

**Empowering Rural Youth  
Towards Healthy Sexuality:  
“The S Team”**

**ACTIVITY AND EVALUATION REPORT**

Project Funded by AIDS Community Action Program (ACAP)/  
Canadian HIV/AIDS Strategy – Community Development



Sexuality Education Resource Centre, Manitoba  
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## Report Summary

### Empowering Rural Youth Towards Healthy Sexuality: “The S Team”

Duration: 2003-2005

The goal of this project was to strengthen the voices and involvement of youth in their own education regarding sexuality, including HIV/AIDS and its connection with alcohol/drugs by developing resources, and sharing their knowledge with their peers.

Activities	<ul style="list-style-type: none"> <li>▪ Hiring of coordinator from target group</li> <li>▪ Design and delivery of 74 workshops delivered at schools in Brandon and rural towns with a total of 1105 grade 8 to 12 students</li> <li>▪ Coordination of youth conference for Brandon and rural youth</li> <li>▪ Development and distribution of promotional materials, i.e., condom key chains and stickers</li> <li>▪ Development of pamphlet “Want to screw with your life?” on the connection between sexuality, STIs/HIV and sexual decision making process under the influence of drugs and alcohol</li> <li>▪ Development of the “Address Book” – funded in part by Manitoba Health – containing harm reduction messages and resources available in Manitoba based on book developed in Alberta.</li> </ul>
Key Results	<ul style="list-style-type: none"> <li>▪ Increased knowledge and awareness of sexuality related issues, including STIs/HIV, Hepatitis C, influence of drugs and alcohol in sexual decision-making for members of the S Team and other youth</li> <li>▪ Increased facilitation skills – including focus group facilitation - and public speaking skills</li> <li>▪ Increased youth volunteer capacity at SERC Brandon</li> <li>▪ Increased organizational capacity to engage youth in sexuality education</li> <li>▪ Increased numbers of teenage youth accessing resources at SERC Brandon, i.e., walk ins</li> <li>▪ Youth being approached by other youth as they are recognized as members of the S Team, for information and resources</li> <li>▪ Facilitation of friendships</li> </ul>
Partnerships	<ul style="list-style-type: none"> <li>▪ Red Prairie AIDS Project, Brandon Friendship Centre, Addictions Foundation of Manitoba, Brandon Regional Health Authority, Assiniboine Regional Health Authority, YWCA of Brandon, Brandon School Division and Rolling River School Division</li> <li>▪ Partners became part of the project’s Community Advisory Group (CAG) providing input into project implementation</li> <li>▪ Partners provided access to space, workshops</li> </ul>
Shortcomings and Challenges	<ul style="list-style-type: none"> <li>▪ Engaging male youth as members of the S Team</li> <li>▪ Limited distribution of condoms at schools due to perception that this activity may persuade youth to have sex</li> <li>▪ Including diverse perspectives of youth in resource development, in particular for the Address Book.</li> <li>▪ Maintaining group cohesion by doing regular outreach, recruitment, training, mentoring as youth will move in and out of the group on a regular basis</li> <li>▪ Incorporating youth perspectives in the information, and keeping in mind the level of acceptance of the resultant style within a rural social environment</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>▪ Youth appreciate having other youth providing sexuality related, HIV/STI prevention information</li> <li>▪ Organizational support is important to sustain work with youth</li> <li>▪ Youth coordinator has to be able to create a safe environment for group work and for individuals to express their views and even personal needs</li> </ul>

	<ul style="list-style-type: none"><li>▪ While promotional/educational items such as the condom key chains and stickers engage youth on sexuality-related issues and services, assuring funding for development of these types of resources may not be simple</li><li>▪ Engage youth on purposeful and relevant work with concrete outcomes</li><li>▪ Provision of incentives such as honoraria, “stuff” (e.g. condom key chains, stickers), food, access to conferences</li></ul>
Sustainability	<ul style="list-style-type: none"><li>▪ The project coordinator became SERC permanent staff to continue supporting the S Team</li><li>▪ S Team became a program of SERC with continued support from youth volunteers</li><li>▪ SERC will continue to support the S Team. It is hoped that the S Team will be increasingly delivering presentations to high schools in Brandon and rural area, not only on the topic of this project, but on expanded themes</li><li>▪ A few partners from the CAG will become members of Brandon Advisory Committee to SERC’s Board – may continue to provide input on youth issues</li></ul>

## Introduction

Manitoba has one of the highest infection rates for sexually transmitted infections, and has a higher rate than the national average (Health Canada 2002)<sup>1</sup>. The rates of sexually transmitted infections are highest in the 15-19 year old age group (Manitoba Health 2001)<sup>2</sup>. Recent HIV transmission data indicates that teens continue to be at risk of HIV due to unsafe sexual behavior and injection drug practices (McCall et Al. 1999).<sup>3</sup>

According to a recent publication by Statistics Canada that looks at the health status and behaviours of Canada's youth age 12 to 17, "one in four boys report heavy drinking practices in small metro regions, small cities, small towns, and northern regions" (Mitura and Bollman 2004)<sup>4</sup>.

A provincial study indicates that in rural Manitoba, students have ranked alcohol and drugs as the most serious problem they face along with failing school. Students who drink most often do so at parties (87%) or a friend's house (83%); both places where supervision is lacking and opportunities that require sexual decision-making arise (Addictions Foundation of Manitoba, N/D).<sup>5</sup>

In 2002, SERC Brandon received funding from the AIDS Community Action Program to develop a peer education program with rural youth from Brandon and the Assiniboine Regional Health Authority geographic jurisdiction. The *Empowering Rural Youth Towards Healthy Sexuality project* or *S Team project*, as this project will be referred to hereafter, attempted to address the intersection of these two areas.

In addition, access to relevant and accurate sexual and reproductive health information services and education is often limited for rural youth. In a small community confidential services may not be possible, or may not be perceived to be possible, and distance and lack of transportation to health care services, limited comprehensive sexuality education or prevention messages, all affect the

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<sup>1</sup> Health Canada (2004) *Reported Genital Chlamydia/Gonorrhea Cases and Rates in Canada by Age Group and Sex*, Division of Sexual Health Promotion and STD prevention and Control Centre for Infectious Disease Prevention and Control, Ottawa: Government of Canada.

<sup>2</sup> Manitoba Health (2001) *Discussion Paper for the Development of a Provincial Sexually Transmitted Disease Control Strategy*, Winnipeg: Author

<sup>3</sup> McCall et al. (1999) *Schools, Public Health, Sexuality and HIV: A Status Report*, Toronto: Council of Ministers of Education

<sup>4</sup> Mitura and Bollman (2004) Health status and Behaviours of Canada's youth: A rural-urban comparison. Rural and Small Town Canada Analysis, Bulletin Catalogue no. 21-006-XIE Vol.5, No. 3 Ottawa: Statistics Canada <http://www.statcan.ca/english/freepub/21-006-XIE/21-006-XIE2003003.pdf>

<sup>5</sup> Addiction Foundation of Manitoba (N/D) *Alcohol and Other Drugs: A Profile of High School Students in rural Manitoba*, Winnipeg: Author.

wellbeing of youth. At the time of project initiation, there were very few peer support programs in the Brandon/Assiniboine area. The ones that did exist addressed topics such as bullying, suicide and school stress issues. SERC had provided some limited training on sexual and reproductive health issues to these groups. However, other than these few initiatives, there was no youth driven program dealing with sexual and reproductive health in the Region.

The purpose of this project was to strengthen the voices and involvement of youth in their own education regarding sexuality, including HIV/AIDS and its connection with alcohol/drugs by developing resources, and sharing their knowledge with their peers.

The project is based on the premise that youth driven programs are effective in educating youth. Findings from the literature indicate that youth-to-youth approaches can facilitate communication about sexuality by improving confidence and communication skills (Pelletier and Lévy 2000)<sup>6</sup>. Also peer-educators work by “endorsing ‘healthy’ norms, beliefs and behaviors within their own peer group or ‘community’ and challenging those which are ‘unhealthy’” (United Nations Office for Drug Control and Crime Prevention, 2000)<sup>7</sup>.

Youth appropriate school-based programs can help influence sexual and reproductive health behaviors. Some characteristics of effective school-based programs include: peer helpers and educators, age-appropriate information, clear content of the message, and teaching interpersonal skills that have been geared toward harm reduction, creation of supportive school environments and school-parent cooperation (McCall et al 1999). Involving youth in programming and developing culture and age-appropriate programs are two ways that communities can work toward minimizing the risks of sexually transmitted infection and HIV transmission. Other prevention strategies that are effective for youth include conducting community-based outreach and making available sexual health promotion materials in remote and/or small communities (Manitoba Health 2001).<sup>8</sup>

This report will describe and analyze the work of the S Team in the light of this literature review and based on the objectives laid out in the initial funding proposal. First, this report includes a description of the activities implemented during the two-year project. This is followed by a section on the evaluation’s methodological approach. The next section includes all the findings from the end-of-project evaluation. The final part of the report includes evaluation conclusions and recommendations. Appended are a number of supporting documents

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<sup>6</sup> Pelletier and Lévy (2000) *La formation des intervenants-pairs pour la prévention des MTS/sida: une approche alternative*, 9<sup>th</sup> Annual Conference on HIV/AIDS Research, Montréal.

<sup>7</sup> United Nations Office for Drug Control and Crime Prevention (2000) *Demand Reduction: A Glossary of Terms*. New York: United Nations.

<sup>8</sup> Manitoba Health (2001) *Discussion Paper for the Development of a Provincial Sexually Transmitted Disease Control Strategy*, Winnipeg: Author

including a sample presentation outline, workshop outline, focus group questions, outreach materials, youth conference summary, symposium abstract and evaluation tools.

## **The Project Activities**

### **Laying the Groundwork**

As soon as the funding for the project was announced, a Community Advisory Group (CAG) was established. The main partners were Red Prairie AIDS Project, Brandon Friendship Centre, Addictions Foundation of Manitoba, Brandon Regional Health Authority, Assiniboine Regional Health Authority, YWCA of Brandon, Brandon School Division and Rolling River School Division.

The role and responsibilities of the partners engaged in the CAG were to advise on objectives, direction, design, implementation, program principles, and community trends and needs; to ensure that the project is well positioned within the broader community; that the project receives input on community needs regarding values, beliefs, issues and attitudes about HIV/AIDS, sexuality and reproductive health issues; to assist with promotion of the project in Brandon/Assiniboine communities; in outreach and selection of youth participants; and to promote liaison between the project and educational, health and social services.

The CAG decided to meet regularly, once a month, until the project coordinator was in place and the project was well underway. The CAG participated in discussions about the project work plan, the youth selection process, the hiring process and qualification for the project coordinator.

The hiring process, as the CAG had anticipated, was challenging. Finding a project coordinator who was able to reach out to youth and carry out all other responsibilities was seen as essential to the project's success. Different channels were used to publicize the job position such as the local newspaper, HRDC website, rural youth employment centres, and through personal distribution by members of the CAG.

The CAG members also assisted in providing access to information about their services and means to contact youth for the project coordinator. This was meant to increase the awareness of services, as well as to make contacts with organizations and youth. They also provided information and opportunities for increasing the coordinator's capacity in areas such as sexual health and addictions.

Establishing a youth team dedicated to the design and delivery of information for use among peers was understood to be the first step in the project. In pursuing that goal, the team would develop skills, relationships, discuss new ideas and disseminate information.

## **The Youth Group: Recruitment, Training and Activities**

### *Outreach and Recruitment*

In the first year, the project coordinator reached over 140 young people through promotion in 25 schools and 15 community organizations or individuals. Subsequently 29 individuals indicated interest in the youth team, of which 17 sent a letter of interest. The letter of interest asked the youth to put in writing their reasons for wanting to join the project. Most of the letters indicated their interest in learning about STIs as well as wanting to help their friends and other youth by working on the prevention of STIs. Outreach and recruitment continued over the duration of the project, and new people were invited to participate at the beginning of the school year. In 2003 about 30 youth attended promotion meeting for the S Team. A few youth decided to join at that time.

### *Training and Education*

In order to continue build skills among the youth group, they participated in many different educational activities. In November 2003 twelve youth attended a three-day training session facilitated by Teen Talk on sexuality related issues including birth control, STI's, HIV/AIDS, male/female reproductive system, and appreciating diversity. The retreat was also meant as a team building activity for youth not only for them to become familiar with a number of topics they would have to work on, but as a mechanism for creating relationships and establishing an identity for the group. One of the outcomes of the team building efforts was that by the end of the retreat the youth had decided on the team name: *The S Team*.

The youth team decided on a name that would be used to identify themselves as a group and to be easily identified by others in the community. The name was left fairly ambiguous, with "S" standing for the "Sex Team" or the "SERC team," whichever appealed to the participants at the time. It was also felt that this was a safer or more palatable name by which they could introduce themselves to a diverse audience, including schools, students and youth not in school.

Other training or educational activities included attending conferences and presentations. In November 2003, three youth attended SERC's conference *Sex Matters* where they participated in pertinent workshops. These workshops provided them with insights into youth driven and appropriate activities such as the presentations by Planned Parenthood Regina's Y.E.A.H. program and Edmonton's game "Sexual Pursuit Not A Trivial Game."

Having closely connected with Y.E.A.H., five youth continued their training at a Planned Parenthood Regina youth conference. The relationship with this program continued to grow throughout the life of the project. In November 2004, new members of the S Team participated in another training session by Y.E.A.H. It was also through SERC's relationship with Addictions Foundation of Manitoba that the S Team attended one of their presentations on alcohol use, and another

in conjunction with Brandon Police Service on cocaine, ecstasy, crystal meth and other drugs.

### *Focus Groups*

While the youth members of the S Team were able to provide input on project development, it was important to get the input of other Brandon and rural youth. In order to achieve this, the S Team conducted a series of focus groups. To get ready for this activity, the S Team also received in-house training on focus group facilitation that covered basic information on the method, including what, why, where and when to conduct focus groups; participant selection, facilitation skills, and question development. By the end of the workshop, youth had developed a series of questions they were to use in their upcoming focus groups (see Appendix A).

Following the training, six focus group interviews were conducted between March and May 2004. Most focus groups were conducted at following schools of different rural communities: Virden Collegiate (8 males and 6 females), Erickson School (6 males and 9 females), Birtle High School (2 males and 6 females), Neepawa High School (4 males and 5 females), Killarney School (5 males and 7 females). The only focus group in Brandon was conducted at the Brandon Friendship Centre with 7 young women.

While the focus group responses confirmed what service providers already were aware of, the S Team received information that was new to them. Participants indicated that they had received minimal education on STIs to date, and that they remembered learning about the reproductive system only in the middle years.

When asked about their perspectives on the information received in the past, participants pointed out that the information, mostly provided by the Public Health Nurse was basically good; however, they also indicated that in a small community, their family connections to the nurse prevented youth from approaching her on sexuality issues. Young people shared other issues that prevented their comprehension or uptake of information such as not being able to understand the terminology used, finding the information was outdated, and realizing that teachers were not comfortable teaching sexuality related issues.

When the S Team asked participants how they would like to learn this type of information they agreed that youth educating youth, the use of visuals, and small group presentations by young people from out of town were the best approaches. The information was helpful in confirming the path that the project and the S Team were taking. It was also instrumental in the creation of links to the schools in different rural communities, creating opportunities for developing future relationships and activities.

### *Workshops and Conferences*

Following the consultation with youth, the S Team started facilitating workshops in March 2004 at various rural schools. In the last year, the S Team presented 74 workshops for 1105 grade 8 to 12 students. The main topics addressed in the presentations included safer sex, STIs/HIV, and influence of alcohol and drugs on sexual decision making. One of the main vehicles for facilitating this information was a role play addressing all of these issues. The outline of this presentation can be found in Appendix A.

To evaluate the immediate reaction to the workshops, participants were asked to respond to a series of written questions to determine any areas for improvement as well as “what [they] are doing right”. Some of the findings from the evaluations coincided with the information gathered through the focus group. These findings are included later in the report.

In February 2005, the S Team organized a youth conference. The conference was intended to attract youth 13 to 19 years of age from Brandon and Westman. 25 schools and youth agencies were invited to participate. Organizers aimed at having 80 youth attend; however, about half of this number actually attended. This was attributed to, in part, the fact that the conference was held at a time of the year where provincial exams were being held; therefore, some youth were not able to participate.

The conference presented a series of workshops on valuing and understanding diversity as it relates to issues faced by gay, lesbian, transgender people; on safer sex and condom use; the effects of drugs and alcohol in sexual decision making and information on sexuality transmitted diseases, including HIV.

The S Team utilized this opportunity to collect the views of the participants about a brochure that addresses HIV/AIDS, STI's and the effect of drugs and alcohol in decision-making abilities. Comments were collected and used to improve the brochure.

Participants were asked to complete an evaluation form at the end of the conference (see summary of evaluation findings in Appendix A).

### *Resource Development*

In this project SERC intended to facilitate skill-building in the area of resource development. Youth participated in the development of promotional materials such as condom key chains and stickers. The youth team also designed the logo for the team. The main message revolves around the goals of the S Team; therefore the promotional materials include condoms as the main vehicle for the message. The condom key chains contain a condom and the sticker is the picture of a condom.

The S Team project was a key factor in SERC's ability to obtain a contract with Manitoba Health<sup>9</sup> in the adaptation of a factual, non-judgmental resource for youth that will support their ability to access information and community resources on all issues relevant to youth.

The S Team coordinated the project in consultation with the Education and Outreach Task Group of the Provincial Harm Reduction Network.

The original "Addressing the Future" book was designed and funded through a joint Alberta Health & Wellness (AHW) and Canadian Liver Foundation (CLF) initiative in 2001. This resource was created to provide health promotion and harm reduction information on a wide variety of topics to the high school students of Alberta.

Based on the original book the S Team facilitated 8 focus groups with a total of 47 young people (25 females and 22 males). Information from the focus groups was incorporated into the Manitoba book.

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<sup>9</sup> Health Canada and the provincial Department of Conservation also supported this project.

## Evaluation

The overall goal of the evaluation is to analyze and establish successes and failures of project activities undertaken to support a youth led, community-based action project on STI and HIV prevention, and sexual decision making, in Brandon and rural areas. The organizing principles of this evaluation are youth – involvement, communication and action. All measures relate directly or indirectly to the project’s results in establishing and maintaining a framework in which, using a youth-driven process, the communication of accurate and accessible information is disseminated and acted on.

This report examines various aspects of the project. The evaluation addresses the impact and contribution of the Youth Working Group from the perspective of the youth themselves and the outcomes of some of the activities carried out by the group. The activities included in the evaluation are a series of dissemination workshops with youth and a two-day workshop held with researchers working in the area of STDs and HIV/AIDS.

### Evaluation Strategies

To achieve the objectives of this evaluation, different data collection techniques were used. A variety of data sources were identified:

- *Program Documentation:* various documents concerning the project were reviewed to determine issues relevant to the dissemination workshops. The documents reviewed included the original proposal for funding, written reports, brochures and pamphlets, reaction sheet/evaluation feedback and any other available materials. As most of the S Team work has involved delivering information through workshops at school, the documentation included evaluation forms distributed at the end of each workshop. This was designed to learn from students’ immediate reactions to the presentations, including aspects that should be changed and what participants thought they might do with the information. Evaluations from a full-day workshop designed to engage youth from rural areas were also utilized to assess the immediate responses by recipients of the S Team’s information (see Appendix A).
- *Interviews:* Interviews were conducted with different parties involved in the project, i.e., members of the S Team, the project coordinator, the project supervisor. Face-to-face interviews were carried out with 4 members of the S Team, the project coordinator and supervisor. Participants were interviewed in the month of March 2005. Individual interviews were structured around a set of open-ended questions concerning participants’ views, learning, and the impact the work has had in their lives and at the level of the organization. The open-ended format also gave individuals an opportunity to present new ideas and to make suggestions for improvement and change (see Appendix B).

- *Written Questionnaire.* Members of the Community Advisory Group were invited to reflect on their input and participation in the project by answering a written questionnaire.

All information was treated with *confidentiality*. Members of the S Team were informed of the procedures taken to protect their identity, such as not using names. Because the recruitment of S Team members for interviews was done with assistance of the project coordinator and because the interviews were held at SERC Brandon, the project coordinator and other SERC Brandon are aware of those who participated in the evaluation; however, they also are committed to maintaining confidentiality as they are bound by agency policies and by PHIA. All the participants were also informed that they were receiving an honorarium for their participation.

Triangulation of data sources (i.e., interviews, documentation and questionnaires) and perspectives of the members of the S Team, project coordinator, project supervisor and the CAG was meant to address validity of the evaluation findings.

A reflection and planning session will be organized with members of the S Team and SERC Brandon staff to review the findings and recommendations and act as a means to jumpstart a process for action plans for the coming year.

### **Limitations**

The evaluation had to be completed by March 31<sup>st</sup> as it was the project final deadline. Therefore, it can only address the short-term outcomes of project. The interviews were held before the project was completed with only a few of the members of the S Team. This was due in part to limited time available to contact and confirm interviewees, and to get members to make a commitment to an interview. Therefore, the evaluation draws conclusions from the viewpoints of a few participants.

Another limitation is that members of the S Team were recruited to participate in a follow-up interview by the project coordinator. This was the more efficient strategy as the evaluator had to travel from Winnipeg to interview participants and had one day to complete this task.

Also, in order to learn about the impact the S Team is having in Brandon and among rural youth, we have only utilized information from evaluation forms used at the end of the workshops held by the S Team, and the impressions and informal feedback received by members of S Team in interaction with the participants and other youth.

Due to time constraints, most members of the Community Advisory Group were not able to return the completed questionnaire. Once the information has arrived, it will be analyzed and included or appended to this report.

## The S Team

The assessment of the work of the S Team was aimed at examining the dynamics and work of the project from the perspectives of the participants of the group and from the perspective of the host agency, the Sexuality Education Resource Centre.

### The Work

Since its establishment in October 2002 the S Team has met regularly to work in the design and organization of workshop presentations, and in the development of resources with the ultimate objective of promoting awareness on the prevention of STIs and HIV for youth.

All the members were engaged in the project as the result of different promotion activities. Yet, the most effective recruitment strategy was through word of mouth among youth. Participants in the evaluation had also seen the promotion of the project in the newspaper, or had participated in a presentation at school by the project coordinator; however, it has been the more direct connection with members of the S Team or in conversation with friends and family that they decided to join the group.

One of the successful promotion and recruitment strategies was to hold a “pizza and pop” evening drop in activity.

Participants in the evaluation indicated that the main motivation to participate in the project was its youth focus, enabling them to pass along the information to friends, to get needed information for themselves, and to have opportunities for skill-building.

*It is because it works with youth mainly, and I would like to be a teacher so I thought it would be good to learn stuff, big issues. Also because my friends and I talk about this stuff, you know, and need know more about this kind of stuff, so if I could put it out to them.*

*After that first meeting I really decided that I wanted to help out because that would be awesome. I love to talk, have trouble closing my mouth actually, so that's awesome. I love to learn different things.*

*I found interesting all the stuff and it just makes me want to help.*

Obviously, this was one of the initial reasons for joining the team. There was consensus about the importance of the work and the need to help friends with issues they discuss on a daily basis. However other factors did facilitate the work and retention in the group.

## What Did Facilitate the Work?

Members of the S Team were asked to describe the conditions that aided their work, and those that acted as obstacles in accomplishing their work. Many elements were described that facilitated the maintenance of the group and the continued support for this work.

A major factor facilitating their work, was the work and qualities of the coordinator. Although, evaluation participants were talking about one particular person, some conclusions can be drawn about key characteristics that a youth coordinator must have, for the work to be successful. A first characteristic was the ability to connect with youth by virtue of being young and being therefore able to relate as “friend” and be accessible:

*I think that [the coordinator] is really good because it's not like there is an adult doing this job. She is able to talk at your level and she talks to us like friends. It is easy to find where everybody is and make things happen.*

*If the coordinator was someone like my mom, it wouldn't work. She wouldn't have a team for one thing, she wouldn't be able to do any recruiting. There is a really big difference with someone who had just being in school and still knows what is going on and knows the issues that happen, keep people interested, you cannot really force someone to do things, you need to have people volunteering for that kind of stuff throughout the project, so, you need to communicate.*

*I think that [the coordinator] is awesome. You can get a hold of her at any time and she is always really flexible when we can have meetings and when to do stuff. We have her cell phone number and she never gets angry if you cannot make it to a meeting, she tries really hard to accommodate everyone. It's like we have developed kind of a friendship with her. It makes you very comfortable.*

*I think that [the coordinator] is a big part of that, because I think that she is open-minded and she is supportive of whatever anyone says, maybe some things that I wouldn't be comfortable saying, she totally backs everyone. That makes everyone feels comfortable to say whatever they think and I think that's a huge part, because if you don't have someone you connect with, I think that she does well in connecting with everyone, makes everyone feel welcome and super excited to be here. She has a way of not pushing too hard for people to be involved, making them wanting to still. I think that if there was someone not open minded like that or not so friendly, too me it's like a friend too, so if I saw her in public I would*

*talk to her anyway, it's not just like it is for this only. I think that's why a lot of people stick around too. She is a great resource, you can always phone her whenever you need, she's always there with an ear in whatever you need.*

Besides participating in the planned activities, participants of the group confide in the coordinator on issues concerning their daily life or personal concerns, and at times have requested support and assistance to deal with personal issues. This extension of the role of the coordinator is a consequence of developing an effective rapport with youth. Because creating effective rapport is a precondition for working with youth, the extension of the role may also be a precondition.

Beyond the establishment of a meaningful relationship with the project coordinator, another key facilitator of their work was the development of a sense of team and team-based work environment. The creation of a friendly work environment depended also on the internal dynamics.

*I think all of us in the S Team are comfortable with each other, which is a good thing and it takes special, not special, but people who are mature enough and everybody is like that.*

Relationships aside, the organization of the work itself facilitated youth participation in the project.

*Everybody who had joined had committed for a reason, they are serious about it. And usually, it is really organized, I found. So, at the meetings, things get dealt very quickly and down to the point which it is good, that gets people in and out.*

Participants concurred that the manageable workload (e.g., bi-weekly meetings) and time expectations (e.g., after school meetings) as well as the focused nature of the work helped them in making the initial commitment possible. However, for some it was not that easy to flex their schedules.

The evaluation findings, therefore, indicate that a combination of the purpose and organization of the work, as well as the relationships that are formed and supported, result in an appropriate approach to engaging youth in educating peers about sexuality, STIs/HIV prevention and the influence of alcohol and drugs in sexual decision making processes.

In inquiring about what makes this an STIs/HIV prevention approach that is “for youth by youth,” members of the S Team described the following: the use of vocabulary commonly used by youth; the fact that it is a young person closer to the students’ ages conducting the outreach and education; the fact that the approach used is not to “preach” or judge.

*I think that for presentations, we have to bring vocabulary for that age group because you get a PHN in here and uses all these technical terms that grade 9 students really are giggling to hear of because they are not used to them and out of their comfort zone. Maybe [the terms we use] are not the correct terms; but they are going to be comfortable with them [...] people seems so relaxed to hear stuff that they are used to.*

*I think when you are doing the presentation they actually seem interested. They ask questions and get eager in getting involved when we do some demonstration, like putting on a condom, people want to try. I just remember with the PHN...I think that it was one lady up there, and they are like a mom, standing there and telling me what to do.*

*it is really effective because the difference between an adult talking to youth and youth talking to youth is that we can put it at their level than talking down, people can ask more questions and get to the bottom of what they want instead just on the basics of sexual health, like this is the penis and this is the vagina and this is how they have sex and that's all it, and this is the period*

*Stuff like this no matter how much you preach, it almost like you cannot preach, you have to like, get the message out there, because no matter how much you preach people are going to do something...things like don't drink and drive, no matter how much you say it, people are going to do it, have safe sex, no matter how much you say it, people are going to doing, not preaching as much, but just getting the message, engaging...*

Responses also reflect the perception that having adults as messengers is a palpable obstacle to prevention effective education. These responses were mainly based on youths' personal experiences and what they have communicated to S Team members.

### **What Were the Challenges?**

With regards to any challenges and factors that acted as obstacles to the internal functioning of the group, participants were not able to identify any element that prevented their work.

Most challenges to the work were related to the nature of the ongoing engagement of youth, engaging rural youth, engaging youth as volunteers, engaging boys. One specific structural obstacle was the perception that schools believe that talking about and distributing condoms would incite sexual activity by students.

Maintaining the group requires time, energy and commitment to recruit, train, schedule and maintain a network of knowledgeable peer educators.

*Sometimes I think that it is hard, because a lot of people are in school and when we have to do focus groups and stuff, it will be like last minute and we'll be scrambling to get enough people to go and then, sometimes it is the same people who end up volunteering. Everyone is so busy that finding the time where everyone can come together to work on the address book was a problem.*

*One of my big challenges was, especially in the first part of the year, with school because I still had to go to school and being able to miss school to be able to go to these presentations was kind of a challenge.*

Members of the S Team indicated that joining the group presented some personal challenges beyond having to manage their schedules. Managing schedules was also offered as an explanation for involving young males. It was viewed that boys are engaged in demanding sports, preventing their availability to participate in the project. However, there was some consensus around the perception of boys' attitudes toward the nature of the work of the S Team

*Boys are in that stage that "that's just stupid", but I think it's more their mind set, their stage, not wanting to do that type of thing.*

*I think that [another challenge] is the guy issue, and I think that if you look hard enough you start to get them. I don't think it's that hard...but, I found, personally, that guys don't want to do it as much just 'cause other guys "what are you doing?" just that's the type of people, for girls, girls always gossip about stuff like that, so it's nothing to us, bring it up! Guys don't talk as much.*

In relation to some structural issues, it is important to have open communication and positive relationships with the school system and the community. Yet, trying to convey messages around sexuality and HIV/STIs prevention from a youth perspective, while taking into account school, parents' and community expectations, was a challenge. This was experienced in developing the pamphlet.

*We are working on the "Wanna screw with your life?" pamphlet. It's going pretty good I think; though, it is kind of a tough one because for trying to get it into schools we have to make a lot of revisions to it ...knowing what is acceptable and what is not ... You have to kind of make something that is discreet enough for kids to be able to carry around because that's what you want to have, get to the people who may not be able to have an open conversation with. I*

*think that it has been a huge challenge, anything that needs to go out because they are going to take it home and read through. But I think it has been really good, it's coming along, it's looking great.*

*It can be a liability at this stage...especially with the school, they may be so worried of what may come up on their plate, liability issue because we just had a couple of situations just, that's not what we want. So once we come up with something we talk with [staff at SERC] because they kind of have an idea of what you can or can't do and they will be "no", try to think of something else, they were always helping us through the ideas*

*I think the only challenge that we have come across this year is that we had a little trouble make, getting up the pamphlet, doing it the proper way that the community will accept, because the youth they are "oh, yeah, that's okay, nobody is going to make a big deal of that", but then we have to realize that it's not what people want, to have the school division behind us.*

The group also found challenging having to include the diverse opinions of youth who participated in the focus groups from urban, northern and rural regions for the development of the address book. The book was meant to be distributed to high school students in Manitoba.

This is a major challenge in trying to implement a completely youth-led process. On the one hand it is important to keep the principles of respect for youth processes and products intact; however, as an organization, SERC also has to maintain relationships and open doors within a system and society that may not be ready to openly to discuss sensitive topics such as those related to sexuality.

It has also being challenging at the personal level as some members of the S Team were not ready to do some of the work, and had to get out of their "comfort zone" and take the risk of engaging in a type of project different to most of their previous group or volunteering experiences. In some cases, the youth had to navigate their personal relationships and situations that potentially could put them in stressful situations: "Sometimes I feel that they could be judging me, because I am here it doesn't mean and I know stuff doesn't mean that I am having sex, but they just kind of think so."

From acoordination and organizational perspective, the recruitment and outreach process and the constant mentoring as people come and go are issues that were not fully anticipated for at the beginning of the project.

## The Impacts and Benefits

All evaluation participants pointed out the impact that participating as an S Team member had on their personal lives. They have benefited in a number of ways by strengthening or creating new friendships, increasing their commitment to the work, acquiring new knowledge beneficial both to their friends and peers, as well as to themselves.

Besides learning new information, all participants have built their skills in transferring knowledge about STI/HIV prevention to other youth. Some mentioned new learning in resource development and event and conference organizing. Their level of comfort with the topic and with sharing information with other youth has increased.

*I found that because I am in the S team now, I find it easier to talk to groups. I am a better speaker, publicly. I am able to give people information. When people ask me about sexual health related things and I have been able to educate them.*

*Personally it has helped me in speaking in public. I am just more open, even with my parents, I guess sometimes I say something and “oh, wait, did I just say that?” because I don’t feel nervous talking about sex or anything like that.*

*I think that I learned to be more open about the issues, because they are taught hush-hush about it, not the whole world is open about it. This is the place where you can say it, anything goes and that’s cool. It is really good because even with my family I can go home and my [sibling] would ask me a question and that’s cool. Now, I have friends who know that I am involved here and they would phone and “Hey, I got a question for you” so, that’s kind of cool to be able to help like that.*

New areas of learning were also identified by workshop participants in the end-of-workshop evaluations. Responses included general information on sexually transmitted infections and HIV/AIDS and the seriousness of STIs, especially those that “never go away”; how to correctly put on a condom; and safer sex.

For members of the S Team, participating in the National Hepatitis C Youth Symposium provided an opportunity to link some of their knowledge to real life experiences from those living with the disease and to strategies for peer outreach.

The project has acted as a vehicle for linking people and facilitating friendships and communication among groups of youth who otherwise would not have had this opportunity to meet or interact.

*The people are really great here. I think it is really neat to see everybody from different groups, everyone is so different. I made friends within the group that I never would've probably even talked to because we have never would have talked.*

*I knew some of the people, but I wasn't friends with them. I met a lot of new people which is nice because that's how you make new friendships, doing stuff like this.*

*When I started, I knew some of the people, but I wasn't friends with any of them. I knew who they were and then, yeah...I know a few now, but never any that I had being friends before, and now I kind of had become friends with them.*

*I knew two of them and the group is about 10 people or so. Meet new people...it's cool because it is a different kind of a team, I've been involved in sports and all that and this kind of team is different because there is a huge amount of bonding going on, everyone is really honest with each other and so, that's so cool.*

The participants were asked to describe what they do with the information they have learned when outside the group. All the participants stated that they talk with other youth and family members and share information. As youth have become recognizable faces attached to the S Team, they are starting to be approached for information by other youth.

*Usually when I am talking with my friends, on the Internet or something and then they ask me questions because they don't know something.*

*I think I had a few people that had come to me because they were questioning being gay and not a very open place to come out of the closet, in high school, so. I think that that was a huge thing, I had a few people and like I felt that I was privileged, that I give the impression that I am open to stuff like because that's why I want to give up and I am glad that I am doing a good job of being approachable. I think that that's something that I learned here.*

*I guess about situations, incidents that have happened and they don't know how risky they were, what they need to know to see if they are alright after or not. After a night of partying they don't know exactly what happened, so they want to know what they need to do and who to see, so that's cool.*

Some participants are receiving very concrete benefits from their participation. The project provides an opportunity for them to obtain one Grade 12 credit. This

was important for two reasons, because the work is enjoyable and because “I think that it is something good to put on my transcript. That gives the opportunity for people to ask you about it and then you can tell what you did.” In addition, one participant used the project as the main topic of a school presentation.

Again, the organizational environment and the opportunity to participate have positively impacted on youth’s attitudes and perspectives.

*I think Brandon is very sheltered, but because of SERC getting to see people from different places, in different situations and really diverse backgrounds, it has been a huge learning experience for me.*

To secure additional supports for youth participating in the S Team, SERC applied for and obtained funds for a summer student position. All members of the S Team were advised of the position and one of them was employed.

Youth received an honorarium at the end of each fiscal year to acknowledge their contribution to the project. They also were able to receive some prizes from donations collected from local businesses. The prizes included food, gift certificates from clothing or accessory stores, and jewelry.

Although most of the impacts on the lives of the S Team members were positive, one participant indicated that volunteering with the group had a negative effect on a friendship where differences in perspectives and attitudes around sexuality made the relationship grow apart.

From an organizational perspective, SERC has benefited from this project by moving further with the commitment to engage young people and address their sexual health needs. It has been a “reality check” in terms of rethinking how open SERC is when it comes to accommodating youth. In the last year, SERC has seen young people increasingly access resources. Although there were not specific tools designed to track the connection between the S Team work and the increased requests from youth for resources, some factors seem to connect this increase with the S Team’s work. For example, the age, time of day and type of resources distributed seem to indicate a connection with the S Team. There has been an increase in walk-ins from teenagers on their school breaks coming to pick up condom key chains, stickers and condoms at SERC.

## **Improvements and Suggestions**

Participants in the evaluation provided a number of suggestions that they feel fit with the purpose of the S Team. Most of these suggestions are intimately related to the current work, such as increasing the number of presentations at school, and increasing opportunities to reach out to rural youth.

*The school will continue to be the big thing. It will be good to do more stuff out of town, like places half hour, forty five minutes, to places where they don't have the resources that we have here, maybe because some kids don't have a license to get into town. I think that that should be a big thing. The workshop is something that needs to happen more than once a year; maybe to go to a small town and do a workshop like that for a day with them.*

As already mentioned, rural youth are at disadvantage when it comes to having access to relevant and appropriate sexuality education. The S Team should provide the education or as one participant indicated, the Team could help set up similar programs in other regions and small towns.

*Small towns don't have the resources and really they don't have the knowledge because their teachers may be someone's mom, someone's dad, aunt, mom's friend, so they would be more hesitant about saying anything that they probably should, so to have open communication with kids from areas around that need the information, I think...*

Specific events in Brandon have prompted youth to reflect on the need for a greater emphasis on the topic of drugs in their workshops. This also prompted the need for further training in this area.

*I think that we should do more on drugs. Because there was a cocaine drug bust at a high school...I know people there! It's like everyone's doing it, doing all different kinds of stuff. We had a few presentations on drugs and seeing videos and stuff, but I don't think that everyone else out there knows the effects of drugs.*

*I think that we need more training on [drugs], more information. That was some stuff that we didn't get enough on it, that didn't stick.*

With additional resources garnered for the project by SERC, the group was able to explore in more detail related issues to HIV/AIDS prevention such as anti-homophobia and Hepatitis C. Those attending the youth symposium on Hepatitis C were extremely alarmed by the extent of Hepatitis C among youth and left with the feeling that the S Team could disseminate this information to other youth.

*I like the idea of incorporating Hep C stuff into what we do because I think that it's an issue people don't know about. And anything that we can do to get that information out it's awesome, to make a dent in people that don't know about it.*

Other areas of training identified were training in facilitation skills, including techniques such as videotaping for the purpose of providing feedback. Regarding

feedback, experienced SERC staff were not able to attend the S Team presentations on a regular basis, which would have been an important method to continue to build skills with the youth.

Related to training, one of the participants believed that more participation in youth leadership conferences and workshops would have been an added benefit.

Other ideas for action included increased distribution of condoms and to have a monthly evening drop-in to increase youth access to SERC services.

*If we had a day where people would just come in; because I think that even for people to come in for information if they want, and the hours are kind of limited here, it's during school, if there is an evening drop in where you can come and there would be people here who could answer questions.*

The process of creating resources such as the Address Book was appreciated and youth demonstrated an interest in participating in this process. This allowed for expanded creativity and options for youth.

One of the participants indicated that the format and content of the presentations, while developed with youth input, were pre-determined, leaving S Team members little to do except prepare the materials for presentations. According to this participant the group has to “plan things together.”

## Conclusions

The goal of the project was to strengthen the voices and involvement of youth in their own education regarding sexuality, including HIV/AIDS and its connection with alcohol/drugs by developing resources, and sharing their knowledge with their peers.

A number of activities were designed to accomplish the objectives. First, however, it is important to identify the elements that have facilitated the work of the project. The project has been successful in creating an environment that supports youth engagement and skill-building. Some key elements include:

- Creating a safe/non-judgmental environment;
- Sharing a common interest;
- Coordinator of the process that is accessible, committed and trusted;
- Manageable workload and clear expectations;
- Youth for youth approach

The following chart includes a summary of the results of the project as they address the objectives that appeared in the project proposal.

<b>Objectives</b>	<b>Outputs</b>	<b>Outcomes</b>
To increase the participation of rural youth in sexual and reproductive health education	<p>A project coordinator from the target group was hired to coordinate the project</p> <p>The project coordinator became permanent staff to continue sustaining youth activities</p>	<p>The project coordinator was able to successfully connect with members of the S Team and other youth by:</p> <ul style="list-style-type: none"> <li>▪ Attending to participants' personal needs</li> <li>▪ Having accessible meetings, e.g., after school, food</li> <li>▪ Preparing focused meetings and also creating the opportunity for team building</li> </ul>

<b>Objectives</b>	<b>Outputs</b>	<b>Outcomes</b>
	<p>A group of youth was established to create the S Team early in the project</p> <p>Between 11 and 19 youth have participated as members of the S Team throughout the life of the project</p> <p>The S Team is composed by mostly female, in school, Brandon-based from diverse background youth</p> <p>The S Team met on bi-monthly basis</p> <p>The S Team volunteered 2111 hours from September 2003 to March 2005</p> <p>One member of the S Team was hired for a summer position at SERC in 2004</p>	<p>Sustained interest in participating in the S Team has been demonstrated by</p> <ul style="list-style-type: none"> <li>▪ the commitment to attend regular meetings</li> <li>▪ get involved in workshop facilitation</li> <li>▪ get involved in resource development</li> </ul> <p>Involving males has been difficult due to their participation in sports and other out of school activities; but also to perception that they may not be interested, feel embarrassed or ready about doing this work.</p> <p>Increased volunteer capacity of SERC Brandon.</p> <p>Increased work experience</p>
	<p>S Team conducted 6 focus groups in Brandon and rural communities to better attend to youth's needs</p>	<p>Focus groups confirmed and enhanced knowledge and insight on the minimal education received in STIs, the lack of understanding of certain terminology used in presentations, the need for updated information, the presence of teachers that were uncomfortable providing sexuality education. It was found that a peer model, the use of visuals, and small group presentations were more suitable for the participants</p>
<p>Youth to develop skills in the area of sexual and reproductive health, resource development, evaluation and research methods and techniques.</p>	<p>The S Team received training on focus group facilitation and workshop facilitation.</p> <p>The S Team engaged in hands-on experiences and mentoring in facilitation, conference/event organization and resource development resulting in</p> <ul style="list-style-type: none"> <li>▪ 74 workshops</li> <li>▪ Creation of resources: key chains, stickers, condoms, pamphlet addressing the intersection of STIs/HIV and drugs and alcohol, address</li> </ul>	<p>Increased confidence and ability to facilitate workshops, elicit youth perspectives on sexuality issues and create resources</p>

<b>Objectives</b>	<b>Outputs</b>	<b>Outcomes</b>
	<p>book.</p> <p>The project coordinator facilitated a workshop in partnership with Y.E.A.H., Planned Parenthood Regina at the 2<sup>nd</sup> National Hepatitis C Youth Symposium</p>	
<p>To increase knowledge and awareness of sexual and reproductive health issues for rural youth</p>	<p>The S Team received training on sexuality, HIV/STIs, Hepatitis C and other related topics</p> <p>Members of the S Team participated in in- and out- of province conferences</p> <p>S Team conducted 74 workshops for youth in rural schools on safer sex, protection, and influence of drugs and alcohol on decision making. They reached a total of 1105 youth.</p>	<p>Increased knowledge about HIV/STIs, safer sex and influence of alcohol and drugs in sexual decision-making and other related topics reported by members of the S Team</p> <p>Evaluations from the workshops indicated that youth found it appropriate that other youth made the presentations. They also found humour an important element of the experience. They also increased their knowledge and skills, e.g., use of condom, keeping safe, and STIs and HIV/AIDS</p>
<p>To increase awareness of and connection to social and medical services and referrals on sexual and reproductive health for rural youth in the Region.</p>	<p>Increased number of walk-ins at SERC Brandon</p> <p>Workshops delivered by S Team include information about resources available to youth, including those provided by SERC</p>	<p>Increased knowledge and awareness of services by S Team and other youth</p>
<p>To strengthen community partnerships in the Region on sexual and reproductive health issues.</p>	<p>A Community Advisory Group with 6 members from different local agencies and organizations met regularly during the life of the project.</p> <p>Members of the CAG contributed 198 hours to the project.</p> <p>Various local organizations and businesses in Brandon and Killarney donated items (e.g., gym pass, free meals, jewellery) to acknowledge members of the S Team's participation.</p>	<p>The CAG was instrumental in</p> <ul style="list-style-type: none"> <li>▪ Outreach to rural areas</li> <li>▪ Providing resources</li> <li>▪ Providing access to education opportunities for youth</li> <li>▪ Providing insights on overcoming barriers faced by youth in doing the work.</li> </ul> <p>Members of the CAG becoming members of SERC Advisory Committee</p> <p>Increased awareness of S Team among social and health care services and businesses</p> <p>Members of the CAG were also able to use resources and ideas from the project and network with</p>

Objectives	Outputs	Outcomes
		other agencies around youth and sexuality issues.
To engage schools, social services and communities in the delivery of sexual and reproductive health messages in the Region.	5 members of the S Team obtained one or half school credit for volunteering with the S Team.	Increased presence of the S Team in the delivery of sexuality education in the school system  Increased request for presentations by schools.

The project was meant to address some of the determinants of health, primarily *Social Support Networks*, by creating a safe environment where opportunities are created for youth-to-youth connection, formation of friendships, and youth driven activities. The project has also increased SERC's responsiveness and support for youth. The other determinant of health we intended to address in this project was the influence it might have on *Personal Health Practices and Coping Skills*. By creating a safe environment for enhancing positive self-esteem, coping skills and decision-making skills to better equip youth to assess risks and reduce the risk of harm, this determinant of health was also addressed.

We have also been able to identify other determinants that have been addressed. For example, the project has addressed *Income/Employment* by providing concrete employment opportunities at SERC for youth, and by providing many opportunities for skill-building and networking, and providing reference letters, all of which could aid youth in future employment. The project also provided a small monetary contribution for S Team members at the end of each year, to recognize their contributions.

Initially, the project was focused on addressing only one of the ACAP funding approaches, that is, prevention initiatives. However, this project has been able to build organizational capacity, enabling SERC to be more responsive, more accessible and ultimately better serve youth in addressing youth's sexual health needs. In this regard, the project has also addressed ACAP's interest in assisting organizations to become stronger in their responses to dealing with HIV/AIDS.

## **Recommendations**

Based on the suggestions of evaluation participants and project documentation, the main recommendations are:

- Increase opportunities for presentations with youth in rural communities
- Explore the incorporation of other issues of interest such as drug use and its connection to sexual decision making/transmission of STIs/HIV; and Hepatitis C
- Provide training on drug related issues
- Provide training on facilitation and leadership skills. SERC experienced staff should provide more structured feedback to the youth presenters
- Increased opportunity for accessing sexual health and other youth relevant information and resources such as condoms, by having a regular evening drop-in
- Continue to create youth-appropriate resources
- Increase involvement of youth in the development of content of the presentations

Overall, the youth who have participated in the project will continue to disseminate information and raise awareness on STI/HIV prevention and other related issues with youth in Brandon and in surrounding rural areas. Still, continued systematic work will be necessary and continuity and similar future projects, that build on existing capacity and take the work further, based on project learnings and recommendations will be needed. In having the coordinator of the project become permanent staff at SERC, the organization will continue to play an instrumental role in sustaining and further exploring youth involvement in sexuality education and STI/HIV prevention.

# **APPENDIX A**

## **SAMPLE OF PROJECT MATERIALS**

## **S Team**

### **Focus Group Questions**

1. As we are interested in sexuality related issues, we would like to know first what are the issues that you have discuss or learned about in the last year
  - i. Probes: HIV/AIDS, birth control, physiology/anatomy/changes in your body, relationships, risks associated with sexual behavior
  - ii. How informed do you feel about these issues? What have you learned about them?
2. How concerned are you about these issues? What are the reasons we need to take care of these issues?
3. What comes to your mind when you hear about drugs and alcohol?
  - i. Probe: role that drugs and alcohol play in people's sexuality
4. How do you get or have you gotten information about things like sexuality, birth control, etc.?
  - i. Probes: parents, relatives, friends, counselors, teachers, books, family doctor, presentations, TV, magazines, Internet, etc.
  - ii. How far do you go in discussing the information?
  - iii. What formats work best for you? (e.g., written, visual, informal, formal, etc.) What are the reasons they work the best?
  - iv. What "messengers" work the best for you? (e.g., youth talking to youth, health care providers, etc.) What are the reasons they work the best?
5. How do you feel about the information that was given in the past?
  - i. Such as B.C., STI's, sexuality, others.
  - ii. What did you get out of it?
  - iii. How did you use it?
6. What are the areas that you want to know more about?
7. How would you like to learn about this information?
  - i. Format: presentations of different sort / methods of delivery
  - ii. What needs to happen for you to feel comfortable talking about these issues?
8. What would be the most effective argument you could use with your friends to make them more aware of HIV/AIDS and STIs and their risks?

## **S Team**

### **Presentation Outline**

- Introduction: who we are and SERC
- Ground Rules get group to set the rules
- Ice breaker
- Different STI's curable and non curable
- HIV/AIDS
- Modes of Transmission
- How do you know you have an STI SIGNS
- Protection condom storage and condom checklist
- Demonstration
- Drinking info
- People break up into groups and flip chart what happens at party's than come together as a large group and read answers.
- Prevention
- Drinking and sex role play

## S TEAM Sexually Transmitted Infections

Icebreaker: Which will vary depending on age group.

**STI- is an infection (from bacteria or a virus) you can get from having sex with someone who has the infection.**

**Bacterial/Curable** means that you can get treatment and get rid of the STI forever

**Viral/Non curable** means that the virus lives in your body forever

Bacterial/Curable:

Chlamydia

Syphilis

Gonorrhoea

Crabs

Non-Curable:

Genital Warts and HPV

Hep B

Herpes

HIV/AIDS

Many people have an STI and not know it!!!

-80% of women do not have any signs or symptoms of STI

-20% of men do not have any signs or symptoms of STI

Chlamydia is the most reportable STI in Manitoba.

### **HIV/AIDS**

A-acquired

I-immune

D-deficiency

S-syndrome

H-human

I-immunodeficiency

V-virus

HIV is a virus that lives in human blood. It's not in everyone's blood, just in the blood of people who are infected. This could be anyone, regardless of age, skin, color, sexual orientation, religion, or nationality. Once it is in your blood there's nothing you can do to get it out. But there are many ways to protect yourself from it.

Before you can be diagnosed with AIDS first you have to become infected with HIV, the human immunodeficiency virus. Once you are infected the virus lives in your blood, and over many years weaken your immune and nervous systems.

During these years you'll have almost no symptoms so unless you've been diagnosed as HIV-positive, there's good chance you won't know there's anything

wrong. Some people have been known to live up to 25 years HIV+. You can not get HIV from hugging, kissing, coughing, sneezing, sharing food or utensils, swimming pools, sweating, mosquitoes, and toilet seat.

Within time HIV progresses from an infection to a life threatening disease, AIDS. There are four stages.

1. Begins after the infection and can last a few weeks. Stage one is marked by an illness that's a lot like the flu. An HIV test done at this time may not show infection.
2. The stage can last up to 10 years. During this time there are almost no symptoms and the person may look and feel perfectly healthy. But their CD4 cells are losing the battle.
3. The stage begins when the body's CD4 cells are overwhelmed by the huge amount to virus that lives in the blood. At this time the immune system is failing and it's a perfect time for infections to move in. These infection would be easily fought off but because of the weaken immune system your body is not able to.
4. When the symptoms of disease such as tuberculosis or cancer become very severe, an AIDS diagnosis follows.

You can catch AIDS through 4 different ways:

1. Blood
2. Semen
3. Vaginal fluids
4. Breast milk

Examples: unprotected vaginal or anal sex with an infected person, unprotected oral sex especially by letting a guy comes in your mouth or by going down on a woman who has her period. Also AIDS can be transferred by sharing dirty needles, and it can be passed during pregnancy or birth.

## **Modes of Transmission:**

**Red:** high Risk for Transmission:

- Unprotected vaginal intercourse
- Unprotected anal intercourse

**Yellow:** moderate risk for transmission:

- Oral Sex
- Using latex condoms for vaginal and anal sex

**Green:** No risk for transmission:

- Kissing, showering together, massage, holding hands, mutual masturbation, phone sex.

### **How do you know if you have and STI:**

S-sex organ discharge; unusual discharge

I-irritation when urinating or burning sensation

G-genital itching: persistent itching

N-noticeable pelvic pain- new or ongoing pain

S-skin changes; sores, rashes, or blisters

You can still have an STI and have no signs!!!!

What can you do to protect yourself?

1. Abstinence: simply do not engage in sex
2. When you are ready practice safer sex
3. Don't have sexual contact with anyone who has any of the five common signs.
4. Only be with one person at a time
5. Go for STI testing on a regular basis
6. Use a latex condom for vaginal, anal and oral sex

- There are 3 things you need to check for before you use a condom

#### **Condom Check List:**

- Expiration date
- It must say latex condom will help reduce the risk of pregnancy, HIV, and STI's
- Check to see if the condom is damaged or not

If you think you have been exposed to an STI:

1. Go to a doctor, walk in clinic and get tested
2. Tell your partner so they can go for testing and treatment if needed
3. Take all the medication prescribed
4. Go for a follow up visit before becoming sexually active again

Birth control pills, sponges, foam, deprovera shot, Ortho Evra (patch), and inter uterine device do not protect against HIV/AIDS and STI's

Other ways of protecting yourself from HIV:

- Use a new needle each time you inject drugs or clean the needle thoroughly with bleach

### **Piercing and Tattooing:**

*Is the place a licensed piercing or tattooing facility?*

#### **Safer Piercing:**

- Jewelry should be surgical steel or 14-18 carat gold
- Sterile surgical, single use disposable piercing needles must be used for body piercing
- The artist must clean the area to be pierced with soap and water and then with a skin antiseptic such as alcohol.
- Do not leave without written after care instructions
- If the pierced area becomes red, swollen, and tender or if puss develops, you may have an infection. See your doctor immediately.

#### **Safer tattooing:**

- Use sterile needles in peel away packages ever time
- Use special non-toxic skin dyes or pigments. Other inks such as pen ink are toxic and must not be used. Ink should be placed in little individual disposable cups.
- Use fresh ink sharing ink is like sharing dirty needles.
- Clean the area to be tattooed with soap and water and then with a skin antiseptic
- Make sure you leave with written aftercare instructions.

With both piercing and tattooing the artist should be wearing latex gloves at all times!!!!

#### **What happens to you when you drink?**

- Explain: alcohol goes directly from your stomach into your bloodstream. It is quickly carried to your brain, liver and other major organs in your body. Your liver helps you get rid of the alcohol, but if you drink more than you liver can handle, alcohol builds up in your body. The more alcohol there is in your body, the more impaired you become. Only time will sober a person up. Drinking coffee will not help! It takes about an hour for the liver of a healthy 150lb man to get rid of one drink.

## How does the body defend itself?

PUKE – gets it out of your system quickly; gag system says go.

PASS-OUT – body shuts down so that you can't consume anymore  
If you drink quickly (i.e. the funnel, boat races) and then pass out your Blood Alcohol Level continues to rise until all alcohol is processed in your body.

Alcohol leaves your body via breath, sweat and urine.

Your body processes alcohol at a rate of about  $\frac{3}{4}$  of an ounce of an ounce per hour. Therefore, if you drink 6 drinks in an hour, after 60 minutes, you still have 5 ounces of alcohol in your body.

### **WHAT FACTORS AFFECT HOW QUICKLY A PERSON GETS DRUNK?**

- ❑ A PERSON'S WEIGHT – a person with a greater body weight (muscle, not body fat) will have a lower blood-alcohol concentration than someone who has consumed the same amount of alcohol but has less body weight.
- ❑ TOLERANCE – individuals who have a long history of drinking alcohol develop a tolerance and require more of it to experience the effects of intoxication.
- ❑ FOOD INTAKE – how fast the alcohol is consumed and the amount recently eaten both have an effect on how quickly a person gets drunk; eating while drinking can slow down the absorption of alcohol although it does not stop the process of becoming intoxicated.
- ❑ MOOD AND ATTITUDE – moods and attitudes can affect behavioral reactions to drinking.

## What can you do?

- For the ladies if you know you are going out drinking don't shave your legs
- Where ugly granny underwear
- Eat before you go out drinking
- Limit yourself
- Don't let anyone talk you into drinking more than you want
- Don't mix alcohol Watch your drink if you leave your drink unattended do not drink it
- Mix your own drinks so if you are worried about people thinking that you are a wimp about how fast you are drinking than pretend you have put liquor in your drink but really don't
- When you go to the bathroom dump out half or all your beer if ya want or pour it into a plant

- Don't have sex: have you ever woken up in the morning or no someone who has and been like what I have done. Chances are if you were sober you would not of had sex with the person
- Don't use dirty needles
- Use a condom
- Buddy system - watch out for each other
- This goes for both girls and guys when someone says no they mean no



## ***Promoting Sexual Health Through Education***

January 5, 2004

Attention: Guidance Councillor

The Sexuality Education Resource Centre is proud to host our first Youth Sexuality Conference open to young people aged 13-19. The conference will be held at Brandon University on February 18, 2005. This is a terrific opportunity for young people to learn about HIV/AIDS, STI's, safer sex, and how drugs and alcohol affect their decision making abilities. Participants will have the chance to network with other youth from rural Manitoba.

The Sexuality Education Resource Centre is a community based, non-profit, pro-choice organization, committed to promoting universal access to comprehensive, reliable information and services about sexuality and reproductive health issues.

There will be a \$10.00 registration fee to cover some of the costs associated with the conference. Space is limited! We would like representation from around the region so we are asking that each school is limited to 6 participants.

Enclosed is a registration form, feel free to photocopy and distribute it. Registration forms can be faxed to 204-729-8364 by January 28, 2005. Agenda will follow once finalized.

If you are interested in attending or require more information, please contact Kerri Judd or Sherryl Melnyk at 204-727-0417.

Thank-you,

Kerri Judd

### **Sexuality Education Resource Centre Manitoba, Inc.**

□ WINNIPEG · 2<sup>ND</sup> Floor – 555 Broadway · Winnipeg, Manitoba, Canada R3C 0W4 · Telephone (204) 982-7800 · Fax (204) 982-7819

□ BRANDON · 719 Rosser Avenue · Brandon, Manitoba, Canada R7A 0K8 · Telephone (204) 727-0417 · Fax (204) 729-8364

□ Facts of Life Line 947-9222 in Winnipeg □ Toll-free outside Winnipeg 1-800-432-1957 □ Internet: [www.serc.mb.ca](http://www.serc.mb.ca) □ E-mail: [info@serc.mb.ca](mailto:info@serc.mb.ca)

**1<sup>st</sup> Youth Sexuality Conference**  
**Brandon, Brandon University**  
**February 18, 2005**

**Summary of Evaluation Findings**

Twenty three complete evaluation forms were returned with over half being completed by grade 10 students. Girls represented over eighty percent of the respondents.

All the different workshops were equally enjoyed by youth. The use of skits, games and interactive activities format was more appropriate as youth indicated that the workshops allowed for “hands-on experience”, “it was fun and made me understand everything better” or “how the audience got to interact”. Youth were also able to identify some issues they learned. The most common issues were learning to use a condom, facts about sexually transmitted infections and the risks of unprotected sex.

The participants were satisfied with the presenters and facilitators as they saw them as “knowing what they were talking about”, honest, and fun.

Among the less liked elements of the conference were the pictures about STIs, or that “cold hard facts” workshop was lengthy. Other elements were related to the organization of the conference. In this regard, the main comments were that the breaks were too long, the rooms were hard to find and that the participants had to do a lot of walking to get to the workshops. Also, it appeared to have started too early for those outside of town.

One of the most salient findings was that *about 40 percent of the participants indicated that the fact that youth were the main actors of the presentations and facilitation of activities*. Some of the comments were: “teens putting [the conference] on and talking about it is better” or “it is good to hear from people close to our age”. This finding demonstrates the importance of peer approaches to sexuality education with youth.

About all those who returned a complete evaluation form indicated that they would attend another similar conference.

**Workshop Abstract Submission to the  
2<sup>nd</sup> National Hepatitis C Youth Symposium  
From Planned Parenthood Regina**

**Title of Workshop:** Y.E.A.H. (Youth Educating About Health)  
A Community Capacity Building Workshop

**Facilitators:** Christine Bilinski, Project Coordinator  
Planned Parenthood Regina  
1431 Victoria Avenue, Regina, SK S4P 0P4  
(306) 522-0902  
Email:

Erin Levy  
Courtney Seguin  
Y.E.A.H. North

Kerri Judd  
The S Team  
Sexuality Education Resource Centre  
161 8<sup>th</sup> Street  
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kerrij@serc.mb.ca

**Brief Description of Workshop:**

With funding from Health Canada, YEAH recruited a steering committee of youth from in and around Regina who have been developing and delivering innovative, interactive education to youth between the age of 11 and 25. The initial focus on alcohol/drugs and their affect on sexual decision making recently expanded to include education about Hepatitis C. In addition, a second YEAH site has been created in Iqaluit, Nunavut.

Based on the success of the Y.E.A.H. program a similar project known as The S Team was created in Brandon. The S Team was initially funded by ACAP and will receive ongoing funding from the local United Way. Like YEAH, they develop and deliver peer education initiatives focused on the connection between sexual decision making and alcohol and drug use. The S Team has recently received funding from MB Health to revise a health promotion resource for young people; this address book will be distributed through community organizations and to all grade 9 and 12 students in the province.

In addition to sharing youth feedback on the use of alcohol/drugs and sexual health, this workshop will have the coordinators of all three projects talk about their programs and how they have grown and continue to evolve. As a result of the diverse regions these projects touch, this workshop will also share the various approaches to educating in urban, reserve and rural communities. As well, recent results from a research project will be shared illustrating common youth behaviors in relation to accessing services.

### **How will workshop participants be involved?**

This workshop will provide participants with the opportunity to “play along”. A variety of educational methods and games will be presented, and workshop attendees will be asked to participate.

### **Brief description of the skills/knowledge participants will gain from the workshop:**

Participants will gain an overview of the common concerns shared by the three projects and the adaptations that were needed to address the unique needs of the projects. The workshop will also speak to how the sharing of the information has helped all of the projects.

Participants will have the opportunity to learn and participate in educational, inter-active games.

Participants will get helpful tips on creating and building cohesive youth peer education teams.

## **APPENDIX B**

### **EVALUATION TOOLS**

## **Empowering Rural Youth Towards Healthy Sexuality** **Interview with Participants of the S Team**

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1. Can you describe for me how did you get involved with the project?  
(Probes: motivations for joining/participating and staying)
2. Can you summarize for me the activities in which you were involved as member of the S Team?
3. How has the project/S Team affected you? (Probes: skills built around focus group and workshop facilitation, communication/dissemination, decision-making processes) - Understanding of sexuality related issues; understanding of project work.
4. What things helped you to make a contribution to the work of the group and the research project? (Probes: rewards – monetary, friendship, knowledge – guide, work style, meeting environment, coordination, decision-making process)
5. During the last year, what have been the challenges that you faced in participating in this project? (Probes: attending meetings, getting products accomplished, communicating with peers and coordinator)
6. What happens outside the group with the things that you talk about/do in the group (with other youth)?
7. Now, in general, where do you think any work involving youth by SERC should go from here? Where do you think you would like to go in continuing participating in the S Team or any other youth project with SERC?
8. Is there any other information about the project or other aspects of the project that you think would be useful for me to know?
9. What approaches worked, i.e. felt they were successful – why? What approaches/processes were not successful – why?

## **Empowering Rural Youth Towards Healthy Sexuality**

### ***Interview with Project Coordinator***

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1. Can you summarize for me the activities carried out during the life of this project?
2. What have been the benefits of getting young people involved in this project? Probes: youth-friendly processes and product development informed by “experts” in rural youth culture, group of youth committed to action?
3. What practices established during this process can be considered as “promising practices” in the process of fostering youth-led project/activities? Probes: What it takes to pull off a youth-led project? Peer communication in project development? Mechanisms used to make sure that everybody was able to contribute to the project?
4. What are the challenges of involving youth in this process? Was there any challenge in engaging youth and keeping them engaged throughout the project? Was there any particular challenge in any particular aspect or activity?
5. What kind of organizational support has the project and you received throughout its duration? Was this the expected support?
6. Where do you think the project needs to go from here? (including organizational support)
7. Any recommendations for further involvement of youth in this specific project?
8. Youth participation/attendance?
9. Insights/ideas offered by S Team members?

## **Empowering Rural Youth Towards Healthy Sexuality**

### ***Interview with SERC's Associate Executive Director***

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1. From an organizational (i.e., SERC Brandon) perspective, what are the benefits of supporting this type of project – i.e., youth-led programming?
2. What are the challenges that SERC Brandon have faced in supporting this project?
3. What does any organization need to take into account when supporting or developing a project like this or continuing supporting youth work? What it takes from an organization to pull off a youth-led project? (e.g., organizational readiness, right project coordinators/facilitators)
4. What has SERC learned regarding the development and implementation of this type of project – inclusion of youth-led activities? How has the project impacted the approach of the organizations regarding youth involvement in program/project development?
5. What can you tell me about the partnership between the two organizations? Has there been any problem to this relationship? Any rewards?
6. What are the “real costs” associated with the project? (e.g., explore – efforts required to make project “work”? – time demands? – budgetary implications, etc.)

**Empowering Rural Youth Towards Healthy Sexuality  
The S Team**

**Sexuality Education Resource Centre**

**Community Advisory Group (CAG)  
Feedback Questionnaire**

The role of the CAG was to:

1. To advise on specific project objectives, direction, design, community trends and needs;
2. To ensure that the ACAP project is well positioned within the broader community and to facilitate co-operation regarding project design and implementation;
3. To ensure that the ACAP project receives feedback on the appropriateness and effectiveness of programming;
4. To advise on program implementation strategies and program principles;
5. To assist with promotion of the project in Brandon/Assiniboine communities;
6. To assist in outreach and selection of youth participants;
7. To advocate on behalf of community needs;
8. To promote liaison between the project and educational, health and social services;
9. To ensure that the project continues to receive input on community needs regarding values, beliefs, issues and attitudes about HIV/AIDS, sexuality and reproductive health issues.

1. How successful was the advisory committee in carrying out its role as defined above? Please comment
2. Which task(s) did the advisory committee do well? Why?
3. What facilitated your contribution to the work of the committee? (e.g., communication with SERC, with other members of Advisory Committee, other available resources, acknowledgement of your contribution, etc.)
4. What got in the way of your contributing to the work of the committee?

