



Planned Parenthood of Toronto

Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System

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Executive Summary

“Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System” was a three month consultation initiative undertaken by Planned Parenthood of Toronto (PPT) in 2004. The primary goal of the project was to increase Planned Parenthood of Toronto’s capacity, including knowledge, to serve the community of women living in shelters.

Female sexual and reproductive health has long been narrowly defined in terms of the ability to conceive and bear a number of healthy children (Shroff & Clow, 2003). Now there is a realization that women’s sexual and reproductive health involves more than child birth.

Planned Parenthood of Toronto’s “Women’s Needs Assessment Project” highlighted the need to investigate extending its sexual health services to adult women who have not traditionally been reached by PPT. The key informants of this project strongly expressed the view that sexual health for women should mean more than “medical/clinical” services. Furthermore, informants identified that sexual pleasure and safer sex negotiation were absent from sex education, which mainly focused on birth control and sexually transmitted infections.

This project was created to examine the sexual and reproductive health needs of adult women within the shelter system. The consultation process’ findings will assist PPT in modifying current sexual and reproductive health workshops and creating new programs specifically designed for women in shelters.

The project involved individual interviews with service providers and a consultation session with women living in a shelter. Those shelters that participated were located in Toronto Central (2), in Toronto East (2), and in Toronto West (1).

All participants thought sexual and reproductive health topics must be addressed within the women’s shelter system. Data from the consultation process highlighted five main topics: 1) sexually transmitted infections, 2) safe sex practices, 3) birth control options, 4) negotiation skills, and 5) sexual pleasure. The project also examined successful delivery methods for PPT to use when creating their programming.

Overall, this consultation process provided valuable information regarding the sexual and reproductive health needs for future programming.

Purpose and Goals of the Initiative

The purpose of this initiative was to increase Planned Parenthood of Toronto's capacity, including knowledge, to serve the community of women living in shelters.

The foci of this project were to explore and identify sexual and reproductive health issues of women in the shelter system, specifically:

1. the need for sexual and reproductive health programming
2. the sexual and reproductive health needs
3. the appropriate delivery method for sexual and reproductive health programming

Based on this consultation process, Woman2Woman will create programming specifically targeting this community of women. Overall, shelter residents will benefit from sexual and reproductive health programming provided by PPT as it will increase their capacity to address and heighten their awareness of sexual health issues.

Background

ORGANIZATION DESCRIPTION

Planned Parenthood of Toronto (PPT) is a community based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services that promote healthy sexuality and informed decision making to the people of the City of Toronto.

PROGRAM DESCRIPTION

Woman2Woman (W2W) is Planned Parenthood of Toronto's (PPT) satellite program at the Bay Centre for Birth Control (BCBC). Woman2Woman provides sex-positive, inclusive, non-judgemental, and pro-choice education and information that empowers women to make their own decisions about their sexual and reproductive health within a collaborative model of medical-service delivery at the Bay Centre for Birth Control. This program at the BCBC is Planned Parenthood of Toronto's only women specific program.

Woman2Woman volunteers provide face-to-face peer education and information to women on sexual and reproductive health issues including pregnancy options, birth control options, healthy sexuality, sexually transmitted infections, HIV/AIDS, safer sex practices, and healthy relationships.

COMMUNITY NEED

Planned Parenthood of Toronto completed "The Women's Needs Assessment Project" (2002) to determine the opinions of diverse women on the existing health care systems. This initiative revealed the need to expand PPT's programs to focus more heavily on women and their health needs. In order to do this, it was decided that W2W would expand its activities and scope to create an outreach program focusing on various groups of women.

W2W understood that different communities of women had sexual and reproductive health needs that were not being met. The community group of women chosen to be examined first was the shelter system. PPT knows that women in shelters are a high-risk group that needs their attention because their staff members, especially the Community Health Promotion team, are frequently approached by service providers to conduct workshops within the women's shelters.

Planned Parenthood of Toronto's Community Health Promotion team already provides a standard workshop in this setting and now W2W will take over and expand this role to include more specific and tailored sexual and reproductive health programming.

KEY CONSIDERATIONS

Women Differ From Men

Women differ from men in the ways they experience illness, interact with health services, and in the types of disease and mortality from which they suffer from (Health Canada, 2002).

Society assumes that adult women are educated about their sexual health, are at a child-bearing age or are within a monogamous heterosexual relationship where knowing birth control options or safer sex methods is either routine or a lesser priority. However, women are still at high risk for developing sexually transmitted infections and unwanted pregnancies. While women with HIV and AIDS can experience many symptoms similar to those experienced by men, they are often faced with difficult decisions related to pregnancy and the possibility of mother-to-fetus transmission (Health Canada, 2002).

Women are still predominantly seen to be responsible for birth control protection. This responsibility carries with it the assumption that women have been able to easily access ways to learn about birth control methods and that they have exercised their choice. However, women still face barriers in negotiating safer sex with a male partner (Health Canada, 2002).

Women In The Shelter System Are Unique

Women are not a homogenous group. Disability, race, ethnocultural background, socio-economical status, and sexual orientation have varying influences on women's health and on their interactions with health services (Health Canada, 2002). Women's shelters are made up of diverse women who are there for different reasons. To name a few reasons confirmed by service providers, women are fleeing abusive relationships, are homeless, are jobless, are newcomers, have mental health issues, and/or have drug addictions.

Women who are homeless experience extra health concerns such as poor nutrition, difficulties in maintaining menstrual hygiene, higher than average incidences of abnormal Pap smears and STIs, and higher risk than most men for HIV positive status and HIV infection (Kappel Ramji Consulting Group, 2002). The combination of these health concerns demonstrate the complex interaction and influence of the determinants of health on the health of women living in shelters.

Women who suffer or have suffered abuse may suffer from depression, experience minimal control in relationships, and have decreased self-efficacy (University Health et al., 2002). Furthermore, women who are victims of abuse report a greater number of sex partners, more episodes of different STIs, less use of condoms during most recent sexual intercourse, and more use of drugs or alcohol before sex (University Health et al., 2002). PPT must take into consideration all of these factors when creating a program directed towards women in shelters.

Newcomers are prevalent amongst the women's shelter group. The health of newcomers to Canada is largely determined by environmental and living conditions, and other changes in response to pressures associated with poverty, marginalization, and class inequity (University Health et al., 2002). In 1996, Toronto received 1.8 million newcomers (University Health et al., 2002). Annually, Toronto receives approximately 441,000 or 42% of new arrivals to Canada. In 1999, the majority of immigrants to Toronto were from China, India, Pakistan, Sri Lanka, and the Philippines (University Health et al., 2002). Therefore when PPT addresses women in the shelter system, care needs to be taken to ensure that programming is relevant and linguistically appropriate.

The "Women's Needs Assessment Project" allowed women to speak about being homeless and in the shelter system and how these two factors contributed to their feelings of powerlessness in their lives. Many women identified that abuse, immigration and the breakdown of the family contributed to their being in the shelter system.

Responding to this community demand, PPT decided to take action and look into the sexual and reproductive lives of women in the shelter system.

Methodology

This section provides an overview of the developments and process in the design and implementation of “Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System”.

After reviewing the recommendations from the “Women’s Needs Assessment Project” and identifying the community demand for sexual and reproductive health programming, PPT decided that they needed to discover specifically what programming each unique group required.

Discussions with PPT staff highlighted the desire to focus on adult women as a priority. Currently, projects are being created and implemented to learn more about the sexual and reproductive health needs of youth.

This consultation was carried out and documented by a student from the Centre for Health Promotion Studies at the University of Alberta during a practicum placement under the direction of Planned Parenthood of Toronto’s Program Manager and W2W Coordinator. Through a discussion between the three workers, it was collectively decided that women in the shelter system would be the first group of women to be examined.

With the help of PPT staff members and a Toronto directory, contacts within shelters were identified. Using pre-existing partnerships allowed easier access to service providers within multiple GTA shelters. Additional contacts were sought to establish relationships between community partners and to utilize the knowledge of informed partners in the area of sexual and reproductive health.

TOOLS and ADMINISTRATION

Based on the project goals, two questionnaires were created. One questionnaire was directed towards service providers while the other was directed towards women living in shelters. Service providers were additionally asked to provide input to this project because they work closely with women in the shelter system. They also know administrative details on how their shelter is managed. The service providers supplied additional information to responses provided by the women living in shelters and also a general overview of what is truly happening in their shelter in terms of sexual and reproductive health.

All questions were reviewed by five Planned Parenthood of Toronto staff members to confirm proper wording and suitable length, and also to ensure that the content satisfied their personal gaps in knowledge within this population.

The consultation questionnaire began with general questions about sexual and reproductive health to ease the woman in the shelter system into the topic (see Appendix A). Past experiences relating to sexual health information were asked to establish where women currently receive sexual and reproductive health information, and also to understand what they liked and disliked about where and how they received such information. Methods of delivery were important to investigate as to ensure that PPT would conduct their programming during an appropriate time in which the majority of women in the shelter were present to learn and discuss sexual and reproductive health topics. Furthermore, it was important to highlight who these women would feel comfortable talking to about sexual and reproductive health.

The service providers' questionnaire included several questions included in the women living in shelters' questionnaire. There were additional questions asked where the service providers' insights could expose needed explanations (see Appendix B). This questionnaire dove further into the trends within their shelter and why women living in shelters would not participate in sexual and reproductive health programming. Service providers were also asked about the method of delivery.

Both questionnaires sought to discover what women in the shelter system needed to learn and also what they wanted to learn. A distinction was made between wants and needs to identify differences or similarities between the two. Identifying the wants of women will allow PPT to incorporate these desired topics into their future programming. Using the "wants" within the programming will help to keep the interest and attention of women. Furthermore, identifying the "wants" empowers the women by allowing them to express what they personally want to learn about.

Beginning in June, 12 women shelters within the GTA were contacted by phone and email. From the employees contacted, eight shelter workers demonstrated interest for the project. The service providers were faxed or emailed the questionnaire. Only four individual interviews and one consultation session with women in a shelter were carried out with the time available for the project. Therefore, this report is based upon four interviews with five service providers and one consultation session with seven women in a shelter.

ACTIVITIES

Four interviews were completed with various women's shelters within the Greater Toronto Area. Participating shelters were Emily Stowe Shelter for Women, Ernestine's Women's Shelter, Nellie's Shelter for Women, and Redwood Shelter.

One consultation session was conducted with a group of seven women from YWCA Women's Shelter Aspire. The facilitator prepared an agenda to allow women to understand the direction of the session (see Appendix C), as well as a consultation script to guide the consultation (see Appendix D). This script provided key points for the facilitator to review during the session. Information was provided on PPT, the project's

purpose, and guidelines for successful consultation sessions. Ground rules for the session were identified by the women through brainstorming, while the facilitator filled in any missing guidelines they deemed appropriate. It was important to establish these ground rules so that women would feel confident in sharing their opinions, ideas, and suggestions.

A Consent Form for the consultation session was created for the women to sign (see Appendix E). This form was created so that women understood that participation in the session was voluntary, meaning that they could withdraw at any time without penalty. Furthermore, it provided the women with reassurance that they did not need to answer any questions that made them uncomfortable. The forms reiterated that the discussion would be kept confidential amongst the facilitator, transcriber, and other participants. Lastly, the form highlighted that the women would remain anonymous as the data would be reported as grouped data. Forms were signed by the participants after all questions were answered. The forms were then collected and placed and sealed in an envelope. The envelope will be kept sealed within the PPT building for six months. After this time, the envelope will be shredded.

LIMITATIONS OF THE EVALUATION

- High staff turnover at shelters made it difficult to use contact names that other PPT staff used with previous projects
- Service providers reported various obstacles for completing the questionnaire
 - Low communication levels between managers and service providers who were to contact PPT to provide assistance
 - Service providers found it difficult to confirm time to participate in the project as emergency and weekly in-house demands occurred, putting the project at the bottom of their priority list
 - Service providers work shift work and thus did not have regular hours in order to spare time to answer the questionnaire
 - Needed more time for service providers to respond to the questionnaire
- Student was limited to 2 or 3 days a week for 11 weeks
 - In order to allow more access to this person for the contacts, more time spent working at PPT was needed in the data collection stage over the creation stage of the program

- Security reasons prohibited the data collector from discovering the schedules of shelter workers and thus calls were made continuously to see if the contact was working that day
- The lack of money limited the number of consultation sessions
 - Service providers frequently asked if an honorarium would be provided to the women participating in the sessions

Results, Interpretations, and Conclusions

Current research on sexual and reproductive health encourages focusing on sexually transmitted infections and birth control options. Although women in shelters make up one small group amongst several groups of women, focusing on sexually transmitted infections and birth control options within this population will benefit the individual, family, and community (Singh, Darroch, Vlassoff, & Nadeau, 2003). One major individual benefit for focusing on STIs is stronger, more stable sexual relationships. Families will benefit through better support to families by healthy mothers and opportunities for couples to discuss intimate concerns. Lastly, the community will benefit because there will be fewer families in need of subsidies and reduced public expenditures through prevention of STIs, rather than through treatment (Singh et. al., 2003).

Individual benefits for focusing on birth control options are greater self-esteem and efficacy, and more decision-making power (Singh, Darroch, Vlassoff, & Nadeau, 2003). Families will benefit because women can spend more health, nutrition and education expenditures on fewer children and there will be fewer orphaned children. The community benefits because there is higher productivity amongst working mothers and better incomes and less societal burden to care for neglected children (Singh et. al., 2003).

RESULTS

Overall the findings of this process support current research. Comments from women in the shelter system are found in Appendix F and results from service providers can be found in Appendix G. The following paragraphs highlight important comments and suggestions made by service providers and the women in the shelter system.

DEFINING SEXUAL AND REPRODUCTIVE HEALTH

Women within shelters had difficulty defining sexual and reproductive health. When asked to define both terms the women did not speak for a long period of time. They stared blankly until one participant suggested an item. These women thought that sexual health included having healthy sex and knowing your needs. To them, healthy sex meant safer sex through using a condom, knowing your partner, and not having multiple partners. However, the women did acknowledge that it was best to know your partner as someone can be promiscuous and not receive any STIs but another woman can have a STI through one sexual partner.

The women thought that reproductive health issues mainly dealt with reproduction, becoming pregnant, and giving birth. The women identified regular check-ups with a medical doctor during this process, and how to take care of you during pregnancy as two primary reproductive health issues. The women also thought that this topic

encompassed learning about the influences of smoking and alcohol, and also learning about diseases.

TRENDS

When asked what trends existed within the shelters, the most repeated answer given by service providers was that women are having unprotected sex. As reported in the 1990 Ontario Health Survey, 42 percent of Ontario residents aged 16 to 44 years had not used condoms for protection against STIs in the 12 months prior to the survey (University Health et al., 2002). Other trends indicated by service providers included abortions and lack of knowledge about sexual and reproductive health.

CONCERNS

Service providers are most concerned about the women using proper birth control options and properly protecting themselves from sexually transmitted infections. Women in shelters have an increased risk for developing STIs, as STIs are high among low-income groups, Aboriginals, the homeless, people with drug dependencies, victims of abuse, and sex trade workers (University Health et al., 2002). One service provider commented that a sexual and reproductive health concern was access to condoms. They thought that at their shelter they needed to move the condoms from the office to the bathrooms. The bathroom provides a private location where they do not need to fear being judged by their peers for taking condoms. Furthermore, they questioned whether women in the shelter were actually taking and using the condoms supplied at the shelter. STIs are consequences of inconsistent condom use as highlighted by the study that found 22% of 25-29 year old women had already been diagnosed with an STI (Fisher & Boroditsky, 2000).

BARRIERS

The issues service providers thought would influence sexual and reproductive health for the women in the shelter were homelessness, abuse, and culture. Lack of access to family doctors was also reported as an issue that impacts sexual and reproductive health of women living in shelters. Family doctors are currently not providing sufficient information and services on sexual and reproductive health for the women. For example, one woman had a Pap test but the doctor did not provide her with an option for being tested for STIs. Therefore, it was thought by the woman that their doctor did not understand the importance of checking for STIs.

Overall service providers indicated that women would be receptive to programming and would love to receive a gift from PPT, like condoms. Service providers also thought that based on culture some women would be shy and others would be open when learning about sexual and reproductive health in their shelter. They suggested that the facilitator must have an open format to their program so that the women will feel comfortable in sharing their opinions.

Culture and language were both stated repeatedly as factors that would influence the openness of the women in the shelter. Other factors indicated by service providers included: religion, personal opinions/views of sexual health, being ridiculed and judged, previous trauma, knowledge of topic, lack of topic knowledge, and thinking sex is dirty.

NEEDS

Service providers indicated that the women in shelters need to learn the proper use of condoms and STIs. In terms of sexually transmitted infections, service providers thought that the women need to know how to contract STIs and the symptomology of STIs. Furthermore, they thought that myths relating to those who contract STIs need to be dispelled as the women currently think that they are immune to HIV/AIDS.

The women in the shelter thought they needed to know about sexually transmitted infections as well. Topics for discussion would include method of transmission, which STIs are curable and treatable, and prevention strategies. Furthermore, they wished to know which STIs cannot be transmitted to their children. Studies have reported that 82.7% of AIDS cases in children could be attributed to perinatal transmission and that 70% of the mother-to-infant HIV transmissions in recent years were among immigrant women from sub-Saharan Africa and the Caribbean (University Health et al., 2002). The women also specified specific interest in learning about Hepatitis A, B, and C.

WANTS

Service providers thought that women in their shelter wanted to learn about sexually transmitted infections, proper use of condoms, birth control options, and communication and negotiation skills with their partners. Specifically relating birth control, service providers indicated that women in the shelters need to learn about every option, the side effects and pros and cons of the various options. The female condom and Depo Provera were highlighted as two unknown methods to women in the shelters.

In terms of what they wanted to learn, women in the shelter did not mention learning the facts about sexually transmitted infections. Rather, they were interested in prevention methods, like using dental dams, and building their negotiation skills. They were also interested in birth control options, like the Patch. Lastly, the women talked about sexual pleasure. Their interest peaked when discussing sex toys and multiple orgasms. The University Health Network Women's Health Program (2000) stresses that programs should focus on healthy sexual behaviour in women, issues of power and control need to be recognized and addressed and women need to have a better understanding, and awareness of their rights (e.g., to sexuality and pleasure).

PAST EXPERIENCES

Repeatedly service providers mentioned that Planned Parenthood of Toronto and Public Health had visited their shelters to provide information on various health topics. Other programs were conducted by Choice In Health, AIDS Committee of Toronto (ACT),

Black cap, YWCA, and Coping In Tough Times. These presentations discussed HIV/AIDS, nutritional needs and eating well, and employment and financial issues.

Service providers indicated that the presentations were received very well by the women in the shelters. They thought that the programs were worthwhile for those who were receptive and interested in the topic at hand. Although a few women were not receptive or did not participate in these programs, service providers thought the women were still actively listening.

Interactive programming was the most repeated beneficial aspect of the previous programs conducted within the shelters. Another beneficial aspect included the fact that women felt heard and learned a lot. They felt comfortable enough to ask questions which helped to increase their awareness to services and information.

A few past programs at the shelter were unsuccessful because of cultural norms and language barriers. Service providers indicated that women from other cultures were hesitant to discuss sexual information as it was not appropriate in their culture to discuss such information, even with other women. Sexual and reproductive health can be a private matter. To avoid women from feeling uncomfortable or risking their personal stories, the facilitator needs to make the women feel comfortable and interested in the program.

Women indicated that they visit their living room in the shelter to obtain sexual health information. This comfortable setting allows the women to provide their personal experiences and other situations they have heard from other peers. Because these women feel comfortable with talking to their housemates about sex, discussions about sex take place in the YWCA Women's Shelter every day. Sex is the main topic of interest as it provides the women with something to talk about.

DELIVERY METHOD

When

All shelters have weekly residence meetings in which they allow outside presenters to come and discuss a topic of relevance to the women living in shelters. Additionally, several of the interviewed shelters have life skills' programming four times per month, all year round. Current programming runs between 1 and 1.5 hours. Women are required to attend these life skills programs, but they are not forced to attend.

Overall, service providers identified weeknights during regular programming time slots as the best time for PPT to conduct its programming. This set time will bring the most participants as the women are used to being at the shelter to attend the regular weekly programs. Night programming was also favoured amongst women in the consultation session as they are busy during the day with work or watching their favourite television shows.

Who

Service providers identified that the most effective people to deliver sexual and reproductive health programming are shelter staff and an outside individual. The shelter staff thought that they know the women the best and thus are better able to connect with the women. Since staff members are culturally diverse, they understand many cultures and know how to engage culturally diverse women in discussions. The second choice for a beneficial facilitator would be an outside individual. The service providers thought that not all women would feel comfortable talking with the staff regarding their private sexual and reproductive health issues. Women in the consultation session also indicated that they would feel comfortable talking about sexual and reproductive health with someone in the health field and/or someone who specializes in sex. They wanted this interaction to be within a group setting rather than a one-on-one discussion with the health worker.

How

In the past, service providers reported that series workshops had been conducted and were received very well by the women in the shelters. The women living in shelters liked the idea of programming completed in series. They wanted the sexual and reproductive health topics to be broken up into 45 minute sessions. Furthermore, they thought that they would participate in a sexual and reproductive health program once a month. Unsatisfying feelings were expressed amongst the women over the repetitive nature of sex education and how they already discuss sex everyday at the shelter. To avoid repetitiveness, programming for sexual and reproductive health does not need to happen every week.

Service providers suggested program delivery should include any of the following methods: interactive activities, discussion groups, a presentation format, question and answer periods, and use of everyday language like slang. They stressed that the setting must remain informal in order for the women to feel comfortable with discussing their opinions. The women were also asked to voice their opinions and suggestions on how PPT should proceed in creating a program on sexual and reproductive health. Questionnaires, question and answer periods, and how-to instructions were put forward as methods of delivery. Women living in the shelter also expressed interest in exposure to real life sexual health experiences and consequences, for example, discussions with a prostitute and a woman with HIV.

When asked to add any other information that PPT should consider when developing sexual and reproductive health programming for women in shelters the women provided several suggestions. They stressed that the program should stay away from a “textbook” method of teaching. A textbook method would include videos and formal presentations. The women stressed that they have been exposed to these types of programs before and that they did not want to go through them again. They want to hear a woman’s perspective on sexual and reproductive health over a formal presentation that solely provides statistics. They want the presentation to be interactive

and to have demonstrations. They want to receive gifts like condoms and to dispel myths.

Women in the shelter indicated that they want to learn about sexually transmitted infections through interesting pamphlets. They want activities like games/crossword puzzles to make them think while having fun. They also suggested having an "anything goes" question and answer period at the end of the program so that the women can ask whatever they want. One suggestion was to have the women in the shelter write their questions down and submit them to a staff member at the shelter prior to when the program is to be held. This would allow the facilitator to answer the questions without identifying the author. This is one method of allowing those who are shy or uncomfortable to have their questions answered at the program.

DEVELOPING CAPACITY

The majority of service providers indicated that they are interested in developing the capacity to run sexual and reproductive health workshops created by PPT if training and support were provided. Staff members want to provide information that the women need so that the information will help to empower the women. If all service providers were trained in the program, the high staff turn over rate would not influence the consistency of the program being conducted with the women living in shelters. One service provider indicated that their shelter was undecided in developing their capacity for conducting programming. This shelter already relies upon other community resources and it cannot take on another task because of pre-existing in-house tasks.

ADDITIONAL COMMENTS

Additional information that service providers provided before ending the interview dealt with ensuring that the women who are victims of abuse were not asked to take a risk as a first step. They mentioned that the facilitator needs to offer information first in order to bring out the women's questions. Additionally, PPT needs to offer them a gift of some kind to peek their interest. PPT must also be aware of the shelter's mandate and the cultural and sexual differences amongst the women. The role of religions, ethnic norms, and cultural beliefs in sexual and reproductive health practices and participation must be taken into consideration (University Health Network Women's Health Program, 2000). PPT must remember that there is no average shelter woman because they are all unique.

OVERALL

All service providers indicated that they would be interested in having PPT conduct their newly designed program in their shelter.

At the end of the consultation session, women in the shelter were asked how they felt after answering all of the questions on sexual and reproductive health. They commented that they enjoyed talking about sex, they were not uncomfortable during the

session, and that the session made them think. Overall, it was a rewarding experience for the women.

This consultation process has provided Planned Parenthood of Toronto with valuable information and direction towards creating successful sexual and reproductive health programming for women in the shelter system. PPT has also gained further insight into the lives, preferences, and challenges of women in shelters.

Recommendations

The data collected for this project indicates that there is sufficient and valuable data to guide the creation of sexual and reproductive health programming for women in shelters. The following recommendations are made to help guide future consultation processes and also the development and implementation of programming.

THE PROCESS

- Expect a low response rate
- Be clear about timelines
- Allow time to repeatedly contact service providers since their shift work schedules usually conflict with the regular working hours of PPT
- Avoid conducting consultation processes during the summer holiday months
- Provide a budget for the project so that an honorarium can be provided to the women participating in the sessions
- Conduct at least two consultation sessions with women in the shelter system in order to compare and contrast their opinions, comments and suggestions

THE PROGRAM

Topics

- Discuss sexually transmitted infections and how to protect against them
- Discuss birth control options
- Develop their negotiation skills in order to improve their self-esteem
- Address sexual pleasure

Delivery Method

- Bring gifts, like condoms, to reward participants for attending the program
- Make the program interactive by incorporating discussions, question and answer periods, and games

- Programs should be in a series of workshops over several months
 - Programs should run between 45 minutes to 1.5 hours
 - Service providers or a knowledgeable sexual and reproductive health educator should facilitate the program

OTHER PRIORITIES

- Create programming to train and support service providers to run sexual and reproductive programming within their shelter
- Develop comprehensive intake to determine group dynamics, cultural and linguistic factors, and specific concerns or incidents which led to a request for a workshop

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Appendices

INSTRUMENTS USED FOR THE PROJECT

A – CONSULTATION QUESTIONS FOR WOMEN IN THE SHELTER

B – INTERVIEW QUESTIONS FOR SERVICE PROVIDERS IN WOMEN'S SHELTERS

C – AGENDA FOR THE CONSULTATION SESSION

D – FACILITATOR'S CONSULTATION SESSION SCRIPT

E – CONSULTATION CONSENT FORM FOR WOMEN IN THE SHELTER SYSTEM

F – DATA FOR THE CONSULTATION SESSION WITH WOMEN IN THE SHELTER

G – CONGREGATED DATA FOR SERVICE PROVIDERS IN THE WOMEN'S SHELTER SYSTEM

APPENDIX A – CONSULTATION QUESTIONS FOR WOMEN IN THE SHELTER

Topic

1. What does the term sexual health mean to you?
2. What does the term reproductive health mean to you?
3. In terms of sexual and reproductive health, what do women in this shelter need to learn about?
4. In terms of sexual and reproductive health, what do you want to learn about?

Past Experiences

5. Where do you go for sexual health information?
6. Do you feel comfortable discussing your sexual and reproductive health needs there?
7. What do you like about where you receive sexual health information?
8. What would make it better?

Method

9. Who would you be comfortable talking to about your sexual and reproductive health?
-i.e. Would it be a health promoter, a shelter employee, a woman who previously resided within the shelter, a community member, or someone else?
10. How comfortable are you with learning about your sexual and reproductive health within the shelter?
11. Would you prefer talking about sexual and reproductive health in a group setting or rather one-on-one with a trained educator?
12. If we were to make a program, how would you want to learn about sexual and reproductive health?
-i.e. fact sheets, discussion groups, workshops, website, pamphlets, presentations, question and answers
13. If you were in a group setting, how would you prefer to learn about sexual and reproductive health?
14. What time of day or night do you prefer to come to a program?
15. In the past, has the shelter offered workshops in series where the same presenter returned several times to discuss different topics?
16. Do you prefer workshop series to a one time workshop?
17. How often would you participate in programs on sexual and reproductive health?
-i.e. number of times in a month or a year

Conclusion

18. Any other information we should think about when developing sexual and reproductive health programming for women in shelters?

19. How do you feel after answering these questions on sexual and reproductive health?

APPENDIX B – INTERVIEW QUESTIONS FOR SERVICE PROVIDERS IN WOMEN’S SHELTERS

TOPICS

1. What are the current sexual and reproductive health trends within the shelter?
2. What sexual and reproductive health issues do you see within the shelter as being of concern?
3. What topics do you believe the women want to learn about?
4. What topics do you feel the women need to learn about?
5. What issues impact the sexual and reproductive health of the women?
-i.e. homelessness, abuse, homophobia

BARRIERS

6. How do you think women will feel about learning sexual and reproductive health issues in the shelter?
7. What challenges do you think inhibit openness around sexual and reproductive health information for women in the shelter system?
-Prompts: what about culture, language, medically focused, end of the night tiredness, and do not want to interact with other women?

METHODS

8. How often per month are programs scheduled within the shelter?
9. Usually, how long is programming?
10. Are women required to attend programs in order to stay at the shelter?
-Follow up: Why are they required to?
i.e. is there a life skills component in the shelter?
11. When would be the best time to run a program in your shelter?
-Prompts: day versus night or during the regularly scheduled program times
12. In the past, who have you had come into the shelter to talk about health issues and what kind of programming did they do?
-Follow up: 12b. How were they received by the women?
12c. What were beneficial aspects of these programs?
12d. What were the limitations of the programs?
13. In your experience, what methods of program delivery worked best?
-i.e. presentations, interactive, discussion groups, question and answers, etc
-medical diagrams and terminology versus everyday language like slang

14. Has the shelter offered workshops in series in the past?

- Follow up: -How were they received?
- What were the benefits and limitations of the series?

15. Who do you feel would be most effective in delivering sexual and reproductive health programming?

- i.e. -an outside individual or a shelter staff trained as a program facilitator?
- a health promoter, a shelter employee, a woman who previously resided within the shelter, a community member, or someone else?

16. Would your shelter be interested in developing capacity to run these workshops on your own if provided with the training and support?

- Follow up: Why or why not?

CONCLUSION

17. Is there any other information we should take into consideration when developing programming for women in this shelter?

18. After Planned Parenthood of Toronto has created a program, would you be interested in having the program at your shelter?

19. Is there anything else you would like to add?

APPENDIX C – AGENDA FOR THE CONSULTATION SESSION

Consultation Session with Women in Shelters

AGENDA

- 1.0 Welcome
- 2.0 Introduction of Facilitator
- 3.0 Planned Parenthood of Toronto Overview
- 4.0 Project Overview
- 5.0 Goals of the Session
- 6.0 Informed Consent
- 7.0 Review Rules of Consultation Groups
- 8.0 Any Questions Before Starting?
- 9.0 Discussion of Scripted Questions
- 10.0 Discussion of Other Issues Raised by the Group
- 11.0 Conclusion & Additional Comments

*Participants will be given ample opportunity to raise other issues related to the project

APPENDIX D – AGENDA FOR THE CONSULTATION SESSION

Facilitator's Consultation Session Script

1.0 Welcome

- thank you for sparing time to answer questions
- I acknowledge that your input is much appreciated

2.0 Introduction of Facilitator

- currently completing a placement with Planned Parenthood of Toronto
- school studies exposed me to sexual health issues relating to teens but I have the desire to expand my knowledge to include adult women

3.0 Planned Parenthood of Toronto Overview

- Planned Parenthood of Toronto is a community organization that focuses on sexual health.
- TSIP** – In the teen sex information program, teens contact and talk with teen volunteers about sexual health. Questions asked are about masturbation, normal reproductive development of the body, about safe sex relationships and so on.
- T.E.A.C.H.** is the teens educating and confronting homophobia - workshops are completed on homophobia by queer youth
- The House** – is a primary and sexual health services clinic that works with teens
- Sexability** – works toward making those who have mobility disabilities understand that they are sexual beings as well.
- Women2Women** – is the program that I am working for. Here volunteers discuss health issues with women of all ages before and after they see doctors.

4.0 Project overview

- W2W wishes to expand their program within Planned Parenthood of Toronto
- They have decided to focus on creating sexual and reproductive health programs for women in the shelter system
- I am consulting staff and women in the shelters directly to discover what sexual health trends exist within women's shelter, to learn what sexual health topics they want to learn about, and lastly how they wish to learn about sexual health.

5.0 Goals of the Session

- Overall I want to hear your thoughts on sexual and reproductive health topics and also on the development of effective workshops
- Based on your opinions and comments Planned Parenthood of Toronto will design some sort of program that focuses completely on what you determined you needed and want.

6.0 Informed Consent

-I have created a consent form

-On this form it discusses:

-That your participation is entirely voluntary. If you decide to participate, you are free to withdraw at any time without penalty. Furthermore, if you do not feel comfortable with answering one or more questions, you do not have to answer them.

-That this discussion will be kept confidential by my transcriber and me. This means that in any sort of report that Planned Parenthood of Toronto publishes, they will not include information that will make it possible to identify you in any way.

-That your comments will remain anonymous as we will not be recording your names and therefore cannot link your comments back to you.

-Please take your time in reading what is on this page

-Once you have completed reading it and asking any questions regarding the discussion we are about to begin, please sign the bottom

-I will seal them into this envelope so that I will not know who has participated in this session

7.0 Review Rules of Consultation Groups

-Use chart paper and markers to write down the participants' ideas of ground rules for a successful consultation session. Keep this sheet posted during the session.

*Brainstorm Participants' Ground Rules

-don't talk while anyone else is talking

-respect everyone's opinions and experiences, so do not put down anyone's ideas

and comments

-no name calling

-confidentiality = what goes on in this room stays in this room

-do not judge

-do not make assumptions about your peers and their sexuality

-take time to think about your answer

-speak the truth

-you can be sexually explicit

-do not say anything if you do not want to = right to pass on a situation

-all questions and comments are valid

Ground Rules for the facilitator:

*do not read these allowed

a) keep focused

b) allow the group a few minutes to think about the question

c) maintain momentum

d) get closure on questions

8.0 Any Questions Before Starting?

9.0 Discussion of Scripted Questions

10.0 Discussion of Other Issues Raised by the Group

11.0 Concluding and Additional Comments

*Remind the women: If you have any further comments or suggestions that we did not include within the hour's discussion, please write them down and hand them to me. If you think of something later tomorrow feel free to submit your comments to a staff member at the shelter who can then transfer them to the facilitator.

For the Staff Member: If you have more questions please feel free to contact Planned Parenthood of Toronto at 416-961-0113. My extension is 226.

Thank you!

E – CONSULTATION CONSENT FORM FOR WOMEN IN THE SHELTER SYSTEM



Consent Form

The purpose and procedures of this community consultation session have been explained to me and I have been given the opportunity to ask questions. Any questions I have raised have been answered to my satisfaction.

I consent to participate in this community consultation session entitled **Creating Sexual and Reproductive Health Initiatives for Women in the Shelter System**. In consenting to participate, I understand that:

1. I am being asked to participate in a 1-hour consultation as part of a project investigating sexual and reproductive health issues for women in the shelter system.
2. The data I provide will be kept strictly confidential and secure, and I will hold confidential any information provided by my fellow participants during the course of the discussion.
3. During this consultation session, I have the option to decline to answer any particular question asked of me.
4. I may withdraw from this consultation session at any time and for any reason with no penalty.
5. The results of this study will be reported in such a manner that I will not be identified in any way. Published results will refer to grouped data and not any particular individual.

Name: _____

Signed: _____

Date: _____

THANK YOU

APPENDIX F – DATA FOR THE CONSULTATION SESSION WITH WOMEN IN THE SHELTER

<p>Q1. What does the term sexual health mean to you?</p>	<p>Q2. What does the term reproductive health mean to you?</p>	<p>Q3. In terms of sexual and reproductive health, what do women in this shelter need to learn about?</p>	<p>Q4. In terms of sexual and reproductive health, what do you want to learn about?</p>
<ul style="list-style-type: none"> -Have healthy sex -Using a condom -Knowing your partner -Do not have multiple partners, yet, you can be promiscuous and not have HIV or sleep with one partner and get HIV -Knowing your needs 	<ul style="list-style-type: none"> -Going to medical doctor regularly -Getting checked -Reproducing (getting pregnant) -Getting checked once pregnant and what you do once pregnant -Giving birth -How you eat, how you take care of yourself -Influences of smoking and alcohol -Diseases 	<ul style="list-style-type: none"> -Sexually transmitted infections <ul style="list-style-type: none"> -Which ones are non-transmittable to the child -Curable -Treatable -How do you prevent STIs -Method of transmission -Hepatitis A, B, C 	<ul style="list-style-type: none"> -Birth control options -Safer sex practices -Negotiation skills -Sex toys for sexual pleasure -Multiple orgasms -What kind of cream makes a penis stay hard for longer -Infidelity

<p>Q5. Where do you go for sexual health information?</p>	<p>Q6. Do you feel comfortable discussing your sexual and reproductive health needs there?</p>	<p>Q7. What do you like about where you receive sexual health information?</p>	<p>Q8. What would make it better?</p>
<ul style="list-style-type: none"> -The living room with the other women in the house -Word of mouth from friends 	<ul style="list-style-type: none"> -Yes, they discuss sex everyday in the house 	<ul style="list-style-type: none"> -Something to talk about -Talk to each other because there is nothing else to talk about -Comfortable to talk to housemates -Get other people's opinions -Talk about the non-existent (i.e. they are not having sex) 	

Q9. Who would you be comfortable talking to about your sexual and reproductive health?	Q10. How comfortable are you with learning about your sexual and reproductive health within the shelter?	Q11. Would you prefer talking about sexual and reproductive health in a group setting or rather one-on-one with a trained educator?	Q12. If we were to make a program, how would you want to learn about sexual and reproductive health?
-Someone in the health field -Someone who specializes in sex	-Very comfortable	-Would be awkward for a one-on-one discussion -Group setting is the best -Nice to hear other's opinions	-Questionnaire -Question and answer -Instructions (i.e. how-to) -Jokingly said that they want to hear a prostitute's experiences

Q13. If you were in a group setting, how would you prefer to learn about sexual and reproductive health?	Q14. What time of day or night do you prefer to come to a program?	Q15. In the past, has the shelter offered workshops in series where the same presenter returned several times to discuss different topics?	Q16. Do you prefer workshop series to a one time workshop?
	-They want night programming -People are busy during the day (working or watching their soap operas)	-No one has come in the past	-Series -Break up the topics -Forty-five minutes per session

<p>Q17. How often would you participate in programs on sexual and reproductive health?</p>	<p>Q18. Any other information we should think about when developing sexual and reproductive health programming for women in shelters?</p>	<p>Q19. How do you feel after answering these questions on sexual and reproductive health?</p>
<ul style="list-style-type: none"> -Participate once a month -Sex education is repetitive -The women hear about it everyday 	<ul style="list-style-type: none"> -Keep away from text book method of teaching, no video or presentations -Keep it women to women -Bring protection and other samples as gifts -Want demonstrations -Dispel myths -Real life perspectives (i.e. someone with HIV) <p><u>Example of the Format of a Program</u></p> <ul style="list-style-type: none"> -Bring in the information through pamphlets about sexually transmitted infections -Make the pamphlets interesting -The women want games/crossword puzzles to make the topic fun and to make them think -At the end have an “anything goes” question and answer period -Have women write questions down and submit them to a staff member at the shelter prior to when the program is to be held <ul style="list-style-type: none"> -This allows the facilitator to answer the questions without identifying the author 	<ul style="list-style-type: none"> -Like to talk about sex -The session made them think -The women did not feel uncomfortable during session

APPENDIX G – CONGREGATED DATA FOR SERVICE PROVIDERS IN THE WOMEN’S SHELTER SYSTEM

* Repeated Comments

Q1. What are the current sexual and reproductive health trends within the shelter?	Q2. What sexual and reproductive health issues do you see within the shelter as being of concern?	Q3. What topics do you believe the women want to learn about?	Q4. What topics do you feel the women need to learn about?
<ul style="list-style-type: none"> * Women are having unprotected sex -Most of the cultures in their shelters do not have abortions so most women keep the babies -Access to sexual and reproductive health information -Lack of knowledge about sexual and reproductive health 	<ul style="list-style-type: none"> -With each group this is different -Using proper birth control methods -Protection against STIs and AIDS -They have condoms, but are the women accessing the condoms? -Access to condoms -Lack of knowledge/communication/negotiation skills around the issue of sexual and reproductive health 	<ul style="list-style-type: none"> * Sexually transmitted infections * Proper use of condoms to protect against pregnancy and STIs * Birth control * Being able to communicate needs and boundaries to their partners -How to talk to their children about sex -Abortion -Sexual fun 	<ul style="list-style-type: none"> * How to properly put on a condom * STIs -Topics that challenges the norm in their culture -Access to sexual and reproductive services -Birth control -Fertility awareness

<p>Q5. What issues impact the sexual and reproductive health of the women?</p>	<p>Q6. How do you think women will feel about learning sexual and reproductive health issues in the shelter?</p>	<p>Q7. What challenges do you think inhibit openness around sexual and reproductive health information for women in the shelter system?</p>	<p>Q8. How often per month are programs scheduled within the shelter?</p>
<ul style="list-style-type: none"> -Homelessness and abuse -Their different cultures -Lack of access to family doctors 	<ul style="list-style-type: none"> * Women of various cultures will be shy and others will be open to discussion * If you leave the format opened they will feel comfortable -Even if they do not participate they are still listening -Women in general are receptive to the idea -Already learn about sexual health -They love receiving condoms and other gifts in relation to reproductive health 	<ul style="list-style-type: none"> * Culture –some women from Canada (free to discuss sex) other cultures (not so free to discuss sex) * Language, yet they have interpreters, so language is not a main issue -Religion -When they are put on the spot to talk about their own sexuality -Personal opinions/views of sexual health -Being ridiculed -Being judged -Previous trauma -Knowledge of topic -Lack of topic knowledge -Thinking sex is dirty -Access to information on sexual and reproductive health at a younger age -Medically-focused information -End of the night tiredness -Do not want to interact with other women 	<ul style="list-style-type: none"> * Four times a month * Programming runs for the year -The programming staff rotates every 3 months, therefore they dictate what and how many programs run per month -Sometimes women in the shelter go out to programs and other times people come to the shelter to present

<p>Q.9 Usually, how long is programming?</p>	<p>Q10. Are women required to attend programs in order to stay at the shelter?</p>	<p>Q11. When would be the best time to run a program in your shelter?</p>	<p>Q12a. In the past, who have you had come into the shelter to talk about health issues and what kind of programming did they do?</p>
<p>* 1 hour * 1.5 hours *Programs run during the residence meeting time</p>	<p>* Yes * Yes there is a life skills component -Yes, but they are not forced -These meetings allow women to tell the staff what their needs are within the shelter and in the community -Staff provide the women living in shelters with information at this time -Discuss house issues at this meeting</p>	<p>-During regular scheduled programs like Impact -Sometime during the day is ok depending on the presence of women within the shelter -We run two meetings each week -Monday meetings deal with the house -Thursday meetings are a life skills' component -Wednesday night during their house meeting time -Week day or night (except for Fridays)</p>	<p>* Planned Parenthood -Healthy Sexuality and healthy relationships * Public Health -Choice In Health -AIDS Committee of Toronto (ACT) –HIV/AIDS -Black cap – talk about HIV/AIDS -Health nurse - any needs of the women; ex. nutrition and eating properly -YWCA –employment workshop -Coping in tough times - debt counselling, debt repayment arrangements, budget preparation</p>

<p>Q12b. How were they received by the women?</p>	<p>Q12c. What were beneficial aspects of these programs?</p>	<p>Q12d. What were the limitations of the programs?</p>	<p>Q13. In your experience, what methods of program delivery worked best?</p>
<p>* Very Well * Depended on how receptive and interested they were</p>	<p>* Interactive -Women felt heard and they said that they learned a lot -Felt comfortable enough for women to ask questions -Some women participated more enthusiastically than others -Increased awareness to services and information</p>	<p>-Shy women – cultural norms made it uncomfortable to speak -Risking personal story -Need to be interested -Language abilities -Interpreters were hesitant to use some of the language said in the program</p>	<p>* Interactive yet this will depend on the culture of the women * Discussion groups * Presentation * Question and answers * Everyday language -Incorporating informal discussion into other women’s programming -No medical diagrams</p>

<p>Q14. Has the shelter offered workshops in series in the past?</p>	<p>Q15. Who do you feel would be most effective in delivering sexual and reproductive health programming?</p>	<p>Q16. Would your shelter be interested in developing capacity to run these workshops on your own if provided with the training and support?</p>	<p>Q17. Is there any other information we should take into consideration when developing programming for women in this shelter?</p>
<p>* Yes * Received very well -Two workshops are best as five or six are too long -Received well when there was an interest -Usually one or two women were not willing to participate -Need to book series in during one month as the programs will change the following month</p>	<p>* Shelter staff * Outside individual</p>	<p>* Yes -The programs will be beneficial to the women in the shelter -Staff want to give the women information that they need -The information will help to empower the women in the shelter -Would allow consistent programming according to the turn over rate in the shelter -No but Maybe --Staff can call another agency</p>	<p>-Do not ask the victims of abuse to take a risk as a first step -Offer them a gift of some kind -Offer information that can bring out their questions -Need to be aware of the shelter's mandate and build program around those ideas -There are women from all cultures -All women are included in the shelter, even transgender</p>

<p>Q18. After Planned Parenthood of Toronto has created a program, would you be interested in having the program at your shelter?</p>	<p>Q19. Is there anything else you would like to add?</p>
<p>* Yes</p>	