

Intergenerational Communication –
Training Parents as Resources in
Ethno-cultural Communities Project








Evaluation

Prepared by
Paula Migliardi



Winnipeg, September 2001

Many people contributed to the development of the project. Special thanks to the participants of the Evaluation Committee:

-  Myrna Majano (Immigrant and Refugee Health Committee, SERC/Health Canada),
-  Martha Avilés (Immigrant and Refugee Health Committee, SERC/Immigrant Women's Counseling Service),
-  Hisako Kawaguchi (participant of the training),
-  Sherri Waldman (Social Work graduate student),
-  Linda Plenert (SERC)
-  Catherine Hakim (SERC)
-  Kim Bailey (SERC).

Our sincere appreciation also goes to the parents and adults whose presence made possible the realization of the workshops. The participants provided important insights for continuing exploring the needs and concerns of immigrants in Winnipeg.

Finally, we would like to thank the organizations that have supported in kind and contributed funding to this endeavour. This study of the Intergenerational Communication project was funded in part by Human Resource Development Canada.

INTRODUCTION	3
HISTORY AND PROFILE OF THE PROJECT	4
Objectives of the Project	5
EVALUATION METHODOLOGY	5
Data Collection Methods	7
Ethical Issues	8
Data Analysis	8
Study Limitations	9
PROGRAM IMPLEMENTATION.....	10
Support Networks of the Project	10
<i>The Community Advisory Group</i>	<i>10</i>
<i>Program Workers</i>	<i>11</i>
The Workshops	12
<i>Recruitment.....</i>	<i>13</i>
<i>Retention.....</i>	<i>13</i>
<i>Assessment and Monitoring of Activities</i>	<i>14</i>
PARTICIPANTS PERSPECTIVES.....	16
Profile of the Participants	16
Motivation to Participate	16
THE TRAINING	19
Implementation of the Training	19
Content of Training	19
Training Methods	22
Gender and the Training	25
Sexuality and Language	26
Shortcomings of the Training	27
Suggestions for Future Training	29
OUTCOMES OF PARENT TRAINING	32
Learning from Other Cultures	32
Cultural Compromise	33
Relationship with Youth and Children	34
Relationship with Partner	38
Relationship with Other Adults	40
CONCLUSIONS	43

Lessons Learned	43
REFERENCES	46
APPENDIX I: LITERATURE REVIEW	48
Intergenerational Conflicts and Sexuality in the New Country	48
Parent Education in Ethno-cultural Communities	51
APPENDIX II: INTERVIEW CONSENT FORM	55
APPENDIX III: INTERVIEW GUIDE	56
PROJECT PARTICIPANTS	56
APPENDIX IV: INTERGENERATIONAL COMMUNICATION TRAINING OUTLINE	58
APPENDIX V: EVALUATION / REACTION SHEET	59

For more than a century, immigration has played an important role in shaping Canada's population profile. Throughout the years, Europeans, mainly the British and the French have largely contributed to the making of Canadian society. However, since the 1960s the ethnic composition of Canada has grown in diversity. In the last four decades migrants coming from Asia, Africa and Latin America have started to shape Canadian demographic composition and culture. Manitoba is not an exception. In fact, for the last two decades Manitoba has counted with Asia as its main source of immigration.

Together with the general migratory experiences of disruption of cultural environment, social support systems and families, international migrants to Canada face further adjustment and integration issues when they come from non-westernized countries. Immigrants to Canada are largely from non-English or French-speaking backgrounds. They come from societies with cultures different from those of the Western world and tend to become racial minorities in Canada. These traits and characteristics present particular challenges to immigrants. Incorporation to the new society involves adapting to the new cultural, linguistic and social context. This integration, in turn, involves fundamental changes in the internal structure of the family, affecting household relationships and the parenting experience.

Aware of the factors involved in migratory trajectories, throughout the years, SERC has engaged in numerous projects that address sexuality related issues from a cross-cultural perspective. Among others issues, SERC has identified the need to focus on intergenerational communication as an important issue in sexual and reproductive health among ethnocultural communities. Consequently, in 2001 SERC planned and delivered its first intergenerational communication training for parents and community adults from diverse ethnocultural communities in Winnipeg.

This report presents the evaluation of the first training. The intergenerational communication project was intended to improve participants' communication practices and strategies for coping with intergenerational conflict and resulting communication problems, specially regarding issues of sexuality. Therefore, this evaluation is intended to establish whether the project has achieved the desired results, but also to render visible the project management and training processes that might have led to the effects or outcomes.

History and Profile of the Project

In winter of 2001, SERC planned and delivered a series of workshops for immigrant and refugee parents and adults as a response to the formal findings obtained through community-based research (SERC and NICC 1998) and needs assessments (SERC 1998) within a number of newcomer communities, and to information gathered through informal individual contacts by some of the staff. The training aimed to provide information on topics such as sexuality and culture, sexual development, sexual orientation, sexual abuse prevention, parenting styles, and communication skills such as answering children, family members and other community members' questions about these issues.

Primarily, the training was guided by the premise that parents and other caring adults play a key role in the health education of children and youth. Ongoing and open family communication about values, healthy relationships, decision-making, and sexual development are considered important elements to helping children develop into sexually healthy adults. Immigration process, a stressful process, affects parenthood and parenting styles, and consequently the development of children. By taking into account the particular difficulties immigrant families face the workshops attempt to support parental characteristics that contribute to positive outcomes in children's development.

Funding for the project was obtained through the Manitoba Immigration Integration Program of the Settlement and Labour Market Services Branch, Department of Labour and Immigration, province of Manitoba. The Manitoba Immigration Integration program is intended to facilitate the economic and social integration of immigrants in Manitoba with the goal of enhancing participatory citizenship and long-term residency in the province. In that regard, the intergenerational project enhances the overall goal of the provincial program by assisting parents and their families to integrate into Canadian society. At the same time, other determinants have facilitated the support and allocation of revenues for this project. SERC's long experience in the field of providing community education and interpretation services to Winnipeg immigrant and refugee communities and community-based research led to funding attainment. A close relationship between SERC and the provincial department also facilitated the assessment of objectives of the program and management practices, which make feasible the implementation of the project.

OBJECTIVES OF THE PROJECT

The specific goals and objectives of the project were:

- To build community capacity regarding intergenerational communication for newcomer families and communities.
- To increase understanding and communication between parents and children.
- To increase level of comfort of parents in answering questions and talking to their children about sexuality.
- To provide training and support for parents from ethnocultural communities to become Parent Resources in their communities.
- To increase knowledge and awareness of social service resources in Winnipeg for parents and communities.

A description of the activities designed to achieve the above mentioned objectives is found later in the report (see “Program Implementation” section).

Evaluation Methodology

In order to evaluate the project, the Logic Framework Approach was used to clarify the design and implementation of the project. This approach provides a comprehensive framework that reveals the logic or theory of a project, that is the professional logic that underlies the project (Judge and Bauld 2001). The Logic Framework, LogFrame or program logic approach is a flexible tool that can be easily applied to any of the programs and projects delivered by SERC. It presents a clear and realistic structure to determine the context, rationale, goals, objectives, interventions, outputs and outcomes, which define program parameters and required data to their evaluation¹. In the same vein, in their development of evaluation guidelines for parent training programs, Matthews and Hudson (2001) support the inclusion of an evaluation protocol that addresses the context of the program, the skills or strategies that parents will learn, teaching methods, the implementation of the program, and the program outcomes.

For the evaluation of the project, an integrated research methodology approach was required. This approach features a combination of qualitative and quantitative methodologies. The quantitative approach presents and examines any statistical information relevant to the project. The indicators for this approach fall under the category of ‘hard’ indicators since they are based on numbers (e.g., rate of attendance, number of immigrant communities reached, number of clients satisfied or dissatisfied with the training, number of people who attended

¹ For more details on this approach see the Intergenerational Communication Project Evaluation Plan (May 2001)

because expenses were covered, etc.). The qualitative approach uses 'soft' indicators to evaluate the project. Through these indicators the evaluator assesses, for instance, the level of satisfaction of the community toward a program or particular activities of the project. Due to the characteristics of the project and the type of information required to measure the impact of the training and learn about the implementation process, this evaluation is largely qualitative.

The intergenerational communication project was intended to provide participants with skills and knowledge in order to improve their communication practices and strategies for coping with intergenerational conflict and the resulting communication problems regarding issues of sexuality. Therefore, this evaluation aimed to establish whether the project had achieved the desired results. In sum, the evaluation of the project was meant to:

- Determine the effectiveness of the Intergenerational Communication Project in meeting the goals and objectives as described in the initial proposal;
- Examine achievements and modifications needed during the delivery of the project;
- Recognize new concerns and issues as identified by the different stakeholders (e.g., participants, staff, CAG members);
- Provide feedback to increase the effectiveness of project management.

In order to achieve these larger objectives, implementation objectives were defined as follows:

Implementation Process:

- To describe and document the project, (e.g., project goals and objectives, training methods, project management, etc.)

Project outcomes:

- To determine participant's opinions and level of satisfaction with the project.
- To determine whether the goals and objectives established are being met.
- To identify any unanticipated outcome.

An Evaluation Committee consisting of members of the Immigrant and Refugee Health Program (SERC), a participant of the project, staff and other interested parties participated in the discussion of the Evaluation Plan (May 2001) and in the development of questionnaires. Further, members of the Evaluation Committee were informed of the evaluation process and encouraged to forward inputs to the study.

The Intergenerational Communication Project evaluation was designed to include a multi-method approach. A number of research techniques were considered (see following sections on data collection methods).


Multiple research techniques are increasingly important as researchers begin to incorporate complex factors such as community context into evaluations.


Using multiple techniques enables researchers to collect compelling stories but guards against criticism that ethnographic or anecdotal data is not "hard" enough (Annie Casey Foundation 1995: 21). For example, data collection methods such as ethnography, participant interviews, and content analysis of the program documentation – attendance and reaction sheets - complement each other by providing different types of information on the many needs and strengths of a program. While program documentation data show the number of people receiving a service or education session, ethnographic interviews of health educators can reveal the way in which training sessions use have changed over time, and interviews with participants can reveal the contextual factors that create demand for the training or flaws in the training itself.

Due to the characteristics of the project, i.e., short-term and involving a relatively small group of participants, it was possible to develop a comprehensive study of the project.


DATA COLLECTION METHODS

For this study I relied on information gathered through different methods for social research. I have employed archival methods, interviews and participant observation to gain an understanding of the project under evaluation.

 *Program Documentation:* a number of program documents were reviewed to determine issues relevant to the history and development of the project. The documents reviewed included the original proposal for funding, written reports, minutes of Community Advisory Group and staff, attendance records, reaction sheets/evaluation feedback and any other available materials.

 *Interviews:* Participant, staff and CAG interview schedules were developed and interviews were conducted in the months of June and July. All the different sectors involved in the project were interviewed. A copy of the interview schedules is included in the Appendices section (see Appendix II). Individual interviews structured around a set of open-ended questions intended to guide the process of interview were conducted with program participants. This format also allowed participants to present new ideas and suggestions for the future of the project and elaborate in their own words the topics which they considered to be relevant. Only one of the questions used a Likert-type scale. Interviews with CAG members, health educators and representative of funding body were less structured. A total of 21 interviews were conducted with all levels involved in the program (i.e., participants, CAG members, funder, health educators). With the exception of six interviews, all were recorded on tape. Notes were taken during and after the interview. Face to face interviews were conducted at SERC, at participants' homes and

workplaces². Due to mobility and time constraints few participants chose to participate in a telephone interview. This approach proved to be less time consuming. Lack of adequate technology impeded the tape recording of these interviews.

 *Participant observation*: this technique involves actual observation. Field notes were compiled to describe what was observed during the implementation of the project. This technique was carried out by the project coordinator during the development of the training. Observations helped to obtain contextual data. This technique also involved informal interviews throughout the life of the project. A project diary was developed to keep a record of the observations of participants or staff interactions while working on the project. Participant observation is a useful method for identifying unintended consequences of a project.

ETHICAL ISSUES

Participants were notified that all information collected from them (mainly through the interviews) would be confidential and their anonymity would be ensured through the assignment of pseudonyms. Consent was obtained from the participants. A consent form explaining the conditions of the interview and how the information will be handled was developed (see Appendix I). Participation was voluntary and participants were free to abstain from answering any particular question or to withdraw from the interview at any time.

DATA ANALYSIS

Most of the information gathered was qualitative by nature (i.e., documents, interview and evaluation sheets). Therefore, content analysis was carried out on that type of data. The data was grouped, sorted and analyzed using established content analysis procedures. This endeavor consisted of a process of identifying, coding, and associating the basic themes or patterns in the data into categories (Patton 1990). Then, similar and dissimilar responses were grouped to make sense of the data. In this evaluation the multiple types of data are related to each other to support or refute the interpretation. The data triangulation consisted of interviews, literature review and participant observation. By triangulating data obtained through different research methods the evaluation result in a more comprehensive analysis of the questions that we tried to answer.

² Interviews in the participants' own territory is considered the best strategy because it allows participants to relax more than they would in less familiar surroundings (Hammer and Atkinson 1995: 150).

In order to remain true to the participants' descriptions and interpretations of their experiences, direct quotes were included in this report. This allowed the participants' own words to reflect the reality of their experiences.

STUDY LIMITATIONS

An internal evaluator designed and developed this study (i.e., SERC staff). Consequently, participants to the study might have responded to the interview taking into account the role of this person within the organization and in particular to the project, and critiques to the program might have been overlooked. It is usually suggested that having an external or independent evaluator helps insure that the outcomes of the evaluation are not the result of data manipulation as the evaluator is personally involved in the project. In that regard, I have been aware of these biases during the process of the evaluation in order to avoid this shortcoming.

Second, the study was conducted two months after the training was completed. Therefore, the assessment of the impact outcomes might be relatively limited to address short-term outcomes. Social and behavioral changes take years to achieve. Further, social changes do not happen as the solely result of a particular training program or initiative. Many participants also come to a session with previous exposure to formal and informal sexuality information.

Finally, the evaluation was limited to the responses of a small group of respondents, the first group of participants in the project. It cannot be assumed to speak for how future participants might respond to the project. The evaluation appraises self-reported responses of the participants to the training. Consequently, children, youth and community attitude and behavior change are only measured indirectly.

SUPPORT NETWORKS OF THE PROJECT

The Community Advisory Group

A Community Advisory Group (CAG) was designated to provide guidance to the project. The group met the project was designed and funding approved. A few members of the group were already engaged in SERC's activities and structure, including members who had previously worked on intergenerational communication issues with the East Indian community. In all, members of the CAG were representative of social service providing agencies, community associations and also 'representatives' of their own communities. A representative of the funding body of the project was also member of the CAG. Personnel from SERC also actively participated in the CAG meetings.

Due to the short-term nature of the project the group only met in two occasions. During the first meeting, members of the group were informed of the objectives of the project, the activities, including recruitment and promotion, and budgetary issues. The project coordinator and her responsibilities were introduced. The CAG discussed on the relevance of addressing intergenerational communication and further ideas were developed. The ideas included the delivery of similar workshops for teenagers and youth, for elderly people and grandparents, for professionals and front line workers and for specific linguistic, ethnic or national groups. The group agreed on the development of a half a day to one-day workshop for professionals and front line workers who provide services to immigrants and refugee families.

In the second meeting staff updated the members on the development of the training. Health educators informed that there was a lack of time to cover a number of planned issues. There was a need to redefine the role of the participants. It was suggested that this training should be geared toward increasing knowledge and enhancing skills. A skill-based training on community outreach and organizing needed to be added to accomplish the long-term objective for parents to become community resources. The CAG also developed a series of recommendations for future implementation. These recommendations include conducting follow-up activities for current participants, redefining objectives and activities and time involved in future training (i.e., information and sensitization to the issues and community organizing and outreach), obtaining additional funding, keeping the provision of participants allowances (i.e., childcare, transportation and basic training allowances) and the completion of an evaluation.

Interviews with members of the CAG revealed some of their concerns. Although the group has been productive, some members considered that there

was a lack of definition of the terms of references, including the definition of the goals and objectives of the CAG. A few participants indicated the need for an improved process of participation in planning and development of the agenda and content of the training. While some members considered that they contributed with ideas to the project, others believed that members should also act as “bridges” to their own communities to facilitate the flow of information and advocate for the concerns of the communities. One of the participants wanted to have a better understanding of the relationship of the project to the overall objectives and mandate of SERC.

An additional issue was to develop a clear definition of the role of the membership of the CAG. Some participants were concerned about the appropriateness of including funders as “advisors”. Participants were also concerned about the role of the staff in the group. While for some CAG members funders should not belong to CAG due to power unbalance and pressure to shape projects to their requirements and potentially decreasing the autonomy of the group and project, for others it was considered a good opportunity for funders to observe what are the issues concerning the communities. They also believed in funders’ genuine interests in the project.

In addition, “community representation” within the group was mentioned as an issue to discuss. This question was discussed in terms of members’ representation of ethnocultural groups or as service provider representing organizations. These roles might get confused. The inclusion of grassroots members of the communities was encouraged.

Program Workers

The program workers included the *special project coordinator* who developed the project proposal in order to seek funding. Together with the special project coordinator, other SERC staff (i.e., *health educators*) actively contributed to the planning of the project. Two *health educators* were involved in the delivery of the training. A part-time *project coordinator* was hired to promote the project in the ethno-cultural communities using a variety of means and to recruit participants as well as to deal with the logistics during the training sessions (e.g., set up room, arrange food, and deal with transportation and childcare receipts and participants expenses, collate handouts and takes notes). The project coordinator was a participant of a Community Advisory Group for another project SERC and another organization were delivering.

It is worth mentioning that among the staff involved in the planning, implementation and evaluation of the project there are Canadian-born and foreign-born individuals with different degree of personal experience in dealing with immigrant related issues. Educators had previous experience in parent education programs.

THE WORKSHOPS

The project was advertised in generic, immigrant and ethnocultural voluntary, non-profit organizations such as the Immigrant Women's Association of Manitoba, the International Centre, Mount Carmel Clinic, ESL programs (Winnipeg School Division No.1). A news release was sent to a wide range of radio programs and written press. The different strategies were used to reach potential participants, but also to inform of the activity to the wider community. Other recruitment strategies such as referral or word-of-mouth through staff were used and proved successful in the recruitment of participants. The recruitment and promotion were conducted for a period of a month previous to the beginning of the workshops.

The project consisted of seven workshops held weekly at the location of the Sexuality Education Resource Centre, downtown Winnipeg in February and March 2001. The workshops were designed and delivered by professional health educators. The language of instruction was English, but with an understanding that English was a second language for most of the participants.

The goal and objectives of the training were described in the first session. The participants obtained the curriculum of the training (see Appendix III). From the beginning the participatory tone of the sessions was established. The sessions were planned to provide a comfortable learning atmosphere. The learning process was understood as a two-way process. Staff positioned themselves as "learners". In the first session the group agreed on some rules that would guide participation in a safe environment. For instance, participants agreed that all the personal experiences and information shared in the sessions would remain confidential, that others' opinions, beliefs, points of view will be respected and that use of time will be moderate. The participants were asked to share their expectations regarding the training. The main expectations were to learn 'how to communicate' with their children, how to raise children in a new culture, how to address sexuality issues when this issue has been taboo according to their own experiences in their home countries.

Throughout the workshops and during the interviews the participants raised concerns about the negative influences of Canadian culture and society on their children. Participants were distressed with some of the behaviors their children had developed since their arrival in Canada. Another topic of major discussion derived from children's behaviors was on cultural differences in disciplinary practices. Participants realized that their roles and authority as parents were changing, as their children became more a part of Canadian culture. Parents worried that some children might abandon their cultural heritage or resist learning cultural beliefs and practices. Many of these issues were debated in a general way, sexuality related beliefs and practices were discussed in more detail during the exercises and discussions.

The main issues explored throughout the workshops were: sexuality, its definition and different dimensions (e.g., gender, feelings, emotions, values and beliefs, sexual orientation, body); culture and how culture interacts with sexuality; sexuality and values; changes in values, beliefs and cultural practices; challenges that new culture and society presents, cultural compromise and

negotiation; sexual development; family communication; parenting styles; sexually transmitted infections and HIV/AIDS education and sexual abuse. The sessions allowed participants to discuss their point of views and practices as they relate to sexuality. Participants shared examples of how issues are treated in different cultures. They were also encouraged to check their own and others' participants knowledge and beliefs in a non-threatening atmosphere.

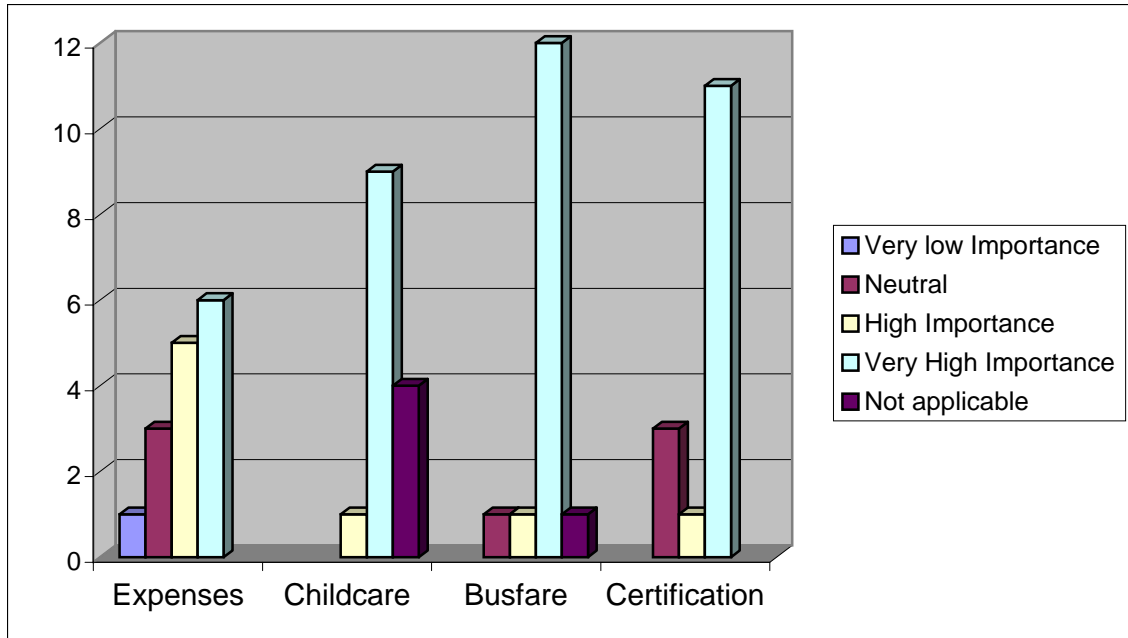
To the regular presentations and discussion, videos were used to present a variety of scenarios portraying youth/children – parent/adult interactions around sexuality issues. Participants collected a number of written materials concerning each of the topics discussed in the sessions.

Recruitment

One strength of the project lied on successful recruitment and retention of participants from diverse ethnocultural communities. Standard recruitment techniques and channels such as newspapers, television, radio and even flyer distribution to organizations working with immigrant and refugee populations proved not effective for the involvement of parents or community adults as participants to the education program. The effective recruitment techniques and channels for the intergenerational communication project were based on direct contact. Examples of this strategy were: the announcement of the training among participants to other training that SERC in partnership with the Immigrant Women's Association of Manitoba (IWAM) were delivering and the direct outreach work of a health educator among new African communities in Winnipeg. Three participants were contacted through word of mouth from already registered participants. The contact included an informal registration process to gather the name and telephone number of interested parents and adults. Follow-up calls and reminder calls prior to the start of the training were made.

Retention

Besides successful recruitment for the program, retention should be evaluated. The project coordinator tracked the attendance. Although a maximum of 15 participants was set as the limit, 17 participants were accepted to participate in this first training. Due to change in work schedule one of the participants was not able to attend the training, leaving a number of 16 regular participants. Nine participants (56%) attended all of the sessions. Over 37% attended 85% of the sessions (6 sessions) and one participant attended five sessions. The rate of attendance was high. Factors such as provision of childcare fees and transportation costs were considered as the main reason why people were able to attend the sessions. An additional basic training allowance per section also played a role in the level of attendance. Data on the level of importance of the above-mentioned items is presented in the following chart.



The obtainment of a small stipend was considered an “incentive” to participation. Participants reported that they would have come to the training even when this stipend would not have been provided. However, a few claimed that they would not have participated to all the sessions as they did. Consequently, the level of attendance would have been lower.

Retention should also be attributed to the relevance of the content of the workshops. I explore this issue later on.

Assessment and Monitoring of Activities

For the period of the training a series of strategies were used to monitor the development of the activities. One the strategies was the use of an evaluation or reaction sheet at the end of each session (Appendix IV). Five sessions were formally evaluated with use of this tool. The other two sessions were verbally evaluated. Participation in the evaluation was voluntary. Yet, participants were encouraged to use the written form to assist in any immediate or long-term changes of the training.

In spite of time constraints at the end of each session, participants’ response to the use of this tool was high. Over 75% of the questionnaires were returned. After each session the results of the written evaluations were compiled and circulated to the health educators. Oral evaluations probed to be important to elicit more in depth reflections on the training. However, fewer participants expressed their views of the session through this method.

Besides and because of the feedback obtained from the participants, health educators, project coordinator and other staff involved on a regular basis in the training discussed the session and compared perceptions. An informal, but

regular debriefing took place at the end of each session while the staff was ordering the room. This practice was further carried during regular working hours to plan future implementation of activities. Staff meetings were scheduled to systematically reflect on the experience.

The project coordinator assisted in the monitoring and evaluation of sessions by means of observation. She kept a journal of events from the sessions to further understand the participants' perspectives and the interaction within the training.

Changes needed, such as group and time management, introduction of new topics, paying special attention to certain issues, etc. were made on the basis of the different monitoring activities (i.e., written and verbal evaluations and personnel self-reflection). Monitoring helped to keep track of the progress, identifying new areas of interest or new issues to be addressed.

Participants Perspectives

PROFILE OF THE PARTICIPANTS

Of the sixteen participants (thirteen female and three male participants) in the training, fifteen participated in the interviews. Most of the participants were from Central and South America (i.e., Mexico, El Salvador and Chile) and African countries (i.e., Sierra Leone, Sudan and Eritrea); the remainder was from the Middle East, South and South East Asia. The participants were all adult women and men in their early- and middle-adult years, that is, between their mid twenties and late fifties. They were participants of voluntary or involuntary migration to Canada and in some cases, their migratory trajectory led them to live in other countries previous to settlement in Canada. Most of the participants had left their country for war and political related causes. At the time of the interviews, participants were going through different settlement and integration phases, having lived in Canada from six months to thirteen years.

Participants in the evaluation were married, widowed, divorced or separated. With the exception of one of the participants, all were parents. About half of the participants were single parents and most of them did not have support from their partners, or the fathers of the children were not part of their lives. Their children's ages ranged from one-and-a-half to twenty-one years old. All the women did the housework and a few of them were employed. They were employed in white-collar jobs and in the service industry. Other participants expected to obtain employment once they finished their training or degree in the area of social work. Those who have been in Canada for just a few months were still exploring employment and education possibilities. Most of the participants were very fluent in English.

In their countries of origin, almost all of the participants have earned university or college education degrees; some of them have practiced their professions for many years. The participants had professional and academic training in nursing, education, computer sciences, social work, accounting, business administration and geology. In Canada, some of them have upgraded their education through training acquired in employment agencies and colleges. A few of these women were participating in university programs.

MOTIVATION TO PARTICIPATE

Participants decided to take part in the training for a variety of reasons; but most registered for the basic reason that they are parents. The new social and cultural environment presented challenges and raised questions that needed some answers or at least orientation to childrearing in Canada.

Coming to Canada, things are a little bit different, you watch television to find out that sex is there from the time you open the TV, even on the street, the way people dresses, it's half naked! I need to gain that knowledge to give my children some background of what is happening here.

I thought that it would be of use to me and my family to go there and learn more about the culture here in Canada, and get to know how I could to deal with my family and the community in which I live in.

The communication, how to communicate with your kids, sex and sexuality and how to deal with that. My background, the way I grew up is totally night and day, so to speak. So I was interested. I have kids, and even now they are very small, it would help me. I would gain information to deal with that.

Q: What do you mean when you refer to your background?

If I am going to raise my kids here I can't do it in the same way I was raised. So, I needed to learn some new things.

Children start to ask questions and I needed information.

All new knowledge is for our benefit, in particular in this case to understand the sexual development of the children and teenagers. Even if you don't want to talk about the issue, this is a reality. Sexuality is a very complex issue to talk to my teenager kids. It is a taboo. It is like something that we shouldn't talk about. So, I needed some information to deal with it.

I took the training because I have very small kids and they are going to grow up here. Then I need this education very much. I am from another country and it is important that I get more education. I need more education in everything.

Now I learned many things about sexuality and how to talk to my kids.

To the need of dealing with sexuality related issues within their own families in a new society, some participants added their concern about other members of their communities.

We are new in the country and any opportunity to learn is good. Everyday we learn new things. Since the training concerned parents and children it is really good for us and for our community. So in taking part in this project, it would help me as an individual, my family and my community. So I was interested.

I was interested to take this training because I think that there are many families suffering with their kids' behaviors, so I would go to attend and sometimes I would help parents. Even for me, because I have a little one growing up. I need to understand what is going on.

A few participants were interested in gaining new or more current information that they could use in their own professions or workplaces.

I was interested in taking the training because it is part of my interest and also I want to get more current news also I also want to get training. (...) I am interested in what happen in immigrant communities. I also aim to work for immigrant people, especially for immigrant children and women.

I was Interested in the issues, to acquire new knowledge and also to be able to apply some of this new knowledge at work.

None of the participants had attended parent education training in Canada or other countries. One of the participants had received one-to-one counseling around parenting issues. In general, the training was an opportunity to deal with some parenting issues and child-rearing practices within a new society.

IMPLEMENTATION OF THE TRAINING

The way the training was delivered was also motivation for reflection. The training provided a comfortable and positive learning environment. According to the participants the level of comfort during the sessions increased with time.

I really liked the speaker, the person who talked to us didn't get embarrassed or shy to give us information about sexuality, so I think that encouraged other people to participate in the workshop and also was very well organized. It also met my need. I got a lot of information.

At the beginning I was uncomfortable, later on we started to make jokes and it became very natural to me.

I knew most of the information, but the fact of talking about something that you do behind closed doors in a group of people it helps you to normalize the issue. It is something that is okay to talk about...

The level of English was also considered to be suitable. A few participants mentioned other training they attended where speakers used "high words" or spoke excessively fast, while these workshops were judged as appropriate. Participants appreciated having facilitators who were knowledgeable of the topics.

CONTENT OF TRAINING

To most of the participants the salient issue of the training was *information and discussion on how to communicate with children about sexuality*. Learning new communication skills and approaches to family relations provided parenting strategies that were of much benefit for parents and adults. Other topics of importance were information on sexually transmitted infections and parenting styles. In the participants' words,

Everything in the course was good. Particularly, I liked the part on how to talk to the children, to answering their questions, to use the correct ways of doing that. That is very important,

especially for me now that my children are small. I have to know what to tell them or not and when.

The information is not new to me, but according to my background if a child asks you something about sexuality you don't have to tell him. In my culture, if there is something about sex it is taboo. Then, you don't talk about it. These workshops let me know that if you don't talk about sex with your children they will know it from somewhere, because you can get information about sex everywhere. You don't need to hide it. That was a very good point.

I really liked that the workshop taught us how to communicate with people, our partners, our kids. I don't have kids, but it really helps how to communicate...

To be honest, there was nothing that I didn't benefit from. All the topics covered were very important to me and really learned a lot because we were taught how to communicate with our children at home, we were taught how to communicate with other people we meet in our community, the different styles of communication, two-way communication, and also different things about sexuality in both children and grown-ups, the puberty stage and changes in puberty that parents most observe. And try to accept those changes in their children and let them know that it is normal.

I liked the part on how to talk to the children, to answering to their questions, to use the correct ways of doing that. That is very important, especially for me that my children are small, so I have to know what to tell them or not and when.

The very important part for me was the communication session. How to communicate, that you don't have to talk all the time, also that you have to listen...

I learned that when you are a teenager you go through a lot of changes and confusion. Like me,

when I became a teenager I wasn't with my parents and just was in another place, studying, and it is hard in some situations, nobody told me anything [about sexuality]. And now that I attended the training I felt that all those things that happened to me and I felt that I am still a teenager because I missed all the things, all that information. Because back home older people don't like to talk about all these things, they are not calling them the right name. And here I feel confident to hear they are telling us about.

To be honest, without any bias, everything about that project was good. The presentation was good, the time, the various things that come up in the discussions, individual participation, the video presentations and also the presentation from the resource people was very good. And even the things in between.

Back home the parents are what you call authoritarian and now I learned that you have to balance this, so you are not going to be just authoritarian or too soft, but in the middle. Not to be very hard not to be on the other extreme.

Participants reflected on the beliefs and practices around communication from their own experiences. Throughout the workshops, participants indicated that communicating about sexuality within the family has not been part of their personal development. Sexuality was definitely not a common topic of conversation in their own families and societies. Participants became aware of the benefits of communication, but also of the need to learn more about how to communicate. This point is expanded later on when suggestions for future training is addressed.

Observation of the workshops suggested the need for factual information; there was differential knowledge about sexuality, anatomy, STIs and HIV/AIDS, and other issues.

Factual information was not only important for participants to transmit to their children, but for their own benefit. During the last session a participant said "[here] I learned about communication with teenagers and kids. Also, after being married for many years, I learned more information about sexuality for myself".

TRAINING METHODS

Participants appreciated different training methods such as presentations, discussions, small group discussions and exercises.

I liked the way the topics were introduced. Every new topic was introduced clearly to get a clear understanding of what we will be discussing and then we were allowed to participate in whatever discussion went on. We came up with our ideas because we are adults and we have our own past experiences. That was put together nicely. We were given free time to participate and in fact some of us who were seating in the back were encouraged to participate, to answer questions freely.

The instructional method that produced the most reaction was the use of videos to introduce issues and promote discussion. During and after the training the most appreciated resource was the video titled *Sharing Our Lives* (SERC 1999). All of the participants remembered the video in a positive way.

The video, the example of the East Indian community...That was really helpful. Those kids grew up here, they were born and raised here but they have a very strict culture. I know that for a fact, a very strict culture, it is the same than other cultures. That was really helpful.

Q: How did the video help you to understand these things?

The teenagers, the kids were talking about for example dating, acceptance of sexualities, homosexuality, and the parents had a closed mind...that opened my mind...what if...you never know what it's going to happen, not only with my kids, but my community, my friends.

I like the video about the Indian community. And sometimes you think if my daughter marries or not a boy from our same community, now we know how to deal with that. It is very hard but now that we

are seeing what the children talk about it make you think about that this is going to happen to you as well and how to deal with this situation. Even the other video, on what is going to happen with your body, it is very good.

The video of the East Indian community...it shows the position of the children of those families and the position of the parents as well. That was good.

The presenter, the woman from India and the video, it teaches how parents think and explain how they see the reality and how different the kids think. The parents are more tied to the customs. It presents conflicts. The video shows the conflicts between parents and children and the need to treat these issues and talk about them openly. The sessions were long but you didn't realize it. Everything was well organized.

I liked the fact that something they gave a lecture and they backed it up with a video show. That is very interesting, you heard about something and then you see it.

Regarding other methods and approaches, one participant recalled an exercise that required the participants to react to a series of statements on sexuality issues. The exercise obliged participants to clarify one's own values concerning sexuality.

There was that exercise where we had to separate in groups...without thinking you tend to go to the side that instinctively attracts you. That helps you to become aware of your personal and cultural beliefs.

The participant also claimed that this exercise helped her to know about values and beliefs in other cultures and for other people. For other participants the presentation and discussion of case scenarios was helpful,

I liked when they put us to work on some scenarios on how are you going to act with your children. That helps to learn all those tips like 'don't avoid any question', give yourself time to consult or think, read, talk with your

children'...now we have that information and know how to apply it.

The *written material* was also positively assessed.

Useful, easy to read, easy to understand.

I think it was good. It is part of my interest I really enjoyed...the materials were easy to read.

[The material was] very useful, even the notes that you took. It was very useful. Sometimes you find a word that is difficult, but you look it in the dictionary.

You can come back to these materials and know how to answer the questions.

[Notes from the sessions] I read them all, but those that have small print, pamphlets, sometimes I didn't read them all. I have to sit and read them.

But in general the language was accessible. Sometimes the pamphlets were not directly related to the discussion of the day. Sometimes someone asked a question. It was superficially answered and they gave us some pamphlets.

The material has been very good. I am using it, in particular the resources on parenting skills, at work. It is easy to use.

Before I decide to talk to my children I decided to go to the handouts and read about the differences between sex and sexuality. Need to understand before tackling the issue.

A few participants said they had looked at the handouts and brochures, but had not necessarily read them all. Nonetheless, the material was appreciated by most of the participants as reference material when necessary. A few participants were still using the handouts to reinforce or improve their English and to be able to answer or address issues at home or work. One participant had photocopied some of the leaflets to distribute to her friends. Due to lack of exposure to the general topic in English and in some cases their own mother tongue, some terms were found difficult. In those cases, a dictionary became useful. Still, some words were found to be not easily translated into other

languages. In those cases dictionaries might prove of no help. In spite of the problems some terms might cause, the written materials were assessed as 'easy to read'. Some participants considered that their level of literacy (i.e., college or university level) might have helped in understanding the handouts.

GENDER AND THE TRAINING

Some participants commented on the level of comfort and opinions in dealing with sexuality issues in a gender mixed group. All of them agreed that it was important to have men and women together in the training, as some of these participants said,

I liked that there were men [in the training]. Men also have to give their opinion and hear whatever women have to say.

The presence of men in the group didn't affect me at all. That didn't stop me from what I wanted to say because they themselves spoke freely and I also was free to say whatever I wanted to say. It was like all were just one and I carried on and I really learned a lot.

Nonetheless, a few participants stated that the presence of men from their own national background would have affected their participation,

Because I didn't have a guy [from my country] in the course I think that I wasn't shy. I would have been a little worried about how they would have judged me. But for me, I didn't feel uncomfortable.

At the beginning [it was hard], because of the fact that they were men...but then at the end...it's that they didn't speak the same language as me, I didn't feel any pressure...if they had been [from my own country] who knows. If they had been from my own country and I wouldn't have had more contact, it wouldn't matter. But if they were people that I had to see on a daily basis with my family I might be more inhibited to participate.

Another participant felt the contrary. In another case gender itself was not as much the problem; other factors such as cultural background played a more important role.

If you want to know the truth...if they are Canadian guys and in the same position as you I wouldn't had care or mind that they are men and I am a woman. I would have asked my questions, but because of the male participants I didn't feel free because I knew how they think or interpret things. I wouldn't say for instance "vagina" because they would have just interpreted "sex" for that part of the body. And sometimes I felt so embarrassed, that was so hard for me. Not because they are men, but because of their background.

[Still] it is good idea [to have men], because they have to get used too. They might have felt the same because of us.

For me it was okay, they have to be there...like the discussion on birth control, men think that women have to take care of that, they have to know that not always the women have...

In general women perceived that men were more "close-minded" and tended to have different perspectives than women when it came to discussions of sexuality and gender issues and values. This view is also confirmed by observations of the reactions during the training. The fieldnotes of the project coordinator illustrate this issue.

Today, the exercise 'Values clarification' was fun. Although the number of male participants is small (three) I could see that men tended to agree in many issues that women disagreed upon. For instance, two of the men agreed that women should be responsible for birth control, while the rest of the group disagreed. Men agreed that 'it's OK for men to have more than one sexual relationships at a time' while women disagreed with the statement. Two of the men also disagreed that 'men and women (boys and girls) are equal, the rest disagreed, and the other man was in between (February 20, 2001).

SEXUALITY AND LANGUAGE

There are implications to addressing sexuality related issues in other languages. The English language

proved to be the best to use when conducting workshops on sexuality related issues. Participants addressed the difficulties that they have in talking about these issues in their own tongue.

[In my language] Some words are very hard.

Talking in English is okay but talking in my language is harder. There are words, but those words are not used in that language. The meaning is different, and some other times they are not even used because they are just reserved for some things. For example, if you call "vagina" to the female genitals, people would look at you like you are talking about something bad. You might talk about that but you go around it.

Do you know that word...when you get pleasure by yourself. I don't even remember it in English...

Q: Masturbation?

I never could say that in my language

Q: There is not such word?

Maybe there is more than one word, but I never found out. Even if there is a word, I don't know it. Because there is not an issue over there, you don't talk about it. But I can explain it. I can say that very easily in English to my kids, here. It is easier to talk in a different language.

The training was offered in the English language to reach all the participants. The language provided participants with a new vocabulary, this time related to sexuality issues. The information in English allowed the participants to explore what their children were learning at school and outside their homes by sharing the use of the same terminology. It also allowed participants to talk about the issues, because the English language seemed to distance them from negative connotations the terminology might have in their own languages.

SHORTCOMINGS OF THE TRAINING

The participants also assessed the downside of the training. The critiques were oriented toward the logistics of the training. However, there was little consensus on what the issues were. For some participants evenings were the only option, but it added to an already long

day. For others three hour workshops were long with the need to have more than one break, while another participant considered that sometimes the break interrupted the discussion.

Maybe I was not happy with the timing, because on Tuesdays I was coming from school. The whole day I was out of home, and that made me very tired.

I think the workshops were very good. It is hard to me to compare the workshop to others because I just started taking workshops. It is sort of new for me. But I was very satisfied. Only one thing I am going to say, it was long 1:30 minutes we talk about things and then we had a short break. Maybe if you can have shorter breaks more often, every hour.

One of the participants was concerned about the development of the sessions,

Sometimes there was no conclusion on the discussions before the break and sometimes the discussions were not linked to what was said before the break. After the break people were still eating, I couldn't concentrate. There should be breaks without that much food, shorter breaks, because once you have the break people start to lose concentration. Then there is no time to cover all the issues.

The only thing about it, the time was short there was more that needed to do, it was interesting, no time wasted, even when it was three hours, that three hours were fully useful. But at the end of the seven sessions we needed something more to complete. The time allocated for what we were supposed to do, that was short.

The training intended to cover a large number of issues; at the same time it also intended to accommodate the interests and concerns of the participants. Consequently, this led to lack of time to properly reflect on some of the topics. Most of the participants agreed on this assessment.

SUGGESTIONS FOR FUTURE TRAINING

Participants were asked to imagine what else they would like to discuss in a similar training. The responses ranged from the need to bring both parents to the training to incorporating community-organizing skills to spending more time on the topic of family communication to wanting more information on appropriate contraceptives for youth, sexually transmitted infections and sexual orientation.

I think the workshop help us to know how to communicate with our kids, what is going to happen to them and also for us, for parents we also have to communicate with each other, father and mom, to know how to communicate, to talk about this issues with the kids. Sometimes parents can't talk to each other about this. How can we include both parents to communicate together? How to talk about these issues, how to communicate and have one idea, so they the same idea to communicate to their kids. If one says this and the other say that, this is going to confuse the kids!

You need to bring both together. Because I can hear what you can tell us and come here and tell my husband, too. But, it is not the same. He can learn from you and he can ask questions. Sometimes you find that a girl go and talk to her mom, but if they know that the idea is the same she would feel free to talk to her dad or her mom.

I think that I want to know how to approach other people. I think that the purpose of the workshop is to teach us how to talk to kids...I want to know how to approach people...I don't want to feel that I am teaching them or I am helping you, I want to be part of the community and I want to be helpful. I need more information on that line.

I have the interest in having the opportunity to facilitate the same type of workshops with the communities, my own or in general other immigrant communities. They should give us some training in facilitation and give us the opportunity to work "make funding accessible for this".

Other participants echoed the need and desire to learn a few skills on community organizing. Two of the participants were ready to organize more or less informal activities within their own communities. One of them anticipated receiving assistance from SERC.

Another topic raised by a few participants was family violence and conflicts and relationships and the need for violence prevention programming concerning couples (wife-husband violence) and also among different generations (parent-child discipline/violence). One participant explained,

You find out that families are coming from different places and this is a new country and a new home for us and there is confusion. You find some of the families that are having problems and we can't solve some problems like back home. But here now there is some of the orientation, like you find information like your partner is angry with you, you just call 911 and call the police and this one problem that we need to deal with it. We need to deal with this problem, because we can't just any time that is any problem call the police. The separation of the family is not good.

Q: Do you find that it is happening a lot in your community?

Yes, all the time, you find that sometimes some of the problems are related to the kids like how to discipline them. There is misunderstanding. We need some orientation for mothers on how to deal with these problems.

Q: All those problems happen here because they are in a new country?

Some of the people had problems before they come in here. And then in here they hear about freedom and you can just leave your husband if something happen you can just kick him out. It is not good. We need to have an orientation on how to deal with these problems...also back home people went through war, people have hard temperaments and many people suffered from many problems. Many people don't have parents, maybe they grew in another place and that was not good and everything is inside and all those problems are building up inside.

Outcomes of Parent Training

LEARNING FROM OTHER CULTURES

By delivering workshops to a multicultural audience the training enhanced the knowledge and awareness of cultural diversity in Canada and allowed participants to explore similarities and differences across ethnic groups and cultures.

In the group there was very interesting people, from different background which probably make it more interesting and that helped me to realize that it is not only me, it is not only my culture. Just makes me realize and open my mind and make me more comfortable and confident. Listening to other people, their cultures, the way they deal with their kids and that gave me some ideas, feedback...I learned from the participants as well as from the presenters.

The training was multicultural, every one in the group had the opportunity to talk about their own experiences and how we immigrants can adapt to a new culture. The workshops helped to mediated between our cultures and what it is expected in Canada, what children are going to go through in a new culture.

Very well prepared.

I have learned to look at other people and accept their views and what they got in mind it is like accepting somebody else's old values and not trying to be authoritarian. It is a matter of living with one another accepting them and trying to make them accept me and to fit into the community.(...) At the workshop we have people from different cultures, different countries, different backgrounds and we tried to accept one another's views and to learn that we have come to a place where we have different cultures and those have to be put together and until that is done we can't be able to move and live with other people. So, that has helped me also.

I liked the different opinions, the different cultures. I liked that very much. There was room to share.

Another participant enjoyed the fact that people shared experiences and that even when they were coming from different cultures, she found a number of similarities among them. Examples on how sexual related issues are dealt with in other cultures also stimulated self-reflection.

Observations of the sessions as well as findings from the evaluation forms revealed participants' appreciation on how other people addressed sexuality related issues. In the first session, one participant wrote that the most valuable part of the session was "the experiences from different cultural backgrounds (...)and it will benefit all participants by [helping them] to accommodate the different good values".

CULTURAL COMPROMISE

Aware of living in a new country, participants concurred with the idea that there was a need to shape their beliefs to the new reality³. A participant reflected on the fact that approaching sexuality related issues with her children from her cultural mandate would not be appropriate in Canada.

[Here] there are landed immigrant people from different nationalities, different cultures, different customs, different beliefs, and even our beliefs are an issue here. Especially when we have kids, we need to find a balance in the society to adapt some customs, because we live in the Canadian society and our kids go to school here. And because I didn't go to school here I don't know what they teach them. I was a bit disconnected, my kids and me. If I wanted to raise my kids as if we were in my country, that doesn't make sense here. I didn't know how should I connect with them, what is good, what is bad. I was a bit confused. I am looking for a healthy relationship.

Canada is multicultural, if you bring that issue about how to talk about sex and sexuality, sometimes what you gather is information about the culture of every individual and from

³ Although not directly related to sexuality issues but to parenting, a discussion on *discipline* issues resulted in disagreements around Canadian regulations and expectations.

Canadian culture...My culture has something good, and Canadian culture has something good and there is something bad from either side. So we need mesh that and come up with something that is in between, because I cannot surrender all my life to Canadian way of doing thing.

It was clear that participants were willing to weigh the costs of certain cultural beliefs and practices surrounding sexuality. However, further research is needed to determine which types of practices are encouraged from one generation to the other and the extent of the cultural compromise in sexuality matters.

RELATIONSHIP WITH YOUTH AND CHILDREN

A number of participants were parents of small children. Consequently most of them have not directly addressed sexuality related issues at the time of the interview. However, they felt that after the training they were more prepared to talk about sexuality in the future.

That is difficult to answer because my children are very small, we don't have that relationship about talking about those issues. I reserve that for the future.

She is too small, but I am trying, because she wants to know everything. Wait until to understand some of the things.

I will apply the knowledge later on. I want her to have better opportunities than me and chose whatever is good for her. If we just want to teach her our cultural ways and don't want to teach her some other things, she is going to find out outside. It is better to teach her little by little and for her to choose. She has to know what is going on.

A few participants have addressed questions from their small children,

I have talked about these issues with my older son. And when they made a comment and I don't know how to deal with I learned that it's not bad to recognize that I don't know

Now I normalized the issue. The training helped me to do that.

My daughter is always observing my son and she always asks in my language 'mama, my brother has a tail, I don't have it'. I told her that "your brother is a boy and you are a girl, that is why he has a 'tail'"

Q: Has the training helped to answer those questions?

Yes, very much. Otherwise I wouldn't know how to answer. Before I thought that I had to stop it 'don't say that'. Now I take the time to talk to her and to explain her what it is, that he has a 'tail' and you are a girl. Then, she stopped asking me that question.

Q: How comfortable do you feel now?

I feel comfortable now, before I was shy, I asked myself 'how am I going to talk to my children about this'. I learned many things from these sessions.

Now I am more open-minded, I listen, I don't have just to order them. I just reason with them, why did I ask them to do this or not that. My kids said 'you don't listen to me' and they are little and now I am realizing that it is important what they say, and I sit with them. You just get carried over, exactly the way you grew up. And another thing is that some of the words that they use, the 'bathroom talk', I used to say 'don't say that', 'that's is not good'; now I realized that this happens and some things are not really terrible.

Some of the participants used some of the suggestions or resources available to tackle sexuality related questions. For instance, a participant borrowed books, videos and other resources from the library and made sure that they were available for their children to use. The application of skills-based information was appreciated as a way to bring family members closer to each other. A participant explained,

The thing is getting my children to come close to me. Using the most appropriate method to communicate with them so together can form a bond in the family because there are certain things

that we used to do at home and I learned that those might not be the most appropriate because you might not get to know what your children might want to tell you. If you don't know how to communicate with them in the right way then you might push them away from you. I was able to get a bit of it and I even took a cassette and I brought it home and it really made a difference because my children watched the film they were able to ask questions on sexuality and they felt free and came closer and we discussed about it. But before [the training] I was not going to talk about that never. Not at these ages, maybe later when they were ready to get married I would have touched a little bit of it. We don't feel free to do that back home. We don't talk about that back home. It is a secret thing for adult and not for kids. Now I know and I see differently and I talk with them and we discuss and make fun about issues. I think it's okay.

The following excerpt from the project coordinator fieldnotes also confirms the use of skills based knowledge in their families.

People seem very comfortable sharing their personal experiences in dealing with sexuality issues with their own children and also they seem open to share their personal experiences when they were children dealing with these issues. In one case, a participant shared how is she putting in practice what she has learned in the previous session (i.e., sexual development). Her daughter told her that she already knew about sexual development from school. Also she said that her daughter was embarrassed to tell her about that. The participant realized that her daughter had more information than her (March 6, 2001).

Another participant used other ways to open the communication with her children. In a humbling and non-threatening way, she did so by exploring the type of sexuality education children received at school. The participant used the pretext of English-language difficulties to explore her children's knowledge about sexuality. This participant was particularly concerned about helping their children to become involved in "healthy relationships".

I started to talk to my daughter. I said to her that I didn't know what they taught her at school

and I wanted to make sure that she knew some things and I didn't know the English words and it is hard to understand our [language] words because she doesn't know those either because she doesn't go to a [country] school. So, I started asking her about some words. 'Puberty? What does it mean?' 'Oh, yeah, this is this' and she explained for me better than I could do it.

I started to talk with my son, and he refused to talk to me about protecting himself. He said, 'Mom, I'm not sick' and I said to him 'you are a good looking boy, you are young, you don't want to get married now, I don't want to be a grandmother when you are 17, so you have to go to university now, but you might want to have a girlfriend, so I want to make sure that you know what you are doing'. He said, 'oh, yeah mom, I know what I am doing'. And I started explaining some things, and he said 'I learned that at school'. The reason I was doing that is that when he started to go to school in Canada they sent me a letter to allow him to take a course on family life or something like that and I didn't give him permission because he didn't know English and right away to talk about sex...that doesn't make sense, he is going to go crazy. I didn't know if they were repeating that in other grades, he said that they taught him. I am very happy.

I don't know everything, right? So I was thinking that my daughter had to get married to an [guy from my country] and guys [from my country] they like virgin girls. One time I said to my daughter 'you know that you have to marry a [guy from our country] and she said 'yes', 'you know that you have to remain virgin, forget about boyfriends'. But after that, especially after the sessions...I don't think that way anymore⁴.

⁴ This participant not only referred to the impact of the intergenerational training in her attitudes and behaviors, but to the impact a previous training on violence against women had. SERC is actively involved in the planning and delivery of the training the participant referred to. The Women's Action Against Violence project is a training program delivered originally in partnership with the Immigrant Women's Association of Manitoba (1999-2000) and currently with the Immigrant Women' Counselling Services of the Nor'West Coop Community Health Clinic.

In sum, according to the participants' own accounts of their relationships with their children and youth, they have experienced changes in attitude and behavior during and after their participation in the training program.

RELATIONSHIP WITH PARTNER

Participants who have partners reflected on the impact the training had on their relationships. The participants made use of the information acquired or discussed in the training program through different means. For instance, they made the written material available to their partners; discussed the issues or applied some of the communication skills learned in the training in the relationship with partners. In some cases the participants assumed that their partners were educated enough not to need more information or enter into a discussion about the issues.

I think that after the workshop I am not shy to talk about certain things between my partner and me. I think that I am more outspoken. Something that the workshop taught me is that if people don't talk about their problems, because it is hard to start and also because we are afraid of the reaction...but for me I learned that not talking about issues causes a bigger issue, so whenever I think I feel that there is something wrong I talk about it.

It's funny sometimes when I am with my partner, the workshop comes back to me and tells me how to talk to him, especially when I am mad at him. I really liked that it gave us a lot of time to practice with other participants, even though when that doesn't work all the time in the real life, but it taught me to behave in a different way, especially when I am mad, it is hard to make peace. The workshops helped me a lot when I have an argument with my parents, my boyfriend...

Q: What do you do in those cases?

I think about the workshops. For instance in the workshop we learned that we shouldn't say, "you are making me feel bad". We should say, "I feel bad..." I tried to make those changes, not to blame the others. It's really good.

In a few cases the changes in attitude and behaviour of the participants did not translate into changes in attitude and behaviour of their partners toward their children, as this participant commented, "I have talked with my husband about it, but at the end his attitude is 'ask your mother'." While in another case the participant said, "the training helped to help my husband to approach my children, in particular the boys...to talk about these issues...We discussed the material, and he is more open-minded now".

Another participant discussed the issues with her husband, but the relationship has not changed.

I had a bit of problem with my husband because he is not taking the same orientation as I had and he is a bit disconnected with Canadian society because he works with [people from our own community]...Sometimes he blames me "you are teaching your kids these things and every second person is divorced here and have five kids with five different fathers. This is crazy, there is no custom, no traditions, there are no rules. I said to him, "these are unhealthy relationships, we are not talking about that!" And he says to me "Why do you talk o our daughter like that? Why doesn't she have to stay virgin?" Why? Because that is men's measurement of what a good woman is. There is no such a measurement for men, how can I know if that man is virgin? I explain to him and then he says "I leave this up to you. If it goes wrong you are guilty, if it goes right is okay.

Sometimes the parents can't talk to each other about these issues. We have to include them both to let both parents to communicate together. The question is how to talk about these issues, to communicate, and have one idea about things. So they have the same idea to communicate to their kids. If one says this and the other say that it is going to confuse the kids. You need to bring both together. I can listen what you can tell us and come here and tell him too, but it is not the same. He can learn from you as well and he can ask. Sometimes you find that a girl go and talk to her mom, but if there is a communication together with the father and they know that the idea is the same she would feel free to talk to her dad or her mom.

These participants were concerned with the contradictory messages that parents might send to their children. Building consensus between parents on meanings and values that should guide issues related to sexuality and how to deal with these issues was considered important in the upbringing of their children. Nonetheless, most of the participants considered that childrearing concerns women and they appreciated the knowledge and tools that the workshops provided.

For a few participants who were single, learning about how to protect themselves from sexually transmitted infections and HIV was reassuring and enlightening. A few participants commented not having used condoms or how to obtain them and coming to terms with the need for their use.

RELATIONSHIP WITH OTHER ADULTS

Some of the participants have transmitted some of the experiences and learning beyond their families. A few had not had opportunities to talk with other members of their communities due to isolation or lack of time to meet with people. The most common strategies have been the use of the materials and learning at work or school, or passing along photocopies of written materials to friends. Another common strategy has been to use informal events such as meeting for coffee or community gatherings as opportunities to talk about the training program.

A few participants claimed that it was easier to talk about sexuality with “Canadians” or other immigrants rather than people from their own ethnocultural or national background.

[Canadians] usually ask questions about the issues that we talk in the course. With people from my own culture is more difficult, because they are not ready to talk about sexuality and things like that. But with other friends, Canadians, is much easy because they know about it, for them is not such a taboo...In my community is very difficult, for instance they use sex from a different angle, you don't talk about that.

In contrast to the comment that sexuality might not be taboo for “Canadians”, another participant said,

I thought that people who lived in Canada, especially Canadian people, they knew everything and we were the one that needed information. But, they do not know either. I have a lot of Canadian friends because of work...and we talk and I found

out that they have the same problems that we do. Maybe their kids have the freedom to have and choose a boyfriend or a girlfriend (...) but they do not know how to communicate with their younger kids. I asked a client if she had to answer the question from her kid on where the babies come from and those kind of questions, and she said 'what should I do?' and I said 'you should this and that', 'oh no!', I said 'oh yeas' They don't know either.

Other participants had tried to apply their knowledge in their own communities.

Some of the parents they do not know how to teach their children about the changes in their bodies, because sometimes we have some gathering together and some issues just come up. And I just try to tell them how to deal with these issues. They have to tell their kids ...if you have a daughter you have to be aware ...let them be a bit open, tell them that if they don't tell their kids they are going to find out outside, anyway. And sometimes I talk about the training and what happened...we talk about this and this and this...I tried to explain to them what happened in the training, because the name of the place, people think that it is something else, but they don't know what is going on (laughs).

This participant cautioned about the limitations SERC might have in reaching out to some people because of the connotations that the term "sexuality" might have among her community. She also ended up being a valuable resource in reproducing the training messages in the community as well as acting as a "bridge" to the organization.

With some people in my community that I am close to I tried to create a small women's thing and then it is possible to get those videos and teach women in my community the materials we got to know in the training. Everyone of us has children and we are friends and we meet when we have birthdays for our kids, all opportunities... It is important that they know, because we see how they handle things and because of this seminar we can teach them a lot of things.

Q: Do you meet regularly?

No, that's what I am trying to do. We are a very small community and we don't have a place to meet.

We talk about it, we discuss it and they laugh about it. But some of them told me that I should have told them [about the training] so we could have come together. Because like I told you we don't talk about that issue in our country and then we discussed it and some of them are willing to try to see how to talk and discuss with their own kids and other people around.

The participants have used naturally occurring events to discuss parenting issues. Because of their assessments on the needs parents have in this area, a few people were ready to expand their work in this area on a more or less informal approach at a group level. Most of their interventions in their communities or with other people have been on a one-on-one basis.

Analysis of the data suggests that the objectives of the project have been largely achieved. Participants indicated increased level of comfort in dealing with sexuality related issues. They also improved their communication skills and practices in their relationships with their children. In addition, information shared in the workshops was shared with participants' partners and other community members.


In spite of the success of this first immigrant parent/adult education project, we cannot assume that the training model, which includes a set of planned activities, would always be readily applicable without modifications to future groups of parents. In fact, staff showed openness and readiness to incorporate participants' information requests and needs throughout the training. While certain allowances need to be made for parent education programs for diverse ethnocultural communities, the unique interests and concerns of particular groups and individual participants should be considered in the planning and throughout the delivery of the training.


LESSONS LEARNED


A series of components of the training facilitated successful implementation and outcomes:


- Relevance of the training. Participants were aware of the need to deal with parenting issues in a new culture.
- Creation of a comfortable learning atmosphere that allowed participants to share experiences and points of views. The model involved participants as equal partners in the learning process. Facilitators were open to share their experiences and act as 'learners' rather than 'experts'.
- Knowledgeable/professional health educators or facilitators.
- Incorporation of participants' request for factual information.
- Attention to the fact that English might have been participants' second language. In addition, English language proved to be appropriate to learn about sexuality issues. The terminology in English is not negatively charged.
- Provision of childcare and transportation (i.e., bus fare) allowances, including a basic training allowance.
- Recruitment of participants to training dealing with sensitive issues can be a complex task. The training was successful in recruiting participants due to direct personal outreach into the communities and involvement of participants who had previous involvement in other SERC activities (i.e., health interpretation program and Women's Action Against Violence training). Direct, person-to-person contacts through project coordinator and other staff and key informal leaders or service providers who have access to diverse ethnocultural populations should continue to be used as the main recruitment

strategy. Former participants also might be of use to successful recruitment. Service providers and key informant leaders should be personally contacted to explain the content of workshops. Direct contact should be supported by flyers containing information on date, hours, location of the workshops and other relevant information (e.g., expenses). Promotion and recruitment can also be done through naturally occurring events to promote the training such as ESL classes, employment training for immigrants, community celebrations, etc.

 The time assigned for the training proved short for the accomplishment of all the objectives. Community outreach and organizing skills, topics included in the original plan, were not covered during the training. The evaluation demonstrated that some participants would have benefited from additional information in those areas.

 The training centered part of its curricula on parent-child/youth communication. During the workshops, participants requested more factual information, leading to changes in the initial curriculum. In the interviews participants indicated that the training in communication skills was the most valuable aspect of the training, but they also indicated the need to explore communication skills in more depth. The workshops should include training in parent/child communication and information about sexuality. Still, the central focus to the workshops (i.e., information or communication) should be driven by the participants of the training. To help in the decision of the focus of the content, an assessment of participants' knowledge and needs should be done at the beginning of the training. The design of an appropriate tool that measures knowledge and attitudes should assist in the assessment. Nonetheless, this task is particularly challenging when we are working with diverse populations. Lack of knowledge about participants' literacy skills (in English and people's own language), as well as about the appropriateness of the questions are the main challenges to the development of an appropriate test. The exploration of alternative assessment tools is necessary.

 The training employed a variety of teaching methods designed to actively involve participants. Participants were able to share personal experiences. The atmosphere contributed to increased cultural awareness among staff and participants. The programs provided modeling and practice of communication skills, but still participants felt the need to explore communication skills in more depth.

 Training monitoring involved a collaborative activity where staff assisted each other to solve everyday practical problems. This contributes to reflective teaching and increased confidence and expertise in curriculum development and cultural competence.

Changes in attitudes and behaviors do not happen instantly. Nonetheless, observations of the workshops and interviews with participants suggested that the workshops have facilitated some changes in participants' lives. The outcomes of the training are described as follows:

- Participants looked at the learning experience as beneficial for their own families and communities.
- Participants found that the level of comfort and self-confidence to address sexuality related issues increased as a result of the training.
- Factual information around sexuality increased.
- Mobilization toward improving communication within and outside the family increased.
- Participants 'tested' some communication skills during and after the training.
- Inclusion of non-parents to the training proved beneficial. The workshops engaged primarily parents. However, other adults (i.e., non-parents) also benefited from the training. Children do not grow up in a "nuclear family vacuum". Consequently, the training should not be centered on addressing parents only. This effort will not only benefit individuals and families but the community as a whole. Also, including other community members (in particular those who work with youth or provide services to immigrant communities) will assist in the integration of immigrant families to the broader social environment ⁵.

⁵ SERC is planning a series of workshops on intergenerational communication and sexuality for professionals working with immigrant parents and youth.

- Annie E. Cassey Foundation (1995) *Getting Smart, Getting Real. Report of the Annie E. Cassey Foundation's September 1995 Research and Evaluation Conference*. Baltimore: Author.
- Enang, Josephine (2001) "Mothering at the Margins: An African-Canadian Immigrant Woman's Experience" *The Canadian Women's Health Network*, Vol. 4 no. 2
- Espín, Oliva (1997) "The Role of Gender and Emotion in Women's Experience of Migration", *Innovation: The European Journal of Social Sciences*, Vol. 10 No.4
- Harachi, T., R. Catalano and D. Hawkins (1997) "Effective Recruitment for Parenting Programs within Ethnic Minority Communities" *Child and Adolescent Social Work Journal*, Vol. 14 No.1
- Johnston, Ch., M. Morton and K. Krech (1991) *The Delivery of Parent Education Services to Ethnocultural Groups: Review and Recommendations*, unpublished report
- Judge, Ken and Linda Bauld (2001) "Strong Theory, Flexible Methods: Evaluating Complex Community-based Initiatives" *Critical Public Health*, Vol. 11, no. 1.
- Lambert, Elaine; Mary Dykerman and Andrea Rankin (2001) "There Is Such a Thing as a Free Lunch: A Model Work-site Parent Education Program" *Siecus*, Vol. 29 no. 2
- Matsuoka, Atsuko and John Sorenson (1999) "Eritrean Women in Canada: Negotiating New Lives. *Canadian Woman Studies*, Vol. 19 no. 3
- Matthews, Jan and Alan Hudson (2001) "Guidelines for Evaluating Parent Training Programs" In *Family Relations* Vol. 50 No. 1
- Meschke, L., S. Bartholomae and S. Zentall (1999) "Adolescent Sexuality Intervention and Parents: Promoting Healthy Teen Choices" *Human Development and Family Life Bulletin* Vol. 4 no. 4.
- Nowrojee, Sia and Jael Silliman (1997) "Asian Women's Health. Organizing a Movement" In Sonia Shah (ed.) *Dragon Ladies: Asian American Feminists Breathe Fire*.

Nunes, Fernando (1998) *Portuguese Canadians from Sea to Sea. A National Needs Assessment*, Toronto: Canadian-Portuguese National Congress.

Powel, D. and Zambrana R. (1990) "Designing culturally responsive parent programs: A comparison of low-income Mexican and Mexican-American mothers" *Family Relations*, Vol. 39 No 3

Prieto, Yolanda (1992) "Cuban Women in New Jersey: Gender Relations and Change" In Donna Gabaccia (ed.) *Seeking Common Ground: Multidisciplinary Studies of Immigrant Women in the United States*, Westport: Greenwood.

Ruiz, Vicki (1992) "The Flapper and the Chaperone: Historical Memory among Mexican-American Women" In Donna Gabaccia (ed.) *Seeking Common Ground: Multidisciplinary Studies of Immigrant Women in the United States*, Westport: Greenwood.

SERC and NICC (1998) *Enhancing Intergenerational Communication for Healthier Communities*, Unpublished report of Literature Review and Community Consultation Process. Winnipeg: Authors.

SERC (1998) *Community Needs Assessments*, Unpublished report, Winnipeg: Author

Shahidian, Hammed (1999) "Gender and Sexuality among Immigrant Iranians in Canada," *Sexualities: Studies in Culture and Society* 2.

Short K. and C. Johnston (1994) "Ethnocultural Parent Education in Canada: Current Status and Directions", *Canadian Journal of Community Mental Health*, Vol. 13 no. 1.

Tonks, R. and A. Paranjpe (1999) "Am I a Canadian, an Ethnic, or an Ethnic-Canadian? Dilemmas of Second Generation Immigrant Youth" Vancouver: Research and Integration Immigration in Metropolis.

Walker, Karen and Lauren Kottlof (1999) *Plain Talk: Addressing Adolescent Sexuality through a Community Initiative: A Final Evaluation Report*, Baltimore: Annie E. Casey Foundation.

Wang, Hong (1999) *Changes in Parenting for Chinese New Immigrant Families and the Implications for Social Service Delivery Systems*, Unpublished MA.thesis: University of Manitoba.

Intergenerational Conflicts and Sexuality in the New Country

Family life all over the world is unquestionably diverse, merging modern, Westernized, urban middle class principles with rural and traditional norms. But despite any Westernized characteristics refugee and immigrant families might have, they often become involved into complex, sometimes conflicting, relations with the apparently more open, less regulated forms of intimate life and relationships in Canada.

Child-rearing practices are challenged in the new sociocultural environment (Wang 1999). Having to learn about a new social and cultural system while dealing with the influence of values and attitudes from their own cultural and social practices is a common struggle in the lives of immigrants. Tensions between parents and children, including members of the extended family, may arise when the oldest generations try to inculcate traditional cultural norms, values and beliefs in the youngest generations. Some conflicts are experienced between the first generation of immigrants and refugees and the second generation or among first generation immigrants with differences in age. Second generation Canadians and younger people of the first generation more readily acquire some of their values and standards for behavior from Canadians and Canadian society.

Josephine Enang (2001) reflects on the structural barriers to mothering in Canada for an African-Canadian immigrant woman. The process of migration and integration to a new society complicates the process of adapting to pregnancy and other changes in motherhood. "Canadian children are encouraged to achieve, to be independent and competitive while many ethnic minorities emphasize interdependence, cooperation and contributing to the collective", says Enang. Enang (2001) concludes that mothers have to choose how to mother their children and that society has to accept children's diversity.

Often, the younger generations may possess more extensive knowledge of Canadian culture and laws and interaction within Canadian institutions (e.g., school), have better command of the English or French language and establish friendships with Canadian and other local peers, and thus integrate more readily than their parents. Often immigrants may be unable to practice the profession for which they are qualified, as their professional credentials are not recognized. This reality can affect self-esteem, financial and social status of the individuals and the family. Matsouka and Sorenson (1999) maintain that disempowered parents by means of non-integration in expected positions within the workforce are perceived as weak role models among Eritrean youth. Also, shifts in roles and values affect women, men, children and seniors. All these factors can trigger or increase intergenerational conflicts and cultural clashes within families.

Further, Oliva Espin maintains that “[f]requently, parental disorientation in the new culture coupled with the adolescents’ greater skill to manage the new culture and language, increase their fear of being lost and not being able to count on parents for protection from the perceived threats in the environment” (1997: ?).

In fact, migration impacts on womanhood and manhood and sexuality. Mobility from one culture to another has a differential impact on men than on women. Traditional gender roles and behaviors are often demanded from migrant women. Gender roles together with sexuality are the testimony of the integrity or decomposition of the value systems that migrants hold. For instance, in many societies, a daughter who does not conform to traditional morality can be seen as evidence of the lax morals of a family or the reflection of what is understood as the morals of the larger society in the migrant. In many immigrant communities, to become westernized is seen as almost synonymous with being sexually promiscuous. For young females, adjusting to two “sexual cultures” is different than for males. Espin claims that “[w]hile (usually) males are encouraged to acculturate rather quickly, females are more frequently expected by their families to maintain traditional roles and virtues” (1997:?). Therefore, parents are the custodians of the morality of their offspring at home and beyond.

Dating, a social institution in Canada, almost unknown in many other countries or cultures, is frequently a cause of conflict and misunderstanding. For instance, for newcomers of African, Kurdish, Afghani and Arabic backgrounds, dating is a foreign concept and practice (SERC 1998). Parents and children may have different and conflicting interpretation around dating. For some parents, dating means sex before marriage, a practice socially condemned in some cultures. Shahidian, who studied gender issues and sexuality among Iranian refugees in Canada, concludes that “the worry about children’s sexual future is a common concern of the Iranian community” (1999:214). Based on the findings of a national survey in United States, developed by the National Asian Women’s Health Organization, Sia Nowrojee and Jael Silliman argue that “[I]ssues relating to sexuality are extremely difficult for Asian American women and girls to discuss openly among family members, partners, or within the community” (1997: 77). A research on South Asian youth in Canada concludes that the majority of parents are still hesitant to allow their sons and especially their daughters to have heterosexual relationships which might lead to inter-ethnic marriage (Kurian 1991: 56).

In a new country, immigrants are exposed to new attitudes about female virginity and sexual shame presented at school, workplace, through the media. Older and younger generations review the attitudes and values about these issues (Prieto 1989). Interested in the generational dimensions of cultural change, Ruiz (1989) studies Mexican-American chaperonage. She claims that teenaged girls who asserted their control over wages, clothing, hairstyles and dating took a step toward sexual liberation by stepping away from the cultural values of their parents causing, at the same time, familial stress. However, instead of portraying these defiances as Americanization or Westernization, Ruiz proposed to look at those as “cultural coalescence”, a new cultural combination with a wide range of possibilities.

In a Canadian-wide needs assessment of the Portuguese community one of the major issues identified by the community was “conflict and difficulty in communication between young people and their parents” (Nunes 1998, ii). According to the study, youth participants in focus groups, in particular from Montreal and Winnipeg, give prominence to intergenerational conflict. Contributing factors to the problems were described as follows: “Differences in ‘culture’ or ‘mentality’ between parents and youth, which are brought about by the presence of a wide generational, language and culture gap. Some parents preserve rigidly traditional values and cultural norms, (many of which are not longer followed in Portugal). There is always difficulty in understanding each other’s position between parents and youth. Some parents place severe restrictions on the freedom of their daughters to associate with their peers, date, work and study in the field of their choice. Some parents don’t accept their children becoming romantically involved with youth from other cultures or races. Some youth rebel against parents who exercise strict control. There is a lack of discussion of sexual matters, within Portuguese-Canadian family. Many Luso-Canadians have feelings of shame, inferiority and cultural ambivalence regarding their parent’s culture” (1998: 37-38).

A study on the concerns of Eritrean women in Canada also addresses changes in gender relations across generations, the different frames of references, changes in expectations, gender roles, ideas of masculinity and femininity and structures in the family authority (Matsuoka and Sorenson 1999). Again, parents worried that their children were losing their culture and feared incursion from North American society in the form of alcohol, drugs and sexual promiscuity.

In 1998 SERC conducted a series of focus group with eight ethnocultural communities of Winnipeg (i.e., Somali, Spanish-speaking, Philippine, Iranian, Iraqi, Sudanese, Ethiopian, former Yugoslavian). The common themes identified through this community-based research were: pace of acculturation in youth, challenges to parental authority, including discipline, gender roles and expectations. As we can observe, all these issues are similar to concerns addressed in other research reviewed for this report. However, the report includes an important point when it comes to communication about sexuality in the family. “Also noted by parents in the consultations was the fact that often the children will have more factual knowledge regarding sexuality than the parents. Children will learn this information through the schools, whereas parents may not have had the same opportunity” (SERC 1998: 17). The report concludes that this differential knowledge creates two challenges within the family dynamics: first, parents are unable to fully participate in the discussion, and second it can contribute to a shift of power within the parent/child relationship (SERC 1998: 17).

Further community-based research conducted by SERC (1998) revealed that among the main findings of the assessment the need to know about Canadian culture and how to deal with parenting problems due to differential adaptation process among themselves and their offspring appeared repeatedly identified in all the reports for the different communities participants to the study.

In particular, sexuality related issues such as dating, sexuality education, role and relationships of girls and boys appeared as related to parent-children/youth communication. The 1998 study included findings from Kurdish, new Africans and Arabic and Afghani communities in Winnipeg.

In a recent study on identity issues faced by second generation immigrant youth, Tonks and Paranjpe claim that "[c]ommunication with parents and peers [also] appears to be important in facilitating adjustment of life in Canada. Where culture or economic pressures may lead to family conflicts or crises it appears that those who talk openly and regularly with their parents are more readily and easily settle into Canadian life than those whose families do not share and express their challenges faced in immigration" (1999: 50). In addition to easing integration into a new society, in general parent-child communication has proven to be the key to low engagement in premature sexual intercourse, as a national study in United States showed (Darling and Hicks in Dykerman and Rankin 2001: 7).

In sum, research on immigrant parents and youth's perspectives demonstrates that both generations are concerned about family relationships and the communication aspect of their relationships. Research also reveals benefits at the individual and family level of improved communication as well as to integration in a new society.

Parent Education in Ethno-cultural Communities

In 1991 Johnston, Beiser and Kretch review literature available on parent education program for ethnocultural communities. They concluded, "there have been no published reports evaluating ethnocultural parent education efforts in Canada" (1991:1). A decade later, after the completion of this report and according to further review of the literature for the purposes of this evaluation, there is still no available published literature addressing the issue in Canada⁶.

According to Johnston, Beiser and Kretch's review (1991), one of the characteristics of the parent programs oriented to cater a diverse ethnocultural population was matching parents and programs. This procedure was done by adapting the content of the program to the needs and values of the parents or the

⁶An Internet search on immigrant service organizations suggests that programming for parents is limited. Because the search is limited to the information contained in the websites it is not possible to make generalizations about the number and type of parent education programs available. Many immigrant service organizations do not have the resources to develop a website or maintain it on a regular basis. Nonetheless, according to the information available, a few agencies have recognized parent education programs within their services such as "bi-cultural parenting" services at Changing Together...a centre for immigrant women (Edmonton) or the Calgary Immigrant Women's Association. Other organizations such as the Edmonton Chinese Community Services Centre or the Multicultural Society of Kelowna use the "Nobody's Perfect" program to address parenting issues for immigrants. See Internet WWW, at URL: <<http://integration-net.cic.gc.ca>> for a list of websites of organizations that provide services to immigrants in Canada.

entire family of specific ethnocultural groups. In addition, alternative teaching methods such as drama or role-playing have been explored for the delivery of appropriate programming. Second, another characteristic is described as 'realignment of parent-professional relations'. That is to say, programs started to build on the strengths of the communities. Nonetheless, the authors observed that only a few programs have developed a community development approach. Third, the consideration of the social context in which parenting occurs is becoming the central issue. For instance, the migration process presents social, cultural and psychological challenges to families that should be considered within parent education programs (Johnston, Beiser and Krech 1991: 9-12).

The study recommends the examination of ethnocentric biases and values inherent to personalities or and services provided by professionals involved in the planning and delivering of the programs; development of empirical evaluations of methods designed to enhance the cultural sensitivity of parent education programs and the development of research in the area of parenting education such as community needs assessments, evaluation of aspects of the programs (e.g., use of trained interpreters, bilingual therapists; bicultural, ethnospecific or Canadian oriented programming, etc.).

A nation-wide survey addressing ethnocultural parent education revealed the provisions made for programs (Short and Johnston 1994). Programs addressing cultural issues, programs led by ethnocultural staff, programs offered in ethnic language, availability of easy-to-understand translated pamphlets, a comfortable atmosphere and special focus in community outreach were examples of provision of culturally appropriate parent education programming. In sum, modification of content and methods of program delivery were important provisions for organizations trying to deal with ethnocultural communities using a bicultural approach. However, the authors assert that it is important for programs to develop outcome evaluations and record the process of developing parent outcome evaluations and record the process of developing parent education interventions for ethnocultural communities. More studies on parenting programs for ethnocultural communities have been developed in the United States. For instance, Powel and Zambrana (1990) explore a few issues concerning the design of culturally responsive parent education programs for low-income Hispanics. The findings suggest that for low-income Mexican and Mexican-American mothers group sessions are preferred over individual home visits as a single strategy of program delivery. In addition, individuals with specialized training and experienced parents of older children were considered as the most helpful information source. The study also included that one-way communication from staff to parents would have limited appeal to parents and the use of reading materials was the least preferred source of information. With respect to group composition, the authors claim that "*parents* prefer to incorporate a parenting group into the on-going relationships of their *family* networks" (Powel and Zambrana 1990: ?). Nonetheless, low response rate among men suggests that they would have less interest or no time to participate in parenting programs. Program content was another issue investigated. Children's concerns were rated as of greater importance than self/family/environment issues. Powel and

Zambrana (1990) caution the reader about the limitation in use of these findings to other programs. However, this research contributes to a constant need for empirically based findings for making informed decisions about the design of parenting programs with diverse populations.

In spite of the fact that research suggests that training of parents has been beneficial to family life, recruitment and retention can be a challenge, in particular among ethnocultural parents and community adults (Harachi, Catalano and Hawkins 1997). For that matter, Harachi, Catalano and Hawkins (1997) outline effective recruitment and retention strategies for a program aimed to prevent substance abuse for parents from several ethnic groups in the United States. The identification of key individuals or recruiting and accessing networks of potential participants provided the most effective means of recruitment. Informal and word-of-mouth outreach was also the most effective strategy in another program that mainly targeted minority populations in the United States (Walken and Kotloff 1999).

In addition, the authors considered curriculum content and training methods of the program as main factors for retention. Including some provision for make-up sessions for participants who missed sessions is recommended. Because transfer of skills is a major concern for program planners and educators, the inclusion of a measurement for attendance and level of participation (e.g., involvement in program activities) is encouraged (Harachi, Catalano and Hawkins 1997: 34-36).

Most of the literature evaluates programs on issues other than sexuality. However, a qualitative evaluation of the implementation of a program that addresses the needs of youth by sharing accurate information on sexuality related issues and promoting dissemination of that information through community adults proves relevant to this evaluation (Warren and Kotloff 1999). Aware of increasing teen pregnancy and sexually transmitted infections particularly among minority teenagers, the Plain Talk program was designed to tackle those issues in several urban neighborhoods in the United States. The program had to confront language barriers, dissonance between the program's message and cultural norms and barriers and historical distrust between different groups in the neighborhoods. The strategy of information dissemination through trained residents proved to be time and labour intensive and not all adults were ready to act as lay educators in a formal setting. However, the program proved to be successful in training "askable parents" and "askable adults" who could present information informally in the communities and act as recruiters for the initiative. This study also provides insights on the barriers to outreach certain communities due to the structure or political forces that influence them. "Communities" are not homogeneous and expectations that a trainee can outreach the broader group might be unrealistic and even cause backlash from the community when sexuality messages that might conflict with their values and norms are promoted.

In sum, the literature shows that parents and parenting program developers are concerned about intergenerational conflicts contingent to the migratory experience and to cultural differences. Still, more evaluation research

is required of programs outcomes and implementation to determine better approaches to parenting training for diverse populations. Further research should contribute to comparative analysis of parenting education programs.

APPENDIX II: INTERVIEW CONSENT FORM

Project Title: Intergenerational Communication Project Evaluation

I understand that I will be presented with a series of questions about the project to discuss how I, as a participant to the project, evaluate the workshops.

I understand that all the discussions that take place in the course of the interview are confidential.

The researcher involved in this project will never mention my name in any of the reports.

I hereby give my permission for the interview to be tape-recorded (Yes _____, No _____). I understand that at the completion of the research these tapes will be erased.

I understand that I am free to refuse to answer any question(s) and that I am free to withdraw my consent and terminate my participation. I have been given the opportunity to ask whatever questions I desire, and all such questions have been answered to my satisfaction.

I may call Paula Migliardi at 982 7800.

THIS IS TO CONFIRM THAT

I, _____ hereby agree to participate as a volunteer in this project.

Date: _____

Phone _____

Signature Researcher:

Paula Migliardi

APPENDIX III: INTERVIEW GUIDE PROJECT PARTICIPANTS

A review of the consent form and of ethical issues concerning the evaluation will lead the interview. The following interview schedule is not intended to be a rigid questionnaire. The questions are only a guide to the process of the interview.

1. I would like to dedicate few minutes to talk about your background, settlement experience (Probes: country of origin, reasons for migration, years in Canada, accessibility to services in Canada, etc.) work, level of education, family life (Probes: marital status, gender and age of children, etc.)
2. Can you tell me how did you know about the training program?
3. At that time, what motivated you to participate in the training?
4. What are the things in the training that you enjoyed the most? Which ones the least?
5. What issues discussed/presented in the training have been of most help to you? (Probes: particular pieces of information, skill based information, etc.)
6. If you had a chance to take some more of this training, what are some things that you would like to learn or spend more time on?
7. During the training, you received a number of copies about different issues, how useful have these materials been to you?
8. (For participants with children)
Did you learn things that were helpful to your relationship with your children? Please, explain (e.g., talk more openly and comfortably, bringing up the issues, answering questions, new topics of conversations, etc.)
9. Has the relationship with your partner/spouse changed because of this training? If yes, In which ways?
10. Has the relationship with other people like other family members, friends and other parents changed as result of the training? In which ways?
11. How confident do you feel in sharing the things you learned during the training with other people?

12. Finally, I would like to know how important have each of the following being for you (with five being the most important and one being the least important:)

a. A ten dollars honorarium per week	1	2	3	4	5
b. Childcare	1	2	3	4	5
c. Busfare	1	2	3	4	5
d. Certification	1	2	3	4	5

13. Would you have come in case that we hadn't provided with the honorarium? With childcare? With transportation fare?

14. Would you like to add anything else about the project?

Each interview will formally finish by thanking participants for their time, effort and insights. I will answer any questions they might have about the project. I will also assure them that a copy of the evaluation will be available at SERC for them to consult.

APPENDIX IV: INTERGENERATIONAL COMMUNICATION TRAINING OUTLINE

Session 1 – Introduction

Session 2 – Sexuality and Values

Where did we learn about sexuality?

Values/Beliefs

Where are our children learning about sexuality? – Popular culture

Parent’s role in their children sexuality education

Session 3 – Sexual Development

Development through the lifespan

Normal behaviour vs. behaviour that causes concern

Sexual Abuse

Adolescence – changes of puberty (physical and emotional)

Session 4 – Family Communication Skills I –

Why it is difficult to talk to children about sexuality?

Parenting Styles

Basic communication skills

Dealing with common situations/questions of young children

Session 5 – Intergenerational Communication –

“Sharing Our Lives” Video

Discussion of the issues shown in the video – dating, pre-marital sex, marriage, etc.

Session 6 – Family Communication Skills II

Video “Talking about Sex: A Guide for Families”

Adolescent issues – relating to communication/parenting styles/
intergenerational issues, etc.

Session 7 – Community Outreach/Advocacy Skills/Community Resources

Workshop presented by Catherine Hakim and Martha Avilés

Evaluation of the Intergenerational Communication workshop series.

APPENDIX V: EVALUATION / REACTION SHEET

Male _____
Female _____

Session Evaluation
Name of the session:
Date

1. What was most valuable?

2. What was least valuable?

3. Comment on the speaker:

4. Please complete: "I learned..."

5. Other comments...
