testing process).



Getting Started

In terms of best practices, we recognise that it is unlikely that another organisation would wish to replicate the resources we have already developed. However, we believe that the lessons we learned in working with immigrant and refugee communities are applicable to other projects and situations (see above). One key aspect of the HIV/AIDS Resource Development Program is that although paid staff positions existed, volunteers completed the majority of work. For example, community advisory group members contributed 3,476 hours — an average of 400 hours per community. As with any project that produces print materials, printing and production were the major costs associated with the program.

To find out more about the HIV/AIDS Resource Development Program or the resources that are available in first languages, contact Lori Johnson at SERC at (204) 982-7800.

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Live, On Stage, Uncensored

Peer Theatre-Education Project
Planned Parenthood Waterloo Region
by Donna F. Randall

Purpose and Objectives

The purpose of producing the play *Live, On Stage, Uncensored* is to provide sexuality education to students. The format inspires open discussion about sexuality and raises awareness about Planned Parenthood Waterloo Region (PPWR) and the services it provides. Our objective is to help students become better informed about situations that they face now or in the future and to help them make informed decisions about their sexuality.

Target Audience

The initial audience consisted of secondary and senior public school students in the Waterloo Region District School Board — an audience not often reached by PPWR in the past.

Project Description

A Guelph drama teacher and four drama students wrote *Live, On Stage, Uncensored* in 1994. It encourages youth and teachers, and youth and parents, to talk about sex. The play comes with a guidebook of pre- and post-play education exercises designed to help teachers begin and continue the discussion in the classroom.

PPWR Peer Theatre-Education Project premiered *Live, On Stage, Uncensored* in September 1998. In general, the format is as follows:

1. Students complete and discuss pre-play exercises with their teacher.
2. Students watch the play.
3. Students complete post-play education activities and have discussions with their teacher.
4. Teachers continue a follow-up discussion throughout the remaining school year.

Live, On Stage, Uncensored is youth-focused, deals with sex in a holistic manner, and has a sex positive approach to sexuality education and discussions. These are sample scenes:

- A scene depicting a variety of sexual expressions — woman to man, woman to woman, and man to man;
- A young man alone on stage thinking about a phone call from a former partner who just called to tell him that she is HIV positive;
- A young woman finding out that she is pregnant, and then exploring her options;
- A young woman pushing a young man to have sex with her because all their friends already are; and,
- A scene alluding to myths, misconceptions, and lies about sex and which begs for further exploration.

Partners and Funding

The William H. Kaufman Charitable Foundation, an organisation with a mandate to fund projects providing healthy sexuality and family planning information and services, provided initial funding for *Live, On Stage, Uncensored*. PPWR worked closely with Sara Kaufman to develop the proposal, and final approval was received in November 1997. Current sponsors include The Kaufman Foundation, The Trillium Foundation and a number of small family foundations based in Ontario.

Community Readiness and Project Rationale

In general, Waterloo Region is a conservative, frightened community. Generally, schools have shown little interest in teaching sexual and reproductive health and have not been responsive to PPWR attempts to assist them with sexuality education. *Live, On Stage, Uncensored* tactfully addresses an issue that many people in the Waterloo Region prefer to sweep under the carpet.

In addition, teachers in Ontario have a limited amount of time to cover the mandated curriculum. Many teachers are uncomfortable teaching this subject as they have little or no training in the area. *Live, On Stage, Uncensored* provides them with a neatly packaged format that enables them to meet their curriculum requirements.

How do you know your project was successful? Why is it best practice?

By moving the play from school to school, we have increased the number of people who are aware of Planned Parenthood and our activities. Also, by using a different cast each year we have also created a pool of potential “youth ambassadors” or volunteers. The play also provides PPWR with the opportunity to build relationships on an individual level and thus increase the credibility of Planned Parenthood.

True outcome evaluation of this project is difficult. From PPWR’s point of view, however, this project has been successful on a number of levels:

- **Increased profile.** We have raised our profile in the community and have expanded our reach. Prior to this project, PPWR had no access to schools in the Waterloo Region. This play has been a means for PPWR to reach students in a community that is not particularly supportive of sexuality education. As of September 1999, we had 11 bookings for *Live, On Stage, Uncensored* already in place, out of a possible 20 for the school year.
- **New partnerships.** We have forged some very important community partnerships because of this project. Relationships have been established with the following:
 - the Youth Health Program of the Waterloo Region Community Health Department;
 - several key principals and teachers of the Waterloo County senior public and secondary schools;
 - the Drama Director of Elmira District Secondary School; and,
 - many of the original cast members and their parents.

- **Increased financial support.** We have established relationships with new sponsors like the Trillium Foundation.

Challenges and Lessons Learned

One major challenge is project evaluation. As with many sexuality education programs, true outcome-based evaluation of the project, although extremely valuable, is not possible because of the cost and the long-term nature of the process. The ultimate outcome measurements would be youth behaviour change and an increase in measurable indicators such as talking about STIs or the use of contraception. An evaluation component for *Live, On Stage, Uncensored* is being developed with new funding from the Trillium Foundation.

The immediate response to the play has been positive; however, the students' feedback reveals that many of them did not receive preparation for the play. We are concerned by the lack of pre- and post-play education, and we intend to address the problem this year. We want to ensure that the project doesn't become simply a "neat play" for students to see without participating in pre-play preparation and post-play discussions about the play and how these issues affect them.

To address this issue, we plan to encourage teachers to fully utilise the education resources that accompany the play. In addition, we plan to produce a video that teachers can use in the classroom. This video will include some of the more "difficult" scenes from the play, along with not-so-difficult ones that also lend themselves to further discussion. Teachers will be encouraged to use this tool after their students have seen the play, to review these specific scenes, and to take the time to engage in extended conversations about them.

The play itself also has limitations relating to ethno-cultural issues. Other organisations may wish to adapt it, with the permission and co-operation of the author, to better suit their needs. Or they may wish to choose another play that better reflects their community. In addition, the play does not directly address certain key sexuality issues: it skips very lightly over the topic of sexual orientation; it gives only very brief information about HIV and teen pregnancy; and it doesn't question society's values concerning monogamy and the importance of girls remaining virgins while boys go out and "sow their wild oats." However, for this community, the emphasis the play gives to other individual topics and the balance it achieves are key to its acceptance in the school environment.

An additional challenge has been having to work without the formal approval of the school board. Initially, we decided not to seek formal approval because of the time commitment necessary to obtain approval from an extremely conservative school board. In retrospect, it may have been wiser to obtain formal approval to circumvent the opposition and hostility that have arisen since the play has been in production.

Getting Started

PPWR's biggest challenge in launching the theatre-education project was overcoming the fear in the community. Board of Education officials, secondary school principals, vice-principals, and

teachers were all afraid of booking a project offered by Planned Parenthood — an organisation whose name carries very negative connotations to many people living in the Region of Waterloo and the surrounding areas. To meet these challenges, PPWR worked closely with the Kaufman Foundation over two years while developing the project.

During the proposal writing phase of the project, we conducted an environmental scan of the community. Seven high school principals were contacted to see if they would book a peer theatre education troupe if one existed. A favourable response convinced us to proceed. The next step was to obtain approval or “buy-in” from the local public school board. Nurses from the Community Health Department were instrumental in helping us to approach the school board. They were able to recommend contacts, including superintendents, who would be supportive of our endeavour. However, the Waterloo Region District School Board refused to formally “sanction” the booking of this play or the use of the educational materials in their schools. Instead, they gave us permission to inform the principals that they were free to use their own discretion about making use of this theatre-education project to fulfil their sexuality curriculum guidelines.

Again, nurses from the Community Health Department who worked in high schools were crucial in providing us with key contacts. They were able to recommend which principals and physical education and health teachers to approach. Student activities co-ordinators were also contacted. After making many contacts, the idea was “sold” to a drama teacher who agreed to take on the role of rehearsing and training students in return for a small stipend. Students auditioned for the project. Initially, the plan was to form a theatre troupe composed of students from many different schools. In the end, however, it proved more practical to house the theatre troupe at the same school as the drama teacher. Each year, the play will move to a new school, keeping the performances fresh, and exposing more students to the program.

In the beginning, we received little response from school principals, despite our efforts to promote the project to the schools via the Community Health Department and the Medical Officer of Health for the Region. Instead, we premiered the play at our Gala of September 30, 1998. A few teachers who attended the Gala booked the play for their schools and, once the play was performed, bookings increased rapidly. By the end of February, we were fully booked for the remainder of the school year and were booking schools for the 1999-2000 academic year. This booking frenzy represented a major victory, with several senior public schools in the Region coming on board.

The peer-education theatre program costs approximately \$20,000 to \$25,000 per year to operate, with more money required during start up. Initial funding from the Kaufman Foundation was for \$72,000 over 4 years with the expectation that PPWR would raise \$31,000 over the same 4 years. Awarded as a declining grant, only the first 2 years of the program were fully funded. Today, in addition to the Kaufman Foundation, the Trillium Foundation and other smaller family foundations in Ontario help fund the program. The PPWR fund-raiser has devoted considerable time in cultivating these contributors.

Project costs include a part-time staff member who works 15 hours/week (although she worked longer hours during start-up). Her duties include contacting schools to book the play, engaging in public relations, liaising with contributors, setting up an advisory committee (as requested by

one of our contributors), arranging transportation, and ordering scripts and educational materials. All rehearsals occur at the school, thus eliminating the need for renting rehearsal space. In addition, a small stipend is paid to the drama teacher. Other costs include lighting, props and sets, publications rights (approximately \$1,000/year), educational booklets (\$5/booklet, 1 per school), and office administration.

This program is not run on a cost-recovery basis yet, but by the fall of 2000 we hope to have a fee-for-service system in place: approximately \$300 for a performance inside the Region and \$500 for a performance outside (additional money is required for transportation).

To find out more about *Live, On Stage, Uncensored*, contact Donna Randall at Planned Parenthood Waterloo Region at (519) 743-9360.

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Anonymous HIV Testing at “The House”

Planned Parenthood Toronto

by Luisa Barton, R.N. (EC) NP, MNC

Purpose and Objectives

The purpose of this project was to expand the services already offered at Planned Parenthood Toronto’s “The House” and to provide youth with a safe and familiar environment in which to undergo anonymous HIV testing.³

Target Audience

The House is a Community Health Centre for young adults between the ages of 13 and 25 who live in the Greater Toronto Area. The House has a client base of 6,000 and provides primary and sexual health services to both male and female youth. Clients are racially and ethnically diverse and include gay, lesbian and bisexual youth. Within the broader client base, our focus populations are women and youth, with an emphasis on parents of youth and youth concerned with their HIV status. Moreover, services are geared to addressing issues including personal safety; social support networks; stress/mental health; discrimination and racism; and violence and abuse.

Project Description

Since the early 1990s, Planned Parenthood of Toronto (PPT) has operated The House. The primary goal of The House is to assist youth in making informed decisions related to sexuality through education, counselling and clinical services. Our approach in providing this service is client-centred, with strong adherence to the values of the right to self-determination and confidentiality. In April 1998, The House began offering anonymous HIV testing in partnership with Hassle Free Clinic. These are the major responsibilities for PPT’s The House:

- Providing pre-test counselling to clients and performing the necessary veni-puncture;
- Storing specimens until picked up by the lab;
- Obtaining results from Hassle Free Clinic;
- Collecting data as required by the Ontario Ministry of Health;
- Serving as the client contact point for results; and
- Providing post-test counselling.

Client intake and counselling (pre- and post-test) forms are unique to The House, although they are consistent with Hassle Free Clinic’s forms. Two slightly different intake forms (one for males and one for females) solicit demographic information (e.g., first name only, date of birth, age, city), risk behaviour information (e.g., use of condoms, past history of sexually transmitted infections), and general health issues (e.g., birth control method, last normal menstrual period, pap smear, sexual orientation).

³ With this type of testing, the clients do not have to reveal their identity to clinic staff. No link is made between the client’s name and the test result, although positive results may be reported to provincial and federal agencies as required.

These are the objectives of pre-test counselling:

- To assess the potential for HIV infection;
- To help the client gain perspective on personal risks;
- To provide information on safer sex and needle use;
- To help reduce anxiety of the low risk clients;
- To prepare for a possible positive result; and
- To explain testing procedures (confidentiality, two-week wait period for results and face-to-face pick up of result).

These objectives are achieved through a careful review of the client intake forms, a thorough history of past and present risks/exposures, a non-judgemental and respectful rapport between client and staff member, and accurate up-to-date education.

There are four main objectives of post-test counselling:

- To inform the client of the test result;
- To support the client through reactions to the test;
- To identify client needs and make appropriate referrals; and
- To assist with past and present partner notification, if applicable.

These objectives are met by explaining the meaning of the test result; disclosing (as needed) preventative strategies of safer sex, substance use, harm and risk reduction; and arranging a follow-up visit, if necessary. All clients are encouraged to return to the clinic to pick up their results personally. This strictly follows the protocol issued by the Ontario Ministry of Health entitled *HIV Antibody Testing: Guidelines for Pre and Post Test Counselling in Anonymous Testing* and is consistent with all other agencies who also offer HIV anonymous testing services.

Partners and Funding

The House is funded by the Ontario Ministry of Health's Community Health Branch and operates as a satellite clinic of the Hassle Free Clinic. Hassle Free Clinic is the officially designated anonymous test site. It is ultimately accountable to the Ontario Ministry of Health to ensure that the testing meets the guidelines, while PPT's The House delivers the service. PPT's The House and Hassle Free Clinic liaise with each other as necessary and bring forth any issues, concerns, or questions in a timely manner for resolution.

Community Readiness and Project Rationale

From its inception, The House has been committed to the issue of HIV/AIDS by offering services such as counselling, fact sheets, and referrals. While no HIV testing services were offered initially, healthy sexuality counselling always included a component on safer sex behaviour as related to all risks, including HIV, along with explanations of the methods of testing for the virus. Also, The House distributed its own information sheet to clients, addressing the different types of HIV testing procedures. They also circulated many pamphlets from other HIV/AIDS organisations that discuss HIV testing and the importance of AIDS awareness.

The closest anonymous test site offered testing to women of all ages, with no concentration on youth. While The House supported the idea of HIV testing on its premises, it strongly supported only implementing anonymous testing for its client group. This was most evident from a survey conducted by the agency in 1995 in an attempt to better understand the client's views on offering HIV testing. Clients were asked questions regarding the type of testing preferred (nominal, non-nominal and anonymous) as well as who (counsellor, volunteer, doctor, nurse practitioner) should deliver this service and best time/dates to offer the test. It was clear from the results that youth were concerned with their HIV status, and that they wanted anonymous HIV testing. In fact, of the HIV types of testing, 57% of those surveyed (n=77) preferred anonymous testing over non-nominal (33%) and nominal (10%). As an agency committed to catering services to our client's needs, there was a renewed emphasis on HIV/AIDS services at PPT.

How do you know your project was successful? Why is it best practice?

Exactly one year after the first anonymous HIV test in April 1998, 231 male and female youth have been tested. Fortunately, all of these test results have been negative. The success of this initiative has been primarily in the increase in the number of clients seen at The House for both HIV testing and for our other services. Interestingly, there has also been a dramatic increase in the number of male youth who now access our primary health services. In addition to these increases, a stronger relationship has been formed with existing community partners. New alliances and networks have meant that more youth can access HIV/AIDS education, counselling and testing in the Greater Toronto Area than ever before.

PPT is well positioned to offer anonymous HIV testing since its current level of service related to HIV/AIDS is augmented by several other capacities:

- A well-established expertise in working with youth on issues of healthy sexuality;
- An established reputation, among youth, of confidentiality and trustworthiness, which appears to increase their ability and comfort to proceed with testing;
- Existing sexual and primary health services;
- Existing close contact with an age group that may lack awareness of high risk behaviours and the expertise needed to help them gain necessary awareness; and
- Established longer term counselling programs and the support of concurrent programs such as TEACH (Teens Educating and Confronting Homophobia) and TSI (Teen Sex Infoline), both of which provide another dimension in sexual health promotion and disease prevention.

Clearly, PPT has historically been in the forefront in advocating and lobbying for youth concerning issues of sexual and reproductive health. Offering HIV anonymous testing has strengthened this position considerably. According to the Canadian AIDS Society, as many as 3,000 to 5,000 people are infected with HIV each year in Canada. Of that number, 50% are younger than 25. PPT's The House must continue to offer these services, enhanced by our other established capacities, and to continue to integrate safer sex and HIV education into all aspects of our work.

Challenges and Lessons Learned

It must be acknowledged that HIV anonymous testing has been augmented through available resources and via partnerships with other community agencies. The waiting room of The House holds a large number of pamphlets and publications available to clients. An information sheet entitled "HIV Antibody Testing" has been developed by The House to inform clients of the different types and components of testing. In addition, The House circulates many pamphlets from community HIV/AIDS organisations that discuss HIV testing and the importance of AIDS awareness.

Community partnerships for HIV/AIDS organisations have now expanded to include Hassle Free Clinic, Bay Centre for Birth Control, Women's Health in Women's Hands, The Theresa Group, Voices of Positive Women, AIDS Committee of Toronto (ACT), Prisoners with AIDS Support Action Network (PASAN), Women's AIDS Committee, Shout Clinic and Women's Outreach Network. PPT took the lead in developing a "Women's Gathering Group" in the summer of 1998, in partnership with ACT, The Theresa Group and Women's Health in Women's Hands. This support group has been established for newly diagnosed positive women. Collaboration and partnership provide an excellent means of offering enhanced services to broader populations at minimal cost. They also create supportive relationships among organisations that share similar goals and values.

Getting Started

In 1995, an attempt to offer anonymous HIV testing was made. An application for designation as an anonymous HIV test site was submitted to the AIDS Co-ordinator and the provincial Anonymous Testing Steering Committee in October of that year. Unfortunately, this committee, funded by the Ministry of Health, limits the approval of licences for HIV anonymous testing status. However, through the agency's involvement with local networks, a potential for HIV anonymous testing soon became a reality.

In August 1997, one of our health promoters attended a meeting of the Women's Outreach Project at the AIDS Committee of Toronto. At this meeting, a representative from Hassle Free Clinic indicated that a part of their clinic's mandate was to collaborate with other agencies to provide on-site testing by sharing their HIV anonymous testing status. Through consultation with the clinical program team in December 1997, logistical steps and potential barriers to the implementation of this initiative were discussed in detail. Fortunately, during this process, it was confirmed that the AIDS Bureau approved of this collaboration between PPT and Hassle Free Clinic.

Before anonymous HIV testing could be offered at The House a partnership agreement had to be worked out between PPT and Hassle Free Clinic. This agreement clearly outlines the responsibilities of each organisation. For example, Hassle Free Clinic's major responsibilities include supervising the program, providing training in pre- and post-test counselling, providing anonymous test requisitions, and identifying and separating The House results. In addition to the partnership agreement, resources and materials had to be created, staff had to be trained, and advertising had to be arranged.

The priority and challenge for The House team, during the material/resource collection, was to create Client Intake and Counselling Note forms. They had to be consistent with Hassle Free

Clinic's existing forms while meeting the needs of clients who would be accessing The House. A team from The House was created to develop these materials. All team members agreed that the Counselling Notes forms should be user-friendly and address certain counselling points:

- Previous testing, if applicable;
- Date of possible recent exposure;
- Risks/exposures (blood recipient, IV drug use, sexual assault, anal sex, endemic area, needle stick incidents);
- Teaching points (HIV transmission, treatment, self-help, safer sex, pregnancy, drug use, symptoms, and method of anonymous testing);
- Client's reaction if test was positive;
- Referral/resources;
- A general "notes" section with the staff's signature; and
- A result visit notation with date, result, comments, and staff signature.

All these points highlight the issues that had to be resolved prior to delivering HIV testing services.

During staff training, each practitioner, clinical co-ordinator, and counselling co-ordinator spent three half-days at Hassle Free Clinic from January until mid-March 1998. They observed encounters between counsellors and clients who came in for HIV testing or results. During each encounter, Hassle Free Clinic staff referred to their own Intake Form and Counsellor "Checklist" to guide them through teaching and counselling issues.

Since clinical co-ordinators and counselling co-ordinators were not trained for veni-puncture, they additionally attended a full day accredited veni-puncture course at the Mitchener Institute in Toronto. Just prior to the implementation of HIV testing, a representative from Hassle Free Clinic met with The House team. They reviewed counselling procedures of giving positive results and they observed mock HIV testing counselling sessions with newly trained staff members. Staff training continued even post-implementation, whereby a staff representative from Hassle Free Clinic met once again with The House team to review any operational and counselling issues.

To promote the new service, nurse practitioners, physicians, clinical co-ordinators and volunteers announced the new HIV anonymous testing service to all clients visiting The House. Also, flyers were posted throughout the agency and a formal announcement was written in The House's newsletter, "Word in The House." Information on the availability of HIV anonymous testing and discussion topics on HIV/AIDS and youth was provided.

Opening an anonymous HIV/AIDS testing clinic is a difficult and time-consuming process. As each province has different guidelines with respect to HIV testing, the process will be different across Canada. Testing at The House only became a reality after a strong partnership with Hassle Free Clinic had been established and after considerable time and effort had been devoted to this initiative by PPT staff.

To find out more about Anonymous HIV Testing at "The House" contact Robert Ock, Program Manager, at Planned Parenthood Toronto at (416) 961-0113.

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HIV/AIDS and Other Sexually Transmitted Infections Workshop

Planned Parenthood Cape Breton
by Cathie Penny

Purpose and Objectives

The purpose of the *HIV/AIDS and Other Sexually Transmitted Infections Workshop* is to help Planned Parenthood Cape Breton staff respond to requests for information about HIV/AIDS and/or sexually transmitted infections (STIs) from various groups in Cape Breton.

There are four objectives:

- To increase awareness of HIV/AIDS and other STIs;
- To generate open and positive discussions concerning human sexuality issues;
- To impart basic information on HIV/AIDS and other STIs; and
- To encourage people to recognise and change risk behaviours regarding activities and protection.

Target Audience

Target audiences include people of all ages from all walks of life. The workshop is adapted to suit the needs of each audience. The program is presented to:

- Junior and senior high school students;
- Participants in native and non-native addictions programs;
- Parenting groups;
- Residents of adolescent homes and group homes;
- Adult day programs;
- Transition House;
- University staff and students;
- Seniors' groups;
- Government agencies and service providers; and
- Individuals.

Project Description

This workshop imparts basic information on the following topics:

- Risk behaviours;
- Transmission;
- Symptoms;
- Testing;
- Complications; and
- Treatments.

During the workshop, laminated flip chart pages with large colourful print are used to present information in bullet form. The information is easy to read, understand, and question. The workshop is adaptable to a variety of age levels and backgrounds and has proven to be “user-friendly.”

The workshop can take from forty minutes to several hours, depending on the needs of the client. A question-and-answer period always follows the workshop.

Partners and Funding

Partnering organisations include the AIDS Coalition of Cape Breton, Sharp Advice Needle Exchange Program, the Nova Scotia Department of Health, learning institutions and a variety of service organisations in Cape Breton.

Community Readiness and Project Rationale

When sexuality education was introduced into the Nova Scotia curriculum in the late 1980s, there were few resources available for teachers covering these sensitive issues. Teachers were scrambling to find a comfortable and informed means to fill the outlined curriculum. School staff began requesting in-services, printed information and workshops on sexuality issues. This program was initially developed to meet those needs but soon took on a life of its own. Non-profit and service organisations booked workshops, as did many government agencies. The focus soon expanded from students and staff to a broader population.

Today, this workshop continues to be one of Planned Parenthood Cape Breton’s most requested services. Despite progress in sexuality education, there are still few resources available in Cape Breton, and many people seem to be unaware of the fact that we all are at risk for HIV infection in certain situations. Some people have become desensitised to the “AIDS message” even though the number of infected people is increasing, different populations are now affected by HIV/AIDS, condom use has decreased over the past year, and increasing numbers of seniors are both infected and affected by HIV. The need for this workshop is still great.

How do you know your project was successful? Why is it best practice?

As with many sexuality education programs, true outcome evaluation (monitoring changes in behaviour over time) is costly and time-consuming. As a result, it is not possible to assess whether the workshop is truly “best practice.” However, this workshop has been an unqualified success as a means to “get the message out.” The *HIV/AIDS and Other Sexually Transmitted Infections Workshop* has followed the same format for twelve years, reaching approximately 24,000 people throughout Cape Breton in an estimated 830 workshops. This program is in constant demand and its audience has continually widened since it first began, opening up many discussions in a variety of communities.

Challenges and Lessons Learned

It is extremely important to network with other organisations and to develop working relationships within communities. Through Health Departments, education systems, service organisations and the general public, open and positive discussion and availability of pertinent information brings sensitive issues around sexuality to the forefront. A good working relationship with

the media, special events presentations (such as a condom give-away on Valentine's Day), and working closely with others helps to place a continued importance on this issue. Working with a sense of humour has helped inform those who might otherwise be resistant to such a discussion. Being open and honest has been vital to the success of reaching so many.

The information presented in the workshop is basic and can be adapted to any age or ethnic group. It is important to reach out to both rural and urban communities. The workshop began by focusing on HIV/AIDS, but it soon became evident that information on a variety of sexually transmitted infections generated more interest and discussion. There is still a lot the average person is unaware of, and this increases their risk. Any community can start a dialogue.

The workshop can be modified to reach youth of various ethno-cultural backgrounds by doing the following:

- Developing resource materials in which youth are highly visible and the language is youth oriented;
- Targeting youth groups, youth health centres, and adolescent group homes;
- Including specific resources as part of all school curricula; and
- Having youth and those from various cultural backgrounds make the presentations, and facilitate the discussions.

People deserve to be more comfortable with and informed about sexuality issues. This is a slow process, but it must begin somewhere. To be sex positive, people must have a better understanding of what their own sexuality means to them and the importance of the role it plays in defining who they are. Communication, respect, caring, and an understanding for those of different ages and backgrounds should be part of this process. HIV/AIDS is a health issue that affects everyone.

Effective and innovative service provision depends on the individuals who are providing the services, on the demands that must be met and on the importance of the information to those presenting it. After twelve years of providing this workshop, we at Planned Parenthood Cape Breton recognise that the HIV/AIDS message has become more important to more people. In providing services to the public, it is necessary to be organised and effective to reach more people in a consistent and informative manner.

Getting Started

This workshop was developed as part of the everyday work of Planned Parenthood Cape Breton. Information from other documents was adapted to the workshop format. The text was hand-stencilled onto flip chart paper, taking approximately 8-9 hours. Direct costs included the cost of the flip charts, markers, stencils, and lamination (approximately \$18/page).

Once the workshop materials were prepared, the curriculum developer in the district school board had to be "sold" on the idea of including the workshop as a resource for local schools. Then, individual Guidance Counsellors, Personal Development and Relationship teachers at the

Junior level, and Career & Life Management/Physically Active Living teachers at the Senior level were contacted and two in-service sessions were held. In addition, Planned Parenthood staff promoted the workshop at every opportunity. Even presentations to seniors' groups mentioned the workshop along with a brief description of the situation in Cape Breton schools. This active marketing of the workshop, combined with teachers' spreading the word, increased awareness of the workshop.

Although 62% of the population of Cape Breton is Roman Catholic and there is a large anti-choice movement, this workshop is still widely requested. This success is due, in part, to cultivating relationships with individual teachers on a personal level to build trust and credibility. A particular individual may not support Planned Parenthood, but may support and respect you as an individual and thus accept your message.

To find out more about *HIV/AIDS and Other Sexually Transmitted Infections Workshop* contact Cathy Pennie at Planned Parenthood Cape Breton at (902) 539-5158.