Evaluation of Community Change through Family Planning Programs

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Project team

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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<td>FAST</td>
<td>Families and Schools Together</td>
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<td>FPT</td>
<td>Family Planning Tasmania</td>
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<td>LAG</td>
<td>Local Action Group</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NW</td>
<td>North West</td>
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<tr>
<td>RCT</td>
<td>Randomised Controlled Trial</td>
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<td>TCF</td>
<td>Tasmania Community Fund</td>
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<td>STI</td>
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Executive Summary

In December 2011 the Tasmanian Community Fund (TCF) provided funding support to Family Planning Tasmania (FPT) to develop and run two community focused programs aimed at reducing unplanned teenage pregnancy. The two programs, one based in the Derwent Valley and the other in the North West region, centred around the city of Burnie and aimed to provide support services to teenagers, general practitioners and youth/health workers by way of sexual health education, training and clinical services.

The funding was provided in response to the comparatively higher rates of births amongst teenagers aged 15-19 in Tasmania. Whilst the teenage rates of pregnancy are falling in Tasmania, in 2000 the rate of births to teenagers 15-19 was 25.7 per 1000 women; this rate had fallen to 21.5 per 1000 women in 2010. Despite this decrease, the rate is well above the national teenage fertility rate of 15.5 births per 1,000 teenagers aged 15-19 (Australian Bureau of Statistics, 2010). Importantly, statistics on teenage birth rates show a variance in rates according to location and socio-economic disadvantage. The statistics show a clear gradation from urban areas, particularly affluent urban areas, to remote and regional areas, with the highest teenage birth rates, particularly in areas of high socio-economic disadvantage. The Derwent Valley region and North West coast are known to have some of the highest rates of teenage pregnancy within Tasmania.

The issue of teenage pregnancy has been of considerable significance nationally and internationally because young maternal age is associated with adverse social, economic and health outcomes for both mothers and children (Swann, Bowe, McCormick, & Kosmin, 2003). According to Bishop (2006), teenage mothers can be more prone to a multitude of issues including negative public attitudes, social isolation, poverty and prolonged welfare dependency, decreased marital opportunities and greater exposure to physical abuse.

The University Department of Rural Health (UDRH) at the University of Tasmania received funding through the Tasmanian Community Fund to undertake an evaluation of the two community focused programs. In particular, the evaluation was aimed at measuring the effectiveness of the funding in assisting the programs to effect change in the community
towards a reduction in the incidence of unplanned teenage pregnancy in the short, medium and long term.

The evaluation methodology was framed around best practice approaches for measuring the effectiveness of health-related intervention/educational programs. In particular, the methodology was based on process and outcome assessments. The evaluation considered; firstly, the management and delivery of the programs, and secondly, the programs’ impact on awareness and attitudinal and behavioural changes among the target population. These were considered the major indicators of the programs’ effectiveness.

Data from a number of different information sources was collected, including both primary (interviews, and focus group discussions/forums) and secondary sources (policy and program documents, reports, discussion papers, and relevant statistics available through aggregate databases).

Overall findings from the assessments of program design, management, and delivery, as well as changes in awareness, attitudes and behaviours within the target community, suggested that the two programs were relatively well coordinated and, despite the relatively short delivery timeframe, had a positive impact on awareness, attitudes and behaviours within the target communities.

Whilst there were differences in the strengths and weaknesses of the program between the two program sites which, in some cases, reflected the different socio and cultural environments, there were some positive attributes common to both sites. These included:

- Flexibility in terms of program governance which facilitated input by local stakeholders in the shaping and refining of the programs;
- The programs were well accepted and supported within both host communities;
- The accessibility and adaptability of the programs to suit the needs of the local target population and community;
- Adoption of a multi-dimensional approach to sexuality and sexuality education.
• The application of models of training that focus on strategies that are inclusive and contribute to the sustainability of program objectives such as the Families and Schools Together (FAST) model; and

• The use of peer educators or role models in the delivery of educational activities.

The programs experienced a number of challenges that tended to be site specific. These challenges were related to the establishment of appropriate local governance support structures which were in part hindered through staff changes at the earlier stages of the program initiative. There was also a general perception amongst some stakeholders that the program timelines were too short to affect any significant behavioural or attitudinal change within the two communities. There was also a sense that programs could have benefited from improved promotion of activities particularly to young males. The statistics relating to the participation of young females to males in program activities supported this notion.

Key recommendations from the evaluation include:

• A stronger emphasis on building sustainability into the program design on the basis of community involvement, community empowerment, community capacity building and the development of interpersonal and communication skills;

• Greater involvement of young people in all phases of program planning and evaluation;

• Application of models of promotion and delivery which equally target both young women and young men;

• More direct engagement with local schools with a view to exploring ways in which programs may complement existing school sexual health programs

• The adoption of more accurate and reliable measurements of community change and the instigation of repeated outcome evaluation studies, which should be carried out over a period after the programs closure; and

• Further funding support for sexual health programs which are multi-dimensional, focusing on education, attitudes and behaviour.
1. Introduction

1.1 Background

Tasmania has the third highest rate of teenage pregnancy of all states and territories in Australia, with over 21.5 births per 1000 teenagers, 15-19 years in 2010 (Australian Bureau of Statistics, 2010), following the Northern Territory and Queensland. This rate is well above the national teenage fertility rate of 15.5 births per 1,000 teenagers aged 15-19 (Australian Bureau of Statistics, 2010). Especially, the rates of teenage pregnancy in the Derwent Valley, George Town, Brighton, Burnie and Glenorchy, are the equivalent of developing countries such as Zimbabwe, Ghana, Puerto Rico and Haiti. For this reason, along with other efforts at all levels, the Tasmanian Community Fund (TCF) provided funding support to Family Planning Tasmania (FPT) in December 2011 to develop and run two community focused programs aimed at reducing teenage pregnancy. The two programs, one based in the Derwent Valley and the other in the North West region, aimed to provide support services to teenagers, general practitioners and youth/health workers by way of sexual health education, training and clinical services.

Family Planning Tasmania Inc. is a key provider of specialist sexual health education and clinical support services to young people across Tasmania. FPT has a strong health promotion and community development focus in the delivery of its programs and services. These services include the provision of clinic based services at three sites in Tasmania as well as clinical outreach services that help young people deal with a range of sexual health issues including sexual transmitted infections (STIs), contraception and teen pregnancy (Combes & Hinton, 2005).

Rates of Chlamydia infection in Tasmania are relatively higher than in most other states and notifications amongst 15-24 year olds are well above the national average (DoHA, 2011). If left untreated in women, Chlamydia can lead to pelvic inflammatory disease causing chronic pelvic pain and infertility. In men it can lead to longer term infection of the testes and, in some men, can also cause infertility.

The issue of teenage pregnancy has been of considerable significance nationally and internationally because young maternal age is associated with adverse social, economic
and health outcomes for both mothers and children (Swann, et al., 2003). According to Bishop (2006), teenage mothers can be more prone to a multitude of issues including negative public attitudes, social isolation, poverty and prolonged welfare dependency, decreased marital opportunities and greater exposure to physical abuse. Younger mothers are believed to be three times more likely to suffer postnatal depression than their older counterparts. Pregnant and parenting teens frequently do not complete their education which adds to the likelihood of long term unemployment and poverty (Scholl, 2007). In addition, children of young parents are also predisposed to a range of adverse outcomes regarding health (increased risk of sudden infant syndrome, prematurity, hospitalisation due to accidental injuries, increased risk of experiencing abuse and teenage pregnancy); education (developmental delays in the pre-school years); and social economic issues (increased risk of living in poverty; poor housing and nutrition) (Fullerton, 2004).

Pregnant and parenting teens who do not have sound support networks are also at risk of homelessness, prostitution, drug and alcohol abuse, and sexual and social violence (Dyson & Mitchell, 2005). Arguably, preventing teenage pregnancies means more than just securing a better life for a single teenager or family. It has a positive influence on, not only the socioeconomic status of the individual, but also their family and the community in which they live. As a result, it is very important to ensure that preventative measures are effective, as they can lead to visible changes in awareness, attitudes and behaviours in the target communities.

1.2 Models of teenage pregnancy programs

As teen pregnancies have become an issue, carrying “weight in political and social agendas” (Northern Early Year Group & UnitingCare Tasmania, 2013, p. 20), researchers and governments nationally and internationally have put great efforts into developing and implementing appropriate programs to reduce the rates of unplanned pregnancy among teenagers. In order to achieve this goal, they have tried to increase understanding of the social lives, contexts, needs, and behaviours of teenagers. At the same time, they have prioritised prevention or intervention programs to minimise the risk factors that increase the likelihood of teenagers becoming pregnant and to maximise the protective
factors that decrease this likelihood (Brindis, Sattley, & Mamo, 2005). The identified factors, which are frequently associated with teenage pregnancy or other related sexual health issues such as initiation of sexual intercourse and use of contraception, include teenagers’ knowledge, attitudes, and beliefs about sex and other social-economic factors such as levels of poverty, academic success or failure, and parents’ education. According to Cheesbrough, Ingham, and Massey (2002), “the family and neighbourhood can have a strong effect on a teenager’s chances of becoming pregnant – through educational support, communication about sex and its media images, and transmission of attitudes towards gender equality” (p.6). In their systematic review of the research evidence relating to teenage pregnancy, parenting and social exclusion, Harden and his colleagues (2006, p. 4) categorised the factors related to teenage pregnancy into the following five groups:

- Individual (e.g., knowledge, self-esteem, age at first intercourse);
- Family (e.g., parent/child communication, family structure, history of mother or sister being pregnant as a teenager, children in care);
- Education (e.g., provision of sex education, truancy, lack of qualifications);
- Community (e.g., social norms related to sexual activity, peer and media influences); and
- Social (e.g., experience of childhood poverty, employment prospects and housing and social conditions).

In their research report in 2005, Brindis and his colleagues (2005) offered an overview of community-wide teenage pregnancy strategies and programs that have been employed for the past five decades. They identified three fundamental themes or pillars for prevention/intervention programs on teenage pregnancy, namely (1) family life education, (2) contraceptive services, and (3) youth development and life options. Within each theme, a number of influencing factors or strategies were identified as key considerations when addressing them. These themes and their corresponding strategies are summarised below (Figure 1).
Figure 1: Teenage pregnancy prevention/intervention approaches and strategies, adapted from Brindis, et al., (2005)

The three themes as presented by Brindis and his colleagues, resonates with similar themes as identified by Fullerton (2004) in his comprehensive review on teenage pregnancy effectiveness research. The latter outlined the goals of each approach in promoting positive sexual health and preventing pregnancy and STIs (Figure 2). Both models take a holistic approach in identifying critical predictors of successful community based prevention/intervention sexual health programs. Interestingly, a number of the identified themes and strategies from both models can be seen as underpinning the design and delivery of the Community Change Family Planning Programs.
Each of the above-mentioned approaches has its own strengths and weaknesses in terms of effectiveness and impact on the young people in any given community. For this reason, the most current tendency is to integrate these diverse program efforts to produce collective rather than fragmented outcomes. According to a review by Scher, Maynard, and Stagner (2002), the multi-component youth development programs have the most promising results. With the same support for this multi-component approach, ‘Best Start’ (2007) suggested the utility of a continuum of strategies in teenage pregnancy programs. This multi-component trend has been globally embraced, including in Australia.

A large number of prevention and intervention programs have been conducted in Australia, at different levels and to various extents, over the past decades to address the issue of teenage pregnancy. It is observed that, whether they employ single or multiple strategies, community-based participatory approach is the most prevalent type of this kind.

For example, “Tell Me About It” is a typical project using a participatory approach, which involved collaborations between the group members and local communities in Wagga Wagga in all processes of project development and implementation (Makin & Butler,
A resource package on sexual health awareness was developed as a result of the project, consisting of a handout for the school students, a large calendar depicting a typical pregnancy, a promotional brochure and a number of small visual props. This project was considered to be cost-effective and sustainable in terms of community capacity building, network development and the raising of awareness (Makin & Butler, 2001).

1.3 Two programs in the Derwent Valley and North West region

The two programs in the Derwent Valley and the North West region adopted innovative and integrative approaches towards reducing teenage pregnancy. Rather than the solution being “owned” by government or schools, the responsibility for addressing this problem resides with the community, with FPT providing leadership and guidance. Reflective of teenagers’ social and environmental context, community-based interventions like these two programs, are believed to be underpinned by social norms that sustain protective behaviours and promote individual behaviours that reduce pregnancy risks (Brindis, et al., 2005). Specifically, young people were engaged as peer educators, and community organisations as agents of change, to implement activities that have reduced teen pregnancy rates nationally and internationally. FPT has provided expert guidance, tailoring its evidence-based educational and clinical services, so communities can address the high rates of teen pregnancy in their own regions. The ultimate aim of the two programs was to foster significant changes in attitudes to teenage sexual and reproductive health, providing teens with knowledge, skills and contraception. Some of the practical activities were:

- Providing relationships and sexuality education including peer education programs through local community groups, and relationships, sexuality and sexual health promotion activities in local communities;

- Providing an outreach sexual and reproductive health clinic, providing a doctor in each region once a fortnight, to improve young people's access to contraception and STI screening and treatment; and

- Providing training for GPs with up-to-date information about sexuality, fertility and contraception – and professional development for youth workers and health workers.
Basically, these two programs have addressed some of the contributing factors of high rates of teen pregnancy and parenting, including (1) lack of education, community support and accessibility regarding options of adoption and termination for pregnant teens; (2) lack of awareness among young people and parents about potential negative outcomes of teen pregnancy and parenting; and (3) lack of role models for young women, mentoring for young women who experience social isolation and low self-esteem. These two programs appear to bear the characteristics of a well-coordinated prevention program which can lead to the development of inclusive and viable solutions that are more specifically tailored to the unique needs of teenagers and the available resources within their communities.

1.4 The current evaluation

In order to determine the extent to which these program activities have achieved their desired objectives, it is necessary to undertake an evaluation study about their impact on the two target communities of the Derwent Valley and the North West region. The proposed impact evaluation project aims to measure the effectiveness of the funding in assisting the programs to effect change in the community towards a reduction in the incidence of teenage pregnancy in the short, medium and long term. Findings from this evaluation project are expected to provide an evidence-based foundation for decision-making with regards to the implementation of community-based approaches towards preventative measures for teenage pregnancy.

The main aim of this study is to determine the effectiveness of the two funded Family Planning Teen Pregnancy programs, in addressing the issues of unacceptably high rates of teenage pregnancy in North West Tasmania and the Derwent Valley, through the engagement of local community groups and clinical services.

2. Methodology

2.1 Program sites

Site selection was predetermined in the funding agreement between the Tasmania Community Fund (the funding organisation) and Family Planning Tasmania (the funding
awardees). The two program sites; the Derwent Valley and the North West coast of Tasmania centred on the Burnie area, are geographically situated at polar ends of the state.

**Figure 3: Locality of the two Family Planning and Community Change Programs**

The Derwent Valley council area is situated in the southern region of the state bordering the suburbs of greater Hobart in the southeast, approximately 30km from the Hobart CBD, and the World Heritage Conservation areas of the Franklin-Gordon Wild Rivers and Southwest National Park to the west. The Derwent Valley Council area has a population of 9,708 residents, of which 1,568 or 16.1% of the local government area population is aged 12-24. The population of the Derwent Valley area increased by 234 persons or 2.5% between the years 2006 and 2011 (Derwent Valley Council, n.d.).

When considering support services to disadvantaged groups such as the Community Change through Family Planning Programs, the SEIFA index of Disadvantage provides an indication of the relative level of socio-economic disadvantage based on a range of census characteristics. The Derwent Valley Council lies within the bottom 20% of areas for Index of Relative Socio-economic Disadvantage (IRSD) (Decile 2) which equates to the 5th highest level of disadvantage when compared to the remaining 28 local government areas (LGAs) in Tasmania (Australian Bureau of Statistics, 2013). The index is derived from
attributes that reflect disadvantage such as low income, low educational attainment and levels of employment in relatively unskilled occupations.

By contrast, the NW program site, centred around the local government area of Burnie City Council, has a population of 19,892, of which 3,376 persons or 16.96% of the local government area population is aged between 12 – 24. The local government area of Burnie City Council has a relatively higher IRSD score (Decile 3), which equates to the 10th highest level of disadvantage when compared to the remaining 28 local government areas (LGAs) in Tasmania (Australian Bureau of Statistics, 2013). It is worth noting that whilst the local government area of Burnie City Council has a lower relative incidence of socio-economic disadvantage when compared to the Derwent Valley local government area, there are areas within the Burnie City local government area such as Shorewell Park, a suburb of Burnie, which are in the bottom 3% of the most disadvantaged suburbs in Australia.

2.2 Evaluation framework

The proposed evaluation project brings together different sources of data collected through primary sources (interviews, and focus group discussions/forums) and secondary sources (policy and program documents, reports, discussion papers, and relevant statistics available through aggregate databases).

The methodology for the evaluation involved three distinct phases over a period of 10 months. Outputs from the first phase informed the development of the subsequent phase.

- Phase one involved the development of an evaluation framework and resources for both sites.
- Phase two involved the implementation of the evaluation study within each of the two program study areas. The tasks included the identification of key stakeholder groups; the recruitment of participants from each of the research sites; and the data collection processes. Whilst the objectives of the evaluation study were similar for both study areas, the content and delivery of the survey interviews differed slightly in each study area to accommodate potential differences in the two socio economic environments.
- Phase three included the collation and analysis of data and drafting of the final report containing findings and recommendations.
The evaluation methodology was built on one of the best practice approaches for measuring the effectiveness of health-related intervention/educational programs. In particular, the methodology was framed around process assessment and outcome assessment. Accordingly, (1) the management and delivery of the programs, and (2) the programs' impact on awareness and attitudinal and behavioural changes among the target population were used as the major indicators of the programs' effectiveness.

**Figure 4: The study’s evaluation framework**

In keeping with the defined scope of the evaluation, the evaluation targeted key stakeholder groups such as young people (aged 14 – 19), Family Planning Tasmania staff members including the program site coordinators and supervisory staff, representatives from the project’s Local Action Groups (LAGs) who were drawn from a range of local service provider organisations with an interest in youth health, and service providers (e.g., GPs, health professionals, youth workers) based in the North West Tasmania and Derwent Valley communities.

### 2.3 Data collection

The evaluation study adopted a qualitative approach. The decision to use a qualitative approach was primarily based on a number of key factors, including the importance of involving young people as research subjects rather than relying solely on the input from program staff and stakeholders and the nature of the study, that required a more direct
model of engagement which would help ensure that the young participants’ perspectives and attitudes were gathered and reported as accurately as possible. The decision to adopt a qualitative rather than a quantitative approach was also based on the understanding that there were a range of socio-economic issues such as access and literacy issues that may negatively impact on participation rates. Once these factors had been considered, it was agreed that the use of focus group discussions and interviews to collect qualitative research evidence, were the appropriate methods. The rationale behind the use of focus group discussions/interviews was that qualitative information could provide deep and illuminating understanding of the community changes that might result from the two Family Planning Teen Pregnancy programs, funded by the Tasmania Community Fund (TCF) to address the issues of unacceptably high rates of teenage pregnancy in North West Tasmania and the Derwent Valley. Given the complex and multi-dimensional nature of the social phenomenon of teenage pregnancy, a focus was placed on the richness and depth rather than the breath of the collected information. The insights gained from the research participants would provide useful information for the project evaluation, especially in relation to the community changes that might result from the two funded teenage pregnancy programs in the Derwent Valley and North West Tasmania.

Initial communication with the Tasmania Community Fund and Family Planning Tasmania was firstly established to identify key evaluation study informants and to seek their assistance for facilitating the evaluation process. Research participants were recruited via contacts through Family Planning Tasmania for their participation either in a focus group discussion or interview. An invitation letter which introduced the researchers, the evaluation study, the purpose of the study and an information sheet, were sent to the Family Planning program coordinators located in both the New Norfolk (Derwent Valley) and Burnie (North West Tasmania) sites. The coordinators agreed to participate in the study both as participants and support staff in the recruitment of young persons as participants.

A total of 25 participants were either interviewed (n=17) or participated in a focus group (n=8) at the two evaluation program sites. All participants were invited to provide feedback on the effectiveness and impact of the programs, with particular reference to (1) the management and delivery of training, health promotion activities and peer education
programs that target teens as well as their families and the general communities; and (2) the changes in awareness, attitudes, and behaviours among the young people as a result of the programs (See Appendix 1)

The participants included:

- Six teenagers living in the two study sites, who participated in the health promotion activities and peer education program organised by Family Planning Tasmania that targeted teens as well as their families and the general community;

- Three health professionals, who participated in the training courses which were conducted by Family Planning Tasmania on the insertion of IUDs and Implanon devices, up-to-date information about sexuality, fertility and contraception, and outreach sexual and reproductive services (e.g. access to contraception and STI screening treatment);

- Thirteen stakeholders in the two study sites who were members of Local Action Groups of the two programs. These stakeholders consisted of representatives from local councils, child and family centres, community youth groups, Youth network of Tasmania, a teen, a parenting teen, and employers etc.; and

- Three Family Planning Tasmania staff members who were directly involved in the management of the two programs. They included the two coordinators at each site and a senior manager at the Family Planning Tasmania head office

2.4 Data analysis

Qualitative data was then sourced from the focus groups and individual interviews. NVivo version 9 software was used for data collation and coding. The interviews and focus group discussions were transcribed and entered into the NVivo database. All of the interview and focus group participants were coded according to the order in which they were interviewed or voiced their views in the discussion. For example, the young participants were coded as YP1, YP2, etc. or the LAG members were coded as LAG1, LAG2, etc.

Thematic analysis of data was then conducted to identify key patterns and trends in the
data and to compare expressed views. A number of quotations are included in the report to illustrate and support the accounts emerging from the textual responses.

3. Findings

This section reports on the findings from the interviews and focus groups with young people and other stakeholders. A number of themes were identified as the fundamentals of the findings, which directly addressed the objectives of the evaluation. As indicated in the proposed evaluation framework, the program effectiveness and impact were evaluated on the basis of process assessment and outcome assessment, which aimed to examine the process (management and delivery), and outcomes (awareness enhancement, and community change in attitudes and behaviours) of the two teenage pregnancy programs. All of the findings about process and outcome assessments, particularly in terms of strengths and weaknesses, are reported in this section.

3.1 Stakeholders' understanding of the programs

For the purposes of this report the findings are based, in the first instance, on information provided by the stakeholders, including representatives of the respective Local Action Groups, Family Planning program staff and health professionals associated with the program delivery and, in the second instance, young persons or consumers of the programs.

The interview and focus group data showed that the stakeholders had a very clear understanding of the aims and objectives of the two teenage pregnancy programs in the Derwent Valley and the North West region. Generally, they were fully aware of the contextual background of the programs, which were launched to address the high levels of teenage pregnancy and STIs in the two local areas. Some typical comments are shown below.

*My understanding is that there is a high level of young teen pregnancies in our region and also a high level of STIs, so this program was developed by Family Planning Tasmania to start to look at ways that we might be able to decrease those rates to more favourable levels. (LAG4)*

*The teen pregnancy in this area is high; it is number two in the stat. (LAG7)*
The program is designed to have an impact on what is seen to be an issue, a negative issue regarding teen pregnancies in the Derwent valley area and the idea is that teen pregnancies are a negative dimension impacting on social and economic development. (LAG8)

My understanding is that the rate of teenage pregnancy in these areas is extraordinarily high on a per capita basis. Basically, the program is developed to try and address some of those issues around that. (LAG10)

The main aim of the two programs was identified as reducing teenage pregnancy rates in the target areas by examining the root causes behind the issue and effecting changes in the young's attitudinal and behavioural patterns.

My understanding is that this project is about why the community has such a high rate of teenage pregnancy, what behaviour young people are exhibiting, what their understanding is about sexual relationships and health and how we can better inform them about what they do with their bodies and also whether things like alcohol and drugs are influencing that decision making. (LAG11)

It is looking at what the youth in those communities are doing at the moment and how they see their sexuality and how they look at their social involvement and where family planning can provide assistance with that in educational programs. (LAG5)

However, beyond the more conspicuous changes in attitudes and behaviours, some stakeholders believed that the most ambitious aspiration underpinning the two programs was to change the culture within the whole community, which involves not only the way of living and thinking of the young, but also the mindset of people across generations, age groups, and gender groups.

My understanding of the project is that it aims to reduce teenage pregnancy rates in the areas in a number of ways by changing people’s access to a variety of contraception, their acceptance of it and their willingness to go and get it and use it as well as the wider community attitudes and acceptance and availability as well. (HP3)

I think that it is about changing the culture and generational culture. (LAG7)

The stakeholders could clearly articulate the courses of action involved in the programs towards the shared goal of reducing teenage pregnancy in the two regions. In their view, the teenage pregnancy programs could be carried out in a number of ways such as awareness raising, provision of information and services, or provision of means and tools so that the young people in particular and the whole community were more actively engaged in managing birth control. Importantly, the programs' success and effectiveness were believed to be determined by the collective coordination and involvement of a
variety of organisations, groups, and individuals. The following comments clearly illustrate their points.

The program is designed to pull in as many stakeholders as possible, so that there is a commitment made by people in the local area to reducing unplanned teen pregnancies and that it’s not just about contraception or young people’s knowledge and understanding, it is far bigger than that. So the project has been designed so that people who have made the commitment will go on making commitments to the program ... whether it is the school principal or the mayor or community members and so it is a strategic and global view of unplanned teen pregnancy. (LAG9)

My understanding is that the community change part is to do with the teen pregnancy issues ... and that it is a community based approach rather than school-based ... We don’t target specific groups and the change comes from everything from parents, families, peers through to services that support those people in the community as a group and through schools as well, so it is an all-encompassing change rather than just targeting a specific group of people. (FPS3)

Some stakeholders even tried to anticipate the outcome of the programs, which were allegedly not visible within a short period of time.

My understanding is that we should have outcomes in the next 3 years, not in the first 12 months, but in the next 3 years, we will have lots. (LAG7)

3.2 Young people's general evaluation

As the target population of the programs, the young participants expressed their general evaluation of the programs, which had recently been implemented or were currently being implemented, under the two programs. It was encouraging to find that most of the young participants expressed a positive view, especially in terms of the programs’:

- Usefulness; and
- approachability

They mostly showed their appreciation for the relevance of the programs. Some typical comments are as follows:

I think they are helpful. (YP-1)

Well I didn’t really know what to expect but I think I have come out better. (YP-3)

Family planning has been helpful, I didn’t know when she first talked about it I was a bit... I didn’t really want to do that stuff and then you started doing it and it isn’t really that bad... it is really helpful. (YP4)

Particularly, a support network was depicted as the most obvious benefit that the programs had brought to the young people, especially the young parents. Through the
programs, young parents were given the opportunity to come together and share things. It was the similarity in life experiences among the young parents that created a kind of trust and understanding, which was necessary for the establishment of such a network.

As noted by a young participant,

\begin{quote}
Yeah young parents, we all get along and that it is... how we raise our kids and know everyone and you don’t pick on them and always share, even if you don’t know them. We have our own little group as support... when we first started coming, we knew no one, and neither did they; and now we are really good tighter and the kids know each other and it is good for them to have other little friends... It is a really good support network. (YP4)
\end{quote}

The informative nature of the programs was also highlighted by the young participants as a relevance indicator. They highly appreciated the knowledge of the health professionals and other stakeholders in the programs, who helped enrich their understanding about the issues of sexuality, fertility and contraception.

\begin{quote}
I understood it and there is nothing they can’t answer. (YP1)

Doctors know what all that kind of stuff is about. (YP-2)

They give a lot more advice probably and they know a lot more than other people ... And you can sit there and talk about anything and they can give you any answer; so it is not like you are not talking to anyone and they will give you like a wrong answer or something like that; they know practically something about it. (YP -3)
\end{quote}

Most importantly, the approachability of the program trainers and coordinators was emphasised as the key to attracting the young participants. Given the fact that information about sexuality and contraception was sensitive and personal, this element of approachability was worth the emphasis. The following comments illustrate their points.

\begin{quote}
They make you feel comfortable. Going to a doctor, going is a bit weird as I would rather see someone ... I know they are the same, but I don’t know, maybe family planning is more understandable. (YP1)

You don’t feel scared. (YP2)

It is nice as they are not intimidating people, as I have been to other places before and it has been intimidating and you don’t feel 100% comfortable whereas at family planning I walked in and I felt like I had known these people forever... (YP5)
\end{quote}

\section*{3.3 Program management and delivery}

The effectiveness of the two programs mainly manifested through the participants' feedback on the aspects of program design, management and delivery. In this section, the
strengths and weaknesses of the programs are analysed in relation to each of these two aspects under several sub-themes.

3.3.1 **Strengths**

While providing comments on the program design, management and delivery, the stakeholder participants detailed the strengths or the factors they believed to have contributed to the overall success of the two programs. These strengths included:

- Program design: Flexibility and involvement of coordinators
- Program management: Flexibility of management and coordination; and proactive facilitators and coordinators;
- Program delivery: Diversity in approaches and contents; Evidence-based and needs-based approach; Collaboration of different organizations; and Community involvement and community support;

3.3.1.1 **Flexibility of management and coordination**

Regarding the aspect of program management, positive comments were made concerning the flexibility, in terms of program governance, shown by senior management at Family Planning Tasmania, especially in the planning and implementation phases of the programs. Rather than having senior management at Family Planning Tasmania impose a rigid program structure for local stakeholder to implement, local stakeholders were invited to contribute to the shaping and refining of the programs. This strength in program management was clearly illustrated in the following comments of LAG members.

*I think we have made a great start and the program is open ended enough to get some really good conversations happening and it is a really good snapshot of our community of some really knowledgeable people, in terms of the local action group.* (LAG6)

*I think they have started it very well as it is very open. There are no hidden agendas; there are no assumptions made; as a group of people in different roles within the community, let’s look at it and say okay what is it telling us? So one of the things that impressed me about the program is the process itself and I think the process has been really good.* (LAG3)

3.3.1.2 **Proactive facilitators and coordinators**

Another strong element in program management, which was emphasized by many stakeholder participants, was the proactive approach of the program coordinators and
support facilitators. Specifically, the program coordinators were depicted as being very active in approaching, inspiring, involving and connecting people. Their enthusiasm in coordinating program activities was believed to have positively influenced people and made program activities happen. The following comments highlight this strong element.

*It is proactive; the facilitator is really good at what she does and her interaction is second to none and puts it into black and white terms. (LAG7)*

*The project officer now is very hands on, very active and not afraid to ask for help and go out and make something happen. (LAG4)*

*The ability to connect and influence in the group is a great strength ... by bringing all that together and getting the principles on board. (LAG6)*

It is the active performance of the program coordinators that was believed by the stakeholders to determine the success of the whole project. As some of them commented:

*I think that has been a massive strength for it, as she is not afraid of going forward, which is fantastic. She is always trying to promote these kinds of thing. Having this kind of support has been fantastic as I am able to ring up and be able to get any information or anything that I need... I think in the last year it has really taken off. (LAG2)*

*I think the driver and having a passionate driver to drive the program... I think you have got those set up and you obviously have got the resourcing in there which seems good, so the resourcing is there and you have got the driver there and you have got the appropriate people there and you have a discussion happening. (LAG6)*

### 3.3.1.3 Diversity in approaches and contents

Regarding the program delivery, most of the stakeholder participants stressed that its effectiveness resided in the diversity of program approaches and the richness of the covered information.

According to the stakeholder participants, the wide variety of activities, including both information and service provision, made the programs more accessible to the community, and thus reaching a large number of participants from the community. In addition, the design of each program was developed to match with the characteristics of local areas. This was the reason why most programs were described as approachable. Typical activities consisted of educational sessions, information sessions, promotional activities, play groups, provision of free products for safe sex, etc. Comments on some typical program activities were illustrated below.

*We have a program called ‘Condoms free for youth’ which allows the student to text in their name, age and address and we send them free condoms and an information*
sheet out in the mail. We provide little cards and we hand them out wherever we go; so if we happen to be delivering talks in schools, we hand them out there and if we are part of youth action week, we hand out these cards. We have approached all the chemists within the area and said “will you take our cards and put them on the shelf next to where you sell your condom?”. (LAG5)

We have been involved with a lot of the community events. We were involved with the Respect and Relationship March at the Derwent Valley where community and all the local schools were encouraged to come. We were part of the council Christmas parade and we had a condom tree on the main street and in the council chambers. The community educator out there dressed up as a condom tree and walked through the streets ... we were asked to go along to a careers speed dating expo with the grade 9 and 10s and that was an opportunity to talk to about 150 kids about family planning, and the services that we provide and we took the condom free for youth cards as well to hand out to kids. (LAG5)

I run a young parent program there every Tuesday and during the school holidays we have normal play group things. When it is school terms, we run a young parents education program... we get family planning in to talk to the young mums and dads about safe sex and all that sort of stuff, so that is run at the centre and run every fortnight at the child and family centre as well. (LAG2)

Through these diverse programs, a wealth of information was conveyed to the community at different levels and in various ways. Information that was presented included knowledge, not only about sexual health and pregnancy, but also about the available services and the underpinning factors that might affect their choices. As an LAG member noted:

Their own sexuality, the challenges of getting a sexually transmitted disease and what does that mean; pregnancy, so around how to prevent it how to plan for it, what happens when I am pregnant and I don’t want to be, so we provide information on the whole gamut of what happens when I am pregnant and that includes information around termination, if we are asked for it. We don’t do them, but we provide support and provide all the information so that a person can make an informed choice as, at the end of the day, family planning is about providing information so our client can make an informed choice with the relevant data and then we will support that person for their outcomes. (LAG5)

3.3.1.4 Collaboration of different organisations

In addition, the collaborations that had been built between different organizations and groups in the process of developing and delivering the programs also received favourable comments from the stakeholder participants. The stakeholder participants particularly stressed the value in exchanging ideas, resources and knowledge, as all of these factors contributed to the continued momentum of the program. This point is evident in the following comments:
The group is really a good group of people and I think that is very important. It is a mixture of people, as we have got like a health nurse and like a council person, family planning all together; and yes the diversity of the group, which is really good, which means we can target more people, we don’t just have that one stereotypical person and so we can approach people on that generational level. (LAG1)

There have been other stakeholders in the community ... That has been really important, so even at one of our first meetings, the stakeholders were there... family planning could bring them together, like the Burnie City Council or mission or other people that deal with young kids in the community; bringing them together to make people aware as they all have different networks, so that has been a definite plus and advantage I think. (LAG2)

I think one of the strengths is the make-up of the group, a good cross section of the members of the community and across the area ... everyone has a contact with a young person and is in some way involved and I think that is really good. It really gets the kids engaged and we bring them into this little group so I see that as a great strength as well and one of the plans. (LAG12)

That you had a lot of people in the NW that were really passionate about it, that the number of other services and providers, youth workers and things were keen to come on board was just fabulous ... So a great team ... I think that would be the key one. (HP3)

In addition to the organisations and groups with a direct interest in the issue of teenage pregnancy such as local health professionals, youth workers, child and family centre staff, and Family Planning Tasmania staff, other organisations and individuals such as school principals, representatives from the respective local councils, local members from both the State and Federal Houses of Parliament and community members, were also invited to participate, offer their views and contribute to the programs. This strength in diversity was believed to have prompted the introduction of innovations in the way the programs were delivered.

Another strength is that when I started the process of getting the LAG together I decided to take it to more of a strategic level with people who aren’t so close to the problem and the reason for that is that there are a lot of people very passionate and very close to the issues, but they then became rightly or wrongly tunnel visioned and could not see beyond their scope of what they needed to do ... we needed to move beyond it and think outside the square... so my approach was around people that can think at a broader spectrum and maybe have influence in different areas and levels and have possibly a broader view across a broader area, which is why I went to principals, councillors, mayors, parliamentarians and community members and kept it at that level so I think that has been a strength and I think that is the key, that was probably the beginning of any other strength of it. (FPS3)

I think the best any project can do in terms of what it is offering, is to try and come at the problem from a whole lot of different directions, and that’s what we are doing. (LAG9)
I think I would like to mention it is a real strength that the project is willing to engage those really disenfranchised to make them part of the project. It is a real strength to get that to happen. (LAG11)

### 3.3.1.5 Community involvement and community support

Another frequently mentioned strength of the two programs was the fact that there had been a high level of community involvement and community support. As a stakeholder noted, "I think the strengths are that it is community based. That is a very big strength." (LAG2) In the view of the stakeholders, the involvement of the community in the running of the programs created a number of advantages in maximising the desired outcomes. Below is a typical comment of this kind.

I think it is a positive once it gets out into the community; so if we target the mainstream and work backwards because if you try to work to the most further of the culturally disadvantaged, it won’t work as they won’t engage; but if you have a group who is engaged, who is selling the positive, I think you will kick some really big goals. If you go main stream and say this is it, it will just build and work backwards and strength brings numbers. (LAG7)

A very typical example of this community based approach had been the sexual health peer education and communication program which was built on the FAST (Family and School together) model (Appendix 3). This model was adopted as the preferred community engagement/education model at the Derwent Valley site.

Although at the time of conducting the interviews and focus groups, developments relating to the FAST program were still in the planning stage, it received very positive responses from the stakeholders because of its widely documented potentiality, workability and adaptability to local needs, particularly when addressing social issues such as teenage pregnancy.

I think this is why this project has great potential because it is about the people on the ground making the decisions. (LAG9)

From my perspective the model sounds great and something we would love to pursue. (LAG13)

I am just really encouraged to see it in the community and I represent the community as a council today and it gives us great hope to be able to see something that is really put together and it is really incredible. (LAG10)

A number of longer-term benefits were believed to be associated with the community-based FAST program, namely community ownership, community capacity building, and sustainability. A stakeholder LAG5 pointed out:
The pathway of implementing the FAST program in the Valley is a model of being able to take peer educators ... they are the ones that work in the community and ownership and responsibility and pass that right through the community ... it gives us long term viability and sustainability to continue that on... I think community ownership is a great thing. (LAG5)

The value of the FAST model also lay in its potential for individual personal development. Accordingly, individuals taking part in this program were expected to expand their knowledge, develop communication and leadership skills, gain a sense of responsibility, and build higher self-confidence and self-esteem. These personal development opportunities could create sustainable pathways, not only for sexual health promotion but also in the long run, for local capacity development. These concepts were regarded as the foundations for tackling the issue of teenage pregnancy in regional communities.

The manifestations of individual empowerment and community development in terms of skills, knowledge, and confidence were particularly clear in the following comments.

I think it is a great opportunity and our council wants to be one of the first in the state to do the teen part of it. This one is very much targeted at the age group we are looking at between 13 and 17 around that period of where you have teen pregnancy, STIs and it is personal, it gives the person the opportunity to learn a new skill in an environment with friends and family and adapt it to the next, say at school, without being ridiculed and challenged. (LAG7)

I think the model is ideal for this project because it is about increasing communication between young people and adults, between adults, so family to family. It is about building the strength within the family and building the family’s confidence with dealing with the young people, their children and if their topic for discussion is sexual reproductive health and relationships, then that will be a really good vehicle to get those topics out there for discussion in a safe environment ... I think it is also terrific as it gives young people the chance to build their confidence in the leading parts of the program. It is not about what the adults think is good for the young people, so giving them a big role to play and a lot of these young people wouldn’t get the opportunity to do that. I think it is also good as it sits outside of the school situation and some of the behaviours of some of the kids are highly questionable in the school environment and I think taking them out and giving them some responsibility is I think the FAST programs just ticks all the boxes... I think it will go on, it will have a pyramid effect in the community so it is really ideal for increasing young people’s self-esteem increasing family confidence and because all those skills would be passed on to the next generation. (LAG9)

The beauty of it is that you can tailor it to the sexual health component as well, so it is not purely about communication and network, it is actually has a great component where it is educating people in sexual health as well quite subtly and it is run by community and there is a peer education as well, so those youth that are in there learning those new skills about communication, leadership and growth and they also learn about the sexual health stuff and then that continues on. (FPS3)
From the feedback of the stakeholders, this community-based approach has been successful in attracting the support of the community. It was observed that there had been a great deal of advocacy and commitment from community members. For example, representatives from child and family centres, health professionals, local council representative, and the young people, were all reported to have shown a willingness to participate in the programs. The following stakeholder comments clearly elaborated on this point.

*I hit the ground running and met some amazing people, friends from this centre, child and family centre ... there are amazing people who are really committed to it and the project itself. I’ve met some real movers and shakers that are young and they are the people you want to have on board to help educate others down the track ... they are absolutely inspiring. (FPS1)*

**3.3.1.6 Evidence-based and need-based approach**

Other strengths mentioned by the stakeholder participants were the appropriateness of programs to target communities and the evidence-based nature of activities under the two programs. From the perspective of these stakeholders, the teenage pregnancy programs were successful partly because they were aimed at addressing and accommodating the real needs of the community. As one stakeholder noted,

*the strength is that there is a need for more activity around this area and it is not a project that has been developed on a lack of need...there is definitely ... there is a need and they have worked really hard to engage young people and have them as part of the process and that has been fantastic ... so it is a topic that people really want to get involved in and see a genuine need to get involved in. (LAG4)*

The fact that the programs evolved from defined needs proved their practicality and usefulness. Importantly, these needs were identified scientifically with evidence from related need-analysis surveys. Findings from these surveys informed the programs in terms of what gaps to fill, and which methods to employ. Understandably, the evidence- and needs-based nature of the programs was regarded as strength because it contributed to ensuring the programs’ appropriateness and validity.

*Yeah, we have run a survey with the grade nines and some of them at New Norfolk and Glenora, the grade 9s and getting the results back from one of the youth groups, and in terms of the sexual health knowledge and contraception and things like that. (FPS3)*

*I think there are a lot of assumptions in family planning around the country and so this program has tried to get under those assumptions... the survey was a really good example of that; it is now redesigned and we are much more likely to get good data*
from delivering the survey to students and then that will then inform the schools, so one of the issues that we have had at family planning is the concept of people don’t know what they don’t know and I was in that situation when I went there, I didn’t know what I didn’t know about sexual and reproductive health, so it is also helping with that. (LAG9)

3.3.2 Weaknesses

Despite the prevalent positive comments regarding the effectiveness in management and delivery of the two programs’ activities, there was some acknowledgement of their weaknesses or shortcomings, worthy of consideration. Some of the weaknesses identified included:

- Program management: limited support from senior management; lack of clarity in the communication of objectives and action plans; and change of project staff;
- Program delivery: limited time frame; limited resources; and biased target population;

3.3.2.1 Support from senior level management

In terms of program management, a frequently mentioned weakness was related to the perceived level of support from senior management at Family Planning Tasmania. This weakness was particularly emphasized by the stakeholder participants in the North West site. When commenting on this point, a number of examples were cited ranging from a perceived lack of support for proposed activities as well as comments relating to a lack of assistance in the launch of program activities. From comments received, it appeared that some of the reasons for this perceived lack of support were related to a perceived lack of understanding by senior management at Family Planning Tasmania about the socio-cultural norms of the local community. These sentiments can be best illustrated in the following comments.

I think this project has been very hard to manage at times due to lack of support from family planning. There was some issues in top management that sort of put some barriers around the activities and how I go about running this project which was difficult to overcome and really frustrating really. (FPS1)

They had that lack of continuity for the coordinator of the project, of what was happening... the lack of providing all kinds of things that were reasonable...(HP3)

There is also been a bit of an undercurrent of lack of support from family planning in Hobart and that has come through from both of the leaders and in different ways. Ideas we were having, no one was interested in Hobart and ...it was no, no, no... there
is a sense that that is a lack of understanding of our community from Hobart and a lack of support for the team leader and especially with the amount of challenges from the outset due to the design of the project. Without support it was going nowhere for a start. (HP1)

It was challenging as they didn’t fully support plans that we had come up with and didn’t seem so supportive. (LAG4)

### 3.3.2.2 Limited communication of objectives and action plans

Another weakness, again mostly put forward by the stakeholders in the North West site, was the perceived poor communication of objectives and action plans, especially at the initial phase of the program. This point was worth consideration when clarity in objectives and action plans is considered to be a vital component for the successful implementation of any program. From the view of the stakeholder participants, this weakness had created barriers and uncertainty on their part. They reported a loss of direction initially and had to spend considerable time getting up to speed on the core elements of the program. The following comments illustrate this point.

I was quite disappointed with the first instance that family planning Tasmania didn’t provide what does an action plan look like, what does it have in it, what is the framework, so their project officer came in and didn’t really know what sort of document they were meant to end up with... It was a bit sort of we didn’t really know what was already happening as a result of the funding grant and what we could do as a LAG; so we had to work to get a really good understanding of what had already been agreed under the funding grant and how to merge those two together. (LAG4)

A weakness at the start was that we were going really slow and we weren’t really getting anywhere and we were just meeting talking and going away and well what do we need now, it was sort of like that for a couple of months, so it was maybe this wasn’t going to work .... It was slow to kick off ... and we didn’t have an application and didn’t have a strategy so once we sort of go ahead and what do we want to do out of this or are we wasting our time and once we got out of that the momentum started. So the direction was unclear in the beginning ... (LAG1)

### 3.3.2.3 Change of program staff

At the local level, it was unfortunate that at the North West site, there was a change in the program coordinator. Whilst this may be regarded as outside the control of Family Planning senior management, it appeared to have an impact on the program momentum as the focus switched to the hand-over of responsibilities to the new coordinator, which led to the delay or even cancellation of certain planned program activities. Although this was an unforseen situation, the impacts were clearly felt at the program delivery level. As commented by one stakeholder participant:
There was a change of the leader of the project, which did have an impact on it for sure; so it was all a bit in the air for a while... Early on we had plans of doing peer education groups to make some peer leaders which they then could go into schools, as a lot of our energy and time went into how we could be creative about doing this without going into the schools ...and another idea was to do some education sessions and service providers around here ...then unfortunately... we just haven’t managed to get it going and we were running out of time. (HP1)

3.3.2.4 Limited time frame

With regards to the aspect of program delivery, the limited time frame for the two programs emerged as a major concern. The issue of insufficient time was echoed throughout the interviews and focus groups. “The short term nature is clearly a weakness.” (LAG8) While the programs had ambitious aims in affecting community change, it was considered by the stakeholders to be impossible to achieve within a 12-month period of time. As a stakeholder commented, “I think that the time frame for it was too short.” (HP3)

Given that short time frame, many planned program activities had to be excluded. There was some anxiety among the stakeholders about the program deadline while certain activities were still very much in the planning phase, as shown in the following comment:

I think the problem that we have had is the time factor because we haven’t had educators until quite late in the program and it has hindered us to be able to provide some of the deliverables. (LAG5)

The weakness of the program is the time ... because of circumstances we are going to run out of time and we will not have had an opportunity to fulfil on all the obligations. (LAG3)

Weakness, the time of the project, as I think it takes such as long time to engage people and get people really committed to something and then and I think the whole funding model that we have is flawed absolutely flawed, I mean really, what can you do in 12 months? (LAG9)

Within the short period of 12 months, any expected outcomes would not be readily seen until long after the close of the programs. For this reason, the stakeholders were concerned about how to accurately evaluate the community change as a result of their programs. This absence of immediate measurable outcomes was believed to leave everyone uncertain of the impact of their programs.

I guess the inherent weakness is that there is a tendency that we know we are not going to see a causal effect, so any strategy is not going to reduce teen pregnancy which they might reduce or they may well increase and it may be that the program has nothing to do with either outcome. (LAG8)
3.3.2.5 Limited resources

The lack of resources, such as human resources and infrastructure, was considered as another weak element in both programs. Of particular concern was the shortage of staff to fully dedicate to the programs. This was especially a concern expressed by the LAG members, who had other responsibilities, and could not devote sufficient time and energy that they would have otherwise liked to provide to the programs. This barrier was evident in the following comment.

Everyone that was involved in the LAG had a limited capacity for involvement because we all had our own roles and so a lot rested on their shoulders to come out of the group and they had limited time to do it and even in planning ... the limited timeframe and the inability to go into schools... many were thrown out straight away, so maybe in planning, it might have seemed like a good idea, but on the ground it hasn’t worked very well... it was a shame as there were a number of service providers involved in the project and there were more but some dropped as we went to the point, that the last meeting didn’t even happen in the end and the meeting before that there were only 3 of us. (HP1)

The issue of access and infrastructure was raised and was cited as a concern for the North West program site. In particular, the limited accessibility of family planning facilities and services was also considered a weakness, making it difficult for the target population to engage in program activities.

For our program, weaknesses can be access to services and getting up there. I am not sure how parents cope with that side of it... and that is physically the family planning location. (HP2)

3.3.2.6 Non-inclusive delivery design and approach

Although the community-based approach, as adopted in the program design, received favourable feedback from the stakeholders, it was not flawless. A number of concerns, such as the exclusion of schools as target cohorts, were seen as a weakness because teenagers or young people, the main target population of all of the programs under the two programs, could be easily engaged through working in partnership with local schools. The following comments are cited to illustrate this point.

The one bit that made it challenging was that the part of excluding the school education. Some of the working in school was excluding as they were already funded to do that in a different way. It is fairly challenging to reach young people other than in schools, at the age you want to get them before they start having sex really. (HP3)
I think the only downside is that part of the design is the program is not allowed by
design to actually work with the children in the school, so that is an obvious issue...
(LAG8)

So the weakness is to try and engage those people. The limitation I can’t go to schools
to run programs, so that is a weakness of it ... It would have been a really easy target
audience and could have been doing a lot of close work with them and I know there
are other ways of doing that but I would say that would be the absolute weakness.
(FPS3)

3.3.2.7 Biased target population

An additional concern as identified by stakeholder groups related to the perceived
primary target group; that being female teenagers. Whilst it was generally accepted by
the stakeholders that female teenagers bore the brunt of dealing with an unplanned
pregnancy, they generally took more responsibility for birth control or safe sex and there
was a sense that there should be a more balanced approach in targeting young men as
well as young women. "By its nature it is going to touch women more as they bare the
consequence of pregnancy." (LAG10) For this reason, a great effort had been made to
engage female teenagers in the programs while male teenagers were not targeted to an
equal extent. This was identified as a weakness in program design and delivery by the
stakeholders because both sexes were believed to play an important role in sexual health.
This gap in target population can be seen in the comment below.

It is actually more about engagement especially with the young girls. Everyone thinks
family planning is for the girls, but it is not as it is for the guys as well and I think we
are missing that sphere there as we are getting girls educated and they are feeling
comfortable and talking with the facilitator and learning. I think that we are still
missing the boat as the guys think they don’t need to wear condoms, chlamydia is a
two tablet thing and I don’t get pregnant the girls has to be responsible. (LAG7)

3.5 Community change

The comments of the interview and focus group participants on the program outcomes
were generally positive. As indicated earlier, there was a general sense that the program
did have an impact on community change. However, it would be difficult to measure
within the limited timeframe of the project.

3.5.1 Awareness enhancement

The two programs were believed to have led to increased awareness amongst the target
population, which represents a strong indicator of the program impact. Specifically, the
young participants expressed their appreciation about what the programs had taught them. This appreciation was more pertinent given the fact that a number of the young persons interviewed indicated that they had not had any sex education at high school except an elective subject called "Life choices", which they did not find very useful. This enhancement of their understanding of sexual health is reflected in the comments below:

* I didn’t think I was going to learn so much about sexual health. I didn’t even know what contraception was, but I do now. (YP2)

* They don’t tell you how you can get pregnant. They don’t say how serious things are at school, like the STIs and things like that. And here you know more about it. It gave you a lot more information about what you should know and stuff like that. (YP3)

* Yeah, it gives you an insight on everything ... as not everyone concentrates on those things as they think it is not that important... there are so many things that you didn’t know ... it is really good to learn about that sort of stuff and you don’t get to learned about it any other way. (YP4)

* I have a better understanding of why I should be safer and how important it is to go and get regular check-ups. (YP5)

* The other thing I learned is how to sort of say to your partner, like there was a subject on how you tell them if you don’t want to do it or whatever and talking about that if that makes sense. If you don’t have that sort of education, it is peer pressure. You think you have to do it as they are like that, but now I know how to express myself with boys. (YP6)

Other stakeholders also offered their views on how the programs had brought new information and knowledge to the target population. New learning could involve simple knowledge about the available services or more specific knowledge about sexual health, such as contraception and STIs. In addition, "there are a lot of issues that go beyond just what people would perceive family planning to be about" (LAG9). Those issues included attitudes and communication skills related to sexual health, which were considered necessary for them to make well informed choices. As these stakeholders remarked:

* It’s about the attitudinal stuff and relationship and respect and being able to use your communication skills to negotiate safe sex and about being young and female and about speaking up and being assertive and asking for what you want and demanding that protection is used and whatever... (LAG9)

* We didn’t just look at contraception... we have empowered the mums so they know about their own personal health and everything and where to do go and how to access it... They didn’t know they could go for a health check, pap smears and answering any questions; so it has raised the profile for them as a lot of them didn’t know where it was... So it has really increased the awareness. (HP2)
3.5.2 Attitudinal and behavioural changes

Increased awareness and understanding about sexual health was shown to have influenced attitudinal and behavioural change in the young participants.

When discussing how their attitudes had changed since being involved in the programs, the young participants mentioned a shift from being carefree to being more cautious and serious. The programs had helped build their confidence to say ‘no’ to unwanted sexual advances; they tended to respect themselves more; and they viewed teenage pregnancy and sexual health as important issues or a “big deal”. These attitudinal changes are evident in the following comments from the young participants:

  I didn’t care about who I did it with and I didn’t care and I didn’t know any responsibilities and now from this it has make me think more about the stuff like pregnancies... it is a big deal. (YP1)

  I didn’t really care how I spoke about sexual health and stuff like that, so it wasn’t really serious; but now after the program, I take it a bit more seriously. (YP2)

  A lot more respect. (YP3)

Likewise, the stakeholder participants also indicated that they were confident that attitudinal and behavioural changes had occurred amongst the young people as a result of the two teenage pregnancy programs. "It has created community awareness which creates more activity." (LAG2)

  Definitely with the group, they are just thinking about it and that is a different attitude really. (LAG1)

  Their behaviour and attitude towards that has changed as they are more open about, talking about it in schools ... they have been responsive and feel more safe about going there if they need to; so they don’t feel that stigma attached to it I guess and they are not afraid to ask questions; so their attitude has changed. (LAG2)

Certain changes, which were more easily observed, included more relaxed discussions and conversations around sexual health topics, an increase in the disseminations of related videos online to promote safe sex, increased number of visits to family planning centres, etc.

  I think family planning are getting more in with the other stakeholders and it is like they do exist and girls can go up there and ask anything or go and get things, so they are realising that this is a safe place and it is being utilised more. (LAG2)

  I have noticed that since we have been on this tangent, people coming to our family planning have increased and we are seeing more and more young people though the door. (FPS1)
As it is about changing aptitude is massive and a very slow process... it doesn’t happen in a 12 months project ... but it has defiantly started those conversations and awareness I think. (LAG4)

The stakeholders acknowledged the limited scope of the programs and that any community change, would not, initially be significant. However, in their opinions, the groups that they had been working with showed a greater level of awareness, and this was worth the effort. It was strongly believed that groups involved in program activities could in turn create an impact on others through changes in their own attitudes, awareness and behaviour, and this would help spread the key messages of the programs.

It is making them think about what would make an impact, so even just a small group of people that this is an issue and how can I personally change the attitudes of other people, so we always say even if just one person changes attitude, it is worth it. You never know that one person can put a different attitude on someone else etc. even if we didn’t personally do it. If you impact one person and then the next person, then this impacted me. (LAG1)

It is worth mentioning that not only the target young population but also other groups in the community reportedly showed signs of attitudinal and behavioural change. Service providers and other organisations all seemed to think more about how to bring about positive change to the community. Some typical comments are cited below. As a stakeholder noted, "There is community conversations happening in other organisations about what they can do as an organisation to help young people make better choices." (FPS1) Similar comments are cited below to illustrate this attitudinal change across the community.

One of the things about the project was that it started some conversations around topics which are a bit taboo like that and I mean we’re able to get our council on board with that. It is something that they wouldn’t normally do but had some fantastic results and positive feedback from the community and they have also had some really good discussions around getting condom vending machines in local organisations in Burnie and some positive outcomes in that area. (LAG4)

There is proof that it does change to attitude and behaviour in terms of what is already has happened, the overwhelming feedback that I have received from older members of the community not just teenagers, but people in their 20s right through to the very old, is that they are very willing to talk about and discuss sexual health in the right context; so people are very open to me about talking about what need to stop happen with young people and what needs to happen in the community in terms of sexual health and young people. (FPS3)

I think there is a real attitude in the schools from the principals that they really want to turn this around and really want to do something and to be part of it and there has been an incredible commitment from them... amazing commitment from the LAG
Notably, most stakeholders talked about community changes as a result of the two programs using the future tense. "We can only really speak in terms of what we expect." (FPS3) This indicated that they perhaps expected the benefits from the programs to be more evident in the longer term rather than the immediate term, especially when many of the activities were still in progress. Nevertheless, there was a high degree of certainty that change would definitely occur.

_We have had an opportunity to have in part made the kids think differently and I would like to think that some of that will lead to them being proactive around how they look after their own body but also how they are looking after the other person’s body as well, so that has been good._ (LAG5)

_These are the true things that we will see, the attitude will change, they will attend school, meeting, sports and they will be more engaged._ (LAG7)

_It might be just that little drop in the ocean, but the ripple effect from this is going quite far and wide. It was that one little job and a great idea._ (FPS1)

### 3.6 Suggestions for improvement

Drawing on their own experiences and observations regarding the strengths and weaknesses of the two programs, the interview and focused group participants offered suggestions on how to improve the delivery of similar sexual health educational programs in the future. The suggestions were closely related to the identified strengths and weaknesses, including:

- Better project management and leadership at the organisational level;
- More activities based around promoting key sexual health messages;
- Involvement of local schools;
- Unbiased and approach in target population and associated messages;
- Launch of similar programs; and
- A sustainable model on the basis of community approach.
3.6.1 Program management

There was a reported level of dissatisfaction with certain aspects of the program management, as alluded to in the above-mentioned weaknesses. Some stakeholder participants suggested that future programs could be better managed and monitored to ensure improved effectiveness and efficiency, particularly, improved program leadership. The latter could be achieved with more support and more training for better program delivery. As mentioned by a stakeholder, "I am just hoping family planning will get centrally better leadership." (FPS1)

In addition, improved coordination through linking with existing local services, thereby reducing duplication and improved streamlining of services, was suggested as a way to improve program management. Accordingly, this would lead to more communication, discussion, and program alignment with other service provider organisations that are addressing the common issue of sexual health. As a stakeholder pointed out:

_I think, what needs to be happening more is that alignment with other organisations and drawing everyone in together rather than everyone separate doing their own thing, which they do all great things; but there is a real them and us, in terms of we do this, they do that, where it really needs to be combined and aligned, but this building is absolutely a good start as there are a lot of services that come in here and the more I talk to them, everyone agrees it is a matter of figuring out a happy medium._ (FPS3)

3.6.2 More promotional activities

Although most of the program activities attracted high levels of community involvement and support, there were marginalised population groups in the community who were not involved, unaware of what was going on in the community. Whilst it can be argued that some groups in the community may choose to disengage from mainstream activities it is vital that programs such as the Community Change and Family Planning Program seek out these communities and implement strategies that promote and provide an opportunity for participation should these groups wish to engage in the programs’ activities.

_I sort of haven’t heard much about it until I got involved with them doing the programs; like I hadn’t heard much about any of the programs that they ran before._ (LAG3)

_We still have the group that we don’t reach which is the dis-effective and disadvantaged groups, which are not connected to the schools and most of the teen pregnancies, are those who are not involved in school._ (FPS2)
To help future programs reach out to more community members, the stakeholders suggested better targeted promotional or advertising in a format that is appropriate to the target group be used. "I think if there are enough programs advertising it and people are behind it and we can get it more out there and hopefully more people will listen." (LAG3) According to the stakeholder participants, these activities could be done in a variety of ways, including posters, social media, local papers, etc.

_**Probably Facebook is the best way to get things across... if we have the page, people can on and 'like' it and they get updates and stuff and so you go and like a page and you get all the stuff... even promoting it around different businesses and put up posters about the page, like chemists or something like that... The more the name gets out, the more people will hopefully get involved and do events and stuff like that Or go up to a school and get the school to help, like a media class or something sort of. (LAG3)**_

### 3.6.3 Involvement of schools

Responding to concerns about lack of knowledge and awareness concerning sexual health among their peers or teenagers in the areas, the young participants recommended the introduction of similar educational programs at school. In their opinion, the lack of such information being available in a school setting was a real issue. The young participants believed that school sex education that included specific targeted methods with the direct use of peers could influence behavioural change and improved health outcomes for fellow students. Some typical comments from the young participants are as follows.

*I think more people at school need to know more. (YP1)*

*Possibly more health clinics need to go into school and talk to students about it. As I remember all through high school, there was not once that we had a sexual health clinic person come in and talk about it... we didn’t do sexual education until year 9 and everyone was starting to be sexually active. You need it before then. Having that expert knowledge from a high school age is kind of essential. (YP5)*

Some of the young participants saw the opportunity for more support in the schools particularly in terms of the provision of information about available sexual health services in the local area. A young participant recalled the situation of her friend, who was a young parent at school age and who experienced a hard time:

*For young parents, I know there is still some parents in school and we have one that my really good friend she had her little boy when she was... she got pregnant when she was 14 and she said it was possibly the hardest time of her life and school wasn’t that great for her... it is not really advertised that there is a young parent play group, you just want to get more people here to tell them that it isn’t really that bad and*
socialise and talk about everything and work on your schooling again; but it is not really advertised especially in schools. (YP 4)

On the part of Family Planning Tasmania and other sexual health service providers, it was suggested that they need to make themselves more visible by working with local schools and raising their profile, including the provision of information about their services and programs with the young people at school. For example, regular visits by clinical staff to schools should be made.

*I mean this clinic works quite well and we definitely need to get someone out into the high schools and I think people need to go out into the high schools regularly as in raising the clinical service awareness that raises our profile... I think it makes a tremendous difference and it needs to be done at least once a year to the high schools because they don’t know the service is here and if you meet the clinical person, and then it is not a frightening service, it is confidential and you can come in and I think it is really key because that is going to get the people who want contraception will know where to come and if they get into trouble and want a solution they know where to come. (FPS2)*

*So I think there is scope to do much more in the school... even other permanent or someone that goes around to each of the schools teaching on a regular basis ... and talking about that kind of stuff, not that it would be cool, but it would be better to know about all the things that experience and know that there are such people out there in case you are stuck in situations. (LAG3)*

3.6.4 Unbiased target population

As mentioned above, a perceived weakness of the two teenage pregnancy programs was that they were regarded by some of the participants as having a bias in the target population, whereby female teenagers were primarily targeted. Although this was accepted as being an unintentional outcome, it was considered very real. As a result the programs missed about half of their target population, who could play an equally active role in managing sexual health. As a stakeholder stated, "we are missing that target audience which is 48-50%." (LAG7) To deal with this, the stakeholder participants suggested that more attention should be put into attracting or involving the male cohort group in future sexual health educational programs.

*I think there needs to be more work with the guys and I have been having a look online at different shows and the sex education shows and there is some really good facilitating men in Europe which engages really good with the guys. (LAG7)*

One stakeholder participant pointed to the number of local sporting clubs that attract male members, pointing out that there is a real missed opportunity in not engaging with
these clubs as a means of getting the young men involved and talking about issues of sexual health. (LAG11)

3.6.5 Launch of similar programs

With high levels of confidence that the programs would have a positive impact on community awareness, attitudes and behaviours in relation to sexual health in the longer term, the stakeholder participants hope to receive further funding for similar programs in the near future. Some of them express their concern that "once our funding runs out, then I think that will be the end of tackling that issue. It might be put back into a box and it won't be mentioned again, which is sad." (LAG1) In addition, if similar programs were to be run over an extended period of time, their likelihood of effecting community change would be greatly enhanced, this could then be evaluated over a longer period, according to the stakeholders. The following comments illustrate this point.

I would like to see more funding invested into programs that they know they might not work, but you have to give it a go and then after that you review that and say okay, if it is going to work it will work this way and these are the changes we implement and we might get more consistency and even family planning being able to be at the front of a young person’s mind... and for that to continue they need programs like this and then they build on that with the next one. (LAG4)

I'm not sure but it would be a recommendation about funding models... the funding model every year, if you try to do anything with attitudinal or behavioural change. (LAG9)

We should have a minimum of a 5 year plan as it will take at least that long or even longer. Just to make an imprint into the cultural setting. We will give it a go for a year, but it doesn’t work, well let’s move on and try something else... okay this is the set up period, this is where we get all the ideas and next year and the year after and year after etc. is when we really start to push it through and see some of those changes... But one year is not enough. (LAG10)

3.6.6 A sustainable model on the basis of community approach

In the face of the funding limitations, a sustainable model was considered to be extremely important. As a stakeholder noted,

The likelihood of the clinics continuing with funds from family planning is not viable, and we are looking at ways on how that clinic could continue or how the community could continue to run it and fund it. (LAG5)

It was generally accepted that the element of sustainability needed to be built into the design of future programs on the basis of empowering the community, or building
capacity for the community. It was believed that if the community is self-sustaining and has the required resources and the right awareness and attitudes; it will continue to build on the outcomes of the Family Planning and Community Change Program after the closure of the funding.

*And I guess that is the question that we started, what can you do in twelve months, that is going to be sustainable, long term and so what we tried to do is design the project so that it would be sustainable, so that commitment, the knowledge, and understanding continue... (LAG9)*

4. Discussions of findings

Using the proposed evaluation framework, the study provided a general assessment of the activities under the two teenage pregnancy programs in the Derwent Valley and the North West region. An examination of the findings suggested that the two programs have partially influenced community change and will continue to do so in the long run with their far-reaching effects. This conclusion was made on the basis of the findings from the assessments of program design, management, and delivery, as well as reported changes in awareness, attitudes and behaviours within the target community.

4.1 Effectiveness

From the findings on the effectiveness of the program management and delivery, there is evidence to suggest that both programs were relatively well managed and delivered. This is evidenced by generally positive feedback from both the young people and other stakeholders, despite identifying specific challenges and areas of weaknesses in the overall program management and delivery.

4.1.1 Positive feedback from the target population

As the main recipients of the programs’ deliverables, the young people were considered a significant indicator of the programs’ effectiveness in management and delivery. The overall perception of the programs by the young participants related to the programs’ value, accessibility and the approachability of local program staff.

The young people praised the programs for the creation of a support network where communication opportunities, trust and understanding could be established between
young people or young parents of similar circumstances or concerns. This support network, mostly in the form of mother and child play groups, have helped young people reconnect with the community after struggling on their own as young parents. These connections, which have been firmly established, are expected to be sustained after funding for the current programs ceases. On this basis, it is believed that the two teenage pregnancy programs have, in part, contributed to the larger goal of social inclusion, which although out of the identified scope of the programs, is seen as a positive outcome from the activities. In addition, the communication and support enabled by these networks are also expected to bring about positive changes in attitudes and behaviours among the young people involved.

Secondly, the young people appreciated the accessibility and flexibility of the programs, especially in the way trainers and coordinators delivered the activities and communicated with them. The local coordinators were seen as being very approachable. This element of approachability is worth emphasising when dealing with such sensitive issues as sexuality, fertility and contraception. For example, a research recently conducted in Tasmania about teenage pregnancy found that "All the young parents highlighted their sense of being judged and feeling a stigma when transacting within the community." (Northern Early Year Group & UnitingCare Tasmania, 2013, p. 7) Once the young parents establish trust, they are less hesitant to turn to these health professionals when they are in need of support. Access to appropriate support and information around issues of sexual health help debunk myths and empower the young parents and teenagers in making informed choices about their behaviours and attitudes.

Despite consistent efforts by the evaluation team members and the local program coordinators, the recruitment of young people as participants in the evaluation proved to be a major challenge. It is accepted that a higher number of young informants would have increased the richness of information and ensured improved reliability of the findings. In future, evaluation of similar programs there may be some benefit in applying both quantitative and qualitative data collection methods, particularly if such data collection methods incorporated the use of social media.
4.1.2 Positive feedback from stakeholders

Feedback from stakeholder groups including Family Planning Tasmania staff, local health professionals, and LAG members, generally provided positive feedback around a range of indicators. Program strengths identified by stakeholders as key contributors to the success of the initiative, included flexibility of design, local management and coordination, proactive facilitators and coordinators, diversity in approaches and content, evidence-based and needs-based approach, collaboration of different organizations, and community involvement and community support.

Comments relating to the process of delivering activities were particularly positive in terms of the approaches adopted by program facilitators and coordinators. The coordinators were described as being very active in approaching, inspiring, involving and connecting people. It was their dedication and enthusiasm in coordinating the programs that had positively influenced people and kept things moving forwards. This finding emphasizes the important role that local coordinators provide in such community-based initiatives as these sexual health educational programs.

There was also a significant amount of positive feedback from the stakeholders on the diversity in activities under the two programs. Typical activities consisted of educational sessions, information sessions, promotional activities, community activities such as the events held on the North West coast to coincide with National Condom Day (Appendix 4), provision of free promotional products that encouraged or supported safe sex, etc. The coordinators attempted to utilise a range of practical approaches and strategies towards engaging young people in sexual health education and promotion, with a view to linking into the prevalent youth culture. Specifically, the two programs combined strategies from all of the three prevention/prevention frameworks as identified by Brindis and his colleagues (2005), including family life education (Skills-based Knowledge, attitudes, beliefs and values, building relationships and communication); contraceptive services (family planning education, counselling and services; STI clinic services, condom distribution programs); and youth development and life options (mentoring programs; youth groups and peer education). The application of different strategies to achieve the
aims of the programs was therefore seen as a key success factor and an approach to be considered for future programs.

At another level, the findings revealed that the collaborations that were establish to assist with the process of designing and delivering the programs was seen by stakeholder participants as a great strength of the program. This pooling of people with different expertise, experiences and perspectives, enabled the programs to embed local knowledge and culture into the delivery of activities. Besides, as stated by Brindi, et al. (2005), the complexity of the issue “requires a collaborative effort; no single agency or organisation can mount the wide ranging effort that is truly needed to make more than a dent in the problem.” (p.11) It is this multi-disciplinary and cross-sectoral component of program activities that facilitated the recruitment and involvement of the young people in the community. These collaborations also enabled the exchange of ideas, resources and inspiration, which is necessary for guaranteeing the continuation and momentum.

An additional aspect which indicated that there had been a high level of community involvement and community support for the two teenage pregnancy programs was the high levels of participation by community members in the FAST workshop held at the Derwent Valley site. There is good evidence that including teenagers’ parents and other supportive adults in information and prevention programs is effective. Young people whose parents discuss sexual matters with them are more likely to use contraception at first intercourse (Stone & Ingham, 2002). The FAST model has been developed and widely used as an effective educational approach since 1988. In principle, the FAST model aims to educate and change habits by bringing young people, their carers, families, schools, and communities together. This model can be adapted to improve knowledge and change attitudes and behaviours related to decision making, self-confidence, self-esteem, self-belief, open communication and to support a mechanism for sexual health related matters. Community members, especially the young, gain essential knowledge and skills which help them become more effective peer educators within the host community.

Given the fact that teenagers are more likely to be influenced by their peers than older people, especially when it comes to the sensitive issue of sexual health, the feature of peer education seems to fit very well with these teenage pregnancy programs. This is in alignment with a finding by Northern Early Year Group and Uniting Care Tasmania in their
recent research study, whereby “sex education at school and conversations with parents is unlikely to be a preferred source of information for this age group” (Northern Early Year Group & UnitingCare Tasmania, 2013, p. 7). The young participants in their study also regarded peers and the internet as their primary source of information, support and advice about relationships and contraception. Similarly, Stephenson and his colleagues (2008) found that peer-led sex education might have led to fewer teenage births and was popular with pupils. More recently, Warunee, Saowaluck, Kangwan, and Natthakarn (2011) found significant differences between the experimental and control groups, three months after the youth-led educational intervention program, in terms of: knowledge and attitudes toward sexual and reproductive health; pros of sexual involvement; and, attitude toward condom use.

A great deal of advocacy and commitment from community members had been observed with members from almost every sector of the two host communities, including staff at local child and family health centres, local youth groups, health professionals, municipal council staff, and particularly the young people who all showed a willingness to participate in the program activities. It is this high level of community support that may have facilitated the program implementation.

All of the strong features of the two teenage pregnancy programs support the proposition that the programs were effectively managed and delivered at the local level. Both programs could be regarded as pilot programs which offer excellent insight into how future community based sexual health initiatives could be delivered into regional communities. Although these factors were specifically applicable to the two local regions of the Derwent Valley and the North West of Tasmania, they might present some relevancy to other regions of similar characteristics. It is highly recommended that local circumstances be taken into consideration to maximize efficiency within a new context.

4.1.3 Emerging issues

Despite the positive comments regarding the effective management and delivery of the two programs, the findings also revealed a level of concern about some aspects of the overall management of the programs. The issues of concern centred on a perceived lack of support and guidance from senior management to local stakeholders. This was
perhaps manifested by difficulties associated with communicating the program objectives and action plans to local stakeholders, problems associated with local staff changes at both the local and organisational levels, and issues relating to timeframes and resourcing.

Given that these comments were predominately emphasized by the stakeholder participants from the North West program site, another possible reason for this perceived lack of support and guidance to local stakeholders may be the geographical barrier that exists between senior program management, based in Hobart, and stakeholders based on the North West site. This geographical distance might have had an impact in terms of understanding and communicating the local characteristics of the North West region and from providing timely information and guidance at the start of the programs. It should also be noted that staff changes occur in any organisation and at any level and, despite all good intentions to minimise impacts on program outcomes, negative impacts are often inevitable. In reference to any future programs, more discussion about ways to better manage programs from a distance may be an appropriate response as well as strategies to mitigate against the impact of staff changes.

Findings on the issues related to the program delivery mostly pointed to the weaknesses in the pre-determined scope of the programs, namely the exclusion of schools and a perceived bias regarding the target population. Local schools were considered outside the scope of local activities. However, comments received from stakeholder groups, suggest that the exclusion of schools from the program scope may have acted as an impediment to the programs fully achieving their stated goals. It is recommended that schools be included in the scope of future similar initiatives as schools can play a pivotal role in facilitating access to young persons.

In addition, participation in program activities appeared to be primarily female teenagers, with participation by young men being minimal. This scenario is not uncommon according to the literature. For example, in his review of research on teenage pregnancy, Fullerton (2004) noted that such programs are “historically aimed at the needs of women” (p.18) and thus suggested more inclusive access for and recognition of the needs of young men. While both sexes play an important role in sexual health, and should equally benefit from such sexual health educational programs, models of delivery that are based on accessing a non-biased and more inclusive target population should be a legitimate approach.
It is worth noting that these design-related suggestions for improvement were made by the stakeholder participants in the evaluation study. A number of these stakeholder participants were themselves actively involved with the delivery of activities at a number of different levels. Therefore, they were in the best position to offer valid recommendations for improvement from their hands-on experience and reflections.

4.2 Impact

The impact on the two host communities was also evaluated on the basis of outcome assessment, whereby changes to the awareness, attitudes and behaviours of the young participants were examined. Encouragingly, the findings showed evidence of increased awareness and positive signs of attitudinal and behavioural changes among the target population.

4.2.1. Increased awareness

Findings from the feedback of both the young people and other stakeholders presented an indication of improved awareness regarding sexual health matters.

New learning including knowledge about the available services or more specific in-depth knowledge about sexual health, such as contraception and STIs were reported. In addition, there were also educational sessions about attitudes and communication skills related to sexual health. All of this body of knowledge is in alignment with the guidelines of the World Health Organization regarding the empowerment of young people towards sexuality and sexual health, including making sound decisions about relationships and sexual intercourse and standing up for those decisions; using negotiation and refusal skills regarding unwanted approaches regarding sex; recognising a situation that might turn risky or violent; knowing how and where to ask for help and support; knowing how to negotiate for protected sex and other forms of safe sex when ready for sexual relationships (World Health Organization, 1998).

This awareness raising strategy is especially a welcome addition when there is evidence in the literature that suggests a lack of understanding that exists among the teenagers about how to appropriately use contraception, such as the contraceptive pill, according to the report on teenage pregnancy in Tasmania (Northern Early Year Group & UnitingCare...
Tasmania, 2013). The provision of information around the correct use and application of different forms of contraception may be one of the key reasons why the programs were very well received by the target participants, who may lack that necessary knowledge when they are sexually active.

4.2.2 Positive signs of community change in attitudes and behaviours

Apart from the increased awareness and understanding about sexual health, the evaluation findings also uncovered positive signs of changes in the attitudes and behaviours of the involved young participants.

In particular, the attitudes of the young participants were reported to shift from being carefree to being more cautious about sexual health matters. The young people or the female teenagers in this case, stated that they tended to respect themselves more, to take sexual health seriously, and to be more empowered to rebut any unwanted sexual advances. Similarly, these findings were supported by comments received from the stakeholder participants. From the stakeholder perspective, these observable changes included more discussion and conversation around sexual health topics, greater and improved disseminations of related videos online to promote safe sex, increased number of visits to family planning centres, etc. These initial changes in attitudes are the necessary foundation for changes in behaviours and practices related to sexual health in the longer term.

In the immediate term the reported changes appear to be minimal, as acknowledged by the stakeholders. Given the fact that it takes time for change in community attitudes and behaviours to become readily visible, it is hard to obtain an accurate measurement of the impact on community changes as a result of the two programs. However, with all of the positive signs in program management and delivery, there is sufficient evidence to suggest that that these programs will result in more visible and measurable change, such as a positive impact or influence on the rates of unplanned teen pregnancy in the two regions in the medium to longer term. For this to occur, it is necessary to sustain the current momentum of activities surrounding safe sex education and promotion beyond the funding cycle of the two programs. In addition, to reaffirm the effectiveness and impact of these programs, repeated evaluation, both qualitative and quantitative, should
be carried out in the future in a systematic way to produce more reliable and robust evidence.

5. Recommendations

On the basis of the evaluation findings, practical recommendations are presented with a view to increasing the effectiveness and impact of similar sexual health educational programs in the future.

- The findings highlighted the critical role that the local stakeholders and program staff played in engaging the broader community, involving young people in program activities, promoting program activities within the local community and advocating for attitudinal change. To this end the evaluation recommends that local program stakeholders and staff are provided with the relevant knowledge about the overall program objectives, scope and planned outcomes. It is also recommended that this information be communicated in a timely and coordinated fashion.

- The mode of program delivery plays a key role in determining the success or otherwise of programs associated with sexual health education and promotion. One of the factors attributed to the success of the programs has been a high level of flexibility in the delivery of program activities. This flexibility allows the activities to be responsive to the needs of the target population and considers local characteristics of the community.

- It is recommended that future funding criteria include consideration on how the project objectives can continue to be delivered beyond the funding period of the programs. An element of sustainability could be built into the program design on the basis of community involvement, community empowerment, and community capacity building. Specifically, the FAST model or similar models should be further considered for application in other community based initiatives in the future.

- Consideration be given to how the target population e.g., young participants may be more directly involved in the design of the programs. It is recommended that representatives of the target population are consulted with during the design phase of the programs. Young people could be asked about their ideas on creative ways of identifying and exploring issues relating to sexual health which then could be incorporated into the design of the educational programs. This would lead to a higher level of ownership in the programs by young people and attract more young people to the programs.
• Peers and role models have proven to be effective as agents of change when dealing with complex and sensitive social issues. Opportunities exist, where appropriate, to engage these individuals in promoting the key messages of sexual health programs.

• It is recommended that future programs engage more directly with local schools, with a view to exploring ways in which programs may complement existing school sexual health programs rather than duplicating or excluding school based sexual health educational initiatives. Such an approach would increase access to the programs to a broader audience.

• Programs that encompass models of promotion and delivery which target both young women and men are recommended. Such models could include communication strategies that target sporting clubs and organisations that may be culturally or traditionally regarded as the domain of young men.

• Investigate the application of social media as a key tool in engaging and disseminating information on sexuality and sexual health.

• It is recommended that evaluations of future community based sexual health programs continue to work towards adopting more accurate and reliable measurements of community change and employ repeated outcome evaluation studies, which should be carried out over a period after the project’s closure. Particularly, the randomised controlled trial (RCT) is considered to be the most rigorous research method for evaluating the effectiveness of a given program, as suggested by Fullerton (2004).

6. Conclusion

The aim of the evaluation was to provide the funding body and key stakeholders with a greater understanding of the effectiveness and impact of the two teenage pregnancy programs in the Derwent Valley and the North West region of Tasmania. The participants were invited to identify the strengths and weaknesses of the two programs in terms of the management and delivery of activities, as well as the changes in awareness, attitudes, and behaviours among the target population.

Valuable learning can be extracted from both the process and outcomes of the two programs which may have application in future community based sexual health programs. Central to this learning is the importance of ensuring that the clarity of program
objectives and desired outcomes is communicated through all levels of program governance. The opportunity for input from the beneficiaries of the programs i.e., teenagers in the design, delivery and evaluation of, cannot be underestimated as a means to build capacity and relevance of the programs to the local community.

The use of qualitative methods to obtain data from a range of program participants and stakeholders was successful in helping to secure rich and in-depth data surrounding the issue of program efficacy, however the recruitment of young participants to participate in interviews and focus groups proved challenging for a range of social, economic and cultural reasons. The support and assistance from the both senior management at Family Planning Tasmania and the local program coordinators in the recruitment of both local stakeholders and young participants was invaluable. It was evident that the trust and respect that young participants had for the local coordinators was pivotal to securing their participation in the evaluation activities.

In concluding, the issue of future funding support and program sustainability were front and centre of comments received from stakeholder groups. As noted in this report, social issues such as high rates of unplanned pregnancy amongst teenagers in small regional communities require sustained efforts reliant on sufficient funding and resourcing. Whilst the findings from this evaluation of the two programs effectiveness and impact in terms of community change has been generally positive, it is difficult to assess the real impact of the programs in terms of any change in unplanned teenage pregnancy rates over the duration of the program life cycle. It would be prudent to undertake repeated outcome evaluation studies, carried out over a period after the project's closure for a more realistic assessment of the programs’ impact on community and attitudinal change.

The findings are presented and discussed thematically on the basis of the data analysis. Recommendations have been drawn from the evaluation findings and are contained in section 5 of this report.
7. References


Northern Early Year Group, & UnitingCare Tasmania. (2013). Teenage pregnancy research report. Tasmania: Northern Early Year Group and UnitingCare Tasmania.


Appendix 1: Questions for focus group and interview participants

Questions for focus group

1. What is your general impression about the program/activities/training that you received from the Family Planning Tasmania?
2. What are its strengths?
3. What are its weaknesses? What are specific things about the program/activities/training which need to be improved?
4. What is your view about the content of the program/activities/training that you attended? To what extent do you think the program/training/activities can improve your knowledge/awareness regarding teenage pregnancy prevention?
5. To what extent do you think the program/training/activities can change your attitudes or beliefs towards teenage pregnancy prevention?
6. What is your view about the format of the program/activities/training?
7. What do you think about the function of the program/activities/training as a method to reduce teenage pregnancy in your region?
8. How important do you think the program/activities/training is to the clinical procedure at your medical practice?
9. Are there any other comments you wish to make about the program/activities/training by the Family Planning Tasmania?

Questions for interview participants

1. What is your general impression about the services/programs/activities that you received from the Family Planning Tasmania at your local doctor health clinics?
2. Were the services/programs/activities better or worse than your expectation? Can you please provide more information on this matter?
3. What is your view about the content of the services/programs/activities that you attended? To what extent do you think the services/programs/activities can improve your knowledge/awareness regarding sexuality and sexual health?
4. To what extent do you think the services/programs/activities can change your attitudes or beliefs towards sexuality and sexual health?
5. To what extent do you think the services/programs/activities can change your behaviours regarding sexuality and sexual health?
6. What is your view about the process of these services/programs/activities?
7. What do you think about the communication (pamphlets, advice, service, information) of the services/programs/activities as a method to reduce teenage pregnancy in your region?

8. How important do you think the services/programs/activities at your local doctor health clinics are to young people in local community?

9. Are there any other comments you wish to make about the services/programs/activities conducted by the Family Planning Tasmania?
Appendix 2: Ethics approval
Appendix 3: Information on fast model
Appendix 4: Copy of World Condom Day event held in Burnie under the FPT program funding
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Appendix 2: Ethics approval
7 November 2012

Dr Quynh Le
Department of Rural Health
Locked Bag 1372

Sent via email

Dear Dr Le

Re: FULL ETHICS APPLICATION APPROVAL
Ethics Ref: H0012625 - Evaluation of Community Change through Family Planning Projects

We are pleased to advise that the Tasmania Social Sciences Human Research Ethics Committee approved the above project on 6 November 2012.

This approval constitutes ethical clearance by the Tasmania Social Sciences Human Research Ethics Committee. The decision and authority to commence the associated research may be dependent on factors beyond the remit of the ethics review process. For example, your research may need ethics clearance from other organisations or review by your research governance coordinator or Head of Department. It is your responsibility to find out if the approval of other bodies or authorities is required. It is recommended that the proposed research should not commence until you have satisfied these requirements.

Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval.

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.
2. **Complaints:** If any complaints are received or ethical issues arise during the course of the project, investigators should advise the Executive Officer of the Ethics Committee on 03 6226 7479 or human.ethics@utas.edu.au.

3. **Incidents or adverse effects:** Investigators should notify the Ethics Committee immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.

4. **Amendments to Project:** Modifications to the project must not proceed until approval is obtained from the Ethics Committee. Please submit an Amendment Form (available on our website) to notify the Ethics Committee of the proposed modifications.

5. **Annual Report:** Continued approval for this project is dependent on the submission of a Progress Report by the anniversary date of your approval. You will be sent a courtesy reminder closer to this date. **Failure to submit a Progress Report will mean that ethics approval for this project will lapse.**

6. **Final Report:** A Final Report and a copy of any published material arising from the project, either in full or abstract, must be provided at the end of the project.

Yours sincerely

[Signature]

Katherine Shaw
Ethics Officer
Tasmania Social Sciences HREC
Appendix 3: Information on fast model
Families And Schools Together (FAST)  
A Community Approach

This paper is to outline the significance of community agency support for the Families And Schools Together (FAST) program.

Included in the key values underpinning the FAST program, is the belief that:

- Trusting relationships support the ability of families to access helping resources.
- Collaboration across systems and networks to address the needs of all children is a necessary and important process.
- Providing a range of support networks to families assists in a person’s ability to succeed and to be empowered to face daily life situations.

In most cases the families FAST reaches out to are those who are ‘at risk’ and hard to reach. Often these families have very little or no community connections.

FAST together with other community providers, takes a collaborative approach with agencies very seriously. It often takes various levels of supportive, trusting relationships to enhance families ability to succeed. FAST sees all community groups who have a welfare, community, youth, children's and/or families focus as playing a vital role in making this happen.

Below is an extract from an evaluation report from a FAST site report in an Australian school in which community providers have been involved. It shows the absolute significance of their contribution and why community agencies/groups must continue to grow and expand their programs and operations to meet the needs of many struggling families.

“In terms of social support, parents reported statistically significant improvements in total social relationships (15%), tangible support (89%) and emotional support (75%) scores, as well as increasing trends in community social relationships and total support scores. Given these improvements in the social support network, the parents are less likely to experience the negative effects of daily stress.”

A recent survey of 40 Australian families evaluated two years after having completed a FAST program, 32 parents had self-referred to community based agencies for extra support. Community agencies have indicated an increase in the number of families needing extra support as a result of the FAST process around Australia.

FAST believes in the well known saying, “It takes a village to raise a child”. At FAST 8-12 families come together to support each other in the raising of children. As FAST is held at the local school, the support networks within the school are strengthened. As community groups become involved another layer of support is added. As families go through the FAST process many layers of support are in place to assist and empower parents in their role of raising children.

We thank all community providers for the significant work of strengthening young people and families in the region, and we welcome the participation and support from others.

For Further information: -
FAST Australia
Phone - +61 03 6229 3343  
Mobile - + 61 0427 717 212  
E-mail - fast@internode.on.net  
www.familiesandschools.org
Appendix 4: Copy of World Condom Day event held in Burnie under the FPT program funding
What will you give your partner this Valentine’s Day?
Speak with a doctor. Private. No judgment. No out of pocket cost.

STI and pregnancy testing - Birth control - Pap tests
1 Pine Ave
Upper Burnie
Appointments: Call 6431 7692 or SMS 0457 956 223 for call back
# National Condom Day 14: Feb 2013

**Stake Holders:**
Burnie Youth Accommodation Service, Community Connections, Family Planning, Circular Head Council, Rural Health, CHAC, Waratah Wynyard Council, Red Cross, Burnie City Council, North West Youth Health Services, Central Coast Council, Kentish Council, Don College, Youth and Family Focus, Health West, Zeehan Neighbourhood Centre, Rosebery Community House, Burnie Chemists, Local shop owners.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Expenses</th>
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</thead>
<tbody>
<tr>
<td>What will you give your partner for Valentine’s Day posters.</td>
<td>Florist wires x 1000 25.00</td>
</tr>
<tr>
<td>Condom Flowers</td>
<td>Pipe Cleaners x 10 pkts of 100 @ $3.99 each</td>
</tr>
<tr>
<td>Condom Free 4 U cards</td>
<td>Florist oasis x 2 @ $6.00 each</td>
</tr>
<tr>
<td>STI brochures</td>
<td>Poster printing (printed at Burnie FPT)</td>
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<tr>
<td>Condom Fact sheets</td>
<td></td>
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<tr>
<td>FPT condom packs</td>
<td></td>
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<tr>
<td>Contraception fact sheets</td>
<td></td>
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<tr>
<td>Competition poster</td>
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<td>Competition entry forms</td>
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<tr>
<td>Making choices books</td>
<td></td>
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<tr>
<td>Blank Canvas Question – What does good sexual health mean to you?</td>
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<tr>
<td>Colored felt pens</td>
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<tr>
<td>Pens</td>
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<td>Sticky tape</td>
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The efforts of the North West region...

The North West region created a stir on National Condom Day, some people even forgot that it was Valentine’s Day too (including me). A staggering one thousand six hundred and twenty eight condom flowers were made by many people from all walks of life, age and gender. The amazing condom flowers created a focal point in most towns and posed as a great conversation starter. Stories were shared amongst participants and the message of safe sex was heard loud and clear.

North West organisations of all sizes jumped on board and worked hard to get the message out there. Karli Franks from Burnie City Council organized some media attention in the lead up to National Condom Day, Andie Lane from Centacare sent info/flyers and invites through her distribution list of hundreds, the National Condom Day popped up in local newsletters, Facebook (BCC site), most shop owners were happy to display promotional material. It was a true regional effort.

Condoms were donated by Glyde, Ansell and Wilkinson’s pharmacy in Burnie and then distributed around the region to be turned into amazing condom flowers.

On National Condom Day the local media was lining up to find out more including a journalist from the Advocate, reporters from Sea FM and ABC rural radio. We didn’t issue any media releases so were quite pleased that the word of mouth and local connection method of promotion was working.
Kentish ...

- Condom flowers made 163

Collaboration with Kentish Council Youth Development Officer Chris Clark and FPT.

Chris coordinates activities at the Sheffield Youth Centre and worked with the participants to spread the message. Condom Flowers were planted in the main street of Sheffield next to the Post Office by Chris, three participants and FPT worker.

The highlight of the morning was a bus load of international tourists stopped at our flower garden, asked heaps of questions and took lots of photos.

One tourist said “It’s great to see that the message of having safe sex is still being told”. Others were tickled that condoms were growing in the garden and that Tassie is very proactive in spreading the message of safe sex and not the infection.

Ulverstone ...

- Condom flowers made 279

Some of the lovely flowers made in Ulverstone

Collaboration with Central Coast Council youth development officer Mel Cruze and FPT - Mel worked with a small group of at risk youth to make flowers that were planted next to Banjos bakery in the main street.
Burnie...

*Condom Flowers made 589*

**Burnie City Council**

Collaboration with Community Connections (Burnie youth Accommodation Services), Burnie City Council, Red Cross, Tasmanian Health Organisation’s North West Health Service and FPT.

A National Condom Day extravaganza was held on the front lawn of the Burnie City Council. Posters were displayed, BCC received donations of groovy Condoms (Studded and in fancy packaging) from Wilkinson’s Pharmacy.

Young people from BYAS made 352 Condom Flowers in 5 sessions for the NCD that were distributed to all participating regions to get them started and featured as a frontline focal point.

The highlight of the day was the Mayor of Burnie Steve Kons spent some of his afternoon assisting the team to share the message of safe sex. (Konsie handing out connies, we loved it)
Cooee Youth Shelter...

Smithton

- Condom Flowers made 311
The team from Rural Health, CHAC and Circular Head council organised a NCD visual feast, with condom flowers of all shapes and sizes decorating the front of the Rural Health Building. Clammy (RH Chlamydia mascot) made an appearance. A stall was set up with resources and goodies and was well received by the community.

**West Coast**

- Condom Flowers made 286

Condom flowers were made by some of the residents from the Cooee Youth Shelter as a gift for the West Coast and to demonstrate the creativity that can be achieved. Condom Flowers were displayed in the windows of the Health West building and the flower garden in front of the Zeehan Neighborhood Centre. The coordinator of the Neighbourhood Centre organized a display consisting of posters and STI facts.
Don College

NCD- Promotions took over the common room at Don

Don College student were given 50 FPT condom goodie packs to give away and plenty of resources to set up a stall to promote safe sex. The students made an extra 150 packs packed full of good info, free condoms and love heart shaped lollies. By the end of the day all the resources were gone, the table was bare, all students were pleased with themselves and the message of safe sex just got stronger.