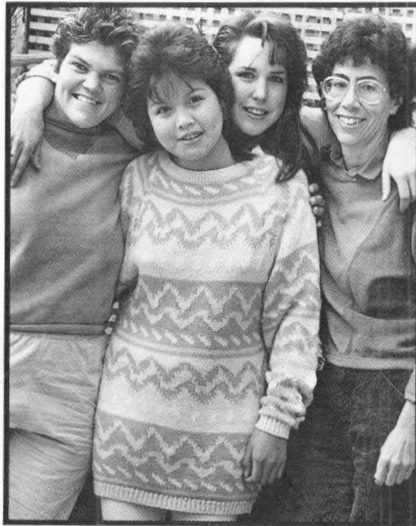


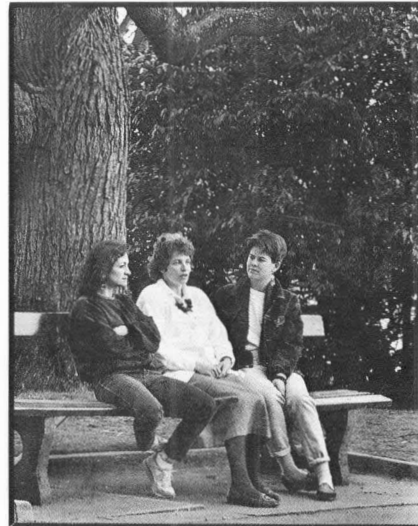
Women Talking About Health

Getting Started With Workshops and Groups

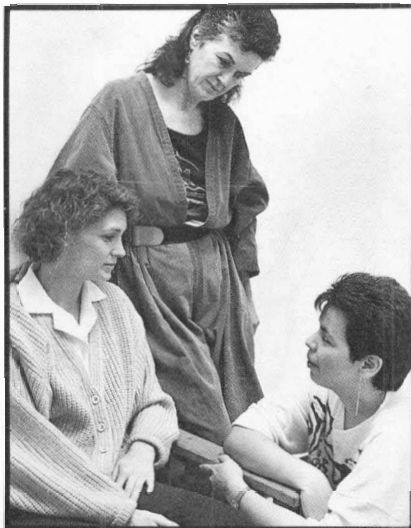
Menstruation



Infertility



Miscarriage



Avoiding Pregnancy



Women Talking About Health

Getting Started With Workshops and Groups

The Vancouver Women's Health Collective
Women's Reproductive Health Project

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The Vancouver Women's Health Collective
302- 1720 Grant Street
Vancouver, B.C. V5L 2Y7

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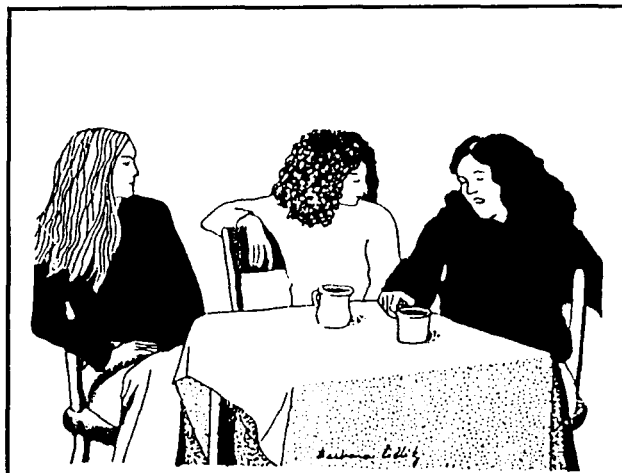
WOMEN TALKING ABOUT HEALTH: Getting Started with Workshops and Groups

This book is about ways that women can get together to talk about health. Many women already talk with their friends. We have written about how to hold health workshops, how to form self-help support groups, and how to do peer counselling with another woman.

A workshop is a single meeting on a health topic. Support groups are groups of women with something in common who meet several times. They may meet a few times or they may get together for years. Peer counselling means talking about your feelings and concerns to someone who is your equal.

This book is written mostly for women who want to facilitate women's health groups on four health topics:

- Avoiding Pregnancy
- Infertility
- Miscarriage
- Periods



From: ISIS

If you are interested in these health topics, you will find detailed information on facilitating workshops on these topics in the chapter of this book on workshops.

The rest of the book is a guide to facilitating health groups. You could use it for any topic. There is a chapter at the end of the book with suggestions for how to get women in your community talking about the health concerns that are most important to them.

If you want to facilitate groups, we suggest that you read most of the book. If you want information on peer counselling or support groups, you could just read those chapters.

HOW THIS BOOK WAS WRITTEN

This book was written by women at the Vancouver Women's Health Collective. We are interested in women's health. We're not doctors or nurses. We've learned what we know from talking to women and from reading.

It is hard to get health information. We have all had trouble getting information about how our bodies work and what we can do to be healthier. Sometimes we've done whatever the doctor suggested because we didn't know if there was anything else we could do. We find that reading about health and talking to other women gives us more control over our bodies. It helps us make careful, thoughtful decisions about our health.

Women at the Vancouver Women's Health Collective have been helping women to talk together about health for many years. Women's groups in other parts of Canada and in other countries are also doing similar work. This book has been inspired by these experiences working with women. We would especially like to thank the Courtenay Women's Self-Help Network and the Women's Health Education Project of Newfoundland and Labrador for the guidance their written resources have provided. We would also like to thank Maggie Ziegler, who has provided many of the ideas on Learning About Yourself and Peer Counselling.

This book is one of a series of five books written on the Women's Reproductive Health Project. We've talked to many different women from British Columbia, Alberta and the Yukon. We talked to Native and non-Native women, women from small communities and women from big cities. They told us what health information they needed from the books, workshops and groups developed on this project.

Written by:

Anne Fraser
Barbara Mintzes

Women who worked on the project:

Anne Fraser
Frieda Gauthier
Barbara Mintzes
Joy Thompson

Women who read a draft of this book and made suggestions, or helped with ideas:

Women from the Vancouver Women's Health Collective
Ricki Devlin
Sandy Berman
Lisa Allgaier
Janet Cook
Mary Murphy
Marjorie Schurman
Lezlie Wagman

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Alberta Indian Health Commission
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Calgary YWCA Women's Resources Centre
Campbell River Women's Centre
Fernie Women's Centre
Kamloops Indian Band
Kamloops Indian Friendship Centre
Kamloops Medical Services Branch
Kamloops Women's Resources Centre
Kootenay Area Indian Council
Kwakiutl Tribal Council
Prince George Native Friendship Centre
Prince George Northern Interior Health Unit
Prince George Welfare Rights and Self-Help
Prince George YM/YWCA
Prince George Women's Resources Centre
Skookum Jim Friendship Centre
Victoria Faulkner Women's Centre

Project Officer: Marjorie Schurman, Health Promotion Directorate, Health and Welfare Canada.

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Health is not separate from the rest of a woman's life. In this chapter, we look at health as a circle and we talk about the importance of talking with other women about health. We also talk about why women may want to meet in women-only groups.

INTRODUCTION TO FACILITATION page 10

This chapter is about what it means to facilitate a group.

LEARNING ABOUT YOURSELF page 11

To facilitate groups well, it is helpful to learn more about yourself. This chapter has a questionnaire you can fill out on your cultural background, the assumptions you grew up with, how you deal with feelings, and why you want to facilitate groups.

FACILITATION page 18

This chapter talks about the steps you need to take and the skills that are useful for facilitating groups.

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WORKSHOPS page 39

Workshops are single meetings which include time for discussion and presentation of health information. In this chapter, you will find information on how to facilitate workshops on birth control, infertility, miscarriage and periods.

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Introduction to Health Workshops page 42
Avoiding Pregnancy Workshop page 43
Infertility Workshop page 47
Miscarriage Workshop page 52
Talking About Periods Workshop page 56
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SUPPORT GROUPS page 61

Support groups are ongoing groups of women who have something in common, like a health concern. This chapter covers how to start a self-help support group.

PEER COUNSELLING page 64

Two women can meet to give each other support. In peer counselling, each woman takes turn being the speaker and the counsellor.

YOUR COMMUNITY HEALTH NEEDS page 67

You may want to hold workshops to find out what the health needs are for women in your community. This chapter gives you suggestions for how to do this.

PLANNING AHEAD page 70

This chapter gives you ideas on how to publicize a workshop or group and how to organize childcare.

Publicity page 70
Childcare page 77

HOW TO GET HEALTH INFORMATION page 79

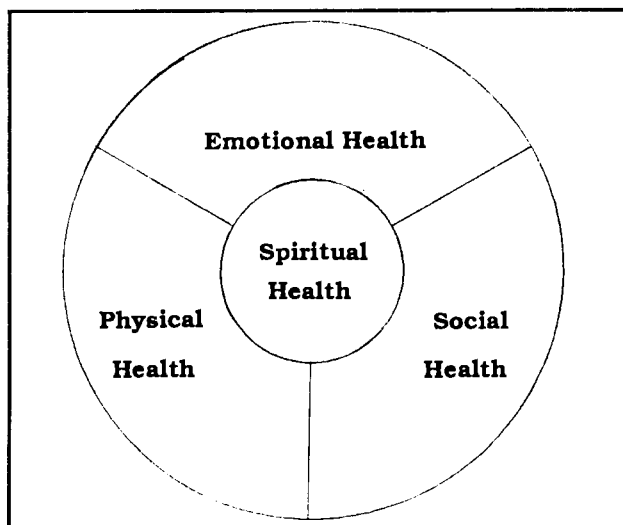
This chapter talks about how to get health information from your library and community health workers. Resources on facilitation and on women's reproductive health are also listed.

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HEALTH IN A WOMAN'S LIFE

One way of thinking about health is imagining a circle. Around the circle are physical health, emotional health, social health, and spiritual health. Some people put spiritual health in the center of the circle. All these different areas affect a person's health. Changing any part of the circle affects a person's overall health.

The circle can either be the health of one person, a group, a community, or even the world.



Val Matthews



From: TAPESTRY, Spring, 1988

For example, if a woman decides to try to be healthier, she could begin to make changes at any point on the circle.

- She could decide to change what she eats and how much exercise she gets (physical).
- She may want to do peer counselling with a friend or join a support group (emotional).
- She may work with other people to make changes in her community so the living conditions are better, or to create more jobs (social).
- She may begin to pray, meditate or spend time being quiet in nature (spiritual).

Any of these changes could affect her overall health. Each point on the circle flows into the next point.

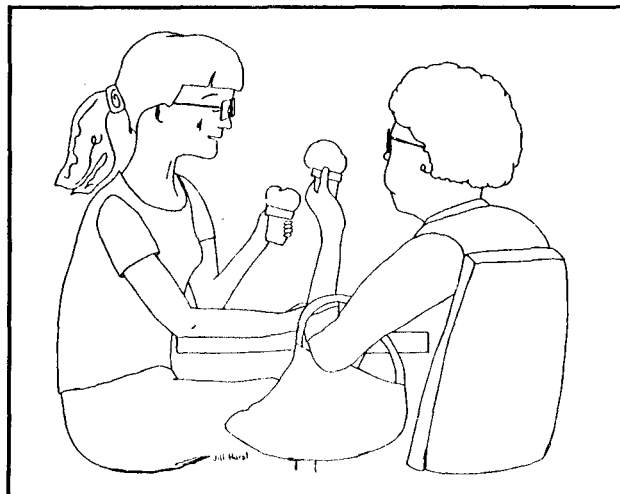
The health of each person affects the health of the community and the health of the community affects each person. One alcoholic who stops drinking affects the community. Many social or community problems, such as discrimination, poverty, unemployment, and environmental problems, affect the health of the people in that community.

The circle is a useful way to think about health. It is a way of seeing health as part of a person's whole life. Some people call it the medicine wheel. Other people call it holistic health.

Talking with other women about health

These are some reasons we think it's important that women talk with other women about their health:

- Women know a lot about health. They spend a lot of time taking care of their family and friends.
- Women have traditionally been the healers in most cultures. Through the years women passed their knowledge down to future generations. Women still get useful information from talking to other women.
- Many of the health concerns women face are kept secret. Periods are an example. Even though periods are natural and healthy most women hide their periods and feel embarrassed about them. Talking with other women can help you feel less embarrassed. Together you can develop understanding and pride.
- There are many messages telling women that the natural life stages they go through are illnesses. These messages come from the TV, magazines, doctors, and often family and friends. An example of this is menopause. It's a natural part of growing older and usually doesn't need to be treated with medicines.
- The world around you affects your health. Social problems such as not being able to get a job or suffering racism can be stressful. Environmental problems can also make you sick. If the factory near you is polluting the air, you may get headaches or other health problems. People need to work together to make a lot of the big changes that will help everyone to be healthier. Talking is a first step.
- The standard medical treatments for most health problems are drugs or surgery. Sometimes you may need drugs or surgery, but they aren't always the best way to deal with health problems. By talking to other women you may be able to find healthier ways of taking care of yourself besides using drugs or having surgery.
- Women can help each other get good information and treatment from doctors when they need it. You can help each other decide what information you want from the doctor. You can also take a friend with you when you go.
- It helps to talk with other women. You may learn new ways of treating a problem. You may get help and support. Often it feels better just knowing that other women have the same problems and concerns.



Jill Hurst

Meeting in women-only groups

People in your community may ask, "Why are the groups and workshops just for women?" There are two main reasons for women-only groups:

1. Women often feel more comfortable talking in women-only groups. They may also feel safer bringing up things which are personal or hard to talk about.

2. Women face discrimination in many ways. Women are likely to make less money at work than men. Women are also less likely to be in powerful positions in society. People in government, judges, police, doctors and lawyers are mostly men. Women live in a society where many of the rules are set by men. This sometimes stops women from having full and equal rights. Here are two examples.

A woman has the right to choose whether or not to work outside the home. If she stays home, she needs to have enough money for herself and her family to live on. If she works outside, she needs to have access to good quality and affordable childcare and to a job which pays her enough to live on. A single mother on welfare often doesn't have access to any of these things. She doesn't have enough money to live on. She often doesn't have access to jobs which would pay enough to cover her costs for childcare and still leave her and her family enough to live on.

A woman has the right to give birth in a way that brings her pride and happiness. If she is shaved, is made to lie down, is strapped to a machine, and is cut open when none of these things are needed for her health or her baby's health, she is being denied that right.

Women-only groups are one way for women to get together to talk about their lives as women. This is a first step towards talking about what changes they would like to see, and working towards making those changes.



Emma Haley in WORKING TOGETHER FOR CHANGE

Mixed groups

You may choose to start a group for women and men on a topic which affects both sexes, such as birth control or infertility. If so, see page 33 for more information.

INTRODUCTION TO FACILITATION

Facilitation means “to make easier”. The job of a facilitator is to help a group run smoothly. Your challenge is to try to make the group a safe place for everyone to talk and to learn. You also provide some health information and help put women’s health concerns into a social context.

There is a big difference between facilitating and being the boss. A boss needs people to follow her. She runs groups so that the group members stay in line and do what they are supposed to do. A facilitator believes that the group members know what’s best for them and have a lot to contribute. She tries to help make the group a safe place where everyone can speak freely. She guides the group and helps keep the meeting on track but she doesn’t control the group.

A facilitator encourages women to talk, share health information, express their feelings and figure out what’s best for themselves. People don’t feel stronger when they are told what to do, how to do it, or how they should feel. A facilitator tries not to give advice.

Many of the health problems and concerns women face are a result of social and economic factors. As a facilitator, you can guide the discussion to help the group put their concerns and issues into a social context. There are ideas about how to do this on page 22.

Women come to women’s health groups for many different reasons. Some women want to talk about their experiences and their feelings with other women who have the same concerns. Other women want health information. Still others want to talk about

what prevents women from getting good health care in their communities. These are only three of the many reasons women may have come. The facilitator tries to balance the needs of each woman with the needs of the group as a whole.

The facilitator needs to be comfortable talking about health information and also comfortable with women talking about their feelings. You don’t need to know everything about the health topic. You do need to be able to say what you don’t know and if possible suggest ways women can find the information they want. We suggest ways to learn about and present health information on page 24. We talk about ways of being supportive of women who express feelings on page 23.

To facilitate a women’s health group you need to try to treat everyone fairly. It helps to look at your values, your cultural background and why you want to facilitate groups. Knowing yourself helps prevent you from imposing your values on other women. It is an important step towards understanding other women who have different backgrounds from yours. The next pages have questions that may help you do this.

Sometimes groups have one facilitator who plans and facilitates every meeting. In other groups women take turns facilitating the meetings. It often works well to have two women share the responsibility for facilitation. This is called co-facilitation. There is more information about co-facilitation on page 31.

This book has many suggestions about how to facilitate groups. While we hope these ideas are helpful, they are lifeless on their own. We encourage you to develop your own style of facilitation. Trust your intuition or gut feeling about what is the best thing to do or say. Use humour if it feels right for you. Try different approaches and notice what seems to help the group. Everyone makes mistakes. See if you can learn from your mistakes. Experiment and find out how **you** facilitate groups.

LEARNING ABOUT YOURSELF

Spend some time learning about yourself before you facilitate groups. This can be interesting, help build your confidence, and also help you understand why you do some of the things you do when you are facilitating.

When you are facilitating a group you need to avoid telling other women what you think they should do or how they should feel. This can prevent them from figuring out what's best for themselves. It's easy to give advice even if you're trying not to.

Often people give advice because they have a belief that something is right or wrong. Everyone has values which affect everything they do. You know what some of your values are. Some values are so deep within you that you don't know what they are. These values still affect your attitudes and the things you say. They may affect your ability to facilitate groups. The more you know yourself and your values the less likely you are to give advice or force your values on other women. For example, you may think that single women shouldn't have children. If you are facilitating an infertility workshop, you may not be sympathetic to a single woman who is having trouble getting pregnant. You may encourage her to accept her infertility more than you would a married woman. This would be unfair.



From: HEALTHSHARING, Spring, 1983

Sometimes group members will remind you of people you don't like or things about yourself that you don't like. You may be impatient or unkind to them without even realizing it. Other women may remind you of people or things you like, so you may favour them in the group. Understanding yourself better can help you realize why you may treat people differently. Knowing this can help you treat everyone in the group fairly.

Your facilitation can also be affected by how comfortable you are when women express feelings. For example, you may be more comfortable with sad feelings than you are with angry feelings. If a group member gets angry, it may remind you of a time someone got angry at you. You may cut off women who express anger or frustration and encourage women to talk about their sad feelings.

On the following pages, you will find a series of questions to help you get to know yourself better. You may find it interesting to talk about them with a friend or your co-facilitator. Many of these questions don't have easy answers. Answer them as fully as you can but don't expect to have all the answers. Learning about yourself is a lifetime project. After you facilitate groups, think about how your beliefs and values affected the group. See if you can learn more about yourself each time you facilitate a group.

What is your cultural background?

1. What is your racial and cultural background?

2. What are you proud of that your culture gave you?

3. What are the things in your culture that you have found the most powerful in helping you live your life today?

4. What were the most important values you were raised to follow?

5. What have you rejected from your cultural background?

6. What spiritual beliefs were you raised with?

7. Do you follow those beliefs now? Why or why not?

8. How did your culture explain illness? Physical illness? Emotional illness?

9. How do people in your culture act in groups? (quiet, talk a lot, listen carefully, interrupt, comfortable with silence...)

10. How do people in your culture show respect for another person?

11. How do people in your culture learn? (by talking, by watching and listening, by working on a project ...)

12. What was expected of women and what was expected of men when you were growing up?
13. What power did women and men have in the family and in the world?
14. Who was expected to take care of people who became ill?
15. How were children taught about menstruation and sexuality?
16. How did people think about childbearing and about people who don't have children?
17. Did people talk about birth control? Who was responsible for it?

What stereotypes or assumptions do you have?

Everyone is raised with stereotypes about people who are different from themselves. People are also raised with stereotypes about their own cultural group. The stereotypes you have about yourself may prevent you from being as proud and confident as you could be. The stereotypes you have about other people could cause you to discriminate against them or treat them unfairly. A facilitator needs to treat everyone in the group fairly. Thinking about what stereotypes you have may be embarrassing, but it is an important step towards being a good facilitator.

People who get discriminated against get called a lot of names. There are different ideas about what is the most respectful name for groups of people who are discriminated against. For example, many women prefer to be called physically challenged instead of handicapped. Some women have chosen the phrase "women of colour". These women are

Native Indian, Latina, Black, Indo-Canadian, Asian, Arab or a member of another visible minority racial group within North America. Women of colour face some common discrimination. They also have many differences.

Once you have answered these questions you will probably know more about yourself. It's also important to learn as much as you can about the culture, beliefs and values of the women that you are going to work with.

1. Fill in the following sentences as truthfully as you can, even if you are embarrassed by your answers. Put down two or three phrases that would complete the sentence. This list is not complete. We've just listed some of the racial, cultural and religious groups in Western Canada. We've left space for you to add other groups that you may work with.

LEARNING ABOUT YOURSELF

What I was told as a child

Catholics are:	
Protestants are:	
Jews are:	
Sikhs are:	
Black Canadians are:	
Chinese Canadians are:	
French Canadians are:	
Indo-Canadians (people originally from India and Pakistan) are:	
Japanese Canadians are:	
Native Indians are:	
Other groups:	
White women are:	
Women of colour are:	
Poor people are:	
Middle class people are:	
Rich people are:	
Physically challenged people are:	
Able-bodied people are:	
Fat women are:	
Thin women are:	
Lesbians are:	
Heterosexual women are:	
Single women are:	
Married women are:	
Divorced women are:	
Women with children are:	
Women without children are:	
Women who have abortions are:	
Women who work at home are:	
Women who work outside the home are:	

LEARNING ABOUT YOURSELF

2. Look at the negative things you were taught as a child. Why do you think you were taught those things?

3. If you learned that people from some groups were better than you, why do you think that happened?

4. How do you think the stereotypes or assumptions you have learned will affect your facilitation?

5. What will help you treat women from different cultures and backgrounds from you fairly?

Why do you want to facilitate groups?

Thinking about the following questions may help you understand yourself better. They may also help you plan how to prepare yourself to facilitate.

1. Why do you want to facilitate groups?

2. What interests you about facilitating women's health groups?

3. What makes you nervous about facilitating groups?

4. What are the things about you that will make you good at facilitation?

5. What are the things about you that will make it difficult for you to facilitate groups?

6. How might you feel if the group doesn't want to do what you planned?

7. How will you feel if someone in the group criticizes something you say or do?
8. What do you need to do or learn to be better at facilitation?

How do you deal with feelings?

Feelings almost always come up in women's health groups. We think it's good for women to talk about and express their feelings if they want to. Women should not be forced to talk about their feelings. However, if women show feelings in the group, the facilitator should give them a chance to express their feelings.

There are a number of things you can do to become more comfortable with women expressing feelings in the group. A certain amount of comfort will come with practice and experience. You could facilitate groups with someone who is comfortable with feelings. It also helps to think about your own reactions to feelings.

1. How did your family deal with feelings? What did they do if you cried? got angry? got excited and happy?
2. What do you do if you have a strong feeling? What do you do if you cry? get angry? get frustrated?
3. When someone cries what do you do? What about if they get angry? loud? silly?
4. Are there some feelings you are more comfortable with than others? Why?
5. Do you think feelings should be expressed? Why? Where?
6. How will your answers to these questions affect how you facilitate groups?

FACILITATION

This chapter gives you concrete suggestions on how to facilitate groups. The information is useful whether you are intending to facilitate an ongoing support group or a workshop.

ORGANIZING THE GROUP

There are many things you can do to help your group run smoothly. Here is a checklist:

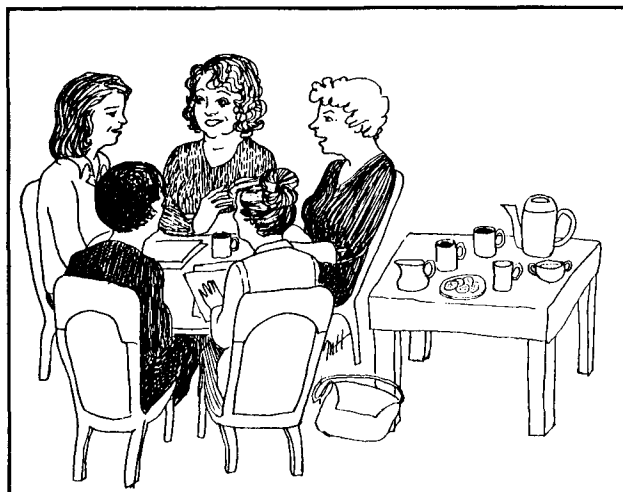
- prepare ahead
- plan the agenda
- meet in a comfortable room
- explain self-help and your role as a facilitator
- set guidelines
- decide as a group what you will do together
- schedule a break
- end the meeting

These points are explained more fully below.

Prepare ahead:

One of the facilitator's jobs is to prepare for the meeting or meetings. You'll need to do the following things:

- Advertise your group. See page 70.
- Arrange childcare. See page 77.



Muriel Henriques in BROOMSTICK, March–April, 1982

- Organize the room where you will meet.
- Plan what you will do during the meeting. There is general information about planning agendas on page 19. There are ideas about planning workshops on pages 39 to 42 and ideas for planning support groups on page 61.
- Find out what resources are available in your community.

Plan the agenda:

It's helpful to start the group with an opening round. See page 27 for more information on rounds. In workshops, this is a time for women to introduce themselves and say why they came. In ongoing groups, it is a time for group members to "check in" and let the group know how they're feeling or if they want anything special during this meeting.

Here are things to think about when you are planning the agenda:

- Is there a balance of time between you talking and the group members talking?
- Have you thought about how to include all the group members in the discussion? You will find suggestions for ways to get everyone to participate, such as rounds, small groups and brainstorming in the section on encouraging group discussion on page 26.
- Have you planned a time for the break?
- Is your agenda flexible? Can you change some parts of it if the group wants to do something different than what you have planned?
- If you are presenting health information, have you prepared it? See page 24.

Meet in a comfortable room:

Try to meet in a room that is accessible to everyone. Some women are in wheelchairs. Other women have trouble climbing stairs or walking up hills. It's best if the location is easy to get to and is a place women feel comfortable coming to.

Put the chairs in a circle so everyone can see each other.

Explain self-help and your role as facilitator:

When you first meet with the group, explain that you are going to facilitate the meeting. Say you don't see yourself as the expert. You have health information to share and you also hope to learn. You think that everyone has something to share. You hope everyone will participate in the group. You will also be participating. Your role is to keep the meeting on track and make sure everyone gets a chance to talk.

Explain self-help. Here are a few points to cover:

- Women know a lot about their bodies and their health from their daily lives.
- A health group is a way for women to get together and talk about their concerns and learn new information.
- Sharing information and learning new information helps women decide what health care they need. They can have more control over their own health and health care.
- There are many changes a woman can make to be healthier. However, many of the changes which would really make her healthier cannot be made by one woman alone. For example, she may not have enough money to live on, she may have young children and no help with childcare, or she may work in unhealthy conditions. People need to work together to make many of the changes which would really make everyone healthier.

Set guidelines:

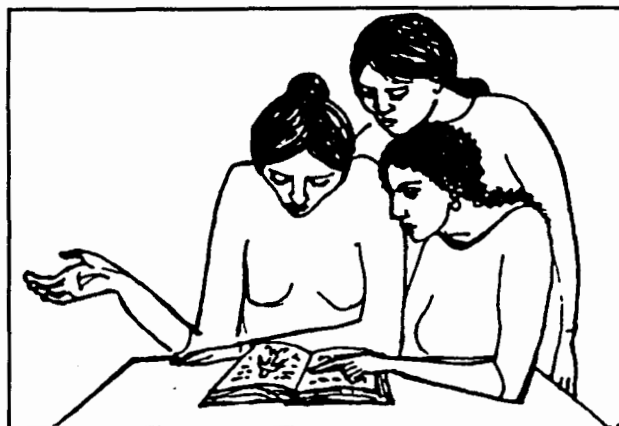
Often women are nervous to talk about personal things in a group. Guidelines can help make the group a comfortable and safe place for women to talk. For example, knowing that everything personal that gets said will be kept confidential can help women speak up. Set guidelines at the beginning of the group, before the opening round. You can start by suggesting one or two guidelines. Then ask the women at the meeting to say what things would help them to feel safe. If it's an ongoing group, you could make a list of everything that gets said. Go through the list and decide which points everyone agrees on. These will be the rules or guidelines for the group.

ORGANIZING THE GROUP

Here are some guidelines women have found useful:

- We respect each woman's right to make her own choices.
- Everything we say will be confidential. We won't repeat anything personal that anyone says in the group.
- We will try to be honest.
- We won't interrupt each other.
- We won't give advice to each other unless a woman asks for it. We believe that we all can come up with solutions to our problems if we are given a chance to talk and be listened to.
- We won't force anyone to talk. We'll make sure there is time for everyone to talk, but we won't push anyone to talk who doesn't want to.
- We will try to treat everyone in the group with care and respect, including women who are different from ourselves.
- We will share the responsibility for the group. We will all do our bit to make the group useful for everyone.
- We will tell the group if we are going to miss a meeting or if we're leaving the group. This saves a lot of worry.

Guidelines are very helpful to facilitators. Often just saying the guidelines prevents problems from developing. They allow you to stop women from being hurtful to each other. If women do not follow the guidelines, remind them of the guidelines and suggest a different way they could participate. It's important to do this in a way that doesn't embarrass anyone or put someone on the spot.



Lynne Roberson in SCIENCE FOR THE PEOPLE

Decide as a group what you will do together:

Tell the group what you have planned at the beginning of each meeting. Ask the group if there is anything they would like to change or add. Decide as a group what you will do together.

Keep track of time:

You will need to be sure that one part of the agenda doesn't take too long and leave you too little time for other parts. This may sometimes mean moving the meeting along when women are discussing something important. You have two choices as a facilitator:

- You can acknowledge what women are saying, say a few words to sum things up, and say that the group needs to go on to the next part of the workshop. You may want to suggest that women get together to talk more after the workshop.
- You can suggest a change to the agenda so there is more time for the section you are on. You will need to cut down or leave out another section so you still have time to end the workshop well.

It's best to let the group decide how to use the time.

Schedule a break:

It's important to always schedule a break in the middle of a workshop that's more than an hour and a half long. Otherwise, women's attention will drift away and the smokers will get jittery. The break should be about ten minutes long.

Have coffee, tea and juice ready for the break. Try to have an alternative to coffee for women who are trying to cut down on caffeine or who don't drink coffee. You may also want to have a healthy snack such as muffins, fruit or cut vegetables.

End the meeting:

The endings of meetings and groups are very important. If you are facilitating a workshop, make sure women talk about how they can get more information and support. If it's a support group, you may want to plan what you will do the next time you meet. It's often a good idea to give everyone a chance to say how they are feeling and something about their health concern. There are many ways to end groups. Here are some ways:

- Closing round. Rounds are explained on page 27.
- Appreciations. You may want to take time for women to tell other group members things that they said in the group or did for the group that they appreciate. It is also a time for women to appreciate themselves for things that they have done or said in the group that they are proud of. Women may not feel comfortable enough to do appreciations in workshops, but they work well in support groups.
- Some support groups like to finish by doing something special together at the end of each meeting. They may all hold hands, have a moment of quiet together, or sing a song.

FACILITATION SKILLS

This section is about some of the skills that will help you be a better facilitator:

- Listening
- Guiding discussion
- Putting things into a social context
- Being supportive of women who express feelings
- Presenting health information

Listening

One of the most important skills in good facilitation is listening. Listening is a learned skill. It's helpful to practise listening before you facilitate.

Many of the ideas in the Being a Counsellor section of the **Peer Counselling** chapter may be helpful. See pages 64 to 66.

Guiding discussion

When you are planning, make sure you leave plenty of time for discussion. Plan a few questions to ask the group to get the discussion started if you know ahead of time what you will be discussing. Here are some ways of promoting discussion:

- Ask questions that require more than a yes or no answer. For example, asking, "How did you feel after your miscarriage?", encourages women to talk more than asking "Did you feel sad after your miscarriage?"
- Ask for more information.

- Repeat what one woman says and ask if anyone else has had a similar experience. You could say, "So Rapinder, your doctor could not tell you why you weren't getting pregnant. Has that happened to anyone else?"
- Be comfortable with silence. Don't rush in to say or do something every time it's quiet. Often group members will begin to talk after a short silence.

Putting things into a social context

Your role as a facilitator is not just to be a neutral participant. Many of the health problems and concerns women face are a result of social and economic conditions. Women often think they are completely responsible for their problems and blame themselves for not being able to make things better. This is often reinforced by family, friends, the media, and institutions. You can guide the discussion to help the group put their concerns into a social context.

Many of the concerns and issues that women face are bigger than one woman could solve on her own. Many people need to work together to make some of the changes that would really make women healthier. You can help the group figure out what changes are important to them and what steps they can take to make those changes. The group can also help an individual woman develop the skills she needs to take more control of her life.

You don't need to lecture the group about the role of women in society or the discrimination that women face. Listen for times in the group that women say how difficult things are for them or blame themselves for their problems. When this happens, ask questions and encourage the group to talk about why things are the way they are. This will help broaden the understanding of the group. Here is an example.

You are facilitating an infertility workshop. A woman, Wendy, says it's her fault that she can't get pregnant. You ask for more information and it turns out that three years ago she had pain in her abdomen. The doctor only came to the community once a week so Wendy waited until she came. When the doctor came she told Wendy that she had Pelvic Inflammatory Disease (PID) and made a racist comment about how she must have got it. Wendy took the antibiotics the doctor gave her but all the pain didn't go away. She didn't want to go back to the doctor because she didn't want to be treated badly again. She has just found out that her Fallopian tubes are blocked because of the PID. She blames herself for not going back to the doctor.

You could guide the group to talk about how difficult it can be to get good medical care in rural areas. Wendy's PID may have cleared up more quickly if she had treatment as soon as she had pain. You could also discuss how everyone deserves to be treated with respect when they go to a doctor, and how racism affects women's health. The group could talk about ways to get good care from the doctor. You may want to role play situations where women practise talking to a doctor. Wendy may then blame herself less for her problems. You could then talk about what Wendy can do to try to unblock her tubes.

Some of the techniques in the section on ways to encourage group participation can help the group put things in a social context. See pages 26 to 31.

Even when women know their health problems are not their fault they may still blame themselves and feel guilty. A way to resolve these feelings is to acknowledge them and give the women a chance to express their feelings. This will help them heal.

With time and practice you'll get to know when to focus on feelings and when to focus on social issues. This is part of the holistic approach to health we talked about on page 7.

Being supportive of women who express their feelings

Women often express their feelings in women's health groups. Here are some things you can do if women express feelings in the group:

- Be quiet and listen.
- Acknowledge the feelings. For example if Mary is crying you could say, "Mary, I can see you have strong feelings about this."
- Ask her if there's anything the group could do or say that would help her.

If a woman expresses feelings, you need to be alert as a facilitator. Often if one woman in the group has strong feelings, other women have feelings about the same thing.

It's important to acknowledge everyone's feelings. Don't try to do it all at once. Often women find it comforting to know that other women have the same problems and feelings as them. However, if one woman is talking about her feelings and other women start talking about their feelings at the same time, no one gets the attention and support they need.

Try to have one woman finish talking and then ask other women how they feel. If a group member starts talking about her feelings while someone else is expressing her feelings, gently say that you can see she has strong feelings. Say that she will have a chance to talk after the first woman has finished.

If a woman shows her feelings in the group, other women may feel uncomfortable and try to stop her from expressing her feelings. They may reassure her, tell a joke, change the subject, or give her advice. If this happens, make sure the woman who is showing her feelings gets acknowledged. Bring the group's attention back to her.



COMMUNICATION by Jackson Beardy

There isn't always time for women to talk about their feelings as much as they would like. Here are two things you could do if this happens:

- Ask the group if they want to change the plans. Give them the choice to continue the discussion for longer, but let them know that you won't be able to cover everything else that was planned. Let the group choose what they want to do.
- Acknowledge the woman who is expressing feelings and then say that the group needs to get on with the plans.

If you decide to go on with the agenda, make sure the woman who has expressed her feelings gets a chance to say briefly how she feels and how she will get support. She may have a friend or family member she can talk to or someone in the group may offer to spend time with her after the meeting.

Sometimes women express their feelings in ways that hurt the group or group members. They may do this when their feelings seem to have nothing to do with what the group is doing. They may direct their feelings, especially angry feelings, towards other group members. We'll talk about two of the reasons this may happen. We'll also suggest things you can do if this happens.

One reason this happens is because women often try to be nice when they don't feel nice. They may feel frustrated or angry about their health concern, about things that are bothering them, or about something that happened earlier in the group. They may try to hold in these angry feelings because they want to be nice. Their anger may then come out at inappropriate times in ways that hurt other women.

Another reason this happens is because everyone brings her past with her to the group. Some group members will remind women of other people they like or don't like. They may also remind women of parts of themselves that they either like or don't like. Sometimes, women can hurt other women because they are reminded of someone or something that hurt them in the past.

When a woman expresses anger or frustration in ways that hurt other women, you need to stop her. There are suggestions for how to do this on page 38.

Presenting health information

Sometimes the facilitator needs to present health information to the group. This is especially true during workshops. Women often come to workshops and groups wanting to know more about a health issue or concern. They may have had trouble getting the health information they need. You need to balance presenting health information with encouraging the group members to talk about their experiences with the health topics.

If you are facilitating a group on Talking About Periods, Avoiding Pregnancy, Miscarriage or Infertility, you will find health information in the books on these topics which accompany this book. See page 82 for ordering information.

Preparing the information:

It's a good idea to prepare notes for yourself ahead of time. Pick out the main areas you want to cover. For example, if you are talking about heavy bleeding during a woman's period you may want to divide it into these areas:

- What is heavy bleeding?
- What causes it?
- What can a woman do about it herself?
- How can a doctor treat it?

Write down the main points you want to make under each of these areas. For example, under "What is heavy bleeding?" you could say these things:

- How much blood is too much?
- How can a woman tell (how many pads)?
- Other signs she might have.
- When is it an emergency?

You can write your notes in point form rather than whole sentences. An easy way to bring notes to a workshop is to write them on large (5" x 7") index cards. Write the main subject at the top in big letters. Then write the points you want to make under it. Use a different index card for each main subject. Number your cards in the order you want to present the information. That way, if you drop the cards, you won't have to panic!

On the next page is someone's sample card with notes. As you can see, she has written everything in big letters so she can see it at a glance.

If you're nervous about speaking, try practising going through what you are going to say. Talk to a friend or into a tape recorder. This will give you an idea of how well it went and how long it took. Practising can also help you to feel less nervous during the workshop.

HEAVY BLEEDING: How much, causes

What is heavy? More than 8-10 pads / day

Emergency bleeding: Very heavy, lose 2 cups of blood
Feel weak or dizzy. See doctor. Hospital

Causes :- Young women

- Menopause

- Hormone Imbalance

- Emotions, stress

- I.U.D.

- Health Problems: fibroids, endometriosis,
P.I.D (infection), blood problems, kidney or
liver disease, thyroid problems, cancer (very rare)

SAMPLE CARD

Setting the mood before starting:

Before presenting the information encourage women to say if they have questions, different information, or a suggestion. Let them know if they can interrupt you while you're speaking or if you'd like them to wait until the end of each section.

Presenting the information:

You need to be accurate, clear, and brief when you present information. The information should flow in a logical order.

It's important to be brief so there is time for discussion. You don't need to explain every detail. Let women know how they can find out more.

Include personal stories or jokes if they help to explain the information. This will make the presentation more interesting.

Many people understand things better if they see pictures. There are a lot of pictures in the four books which accompany this guide to facilitation. You could hold one up when you are explaining something that is difficult to understand. You can photocopy pictures and hand them out. You may be able to get or to draw a larger picture which everyone can see.

ENCOURAGING GROUP PARTICIPATION

Dealing with questions:

Ask the group often if they have questions or anything to add.

Other women in the group may have answers to the questions. Make sure you give them a chance to speak. This helps to start a discussion and shows that you respect the experience of the group.

It's fine if you need to look up some information in one of the books during the workshop. This shows women that they can do the same. Make sure you know how to find information in the books so it doesn't take too long.

If someone asks a question and you don't know the answer, say so. Ask if anyone else knows. If no one does, talk about how the woman could get the information she wants.

Sometimes women will tell you symptoms and ask you if what they're experiencing is normal or if they have a health problem. If you don't know, say so. You can reassure a woman if you know that she is talking about something normal. Otherwise, let her know how to find out if she has a health problem. Suggest this in a way which is reassuring but makes it clear that you don't know.

Watching the group:

You need to watch how the group reacts as you are talking.

- Do women seem interested?
- Are women having feelings in response to what you are saying?

Be responsive to the mood of the group. If women seem emotional, ask them how they are feeling. If they seem bored or tense, you may need to do something to encourage group participation.



From: WOMEN'S REPRODUCTIVE RIGHTS INFO. CENTRE, June, 1987

ENCOURAGING GROUP PARTICIPATION

This section is about some of the ways you can encourage group members to participate:

- Rounds
- Brainstorming
- Dividing into pairs or small groups
- Role Plays
- Drawing
- Guided Imagery
- Exercises

It's best to use a variety of these ideas in a group. This helps keep everyone interested. Different women feel comfortable participating in different exercises. Pay attention to the amount of time that you talk and the amount of time the other group members talk. Watch the group to see when women are interested and participating.

We explain each idea and then describe the role of the facilitator.

Rounds

During a round one woman talks first and then everyone else takes a turn. If anyone doesn't want to talk, they just say pass. Everyone sits and quietly listens to the other women. The purpose of a round is to give everyone a chance to speak without being interrupted or answered.

Rounds are often used at the beginning and end of meetings so that everyone has a chance to "check in" with the group. They can be used if some women are talking more than others. Doing a round helps clarify things if the group is disagreeing on a topic or misunderstanding each other. During the round everyone gets a chance to speak and to listen to the other group members. You may want to have a discussion after the round.

Sometimes it is useful to put a time limit on how long each woman can talk in a round. This is useful if some women usually talk a lot. It's also useful if you have a limited amount of time for the round. If you do this, ask someone in the group to keep time. The time-keeper should remind the woman talking when she has thirty seconds left.

The role of the facilitator:

Explain the guidelines for rounds:

1. Everyone gets a chance to speak without being interrupted.
2. Women can say pass if they don't want to talk.
3. Women talk about their own situation. They don't use the time to respond to or criticize something another woman has said.

If women interrupt while someone is talking, remind them of the guidelines.

Brainstorming

The purpose of brainstorming is to get as many ideas about a problem or topic as possible. When a group brainstorms, women say any ideas or thoughts they have about the topic. There is no discussion between group members during brainstorming. This gives everyone a chance to say all their ideas without having to explain or defend them. All the ideas are written down, no matter how silly or impractical they may seem. Often hearing other women's ideas helps women come up with new ideas.

You may want to have a discussion after the brainstorm. This is useful if you are trying to solve a problem as a group. Or, you may want to leave all the ideas as they are and let women pick any ideas that are useful to them.

The role of the facilitator:

Explain that you are going to do brainstorming and that there are two guidelines:

1. Say any idea that comes to your mind. It doesn't need to be the perfect idea.
2. No discussion. All ideas will be written down.

Say the topic or problem clearly. It helps to write it down. You can either ask a group member to write down the ideas that women say, or you can do it yourself. It's best if you use a big piece of paper taped to the wall or a blackboard.

Try to be comfortable with silence. Wait a couple of minutes after the last idea before you end the exercise. Often the best ideas come up near the end.

Dividing into pairs or small groups

It's often useful to divide a large group into several smaller groups for parts of the meeting. Some women feel more comfortable talking about personal things in a small group. Small groups allow more time for everyone to participate. They often help build a feeling of closeness and trust between the group members.

Tell the small groups what you want them to do. You may want them to discuss a topic as a group or you may want to give each woman a chance to speak. You can suggest that each woman speaks for a specific amount of time while the other women listen without interrupting or answering. Tell them when each person's time is finished. This gives everyone time to talk about their own experiences.

A small group can also be given a task. Each small group can then report back to the large group. These are some suggestions for tasks. You may have other ideas.

- Describe a situation and ask them what they would do if they were in that situation.
- Ask them to describe the "perfect" situation, such as the perfect doctor-patient relationship or the perfect method of birth control.

Suggest a clear way of dividing into groups. One way is to go around the large group with group members counting from one to the number of groups you want to have. For example, if there are 12 group members and you want to have four groups you would ask the women in the circle to count from one to four. All the women who said one would be in one group. All the women who said two would be in another group, and so on.



Terri Robertson in HEALTHSHARING, 1987

The role of the facilitator:

Explain that you are going to divide the meeting into several small groups. Say the following things clearly:

1. How they should divide into groups.
2. Where they can meet.
3. What you expect them to do in the groups. It helps to write this clearly on a paper on the wall or on pieces of paper that you hand out.
4. How long they will have. If you have set a specific amount of time for each group member to speak, tell them when each person's time is finished.
5. Whether they will need to report anything to the whole group when they come back. If they are going to report back, have them agree on who will do this. Make it clear that other group members will be able to add things that they think are important.

Ask if there are any questions before they break into groups. You can either go into one of the groups, sit quietly by yourself, or move around to the different groups. If you move around, ask each group if it's okay that you join them.

Role Plays

In a role play, people act something out and then the group talks about what happened. You may suggest a role play to help a group to look more closely at a situation. It is also a way of getting discussion going. By acting out a situation and then talking about what happened, women start seeing problems clearly and seeing what changes are possible.

It is useful to do role plays within the whole group. Let women know that you want them to think about what would happen in the situation you describe. No one is going to be judging their acting.

The discussion is the most important part of a role play. You will need at least half an hour for a detailed role play.

There are six steps to a role play:

- Set the scene.
- Act out the situation.
- Discuss what happened.
- Talk about what would have been better for the people in the scene.
- Play out the situation again in a way that meets people's needs better.
- Talk about what happened again, more briefly.



Guillo Bastias

From: NEWSLETTER, April/May/June, 1987

The role of the facilitator:

1. Set the scene. Briefly describe the people involved, their relationship (doctor—patient, woman—man, etc.), and what is happening. Tell the group that you are asking them to act out the situation in a way that they think it might happen. They may want to think of similar situations they have been in. They should try and think of how a character would act and what they would be feeling in this situation. A two-person scene is easiest to play. Having more people in the scene involves more of the group.

2. Ask for volunteers. Sometimes, women are shy to volunteer. You can play one of the people in the role play if you can't get anyone else to do it.

3. Start the role play. Give the players enough time to act out what is going on. You may want to allow about 10 minutes.

4. Ask the group questions.

- What do they think happened in the scene?
- How did the actors feel playing their characters?
- Were people in the scene treating each other well?
- Why was this happening?
- What would have made things better?
- What would have helped each person to get what they needed?

5. Set up the role play again. Explain that this time they are going to act out the same scene in a way that works better for the people involved.

6. Ask the group questions again. What did they see happening this time? Do they still have suggestions for changes?

7. If you have time, it's interesting to play out the scene several times. This allows the group to explore different solutions to a situation.

Drawing

Drawing is another way for a group to express themselves. You can have a large sheet of paper on the wall for everyone to draw on or each woman can have her own paper.

These are some ideas of things women can draw. You may have other ideas.

- All the things that affect their health. You can ask them to draw things bigger or smaller depending on how important they are.
- How they are feeling.
- How a health concern affects their life.
- The health needs and resources of their community.

The role of the facilitator:

1. Help women to feel comfortable about drawing. Let them know no one is judging them as an artist. Explain that the picture doesn't have to be realistic. They can express their thoughts and feelings any way that they want. They don't have to show what they draw to anyone unless they want to.
2. Explain what you want them to draw.
3. Supply women with paper and crayons, pens or pencils. Crayons are best because women can choose colours.
4. Facilitate a discussion. You may want to start with a round. Ask women these questions:
 - How did they feel as they were drawing?
 - What did they draw and why?

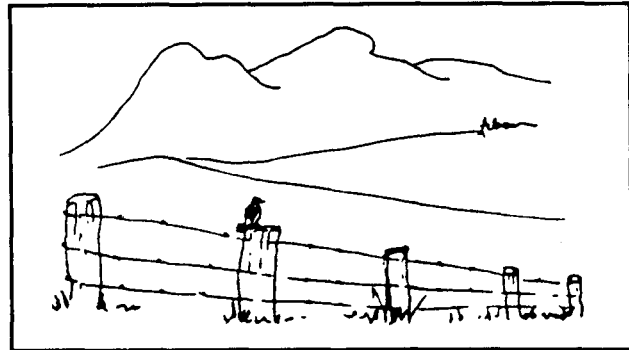
You may also want to ask women to talk about the differences and similarities between what different women drew.

Guided Imagery

This is a way of taking the group through a fantasy. It can be a way for women to relax, to look at their values or expectations, or to see themselves in a specific situation.

Everyone should be sitting or lying down in a comfortable position with their eyes closed. Give women a few minutes of silence to relax. Then read or talk through a scene. They imagine themselves going through it as you speak. They then have a few minutes of silence to slowly come back to the group.

Afterwards, women get a chance to talk about what it was like for them.



SMITHERS HUMAN RIGHTS SOCIETY

The role of the facilitator:

1. Explain the purpose of the guided imagery.
2. Ask women to close their eyes and relax. If they can lie down, this is helpful. You may want to guide them through the progressive relaxation exercise in the books **Miscarriage: You Are Not Alone** and **Talking About Periods**.

3. Read or talk them through a scene. Let them know what is happening, who is there, and what they are doing. If the purpose of the guided imagery is to relax, have them imagine a peaceful, healing place. If the purpose is to see themselves in a specific situation, then guide them to the situation and encourage them to explore. If the purpose is to look at values or expectations, think of a scene which will help them to clarify things for themselves.

For example, if you are in an infertility support group you could use guided imagery to help women explore options to infertility. You could lead them through imagining themselves in several different situations in five years: going through adoption and having an adopted baby, not having a child or any more children, going through medical testing and treatment and being successful, or going through medical treatment without success. In each situation, have them explore how they feel and what their life would be like. Encourage them to find things they like and don't like about each situation.

4. Give the group a few minutes of silence afterwards, then ask them to open their eyes and sit up slowly when they are ready.

5. Ask them to talk about what the experience was like for them. How did they feel? What did they think about? You could do this in pairs, groups, a round or a group discussion.

Exercises

At times the group may seem tired and bored. This often happens after lunch or in a room that is too warm. It may help if you do an exercise that gets people moving. These are some suggestions for exercises:

- Tell everyone to stand up and shake their arms and feet.
- Have someone do a movement and have the others copy it.

- Ask someone to sing a song or tell a joke.
- Do a group pantomime. One person starts by acting out a group activity without speaking. For example, it could be painting a room, going on a picnic, being in a demonstration and so on. When other group members guess what is going on, they join in, until everyone in the group has joined in.

The role of the facilitator:

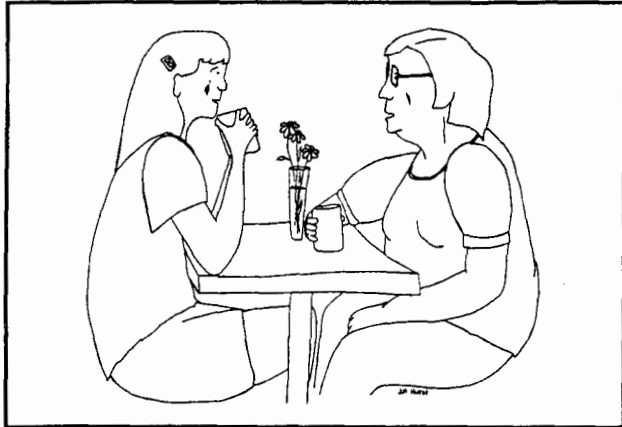
It is up to you to notice when the group's energy is low and to suggest an exercise.

CO-FACILITATION

When two women facilitate a group together it is called co-facilitation. We encourage you to co-facilitate groups if there is another woman in your area who is interested. Here are some of the advantages:

- It's a lot easier, especially when you are learning to facilitate groups.
- You can share the work of planning, publicity, organizing childcare and getting the room ready.
- You each have less responsibility during the meeting.
- You can help each other deal with any problems that come up.
- You can talk together about what went well and what you would do differently after the meeting.

Co-facilitation is rewarding but it's also a challenge. We suggest you spend time talking together before you facilitate groups.



Jill Hurst

Talk about your cultural background, values and beliefs

Go through the exercises on pages 11 to 17 together. Think about how your differences and similarities will affect you when you facilitate together.

Tell each other about your experience with facilitation and with the health topic

It's important to recognize if one woman has more experience and skill doing facilitation. The woman with less skill can see part of her role as learning. The woman with more experience can take on more responsibility at first. Figure out a plan so you both are learning, developing new skills, and building your confidence. It's a good idea to build from your strengths. Begin by each facilitating the parts of the meeting you feel most comfortable with. Gradually add areas where you feel less comfort. Tell the group if one or both of you are still learning.

Plan how you will facilitate the group together

Divide up the meeting so you each have responsibility for certain parts. It's best if you each present some of the health information.

You may want to divide up the discussion times so that you each facilitate part of the time while the other person sits quietly and watches. Clearly dividing up the responsibility prevents one facilitator from dominating.

Some co-facilitators divide up the responsibility during discussion times in a different way. One woman is responsible for trying to help the group stick to the planned agenda. The other woman is responsible for watching how women are feeling and making sure everyone gets a chance to participate.

Discuss what you will do if problems come up

Here are some common problems:

- The group members seem uncomfortable and the two of you have different ideas about what might help.
- The group wants to do something different than you planned.
- You disagree with something your co-facilitator says.
- Your co-facilitator gives incorrect health information.

Plan how you will evaluate meetings

Make sure you tell each other what went well. Notice and mention the things your co-facilitator handled well. Plan how you will talk about the things that didn't go as well. One way is to make a list together of things you want to try next time.

GROUPS FOR WOMEN AND MEN

You may decide to set up reproductive health groups for women and men. There are many good reasons to have women and men talk together about all these health topics.

Men are infertile just as often as women and sometimes both partners have a part in a couple's infertility. Birth control is the responsibility of both men and women. Learning about periods can help a man understand the changes women go through with the menstrual cycle and ways the man can help. Often both women and men have strong feelings and questions after a woman has a miscarriage.

Sometimes both women and men feel shy talking about their bodies in front of the other sex. It may help to make a few jokes about how shy everyone feels and then slowly get more personal. Or, you may want to divide into small groups where people feel safer. The groups can either be mixed or divided by gender.

Differences in group participation

In groups of women and men, there may be differences in how comfortable group members feel talking in the group. Women may feel less comfortable talking because there are men there. Men may feel uncomfortable talking about personal things. Sometimes a man may dominate the group.

The exercises to encourage group participation on page 26 may be helpful. See page 37 for suggestions of what to do if one person is doing most of the talking.

Men sometimes learn when they're growing up that they should be strong for women and "rescue them" or solve their problems. This can lead to a man giving advice in a group. If you have set up clear guidelines at the beginning of the group, gently remind him of the guideline and the reason for it. See page 19 on setting guidelines.



FLIGHT OF THE NORTH by Robert Abraham

Dividing into same-sex groups

Both women and men find it helpful to talk to people who are facing the same things as them. If you have a mixed group try dividing up into same-sex groups some of the time. Have all the women together and all the men together. Talk about what you have in common as women and what you have in common as men.

Discrimination against women affects the way many people think about reproductive health:

- There are a lot of myths and jokes about women's hormones and women's reproductive health.
- Women are often seen to be responsible for their health concerns. If they have a problem, it's their fault.
- Women's health concerns aren't always taken seriously when they go to the doctor. Men may not have the same experience of not being taken seriously.
- Women are seen as overly emotional.
- Men are seen as stronger if they don't show their feelings.

These ideas hurt both women and men. They make it harder for everyone to live fully in whatever way they choose. They also make it harder for women and men to be close and take equal responsibility in their relationships.

It's useful for men to talk together about their feelings and get support from other men. We think it's good if men encourage other men to be open with their feelings. It's important that men **don't** get together and reinforce stereotypes of women or blame women for their problems.

We suggest you talk about this briefly before you divide into same-sex groups. If you form a

women and men's support group you may want to talk about this more fully.

CROSS-CULTURAL GROUPS

Everyone brings their past and their culture with them everywhere they go. It helps to know yourself before you facilitate groups. If you know your values, you will be less likely to impose them on other women. You need to treat everyone fairly. This is especially true for groups that have women with very different cultural backgrounds. Go through the chapter on learning about yourself on page 11 and answer the questions.



From: ISIS, March, 1983

Learn as much as you can about the women you will be working with. Think about how the differences may affect the group. You won't know for sure until you actually facilitate groups, but thinking ahead will help you prepare.

Encourage women to talk about things which they bring with them from their cultural background. How are certain things seen in their family and community? Are they talked about much?

In a group with members from more than one culture, some women may dominate the discussion because they talk more easily in a group. See page 37 for suggestions on how to deal with this.

It is important to be ready for differences and criticism about your style. Talk about this at the beginning of the meeting. Encourage women to tell you if they see something differently than you or another group member. Try to think of this as useful information which will help you facilitate better in the future. Listen, watch, and then listen some more.

DEALING WITH DISCRIMINATION

Women often feel stronger after getting together with other women to talk about how much they have in common. While it is important to realize how much women have in common, it is also important to recognize how women are different.

All women face discrimination because they are women. Women earn less money than men, have fewer opportunities to get well-paid jobs, and often have more responsibility for care of children and elderly people. There are many other ways women face discrimination.

Some women face extra discrimination. Women who are poor or working class, women of colour (women who are Native, Latina, Black, Indo-Canadian, Asian, Arab or a member of another visible minority group in North America), fat women, lesbians (women whose most intimate emotional and sexual relationships are with women), older women, women who aren't Christian, and women who are physically challenged (handicapped) all face discrimination. Some women face discrimination for several of these reasons.



Sue Dray in SPARE RIB, July, 1983

Discrimination is one of the ways society keeps people "in their place". It makes it harder for everyone to feel proud of themselves and lead a full, economically secure and happy life.

Discrimination happens in many ways. Different women get mistreated in different ways. For example, a white lesbian faces discrimination, but she doesn't know what it's like to be a heterosexual Native woman and face racism. Neither can a heterosexual woman experience the homophobia that the lesbian faces. Homophobia means fear of lesbians and gay men leading to discrimination.

Dealing with discrimination in groups

Discrimination comes up in many forms. It can come from group members or from the facilitator. It can be directed towards other group members or towards the facilitator. It can be very direct or it can be subtle.

A first step in dealing with discrimination is to know your own values and beliefs. Try to recognize the stereotypes you have about groups of people. The exercises on pages 11 to 17 will help.

It's also helpful to learn as much as you can about women who are different from you. Some ways you can do this are by reading books, keeping your eyes and ears open, asking questions, and meeting and working with as many different people as possible.

The role of the facilitator is to make the group a safe place for everyone. Listen for comments that you think stereotype a group of people. You probably won't notice every time it happens. Watch the group. If someone looks uncomfortable, ask her how she's feeling. Someone may have said something she found upsetting.

You can prevent some discrimination by including "trying to be respectful of women who are different from ourselves" in the guidelines for group safety. You can also talk about ways that you have been stereotyped and how that has made you feel. This brings discrimination out in the open. It also helps break down assumptions group members may have about you.

Think about what you would do if someone in the group said something that you thought discriminated against a group of people. Here are a few things you could do:

- Be quiet for a minute to see if anyone else says something. Someone in the group may respond. You may need to help her respond in a way that is direct and specific.
- Say that you think what the woman said discriminated against a group of people and why. Be specific. Try to say what you think would be more useful. If there's time, you could ask other group members to say what they think.
- If you have included "trying to be respectful of women who are different from ourselves" in the guidelines for group safety, you could point out that you think one of the guidelines has been broken and why.
- Tell that woman that you think she has made a hurtful comment. Explain why. Then have a group discussion. Ask other women how they feel and what they think. This takes more time than the other ideas. You may find it useful in support groups.

COMMON PROBLEMS IN GROUPS

These are suggestions of ways of dealing with some of the common problems in women's health groups. We suggest several options for each problem. You may feel more comfortable with one approach than another. Or, you may find your own solution. Different things work with different groups of women. Think about what would help with the women you are working with.

Many of the problems that come up in groups can be avoided by careful planning. It's helpful to set guidelines for the group and have everyone agree to them. You'll find it often helps to refer back to the guidelines if you have a problem.



From: HEALTHSHARING, November, 1979

It's a good idea to wait a minute before stepping in when there is a problem. Someone else may step in. If no one does, it is your role as facilitator to deal with the problem. Do this in a way that involves the group. Let them know what is happening and ask them for suggestions. You may sometimes have to help another woman be direct and specific when she is bringing up a problem.

If something comes up and you don't know what to do, ask the group for help. Let them know what you think is happening and ask them for suggestions. The group will become stronger if they solve a problem together.

There will likely be times when you don't think you handled a situation well. This happens to everyone, even the most experienced facilitator. You are not a failure if one thing went badly. Try to remember the ways that the group was successful.

If you have a co-facilitator, spend time talking about what didn't work well. Talk about what might work better. If you are facilitating alone,

you may want to meet with someone who has experience facilitating groups. You may come up with ideas together which will work better next time. Each group meeting is a chance to learn as new situations come up.

Problems which often come up in groups

Unequal participation:

One or two women do all the talking. Other women don't get a chance to talk. Some women don't participate in the group. They may look bored or restless.

Here are some suggestions:

- Do a round.
- Break the group into smaller discussion groups.
- Ask to hear from women who haven't said anything.
- Say that it's easier for some women to talk in groups than others. Ask if anyone who hasn't spoken would like to add anything.
- Try an exercise such as drawing, a role play, or guided imagery. See page 26.
- Pay attention to whether women participate more in rounds, small groups or brainstorming. If they do, then use these techniques more.

Going off topic:

Women may be talking about several things at once, or the workshop may seem to be changing topics. For example, you may have started out on periods and ended up talking about breast cancer.

COMMON PROBLEMS IN GROUPS

Here are some suggestions:

- Remind women of the agenda and guide the discussion back to what everyone said they wanted to talk about.
- Ask women if they want to change the agenda. You could do a round with women saying which topic they want to talk about.
- Women may go off topic because they are making links between this topic and other areas of their lives. If this happens, you may want to focus the group's attention on the links that women are making. Say that it's interesting that this topic brings up so many related health topics. You may want to suggest a brainstorm on what these health concerns have in common. Then do one of the two suggestions above.

Wrong health information:

Sometimes, a woman says something which is wrong. For example, in a birth control workshop, a woman may tell other women you can't get pregnant when you're breastfeeding. It's important that women don't leave with wrong information.

Here are some suggestions:

- If she has said something which is partially right, start by acknowledging what was right about what she said. Then go on to explain what you disagree with and why. In this example, you might explain why she may not have gotten pregnant but other women might.
- If the information is totally wrong, explain what you think is correct and why. In some cultures, it is rude to say that someone is wrong. Try to add the correct information without saying "you are wrong" or making a person feel stupid.
- This is a good time to talk about how hard it is to get good health information.

Going against group guidelines:

Women sometimes give advice or interrupt each other. They may also go against another guideline which the group has set together. This happens even if you have agreed on clear guidelines.

Here is a suggestion:

- Remind women of the group guideline and the reason for the guideline. For example, a guideline against advice giving is a way of respecting each woman's ability to come up with her own solutions.
- Briefly acknowledge the woman who has interrupted or given advice, and bring the attention of the group back to the first woman.

One woman says something that hurts another woman:

Sometimes, a woman bursts out with something angry or hurtful to another woman. Or, she may respond to something someone has said in an unkind or disrespectful way.

These are some suggestions:

- Say you are sure she has good reasons to be angry or frustrated but that you don't want her to say things that hurt other group members. Ask her what she's angry about and help her to express her anger in a more direct way.
- You may need to acknowledge the feelings of the woman who was hurt, and ask her how she is feeling now. She may also need help to express her feelings without attacking back.
- It may be helpful to remind the group that the workshop is supposed to be a safe place for everyone to talk and to bring up feelings.

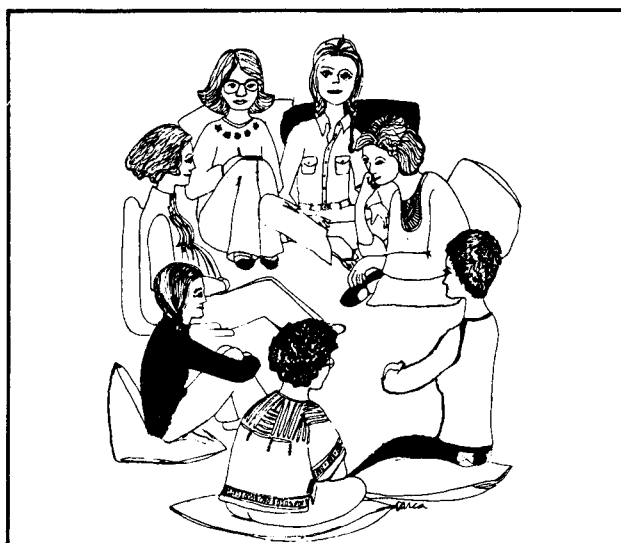
WORKSHOPS

This chapter is about facilitating workshops. A workshop is a single meeting on one of the health topics. We suggest the workshops be two and a half to three hours long, with a 10 minute break in the middle.

A workshop provides women a chance to talk about their feelings and experiences, to share health information, and to learn new information.

Many women have strong feelings and ideas about these topics. They also have lots of questions. Sometimes a workshop is the first place women have had a chance to talk to other women about their health concern and feelings. There may not be enough time for everyone to say and ask all that they would like to.

Whenever possible encourage women who come to workshops to form support groups. Support groups allow women much more time to talk and to help one another. The support group can either have a facilitator or not. Let the women know if you are willing to facilitate a support group. Ask if any of them would like to join a group.



From: SOLVING WOMEN'S PROBLEMS

Women may also want to exchange names and phone numbers to get together informally and talk some more.

This chapter starts with information on how to begin and how to end a workshop. There is also specific information on workshops on Avoiding Pregnancy, Infertility, Miscarriage, and Talking About Periods. We suggest an agenda and talk about how to facilitate each part of the workshop.

COMMON SECTIONS OF WORKSHOPS

These parts of the workshop are similar for all four health topics. The way that women are welcomed into a workshop and the way the workshop is closed are very important to how women will feel about the session.

Beginning workshops

1. Welcome the women to the workshop.

Say your name and that you are going to facilitate the workshop. Explain that your role is to guide the discussion and to make sure that the group is a comfortable place for everyone to talk. The health topic (say the name) is a big topic. You will try to make sure the group talks about the things the women in the group are interested in. You will present some health information. You hope everyone will talk about their experiences and learn from each other.

2. Explain that this is a self-help workshop.

See page 19 for an explanation of self-help.

3. Introduce the health topic briefly. This is

a topic that women don't talk about much. Women often don't have the support, the health information, or the health care they need. This workshop is a place for women to talk openly about their feelings and experiences.

4. Discuss the guidelines for group safety.

Explain the importance of having guidelines to make sure the group is a safe place for everyone to talk.

If the women are used to being in women's groups, ask them to suggest guidelines. If they haven't been in many groups or they seem

shy, then suggest some guidelines. There is a list on page 19. Ask the group if there are any guidelines they want to add or any they want to take away. Make sure that everyone agrees with the guidelines before you go on.

If possible, write the guidelines on a big piece of paper on the wall. Say that you will remind women if you think they aren't following the guidelines. Encourage other group members to do the same.

5. Tell women the agenda you have

planned. You can write it on a piece of flipchart paper on the wall. Ask them if they want to change any part of the agenda.

6. Do an introductory round. Explain the guidelines for rounds. There is more information on rounds on page 27. Ask women to say these things:

- Their names
- Why they have come
- What they hope to get from the workshop

You may need to remind women what the questions are because they may be nervous. One way is to write them on flipchart paper on the wall.

As a facilitator, you need to be sure that women get to talk about their concerns sometime during the workshop. It's a good idea to write down what women say they want from the workshop. Explain that the things women brought up will be discussed later on.

If women say that they came for very different reasons than what you had planned as an agenda, see if the group wants to change the agenda. If you are co-facilitating, take a five minute break to talk with your co-facilitator about how to change your plans for the workshop.

This beginning part of the workshop should not take too long. Your introduction and explanation of self-help and the agenda could take five to 10 minutes. The round of names and why women came will be shorter or longer depending on how many women are there. It should be no more than 10 or 15 minutes.

The middle of the workshop

Suggestions for agendas for each health topic are on the following pages:

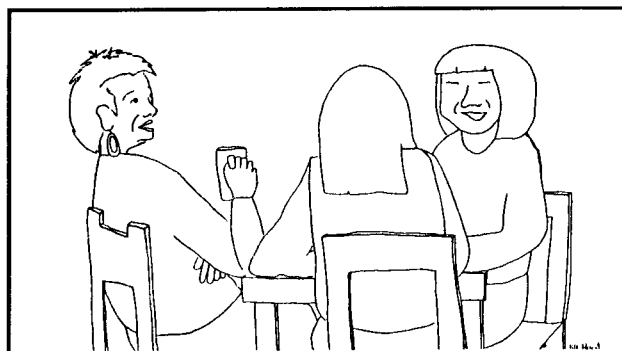
Avoiding pregnancy	page 43
Infertility	page 47
Miscarriage	page 52
Periods	page 56

You will need to keep track of the time, so that one part of the workshop doesn't take too long and leave you no time for other parts. See page 20 for suggestions on keeping the meeting on time.

Always schedule a break in the middle of the workshop.

Ending the workshop

It's very important to have some kind of ending for the workshop. The workshop will have been the first chance some women have had to talk about the health topic. Some women may have strong feelings during the workshop. They may need a bit of time before they leave the workshop. Women may have lots of unanswered questions. It's important that women have a chance to say how they're feeling and what they plan to do about their health concern now.



Jill Hurst

These sections should come at the end of each workshop:

1. Talk about how women can get more information and support. You could list the resources that you know about and ask the group members if they have any to add. Or, everyone could come up with ideas together.

You can also ask if women are interested in starting a support group and pass around a paper and pencil for women's names and phone numbers. One woman needs to organize the first meeting. If you're willing to do this, let the group know.

2. Have an evaluation. This gives women a chance to say what they liked and didn't like about the workshop. Explain that this will help you make the workshops better in the future. You can choose one of two ways to do an evaluation. One way is to do a round. The other is to pass out evaluation forms.

In a round, ask women these questions:

- What worked well for them in the workshop?
- What would they have done differently?
- Do they have any suggestions which would make it a better workshop?

There is a sample evaluation form on page 60. You can photocopy it or make up your own form. Let women know they don't have to sign their forms.

INTRODUCTION TO HEALTH WORKSHOPS

3. Do a closing round. This helps to bring the group back together and gives everyone a chance to speak. Have each woman answer these questions:

- How are they feeling?
- What questions do they still have?
- What do they plan to do next?

In the sections on each health topic, there are suggestions for other questions to ask during the closing round.

4. Appreciate the women for coming and participating in whatever way they did. It's important to direct this to everyone who came.

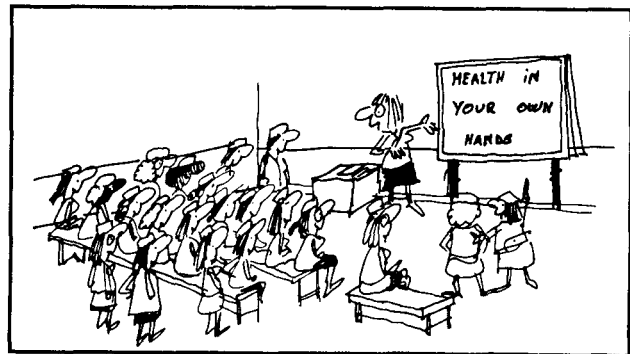
INTRODUCTION TO HEALTH WORKSHOPS

These are suggestions for agendas for two and a half to three hour workshops on each of the four health topics. You can photocopy the agenda to bring with you to a workshop. If you are co-facilitating, each of you can have a copy.

There are two columns on the left for you to fill out. One is for the name of the co-facilitator who is responsible for each section of the workshop. The other column is to write down ahead of time when each part of the workshop should start. If your workshop goes from 7:00 to 9:30, write down 7:05 for the opening round, and so on. This will let you know if you are on schedule or going over your time for each section.

If you have less time for the workshop, you will need to change the agenda. It takes less time for women to break into pairs than threes. You may also have less time to present health information. Think about the balance between discussion time and time presenting health information when you plan changes to the agenda.

If you have time for a series of workshops, you may choose to cover less information in the first workshop, and to allow more time for women to talk about what they want to cover during the series. This will help you to be sure that the series meets their needs.



Guillo Bastias in WOMEN'S HEALTH JOURNAL, Winter, 1987-88

A health information book has been written on this project to accompany each of the workshops. You will find ordering information for the books on page 82. If you choose to provide copies of the books to women who come to the workshops, wait until afterwards before giving them the books. Otherwise, they will be distracted from the workshop by reading the books. You may choose to have a few books out at the break.

AGENDA: WORKSHOP ON AVOIDING PREGNANCY

Time

- Facilitator
- 1. Introduction: 5 minutes**
 - Your name and why you're doing the workshop
 - Self-help
 - Why a workshop on this topic
 - Group guidelines
 - Agenda
 - 2. Opening round: 10 minutes**
 - Name and why you're here
 - Anything special you want to talk about
 - 3. Break into threes to talk about these questions: 30 minutes**
 - Explain guidelines: five minutes each, others listening.
 - Were sex and birth control talked about in your family?
 - Has that affected what birth control you've chosen?
 - What methods of birth control have you used? Why did you choose those methods?
 - If you've never used birth control, how would you choose what method to use?
 - 4. Discussion: 15–20 minutes**
 - Do attitudes in your family towards talking about sex and women touching themselves affect which method of birth control you use?
 - Does comfort talking to the doctor or nurse affect what kind of birth control you use?
 - Did you choose a method of birth control alone or with your partner?
 - 5. Brainstorm: 10–15 minutes**
 - What should a woman consider when choosing a method of birth control?
 - 6. Break: 5–10 minutes**
 - 7. Information and discussion: 40 minutes**
 - A woman's reproductive organs
 - Barrier methods: condoms, foam, diaphragm, and cap
 - Natural methods: fertility awareness, basal body temperature, rhythm, and withdrawal.
 - Hormonal methods: the birth control pill, morning after pill, and Depo Provera.
 - IUD's: copper, plain, Progestasert, and Dalkon Shield.
 - Sterilization: tubal ligation, and vasectomy.
 - 8. Conclusion: 5 minutes**
 - The importance of safety, future fertility, sharing of responsibility.
 - Why don't the most commonly used methods meet women's needs?
 - No birth control is 100% effective.
 - 9. Resources available: 10 minutes**
 - 10. Evaluation: 10 minutes**
 - 11. Closing Round: 10–15 minutes**
 - Any thoughts or questions? If you were going to choose another method besides what you use now, what would you choose?

Suggestions for ways to change this agenda for different women

Workshops on avoiding pregnancy may have a range of women in them of different ages and with different needs. There may be young women who are just starting to think about birth control, women who want to change methods or are considering sterilization, and women who have come to the workshop so they can talk to their children about birth control. You may want to change some of the questions you ask in the discussion period depending on who has come to the workshop.

For example, if women have come because they want information for their children, they could talk about how they learned about sex and birth control when they break into small groups. The discussion afterwards could focus on what they think was helpful, what wasn't helpful, and what would have been more helpful.

Box of birth control samples

It's useful to have a box with samples of all the birth control methods to pass around. You may be able to borrow or buy a box of samples from Planned Parenthood. Friends can supply you with spares of some of the methods, like a container for pills, a condom, or a foam container.

Most companies will give you samples if you write and say you're holding birth control workshops and would like a sample of their product to show to women.



From: SPARE RIB

AVOIDING PREGNANCY WORKSHOP

1. Introduction. See page 40 on beginning workshops. When you're talking about why you're holding a workshop on this topic, you could mention these things:

- Many women use birth control. Make sure you don't assume that all women use birth control.
- It's hard to get good information on what's available and advantages and disadvantages of each method.
- Many women get birth control in a doctor's office, where there isn't always time to talk much.

2. Opening round. See page 27.

3. Break into threes. For more information on small groups, see page 28. Ask each woman to take five minutes to answer the questions on how much birth control was talked about in their families and how that has affected which methods she's used or might choose to use.

4. Discussion in the whole group. This discussion should help bring the small groups back together. It should also help women look at how birth control fits into their lives as a whole and into their relationships.

Here are some points which may come up in the discussion:

- Some methods involve touching yourself. Women may have grown up with strong messages not to touch themselves.
- Some methods involve talking to your partner about sex and birth control. Women may not feel able to do so and men may be unwilling.
- Some methods need to be used when you have sex. If you're having sex when you don't really want to or if you feel uncomfortable planning to have sex, you may not feel comfortable with this type of birth control.
- Thoughts or concerns about sexuality and sexual abuse may come up when women talk about birth control.
- It's difficult for many women to talk to doctors or nurses about birth control.

These are some solutions:

- Using a method which involves talking about sex or touching yourself may help you to feel more comfortable doing these things. It can be a step towards feeling better about your body.
- Birth control can be a responsibility that two people share.

- You have the right to say no if you don't feel like having sex. No one has the right to pressure you or force you. It may take practice and support from friends and community organizations to say no.
- You may find it helpful to read books on sexuality and sexual abuse. See page 81. You could refer women to resources in the community or encourage them to get together in a support group to talk about this issue.
- The ideas in the **Patients Have Rights** chapter of the book **Avoiding Pregnancy** may help women who are having difficulties with doctors.

5. Brainstorming. Ask the group to come up with suggestions of things to consider when choosing a method of birth control. Write them on a piece of paper on the wall as they are said. You may want to add some ideas.

6. Break. If possible, have a box with samples of birth control methods out so people can look at them during the break.

7. Information on the birth control methods. Start by describing women's reproductive organs. You can photocopy the picture and description of women's reproductive organs in **Avoiding Pregnancy** and give a copy to each woman. You can also use a large chart of women's reproductive organs. You may be able to borrow a chart from your local Planned Parenthood or public health unit. This information should be brief, but will make it easier to talk about the methods afterwards.

AVOIDING PREGNANCY WORKSHOP

You won't have the time to tell women a lot about each method. Let them know that there's more information in the book **Avoiding Pregnancy**. Refer back to the main points women brought up in the brainstorm on how to choose a method. Also let them know these things:

- What the method is. Pass it around if you have a sample, or show a picture.
- How it works to stop you from getting pregnant.
- How well it works (effectiveness).
- Is it safe? Can it harm you? How? How much of your body does it change? Does it affect your chances of getting pregnant later on?
- Does it protect against VD, especially AIDS?
- Can a man share in using this method?
- Where can you get it? Is it expensive?

You can choose to have questions and discussion as you're talking, or ask women to wait until you've finished describing each method.

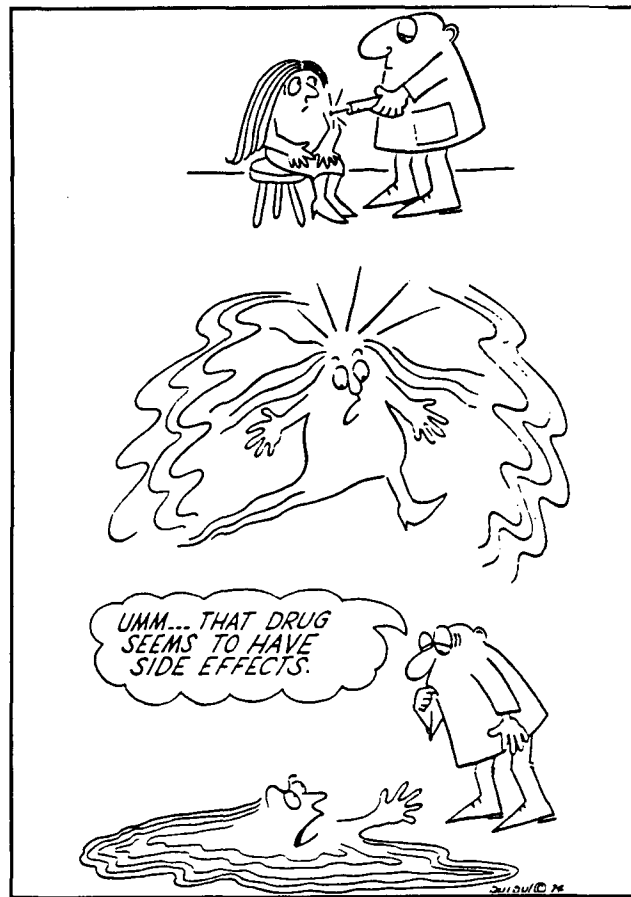
8. Conclusion. These are a few points to bring up after you've gone over all the methods. You may want to use them to sum up the information you've given or they may start more of a discussion going.

- The methods which are most commonly used, the pill and the IUD, are the methods most likely to cause women serious health problems. Women are less likely to hear about other methods which also work well. Why do you think this is?
- Is birth control only a woman's responsibility? Should it be? How can a man take more responsibility?

- How do methods which change your body all the time so you can't get pregnant affect your ability to say no to sex when you don't feel like it?
- No birth control is 100% effective. It's useful to talk with your partner about what you'd do if you had an unwanted pregnancy.

9–11. Resources in your community, evaluation and closing round. See page 41 for information on these sections at the end of each workshop.

We suggest asking women what birth control method they would use other than what they're using now during the closing round. This gives women a chance to talk a little about how they might fit a different method of birth control into their lives.



Bülbül (see page 2 for full credit)

AGENDA: INFERTILITY WORKSHOP

Time

Facilitator

1. Introduction: 5 minutes

Your name and why you're doing the workshop
Self-help
Why a workshop on infertility
Group guidelines
Agenda

2. Opening round: 10 minutes

Name
Why you're here
Anything special you want to talk about

3. Break into threes to talk about these questions: 30 minutes

Explain guidelines: 10 minutes each, others listening

Women who have experienced infertility:

How did you first find out you had a fertility problem?
What were your feelings about it?
What different feelings have you gone through since then?
How much have you been able to talk about them
to the people closest to you?

Women who haven't experienced infertility:

What are your fears of infertility?
What feelings have people who are close to you and are infertile
talked about?
Have they talked to you much about their feelings?
Do you feel able to offer support?

4. Discussion: 15–20 minutes

Is infertility talked about much?
What sort of things do people around you think about infertility?
Have the people you're closest to been helpful?
What has and hasn't helped you feel better?
What would have been helpful?
If you are not infertile, what has helped you be able to offer support?

5. Information and discussion: 20 minutes

What is needed for pregnancy to happen?
What can go wrong?
What are the main options for people experiencing infertility?
medical treatment
donor insemination
adoption
co-parenting and extended families
not having children

6. Break: 5–10 minutes

Time

Facilitator **7. Information and discussion on causes of infertility: 40 minutes**

How to find out what's causing infertility

Women: tubal problems, hormone problems, endometriosis, mucus problems, repeated miscarriage

Men: Low sperm count, abnormal sperm, varicocele, blocked ducts, hormone problems

Women and Men: antibodies, combined problems

8. Conclusion: 10 minutes

The experience of infertility stays with you.

Strong feelings may last for years. It's important to get support.

Medical treatment is only one possible solution to infertility.

There are also social solutions, some of which are more likely to succeed.

More public money should be spent on preventing infertility.

9. Resources: 10 minutes

10. Evaluation: 10 minutes

11. Closing round: 15 minutes

How you're feeling

What will your next step be after this workshop?

How to change this agenda for different groups of women

Some women may want a chance to talk about their infertility and their own feelings. Other women may come because they want to be helpful to friends or family experiencing infertility. Women who are single and infertile may get very little support. Women in couples may want to talk about how infertility is affecting their relationship. They may want to talk about how their partner is reacting to her, his or their infertility. Lesbians, whether single or in couples, face discrimination when trying to get information and treatment. Women going through medical testing and treatment may have very different concerns from women who are looking for other solutions, such as adoption.

You may want to change the discussion questions after the small groups get back together. The discussion can move into social attitudes about infertility and how they affect women in different situations.

If some women have come for medical information, and others are interested in alternatives such as adoption, co-parenting or not having children, you could break the group in two for the information session. This is only possible with two co-facilitators, each of whom presents health information and facilitates discussion for one of the groups.

This workshop usually takes three hours. If you have less time, think about which part you want to skip while keeping a balance between talking about feelings, different options, and health information.



Laurie White (see page 2 for full credit)

INFERTILITY WORKSHOP

1. Introduction. See page 40 on facilitating the beginning of a workshop. When you're talking about why you're holding a workshop on infertility, you could mention these things:

- We grow up assuming that we'll be able to have babies if and when we want to. We hear a lot of talk about how to prevent pregnancy, and very little on how to keep from becoming infertile even though often infertility can be prevented.
- There are many myths about infertility. Some of these myths blame the infertile person for her or his problems.
- Infertility brings up strong feelings. These feelings may be very different for different people.

2. Opening round. See page 40.

3. Break into threes. For more information on small groups, see page 28. It's important for women who are infertile to have a chance to talk to and hear from each other. Have the women who are infertile go together and the women who are fertile go together. The groups may be different sizes. Let women know that they will each have ten minutes to talk while the others listen.

INFERTILITY WORKSHOP

4. Discussion. Some women in the group will probably have strong feelings. It's important to start the discussion by acknowledging this. Try not to guess what women may be feeling.

Sometimes, women may blame themselves for their fertility problems or for their inability to cope with intense feelings. Women may want a chance to express these feelings. It's important to give them time to do so, but also to help a woman move past self-blame. There are often social reasons which lead women to blame themselves. Read the section of this book on feelings on page 23 and on putting things into a social context on page 22.

These are some points which may come up in the discussion:

- Some social myths about infertility can be very hard to hear if you're infertile. Examples are: that you'll get pregnant if you relax, take a holiday, or adopt a baby; that there must be a sexual problem; or that it's the woman's fault.
- If a woman is in a relationship with a man, he may have strong feelings about his or her fertility problem. He may have difficulty talking about his feelings because men don't learn to talk to other people much about feelings, and because he may feel that his manhood is threatened.
- Lesbians and women who are single and infertile may get very little support from doctors, nurses and family.
- Medical diagnosis and treatment of infertility may be impersonal.

These are some solutions:

- Acknowledge that the strong feelings women have are normal.
- Encourage women to talk about their feelings and what would have been more helpful in specific situations which they bring up.

- Make a list on a flipchart on the wall of things which women suggest as helpful.

5. Information. Briefly explain what is needed for pregnancy to happen and what can go wrong. You may want to photocopy the pictures of the women and the men's reproductive organs from the book **Infertility: Problems Getting Pregnant**. If you have a large chart to refer to as you speak, that's great. Briefly name each reproductive organ before going through what is needed for pregnancy. Write the steps for pregnancy down on a piece of flipchart paper. You can find them in **Infertility: Problems Getting Pregnant**.

Go through each step again and talk about what can go wrong.

Medical testing and treatment is only one solution to infertility. There are also social solutions. Talk about each of the main ways to resolve infertility problems: adoption, donor insemination, medical treatments, co-parenting and not having children.

For each of these solutions briefly explain the following things:

- What is it?
- Who has access to it?
- What are the chances of success?
- How long does it take?
- What are the main advantages and disadvantages?

6. Break. Let the group know there will be information on specific causes of infertility after the break.

7. Information on specific causes of infertility. Start by talking briefly about infertility testing. Name and describe the main infertility tests and explain what each test is for. Let women know which tests are the simplest and safest. Male partners should be tested before women have any treatment or any of the riskier tests.

You won't have time to go over every type of infertility. You may want to let the women know some basic facts:

- How common infertility is.
- That it is equally likely to be a woman's or a man's problem.
- What the most common reasons are for women and men to have fertility problems.
- That about half of the people who have medical treatment end up having babies.



Claudia Lowry in YUKON WOMEN

You will have to choose what specific conditions to cover based on what the group wants. Choose only four at most. If you are co-facilitating, each of you should prepare information on some of the conditions before the workshop. You will find the information in **Infertility: Problems Getting Pregnant**.

Explain these things about each of the conditions:

- What is it?
- How does it stop you from getting pregnant?
- What causes it?
- How can it be treated? Can you do anything yourself? What will the doctor suggest?
- What are the chances of successful treatment?

You may want to break up this time so you allow time for discussion after talking about each health topic. These points may come up:

- Doctors know more about treating women for infertility than men. This can lead to women spending more time in doctors' offices and having strong treatments even if their male partner has a fertility problem.
- Some of the most common types of infertility can be prevented.
- Some infertility treatments may not be safe or may not work very well.
- Women can spend years going through tests and treatment.

8. Conclusion. You may want to finish by saying these things:

- Many people say that the experience of being infertile stays with them. This is true whether they go through medical treatment and become a parent biologically, whether they find another way to become a parent, or whether they don't have children.
- It is normal to have strong feelings for many years. It is important to find a way to get support. People often say that the feelings come and go.
- Seeing infertility as a medical problem is only one way of looking at it. There are other solutions to infertility, some of which are more likely to help people become parents.
- Much of infertility could be prevented. This would be a better way to spend public money than research into costly treatments that don't work well and are available only to people with money.

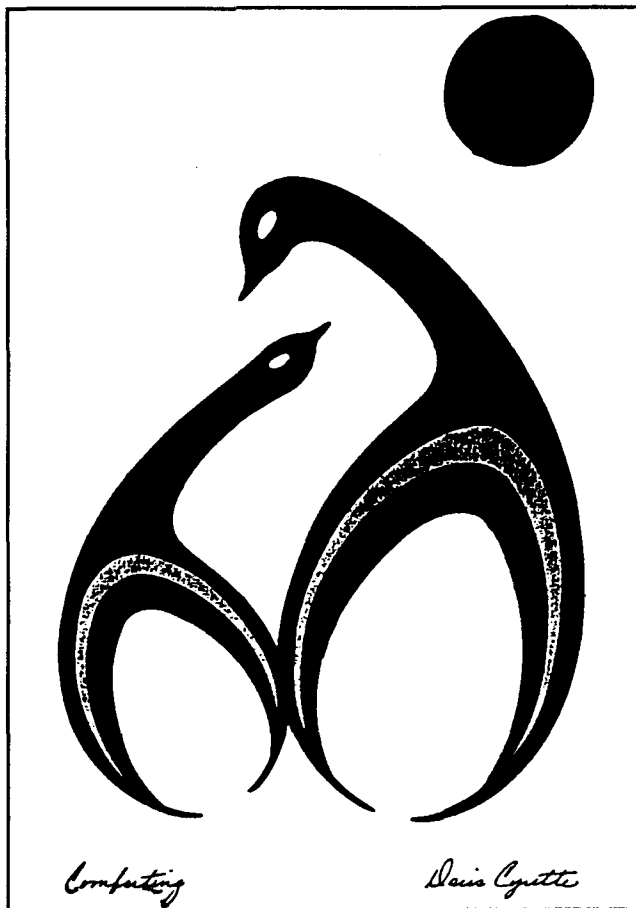
9—11. Resources, evaluation and closing round. See pages 41 to 42 for information on this section of the workshop. Encourage women to form a support group or join one that already exists.

- In the closing round, we suggest asking women to talk about how they're feeling and what their next step will be. This is one way of acknowledging that the workshop is only a start.

AGENDA: MISCARRIAGE WORKSHOP

Time

- Facilitator
- 1. Introductions: 5 minutes**
 - Your name and why you're doing the workshop
 - Self-help
 - Why a miscarriage workshop
 - Group guidelines
 - Agenda
 - 2. Opening round: 10 minutes**
 - Name, why you're here, anything special you want to talk about
 - 3. Information: 10 minutes**
 - What is a miscarriage? How common are they?
 - What are the different types of miscarriages?
 - What are the main causes of miscarriage?
 - 4. Break into threes to talk about these questions: 30 minutes**
 - Explain guidelines: 10 minutes each, others listening.
 - Women who have had miscarriages:
 - What was it like to have a miscarriage?
 - How much have you talked about it?
 - Have you talked much to the person or people closest to you?
 - Women who have not had miscarriages:
 - If you are close to someone who has had a miscarriage, what was it like for her?
 - What are your fears about having a miscarriage?
 - 5. Brainstorm: 10 minutes**
 - What was helpful to you during and just after your miscarriage?
 - What would have been more helpful?
 - 6. Discussion: 20–30 minutes**
 - Did you get the help and understanding you needed from the people closest to you when you had a miscarriage?
 - Did you get the medical information you needed?
 - 7. Break: 5–10 minutes**
 - 8. Information and discussion: 50 minutes**
 - Early miscarriage
 - Late miscarriage
 - Repeated miscarriage
 - Stillbirth
 - Ectopic pregnancy
 - 9. Conclusion: 5 minutes**
 - Many women have miscarriages.
 - Many miscarriages happen because the fetus couldn't survive.
 - It is normal to have strong feelings after a miscarriage.
 - 10. Resources: 10 minutes**
 - 11. Evaluation: 10 minutes**
 - 12. Closing round: 15 minutes**
 - How are you feeling? If you were going to have coffee with a friend tomorrow to talk about miscarriage, what would you talk about?



Doris Cyrette

Suggestions of ways to change this agenda for different women

Women usually come to workshops on miscarriage if they have already experienced one or more miscarriage, or if they are close to someone who has. Women may have experienced anything from a single early miscarriage to a stillbirth or many miscarriages.

If women have had one or two early miscarriages, they may mostly be concerned

about preventing more miscarriages. You may want to spend time talking about how to be healthy during pregnancy.

Women who have had a stillbirth may want extra time to talk about their feelings and go through the experience of the birth and death. You may want to allow more time for the small groups and for the discussion, and less time for health information.

MISCARRIAGE WORKSHOP

1. Introduction. See page 40 for information on beginning a workshop. These are points to include on why you're holding a workshop on miscarriage:

- Women don't always get a chance to talk about how much their experience of miscarriage affected them.
- Women's experiences are very different, but miscarriage often brings up strong feelings.
- It's hard to get good information on why miscarriages happen. Often a woman never finds out.

2. Opening round. See page 40.

3. Information on miscarriage. Briefly explain these things:

- What is a miscarriage?
- How common are miscarriages?
- What are the main types of miscarriages?
- What are the most common reasons they happen?



Jeanne Taylor in KINESIS

4. Break into threes. For more information on small groups, see page 28. This is a chance for women to talk about what it was like for them to go through a miscarriage or several miscarriages. It's important to remind them to let each woman go through her whole story while the other women listen.

Make sure that women who've had miscarriages talk to other women in the same situation. Women who haven't had miscarriages may not need as long to talk. If more than one woman in the group has had a stillbirth, have them talk together.

5. Brainstorm. Ask women to say what was helpful or would have been helpful to them. Write down each point on a flipchart paper on the wall.

6. Discussion. Ask women what kind of support they have had from the people closest to them, and what kind of medical information they have been able to get. These points may come out in the discussion:

- People around you may be embarrassed by your feelings and may not know what to do.
- A woman's experience may be very different from her partner's.
- People may make wrong assumptions about a woman's feelings. They may think it is supportive to say, "Don't worry dear, you can try again", when that is the last

thing a woman may want to hear. Or, a woman with an unwanted pregnancy and mixed feelings may find it hard to have everyone assume she has strong grief after a miscarriage.

- Women often feel guilt over something they have done. They may worry that they have caused the miscarriage. These may be the hardest feelings to deal with.

See page 23 for dealing with feelings in groups and page 22 for putting feelings into a social context. This is especially important when women talk about guilt or blaming themselves. Acknowledge a woman's feelings first, then look at the social reasons she feels that way. You may want to help her to look at her situation and think about what would have helped her to feel better about it.

Sometimes, women's self-blame is based on inaccurate health information. For example, if a woman thinks she miscarried because of an earlier abortion, she may feel reassured to know that abortion rarely causes miscarriage.

7. Break. Let women know you will come back to talk about specific information after the break.

8. Information about miscarriage. Go over information on different types of miscarriages and pregnancy losses: early, late, and repeated miscarriages, ectopic pregnancy, and stillbirth. Women in the group may only be interested in certain types. If so, you can choose only to talk about those types and to go into more detail. For each type of miscarriage, talk about these things:

- What is it? When in pregnancy does it happen?
- How common is it?
- What causes it?
- Can anything be done to prevent it or to stop a threatened miscarriage?

There is information in the book **Miscarriage: You Are Not Alone** on the main types of miscarriage and on stillbirth.

You may want to have some of the time set aside for questions and discussion after you talk about each type of miscarriage. You may also want to leave some time at the end.

9. Conclusion. These are some points to make:

- Miscarriages are very common.
- Many miscarriages happen as a way a woman's body gets rid of a pregnancy which couldn't survive.
- Many women feel very strongly after a miscarriage. These feelings are often discounted by friends and family. They may say that "it was for the best" or "you can try again". Whether or not she becomes pregnant again, a woman's feelings about her miscarriage are important.

10–12. Resources, evaluation and closing round. See page 41 for how to facilitate the end of a workshop.

When you are talking about resources, stress the usefulness of self-help support groups for women who have had a miscarriage or stillbirth.

In the closing round, we suggest asking women to say what they would talk to a friend about if they were meeting the next day to talk about miscarriage. This helps women to focus on what feelings are most important to them, and also stresses that the workshop is only a start.



From: HEALING AT HOME (see page 2 for full credit)

AGENDA: WORKSHOP ON TALKING ABOUT PERIODS

Time

Facilitator

1. Introduction: 5 minutes

Your name and why you're doing the workshop
Self-help
Why a workshop on periods
Group guidelines
Agenda

2. Opening round: 10 minutes

Name, why you're here
Something that's made your periods better or more of a problem

3. Information: 10 minutes

There are many names for periods
The menstrual cycle
What a normal period is like

4. Break into threes: 15 minutes

Guidelines: five minutes each, others listening
How did you first find out about periods and what was your first period like?

5. Discussion: 15–20 minutes

Were periods talked about in your family? Do you talk about periods much with friends and family? How do you feel about how you found out about your first period? What would have been helpful? Since periods aren't talked about much, how do you judge what's normal?

6. Information and discussion: 20–30 minutes

What is a healthy period? What can help you have a healthier period?
Things to avoid, food, exercise, stress, how birth control affects your period, give yourself time to change.
How to chart your cycle

7. Break: 5–10 minutes

8. Information and discussion: 40–50 minutes

Period problems:
How to find out what's wrong
Not having periods
Pain
Heavy Bleeding
PMS
Fibroids
Endometriosis

9. Conclusion: 5 minutes

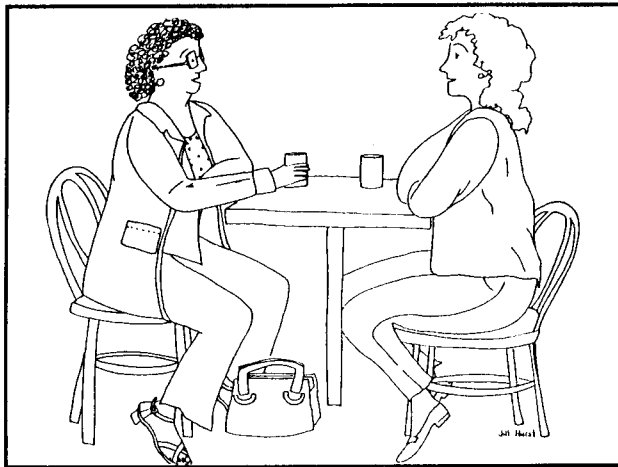
There are many things you can try yourself to have healthier periods. Although hormone treatment and surgery can help women with serious period problems, they are used too often.

10. Resources available: 10 minutes

11. Evaluation: 10 minutes

12. Closing Round: 10–15 minutes

Something you'll do differently to have healthier periods.
Something you've learned from the workshop.



Jill Hurst

Suggestions for ways to change this agenda for different women

Sometimes women come to periods workshops because they have a specific period problem they want to know more about. Other times, women just want to know more about their periods and about what is normal. Some women may come because they want to know how to talk to children about periods. Young women may want to know more than they have been told.

The discussion on how you found out about your first period, what was helpful and what wasn't can be expanded if women come wondering how to talk to children about periods. If no one has come for a specific period problem, you can expand the healthy periods section. Women can brainstorm ideas of what would help them to make the changes that would make their periods healthier.

If women can be divided into two or three groups with similar period problems, they can break into these small groups after the information session. Women in each of these groups would get a chance to talk about their situation and what has and hasn't helped them.

TALKING ABOUT PERIODS WORKSHOP

1. Introduction. See page 40 for information on beginning workshops. In the section on why you're holding a workshop on this topic, you could mention:

- The secrecy surrounding periods, in spite of periods being a normal and healthy part of being a woman.
- The negative social messages women get about periods.
- There are many things a woman can do herself that can help period problems get better.

2. Opening round. See page 40. In the round, women are asked to name something which has helped their periods become better or more of a problem. This gives women a chance to share information, and helps them to see the workshop as a place to talk and not just to listen to the facilitator.

3. Information on periods. Say there are many names for periods and ask what names women have heard.

Explain what a menstrual cycle is. You may want to cover these things:

- What hormones are.
- How a woman's menstrual cycle is controlled by hormones from her brain and from her ovaries.
- The menstrual cycle. It is described in the chapter **Your Body** in the book **Talking About Periods**.

Talk about what is normal. Stress how different women's periods can be and still be normal. There may be differences in length, amount of flow, or regularity. Let women know it's okay to go to a doctor or nurse to check out anything that concerns them.

4. Break into threes and talk about your first period. For more information on small groups, see page 28. Let women know they will each have five minutes to talk while the other women listen. This is a chance for women to tell their stories, and to look back at how their upbringing may have affected their feelings about their periods.

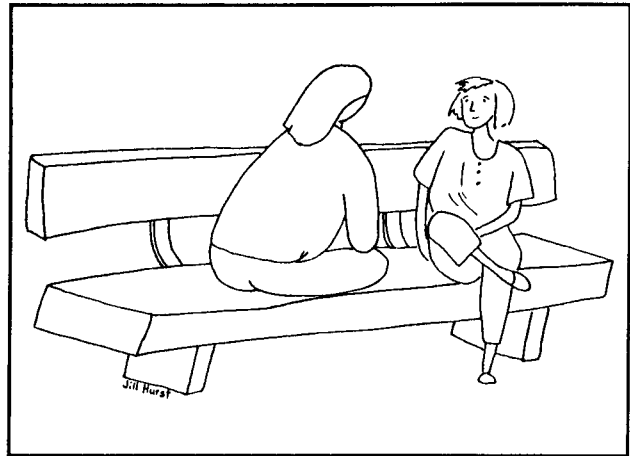
5. Discussion. The discussion starts by looking back at what was and wasn't helpful about the way women learned about their first period. If women have come to find out how to talk to children, this part of the discussion can be expanded.

Women are also asked how they judge what is normal. For some women, this acknowledges how hard it is to know. Other women may have had experiences which helped them to know. A woman may ask you if her situation is normal. If you know that it is normal, reassure her. If you don't know or you're not sure, say so. Women's symptoms may sound to you exactly like something you've read about, but that doesn't mean that they have that problem. As a facilitator, you can't diagnose women. You can help them figure out where to go next. If a woman sounds like she may have a serious problem, suggest that she go to a doctor to find out what's wrong.

Points that may come out of this discussion:

- Periods are seen in a very negative way in our society.
- There are a lot of myths surrounding periods.

- Women are very different. There's a wide range of what is normal.
- Women may have been told that a period problem was "all in their head" or that they just have to put up with a serious period problem because "it's part of being a woman".



Jill Hurst

6. Information on healthy periods. The information for this section is in the book called **Talking About Periods**. Encourage women to also say what has and hasn't worked for them. You may also want to ask women to talk about what helps them to make changes leading to healthier periods.

7. Break. Let women know there will be information on specific period problems after the break.

8. Information on period problems. You will only have time to present information on some of the period problems. Let the women in the group choose two to four period problems to find out more about. Let them know there is information on all the problems in **Talking About Periods**.

Go over these things for each period problem:

- What is it?
- How do you know if you have it?
- What causes it?
- What can you do for it yourself?
- How do doctors treat it?

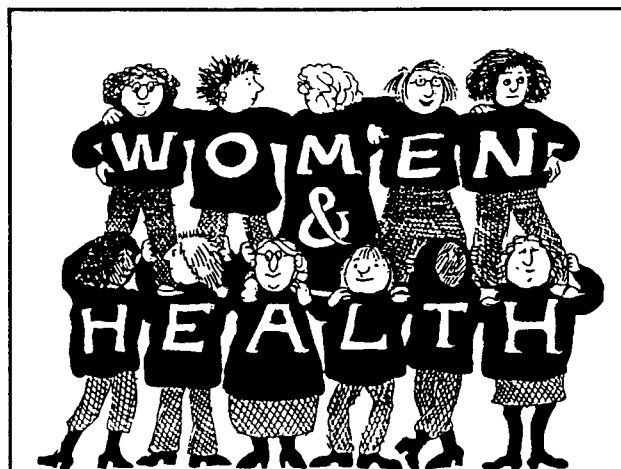
You will find information in **Talking About Periods** on each of these health concerns.

If you are co-facilitating, divide up responsibility for the health topics before the workshop. If you each prepare information on half of the topics, you will be prepared for whatever comes up.

You will probably want to break the discussion time up, and allow some time after presenting health information on each of the period problems. Women may want to talk about their own experiences and what has and hasn't helped them to feel better.

9. Conclusion. Many times there are things a woman can do herself to deal with period problems. She may need the support of friends and family to make changes in her life. It may also help to get together with other women who are going through the same things.

Sometimes, women need drugs or surgery for serious period problems. Although these treatments help some women, they are used more often than they are needed. Drug treatments often have strong side effects and there is a concern of long-term health risks. Whenever possible, get a second opinion, and find out as much as possible about a treatment before trying it. If there are simpler and safer ways to deal with a problem, try them first.



Source Unknown

10–12. Resources, evaluation and closing round. See pages 41 to 42 for more information on these sections of the workshop.

Women with concerns in common may be interested in starting a support group.

We suggest asking women to say something they'll do differently to help them have healthier periods, and something they've learned from the workshop. This gives women a chance to end the workshop on a positive note, talking about what they're taking away from it and how it will affect their lives.

WHAT DID YOU THINK OF THE WORKSHOP?

1. What did you find most useful about the workshop and why?

2. What did you find least useful and why?

3. Did you feel comfortable talking in the group? If not, what would have made you feel more comfortable?

4. Did you feel there was: not enough, enough, or too much time for women to talk?

5. Did you feel there was: not enough, enough, or too much information given?

6. Do you think you learned anything you can do for your own health?

7. Any other comments:

SUPPORT GROUPS

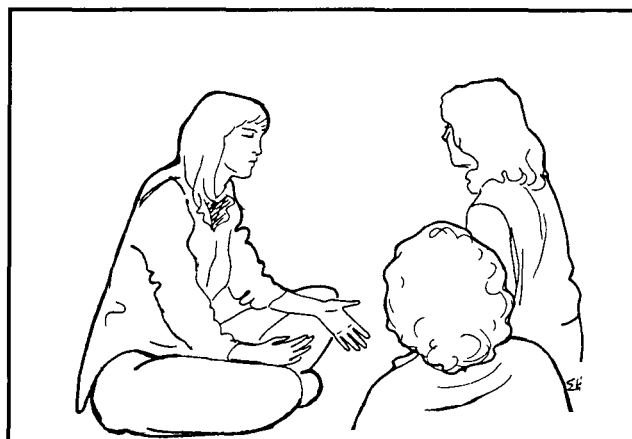
Support groups are groups of people who get together because they have something in common. They can either have a facilitator or not.

Support groups give women a chance to meet on a regular basis to talk about a health concern. Before you start one, check to see if there are any support groups in your area for women with your health concern. If you live in an area where there is a women's center, crisis line, library, bookmobile, or a community center, ask them if there is a support group for women with your health concern. You can also ask your community health worker, counsellor, nurse or doctor if they know of any support groups.

If there is no self-help support group in your area, you could form one. The information in this chapter will help you get started.

Finding other women

The first step is to find other women who have the same health concern. If you only find one woman, then use the information on peer counselling on page 64. It's best if there aren't more than about 10 women in the group. Otherwise, it may be hard for everyone to get a chance to talk.



Emma Haley in WORKING TOGETHER FOR CHANGE

There are ideas about how to find other women for your support group in the section on publicity on page 70.

Planning the first meeting

Plan where and when the first meeting will be so you can let women know when they contact you. You don't have to figure out everything about the group on your own. The group will probably work better if everyone plans what the group will be like together. You will need to plan the first meeting.

When the women come to the first meeting, let them know what you have planned. Ask if there's anything they want to add. Say whether or not you want to facilitate the group. Say that you hope everyone will decide together what the group will be like and work together to make the group a success.

SUPPORT GROUPS

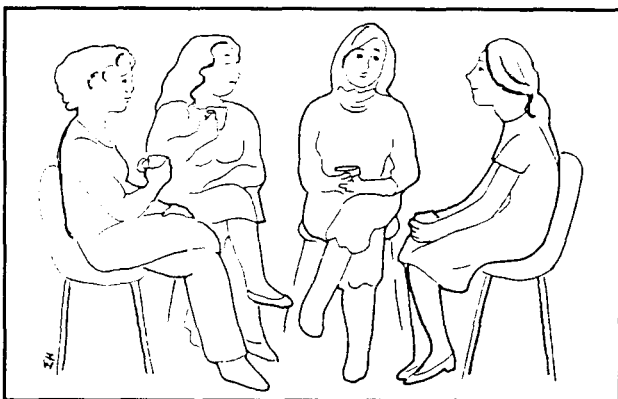
This is a list of things you will need to do in the first few meetings. You may want to talk about some of them in the first meeting and some in the next meeting or two.

1. Set guidelines together to make the group a safe place for women to talk. There are suggestions for how to do this on page 19.

2. Find out why women have come to the group and what they hope to get from the group. You may want to do this by doing a round, by dividing up into small groups, or by doing a brainstorm.

Here are some of the things women might want:

- A chance to talk to other women who have the same health concern
- Health information
- A place to share feelings and get support
- A place to get support while trying to change things in their lives
- To work with other women who want to improve the services for women with the same health concern.



Emma Haley in WORKING TOGETHER FOR CHANGE

Once everyone has had a chance to speak, you can have a discussion. You may want some of the same things and some different things. Talk about this and decide together what the purpose of the group will be.

3. Talk about how you want your time together to be organized. Plan to have someone take responsibility for each meeting. In many self-help groups, the members take turns planning what they will do each time. You may want someone with experience in self-help groups to plan the first few meetings. You could then start to take turns. It's helpful to decide these things:

- How you will start the group. Many groups start with a round in which each woman says her name and how she's feeling. You may choose to start with a meal together or coffee or tea.
- What you will do during the meeting. It usually works best to plan the meetings ahead. You may decide to have time during every meeting for women to talk about how they are feeling. You may also want to plan time for presenting health information, guest speakers, and time for discussion.
- How you will end each meeting. See page 21 for suggestions of ways to end a meeting.

4. Plan where and when you will meet. It's best to set up a regular time. You may decide to meet at the same place every time or to take turns having the group meet in your own homes.

5. Decide whether the group will be open or closed. A closed group is one that new women can't join. This gives women a chance to get to know each other well and keeps the group small. An open group is one that new members can always join. This allows the group to be available to any woman who has the same health concern.

6. Organize childcare. Find out how many of the women in the group need someone to care for their children when you are meeting. See page 77 for suggestions of ways to organize childcare.

7. Talk about how a woman will let the group know if she's going to miss a meeting or if she's leaving the group. This saves a lot of worry.

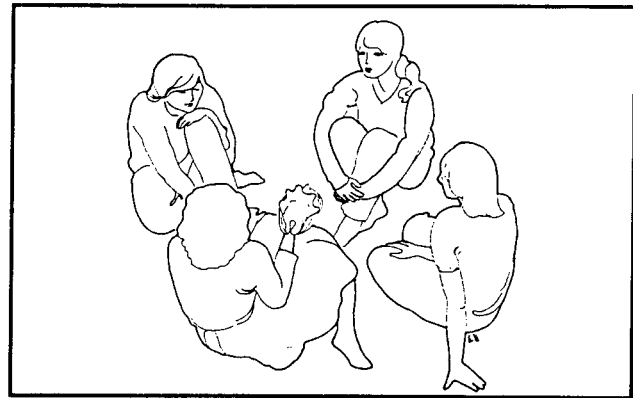
8. Plan a way of dealing with conflict or problems in the group before they come up. Most groups have conflicts at some point. If you take time to plan how your group will handle problems, it can save a lot of frustration later.

You can suggest that the group plan constructive ways of telling each other that things are bothering them. This is one suggestion. You may decide that a different way is better for your group.

If something about the group or another group member is bothering you, think about it before you say anything. Think about what is bothering you, why it bothers you, and what you would like to be done differently. Then tell the other group members that something is bothering you and that you would like to talk about it.

Use "I" rather than "you" statements. Say "I am upset by this" rather than "you are upsetting me". This can help you to express your feelings rather than blame the other person. Be as specific and direct as you can. Try to point out exactly what is bothering you and what else would be more helpful.

Each woman can make sure that the group is a safe place for everyone. If anyone feels that someone in the group is being unkind or indirectly criticizing another group member, she can say, "Stop. There is a problem and we need to talk about it".



Emma Haley in WORKING TOGETHER FOR CHANGE

The life of the group

Once you've made your plans, try to stick with them for a while. Most groups go through changes. Be flexible but also make sure you spend time talking about the health topic.

Talk about whether you're finding the group useful after you've met a few times. Make sure you talk about the good things about the group as well as ways you could make it better.

Sometimes self-help groups last for a long time and sometimes they just meet a few times.

When it seems time to stop meeting it's a good idea to have a "goodbye" meeting. You may want to do a round and say what you learned in the group and what you have appreciated about the group and group members. Many groups end by talking about what group members will take from the group into their lives.

How to get more information

Books with more information on self-help groups are listed on page 81 in the list of books on facilitation.

PEER COUNSELLING

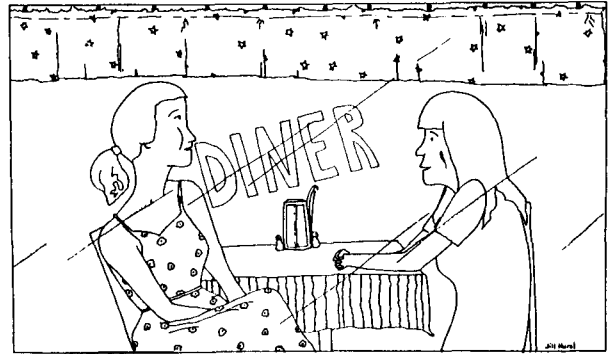
Most women either talk to their friends and family or go to see a counsellor, doctor, nurse or a psychiatrist if they have a problem or a health concern. Talking to these people can be helpful. Unfortunately, many people don't know how to give a woman an opportunity to spend focused time talking about her concerns and how she is feeling. They may tell her what to do rather than help her figure out what she thinks would be the best for her.

A peer is someone you feel equal to. People who do peer counselling spend time talking about their feelings and concerns with a peer. They take turns being the "counsellor" and the "speaker". The counsellor listens to the speaker. Her job is to provide support so that the speaker can express her feelings and talk about her concerns. There are suggestions for how to be a helpful counsellor later in this chapter. The speaker talks about how she is feeling and what she is concerned about. It's important that both women have equal time being the speaker.

Here are some of the important things about peer counselling:

- It's done between two equals rather than between an expert and a patient.
- It's free.
- It can be done anywhere.

To do peer counselling, you need to believe that you and your counselling partner each know what's best for yourselves. You agree to give each other a time and place to talk about your feelings and concerns.



Jill Hurst

If you plan to facilitate groups, you may find that doing peer counselling helps you to become a better facilitator. Being the counsellor helps you to develop listening skills. Being the speaker helps you to understand yourself. It gives you a chance to talk about ways you have been hurt in the past. It's easy to hurt other people if you've been hurt in the past and haven't had a chance to talk about it. By talking about these feelings, you'll be better able to see and respond to the needs of the group members.

Finding someone to do peer counselling with

You can do peer counselling with a friend or with someone you hardly know. You may meet someone at a workshop or support group who wants to do peer counselling. A support group can also set aside time during each meeting for women to pair off and do peer counselling.

Peer counselling can improve friendships. It can help you support each other. Sometimes, though, the friends expect each other to act like counsellors all the time. One may be disappointed if the other doesn't always listen the way she does when they are doing peer counselling. If you do peer counselling with a friend, set up specific times for it. Talk about how it will fit into the rest of your friendship.

Planning how you will do peer counselling together

Here are some things to talk about:

- Talk about what will help you feel comfortable doing peer counselling. It is important to agree on guidelines. There are suggestions for guidelines on page 19.
- Plan how often you will meet and how long you will each have to be the speaker.
- Talk about how you will evaluate and improve your peer counselling. One way is to have the speaker tell the counsellor what she found helpful and not so helpful after her time. Do this after each of you takes your time as the speaker. It's important to be specific and direct. For example, you may want to say, "You didn't listen, you gave me advice". It's more useful to say, "I thought you gave me advice when you told me I should ask my husband for help. It doesn't help me when you give me advice". This helps the counsellor become a better counsellor.

Being the speaker

It's your time to do whatever you want. You may want to talk about a specific problem or concern. You may want to say how you're feeling. You may want to talk about what has happened to you since the last time you did peer counselling. You may want to talk about strong feelings you had about something lately. It's up to you.

If you don't know what to do, start by saying how you are feeling. Say whatever comes into your mind.

If you feel tense, you may find it helpful to breathe deeply. If you find you are holding your breath, you may also be holding in feelings. Try breathing and notice how you feel.

Let the counsellor know right away if she says or does something that isn't helpful.

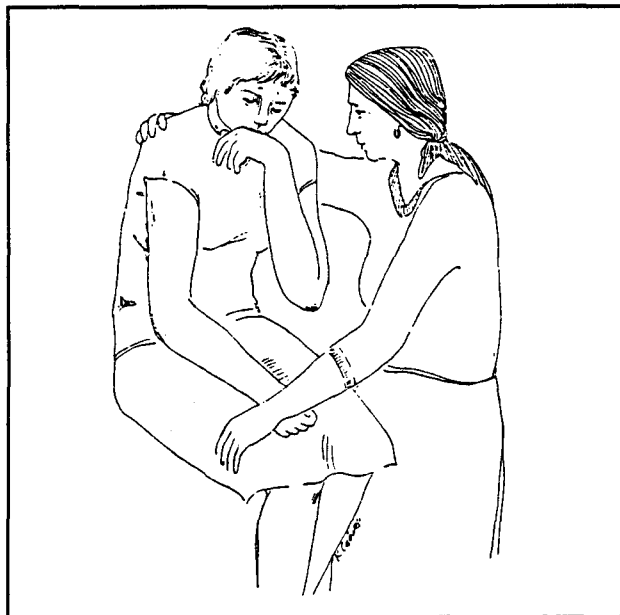
Being the counsellor

1. Listen. The most important thing you can do is be quiet and listen. Don't give advice, try to figure out the speaker's problems, or tell her what you did when you were in a similar situation. Remember, it's her time to talk. She needs to express her feelings and figure out things for herself, not hear what you think she should do.

When you listen, keep your values and beliefs to yourself. If you have strong opinions or beliefs about what she is saying that make it hard for you to let her figure out things on her own, **stop counselling**. Tell her. Try not to get into a discussion about the value or belief. For example, imagine you are counselling a pregnant woman who says she is having trouble deciding whether or not to have an abortion. If you believe that abortion is wrong and you want to tell her so, you should stop counselling. Tell her that your values make it too hard for you to listen to her and that it would be better if she talked with someone else about this issue.

2. Give the speaker your full attention. Try to keep your thoughts focused on the speaker while you are the counsellor. This may be hard to do, but it gets easier with practice. When your thoughts wander, bring them back to her. Show her that you are listening. People from different cultures show that they are listening in different ways. If you don't know how to show her that you are listening and interested in what she is saying, ask her.

Sit near her. She won't feel she has your complete attention if you are sitting across the room. Don't touch her without asking her. Many women have been touched in harmful and disrespectful ways. Some people want a touch or a hug when they are upset, but are afraid to ask. Other people don't want to be touched. Be respectful. If you sense that she would like to be touched or comforted, ask her.



From: TAPESTRY, Fall, 1987

3. Try to be comfortable with silence. Often the best thing you can do is not say anything. Don't rush in to fill in the gap if she's quiet. A lot of learning and healing can come out of silence.

4. Let her go at her own pace. It's common to try to hurry the speaker through what she's saying or feeling because you want her to think of solutions to her problems. You may do this because what you are hearing is upsetting you or because you want to help. People often need to talk and express their feelings for a long time before they are ready to figure out solutions to their problems. You may need to listen to the same story more than once. Try not to rush her. She will do something differently when she's ready.

5. Try not to have goals about what she should say or do during her time. It's easy to have ideas about what's best for the speaker. You will be more useful as a counsellor if you notice what goals you have for her and then let the goals go. Remember she knows what's best for her.

6. There are simple things you can say that may be helpful. Sometimes the counsellor can say a few words that help the speaker keep talking about a difficult issue, keep expressing her feelings, or understand herself better. There are several things you can do:

- Paraphrase what she said. This means saying back to her what she just said, but in your own words. This shows you are listening. It gives her a chance to explain again if you have misunderstood. It also gives her a chance to hear what she has been saying and think about it. This is one of the most useful things you can do.
- Ask how she's feeling. It's easy for her to forget about feelings when she's talking. A simple question can help her pay attention to her feelings.
- Ask questions that draw her out or help her organize her thoughts. For example if she seems at a loss for words you could ask, "What happened next?" or "How did you feel when that happened?" You can help her organize her thoughts by saying something like "You didn't finish what you were saying about what happened after your miscarriage" or, "I didn't quite understand that part, could you go over it again?".
- Acknowledge that you have heard what she has said and how she's feeling. You can say things like, "You've been saying that you feel very sad. I can see that".

7. Let her know just before her time is finished that she just has a few minutes left. This gives her a chance to end her time in whatever way she chooses.

YOUR COMMUNITY HEALTH NEEDS

This book is intended to encourage women to talk together about health. We have focused on birth control, infertility, miscarriage and periods. These are not necessarily the most important health concerns for the women in your community. Many of the ideas can be adapted to meet other health needs.

You may want to use your facilitation skills to find out what health issues the women in your community are concerned about. You could hold a big public meeting or several small workshops to help women identify their health concerns and those of other women in their community. Then you could decide together what you want to do about these concerns.

Prepare ahead

- Advertise the meeting. See page 70.
- Invite a variety of women who would likely have different health needs (older women, younger women, women from different cultural groups, physically challenged women, and so on).
- Invite some women who work with community groups, women's groups, or health organizations.
- Plan the agenda.
- Organize childcare. See page 77.



From: HELPING HEALTH WORKERS LEARN

Plan the meeting

Here is a suggestion for how to plan the meeting. Change it to meet your needs. You may want to do the whole thing in one meeting or meet several times and spend more time on each section.

These are the main parts to the meeting:

- Introduction
- Women look at their own health needs
- Seeing what health concerns women have in common
- Looking at women's health concerns in the community
- Planning what to do

Introduction:

1. Explain your role as facilitator and what you have planned for the meeting. Ask if there's anything women want to change or add.
2. Begin with an overview of health. Say that health is affected by many different things including social, emotional, physical and spiritual factors. You may want to talk about the circle as described on page 7 or give a few examples. Use whatever words make sense to you and to the women in your community to encourage them to look at health in as broad a way as possible.
3. Set guidelines for the group. See page 19.
4. Do an opening round of names and why women have come.

Women look at their own health needs:

Here are two suggestions of different ways to structure this part of the meeting:

- Have the women divide into small groups or pairs to talk about "What things affect my health?" Each woman could have five minutes to talk.
- Instead, have women close their eyes and imagine the women in the community healthy and happy. Have them go through a typical day of a woman who is healthy and happy. Then, have the women divide into groups or pairs. Each woman describes what she saw and how things were different from how they are now.

Health concerns women have in common:

1. Bring the women back to the large group. Have the group brainstorm together about what things affect their health.

It may be hard for women to say issues that are often kept quiet such as sexual abuse, wife battering, or addictions. You could say them yourself or you may want to think of a way women can express their concerns without everyone knowing that it came from them. One way is for women to write them on pieces of paper and to collect the paper and make a list of all the concerns on the wall.

2. Facilitate a brief discussion about the wide range of issues that affect women's health. Ask women to note what things seem to come up most often.

Health concerns of women in your community:

You will be asking women to look beyond their own health concerns to the concerns of all the women in the community. Keep the list of women's own concerns on the wall and ask them to look at it when they are thinking of the whole community.

1. Divide up into small groups or pairs to talk about "What are the most important health concerns for the women in our community?" Have the groups report back what they think are the three most important concerns. Write them down on a big piece of paper on the wall.
2. Ask women to help you group the ideas that are similar together. See if you can agree on a few health concerns that are important to your community.



From: HELPING HEALTH WORKERS LEARN

Popular Education

Popular education is a method which has been developed in third world countries and small communities. There are three steps in popular education:

1. Begin with the life experiences, concrete needs and specific demands of the participants.
2. Make the links between the individual life experience and the community. Talk about how things are and why they are the way they are. Put health into a social context.
3. Think of a plan of action and start to carry it out.

The ideas in this chapter are one kind of popular education. People who do popular education use some interesting techniques to help the group decide together what their health concerns are and what they are going to do about these concerns. We don't have room to write about all these techniques, but we encourage you to read about them if you are interested. You will find books on popular education in the list of books on facilitation on page 81.

Planning what to do:

The next step is deciding what you want to do as a group about these concerns. It's important to do something even if it's a very small step. Talking about problems without doing anything about them can be draining and demoralizing. Your plans don't need to be big. It's great if women have a vision of a healthy community, but it's important that you also have small, realistic goals.

Some of the health concerns may be very large and intimidating. You don't have to work on the biggest issue first. You may want to tackle a smaller issue or break a large issue into more manageable sections.

Choose one of the topics and write it on a paper on the wall. Have women brainstorm together about all the different things that influence that health concern. Then divide into small groups. Ask them to decide on two things you could do as a group that would be helpful and report back to the large group. Write the ideas on a big piece of paper on the wall. Have a discussion and see if you can agree on a plan.

PLANNING AHEAD

This chapter gives you some ideas of how to publicize workshops and groups and how to organize childcare. Both of these steps are needed if your group is to be a success. Without good publicity, no one will know about it. Without childcare, many women will not be able to come and participate.

PUBLICITY

Spend some time thinking about how to let the women in your community know you are planning workshops and groups. Are there any women you especially want to reach? How could you let them know? Here are some suggestions of ways to publicize your group. Use several of these ideas. Different types of publicity will reach different women.

- **Posters.** Put posters up in local stores, churches, the band hall, women's center, laundromats, or anywhere women may see them.
- **Ads.** Put an ad in the local paper or on the radio. Many radio stations will make public service announcements for free. Local papers may print a short article about your workshop or group for free.
- **Word of mouth.** Tell everyone you know and ask them to tell their friends. Ask them if they know of anyone who would be especially interested in the group.
- **Healthcare workers.** Ask your public health nurse, community health worker, or doctor to tell women they think may be interested.



Jill Hurst

- **Doorknocking.** Knock on women's doors and explain what the group is about, that it's free, and that there's childcare. In some communities this is the best way to get women to come.

In some communities, the publicity needs to be two to three weeks ahead of time. In others, it's best to advertise right before the event. Either way, have some publicity during the week the group starts. This is a good time to have ads on radio and in local newspapers.

On the following pages you will find samples of short radio announcements or newspaper articles on the four workshops. You can use them as they are written or change them. There is a sample newspaper or radio ad for a miscarriage support group. You can easily change it to advertise a support group on one of the other topics. Finally, there are samples of posters for workshops on the four health topics. You are welcome to photocopy and use them if you wish. They look best on bright, light coloured paper.

Ads and posters

Ads and posters should be short and easy to read. They should include these things:

- The name of the group. Think of a name that will encourage women to come.
- Date, time and place you will meet.
- Cost, or if the group is free.
- Childcare arrangements.
- Phone number for women to get more information or to register.
- Whether it protects against VD.
- How well it works.
- If you're comfortable using it.
- Whether you can get it easily.
- How much it costs.
- What to think about if you're considering sterilization

Announcements for Local Newspapers and Radio

Avoiding Pregnancy

Are you thinking about choosing a method of birth control or changing which method you're using? On **(date and time)** at **(place)**, the **(your group)** will hold a workshop on birth control, called **Avoiding Pregnancy**. You'll get a chance to look at what's important to you when you're choosing a method and to find out more about the methods that are available.

There are many things to consider when you're choosing a method:

- How it affects your health.
- Whether it affects your chances of getting pregnant later.
- Whether you and your partner share responsibility for the method.

The workshop will be a place to talk about these things and many more. Come with your thoughts and your questions.

Infertility

Infertility means having trouble getting pregnant. Some people experience infertility the first time they try to get pregnant. Other people have problems getting pregnant after they have already had a child. Infertility is just as likely to be a man's problem as a woman's problem. Occasionally, both people in a couple have a fertility problem.

On **(date and time)** at **(place)**, the **(your group)** will be holding a workshop on **Infertility**. If you're having trouble getting pregnant, or have friends or family with infertility problems, you may be interested in the workshop. You will have a chance to talk about your feelings and concerns. It will also be a place to find out more about why people have fertility problems. If you have a fertility problem, you have a number of choices. One of these choices is medical testing and treatment. Other choices are adoption, donor insemination, foster parenting, co-parenting, or deciding not to have children. The workshop will be a place for you to talk and to find out more about all of these choices.

Miscarriage

Miscarriages are very common. One out of five pregnancies end in miscarriage. It is often hard to find out why a miscarriage happens. Often, women have strong feelings afterwards. Many women say that they don't get the support they need.

On **(date and time)** at **(place)**, the **(your group)** is holding a workshop on **Miscarriage**. Women will have a chance to get together and talk about their experiences and feelings. We will also talk about why miscarriage happens, medical treatments, repeated miscarriages, tubal pregnancies and stillbirth. Come with your thoughts, your concerns and your questions.

Talking About Periods

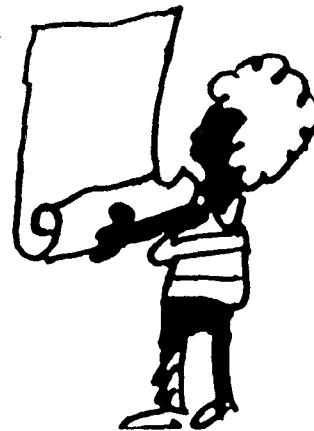
Periods are part of women's lives for many years, but they're not talked about much. On **(date and time)** at **(place)**, **(your group)** will be holding a workshop called **Talking About Periods**. You will get a chance to bring up your concerns and find out more about what can help you have healthier periods. Many things affect your periods, such as what you eat, exercise, stress, some methods of birth control, alcohol and drugs.

In this workshop, you will also find out more about some of the problems women have with their periods, such as pain, heavy bleeding, missed periods, and pre-menstrual syndrome (PMS). Some women with period problems have medical conditions such as fibroids or endometriosis. It's often hard to find out what to do about a period problem. We will talk about treatments, including natural methods, drugs and surgery.

Come to this workshop if you want to find out more about your periods or if you're wondering how to talk to your children about periods. There will be plenty of time for discussion and questions.

A newspaper or radio ad for a support group

WOMEN who have had a miscarriage interested in talking to other women who have had one too, call Jane to start self-help group, tel: 999-2222.



From: WOMEN'S HEALTH JOURNAL,
Nov., 1987-Feb., 1988

FREE WORKSHOP

CHILDCARE PROVIDED

AVOIDING PREGNANCY

There are many things to think about when you're choosing a method of birth control. In this workshop we'll look at the advantages and disadvantages of each method, including barrier methods (condoms, diaphragm, etc.), natural methods, the pill, the IUD and sterilization. You'll have a chance to ask questions and to share your feelings and experiences.

DATE:

TIME:

PLACE:

For more information, call:

TELL YOUR FRIENDS!

FREE WORKSHOP

CHILDCARE PROVIDED

INFERTILITY

It can be very hard to deal with the feelings you have when you are infertile. It helps to get together with others who are also having problems getting pregnant. In this workshop, we will talk about why infertility happens, the tests and treatments available, and about other choices besides having a child of your own. We'll talk about how to find or start a support group. Mostly, you will have time to ask questions and to talk about your feelings and experiences.

DATE:

TIME:

PLACE:

For more information, call:

TELL YOUR FRIENDS!

FREE WORKSHOP

CHILDCARE PROVIDED

MISCARRIAGE

One in five pregnancies end in miscarriage. Many women have miscarriages yet people don't talk much about it. In this workshop, you will have a chance to ask questions and to share your feelings and experiences. We'll also talk about why miscarriage happens, medical treatments, recurring miscarriages, tubal pregnancies and stillbirth.

DATE:

TIME:

PLACE:

For more information, call:

TELL YOUR FRIENDS!

FREE WORKSHOP

CHILDCARE PROVIDED

TALKING ABOUT PERIODS

Few of us talk about our periods much—it's one of those topics that is usually kept secret. What is a healthy period and how can we make ourselves healthier so we have healthier periods? Some women have problems with their periods, including pain, heavy bleeding, missing or irregular periods, pms, fibroids and endometriosis. In this workshop, we will talk about both healthy periods and period problems. You will have a chance to talk about your feelings and concerns and to ask questions.

DATE:

TIME:

PLACE:

For more information, call:

TELL YOUR FRIENDS!

CHILDCARE

It's important to offer childcare during women's health groups. This allows women with children to come to the meetings and participate fully. If childcare is well organized, it also gives the children an opportunity to do something interesting and fun while you're meeting.

Sharing expenses in the group

In many women's groups, all the group members share the expenses of providing childcare whether or not they have children. This allows women who don't have children to share some of the responsibility and costs for children. Women may pay a set amount each, like two dollars, or the group may pass a hat and ask everyone to put in what they can towards the costs.

Organizing ahead for childcare

Ask women who need childcare to let you know ahead of time. Then you know whether to organize childcare and how many children you need to organize it for. The problem is that women don't always tell you ahead of time. They may just show up with their children. It's usually a good idea to go ahead and organize childcare. Don't assume that you won't need childcare for groups discussing infertility. Some women have one or more children and then have trouble getting pregnant again.



Emma Haley in WORKING TOGETHER FOR CHANGE

Ways to organize childcare

There are two main ways to organize childcare:

- Hire someone to do childcare somewhere near where you are meeting.
- Pay women back for their own babysitting at home.

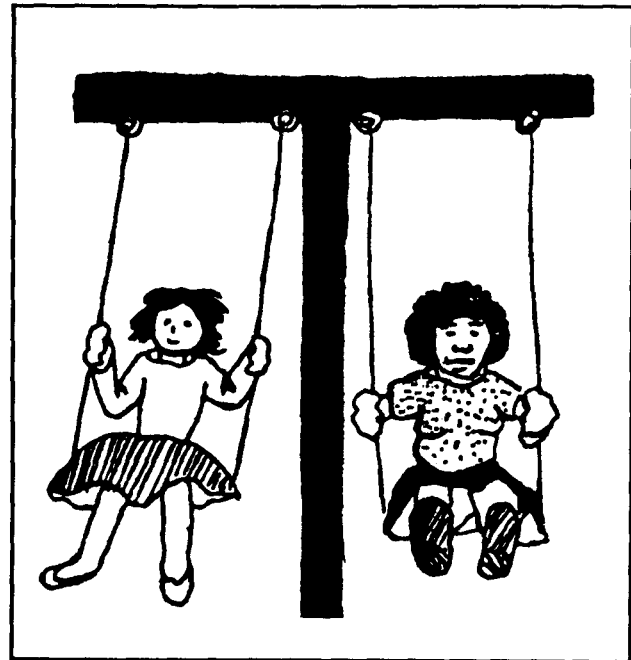
If several women from the group need childcare, it's usually cheaper to hire someone to look after the children together. This also allows you to pay the childcare worker more per hour. Childcare workers are often paid very little because our society doesn't recognize childcare as important work. We think this should change.

Sometimes it's not practical to have childcare at the meeting. Some women prefer to leave their children with someone the children know. If only one or two women need childcare, they may prefer to hire their own babysitters. Ask the women who have children what is best for them.

What you need when you're providing childcare

This is a list of what you need to provide childcare at a meeting:

- **A separate room for the children.** It may be in someone's house nearby or in the same building as the meeting. Sometimes daycares will let you use their space for childcare when they're closed.
- **Someone to take care of the children.** It's best if they know first aid and have experience caring for children. You may need two childcare workers if there are a lot of children to care for. In British Columbia, daycares must have one worker for every four children under three or one worker for every eight children over three and under six. You may want to set yourself up a similar guideline for how many workers to hire.
- **Juice, milk, and snacks** such as crackers and fruit.
- **Blankets or mats** and somewhere for the children to sleep if they get tired.
- **A few spare diapers** if babies and toddlers are being cared for.
- **Something for the children to do.** This could be toys, games, drawing supplies, a film or something else.



From: SPARE RIB

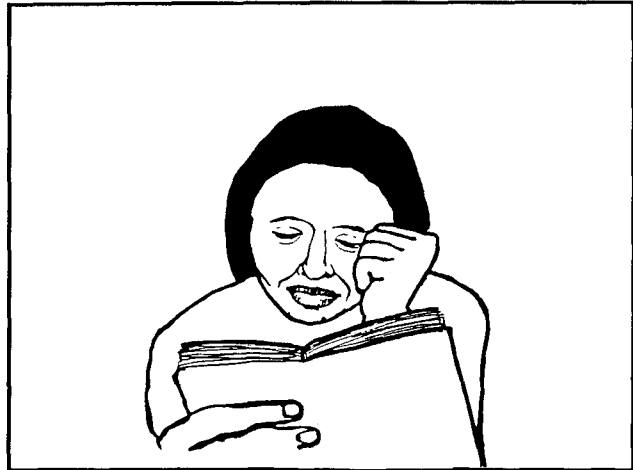
HOW TO GET HEALTH INFORMATION

Contact your public library or bookmobile

Libraries are confusing to many people. People may not go to a library because they feel embarrassed that they don't already know how to find what they need. Library workers answer questions all the time. We encourage you to contact the library for more health information. Take a friend with you if you feel shy.

Libraries and library workers have a lot of information. You can either go to the library or bookmobile or you can phone for information. These are questions you could ask the librarian:

- What information is in this library?
- What information is available from other libraries? (They can order books and other information from other libraries. This is called inter-library loan. It's usually free.)
- What information might be available from other community organizations or government services?
- Are there any support groups or other places I can talk to people about my health concerns?



From: TAPESTRY, Winter/Spring, 1985

You can order medical articles through your local library. The librarian can help you get the most recent articles about your health concern. It might take a couple of weeks. The Vancouver Women's Health Collective has a short paper on how to understand medical articles. You can write for a copy. The address is on page 82.

Talk to Community Health Workers

You may find it helpful to talk to a nurse, doctor, naturopath, nutritionist, or midwife to find out more about a health concern. If you are Native you may want to talk to an elder or to your CHR.

RESOURCES

General information on women's health:

Vancouver Women's Health Collective
302- 1720 Grant Street
Vancouver, B.C. V5L 2Y7
Telephone 255- 8285

Calgary Women's Health Collective
316- 223 12th Avenue S.W.
Calgary, Alberta T2R 0G9
Telephone 265- 9590

Victoria Faulkner Women's Centre
Suite 204, 100 Main Street
Whitehorse, Yukon Y1A 2A8
Telephone 667- 2693

Groups and Organizations for women with specific health concerns

You can find out if there is a group or contact person in your area by phoning or writing these groups.

Infertility Peer Support Group:
Vancouver 530- 8291

Infertility Outreach
P.O. Box 814
Leduc, Alberta T9E 2Y4

Compassionate Friends(a group for grieving parents)
Vancouver 263- 2174
Calgary 240- 1467
Whitehorse 667- 4874

Canadian PID Society
P.O.Box 33804, Station D
Vancouver, B.C. V6J 4L6
Telephone 684- 5704



Lynne Roberson

DES Action Canada
5890 Monkland, Suite 104
Montreal, Quebec H4A 1G2
Telephone 514- 482- 3204

Endometriosis Association
P.O. Box 92187
Milwaukee, Wisconsin 53202
U.S.A.
Telephone 414- 962- 8972

Books to read

General Health:

You can ask your nearest library for these books. Libraries will order a book for you through inter-library loan if they do not have it in stock.

The New Our Bodies, Ourselves
by The Boston Women's Health Book Collective

Taking Care by Mary Breen

About your Medicines
by The United States Pharmacopoeial Convention, Inc.(USPC, Inc.), 12601 Twinbrook Parkway, Rockville, Maryland, 20852, U.S.A.

Canadian Self-Medication: A Reference for Health Professionals (3rd Edition)
by the Canadian Pharmaceutical Association,
Suite 604— 1200 West 73rd Avenue,
Vancouver, B.C. V6P 6G5.

Facilitation:

Constructive Criticism: A Handbook
by Gracie Lyons

Facilitating Self-Help Workshops
by The Vancouver Women's Health Collective

Helping Health Workers Learn
by David Werner and Bill Bower

Helping Ourselves
by the Women's Counselling Referral and
Education Centre (WCREC), 348 College St.,
Toronto, Ontario M5T 1S4

A Popular Education Handbook
by Rick Arnold and Bev Burke

**Solving Women's Problems: Through
Awareness, Action and Contact**
by Hogie Wyckoff

**Stepping Out of Line: A Workbook on
Lesbianism and Feminism**
by Nym Hughes et al.

Survival Skills for Women
by Maggie Ziegler and Sandy Berman,
Continuing Education, Kwantlen College, 5840
Cedarbridge Way, Richmond, B.C., V6X 2A7

Weaving New Ways: Farm Women Organizing
by Nettie Wiebe, The National Farmers Union,
250 C 2nd Avenue South, Saskatoon,
Saskatchewan, S7K 2M1

Women's Resource Kit, the Women's Health
Education Project of Newfoundland and
Labrador, Health and Welfare Canada, 5409
Rainnie Drive, Halifax, Nova Scotia, B3J 1P5

Women's Self-Help Education Kit
by the Women's Self-Help Network, Box 3292,
Courtenay, B.C. V9N 5N4

Sexuality and Sexual Abuse

**Sexuality...decisions, attitudes and
relationships**
by Katherine Whitlock and Planned
Parenthood Southeastern Pennsylvania

The Courage to Heal
by Ellen Bass and Laura Davis

**Incest and Sexuality: A Guide to
Understanding and Healing**
by Wendy Maltz and Beverly Holman

Transforming Body Image
by Marcia Hutchinson



From: ISIS, December, 1983

Magazines and Newsletters

Shattered Dreams (about miscarriage)
c/o Born To Love
61— 21 Potsdam Road
Downsview, Ontario M3N 1N3

Resolve (about infertility)
5 Water Street
Arlington, Massachusetts 02174
U.S.A.

PMS Access (about premenstrual syndrome)
P.O.Box 9326
Madison, Wisconsin 53715
U.S.A.

RESOURCES

A Friend Indeed (about menopause and aging)

P.O.Box 515
Place du Parc Station
Montreal, Québec H2W 2P1

Healthsharing (general information on women's health)

511 King Street W.
Toronto, Ontario M5V 2Z4

Health Promotion

Health and Welfare Canada
Ottawa, Ontario K1A 1B4

Films and Videos

You can get a list of films and videos on women's health topics from the National Film Board. These films are loaned at a low price.

National Film Board of Canada
Film and Video Catalogue
Suite 100- 1045 Howe Street,
Vancouver, B.C. V6Z 2B1
cost: \$3.00

Resources from the Vancouver Women's Health Collective

Four other books were written on this project:

Avoiding Pregnancy: Choosing Birth Control That's Right For You

Infertility: Problems Getting Pregnant

Miscarriage: You Are Not Alone

Talking About Periods

The Vancouver Women's Health Collective also carries booklets and information sheets on these topics:

Breast Health

Fertility Awareness Method of Birth Control
Menopause

Pap Tests

Premenstrual Syndrome (PMS)

Sexuality

Understanding Medical Articles

Vaginal and Cervical Health

Booklets in Spanish and Chinese on:

Birth Control

Correct Use of Medication

Pap Tests

Sexually Transmitted Diseases

Stress

To order, write:

The Vancouver Women's Health Collective
302-1720 Grant St.
Vancouver, B.C. V5L 2Y7
Telephone: 255-8285

There is a charge for some of these books.



From: EAST WEST JOURNAL

Helping Women Feel Empowered In Her Health Care

- a)* Choosing a Health Care Practitioner
- b)* Asking Good Questions About Your Health/Illness
- c)* Knowing your Rights
- d)* Finding Resources and Information
- e)* Making A Complaint



a) Choosing a Health Care Practitioner

Whether you are choosing a **family physician**, a **therapist**, or a **holistic health practitioner**, there are some things you should consider.

A health care practitioner's job is to help you take care of yourself and get all the information you need to make decisions about your health. You have the right to be involved in your health care and have your views taken seriously.

How do you find a health practitioner?

It is sometimes a challenge to find a health care provider that 'works' for you. Sometimes it is as difficult to find as a comfortable pair of shoes! But.. you shop around for a good pair of shoes, so why not a good doctor? It is a good idea to meet with several health practitioners before you choose the one that makes you the most comfortable and agrees with your philosophy.

- ⇒ Talk with co-workers, friends or relatives to get recommendations
- ⇒ Visit the Vancouver Women's Health Collective and browse the health practitioner files
- ⇒ The BC College of Physicians and Surgeons has a list of all the medical doctors and specialists licensed in BC. Phone them at (604)733-7758 for one nearest to you
- ⇒ The Red Book also has listings of the counselors, therapists and psychologists, including specialty, philosophy, location, and rates



Things to consider before you start your search...

- Do you feel more comfortable with a male or female practitioner?
- Does the practitioner need to speak your language of origin, or understand your culture?
- Do they need to know about your particular health matter?
- How far are you willing to travel?
- What are the convenient times of day for you for an appointment?
- Do you want to be able to see your practitioner on the weekends?
- Do they make house-calls?
- What hospital do they work with? Which hospital do you want to go?
- Do you want to be able to bring your partner, family member, or support person to your visits?



What should I expect from the first visit?

Bring your Care Card with you to all of your visits!

Many of us are uncomfortable asking questions because we are sometimes lead to believe that our questions are silly, rude, or unimportant. (This sometimes happens in 'power' situations and since doctors are in positions of perceived power, we can feel intimidated.)

But be brave and remember, THIS IS YOUR HEALTH CARE! You have the right to the type of care that works the best for you! You will probably feel better about yourself and your doctor if you take an active role in your health care.

When you make an appointment, tell them that you would like a consultation appointment.

Summary of things to discuss in initial meeting

- Your needs in your health care
- Your concerns about treatment. Share any past bad experiences.
- Why you are looking for a new practitioner (if you are changing practitioners)
- Their style of practice / philosophy
- Any particular health needs that you have (ie if you are a lesbian looking for a gay-friendly practitioner, find out if this doctor would be responsive to you)
- _____
- _____



What to expect from a health care practitioner

They should :

- ☞ Listen to you
- ☞ Explain medical terms that you understand
- ☞ Treat you with respect
- ☞ Accept your lifestyle
- ☞ Not make assumptions about your life
- ☞ Pay attention to what is happening in your life
- ☞ Accept your use of alternative or traditional treatment
- ☞ Keep anything you tell them private and confidential
- ☞ Return phone calls in a reasonable time-frame

What should I expect from a physical exam?

They must :

- Touch you in a gentle and professional manner
- Ask you if what they are doing hurts or is uncomfortable
- Explain what they are doing
- If the practitioner is a male, he must be willing to provide you with the name of a female doctor to perform the examination
- If it is a male, he should ask you if you would like a nurse, in the room during an examination. They must be willing to do this if you ask.

See the following pages for additional suggestions about
How to choose a Health Care Practitioner
and How to Choose a Therapist.



b) Asking Good Questions About Your Health/Illness

A health care practitioner can not work without information from you. Ideally, they will be so good at asking you questions that you don't need to plan anything before your visit..... but REALLY, they are human and need information from you to do the best work! You have to provide them with information about your health so that they can give you the best treatment possible.

Before your visit

Before your appointment, make a note of your symptoms and questions.

If it is not possible to write them down, at least think about what it is that you want to tell the practitioner and the questions you want to ask. It is normal to go to your doctor with pains, and then not have any of your symptoms show up in the doctors office! So, if you write them down, you will make sure that you cover all of your concerns.

If you have a lot of questions, you may want to inform the receptionist about that before you make the appointment - they may be able to schedule you in for more time than the usual.

In order for them to diagnose your symptoms and give you an idea of the next steps, be as clear as you can. If you doctor does not speak your language, bring someone along to help clarify what you are saying and what the practitioner is telling you.

Sample questions you can ask about a particular symptom :

1. "I have had a pain in my stomach on and off for three weeks and I want to know what is causing it."
2. "Could it be because of what I am eating, or maybe something else I am doing?"
3. "What can I do to make it better and how can I prevent it from coming back again?"
4. "Can it be anything serious?"
5. "Can it lead to complications?"
6. "If it doesn't go away, will I need any tests or consultations in the future?"

(Excerpt From : Carver, Cynthia. *Patient Beware! Dealing with Doctors and other Medical Dilemmas* (1984). Prentice Hall Canada Inc; Scarborough, ON: pg 68)



Sample questions to ask about your diagnosis

If your doctor tells you what he/she thinks your problem is, here are some things that you can ask to clarify your situation. This will help you get information to help make informed decisions for yourself.

DIAGNOSIS

- ✧ What do I have?
- ✧ What causes it?
- ✧ How did I get it?
- ✧ What is the usual course of it?
- ✧ What happens next?
- ✧ Do I get sicker or better?
- ✧ Can I give it to anyone else?
- ✧ Could I have something other than that?
- ✧ Can you refer me to someone for a second opinion?

TREATMENT

- ✧ What treatment do you suggest?
- ✧ How does that treatment work?
- ✧ How long will I have to take it?
- ✧ What are the side-effects?
- ✧ Are there other treatments? If so, how can I find out more about these options?
- ✧ Is there anything I can try that does not involve pills or surgery?
- ✧ What would happen if I do not treat it?
- ✧ If the treatment does not work, what is the next step?
- ✧ Where can I get more information/support?



PROGNOSIS (future)

- ⌘ What will happen in the future?
- ⌘ How long will I have it?
- ⌘ Will it come back after I 'cure' it now?
- ⌘ Is there any long-term effects?
- ⌘ Can I prevent recurrences?

(Excerpt From : Carver, Cynthia. Patient Beware! Dealing with Doctors and other Medical Dilemmas (1984). Prentice Hall Canada Inc; Scarborough, ON: pg 95)

See the following pages for a handout on how to talk with specialists.

DISCUSSION

What else do you think you need to tell your doctor about your health, or ask your doctor about your illness?



c) Knowing your Rights

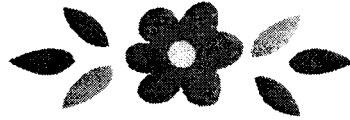
We have rights in the health care system. But sometimes we are intimidated into making sure our rights are respected. Often, we are unsure what our rights are.

You have the right to

- ask questions about your health and illness
- good explanations you can understand
- say no to, or refuse treatment
- ask for further information and resources about your health
- go to another practitioner for a second opinion
- confidentiality and privacy
- have access to your medical records, and read them
- have your medical records transferred to another health care practitioner
- decide the future of your health
- seek 'alternative' therapies and medications
- _____
- _____
- _____
- _____
- _____



A Woman's Bill of Rights



- ☞ I have the right to be treated as an equal human being
- ☞ I have the right to be listened to and have my problems taken seriously
- ☞ I have the right to an explanation that I can understand in my native language (using a translator if necessary) on any questions concerning my health care
- ☞ I have the right to know the choices I face in getting treated for any health problems, and to have the possible side-effects of any drugs or surgical treatment clearly explained
- ☞ I have a right to chose the types of treatment I prefer from among the options offered to me by my doctor
- ☞ I have the right for normal events in my life, such as pregnancy and menopause, not be treated as diseases requiring treatment
- ☞ I have the right to choose natural therapies and not be ridiculed for doing so
- ☞ I have the right to request a second opinion on any major surgery or health decision
- ☞ I have the right to refuse any drug or surgical treatment

(From : DeMarco, Carolyn M.D. (1995) Take Charge of Your Body, 6th Edition. Canadian Publication Data, The Well Woman Press; Aurora, ON: pg X)



Women's Health Responsibilities



- ☞ I have a responsibility to become knowledgeable about my body and how it works
- ☞ I have a responsibility to learn as much as possible about my health problems so I can make informed choices
- ☞ I have a responsibility to look after my diet, reduce stress, exercise, and relax on a regular basis
- ☞ I have a responsibility to avoid pressuring my doctor into giving me drugs when I do not need them
- ☞ I have a responsibility to prepare my questions for my doctor beforehand and schedule adequate appointment time to discuss them
- ☞ I am ultimately responsible to my own healthcare, using my doctor as a resource rather than an authority

(From : DeMarco, Carolyn M.D. (1995) Take Charge of Your Body, 6th Edition. Canadian Publication Data, The Well Woman Press; Aurora, ON: pg X)



Consent to Treatment

What does it mean to give consent to medical treatment?

You agree or consent to medical treatment when you have received enough information, have had all your questions answered by your doctor, and you voluntarily agree to be treated.

What information should I know before I consent?

You have the right to receive enough information so that you can make your decision about the treatment. The doctor should explain the treatment, the benefits and the risks to you. The doctor should also explain any other possible treatments for you to think about. Often doctors don't give us all the information that we need to make those decisions. It is up to us to ask the doctor all these questions

Does the doctor have to tell me about all the risks of a procedure or treatment?

Yes, the doctor must give you with enough information so that you can decide to agree to treatment. Often what happens is the doctor does not give you enough information. The doctor should tell you about all the risks, especially serious risks which might cause injury or death, even though the serious injuries or death may not happen very often.

Can someone else agree to treatment for me?

There is provincial legislation which lets you name someone to agree or consent for you if you are not capable of giving consent yourself. (See information on Health Care Directives from MSP).

If there is an emergency and treatment is required to save your life, treatment sometimes will be performed without consent. Usually a family member or a spouse will consent for you in an emergency situation.

If you get a legal document to say that you allow someone you trust to make those decisions for you, it should be respected. This works for lesbians who want their partner to make those decisions over their family. It works for anyone who wants to have someone they trust make those decisions. There is also new legislation called Adult Guardianship. The legislation is to make people have more say in their health care. It has four areas of which one is called a Representation Agreement. This agreement is a legal document that you set up with one or more people to make health decisions for you if you can't.

Does my spouse need to give consent for me to receive treatment?

No. A woman does not need her spouse's consent.

Can I change my mind once I have given consent to my doctor?

Yes, you can change your mind about treatment at any time, even during the course of treatment.

Can I refuse to have treatment?

Yes, you have the right to refuse medical treatment even when that treatment is required. Some provincial laws will take away your right to refuse treatment if you are sick and you are likely to hurt yourself or other people.

Can my doctor force me to receive treatment?

The doctor's job is to provide you with advice and information. The final decision to accept or to refuse treatment is yours. The reality is that your doctor can force you to receive treatment if he or she gets one other doctor to agree with their assesment of you. This is an area of great concern. If you live with a label (mental health, mental handicap) sometimes treatment is forced on you.

Am I consenting when I sign a form in the doctor's office or at the hospital?

Even though a form may show your name, your doctor's name and the treatment, you do not consent when you sign a form in the doctor's office or at the hospital. You have not given your consent unless you also talk with your doctor about the treatment, you understand the benefits and risks, and you agree to treatment.

Can the doctor perform other procedures besides the one I have agreed to?

No. Doctors are not supposed to do anything to you unless you have agreed. You have the right to consent specifically to a treatment and any other related procedures which you discuss with your doctor and agree to do prior to giving your consent.

Do I have the right to decide who will perform my treatment?

Yes, you have the right to consent to have a specific person or group of people perform your treatment. This is were you can use Health Care Directives and Representation Agreements. This lets doctors know that you have given someone you trust the authority to act on your behalf.

The environment that women live in today is a complicated one. We live in a society that expects us to act in a certain way. Often times the roles that we are expected to play are very limited. When we don't fit into these roles, we are in conflict and many of us feel that we don't fit in

d) Finding Resources and Information

Finding resources and support is sometimes a very frustrating experience, especially for women who are worried about their health.

As an advocate, you will need to listen to the women in your community about the resources that they need. These calls may not be obvious.. you will have to have to listen to their stories and find out what needs are not being met.

As a CHA, do not feel overwhelmed by needing to know everything! You will not know everything, but you will learn a lot during your time as the CHA. You will especially learn where women can go to access more information.

Take some time to find out about the resources (ie information centres, health resources, support groups, etc) available in your community. You will gradually build on this list of resources. Be patient and realise that if you ask enough questions, this information will come to you easily.

And this manual will be a start!



e) Making A Complaint

A woman needs to have the ability to be heard in the case of mistreatment, violence, or abuse in the health care system.

- Some women want to keep it at a low-level, and just let other women know about the situation. (Many women come to the Vancouver Women's Health Collective InfoCentre to fill out a questionnaire about their experiences with their health care practitioner.)
- Other women want the practitioner to know that their behavior was wrong, and she may write a letter or speak directly to the practitioner.
- Some women want the practitioner to be formally disciplined, and she may make a formal complaint to the governing agency, the BC Council of Human Rights, or the courts.
- Some woman just want someone to listen to their treatment. As an advocate, you may be hearing stories from women. Be open to this and encourage them to speak. Let them know of other options if they want to take the complaint to a higher level and raise greater awareness about her treatment.

See Chapter 5 to find out more about options for making formal complaints

