

Juanita is meeting her friend, Marta for coffee. Juanita has just come from the doctor who has given her Hormone Replacement, one shot, to treat the hot flashes she has been experiencing as part of her menopause.

"So, Juanita, what did she say, your doctor?"

"Oh, I'm not sure. She talks so fast and her words are not familiar to me. She gave me a shot, she called it HRT. She says it will relieve the symptoms of my illness. She says it's only a disease of deficiency - whatever that is."

"Isn't that a form of birth control, too Juanita?"

"I think so, but - so - what - when this change of life is done who cares. I don't like sex so much after right."

"I don't know Juanita. I found it the best after my change was done. No more fear of babies. No more worrying about the sin of birth control. I liked it more since then."

"Marta, I'm surprised at you. Do you mean"

"Si, Carlos & me, now the kids are done & there is no worry ... believe me Juanita life is just about to begin for you. If you have a positive attitude you'll just sail through it."

"I don't feel myself though. It's not just the hot flashes, it's the panic attacks and the fear - I'm not me. I feel weak and depressed. Maybe a positive attitude worked for you, but we've always been different. You even breast-fed easier than me."

"That's true. Maybe you need the HRT to help."

Role plays.

Myths of story 1-Juanita

1.MYTH: .menopause is an illness.

Menopause is a natural result of changes in the hormone production that come with aging.

2.MYTH: menopause is a deficiency disease.

Menopause is a result of the natural decline of female sex hormone production. We do not recommend HRT for hot flashes. Hot flashes are likely to recur with more severity than ever if a woman takes ERT for a while and goes off it.

3.MYTH: the hormones for HRT can be used as a form of birth control.

The hormones are different from the hormones prescribed for the birth control pill. For menopausal women a natural estrogen is usually used at the dosage is smaller than that found in oral contraceptives.

4.MYTH: It is a commonly held myth that menopausal woman are no longer interested in SEX or if we are our response is inappropriate to our age.

This is of course a myth. For some women, sexual pleasure actually increases with menopause, once the fear of unwanted pregnancy and the need for contraception are removed. It is recommended that sexually active heterosexual woman use some form of birth control for 2 years after their last period.

5.MYTH: If you have a positive attitude you will sail through your menopause.

A positive attitude always helps but many other factors also influence whether menopause will be easy or difficult. Influences range from personal factors such as general health, reproductive history & genetic background to cultural and social factors.

6.MYTH: One shot of ERT will relieve the symptoms of menopause.

One shot may delay some symptoms but hot flashes are likely to recur with more severity than ever if a woman takes ERT for awhile and goes off it.

Darcy is pre-menopausal.

"Look, Darcy, why don't you just have a hysterectomy and get it over with. You're not using the equipment right, so yank it out - use it or lose it."

"Steve, you don't understand. I'm scared of surgery. The doctor says he would leave the ovaries in so I would still have the menopause anyway. I think that's what he said."

"I don't know, Darce. I can't imagine living with you if you're going to be like my mother was. God it was awful. She was always depressed and she put my dad through hell. I swore I'd never put up with it."

Myths of story 2 - Darcy

1.MYTHS: Women go crazy at menopause & get depressed.

Although the context changes from woman to woman, menopause coincides with many social factors which affect their lives. Research also shows that we are not more likely to be depressed at mid-life than at other times in our lives. Depression is not an inevitable part of menopause.

2.MYTH: hysterectomy will stop periods & menopause.

Removal of the uterus will stop menstruation. As soon as the ovaries are removed a woman will go into menopause. If a woman's ovaries (or even 1 ovary) are left intact during a hysterectomy, she will experience menopausal signs in her forties or fifties, even though she has no periods after her uterus is removed.

-some women temporarily experience menopausal signs (especially hot flashes) right after a hysterectomy even though the ovaries were left intact. Due to sudden drop in hormone levels in the first few days after surgery, most likely due to the temporary reduction of blood flow to the ovaries created by the surgery.

3.MYTH: That woman must deal with menopause alone because it's her problem.

There are many things that can affect a woman's experience at menopause. Society has created a view of menopause as an illness and as something women should keep to themselves and deal with, with their doctor. It can be extremely empowering for women to share their stories with other women and support each other through these natural changes. After all, women have traditionally been the healers in most cultures and by talking to other women they may find healthier ways of taking care of themselves.

4.MYTH: That all women will experience menopause the same.

Women experience menopause in many different ways. Some women will experience no signs, most will have some, and 10% will have problems of significant severity.

5.MYTH: That the uterus is only used for periods and is useless once periods stop.

The uterus is an intricate part of our body and is not only used for periods. For example, many women become depressed after a hysterectomy. The psychological significance of the loss of the uterus may be a factor. Also, the removal of the uterus seems to affect a decreased sexual response. Some women find orgasm is different and sometimes less intense, possibly because they no longer have rhythmic uterine contractions during orgasm.

Carla is a 35 year old lesbian who has been diagnosed with an aggressive cancer of the cervix and has to have a hysterectomy. She is talking with her lover.

"But Jane, what's it going to be like afterwards. The doctor says I'll go into a surgically induced menopause and from what I've read that's worse than the natural one. But I don't want to go on ERT at 35. And it seems like I've only just discovered sex since I came out five years ago & and now it's going to end."

"You think our sex life is going to end."

"Sure, unless I go on the replacement therapy."

1.MYTH: That ERT has to be an ongoing after surgery.

One shot or two of ERT may relieve the most dramatic of the symptoms of surgical hysterectomy. The surgery may leave the ovaries intact and they will continue to produce estrogen. Even if the ovaries are removed, the adrenal glands secrete androstenedione which is converted by fat and liver tissue into estrogen.

2.MYTH: That sex life happens in the sex organs.

If Carla's sex life was good before, it will be good again. Sexuality is based in the brain, the relationship and the trust between humans.

Evelyn Jones is 50 years old. She is visiting her doctor because she hasn't started her menopause.

"Well, Mrs. Jones, you are a very lucky woman. You haven't experienced a deficiency in estrogen yet so you haven't experienced menopause. You know, we could put you on ERT now & it would keep you looking young. You wouldn't ever have to experience menopause."

The story of Evelyn.

1.MYTH: That menopause starts at a certain age.

The period of change is gradual, usually starting when a woman is in her mid or late forties and lasting five to seven years, although the signs will likely not be noticeable for that long.

2.MYTH: That menopause is a disease of deficiency.

Behind this myth is the idea that ovaries dry up, the body is no longer producing estrogen and therefore is deficient. Ovaries do slow down production of estrogen, but they continue to function all our lives. Also menopause is no more a disease than puberty is; both are natural processes.

3.MYTH: That ERT will stop menopause and keep women looking young.

ERT will not stop menopause. It may relieve some symptoms such as osteoporosis but the menopausal discomforts can recur with even more severity when a woman stops taking it.

The idea of ERT keeping women young was perpetrated by the publication of Dr. Robert Wilson's book "Feminine Forever" in 1966. His idea was that women from 9-90 should be given estrogen to save them from the ravages of this terrible disease "living decay".

4.MYTH: That menopause requires medication.

Society looks on menopause as an illness to be treated by doctors with medications. Many other alternatives are available for dealing with the discomforts such as various herbs, exercises, nutrition and relaxation techniques.



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HOW TO GIVE A WORKSHOP

A. BEFORE THE WORKSHOP

A1. KNOW YOURSELF FIRST

- *Spend some time LEARNING ABOUT YOURSELF before you facilitate groups. If you know yourself and your values you will be less likely to impose your values on others & treat everyone fairly.
- think ahead about some of the differences of the members that may affect the group.
- refer to pp.11-17 in Women Talking About Health for more information and guidelines.

A2. UNDERSTANDING THE ROLE OF FACILITATOR

- start & end on time
- keep group on topic or on track
- *Role is to make it easier for members of a group to discuss and learn about issues of concern to them. Help women to explore feelings that may emerge.
- *Help women put feelings into a "social" context. that is, help women understand that many of the feelings we have about our bodies or our health and the ways in which we approach our health care are a direct result of how we are viewed & treated as women in our culture.
- *Listen for times in the group that women say how difficult things are for them or blame themselves for their problems. Ask questions & encourage the group to talk about why things are the way they are. This will help broaden the understanding of the group. A way to resolve feelings of guilt, etc. is to acknowledge them and give women a chance to express their feelings.
- *Help women to learn how to get information.
- *Be conscience of your body language and other nonverbal communication. For e.g. Sit in a comfortable, open position.
- refer to p.22 in Women Talk.Abт.Health for more information.

A3. SHARING THE ROLE OF FACILITATOR: COFACILITATING

- clearly divide up responsibilities to prevent one facilitator from dominating.
- outline what feels comfortable for you. For example adding to comments made by each other.
- COFACILITATION is discussed on p.31 of Women Talking About Health.

A4. DEVELOPING SELF-CONFIDENCE

- *You DON'T have to be an EXPERT

- know some information (read, relate personal experiences)
- you need to be able to say what you don't know & suggest resources.
- remember it's possible to give a workshop without having past experience with the topic of the workshop.
- Try to keep up to date on the topic as things can change a lot.
- *PRACTICING can help you feel less nervous. Talk to a friend or into a tape recorder.
- *Dress is important for various reasons: for self confidence, to show respect, and not to intimidate. You need to strike a balance between casual & formal.

A5. GETTING THE WORD OUT: Publicity

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- There are many alternatives: posters, ads, word of mouth, healthcare workers, doorknocking
- if phoning people to have them choose possible dates for the workshop. first give many (5 or more) possible dates and ask them to choose a few dates that would work. Then choose a date according to what works for the majority of people.
- My experience with using this phoning method was not very productive. Another method is to send out notices/invitations well in advance to volunteers, organizations and anyone else you may want involved. List all of the details as in time, date, place, workshop title, cost(FREE), sponsorship, where to call for more information and deadline to register. Setting a deadline to register by, allows the facilitator(s) to plan ahead for the numbers.
- refer to p.70 of Women Talking About Health.

#### A6. SETTING AN AGENDA

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- 1)*Have a CONCRETE FORMAT, that is, agenda/plan/workshop, but be willing to be flexible. Be prepared to be able to let go the need to be in control, in power and let the group dictate the direction..
- *Information should flow in a logical order. Be BRIEF so there's time for discussion.
- 2)*LENGTH* - 2.5 -3 hours long with a 15-20 minute break in the middle
- when planning outline & agenda write out the time you think each part will take. Add 20 minutes extra to the total to allow for parts that go over time. This allows you to plan out how long the workshop will be.
- 3) Use large *INDEX CARDS* to write out your workshop
- *Write notes in point form rather than whole sentences. Write the main subject at the top in BIG letters. Then write the points you want to make under it. Use 1 card for every main subject.

- number the cards in the order you want to present the information, so if you drop them there will be no problem
- *Cards help to keep you organized
- *try not to use the cards if you can.

4). Materials Needed list

- Determine what you will need in advance.
- eg. flipchart, markers(don't use the chemical as the smell is overpowering & chemical. Use water-based.), handouts, diagrams(visual objects), evaluation sheets, food, paper & pens for participants, index cards, extra, VCR & TV, etc.

- 5).Have areas in *book clearly marked* if you will be referring to books during the workshop.

6).**Pamphlets, Handouts, Bibliography**

- prepare and make enough handouts for group and facilitator(s). You can create a package for participants to take home that provides them with further information on the topic.

- Keep in mind that this is a safety net, that is, the facilitator does not need to give all the information in the session as the participants can read it.

7). Demonstrations - people learn in different ways so try to present information in different ways, that is, visual, through exercises, as well as through language for example.

- visual objects, show pictures, films/videos

8).CHILDcare

- refer to p.77. in Women Talking About Health for more information.

9) AUDIENCE

- *Keep in mind ethnic backgrounds, age, literacy, same-sex groups versus mixed groups, speaking voice, talking too quickly, projection, clarity, visibility (make sure you are in good view).etc.

- *Keep in mind sensitivity to group when bringing up various issues such as incest, rape, assault, etc.

- **Workshops need to be empowering to the participants. This is achieved through reducing assumptions by making questions & exercises open ended thus allowing for participation.

- *LANGUAGE level & fluency: is important, that is, give information at the level people are at. Use symbols, illustrations, pictures, drawings, words to assist the learning.

- refer to p.17 in addendum from IWS manual.

10) Be Prepared for Some COMMON PROBLEMS in Groups

If no one else steps in to solve problem, facilitator lets group know what she thinks is happening and asks for suggestions.

-if the facilitator or participant sees a problem, she can bring it up to the group. If anyone else supports the problem, it is a group problem and the group can try to come up with a solution. If no one supports the problem, it is then an individual problem and that person will have to work on it themselves.

*Set **GUIDELINES** for the group: write on large sheet and post. Get group to brainstorm if long term (confidentiality, respect, etc.) Ask women for suggestions for what would help them feel safe.

**If short-term, facilitator(s) can set guidelines that would help the group feel safe within the group. Let the group know that they can discuss and change the guidelines if need be. (for e.g. if someone cries don't hand out kleenex, have a box available and they can get their own or they can request one. Handing out kleenex can leave a hidden message that the person should stop crying and it's disempowering.)

11) BEFORE PRESENTING the information encourage women to say if they have questions, different info or a suggestion. Let them know when you can be interrupted.

12) SET UP

-You need to plan the location. Think about bus access, safety at night, etc.

-chair arranging, ventilation (need air), be aware of noise levels, privacy, have water available, kleenex.

-refer to p.72 in addendum from IWS manual.

B. DURING THE WORKSHOP

B1. PRESENT THE AGENDA

**write out for facilitator and participants on large sheet and keep posted where everyone can see. This gives group a sense of direction and involvement.

**go over it.

**alter, add, subtract - GO WITH WHAT GROUP WANTS/NEEDS

**topics. time frames

**refer to addendum for agenda example

B2. BREAKS

-work out with group when

-provide tea/coffee/juice and yummy food

B3. GAMES FOR PARTICIPATION

Different kinds of games have different objectives, that is, to build trust, to break the ice, to share information, etc. Each involves a varied level of risk. Only long-term groups with experienced facilitators need the more risky exercises. Most exercises need a debriefing time - a chance to discuss feeling of the experience.

a)**OPENING ROUND

- *start each session with a round where the participants give their name, what they want/need from this workshop, etc. This allows information to be shared by all women & facilitator is not giving out all the info.

- *let women know they can pass

- *everyone speaks without being interrupted

- *used at beginnings & ends so everyone gets a chance to "check in" with group.

- *may need a time limit & thus a time keeper

b)**BRAINSTORMING

- *women say any ideas they have on the topic, that is, what they know and what they'd like to know.

- *no discussion

- *try to be comfortable with silence. Often best ideas come up near the end.

- *WRITE ideas on FLIPCHART

c)**SMALL GROUPS OR PAIRS

- *Makes it more comfortable for talking about personal things

- *allows more time for everyone to participate

- *often build a feeling of closeness & trust between members

- *tell small group what you want them to do. You may want them to discuss a topic as a group or you may want to give each women a chance to speak.

- *give some time limit

- *can give each small group a task and ask them to report back to a larger group.

- *have them choose one person to report. Others can add on.

- *The Facilitator(s) can join one group, sit by themself or move around to different groups. We recommend the facilitators leave the groups on their own but be available for any questions.

d)**ROLE PLAYS

*This is when we act out things in the group, pretending to be ourselves or someone else. We place out characters in a situation that we have faced in the past, or think we have to face in the future. You can have 2 volunteers do one for the whole group or break the group into pairs to act out. We need to give those who acted in the role play a chance to share any feelings the "acting" might have caused.

-refer to p.29 of Women Talking About Health for more information.

e)**DRAWING

-You can have a large sheet for the whole group or each women can have their own sheet.

-ideas/suggestions on p.30 of Women Talking About Health.

-crayons work well

-they don't have to show their drawings if they don't want to

*DISCUSSION round (How did they feel as they were drawing? What did they draw & why?).

f)**GUIDED IMAGERY

-way of taking the group through a fantasy

-way to relax, to look at values or expectations or to see themselves in a specific situation.

-CAUTION** : when using guided imagery the facilitators should be highly skilled and the workshop should be a long term workshop where long term relationships have been established. This is recommended because guided imagery is a higher risk, higher skilled tool and a certain level of trust needs to be established before hand.

-refer to p.30 of Women Talking About Health for more information.

g) Physical EXERCISES

-stand up & shake arms and feet, copy another's movement, get someone to sing a song or tell a joke or do a group pantomime.

h)**TEAM GAMES

-groups can be split up into teams and imitate "Win, Lose or Draw" type of games.

-stress no winners/no losers. Encourage PlayFULness!!

B4. Questions are important.

- Allow & encourage.
- Other women in group may have answers.
- allow others to speak.
- this helps to start a discussion and shows that you respect the groups experience.
- try not to use questions that begin with why, or that require only a yes/no answer. Instead keep questions open ended for this allows for discussion.

B5. ****Share personal stories, share embarrassment, etc.**

- as facilitator be careful NOT to DOMINATE though. Model the openness.

B6. Watching the Group

- be responsible to the mood of your group. For example, if women seem emotional ask how they are feeling, if bored or tense, you may need to do something to encourage group participation. (rounds, role plays, brainstorming, drawing, exercises).
- be prepared to risk interpreting body language.

B7. Allow much time for discussion**

- be prepared to abandon agenda entirely if the group agrees that this is necessary.
- be prepared to deal with a participant that is dominating the discussion seeking attention or bringing up irrelevant issues. Refer to #21 for further discussion (Common Problems in Groups).

B8. HuMoUr is good if you are comfortable with it.

B9. CLOSING ROUNDS

- ask for any thoughts or questions. Do a *verbal evaluation*/feedback in this round.
- refer to p.43 of Women Talking About Health for more information.

C. AFTER THE WORKSHOP

C1. EVALUATION SHEET ~~~~~

- *allows time for women to say what their experience in the group was like.
- *serves as a tool for the facilitator to get feedback on the workshop and assists in the future planning of workshops.
- * Evaluations need to be done both verbally and written for all the workshops at the end of the workshop
- *take note of what was said at evaluation section of closing round - especially anything that's repeated.
- refer to addendum for two examples of evaluation sheets that can be used by the participants and the facilitators.
- refer to p.60 of Women Talking About Health for more information.

C2. Evaluation of the process of organizing & of delivering workshop by the facilitators themselves, using their own experience of the workshop, the participant evaluations and any other feedback.

C3. Keeping a journal on workshops given and the pros and cons, etc listed for future reference.

THE CONCEPT OF SELF-HELP

Most of us have grown up in a culture that has taught us that information about our health and the knowledge and skill to treat ourselves when something goes wrong is the property only of experts and professional doctors. We have learned to rely on professionals and to believe that we ourselves do not have knowledge about our bodies and are not capable of learning about them. Also, because most doctors are men, we are often confronted by their sexism when we, as women, approach them for health care. Their sexism comes from their socialization as men generally, from their medical training which is male dominated, and from a lack of empathy towards women's sexual and reproductive functioning because it is not their personal experience.

If we look at the situation historically, we find that in many societies women used to be the healers. In European society up until about the year 1500, it was women who had control over much of the information about healing, contraception, abortion and birth. Women passed on skills and recipes for herbal cures to one another. Most medieval villages had at least one "wise" woman who was a midwife and possessed other healing skills. During the period of the witch hunts in Europe, it was often these women who were condemned as witches and hung or burnt at the stake. This was one way in which the church (which was dominated by men) consolidated its power over the people and in the process much knowledge was lost.

In the 19th century, various approaches to healing co-existed--there was more than one health system (e.g. homeopathy, midwifery, herbology). In North America in the late 19th century and early 20th century, the American Medical Association with its specific model of drug-oriented health care consolidated its position and successfully lobbied the government to bar other forms of medical practice, many of which had been more accessible to women, black people and working class white people. Much of the thrust came because of the increasing awareness of the great profits to be made from the manufacture of drugs.

It is interesting to note that the present concept of a doctor being an expert in whose trust you place yourself to be cured is a recent concept, as opposed to the more traditional concept of a healer being a person you consulted for advice on how to treat yourself.

As women we have had a lot of power over our own bodies and our health care taken away from us. One way women have begun to take back control is to collect and share information with each other. In fact, we all have valuable information and can share and learn it together. This concept is called "self-help".

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.

WHAT A FACILITATOR NEEDS TO KNOW

1. Groups go through different stages. The facilitator needs to know about these so she can plan her activities to fit in with the stage her group has reached.

2. There is no such thing as a difficult member. What there is are mannerisms or personal ways of behaving that bother you. A facilitator needs to be able to share these feelings, so she can help the group.

3. How the facilitator behaves shapes how her group will behave. Therefore, the facilitator needs to be as open, as friendly, as relaxed and as trusting as she wants the group to be.



4. A good group facilitator is working towards her own job not being needed. If she is late, and the group starts without her, she has done a good job!

5. The facilitator does not make decisions for the group. She tries to make sure everyone understands, and that the group doesn't get lost, or lose time.

6. The facilitator isn't afraid to use herself and her own situation as an example, to encourage and support sharing, but she won't dominate with her own problems or lead the discussion off track. Most women need encouragement to talk about very personal matters, and the facilitator's willingness to do so will help.

7. The facilitator makes sure that everything needed to make the meeting go easily is ready ahead of time. She will make herself a list of what this group needs and have it all prepared, including checking all equipment is in working order.

OVERALL PLANNING

You need to follow an overall plan to organize any event. The success will depend on how well you carry out each step. Each step is important and leads into the next step. This means you cannot overlook any of these basic planning steps.

STAIRCASE TO A SUCCESSFUL EVENT

AFTERWARDS
 |What did we do well? What needed change?
 |What was the feed back from participants?

TASKS
 |Who is doing what? Is everything ready? Set-up time sufficient?

MONITORING
 |Watching what we're doing.
 |Using check lists and regular meetings, support +
 |worrying!

TASKS
 |Dividing up the work:
 |What has to be done?
 |Who will do what?

MEASURES
 |How can we tell if we succeed? How to measure success.

DECISIONS
 |What is our goal?
 |What will we do to meet it?
 |What are our resources?
 |What is the budget going to be? Who do we need?

HOW TO SET UP A WORKSHOP OR GROUP

This can apply to a one-time workshop or a series of meetings of the same group with a facilitator.

OBJECTIVES

1. Sharing information about the topic and other health-related issues.
2. Support for making changes which will help make our lives healthier.
3. An opportunity for women to share concerns about lives, health, families in a safe environment.
4. To learn skills such as how to research health information, how to give and receive support in groups.
5. To encourage a self-help model of health care.

PUBLICITY

1. Posters in women's centres, libraries, community centres, laundromats, supermarkets, etc.
2. Public service announcements (which are free) or ads in local newspapers, community TV, radio
3. Word of mouth

Ads should be in clear and concise language with information about content, time, place, date, cost (if any), availability of childcare, and a phone number for pre-registration (if necessary) and/or further information.

PHYSICAL ARRANGEMENTS

It is often possible to get free or cheap space at women's centres, community centres, libraries, schools and churches. Ideally, the room should be fairly small and comfortably furnished. Wheelchair accessibility and accessibility for women who can't climb stairs should be considered when choosing a space.

CHILD CARE

More women will be able to attend if they know that child care is available. If women need child care, it may be necessary to arrange for a second room and a child care person. If the child care cannot be paid for by the centre sponsoring the workshop or group, members of the group can be asked for donations. If there are not many children needing care, it may be simpler to arrange for in-home care which can also be paid for by the sponsoring centre or donations from the group.

EVALUATIONS

A written anonymous evaluation will usually elicit the most response, although a small group which has been meeting for a while may do a more informal verbal evaluation. This information is very important for the facilitators for planning future workshops and groups.

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:

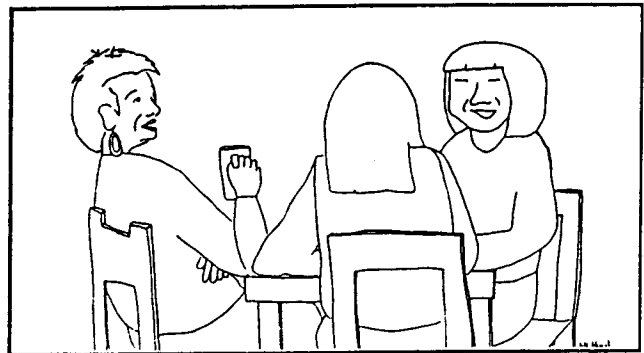
Avoiding pregnancy	page 43
Infertility	page 47
Miscarriage	page 52
Periods	page 56

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.

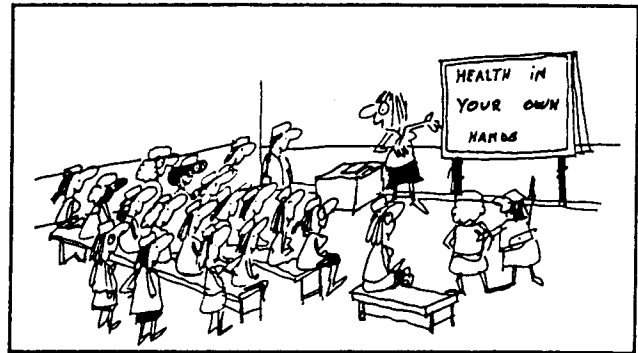
INTRODUCTION TO HEALTH WORKSHOPS

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?

OVERALL EVENT CHECK LIST

DESCRIPTION		
ITEM	WHO IS RESPONSIBLE	DONE BY WHEN
Desired Result		
Audience Description		
Format		
Name/Title		
Length of Meeting		
Time to Start		
Date of Meeting		
Place for Meeting		
Resources for Meeting		
Budget		
Co-sponsorship		
Publicity		
Media Liaison		
Info/display tables		
Registration		
Snacks, coffee, etc.		
Speaker liaison		

AUDIENCE CHECK LIST

CHECK LIST FOR AUDIENCE

- Expected number..... _____
- Type of audience..... _____
- Level of involvement..... _____
- Level of knowledge on issue..... _____
- Difficult questions expected..... _____
- Different cultures, religions _____
- Different backgrounds, experiences..... _____
- Different opinions, ideologies..... _____
- Need for Child care..... _____
- Any Special Needs (specify)..... _____

REMEMBER TO CHECK ALL OF THE FOLLOWING:

SPACE CHECKLIST ON THE DAY

- Are there enough chairs?
- Do you have water for the speakers?
- Do you have tables for your information about your organization? How about selling memberships or receiving donations?
- Would other groups like to set up information tables?
- Do you have space to set up a resource display? If meeting is at the public library maybe you could arrange display of library books on the topic of your meeting?
- Have you booked all the equipment and resources you need, e.g. films, audio-visual equipment?
- Have you checked everything is working and ready to go of time?
- Have you arranged the refreshments area? Do you have all the equipment you need?

Evaluation of an Event

1. How many people came out to the event?
2. Did we expect more or less people?
3. What could we have done to attract more people?
4. What was the result of the evaluation forms, if any?
5. What feedback have we received? (That is, what are people saying about the event?)
6. What do we think of the event?
7. How much money did we make or lose?
8. What about the films/panel/speakers? Were they clear? Did they get the point across?
9. Publicity...was it effective? Did we get any media coverage? How supportive was it? What stations/papers? Did our posters stay up? Did people like our posters and flyers?
10. How many children in the childcare? How good was the childcare programme? Did the children like childcare workers? If we only had subsidy, how many people asked for it, and how much did we pay out?
11. What was most valuable and effective, that we can do again?
12. What was least valuable, that we would change next time?
13. Was the location a good one? Would we use it again?

Vancouver Women's Health Collective Suite 302-1720 Grant St. Vancouver.

LIST OF RESOURCES USED IN CREATING This Workshop and participant package:

Vancouver Women's Health Collective Women's Reproductive Health Project. Women Talking About Health: Getting Started With Workshops and Groups. Vancouver Women's Health Collective, 1988. Available at the Health Collective for \$12.00.

This is an easy book to use for planning workshops. It includes many useful topics such as a section on learning about yourself before you facilitate; and an in depth easy to follow section on how to facilitate groups. Many good examples of workshop situations, exercises & workshop outlines are given.

Vancouver Women's Health Collective. Facilitating Self-Help Workshops. 1984. Available at the Health Collective.

This is a good concise booklet that goes through the concept of self-help and then gives 5 different detailed but short outlines for giving workshops on the health issues of DES, Breast Health, Vaginal/Cervical Health, Menopause, and PMS. So the workshop is given and the facilitator can use this exact outline and information or adapt it to their own personal style.

Immigrant Women of Saskatchewan, Saskatoon Chapter. Organizing Manual: A guide and Resource for Events and Workshops. Revised edition, 1990.

This is an excellent resource for planning workshops & other types of meetings. It follows a simple, thorough process of all the steps necessary for putting together workshops. The language style is such that it's extremely useful for the needs of people whose language skills are at different levels. It includes good group exercises, & outlines for various workshops.

Gerson, Miryam and Rosemary Byrne-Hunter. A Book About Menopause. Montreal Health Press, 1988. Available at the Health Collective for \$2.75.

This is a good booklet on menopause that tries to strengthen women's confidence in themselves. It presents different sides

of issues and points out areas where answers are still not known.

Vancouver Women's Health Collective. Menopause: A Self-Help Approach. Vancouver Women's Health Collective Revised edition, 1991. Available at the Health Collective for \$4.00.

This is an excellent 27 page booklet that explains menopause in a simple, thorough way and has a large section covering self-help for the symptoms of menopause. Its focus is on empowering women to take back control of our own health care.