

2013

Evaluating the Sharing Stories Youth Drama Groups



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Executive Summary

Introduction

Culturally and linguistically diverse (CaLD) youth often receive limited reproductive and sexual health education during adolescence. It is a subject that is regularly overlooked by settlement services and programs, and considered a 'taboo' topic among many cultures (Refugee Health Research Centre [RHRC] 2008). CaLD youth have little experience in accessing sexual health services due to language, social and environmental barriers; and are accustomed to issues of shame surrounding sexual health (RHRC 2008). Health professionals and researchers within the sexual health sector are progressively acknowledging that cultural factors can impact on the education style needed for the target group (Paiva 2005). Using interactive strategies such as theatre and drama has been found to be a reliable and culturally acceptable strategy for sexual health education (Afsar and Gill 2004).

The Sharing Stories project was implemented at the Metropolitan Migrant Resource Centre in 2009, and delivers culturally appropriate sexual health education to CaLD youth, using creative engagement strategies such as theatre, filmmaking and art. The Sharing Stories youth drama project was evaluated in 2013 to investigate the effectiveness of interactive theatre and drama based strategies for educating CaLD youth.

Methodology

In order to effectively evaluate an existing arts-based program and capture the diversity of experiences of the participants, dramatic role-plays were used as a tool for research. Including a combination of process, impact and outcome evaluation, the data collection consisted of recording field notes, distributing pre/post sexual health questionnaires, taking part in pre/post sexual health drama scenarios, and conducting semi-structured retrospective interviews with long-standing participants, who had participated in the program for at least 12 months.

The data collected from these evaluation strategies were analysed for recurring themes, changes in young people's sexual health knowledge, attitudes and skills in providing advice and referral to others, evidence of peer education skills, and an increase in young people's self-confidence and ability to confidently discuss sexual health topics.

Results

The evaluation confirmed that regular participation in the Sharing Stories youth drama groups can improve sexual health knowledge, increase confidence levels, create positive attitudes towards sexual health, and up skill participants with peer educator abilities. The results also indicated that culture, religion and family structure play a significant role in the learning experience of participants.

The observation and field notes recorded at each of the drama workshops revealed regular progress and growth among the participants. Participants demonstrated a willingness to share knowledge with others, support their peers and facilitate situations. The impact evaluation questionnaires discovered that participants are able to provide accurate advice to their friends, have gained confidence in seeking STI testing, and have improved confidence buying and carrying condoms.

The impact evaluation scenarios were used as an innovative data collection method that was consistent with the creative program content. Use of the scenarios as an evaluation method was successful in ensuring that the data was a true representation of the Sharing Stories program. The results showed that participants have a broad understanding of condom use, have gained knowledge on the health effects of STIs, and are willing to incorporate cultural values, such as family expectations, in educating their peers on sexual health.

The retrospective interviews provided an insight into the long-term benefits of participating in the Sharing Stories youth drama workshops. Long-standing participants demonstrated confidence when discussing sexual health, had wide-spread knowledge on sexual health and relationship issues, demonstrated strong peer education skills, and are competent in acknowledging that their culture can impact their learning experience. Overall the evaluation confirmed that using interactive theatre and drama based strategies for sexual health education among CaLD youth is effective.

Recommendations

The findings of this study have implications for practice in relation to the education of CaLD youth on sensitive topics such as sexual health. The following is a summary of the key themes contained in the full recommendations list at the end of this report.

- Interactive strategies such as theatre and drama should be used for discussing sensitive and taboo topics.
- Drama should be promoted for educating at-risk youth in other settings, and for other sensitive topics.
- Drama and theatre is a culturally appropriate method of engagement for young people from a range of CaLD backgrounds.
- The use of drama as an interactive data collection method is effective for evaluating an arts-based program.

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- The Sharing Stories team

1. Introduction

This study was undertaken to provide an evaluation of the effectiveness of interactive theatre and drama based strategies for sexual health promotion among young culturally and linguistically diverse (CaLD) youth. The research consisted of a comprehensive evaluation of the Sharing Stories youth drama groups which are run through the Metropolitan Migrant Resource Centre (MMRC).

A combination of conventional and arts-based data collection methods were included in this research to identify the short and long term effects of participating in the program. The purpose of this report is to illustrate the use of interactive theatre as a creative and effective health promotion strategy for educating at risk groups on sexual health topics. The results of this project evaluation will also contribute to the improved sustainability of the program. The MMRC partnered with the WA Centre for Health Promotion Research (WACHPR) at Curtin University to conduct the evaluation.

This report will first provide a background to the context of the study followed by a description of the research aim and methodology. The findings of the study will then be presented followed by a discussion and list of future recommendations.

2. Background

2.1 Sharing Stories

The Sharing Stories project was developed from a pilot program that was implemented in 2009 at the MMRC. The program delivers culturally appropriate information on sexual health and relationships for members of new and emerging communities. Sharing Stories uses creative engagement strategies such as theatre, filmmaking and art to empower members of CaLD communities to discuss sensitive topics such as HIV and STI awareness, knowing your HIV and sexual health status, support and referral, condom use, building positive relationships, negotiation and consent.

These strategies have proved to be effective in supporting CaLD people to share their knowledge and begin having discussions with family, friends and their community about the importance of holistic sexual health and wellbeing. The program continues to aim towards sustainable outcomes in the areas of community education, youth theatre, peer education programs, professional development and creation of education resources.

2.2 Multicultural youth in Australia

Young people aged between 12 and 25 years make up a large proportion of people entering Australia under the Refugee and Humanitarian Program. 59% of people entering the country between July 2005 and June 2010 were under the age of 25 (Refugee Council of Australia, 2012). Young people arriving in Australia often feel disadvantaged and disengaged due to their pre-arrival experiences and limited understanding of Australian culture (Multicultural Youth Affairs Network [MYAN] 2012).

Settling in Australia can hold a range of challenges for young people including learning English, adjusting to the Australian education system, finding employment, building financial management

skills, experiencing racial discrimination, managing family relationships, and achieving a sense of identity and belonging (MYAN 2012).

The cultural diversity within Australia has built a foundation for developing a strong socially cohesive community, whereby the diversity of others is respected and valued (Australian Research Alliance for Children and Youth [ARACY] 2007). For young people from refugee and migrant backgrounds, a cohesive community would comprise of a friendly environment where trusting relationships can be formed, active participation in their community is welcomed, and preservation of their cultural heritage is respected (ARACY 2007).

2.3 Migrant youth and sexual health

Adolescence is an important period of emotional and physical development for young people. For refugee and migrant youth, adolescence can present another complex element to their settlement process. This is often due to the limited formal acknowledgement of the period of 'adolescence' from various cultural backgrounds and the different views and expectations of adolescents within an Australian context (MYAN 2012).

Reproductive and sexual health education is important for young people from both refugee and non-refugee backgrounds, however it is often a subject that is overlooked by settlement services and programs (Refugee Health Research Centre [RHRC] 2008). Migrant youth may experience disrupted schooling when they arrive in Australia, and therefore their opportunity to receive accurate sexual health information within mainstream contexts during adolescence may be limited (RHRC 2008). Studies have shown that migrant youth have little experience in accessing sexual health services due to language, social and environmental barriers; and are accustomed to issues of shame surrounding sexual health and behaviour (RHRC 2008).

A review of the literature indicates that African youth were more likely to commence sexual activities in their early teenage years, compared with other ethnic groups, as well as putting themselves at risk of STI and HIV transmission through engaging in unprotected sex (Eaton, Flisher and Aaro, 2003). African youth will often experience difficulties at an interpersonal level when negotiating condom use with sexual partners due to a lack of sexual health education, cultural taboos when discussing sexual health, and restrictions against discussions of a sexual nature between males and females (Eaton, Flisher and Aaro, 2003; Hatossa, O'Neill and Eacersall 2012).

Researchers in the field of sexual health promotion and sexuality are increasingly recognising that cultural factors can influence the style of education needed to address the target group (Paiva 2005). It is important to consider a person's cultural background and context as it can be the source of their vulnerability to STI's, sexual abuse, and lack of sexual health knowledge. The use of novel and creative strategies are progressively being used within this context (Paiva 2005).

3. Research Aim

The aim of this study was to investigate how effective the Sharing Stories youth theatre program is in educating migrant youth on sexual health and relationships using creative engagement strategies.

Objectives

1. To determine the proportion of participating CaLD youth who report feeling more confident about talking to their friends about sexual health and supporting their friends with regards to safe sex.
2. To determine the proportion of participating CaLD youth who feel less ashamed about carrying condoms or asking their partners to use condoms.
3. To determine the proportion of participating CaLD youth who report confidence in seeking STI testing if they have had unprotected sex without a condom,
4. To determine the proportion of participating CaLD youth who know where to access accurate information about sexual health and where to go for STI testing services
5. To determine the proportion of participating CaLD youth who feel more confident and less ashamed about sexual health when talking to family members

4. Methodology approach

In order to undertake a comprehensive evaluation of an existing arts-based program, engaging and interactive methodology were used. The Sharing Stories program has taken on a creative approach to developing its strategies. Justifications and explanations of this approach have been outlined below.



4.1 Drama as a strategy for sexual health

Drama and theatre is a form of interactive art that is well- known for its dynamic behaviours that create visual and auditory expression through the active process of engagement (Candy, Amitani and Bilda. 2007). Theatre has the ability to draw upon participant's life experiences and create discussion around relevant and personal issues using a range of theatrical approaches (Conrad 2004).

Popular Theatre is defined as, "a process of theatre which deeply involves specific communities in identifying issues of concern, analysing current conditions and causes of a situation, identifying points of change, and analysing how change could happen and/or contributing to the actions implied" (Prentki & Selman, 2000, p. 8). Practicing creative arts provides an environment where people can create, explore and experiment with their thoughts and feelings (Candy, Amitani and Bilda. 2007).

The use of theatre and drama has been well established in many countries of the world and is being increasingly used in the field of sexual health for family planning, and Blood-borne Virus (BBV) and Sexually Transmitted Infection (STI) prevention (Afsar and Gill 2004). Using theatre and drama for sexual health education is a reliable and culturally acceptable strategy that is understood and enjoyed by many different communities (Afsar and Gill 2004). Using theatre for sexual health interventions is reasonably inexpensive and can be successfully used for discussion around sensitive issues and topics (Afsar and Gill 2004).

Currently in parts of Africa, theatre groups are using drama as a strategy to communicate public health messages to a range of local communities. These theatre groups have gained much of their knowledge on this technique from the travelling university theatres that were running during the 1960's (Low 2010). Universities throughout Uganda, Nigeria, Kenya, Tanzania and Malawi had theatre groups that travelled to remote areas to run workshops and devise plays using the local language endeavouring to address current community problems. This tool has been used to frame today's popular theatre for development (Low 2010).

4.2 Theatre of the oppressed

The term 'Theatre of the Oppressed' was developed by Augusto Boal after the writings on oppression by Paolo Freire became internationally recognised as a way to create theatre with an ideological framework (Allain and Harvie 2006). This type of interactive theatre attempts to liberate groups and individuals from their social, cultural, political and psychological constraints and burdens through the utilisation of performance techniques (Allain and Harvie 2006). Boal has designed a range of theoretical and practical techniques that assist people to improve their oppressive circumstances. Although change may not come directly from these influences, the use of these theatre techniques makes people aware of their potential to discover alternative ways of living (Allain and Harvie 2006). The Sharing Stories program utilises this technique for its workshops and performances.

4.3 Peer Education

When working with young people on sexual health education, strategies for teaching and up skilling need to move beyond traditional methods (Merakou and Kremastinou 2006). Programs that primarily focus on the provision of information have proved to be relatively ineffective in changing the behaviours of at-risk groups. Peer education has shown to be a highly effective method of promoting safe behaviours among young people as there is a positive interaction between peers (Merakou and Kremastinou 2006).

The use of peer education for youth sexual health promotion has many advantages. The peer educators have the opportunity to share challenges, experiences and interests using a youth-friendly communication style. Most young people will feel more comfortable to ask sexual health questions to somebody whom they believe will have more of an understanding of their situation. Peer education is also a successful way of allowing peer educators to gain organisation and communication skills, and to build a greater depth of knowledge (Jaworsky et al. 2013). Sharing Stories aims to develop long-standing participants as peer educators in order to maintain program sustainability and up skill youth.

5. Target Group

The Sharing Stories youth drama workshops run each week for approximately two hours per workshop. The target group for this project consisted of young people aged between 14-25 years from CaLD backgrounds who attended the Sharing Stories youth drama workshops. The cultural backgrounds of the participants varied from Sub-Saharan Africa, Middle Eastern, and South-East Asian regions.

Participant numbers at the workshops vary each week due to the fluid nature of the program and with friends and peers often trying it out. The target group includes both regular attendees and new participants of the Sharing Stories youth drama groups. Due to the consistent recording of field notes and observation, both regular and new attendees have been included in the project to ensure that all of the data collected is an accurate representation of the target group and the program.

The characteristics of the regular participants involved in each of the drama groups are summarised below in Table 1.



Some of the male participants from the Wednesday drama group

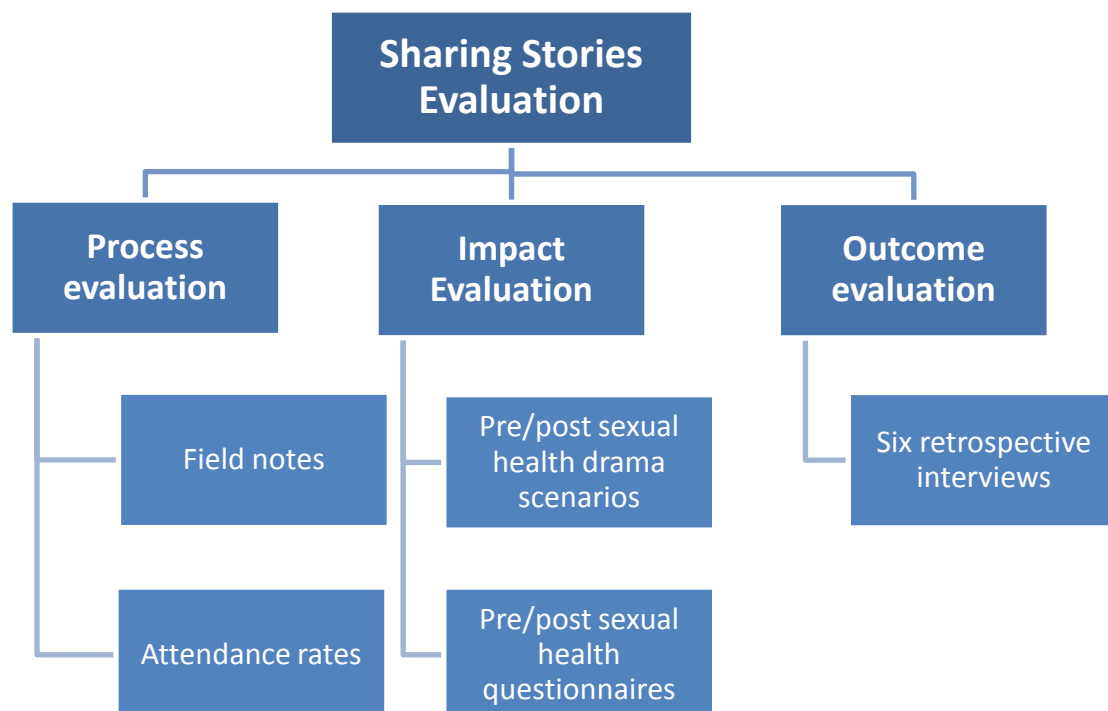
Table 1: Characteristics of the drama groups

Characteristics of the target group	Group		
	Tuesday Drama Workshop	Wednesday Drama Workshop	Friday Drama Workshop
Number of females	5	3	4
Number of males	0	6	0
Age range	15-17	14-21	17-21
Location	Ellenbrook	MMRC Youth Centre	MMRC Youth Centre
African Background	•	•	•
Middle Eastern Background		•	
Asian Background			•
Peer educators present		•	•

- Indicates the characteristics included in each group

6. Project Methodology

Figure 1: Overview of evaluation approach



6.1 Process evaluation

Process evaluation measures the implementation of the program, and its success in reaching the program target group with the intended strategies (Nutbeam and Bauman 2011). This study used two types of process evaluation: 1) recording attendance and 2) field notes and observation

6.1.1 Recording attendance

The process evaluation included recording attendance at the drama workshops each week in order to determine rates of attrition. It was important to note any drop-outs of the drama groups and to investigate reasons behind lack of attendance as well as to record the number of new attendees. A sign-in sheet was provided at each workshop to monitor each participant's attendance.

6.1.2 Field notes and observation

The process evaluation also included recording detailed field notes and observations each week. The purpose of the field notes was to record raw data from the activities of each workshop and to observe any changes or growth among participants in terms of their confidence and demonstration of skills, knowledge and attitudes. This observation included verbal changes throughout the drama activities, dialogue or changes in body language and confidence. The field notes followed the structure outlined below:

1. A description of the setting
2. A description of the activities that take place. A reproduction of the sequence of actions and behaviours
3. A report of the names and number of participants who took part in the activities and their roles in each activity.
4. A description of the meanings that were observed from the participant's involvement.
5. Recording of any quotes or comments that indicate notable changes or growth that is relevant to the purpose of this research.
6. Any impact that the co-investigator had on the observed situation.

6.2 Impact Evaluation

Impact evaluation measures are conducted directly before the implementation of strategies and on completion of the program, in order to determine whether the program has successfully achieved its goal and objectives (Nutbeam and Bauman 2011). There were two impact evaluation measures used in this study: questionnaires and sexual health scenarios.

6.2.1 Questionnaires

Impact evaluation questionnaires were distributed to the participants before the commencement of the youth drama group workshops for 2013 and then again after 12 weeks. The purpose of the questionnaire was to collect quantitative data to measure changes in participants' knowledge, confidence, attitudes and skills as a result of taking part in the program. The questionnaire was designed based on the five project objectives and aimed to investigate the following:

1. Socio-demographics
2. Confidence in discussing STIs with friends and family
3. Knowledge on STI testing outlets
4. Attitudes around buying and carrying condoms
5. Skills in providing advice and support for friends.

The questions used common terms, and familiar language that was comprehensible to all participants. The questionnaire was limited to one page in length, consisted of nine questions and took 5-10 minutes to complete. Questionnaires were distributed at each of the drama workshops over the same week. The purpose of having a short questionnaire was to maintain the focus and interest of the young participants when completing it, in order to collect accurate and reliable data. The questionnaire was also designed to be short to ensure that completion did not take up excessive time during the regular drama workshops.

A verbal explanation of the questionnaire and how to complete it was provided by the researcher. The participants were positioned around the room when completing the questionnaires to guarantee that there was no social influence on each individual's answers. Descriptive statistics were used to determine the results for each question and this data was then compared pre and post.

6.2.2 Sexual health scenarios

The purpose of using realistic sexual health scenarios as an evaluation tool was to apply the creative techniques of Sharing Stories in the evaluation process. The involvement of theatre based evaluation methods was considered appropriate as it provided an accurate portrayal of the workshop content and was thus more familiar and culturally acceptable to participants. The aim of the scenarios was to investigate the following:

1. Skills in providing advice and support to friends
2. Knowledge on referral for clinical sexual health assistance and support
3. Knowledge on STI prevention
4. Knowledge on preventing unwanted pregnancy
5. Attitudes around carrying condoms
6. Confidence in discussing sexual health topics
7. Confidence in applying sexual health knowledge to a realistic scenario

Young people completed the scenarios on commencement of the Sharing Stories youth drama workshops for 2013, and then again after 12 weeks. The purpose of the sexual health scenarios was to collect qualitative data measuring changes in participants' knowledge, confidence, attitudes and skills. Four scenarios were developed in consultation with a small group of peer educators to ensure

that the content and topic of each scenario was relevant to the target group. The four scenarios have been outlined below in table 2

Table 2: Sexual health scenario

Pre/post evaluation scenarios	
Scenario One	<i>Friend 1 had sex without a condom the night before, and discusses this with friend 2.</i>
Scenario Two	<i>Friend 1 finds condoms in friend 2's bag. Friend 2 explains why they have them</i>
Scenario Three	<i>Friend 1 is 17 and is a virgin. They are planning to have sex soon. They discuss this with friend 2.</i>
Scenario Four	<i>Friend 1 (female) went to a party the night before. They were drinking, and then they blacked out. They woke up in a bedroom half naked and do not remember what happened. They discuss this with friend 2.</i>

Friend 1 was played by a peer educator or the Sharing Stories project coordinator to ensure that the participants providing the support and demonstrating knowledge (Friend 2) have ample opportunities to show this. It was ensured that there were no leading questions, but rather prompts such as “But why do I need to get tested?” or “Where can I buy condoms from?”

All of the scenarios were video recorded to ensure that the participants’ responses were effectively captured and could be documented and analysed accurately subsequently. All participants give their consent to be filmed during this process, all video footage remained confidential and was stored securely at MMRC.

Each scenario was analysed individually as the nature of the answers provided would differ based on the scenario conflict and topic. The videos were examined for specific statements, comments, demonstrations of knowledge, and provision of advice, relevant to the evaluation.

After all of the relevant information from the scenarios had been transcribed, the data were analysed based on the frequency of the answers for each statement. Percentages were used for the analysis as the number of participants who took part in the pre and post scenarios differed slightly. After the pre and post scenarios had taken place the frequency results were compared and conclusions were generated based on the program objectives.



An example from the scenario three: A Friend explaining how to use condoms effectively.



The participants from the Wednesday drama group watching the filming process.



Two participants from the Tuesday drama group taking part in scenario 2.

6.3 Outcome Evaluation

The focus of outcome evaluation is to measure the long term effects of the program, that relate to the overall program goal (Department of Human Services 2005). The aim of this project is to investigate how effective the Sharing Stories youth theatre program is in educating migrant youth on sexual health and relationships using creative engagement strategies.

6.3.1 Retrospective Interviews

The outcome evaluation included short, one-on-one semi-structured interviews with past and long-standing program participants and peer educators, to investigate the long term effects and experiences of participating in the Sharing Stories youth drama groups. The interviews were conducted in person at MMRC and took between 20-30 minutes to complete. Six participants agreed to take part in the interviews. One participant declined to take part in the outcome evaluation due to feeling uncomfortable answering questions

The objectives of the interviews were to investigate:

1. How and why participants first became involved in the program
2. What they like/didn't like about the drama groups
3. What participants' have learnt from the drama groups
4. If the drama groups have improved confidence levels when discussing sexual health topics with friends and family
5. If the drama groups have successfully increased participants sexual health knowledge
6. Examples of participants peer education skills.
7. Participants' plans for the future
8. The interviews also gave participants an opportunity to personally reflect on their experiences of the youth drama workshops and provide any additional information on the program that they felt was necessary.

All of the interviews were audio recorded and transcribed as Microsoft Word documents. The transcripts were analysed and a list of themes and sub-themes were generated from the text. Frequencies were also recorded to identify recurring themes and topics

7. Findings

There were four key findings that arose from this evaluation, which provided an insight into the benefits and challenges of participating in the Sharing Stories youth drama groups.

1. Increase in sexual health knowledge
2. Improved self-confidence
3. Development of peer educator and mentoring abilities
4. Acknowledgment of cultural conflict through the sexual health learning process

The findings from this project evaluation have been presented in detail below.

7.1 Process Evaluation Results

7.1.1 Attendance rates

At the start of the project, attendance rates were unpredictable, and would fluctuate each week. Participants would often bring friends along to try it out, and would sometimes have other commitments that would inhibit attendance. As the program progressed, participants became more engaged in the workshop content, as it was working towards a goal of performance. Attendance then became fairly consistent, with regular participants taking part each week.

There were 3-4 young people who did not return to the program, primarily due to work and study commitments. On average the Tuesday group had five regular participants, The Wednesday group had seven to nine participants and the Friday group had three participants. These figures remained constant in the last eight weeks of the evaluation.

7.1.2 Observations and field notes

Following the drama workshops each week, observations and personal reflections were documented. Consistent observation was successful at providing raw evaluation data that assisted in recording gradual growth and changes, which would not have otherwise been recognised. Themes that arose from the observations included increased sexual health knowledge, increased confidence, demonstration of leadership and facilitation skills, peer education skills, and the ability to show initiative.

Over the duration of the evaluation it was evident that participants improved their knowledge, confidence and skills, as well as exhibiting positive changes to their pre-existing attitudes and beliefs relating to sexual health. For many young people, these changes will only begin to surface after taking part in a program for a few months. It was evident that new participants of the Sharing Stories program had the most noticeable growth in terms of confidence levels and knowledge. Long-standing participants exhibited strong leadership, facilitation and peer educator skills.

Some examples of key observations from the field notes are shown below.

Increase in sexual health knowledge

- *Lots of the boys brought up issues from last week's scenarios around knowing about STIs and using condoms which was great to see! One boy (14) mentioned something about not drinking when pregnant.*
- *The female peer educators demonstrated an extensive understanding of sexual health knowledge and offering support and referral to friends.*
- *The post evaluation demonstrated that the Ellenbrook girls have gained an extensive amount of sexual health knowledge in the past 12 weeks. The peer educators running this group have done their job extremely well.*



An image from the post evaluation scenarios. The young participants demonstrated their improved sexual health knowledge.

Increase in confidence

- *The girl's sexual health knowledge and relationship skills are becoming better each week. Their confidence in expressing their thoughts and feelings is also increasing.*
- *One of the newer female participants played the lead female role today and did such a good job. Her confidence levels have significantly increased from when she first started a few months ago. It was great to see. Both of the new girls do not seem so intimidated by the other male participants anymore.*



One of the newer female participants displaying increased confidence by playing the lead female role.

Demonstration of leadership and facilitation skills

- *The girls demonstrated good knowledge and confidence when initiating the play ideas. They seemed experienced in taking control of the situation and confident in sharing ideas.*
- *We listened to one of the peer educators read out her piece about Intimacy that she had written. Her use of language and imagery was fantastic. The piece of writing was professional and very relevant to the group.*



Three of the peer educators working on a theatre piece that one of them had written.

Peer education skills

- *One of the older participants is demonstrating extremely strong peer education and leadership skills by running the drama sessions by herself some weeks, asking the girls to practice skills at home, giving them homework, and ensuring that she is responsible for increasing their knowledge.*
- *Her confidence discussing sexual health topics seem to have increased, possibly as a result of her sister, being a peer educator. Knowledge and skills have been transferred in the home environment.*

Showing Initiative

- *Today the group learned that one of the new male participants is developing a sexual health animation video around condom use in his own time. This is something that he would not have done before attending the drama groups. When he started, his sexual health knowledge was limited and he lacked confidence discussing the topic. This attitudinal change was great to see.*

7.2 Impact Evaluation Results

7.2.1 Questionnaires

17 pre evaluation questionnaires and 13 post evaluation questionnaires were completed by participants. Due to some attrition there were fewer participants involved in the post evaluation. The overall number of males and females remained the same comprising 30% and 70% of the group respectively. The questionnaires demonstrated positive results in terms of increasing confidence in educating others on sexual health, providing advice to friends, seeking STI testing and buying and carrying condoms. The results for each question are provided below.

Question 2: Age

	Pre Evaluation	Post Evaluation
13-15 years	41%	29%
16-18 years	17%	23%
18+	41%	29%

Question 3: How confident do you feel talking to your friends about STIs such as chlamydia?

	Pre Evaluation	Post Evaluation
Very Confident	58% (n=10)	70% (n=9)
Confident	23% (n=4)	23% (n=3)
A little confident	17% (n=3)	7% (n=1)
Not confident	0%	0%

An increase in confidence when talking to friends about STIs was demonstrated. The number of participants who reported feeling 'Very Confident' increased by 12% and the number of participants only felt 'A little confident' decreased by 10%. There were no participants who reported feeling 'Not confident', which was represented both pre and post evaluation.

Question 4: How confident would you feel talking to your family about STI's?

	Pre Evaluation	Post Evaluation
Very Confident	35% (n=6)	30% (n=4)
Confident	17% (n=3)	23% (n=3)
A little confident	6% (n=1)	7% (n=1)
Not confident	41% (n=7)	38% (n=5)

A slight increase in confidence, when talking to family about STIs was demonstrated. The number of participants that indicated feeling “Confident” increased by 6% and the number of participants who reported feeling ‘not confident’ decreased by 3%. Overall, the results from the pre and post evaluation for this question remained relatively consistent. Any notable increases in confidence talking to family were not seen.

Question 5: List 3 places you know of where you can have an STI test done.

	Pre Evaluation	Post Evaluation
Family doctor/health clinic	65% (n=11)	70% (n=9)
Hospital	23% (n=4)	15% (n=2)
FPWA	17% (n=3)	30% (n=4)
Quarry Health	12% (n=2)	7% (n=1)
Can’t think of any	17% (n=3)	23% (n=3)
SARC	-	7% (n=1)

The number of STI testing outlets participants mentioned in the post evaluation was more diverse than the pre evaluation. The Sexual Assault Resource Centre (SARC) was an additional outlet that was correctly mentioned by one person.

The number of participants who correctly listed (FPWA) as an STI testing outlet, increased by 12%. The number of people who listed a medical centre or health clinic consistently remained the most common answer in both the pre and post evaluation

Question 6: Buying condoms is embarrassing and shameful

	Pre Evaluation	Post Evaluation
True	12% (n=2)	7% (n=1)
False	53% (n=9)	92% (n=12)
Unsure	35% (n=6)	0% (n=0)

No participants answered ‘unsure’ in the post evaluation compared with 35% of participants in the pre evaluation. An increase in the positive attitudes and beliefs around buying condoms was demonstrated. There was a 40% increase in the number of participants who answered ‘false’. This result demonstrates that participants were less unsure and more confident answering the question.

Question 7: How comfortable would you feel carrying condoms?

	Pre Evaluation	Post Evaluation
Very Comfortable	23% (n=4)	61% (n=8)
Comfortable	29% (n=5)	23% (n=3)
Uncomfortable	29% (n=5)	15% (n=2)
Very Uncomfortable	17% (n=3)	0% (n=0)

Participants were much more comfortable carrying condoms. The number of participants who reported feeling “Very Comfortable” increased by 38% and the number of people who reported feeling “Uncomfortable” decreased by 14%. In the pre evaluation, 17% participants reported feeling “Very Uncomfortable” carrying condoms, compared to 0% participants in the post evaluation.

Question 8: List 3 questions or advice you would give a friend who is planning to have sex.

	Pre Evaluation	Post Evaluation
Can't think of any	12% (n=2)	0% (n=0)
Are you ready?	53% (n=9)	54% (n=7)
Use condoms	59% (n=10)	61% (n=8)
Testing	41% (n=7)	54% (n=7)
Laws on sex	6% (n=1)	-
Previous sexual partners	6% (n=1)	-
How well do you know them?	17% (n=3)	31% (n=4)
Have you discussed this together?	6% (n=1)	-
Do you have consent?	-	7% (n=1)
How old are they?	-	7% (n=1)
How did you get to know him?	-	7% (n=1)

The answers given in the post evaluation were similar to those provided in the pre evaluation which demonstrated a consistent knowledge base of answers.

Post evaluation answers seemed to have a greater focus around the “partner” themselves with more people asking “How well do you know them?” and “How old are they?” “Do you have consent?”

Question 9: How likely is it you would go for an STI test after having unprotected sex?

	Pre Evaluation	Post Evaluation
Very Likely	29% (n=5)	23% (n=3)
Likely	35% (n=6)	54% (n=7)
Unlikely	23% (n=4)	0% (n=0)
Very Unlikely	12% (n=2)	23% (n=3)

These results indicate that there has been an increase in the likelihood that participants would have an STI test after having unprotected sex. The number of people that said it was “Likely” increased by 19% and the number of people that answered either “Unlikely” or “Very Unlikely” decreased by 11%.

Summary of results: Questionnaires

The results from the questionnaires identified a number of positive benefits relating to participating in the Sharing Stories program.

Confidence discussing STIs with friends

Participants gained confidence in discussing STIs with their friends, since participating in the program. Although confidence levels increased, the pre evaluation showed that over half of participants reported feeling ‘Very Confident’ or ‘Confident’ indicating that participants were already comfortable talking to their friends about sexual health before participating in the drama workshops. It is a topic that adolescents are much more likely to discuss with their peers, rather than family members or health professionals.

Confidence discussing STIs with family

The number of participants who reported feeling confident talking to family members about STIs showed only a slight increase. The results from this question are a representation of strong cultural and religious beliefs that prevent open discussions about sexual health within a family environment. Participants seem to have maintained respect for the conservative beliefs of their culture, and therefore it was unlikely that confidence levels would substantially rise over just 12 weeks, when strong cultural and religious values have been embedded into their upbringing.

Knowledge of STI testing outlets

The range of STI testing outlets that participants listed in the post evaluation was much more diverse than those listed in the pre evaluation. The increase in the number of people who listed FPWA indicated that the discussion during the drama workshops around STI testing, and the role of FPWA as an organisation influenced participants ability to retain accurate sexual health knowledge. A medical centre/doctor’s surgery was listed as the most commonly mentioned STI testing outlet in both the pre and post evaluation. This finding suggests that there is still room for increasing

participants' knowledge of STI testing locations, other than a medical centre. It is important that participants know where to access youth friendly, confidential services both for themselves and for referral. This information could be incorporated into future drama workshops.

Attitudes and beliefs in relation to buying/carrying condoms

Positive attitudes and beliefs around purchasing condoms were conveyed by participants in the post evaluation. This finding demonstrated that participants were less likely to express judgement or stigmatise someone for buying condoms. It also indicated that they were more likely to feel comfortable buying condoms themselves. The decrease in the number of people who answered 'unsure' to this question showed that the young people were more confident articulating an answer based on their own beliefs.

The post evaluation discovered that participants reported feeling much more comfortable carrying condoms. The consistent discussion around promoting condom use when engaging in sexual behaviours, and the use of condom demonstrations and condoms as props throughout the drama workshops have contributed to normalising the idea of carrying condoms. This experience had a positive impact on the attitudes and beliefs of the participants in relation to buying or carrying condoms.

Providing advice to a friend

In terms of providing advice to a friend who is planning to have sex, participants' answers remained fairly consistent over the pre and post evaluation. Post evaluation responses however, did seem to have a greater focus on the "partner" with people asking questions such as "How well do you know them?" and "How old are they?" This is a direct influence of the drama activities undertaken in some of the drama groups, whereby consent, and the legal age for engaging in sex was a common topic of discussion.

7.2.2 Sexual health scenarios

Eighteen people participated in the pre evaluation scenarios, and 15 people participated in the post evaluation. The lower number of participants in the post evaluation is a result of a few participants dropping out over the course of the project.

Following the completion of the pre and post scenarios, all participants' responses were compared. Each scenario was analysed individually. It was evident throughout observing the data collection process that many participants became more comfortable and more confident responding to the scenario. Overall, the comparison of the pre and post scenarios indicated that the Sharing Stories project is successful in improving participants' sexual health knowledge, confidence, and peer advice and referral skills.

Using drama activities as an innovative data collection method ensured that the evaluation remained consistent with the program content and kept participants engaged in the workshop. It also ensured that the data collected was a true representation of the program itself, and not a result of external influences. The key findings from each scenario comparison and a discussion of the results have been outlined below.

Scenario 1: Friend 1 had sex without a condom the night before, and discusses this with friend 2.

Statements made by participants	Percentage of participants making statement Pre Scenario	Percentage of participants making statement Post Scenario
<i>Condoms protect against STIs</i>	16%	37%
<i>You might be pregnant</i>	25%	50%
<i>You could have caught a disease</i>	12%	62%
<i>You could have contracted Chlamydia</i>	38%	63%
<i>You need to get an STI test soon</i>	6%	25%
<i>You could get AIDS</i>	12%	0%
Participants who mentioned 2 or more STIs	38%	63%

Additional post-scenario statements*

- **Participants showing concern for their friend**
 - *I am worried about you*
 - *You should have come to me first*
 - *You are putting yourself in danger*
- **Participants asking about the background and sexual health of the partner**
 - *How long have you known him?*
 - *He could be spreading STI's around*
 - *Has he had an STI check-up?*
- **Statements around condom use**
 - *Condoms protect against pregnancy*
 - *You can get condoms from the pharmacy*
 - *You can get condoms for free from youth centres*
 - *Next time you should use a condom*
- **Additional places of referral**
 - *The Hospital*
 - *A councillor*
 - *Hepatitis WA*

* Additional post scenario statements are new answers participants provided in the post scenarios that were not discussed in the pre scenarios. They have been allocated into themes, as seen above,

Summary of results: Scenario 1

The increase in the number of participants, who told their friend that they could have caught a disease, indicates a higher awareness around the fact that STIs could be transmitted through having unprotected sex. There was also an increase in the number of participants who accurately mentioned two or more STIs to their friend. This finding shows that participants were more knowledgeable and confident discussing STIs, and more aware of the different types of STIs that exist. One of the youth drama groups was working on a theatre piece that covered the topic of STIs, specifically Chlamydia. This initiated discussion on other types of STIs, which seems to have been transferred into the post evaluation results.

The increase in the number of people who mentioned that their friend could be pregnant demonstrated that participants were more aware that unprotected sex could result in unplanned pregnancy. One of the youth drama groups was working on developing a film that focused on unplanned pregnancy. Discussing unplanned pregnancy during the workshops has influenced the answers provided by the participants in the post scenario.

The decrease in the number of people who told their friend that they could have AIDS, demonstrated that participants had a better understanding of the differences between HIV and AIDS. It also showed that participants understood that you cannot contract AIDS from unprotected sex. Knowledge on this topic showed a higher level of thinking among participants.

The additional information asked about the background of the person their friend had slept with showed that, in order to give accurate advice and referral, it was important to understand the background of the person. It also showed that participants understood that, in a situation like this, the other person may need referral and assistance as well, in case they have an STI. The additional information provided in the post scenarios around condom use, indicated that participants had a broader understanding and increased familiarity discussing condom use with their peers.

Although three additional places were mentioned in the post scenarios, participants did not recognise the following places of referral that were mentioned in the pre scenarios: 1) Sexual Assault Resource Centre (SARC), 2) Quarry Health, and 3) Child and Adolescent health service. This may have been a result of suggesting more alternative places.

Scenario 2: Friend 1 finds condoms in friend 2's bag. Friend 2 explains why they have them.

Statement made by participants	Percentage of participants making statement Pre Scenario	Percentage of participants making statement Post Scenario
<i>Condoms protect against STIs</i>	62%	100%
<i>Condoms protect against Chlamydia</i>	25%	57%
<i>Condoms protect against Gonorrhoea</i>	25%	43%
Participants who mentioned two or more STIs	37%	57%

Additional post-scenario statements**■ Participants justification for carrying condoms**

- *You need them just in case*
- *Something might happen – you might sleep with someone*
- *Prevention is better than a cure*

■ Statements discussing Chlamydia

- *Chlamydia doesn't always show symptoms*
- *Chlamydia causes infertility*
- *You can't become infertile because your parents want grandchildren*

■ Carrying condoms to give them to others

- *You can give them to other people as well*
- *You can give them to your boyfriend*
- *You can give them to your friends at parties*
- *You should carry them to protect others as well*

Summary of results: Scenario 2

The increase in the percentage of people who said “condoms protect against STIs” demonstrated that participants had a higher level of knowledge and understanding on the protective benefits of using condoms. It is important to note that this seemed to have been one of the key messages that participants absorbed from the program, as every participant who participated in this scenario, mentioned that condoms protect against STIs. This is an important and beneficial message for young people to understand.

Additional information on the negative health effects of Chlamydia indicated that participants increased their knowledge on STIs. One of the drama groups was developing a theatre piece that focused on a young character that contracted Chlamydia. This influence is likely to have resulted in the additional statements provided in the post evaluation. Cultural factors around this topic were also shown, in terms of young people telling their friends “Chlamydia causes infertility” which in many cultures would cause tension within a family. The child-bearing abilities of young women are

often very important, and parents will look forward to their children having babies so that they can become grandparents. The use of these cultural values for sex education is a positive technique in supporting other young CaLD people to use condoms when having sex.

The additional information participants provided around carrying condoms to give to other people, demonstrated that young people were more willing to carry condoms to not only protect themselves, but to protect their friends and peers as well. It showed that they have gained skills in supporting their friends, as well as caring about the health and safety of their peers.

Scenario 3: Friend 1 is 17 and is a virgin. They are planning to have sex soon. They tell this to friend 2.

Statement made by participant	Percentage of participants making statement Pre Scenario	Percentage of participants making statement Post Scenario
<i>Make sure you use a condom</i>	73%	90%
<i>Are you being pressured?</i>	9%	30%
<i>Have you discussed this with your partner?</i>	9%	30%

Additional post-scenario statements

▪ **Condom use**

- *Take a condom with you in case he forgets one*
- *You should still use a condom, even on your first time*
- *I'll come with you to get condoms*
- *Let me show you how to use a condom*

▪ **Pregnancy**

- *Your mum would kill you if you got pregnant*
- *The withdrawal method does not always work*

▪ **Participants asking about background of partner**

- *Have they had an STI check?*
- *He can go to the doctor for a check-up*
- *He can go to FPWA*
- *You can't trust boys sometimes*

▪ **STI information (there was no mention of STIs in the pre scenarios)**

- *You could get HIV*
- *You could get Chlamydia*
- *Chlamydia causes infertility*
- *Your mum won't be able to have grandchildren*
- *You could get Syphilis*
- *You could get Gonorrhoea*

- | |
|--|
| <ul style="list-style-type: none"> ▪ Advice and support <ul style="list-style-type: none"> - <i>Sex might not be what you expected</i> - <i>It might hurt when you have sex because you are a virgin</i> - <i>Sex for the first time can be a very emotional thing</i> - <i>What does being ready mean to you?</i> - <i>Are you both consenting to this?</i> - <i>Just remember that sex can change relationships</i> |
| <ul style="list-style-type: none"> ▪ Advising their friend not to have sex <ul style="list-style-type: none"> - <i>Wait until your 18</i> - <i>It's not a good idea</i> - <i>You would feel guilty if you did it</i> - <i>You should finish school and get a job first</i> |

Summary of results: Scenario 3

The additional information provided around condom use, demonstrated that participants were more willing and comfortable discussing condoms with their friends and that they had a broader understanding behind their purpose. Participants considered condoms to be an important element of discussion in this scenario, which was demonstrated by the 90% participants who told their friend to use a condom in the post evaluation.

The fact that participants made comments and asked questions on the background information of their friends' partner indicated improved skills in providing advice. Participants asked the right questions in order to investigate the situation and ensure that their friend will remain safe and healthy.

Advice, support and guidance provided to the friend before they decided to have sex or not, demonstrated improved knowledge and skills in the ability to provide advice to their friends. Participants were able to provide advice and support to their friends in a positive and caring way. This was not demonstrated as strongly during the pre scenarios.

The risk of contracting an STI when having sex for the first time was not a topic discussed in the pre scenarios. The fact that participants talked about this risk in the post scenarios demonstrated an increase in STI knowledge, improved confidence in discussing STIs, as well as understanding when it is appropriate and necessary to talk about it. Participants understood that STIs are something that should be discussed with friends, even if they are planning to have sex for the first time. This is a demonstration of positive peer education skills.

The additional information participants provided around advising their friend not to have sex is a demonstration of strong cultural and religious values. These values and beliefs were not seen in the pre scenarios. Participants were comfortable expressing these views, without feeling judged. Although Sharing Stories does not use an abstinence only sexual health education approach, it is important for the program to acknowledge and respect the traditional conservative views that many participants' cultures adopt. In some cases, this may be the right advice for various CaLD young people to receive when thinking about having sex for the first time.

Scenario 4: Friend 1 went to a party the night before. They were drinking, and then they blacked out. They woke up in a bedroom half naked and do not remember what happened. They go to friend 2.

Statement made by participants	Percentage of participants making statement Pre Scenario	Percentage of participants making statement Post Scenario
<i>Referral to SARC</i>	20%	43%
<i>Referral to FPWA</i>	20%	30%
<i>This is considered rape</i>	40%	85%

Additional post-scenario statements

- **Health effects of STIs**
 - *Your mum wants to be a grandma. You should get checked*
- **Advice on what to do at parties in the future**
 - *The next party you go to you should go with a friend*
 - *Next time you're at a party, don't drink so much*

Summary of results: Scenario 4

The increase in the number of people who referred their friend to SARC and FPWA indicates that participants were more knowledgeable about sexual health services and referral outlets. This is an example of peer support.

The increase in the percentage of people who told their friend that this situation was rape, demonstrated that participants were more competent in recognising a situation that is classed as rape. Having this knowledge is important when providing accurate advice and reassurance to friends.

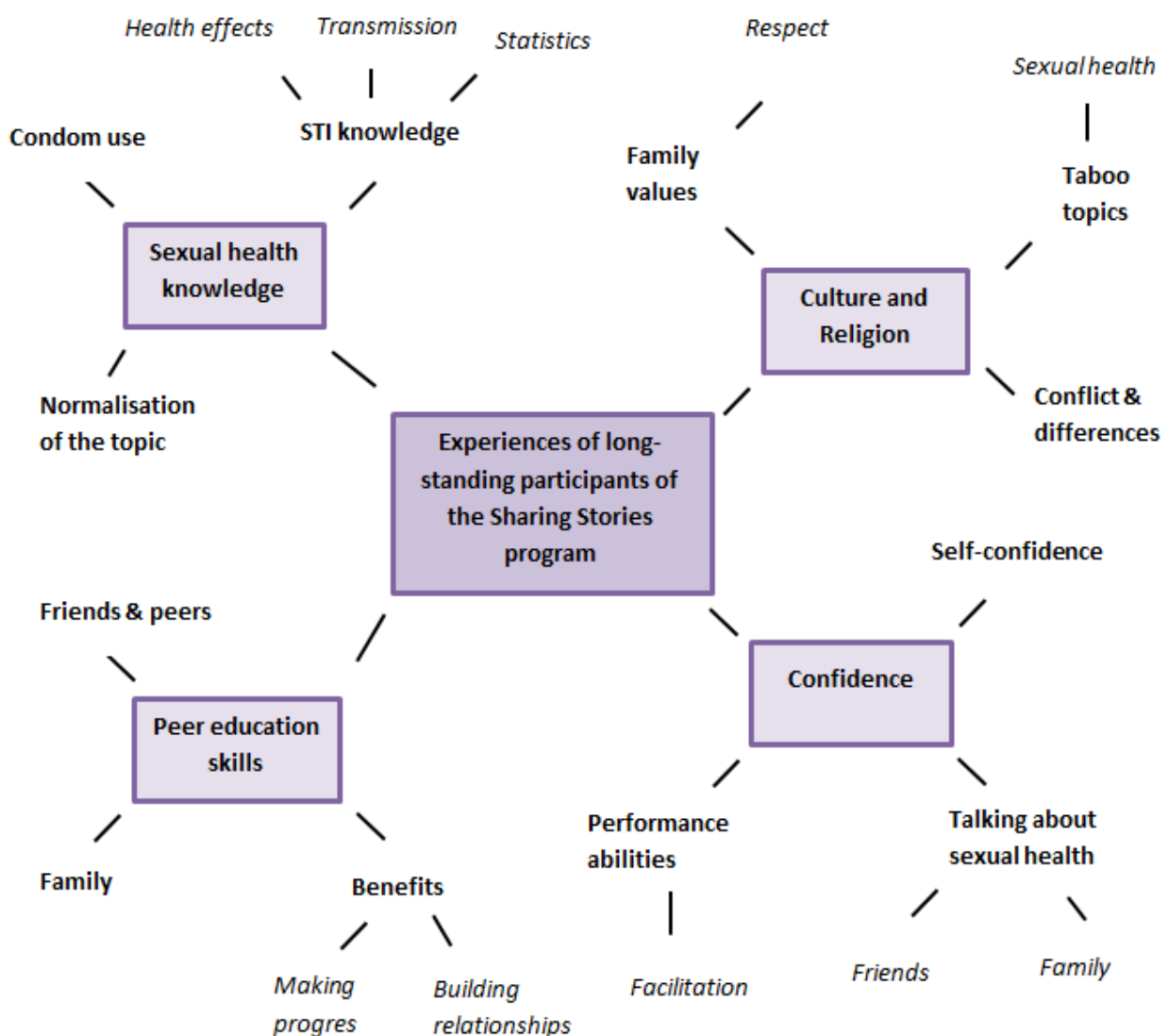
The additional advice and recommendations on what to do at parties in the future demonstrate strong peer education skills. Participants are not only concerned about resolving the problem at hand, but are also advising on safe, harm minimisation behaviours that may prevent the situation from occurring again. This future advice was not seen in the pre scenarios, indicating a higher level of thinking, post evaluation.

7.3 Outcome Evaluation Results

7.3.1 Retrospective Interviews

There were four key themes that arose from the qualitative data obtained from six retrospective interviews. These were: sexual health knowledge, culture and religion, peer education skills, and confidence.

Figure 2: Themes identified by the outcome evaluation



Results

Sexual health knowledge

Increase in sexual health knowledge was a theme identified in every participant's experience of Sharing Stories. This knowledge covers a wide range of topics including condom use, STI knowledge, understanding preventative behaviours, STI statistics and awareness of general relationship and sexual health issues that affect young people. Participants were competent in recognising that this increase in knowledge was as a result of taking part in the program.

"And that's what I've learnt actually. About sexual health."

Knowledge on STI causes, transmission, symptoms, treatments, and statistics was frequently demonstrated throughout the interviews. This seemed to be a familiar topic of discussion at the drama workshops.

"You could have chlamydia and not even know so you would have to get tested. I also said you just need 2 tablets to cure it"

There was a strong desire by four of the participants to make frequent attempts at normalising sexual health topics among their family, friends and peers. Sexual health and relationships is often not talked about within the cultural context of participants social and family circles. Regular discussion of these topics at Sharing Stories has provided participants with the desire to normalise the subject for others.

We were at the shops and they were laughing at the naked male mannequins and I said "what's funny? It's just meant to be a penis". They laughed at me for saying penis. I was trying to normalise it for them"

Culture and religion

Culture and religion was a common theme that appeared strongly throughout the evaluation, and was discussed in detail by many participants. Traditional family values and beliefs play an important role during childhood and adolescence; however facing conflict between one's own cultures in comparison to society's western culture was commonly represented. Despite the positive experiences of program, one participant felt that others viewed her culture as negative and oppressive. This was articulated by her as:

"Sometimes I feel like I'm making my culture seem like it's a bad thing. I feel like sometimes the things I say make people be like "Oh well it sucks to be you being a part of that". I didn't like that. I didn't like being confronted and being told "that's no good" and "that's making you oppressed".

Linked to this was the acknowledgement and acceptance of cultural differences, in a social, environmental, psychological and religious context, which was mentioned by three participants.

"As Africans we are very different to society that we live in now. We're not the same because our parents think very differently to the way Australian parents think"

Although facing cultural conflict and differences was a common theme, three participants talked about maintaining respect for their cultural values and beliefs, despite external influence from society.

"I still have that respect that has been inside of me because of the environment that I live in"

Respect for ones parents and older family members were important components of upholding traditional cultural values. Participants respect that sexual health is rarely discussed by their culture, and therefore ensured that they did not disrespect or offend their family by bringing up the subject.

"It comes to that time when you can't talk about it – you know like in front of your parents. I'm African mate, they're really strict. It's called respect"

Recognising that sexual health is rarely discussed within the home environment was discussed by four participants. Although the topic is freely talked about within Sharing Stories, and often among friendship groups, it should be recognised that it is often considered an "off-limits" topic with family members.

"My family don't really talk about it. There never was that culture at home where you can talk about sexual health".

Peer education skills

The development of peer education skills was common among long-standing participants of the program. The ability and confidence in providing advice on sexual health and relationships to friends and peers was explained by four participants. It was a common and comfortable experience for participants to provide advice and education to friends.

"If they say that they want to engage in sexual activity I know how to talk to them about protecting themselves"

Five participants mentioned that they had provided peer education to other young people within their community. The experiences occurred in a range of different settings such as schools, universities and youth events.

"I even went to some of the local schools like Ballajura Community College. We went there and taught kids how to protect themselves"

Four participants said that they had provided peer education to their family members. This included younger family members such as siblings, cousins, and nephews, rather than parents or uncles and aunts. One participant's account of this was:

"Actually I told the younger generation, my nephews mainly. I said "Mate you do not want to get yourself into a twisted situation – and I don't want to visit you in a hospital bed"

Gaining peer education skills as a result of participating in the program proved to be a valuable and enjoyable aspect. One of the personal benefits of being identified as a peer educator included being able to see progress and improvements in the knowledge, skills and attitudes of the people receiving the peer education. It was a positive feeling that many participants identified with.

“So we discussed using condoms. After that conversation I felt like they walked away with something. It was good”.

Another aspect that participants enjoyed about being a peer educator was the ability to build positive relationships with people. This was often achieved over a period of time; however the relationship between the mentor and the mentee was beneficial to both parties. One participant explains this:

“It was good because I have a good relationship with the girls so they can come up to me and talk to me”.

Confidence

Involvement in the Sharing Stories program resulted in an increase in self- confidence among all participants interviewed. Talking about sexual health was often difficult for these young people, however, an increase in confidence when talking to friends about sexual health was demonstrated among all participants.

“I feel as if it should be a normal everyday discussion I talk about it all the time with friends! I feel more confident and comfortable.”

It was identified that talking about sexual health to family members is often very difficult for young people, however three participants said that their confidence in discussing it within the home environment had increased.

“I do feel more confident when the conversation pops up at home”

Participants also gained a lot of self-confidence from participating in the program. This included improvements in self-esteem, self-assurance, communication and interpersonal skills.

“The biggest change is just being so confident. Now I am so confident. I have more confidence in everything. Now I can say anything I want, any time I want.”

In addition to gaining self-confidence, the program has also improved participants theatre and drama skills as well as enhancing their confidence and ability to perform in front of others. The performance pieces of Sharing Stories are often representations and examples of the participants' personal stories and struggles. Participants identified this confidence boost as a significant personal improvement.

“I even have been able to perform in front of heaps of people and it just feels like I’m able to do it all by myself”

Summary of results: Retrospective Interviews

This outcome evaluation identified four key themes; sexual health knowledge, culture and religion, peer education skills and confidence.

All of the long-standing participants of the Sharing Stories program who took part in the interviews demonstrated a clear increase in sexual health knowledge. This consisted of an understanding of condom use, STI transmission and prevention, unplanned pregnancy and other sexual health and relationship issues. This finding was similar to previous studies which identified an increase in sexual health knowledge as an outcome of interactive sexual health programs (Kafewo 2008; Afsar and Gill 2004; Gilliam et al., 2012). Participants were competent in recognising that this increase in knowledge is primarily a result of taking part in the program, and not due to external factors. Half of the participants said that they received limited, if any sexual health education when at school. This would have impacted the baseline knowledge of participants when they started attending Sharing Stories. It reinforces that the increase in knowledge is not as a result of consistent and accurate sexual health education at school.

Participants discussed times when they have attempted to normalise sexual health topics with friends, family and peers. This demonstrated that participants are willing to take the initiative to reduce the shame and stigma surrounding sexual health topics. It also demonstrated that participants were confident in their ability to accurately discuss the topics with others.

Culture and religion were identified as playing a key role in participants' sexual health education experience. Participants' demonstrated the ability to acknowledge and accept their cultural and religious differences which can often cause conflict. Although some of the young people struggle with these dissimilarities, it is encouraging noting that they maintain the preservation and respect for their cultural values and beliefs. Understanding these struggles faced by young people can assist in developing resources and programs specific to the needs of CaLD young people.

Peer education skills were demonstrated among all six of the long-standing participants. The development of peer education skills has proved to be extremely beneficial for educating other young people on sexual health issues. This is supported by previous studies which promote the positive use of peer education (Merakou and Kourea-Kremastinou, 2006; Özcebe et al., 2004; Visser 2007).

Some of the peers and friends of the participants could be considered at-risk experiencing sexual health and relationship issues due to their age, cultural background and upbringing. It is important that the Sharing Stories participants feel confident in educating their friends on what they learn in the program. Taking on this initiative to educate others exhibits strong leadership skills. It also demonstrates that participants feel confident in educating young people in the community that they may not have an existing relationship with. The results of this evaluation have shown that it is often very difficult to discuss sexual health topics with family due to traditional and cultural values that prevent open conversations. It is promising to hear of encounters where participants have challenged their personal and cultural values to provide peer education to their family. This is a significant achievement of the program.

Participants also reported feeling more self-confident as a result of participating in the program. Gaining confidence is a common outcome of programs that use interactive and engaging strategies for educating young people. This is consistent with similar previous studies (Kafewo 2008; Afsar and Gill 2004; Low 2010). Many of the young people said that they were quiet and shy before they began to come to Sharing Stories. After taking part in the program, they gained self-esteem and self-confidence, which has been transferred into both their performance abilities and their high capability to provide peer education and sexual health information to others. The confidence gained from participating in the program has impacted the participants on a personal, social and environmental level.

8. Overall Summary

For many culturally and linguistically diverse youth, talking about sexual health is considered shameful and taboo. Health professionals are however, increasingly recognising that using interactive and creative strategies for sexual health promotion is a culturally appropriate education method. Sharing Stories uses creative engagement strategies such as theatre, filmmaking and art to empower members of CaLD communities to discuss sensitive topics such as sexual health.

The Sharing Stories evaluation included a combination of process, impact and outcome evaluation strategies. Process evaluation included recording attendance rates and collecting observational data at the drama workshops each week. Impact evaluation included distributing pre/post questionnaires to participants, and having participants undertake pre/post sexual health scenarios, both of which were carried out before and after a 12 week period. Outcome evaluation involved conducting six semi-structured, retrospective interviews with long-standing program participants.

The findings of this evaluation confirm that regular participation in the Sharing Stories youth drama groups improves sexual health knowledge, increases confidence levels, up skills participants with peer educator abilities and creates positive attitudes towards sexual health. The retrospective interviews provided an insight into the long-term benefits of participating in the program, such as the development of strong peer educator skills and the acknowledgement of cultural difference and influences on their learning process. Consistent observation and field notes revealed regular progress and growth among participants.

Gaining accurate sexual health knowledge is important for reducing unsafe sexual behaviours, improving awareness of disease and gaining the ability to form safe and respectful relationships with others. This will essentially, contribute to lower STI and BBV transmission rates, and reduced rates of unplanned pregnancy. Improving sexual health knowledge enables participants to make informed decisions around their sexual behaviours (Kafewo 2008; Afsar and Gill 2004; Gilliam et al., 2012).

Confidence in discussing sexual health is important for ensuring that participants correctly understand sexual health information, and are able to disseminate their knowledge to others. Peer educator abilities would not exist among participants if they lacked confidence, therefore this finding supports the ability of participants to confidently provide accurate peer education to their friends, family and peers. Participating in the Sharing Stories youth drama program not only provides participants with knowledge and skills, but is able to distribute education to the wider community,

via peer educators who are innovative thinkers, and are culturally competent in understanding and communicating positive sexual health messages.

Participants have demonstrated the ability to overcome cultural barriers and create positive attitudes towards sexual health discussion. However, participants still remain respectful to their culture and family values. The findings of this evaluation suggest that sexual health education has been transferable into the home environment, and many of the participants' family members are becoming more familiar with the normalisation of sexual health topics. This shift in attitudes is a substantial achievement of the Sharing Stories program.

8.1 Evaluation Challenges and Limitations

Using interactive and creative evaluation techniques proved to have some challenges in terms of collecting accurate and reliable data.

- The nature of the Sharing Stories program is very fluid. Each workshop will focus on topics that arise on the day, rather than set lesson plans. This can be challenging in collecting field notes that document participants' growth on specific topics if the topic is not discussed over continuous weeks.
- Attrition rates were likely to vary each week which caused some challenges with the process and impact evaluation. The number of participants who took part in the pre and post evaluation differed slightly, which may have affected the results.
- Working with a program that involves people under the age of 18 can be challenging in terms of ensuring that all ethics procedures and standards are adhered to. Gaining ethics clearance can be a time-consuming process due to the young age of participants and the discussion of sensitive topics.
- Gaining parental consent to conduct the study proved to be slightly challenging, as many of the participants' parents are not capable of reading or understanding English. Due to the conservative cultural beliefs of some of the participants' families, they may not want their child taking part in a sexual health program. This could end up being more detrimental to the education and learning experience of the participants.
- There is little evidence within an Australian context which acknowledges and supports the use and development of creative and arts-based evaluation strategies. When designing the scenarios as a data collection method, there were no previous studies on which to base measurements of knowledge and skill on.
- A limitation of this study was not analysing each retrospective interview after it was conducted. This should have been undertaken to discover key themes to assist in probing the following interviews. This may have provided more in-depth data.

Overall this evaluation confirmed that the use of interactive theatre and drama based strategies for sexual health promotion among CaLD youth is effective.

9. Recommendations

The findings of this study have implications for practice in relation to the education of CaLD young people on sensitive topics such as sexual health.

- Peer referral is a highly effective method of attracting young people to the program. This technique should be encouraged as best practice in promoting youth sexual health programs.
- Drama and theatre is a culturally appropriate method of engagement for young people from a range of CaLD backgrounds and should be used more often for opening up dialogue on sensitive topics such as sexual health, mental health, suicide prevention, drug use and sexuality.
- Culture plays an important role in the prevention of STIs and BBVs and should be considered in CaLD adolescent sexual health education.
- Pathways should be created for participants in programs to become peer mentors to improve program sustainability and increase knowledge and skills transference to younger and newer participants.
- Incorporating cultural values around childbearing and family expectations should be incorporated into sexual health education for CaLD young people.
- Drama based research and evaluation methodologies engage young people in innovative ways that produce rich research findings, especially in regards to sexual health education.

10. References

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