

Where Are We Now?

Qualitative Evaluation of Participatory Arts-Based Sex Education in Canada

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Abstract

Where Are We Now? (Où en sommes-nous maintenant?) explore les moyens et les retombés des stratégies utilisées par les programmes d'éducation basé sur les arts qui traitent des relations sexuels. Cette étude inclue une recension des écrits sur les méthodes participatives qui font utilisation des arts pour transmettre des messages d'éducation portant sur les relations sexuels et sur le VIH/SIDA. De plus, l'étude explore les tendances actuelles des moyens d'évaluation qui se rapporte au secteur de l'éducation de la santé sexuelle. L'analyse des données par la exploration d'études de cas de 6 initiatives canadiennes récentes de programme d'arts qui a trait aux enjeux de santé sexuel ainsi qu'au VIH/SIDA relève plusieurs difficultés et frustrations par rapport aux moyens d'évaluation actuel. La discussion porte sur le rôle de l'art produit par les participants dans les moyens d'évaluation. Quatre critères – la conviction, l'évocation, l'orientation des actions et les politique d'espoir, ainsi que la réflexivité – pour l'évaluation d'art produit par les participants sont présentés. Ces critères démontrent la nécessité d'un domaine spécifique de recherche d'évaluation qui vise particulièrement les méthodes participatives qui utilisent les arts pour transmettre des messages éducatifs portant sur des initiatives de santé sexuelle et sur le VIH/SIDA.

Where Are We Now? explores and reflects on the means and ends of assessment strategies used by Canadian participatory, arts-based sex education programs. The study reviews literature on the use of participatory, arts-based methods in sexual health and HIV and AIDS education as well as current trends in evaluation and assessment practices within the field of sexual health education. Data collected from exploratory case studies of 6 participatory, arts-based sexual health or HIV and AIDS specific education initiatives currently taking place in Canada reveals various challenges and frustrations with current evaluation practices. The role of participant-produced art in evaluation is discussed and four criteria - persuasiveness, evocativeness, action orientation and the politics of hope, and reflexivity – for assessing participant-produced art are presented. These criteria point to the need for a particularised area of evaluation research that is specifically concerned with participatory, arts-based sexual health and HIV and AIDS initiatives.

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Mum and Dad, thank you and I love you so much that I'm going to write it right here in the acknowledgements section for all the world to read. Thank you for your support and for giving me the confidence to (finally) pursue my dream.

Jennifer Thompson, my partner in the trenches, my sounding board, my drinking buddy, and my friend. Without you this thesis probably wouldn't make sense. I might even miss our editing session...no wait, there are more to come.

Table of Contents

ABSTRACT	B
ACKNOWLEDGEMENTS	C
TABLE OF CONTENTS	D
TABLE OF FIGURES	F
CHAPTER 1: INTRODUCTION.....	1
SEXUAL HEALTH AND HIV AND AIDS EDUCATION	3
PARTICIPATORY ARTS-BASED SEXUAL HEALTH EDUCATION	3
AIMS OF THE STUDY AND RESEARCH QUESTIONS	5
CHAPTER 2: RISKY COLLAGE IN MEXICO.....	7
COLLAGE AS METHODOLOGY	7
WHY RISK?.....	9
THE INTERNATIONAL AIDS CONFERENCE 2008, MEXICO CITY	10
POSSIBILITIES FOR INTERPRETATION	14
LESSONS LEARNED FROM THE WORKSHOP	15
<i>Practice</i>	15
<i>Time and Space</i>	17
<i>Organization</i>	18
<i>Documenting the Process</i>	18
CONCLUSION	19
CHAPTER 3: ASSESSMENT AND EVALUATION: LITERATURE REVIEW OF SEXUAL HEALTH AND EVALUATION STRATEGIES.....	20
WHY THINGS DEVELOPED THIS WAY: THE RESTRICTIVE MODEL	21
TRADITIONAL MEDICAL MODEL	22
RESEARCH CONTEXT: SEX EDUCATION PROGRAMS TODAY	25
EVALUATION: CURRENT TRENDS	26
WHAT DOES EVALUATION MEAN FOR PARTICIPATORY ARTS-BASED PROGRAMS?.....	29
THE NEW WAVE: PARTICIPATORY ARTS-BASED PEDAGOGY AND EVALUATION	30
CREATIVE AND EXPERIMENTAL ETHNOGRAPHY EVALUATION.....	32
CONCLUSION	35
CHAPTER 4: METHODOLOGY METHODS, AND DATA ANALYSIS	37
METHODOLOGY: FEMINIST STANDPOINT THEORY.....	37
FINDING PARTICIPANTS	39
METHODS: CASE STUDIES	41
METHODOLOGICAL CONCERNS	42
THE INTERVIEWS	44
DATA COLLECTION.....	46
DATA ANALYSIS.....	46
CHAPTER 5: RESEARCH FINDING	48
CASE STUDY 1: YOUTHCo AIDS SOCIETY	48
<i>Programs</i>	48
<i>Evaluation Methods</i>	51
CASE STUDY 2: SEXUAL HEALTH PROGRAM, LOWER CANADA COLLAGE	56
<i>The Program</i>	57
<i>Evaluation Methods</i>	60
CASE STUDY 3: CHEE MAMUK	61
<i>The Program</i>	61
<i>Evaluation Methods</i>	62

CASE STUDY 4: GENDERING ADOLESCENTS AIDS PROJECT	65
<i>Program</i>	65
<i>Evaluation Strategies</i>	66
CASE STUDY 5: TAKING ACTION PROJECT: ART AND ABORIGINAL YOUTH LEADERSHIP FOR HIV PREVENTION....	68
<i>Program</i>	69
<i>Evaluation Strategies</i>	70
CASE STUDY 6: INDEPENDENT HIV AND AIDS COLLAGE FACILITATOR	72
<i>Program</i>	72
<i>Evaluation Methods</i>	74
IDENTIFIED TENSIONS AND CHALLENGES ACROSS THE 6 CASE STUDIES	75
<i>Time</i>	76
<i>Funding</i>	78
<i>Inadequate Assessment Methods</i>	81
<i>Lack of Training and Skills</i>	83
CONCLUSION	83
CHAPTER 6: ADDING ART TO EVALUATION	85
WHAT TO DO WITH THE ART	85
JUDGING ART	87
THE ROLE OF THE AUDIENCE.....	88
DEVELOPING CRITERIA.....	89
THE CRITERIA.....	91
<i>Persuasiveness</i>	91
<i>Drawing forth emotion and meaning: Being evocative</i>	94
<i>Action Orientation and the politics of hope</i>	96
<i>Reflexivity</i>	98
LOOKING BACK	99
CHAPTER 7: CONCLUSION	101
REFERENCES	105
APPENDIX A: EXAMPLE QUESTIONS AND PROMPTS FOR INTERVIEWS	111
APPENDIX B: PARTICIPANT CONSENT FORM.....	112
APPENDIX C: MCGILL RESEARCH ETHICS BOARD CERTIFICATE.....	114

Table of Figures

FIGURE 1	93
FIGURE 2	94
FIGURE 3	96

CHAPTER 1: Introduction

HIV has been in the public eye since the early 1980s. Originally known as the ‘gay-disease,’ particularly in the West, but almost 40 years later, AIDS has grown to pandemic proportions affecting all people across sex, sexual orientation, race, and class. In 2007, there were 2.7 million new infections globally, about 33 million people have been living with HIV and AIDS and there were an estimated 2 million HIV related deaths. Moreover, 50% of people living with HIV or AIDS are women and children. Globally, young people (aged 15-24) account for an estimated half of newly infected people (Public Health Agency of Canada, 2007). The number of children orphaned as a result of HIV and AIDS is of continued concern. Young people, families, and communities missing one or both parents from AIDS-related deaths suffer emotionally, spiritually and economically. Increasingly in areas highly affected such as sub Saharan Africa, grandparents or older siblings are left with the responsibility of caring for younger family members. Children orphaned by AIDS related infections are often forced to leave school in order to find work (AVERT, 2008). Women and girls are disproportionately affected by HIV particularly between the ages of 15-24 yrs. (UNAIDS, 2008). Biological difference, gender violence, increased poverty, transactional sex-work and a growing culture of violence amongst youth all contribute to this vulnerability amongst girls and young women (Mitchell, de Lange, Moletsane, Stuart, & Buthelezi, 2005). For example, as a result of experiencing extreme poverty as well as the burden of caring for younger siblings in sub Saharan Africa, girls may be exposed to HIV during transactional sex (Mitchell, de Lange, Stuart, Moletsane, & Buthelezi, 2007). It is becoming increasingly apparent to experts in the field that AIDS is more than a medical problem. The global AIDS situation has real and devastating effects on the everyday experiences of today’s youth.

Compared to countries in sub Saharan Africa, sexual health and HIV rates in Canada seem low. In 2007, an estimated 58,000 Canadians were reported to be living with HIV or AIDS (Public Health Agency of Canada, 2007). However, between 2002 and 2007 new infections in Canada have risen 15% and this is mainly within the heterosexual/non-endemic exposure category (Public Health Agency of Canada, 2007). This means that, HIV is no longer the “gay disease” nor is it relegated only to “high risk” communities like intravenous drug users or sex workers. As in other parts of the world, HIV has an ever-increasing effect on women and young girls. This is also true in Canada. Girls between the ages of 15 and 29 represent one of the largest growing populations of those infected (Public Health Agency of Canada, 2006). As a whole, aboriginal people are over represented within the HIV epidemic and almost a third of the new infections between 1998 and 2006 are among aboriginal people below 30 years old (Public Health Agency of Canada, 2007). Chlamydia rates amongst youth are also rising and rates of gonorrhoea are highest amongst youth under the age of 25 (McKay, 2004). In general, youth are unaware of the prevalence of sexually transmitted infections (STIs) and have many misconceptions about their possible long-term consequences (Frappier & Canadian Association for Adolescent Health, 2006; Public Health Agency of Canada, 2006). Alarming, a large proportion of Canadian youth falsely believe there is a cure or vaccine for HIV and AIDS (Public Health Agency of Canada, 2006). As in other parts of the world, socio-cultural factors strongly influence health-risks. Hegemonic gender roles, racism, colonial legacies, biological predisposition, intravenous drug-use, violence against women, and a growing culture of violence amongst youth all put youth, especially girls and youth from marginalized groups, at high risk of HIV and other STI infections (Larkin, Andrews, & Mitchell, 2006; Walsh & Mitchell, 2006).

Sexual Health and HIV and AIDS Education

Youth everywhere are lacking accurate knowledge on sexual health and how to prevent HIV and AIDS transmission (UNAIDS, 2008). The Public Health Agency of Canada (2007) reports little progress since 1998 on how youth understand AIDS. It is well-documented that youth-focused prevention and awareness campaigns need to incorporate a comprehensive and contextualized understanding of the disease (Aggleton & Crewe, 2005; Allan, 2004; Fine & McClelland, 2006). Interventions that focus solely on individual behavioural change are ineffective at promoting sustainable condom use and safer sex practices (Campbell, 2003). A biomedical focus on STI characteristics and prevention, while important, is not enough. Some youth are “sick of AIDS” and tired of sitting through lectures they feel are irrelevant to their own lives (Mitchell & Smith, 2003). Programs that include a discussion of social influences (e.g. gender, race, globalization, poverty, death, family, love, and desire) are likely to contribute to a more relevant and better suited to affect youth sexual behaviours and understandings (Aggleton & Crewe, 2005; Allan, 2004, 2005; Fine & McClelland, 2006; Mitchell & Smith, 2003). As a result of these findings, exploring ways of engaging youth as active participants in their health and well-being has been at the forefront of recent HIV and AIDS educational strategies and development as can be seen in the work of HIV and Culture, a unit of UNESCO in Paris (UNESCO, 2009).

Participatory Arts-Based Sexual Health Education

Integrating participatory, arts-based methods into both formal and informal educational situations is one way to contextualize sexual health in youth’s lives. YAHANet (www.yahanet.org), an on-line web tool launched in 2007, cites 300 organizations in developing

and industrialised countries that use creative and participatory approaches to address HIV and AIDS (Low, Hoechsmann, & Mitchell, 2008). Art here refers to a range of art-informed and art-inspired activities including, for example, photovoice (Mitchell, Moletsane, Stuart, Buthelezi, & de Lange, 2003), photography (Stuart, 2007), filmmaking (Haisla Youth, 2007), theatre (Paiva, 2005; Stackpool-Moore & Boler, 2006), hip hop (Stoke & Gant, 2002), and collage (Norris, Mbokazy, Rorke, Goba, & Mitchell, 2007). Other strategies might include video/radio documentary, television, magazines/zines, drama, DJing and MCing, puppetry, and graffiti art (Low et al., 2008). Many research and educational initiatives are using peer-based learning strategies. Two Canadian projects YouthCo and Taking Action – both participants in this study – have dedicated youth facilitators and youth advisory boards to better incorporate a youth perspective into every aspect of their participatory projects. This peer-to-peer approach promotes stronger and more youth-relevant connections with their clients, who can include marginalized groups such as aboriginal youth and young people living on the streets. Following a creative participatory framework also means youth, who may or may not have any artistic ‘expertise,’ generate the art. In this sense, youth are seen as knowledge producers (Mitchell et al., in press) and co-contributors to the learning process.

These various artistic media are seen as avenues to enter and understand the “sensory side of human experience” (Eisner, 2008). The use of art in sexual health education is an opportunity for educators, researchers, and learners to explore subjective understandings of sexuality in ways that both inform and engage youth. The intent of these “youth as knowledge producer” methods (Mitchell et al., in press) is to provide an outlet for youth to explain their experiences, their needs, and their knowledge on the subject, thus, integrating indigenous knowledges into the educational process. However, while these methods seem promising, there remains a paucity of

evaluative studies on their short- or long-term effectiveness. Indeed, little is understood about how evaluation and assessment methods interact with the amalgamation of participatory, arts-based methods used in sexual health education.

Aims of the Study and Research Questions

This *Where Are We Now?* study explores the means and ends of assessment strategies used by Canadian participatory, arts-based sex education programs. I explore 6 participatory arts-based sexual health or HIV and AIDS specific educational initiatives currently taking place in various urban and rural locations across Canada. The three main research questions driving the study are the following:

1. How are participatory, arts-based programs assessing their effectiveness in promoting safer sexual health practices among Canadian youth?
2. What are the results of these assessments?
3. How do the assessments interact with the program's mandate, funding, and the continued need for Canadian sexual health education?

In this first chapter I have introduced the issues and have mapped the study. In chapter 2, I situate the study by describing my experience facilitating a collage workshop with youth on the topic of risk and HIV and AIDS. I present the theme of risk as it pertains to youth and sexual health, and followed it with a more in-depth analysis of how arts-based methods are used in sexual health education. Chapter 2 also outlines some of the tensions that exist currently with regards to participatory, arts-based research and education methods.

Chapter 3 is a systematic review of the literature on evaluation and assessment specific to sexual health education. I also assess some art-specific reviews and evaluations. I highlight some of the shortcomings of traditional evaluation strategies and how these dominant assessment strategies threaten the development of new educational methods.

In chapter 4, I present feminist standpoint theory as central to the research methodology. This frames the intent, research methods, data analysis, and discussion and dissemination of the

Where Are We Now study. The research methods include interviews and document analyses. Also in this chapter, I describe the interview guide and reflect on the interview process.

Chapter 5 reports the findings, common themes, and key observations that became evident during the study. Here I systematically outline the 6 case studies. I elaborate on their individual aims and their evaluation strategies, and in particular focus on the shared challenges and tensions within the programs.

Chapter 6 maps out a framework for evaluating art produced within arts-based sexual health education programs. This topic is largely absent from the evaluation literature I read, consequently, I present a preliminary model for programs to begin evaluating youth-created art.

In Chapter 7 I summarize my findings. The interview participants understand and support the continued need for assessment and evaluation in order to better illustrate the effectiveness of their work. However, they are at times frustrated with ongoing limitations with evaluation methods. I suggest the development of a particular area of research in evaluation and assessment that focuses on the specific needs of participatory, arts-based sexual health initiatives.

Chapter 2: Risky Collage in Mexico

The purpose of this chapter is to provide a context for my work by situating my own experience using the arts to build youth capacity around HIV and AIDS. I developed for the YouthForce pre-conference of the 17th International AIDS Conference held in Mexico City in 2008, called *Risky Collage: How to use the arts to voice a message*. The workshop hosted close to 90 youth who made “risky collages” to reflect the relationship between risk and HIV and AIDS. To begin, I describe collage as a research method. I then explain how risk is a pertinent theme within the youth, HIV and AIDS dynamic. Finally, I present the *Risky Collage* workshop, some tensions that emerged during its facilitation, and the potential strengths and limitations of using collage as a participatory, art-based methodology within HIV and AIDS initiatives. Despite its challenges, collage proved overwhelmingly useful at engaging young people from all over the world in discussing their complex understandings risk and HIV and AIDS. Indeed, youth have something to say about HIV and AIDS.

Collage as Methodology

Arts-based inquiry has developed a fairly robust set of methodologies and methodological practices (Davis & Butler-Kisber, 1999; Eisner, 2008; Knowles & Cole, 2008; Knowles & Luciani, 2007; Leavy, 2009). Encompassed within an arts-based framework is a commitment to making academic inquiry and results more inclusive. As Knowles and Cole write: “In using visual images in the service of social science research to understand and communicate elements of the human condition...is to move research and aesthetics away from mere individual achievement and accomplishment towards participation with communities, towards social/ecological accountability, responsibility, and accessibility” (2007, p. xi). Using

the arts in arts-based research is inspired by the post-modern artistic critique of hegemony in ‘high art’ and ‘high culture,’ as well as post-colonial and feminist thinking. The art goes beyond aestheticism and pleasure to socially engage and contextualize learning. It can complement and critique the literal, while extending directly into sensory experience to contribute to a richer and more complex understanding (Knowles & Luciani, 2007). There is growing acceptance and continued curiosity about the non-linear, partial, embodied, and, thus, alternative knowledges that can be accessed through the arts.

One approach to visual arts based inquiry is the use of collage. While there are many different ways of producing collage (including through the use of video collage), the term collage typically refers to the process of (and products of) taking found images, and arranging and gluing them onto cardstock. Having moved beyond its Cubist, Dadaist, and Constructivist roots of the early to mid 1900s, collage has more recently been adopted by academics as a pedagogical process, a ‘memo-ing’/reflecting tool, a conceptualizing approach to looking at a phenomenon, as well as an elicitation for writing and/or discussion (Butler-Kisber, 2007, 2008). Vaughan (2005) outlines eight characteristics as a framework for collage methodology: creative practice, juxtaposition, inter-disciplinarity, link to daily life, situated artist/researcher, culture critique and transformation, open-endedness, and finally multiple, provisional, and interdependent products. This visual-based technique can be used to explore embodied ways of knowing and discovering. It has the ability to create, uncover, and display knowledge in an inclusive manner. The final collages are more than just art; they are products that reflect, reveal, and document the research process (Vaughan, 2005). Collage is an accessible, interactive tool (Norris et al., 2007) that can work across languages, ages, and artistic experiences to explore multiple themes (James, 2000).

Why Risk?

Our workshop topic for the conference - “risky collage” – is in reference to Jen Gilbert (2007) work that outlines the tenuous relationship between adolescence and risk. She challenges the classical, developmental view of adolescent risky behaviour, which marks youth as prone to risky behaviour due to their level of cognitive development. The problem with this classical discourse is that it constructs young people in the “risky role of not yet an adult” (p. 48). Within this framework, risk is not just an outside peril but also a danger within - the inescapable danger of being young. Youth are naturally risky. ‘Risky youth’ when associated with HIV and AIDS carries “an epidemic logic [and] migrates easily from sex to pregnancy to degeneracy to violence” (Gilbert, 2007, p. 49). All young people are a threat to themselves *and* a threat to society at large. Youth living with HIV are blamed for their status and seen as a hazard to social well being. This ‘risky youth’ discourse plays a large part in the Western traditional sex education model that supports surveillance and control of adolescent bodies (Gilbert, 2007). This discourse distorts our ability to incorporate the lived experiences of youth into our understanding of HIV and AIDS. Poverty, globalization, legacies of colonialism, limited access to education, violence, displacement, racism, and sexism and other ‘outside’ influences can have an impact on a youth’s decisions and behaviour (Mitchell & Smith, 2003). Sexual health education needs to challenge traditional notions of adolescent behaviour and provide spaces for youth to define risk themselves.

The International AIDS Conference 2008, Mexico City

The YouthForce committee of the International AIDS Conference put together a three-day (July 30th to August 1st, 2008) conference dedicated to preparing youth for their further participation in the larger International AIDS Conference. Attended by close to 300 youth between the ages of 18 and 25, the YouthForce conference consisted of workshops and seminars which encouraged capacity building, technical understanding of the scientific and political impact of the AIDS epidemic, and advocacy of and amongst youth on HIV and AIDS.

At the YouthForce conference, I co-facilitated¹ a workshop on using arts-based methods to create messages about HIV. We discussed the possibility of these methods to reveal the socio-cultural aspects of the HIV pandemic with young people from different cultures. We also explored how these methods can be used to give youth a voice on issues that affect them growing up in the age of AIDS (Mitchell et al., in press). In addition, we explored how youth understand the connections and complexities of this risk in their lives.

When we arrived at the pre-conference, I (with my two colleagues) was excited and overwhelmed by the enthusiasm of the youth participants from such countries as South Africa, Kazakhstan, the Bahamas, Canada, the United States, and of course, Mexico. As participants at an AIDS-focused conference, we presumed these youth would have a relatively high comprehension of the socio-cultural indicators associated with HIV and AIDS both in the daily lives of individuals, as well as on a larger political and global scale. However, we suspected that they would have a varying degree of experience working with the arts. Given this particular audience, we focused less on HIV-related topics and more on the theory of art-based tools and

¹I co-developed and facilitated this workshop with Caitlin Tanner. Harry Karmouty-Quintana contributed English-Spanish translations throughout the workshop. Both Harry and Caitlin are colleagues from McGill University.

collage techniques. The socio-cultural context of HIV and AIDS and risk were discussed briefly but we were avoided leading or influencing the collages produced by the participants.

To begin the workshop, we presented dominant understandings of knowledge, as rational and linear. For example, the emphasis placed on essay writing in formal school settings suggest a need for students to learn a particular way of organising their thoughts that reflect a linear argument and complete understanding of concepts. Desire, sex, passion, hatred, repulsion, death, fear, and other complicated and conflicting emotions are not always easily expressed using words and formal writing. Art, with its position in the margins of society and outside the more formal knowledge creation, can offer another way for people to explore these themes. For example, art has been used in HIV and AIDS education to critiques and counter dominant stigmas and taboos associated with HIV and AIDS (Moletsane et al., 2007). On the other hand, many people's first experience doing collage is during early childhood lessons in arts and crafts. We reviewed a brief history of collage and photomontage to contextualize its development within the arts in an effort to overcome the view of collage as 'kindergarten art.' We also hoped to generate respect for artistic technique as important and useful to the creative process (James, 2000). Art and collage were presented as playing an important role throughout history as providing a certain freedom of expression.

We reviewed some basic collage techniques for participants in small groups of 3 to 5 to practice and explore while they made their own collages on 8.5" X 11" paper. Due to the limited time frame and in an effort to make the collage process more efficient, before the workshop we tore out images from various popular North American fashion magazines such as, *Chatelaine* and *Vogue*, from *National Geographic*, as well as from some travel and yoga magazines. The collected pages were chosen mainly for their images and for their lack of written text. Naturally,

the types of images reflected the types of magazine from which they originated. This in turn affects the collage. The fashion magazines tend to have high-gloss photos of models and consumer products whereas *National Geographic* tends to focus on landscapes, wildlife and exoticized cultures. We indiscriminately collected as many pictures, images, and photographs as possible that could be further picked over and cut out by the youth. We distributed the images to the collage groups to provide a range of images to from all the magazines. This technique proved useful as it avoided the sometimes distracting and time-consuming practice of going through magazines, but still allowed for spontaneous and intuitive image selection².

When working with the images, we encouraged youth to look beyond the literal, and to experiment with the multiple ways to use found images. For example, we suggested turning the images upside down, or repeating certain images for emphasis. Looking at the colours, textures, size, mood, and critical readings of images might lead to a more provocative and creative display. These collage techniques emphasize putting disjointed pieces together in a way that creates something new. The critical use of the metaphoric and the symbolic was promoted, as opposed to relying on the literal and the mundane. We wanted the youth to find their own way to make cohesive statements out of seemingly disparate images and complex issues. This, of course, was not an easy concept to present to youth speaking a range of different languages.

In her classroom research, James (2000) observes that working with metaphor can be challenging for students. She finds that setting a few rules and guidelines allows for a more effective use of metaphor. To encourage them to think metaphorically and think non-linearly, her students are not allowed to use words in their collages. To unify the composition, the size of the

² By removing the images from the rest of the magazine it may limit some of the media critique that can come from collage process. Given that popular culture critique was not a priority of this workshop, we chose to forgo this step.

collages are limited to one 8.5” by 11” sheet of paper (James, 2000). “The smaller size forces students to select and condense images rather than arbitrarily add more pictures, as they often did when there was no size limit” (p. 154). Given our similar focus on encouraging youth to express a message using arts-based tools, on top of our workshop time constraints, we decided to adopt her suggestions into our workshop. These rules, we hoped, would promote the artists to take chances, play, and be inventive.

Some youth expressed frustration at not being able to use words and others felt the need to expand their collages past the borders of the page. As facilitators, we were committed to the ‘no words rule’ despite complaints from the participants. We took the youth’s frustrations as a sign of the power of text-based discourse. The complaints only served to strengthen our resolve to challenge this dominant discourse and have the youth explore the alternatives. However, we were less ‘strict’ if the collages exceeded the size limit. For the most part, the youth who made larger collages were very clear as to why and how this was important to their message. In this sense, the rules served as a secondary prompt in which to enter a discussion on artistic method and meaning making.

After 45 minutes of ‘collaging,’ the youth named their pieces and wrote three sentences to explain what they were trying to express through their work. From here, the youth merged into larger groups of 10-15 people and followed instructions aimed at promoting a deeper discussion around what it means to express messages through art. These instructions were a loose interpretation of the “Markus Approach” described by Butler-Kisber (2007). Each collage was passed around and the participants were encouraged to share one or two descriptive words that came to mind when they looked at the piece. When the collages were returned to the creators, they were then given the opportunity to describe what they intended to express, and reflect on

how that was similar to and/or different from the feedback they had just received. This approach really made the participants aware how an audience understands messages. This interpretive process explores the knowledge, experience and intentions that inform the art as well as the further knowledge created through audience analysis and response.

Near the end of the 90-minute workshop, the group convened one more time as a whole to reflect on their collage experience. The participants expressed a strong desire to have their work exhibited during the rest of the youth pre-conference, as well as to the larger international conference that was to take place over the next five days. Unfortunately, the exhibition of their work at the conference was not possible due to organizational barriers. However, the participants were informed that their collages would be posted on YAHAnet.org, where people all over the world could view them.

Possibilities for Interpretation

By incorporating collage as an arts-based workshop tool, education, research, and learning can happen simultaneously. As such, collage can be understood as “a process of learning to see and seeing to learn” (Markus, 2004). There is no single way to interpret collage. This allows for multiple understandings at different depths and scales. One could do a close read of one piece, interpreting how certain tensions and contrasts provoke different emotions and understandings (Butler-Kisber, 2007, 2008; Davis & Butler-Kisber, 1999). One can compare a group of collages done by different groups of people looking for themes expressed across the groups (Norris et al., 2007). One can analyze the process of collage, and what issues and revelations emerged through its creation (Butler-Kisber, 2007, 2008; Davis & Butler-Kisber, 1999; Vaughan, 2005). One can side-step the collage itself, and look at the subsidiary work that is elicited - what writing, journaling, and reflections happen as a result of the process and the

finished product (Butler-Kisber, 2008). Or one can follow the “Markus Approach” (Butler-Kisber, 2008), and its focus on audience interpretation, as we adapted in Mexico. Each interpretive process provides a wealth of information, or ‘data,’ and can be applied to the collage work we collected in Mexico. The Risky Collage workshop provided a rich opportunity to collect a myriad of perspectives, which can now be analyzed and interpreted more deeply using any of the above approaches.

This workshop hosted a particularly diverse crowd of enthusiastic participants from all over the world. The opportunities and possibilities of working with such a diverse group in one place, even for just 90 minutes, are influential. This one-time workshop will not provide any generalizable insight. However, these types of studies do provoke an array of ‘snapshot’ perceptions that capture what is important for that group in that moment. Now that the workshop is over, we have a collection of suggestions and representations about the theme of risk and HIV and AIDS. For example, images of girls and women play a large role in many of the collages suggesting that these youth had a very clear understanding of how gender and risk interact. Snapshots like this raise questions such as: Where are youth learning and how are they learning about this topic? Is it apparent in their own lives or is there larger educational and awareness campaigns that is influencing this understanding? What sort of impact does this type of involvement in the AIDS pandemic have on the individual youth’s lives, their communities, and globally?

Lessons Learned From The Workshop

Practice

Practice with creative metaphoric concepts and process is necessary to feel comfortable with arts-based tools (James, 2000). It was presumed that a majority of the *Risky Collage*

participants were raised within a textually based discourse that focuses on the literal and the linear. This can lead to some discomfort with embodied experiences of arts-based methods, which may even seem to be counter-intuitive. Collage “challenges the dichotomy of the intellect and the senses” (Irwin, 2003 in Butler-Kisber, 2008, p. 268). I argue this is true when collage is done thoughtfully although it is not inherent to the method. Engagement in the process and an understanding of the finished product takes reflection and practice.

It is also important for facilitators and educators to understand this iterative process. With only 2 facilitators, we found ourselves spread thin amongst the 90 participants. The workshop translator often found himself thrust into a facilitator’s role, in order to respond to the general enthusiasm of the youth. However, he had no experience with collage or HIV and AIDS education. After the workshop, he expressed feeling limited in his ability to engage the students more deeply in the artistic process. Eisner argues, “to use different media to effectively disclose what one has experienced emotionally requires the use of skills, knowledge of techniques, and familiarity with the materials themselves with respect to the way in which they behave when employed” (2008, p. 7). Practice with the techniques and the process makes participants *and* educators more adept at creating and expressing knowledge through the arts. The collages made by the youth at the *Risky Collage* workshop are, for the most part, remarkable examples of how to use metaphoric meaning. Given more practice and experienced guidance, it is likely that the youth would be able to further explore and master these techniques.

When dealing with the difficult social intricacies of HIV and AIDS, it is important for educators and facilitators to reflect on their own relationship with the issues. Mitchell et al. (2005) discuss how teachers need to explore and confront their own biases and assumptions in when dealing with HIV and AIDS issues that are not only affecting their students but also their

own lives. Reflecting on their own experiences of stigma, violence, and health helps them better address issues in their students lives as well as solutions and support that the teachers may need so that they can continue to work effectively. Prior to leaving for Mexico, my co-facilitator and I took the time to make our own collage on the topic of risk and HIV and AIDS. What emerged was a discussion about the momentum of risk and how quickly we can find ourselves in risky situations without even knowing it. At the workshop, I found myself referring back to the idea of momentum as a way of spurring discussion. Through my own exploration of the topic I became aware of how my understanding was limited. This became particularly clear to me when one group explained their dedication to portraying a positive image of risk. This challenged my assumptions and the negativity I associate with calling something ‘risky.’ Recognizing my own bias, I was excited to ask this group more questions and better understand their point of view. I doubt I would have been able to identify my bias had I not engaged with the theme of risk myself. Furthermore, the participatory nature of knowledge production allowed me to learn from the youth and think about risk in a different way.

Time and Space

More time and a more art-friendly space would have made the collage work easier for the participants. The room that was assigned for our workshop was an amphitheatre-style conference room, with long narrow tables. As such, there were very few flat hard surfaces upon which to work with enough space for the groups to work with the images, glue, scissors, and paper. The larger collage groups of 5 people found space to work on the floor, while the smaller groups of 3 or 4 usually made do with the narrow tabletops. Having adequate space to view images, cut, layout, and work together is important for full group participation and inclusivity. Also, more time to practice and play with image choice, arrangement and analysis would have been helpful.

Despite these restrictions, participants were creative and adaptive. Another group of participants might not be so willing or physically able to adjust as effectively to this type of environment potentially limiting the workshop outcomes. If we had the opportunity, we would have looked for a more ‘art-friendly’ space.

Organization

The end of the workshop was quite chaotic. Our discussion ran over time, some participants were rushing off to their next session, others were lining up with questions and feedback, and still others were handing in their collages and signing release forms. Given this disorganization, some of the participants written interpretations of their work were lost in the shuffle. Butler-Kisber’s (2007) use of the ‘Markus Approach’ refers to more controlled situations such as a graduate classroom or a small research group. This involved a longer process and students could be contacted again if needed. In our situation, the group was very large and this was the only time that we would be together. In retrospect, we could have developed a more systematic way of collecting the documents.

Documenting the Process

Documenting collage work through field notes, camera, audio, and/or video plays an important role in the evaluation of arts-based methods. However, why we are documenting and what we are interpreting from this documentation is at times unclear. For example, what does it mean to take a photo of the group with their finished collages - something we did not do but wish we had. The groups were proud of the work they had done. Does this mean that the process was a success and does having a photo of this prove that arts based practices can make a difference? Butler-Kisber (2008) points to the importance of interrogating the evaluative process of collage inquiry, and arts-informed research more generally. Documentation can contribute to the ‘proof’

of lessons learned, the persuasiveness of the messages expressed, and the usefulness of collage and arts-informed inquiry. Further insight into how to evaluate the arts-based process needs to be investigated.

Conclusion

The “Risky Collage” workshop in Mexico was an opportunity to explore the practice of using arts-based methods in HIV and AIDS education with a large and heterogeneous group of youth. The workshop was built from a fairly substantial discourse addressing socio-contextual elements in youth HIV work, and the ability of the arts to drive this discussion. The collage methodology provided a rich sense of participant engagement in the themes of risk and HIV and AIDS. It also highlighted the important role that youth play in knowledge production. However, it is becoming more and more apparent that there is a need for reflection and practice when conducting arts-based inquiry, by both the participants and the facilitators. How to assess and evaluate this burgeoning field of arts-based methods remains vague.

Chapter 3: Assessment and Evaluation: Literature Review of Sexual Health and Evaluation Strategies

My experience of engaging youth in the topic of risk through collage, as described in the previous chapter, suggests that participatory methods using arts-informed strategies can be effective in helping to make the connection between how socio-cultural issues impact on people's day-to-day experiences of sexual health. This is echoed by the recent explosion of participatory and arts-based inquiry by educators and researchers the world-over (Aggleton & Crewe, 2005; Allan, 2005; Atkinson & DePalma, 2008; Buthelezi et al., 2007; Ebreo, Feist-Price, Siewe, & Zimmerman, 2002; Fine & McClelland, 2006; Goodhart, Hsu, Baek, & Coleman, 2006; Haisla Youth, 2007; Harvey, Stuart, & Swan, 2000; Ingham, 2005; Low et al., 2008; MacIntosh, 2006; Mitchell et al., 2005; Mitchell et al., 2003; Mitchell & Smith, 2003; Mitchell et al., in press; Mitchell, Walsh, & Weber, 2007; R. Moletsane et al., 2007; Norris et al., 2007; Paiva, 2005; Stackpool-Moore & Boler, 2006; Stoke & Gant, 2002; Stuart, 2007). However, how do we actually know if they are making a difference? Can we measure their effectiveness? Can we demonstrate that participatory arts-based methods actually work? In this chapter, I review how theories of restrictive and medically based sexual health have influenced the current parameters to measure the "effectiveness" of sexual health curricula. I draw particular attention to burden placed on girls to protect and prevent pregnancy and STI transmission. I then review several meta-analyses of sexual health programs and arts-based programs more generally. These large-scale reviews also play a crucial role in defining standards of evaluation within the field of sexual health programming. I argue that the dominant evaluation methodology is still, for the most part, driven by the ends and means of traditional sexual health curriculum. Finally, I review the development of evaluation methods that are specific to creative, arts-based, and

participatory methodology and ethnographic research. While I review international research in the field of sexual health education, wherever possible, I highlight the Canadian context.

Why Things Developed This Way: The Restrictive Model

Judeo-Christian beliefs around sexuality have had a dominant influence on early sex education and continue to assert tight control of youth sexuality. Sex outside the sanctity of marriage is believed to be sinful and eventually leads to the downfall of society (McKay, 1998). Following this argument, any discussion of sex or sexual intimacy can tempt youth to engage in premarital sex. If sexual health is indeed discussed with young people, it advocates restricting youth's sexuality and sexual exploration by means of teaching abstinence (McKay, 1998). This gives way to abstinence-only sexual education. In this model, all sex outside of marriage is portrayed negatively. Sexually Transmitted Infections (STIs), the danger of underage pregnancy, and HIV and AIDS are discussed in part to dissuade youth from experimenting with sex. For example, youth might be shown pictures of penises infected with genital warts or Chlamydia to 'scare them straight'. During the recent George W. Bush administration in the United States, strict funding policies and curricular restrictions were implemented to ensure that public schools across the country follow abstinence-only curricula. Some schools even teach the 'dangers' of masturbation and sexual stimulation as being gate-way activities that lead youth to have sex (Fine & McClelland, 2006).

This restrictive model is the historical backdrop to Canadian sex education (Halstead & Reiss, 2003). It frames how we traditionally think about sexual health. Assessing restrictive program effectiveness tends to focus on observable and measurable changes in sexual activity amongst youth, delay in onset of first sexual experience, increase in youth choosing to abstain until marriage, decrease in reported teen pregnancy as well as a decrease in numbers of

adolescent abortion, and a decrease in STI and HIV rates. The restriction of sexual activity is focused, thus, on behaviour change. But while it is focused on behaviour it is driven by values.

Talk to abstinence educators carefully, or to parents who support abstinence education, and it becomes clear that even if there were to be an unexpected flowering of contraceptive and prophylactic technology so that every unmarried person could have sex with no fear of pregnancy or disease, abstinence proponents wouldn't be mollified. The harms and worry go beyond pregnancy and disease to include social, psychological, and, most important, moral harms and these harms cannot be addressed by technology...In the end, I'm not sure how one would go about assessing such subtle social and moral harms (Luker, 2006, p. 246).

Hidden within this model and evaluative measurements is the continued support for heteronormative marriage and the continued marginalization of homosexuality in general. Indeed, when sex is allowed only within the sanctity of marriage and for the continuance of the human race, any sex for pleasure, as an expression of one's love for another regardless of one's sex, sexual orientation, or age is denied. The restriction of alternative lifestyles and sexual choice gives rise to anti-homosexual sentiment and gender normativity.

Traditional Medical Model

The development of the medical model, or 'permissive model' (McKay, 1998) of sex education was an attempt to address a growing liberalisation of sexuality in the second half of the 20th century (Luker, 2006). This model is based on a scientifically empirical, 'value-neutral' approach where it is assumed that facts can be separated from values (Halstead & Reiss, 2003). Therefore, this approach attempts to accommodate the multitude of views around youth sexuality within Canada's pluralistic society. The aim of medically based sex education is less about restricting sex all together as it is concerned with harm reduction. As such, there is slightly more acceptance of adolescent sexuality. An "expert" such as a school nurse usually teaches sex education classes following this model. The medically trained professional might cover topics

such as puberty and associated body changes, arousal, focus on the risks of sexual contact, and prevention in the form of abstinence, contraceptives, and condoms (Ashcraft, 2006; Cohen, Byers, Sears, & Weaver, 2004; Westwood & Mullen, 2007). The medical model's intended outcomes usually focus and include reducing the number of teen pregnancy and STIs, preventing child abuse, decreasing guilt and embarrassment over sexual matters, preventing underage teenagers from engaging in sexual intercourse, and helping adolescents question the role of women and men in society (Halstead & Reiss, 2003; R. Morris, 1997).

The medical model follows a rational, decision-making framework or a theory of planned behaviour. This model attempts to avoid the public institution instructing students to follow one sexual ideology over another (R. Morris, 1997; Morris, 2005; Patel, Gutnik, Yoskowitz, O'Sullivan, & Kaufman, 2006; Wijngaarden & Shaeffer, 2002). It is assumed that if informed by the facts, youth will be able to weigh specific familial or ethnic teachings and any potential long-term risks of sexual contact against the short-term gains of sexual pleasure. It assumes that "rationality follows a utilitarian or economic logic where decisions are 'based on a cost-benefit analysis'...One assumes that with the proper training young people will become 'prudent entrepreneurs' able to measure the potential risk and act to maximize benefits" (Morris, 2005, p.410). Young people are sexual beings who can decide for themselves, the best course of action. Controversial values, ideologies, and morals are seemingly left out and theoretical bias appeals to common liberal democratic values of rationalism and autonomy.

While their rhetoric may be different, the end goal of both the medical model and the restrictive model remain the same: to control adolescent sexuality. The medical model retains an underlying fear of adolescent sexuality. This is evident in the dominant discourse of adolescent risk described in the previous chapter and the key role that sexuality plays in the overarching

nature of society itself (Allen, 2004). In a recent report by IPSOS and the Canadian Association for Adolescent Health, there is careful analysis of teenagers' age of first sexual encounter and number of sexual partners (Frappier, 2006). By quantifying the rates of teen sexual activity without making clear the distinction between safer sexual activity and unsafe sexual activity, these evaluation methods help re-assert the restrictive ideologies that all teenage sexual activity is 'dangerous' and 'risky.' Absent from such reports is a discussion of sexual pleasure, desire, or ownership. The focus on the medical risks of teenage sexuality follows a narrative that re-enforces restrictive or sex-negative ideology.

Recent research has drawn particular attention to how gender relations perpetuated within these traditional teaching methods have a disempowering affect on girls' sexual agency. For example, the majority of curricula silence female desire and paint girls and women as victims of male aggression or advances (Ashcraft, 2006; Connell, 2005; Fine & McClelland, 2006; Muehlenhard & Peterson, 2005). Girls are responsible for skirting the wily sexual advances of hormonal teenage boys and/or are subject to rash consequences for (not) engaging in sex (e.g. socially ostracised by friends, school and/or family). The common idea that "all teenage boys want the same thing" perpetuates the idea that *all* boys are after sex and will try to trick girls into having sex with them. Girls must be circumspect of a boy's advances. And, it is presumed within this statement, a girl does *not desire* to participate in sex. Connell (2005) writes, "within the master narrative of romance, men are characterised as active subjects with a natural and biologically given desire, and women are both the objects of and in need of protection from this desire" (p. 253). Connell refers to a larger cultural narrative that is perpetuated within these traditional (restrictive and medically-based) educational and sexual health frameworks. When discussing girls' sexuality, as a topic in and of itself, it is often ignored. Girls' sexuality is always

in relation to boys' sexuality, where boys are active subjects and girls are passive objects (see also Connell, 1995). This dualistic understanding is equally restrictive to both girls and boys in that it obscures both the lived experiences of both sexes. Indeed, most girls desire sex, pursue sexual relationships, and can enjoy them. Conversely, some boys want to wait before initiating sexual relationships with their partners, choose abstinence, or do not want sex. Therefore, while the medical model is motivated by personal health and the restrictive model follows religious absolutes, both models perpetuate a prevailing social discourse that paints youth (especially girl's) sexuality as 'promiscuous' or 'sexually deviant.'

Research Context: Sex Education Programs Today

Currently, the sexual health curriculum is mandated provincially like all other aspects of the Canadian education. While all Canadian school boards incorporate sexual health topics into the curriculum, the type of curriculum differs from province to province. Currently there is no data available that paints a clear picture of what curricula is being used across Canada. From my research, I suspect there is a mix of restrictive, medically base, and alternative curricular models being used depending on the school, the comfort and training of the teachers, the demands of the particular student body, and the support of the larger community. Particularly alarming is Quebec's most recent 2005 curriculum reform that decidedly removes all formal sex education from the public school system (Lampert, 2003). As a result, no time is specifically relegated to teaching the topic; it is to be inserted cross-curricularly at the discretion of the individual school and teacher. However, no educator is required to cover sexual health related topics. At the same time, many teachers (both in Quebec and else where) feel ill-prepared and overburdened teaching the sensitive subject and schools have limited resources from which to bring in outside experts (McCall et al., 1999; Westwood & Mullan, 2007). It is worrisome that teacher discomfort and

curricular ambiguity, especially in the case of Quebec, might result in students not receiving the information they need to make safer decisions.

Meanwhile, students report that their main source of reliable information regarding safer sex practices and sexuality is school (Frappier & Canadian Association for Adolescent Health, 2006). Girls between the ages of 15 and 29 represent the largest growing population of newly infected HIV people in Canada (Public Health Agency of Canada, 2006). Chlamydia rates amongst youth are rising, and rates of gonorrhoea are highest amongst youth under the age of 25 (McKay, 2004). Youth are unaware of the prevalence of sexually transmitted infections (STIs) and have many misconceptions with regards to STIs and their possible long-term consequences (Frappier & Canadian Association for Adolescent Health, 2006; Public Health Agency of Canada, 2006). Also worryingly, as noted in chapter 1 is the large proportion of Canadian youth who falsely believe there is a cure or vaccine for HIV and AIDS (Public Health Agency of Canada, 2006). These findings suggest that Canadian students are not guaranteed to receive the information they need to make informed decisions regarding their sexual health.

Evaluation: Current Trends

Outside of those initiatives that follow the restrictive model, evaluative methodology for sexual health strategies tend to follow a harm reduction approach (Luker, 2006). They seek to uncover whether changes in knowledge, beliefs, and attitudes occur. However, these types of changes are slow to change and difficult to measure (Marris, 2005b; Paiva, 2005). Typically, they attempt to measure through the analysis of observed or reported behaviour. Thus they focus mainly on measuring teen pregnancy or STI rates. This form of assessment presents a pre-determined set of quantitative outcomes set by the intent of the educational program (Morris, 2005) and relies heavily on surveys, self-reported sexual activity, ability to name potential risks

of unprotected sex, and feelings of vulnerability to the dangers associated with unsafe sex. This can be done on a program-by-program basis and is also set as the commonly accepted standard for accurate program assessment.

This type of mixed-method evaluation is set as the ‘industry standard’ for accurate program assessment. Large-scale reviews of HIV and sexual health education programs stress measuring behaviour change using statistically verifiable techniques. Fisher and Foreit’s (2002) “gold standard for evaluation” (Gallant & Maticka-Tyndale, 2004, p. 1338) stresses the importance of randomized controlled trials, statistical controls, valid measurements constructs, multiple outcome measurements, and procedures controlled for baseline effects. This is echoed by the work of Kirby et al. (2005) and McKay (2005). A prime example of these techniques is the Jeweks, Nduna, Levin, Jama, Dunkle, Puren, & Duvvury (2008) study which tests the impact of the *Stepping Stones* curricula in rural South Africa by using cluster randomized controlled trials made up of 70 villages in the Eastern Cape province. The research team collected biologically verifiable data in the form of incident infections of HIV and herpes among men and women to demonstrate whether behaviour change did, indeed, occur. Discussion of any verifiable change in attitude or knowledge is absent from the report³.

In another meta-analysis, Gallant and Maricka-Tyndale’s (2004) review 11 school-based HIV preventions programs for youth in the sub-Saharan region of Africa. The authors note a paucity of evaluative reports on HIV educational programs within Africa and a lack of “critical commentary on the evaluation procedures and analysis” in general (p. 1338). This suggests a need to address best practices of evaluation with a specific focus on regional differences. Kirby, Laris, Lori and Roller (2007) review 83 sex and HIV education programs and Grundsheit (2007)

³ I am aware that a report to funders may not necessarily include all of the data collective or that the nature of the funding may have skewed the type of data included.

reviews 68 HIV and sexual health education programs around the world. The overall consensus among these reports is the continued need for a critical review of educational programs and their implementation of empirical evaluation methods within the sexual health education realm.

From a Canadian perspective, Kirby et al. (2005) and McKay (2004) also favour the statistically verifiable assessment methods. They stress the importance of rigorous and empirically sound evaluation methods that spotlight the age of first sexual experience, condom use, rates of teen pregnancy and STIs as the critical indicators of program success.

Evaluation can and should use randomized experimental designs; Sample sizes should be sufficiently large to have adequate statistical power for important statistical analysis, including those among sub-groups; Laboratory tests rather than self-reported data should be used for measuring pregnancy and STI rates, whenever possible; Statistical analysis should assess program effect on mediating factors and the impact of these factors on behaviours (Kirby, Laris, & Roller, 2005, p. 4).

Evaluation focuses on behaviour outcomes. There is no discussion of how program *methodology* affects evaluation nor is there due attention given to other possible evaluative models or alternative outcomes. Kirby et al. (2005) argue that these randomized methods should be used regardless of program methods or intended outcomes.

Evaluation plays a role in the development and inclusion of what sort of sexual health initiatives set standards. For example, having summarised evaluations of 83 sexual health interventions operating in Canada, Kirby et al. (2005) outline 17 common characteristics needed for effective sexual health programs in the global north. These characteristics include the following: 5 issues related to the development of curriculum, 8 characteristics about the content of curriculum, and 4 suggestions towards the implementation of the curriculum. To evaluate, Kirby et al. outline 6 needed methodological requirements: 1) randomized experimental design; 2) inclusion of sufficient sample size to satisfy statistical power; 3) use of laboratory reports over self reported data; 4) statistical analysis should assess program effects on mediating factors and

the impact on behaviour change; 5) determination of most important mediating factors across cultures and the consistent measurement of these factors to allow for more comparison between studies; and 6) inclusion of a complete and thorough description of program. This evaluation is based on programs using a written curriculum operating in a variety of settings (e.g. in schools, clinics, and community settings) and that focus on reducing adolescent risk behaviours. However, any program that did not evaluate using statistically verifiable methods was not included in the study. With evaluation methods determining participant inclusion, it is evident that evaluation method plays a critical role in who is included in the discussion of what and how we teach sexual health more generally. How might the 17 characteristics of effective programming differ had Kirby included programs that use other types of assessments methods? Given the changes in pedagogical practices towards participatory and arts-based methodologies, are these traditional measurements still appropriate? Indeed, traditional techniques may even act to stifle a program's participatory nature in order to satisfy what may turn out to be unrelated but quantifiable evaluation criteria.

What Does Evaluation Mean For Participatory Arts-Based Programs?

As we can see with the historical development of sexual health and evaluation, assessment is complicated and multifaceted. “Are we trying to determine whether or not we have a good program; are we trying to learn something about good practice; or are we trying to reify a particular ideology or ensure that teachers and students conform to that ideology” (Morris, 2005, pp. 417-418)? It can be all of these things. However, it is first and foremost a philosophical issue about what and how we should teach (Morris, 2005). I have argued thus far that previous meta-reviews, which focus on assessment methods in connection to curriculum content, obscure the potential influence of pedagogy and pedagogical practices on the process and outcome of

assessment. With a more direct look at the historical development of sexual health I hope to have made clearer that pedagogical outcomes have remained unchanged for sometime and that current trends in evaluation only work to re-enforce this status quo. Certainly, due to its connection to program aims, the complicated relationship between sexual education, adolescent sexuality, and social norms all come to the fore during program evaluation.

The New Wave: Participatory Arts-Based Pedagogy and Evaluation

Enter the new wave of sexual health initiatives that build on participatory and arts-based methodologies previously unseen within the realm of sex education. Programs following more traditional methods or using newer, arts-based methods all attempt to have an effect on adolescent knowledge, behaviour, attitudes, and beliefs. However, as noted above, these types of changes are slow and difficult to measure. A great number of things can affect program efficacy including teacher preparedness and comfort, school board and administration support for sexual health programs, outside sources of information like TV, peer groups, and internet resources, as well as individual student openness and relevance (UNAIDS, 1997; Westwood & Mullan, 2007). If change is observed, it can be unclear if it is due to of any one particular intervention or a result of some other combination of factors (Parkhurst, 2008). Participatory, arts-based programs attempt to address concepts and feelings such as agency, engagement, self-esteem, indigenous knowledges, sexual desire, and expression. These concepts are not easily measured through traditional quantifiable evaluation techniques. Unfortunately, Morris (2005b) predicts, assessment of these types of changes are not easily measured using any known evaluation techniques (see also Paiva, 2005). What is more, due to the lack of standardization, sexual health programs are difficult to compare. They can operate with any number or combination of their own mandate, funding bodies, aims, and ideologies. Implementing standardized controls and

collecting adequate data samples requires a relatively large participant base, time, funding, and specific training in statistics and quantitative evaluation. Interventions implementing participatory, arts-informed methods tend to be small, pilot initiatives limited in participants and resources. The novelty of these programs can limit their ability to satisfy industry standard's quantifiable requirement. However, this does not mean that they are not making a difference or positively influencing safer sex practices.

Some argue that newer participatory and alternative sexual health programs are perhaps better measured using the means in which they educate – observation, interviews and artistic work created by students (Morris, 2005). Paiva (2005) describes a longitudinal study of a participatory HIV and AIDS prevention, that adopts a 'scenes and scenario' approach. Participants are asked to role-play while at the same time analyze their personal sexual experiences. This methodology is meant to encompass more than just promoting behaviour change, practicing, or modelling safer behaviour. This project aims to develop the analytical skills of the participants. "The interpretations of evaluation findings, [in participatory arts-based] findings, however, must be organized differently from that usually applied to behavioural research" (Paiva, 2005, p. 353). Specifically, Paiva (2005) notes that there is no one final outcome moment within this evaluative research. When participants meet for follow-up group/program evaluation sessions at 3, 6, and 12 months intervals, identifiable differences and notable changes in the scenes are evident suggesting increased and ongoing changes in adolescent sexual health. In this case, assessment is observed in how participants adopted an expert role; they become the sexual subjects and agents in their new attitudes and intentions. The claim and ownership of character portrayal signifies a successful and meaningful intervention.

While not arguing for the exclusion of quantifiable methods, I do see that the development and integration of alternative evaluation methods could open up new ways of knowing and judging effectiveness and value. “Released from the categories, codes, and formal processes of analyses that are common to more traditional forms of evaluation, we can be open to new ways of seeing and understanding” (Simons & McCormack, 2007, p. 295). Images, metaphor, hyperbolae, colour, tone, etc can all help express messages not seen using more traditional methods. And while artistic expression is usually a personal expression, these personal accounts are situated in socio-political contexts that lends themselves to generalization and the universal - especially through the use of self-reflection (Simons & McCormack, 2007). Charlton (2008) argues for the potential of arts-based evaluation to promote the sharing of feelings and discussion, which can lead to richer feedback during the assessment process. There is also the safety of choosing what to disclose and what not to disclose in the discussion of art produced during the evaluation session. Therefore, the multiple understandings that can come from one piece of art can mean the artist can choose what to share with the group and what not to share given the potential vulnerability of feedback, critique, and assessment. In this sense, there can be said to be a certain amount of ‘safety in metaphor’ (Charlton, 2008).

Creative and Experimental Ethnography Evaluation

In a special focus section of *Qualitative Inquiry* Ellis (2000), Bochner (2000), Denzin (2000), Richardson (2000), and Clough (2000) critique the needs and demands of evaluation of what they termed ‘experimental ethnographic writing.’ Each expert explains their own view of how evaluation effects and is affected by creative ethnographic techniques such as creative writing, poetry, and other arts-based methods. While this work was based on academic research, they make insightful contributions to the discussion on evaluating arts-based work more

generally. What follows is a synopsis of their work and how it can be extended into the discussion on evaluating in reference to curricular and pedagogical methods.

To begin, Richardson (2000) outlines 5 criteria to which she applies to reviewing creative writing works. These criteria note both the quality of work in terms of its academic merit as well as its artistic merit. In short, these criteria can be said to include: substantive contribution to understanding, aesthetic merit, reflexivity, impact, and expressions of reality. Each of these criteria is in a sense turned into a question: does the work contribute to our understanding of the topic? Does the work have aesthetic merit? Is it reflexive? Am I moved, engaged, and/or provoked by the work? And does it express a convincing reality? Richardson is clear to point out that this method of evaluation is not in lieu of but in addition to analytical science. Depending on the topic, venue, and intent of the work, she will evaluate using either method. In other words, there is a time for empirical science and a time for more subjective evaluation. It is presumed from this argument that the one doing the evaluation should be sufficiently familiar with either technique to know when to use one method over the other. Richardson does not describe in more detail how to know when to use which model.

Clough (2000) focuses her discussion on potential pitfalls of evaluating creative work. In particular, she outlines the ability of criteria to stifle imagination, creativity, and inventiveness – three of the main goals of arts-based work, in general. Certainly, setting standards risks putting esoteric and imaginative work ‘into a box.’ While warning against “methodological policing,” Clough also stresses the need to encompass and be reflective of methodological theory and cultural criticism. Theory allows for new sociological subjects and new patterns of the social to develop and this contributes to the development and shifting of methodological thought. Therefore, we must contribute to growth within a methodology without limiting growth to save

or maintain methodological standards. This is a narrow and grey conceptual area to traverse that has little markers and guidelines from which to keep us on track, however, it also suggests an exciting place to explore. Also interesting to Clough's piece is her discussion on the distinction, or lack of distinction, between the observer and the observed. Therefore, there are two roles to play within assessment: the evaluator and the evaluated. The evaluator observes the evaluated. However, Clough notes, the evaluation can tell equally as much about *who* is assessing as it does *what* is being assessed. The iterative nature of evaluation and assessment, thus, becomes more apparent within this discussion.

Ellis (2000) clearly outlines 4 assessment criteria: engagement, evocativeness, provocativeness, and criticality. As with Richardson's criteria, these criteria can be posed as questions to be answered when reviewing a piece of writing. Am I engaged by the piece? Am I provoked? Do I want to argue back and forth with the author? Is the piece critical of itself, its context, and its audience? Ellis also draws attention to the role of the assessor. She describes a situation where she reviews a series of submissions for a peer reviewed journal and she begins, not with the work in hand to be assessed but with herself, as reviewer. She asks: who is assessing? Am I bias to this piece? Why? The importance of self-reflexivity as an evaluator and the acknowledgment of assumptions, bias, and tendencies help assessments remain ethically sound.

Bochner (2000) outlines 6 assessment criteria on which to judge the value of experimental ethnographic writing: the amount and quality of concrete detail; the structural complexity of the piece; the writer/participant's ability to express emotional credibility, vulnerability, and honesty; the story or argument's believability; the author's concern for other perspectives; and the evocativeness of the piece. As with Richardson and Ellis, we see an

emphasis on evoking emotion and promoting engagement through the creative work. Bochner also draws a connection between aims and evaluation standards. He writes, “multiplicity of goals implies multiplicity in standards of evaluation as well” (p. 268) signifying the need to clearly define goals and intent before outlining evaluation and assessment standards and methods. This is because setting criteria for evaluation inhibits movement and discovery. It “blocks the road of inquiry.” Bochner also stresses how ideology leads all observation and inquiry. Thus, there is no “paradigm free way of looking.” This affects both the creator of arts-based work as well as the assessor.

Denzin (2000) writes of the need to use arts-based research to engage in the “politics of change”. All research should embrace its political motivations and strive to make a positive change in the world. Denzin, like Cough, also stresses the culturally specificity of criteria, what we consider ‘good’ and ‘bad,’ ‘beautiful’ and ‘ugly,’ ‘meaningful’ and ‘irrelevant.’ Borrowing heavily from Ford (1950/1998), he discusses the need for some form of artful craftsmanship and mastery in creative work. The need to create aesthetically appealing or well-crafted work alongside ethnographically insightful research is also discussed by Eisner (2008). A specific tension within arts-based research is whether there is a need to create artistically grounded and aesthetically appealing pieces, which still hold the intent, and insight into the world as a more traditional piece of ethnographic research might. How to manage this particular tension remains unclear.

Conclusion

The development of evaluation and assessment strategies has grown along with the development of sexual health education more generally. However, under the guise of ‘unbiased’ and empirical, strategies often acts to obscure this contextual history and the cultural influences

on what it is we value. With the development of participatory and arts-based methodologies there is an opportunity to re-analyse the relationship of evaluation strategy with curriculum and pedagogical practice. However, traditional assessment techniques could stifle the development of alternative and perhaps equally good if not better interventions. This is not to argue for the extinction of empirically and statistically verifiable methods but rather the inclusion of what would previously be critiqued as subjective methods. The expansion of evaluation methods to include alternative knowledges and ways of knowing suggests a way to more adequately address and judge the usefulness of participatory arts-based sexual health curriculum but questions remain about how this is best accomplished.

Chapter 4: Methodology Methods, and Data Analysis

Qualitative research is a look into life. Denzin and Lincoln (2005) defined qualitative research as “a situated activity that locates the observer in the world [and] consists of a set of interpretive, material practices which make the world visible” (p. 3). Given the burgeoning field of participatory and arts-based methodologies, it can seem at times as if everyone - researchers, educators, and learners - are marching forward, collecting, producing, and creating as they go. I wanted this study to take the time to stop and ‘make visible’ the life of participatory arts-based practitioners. Thus, I emphasize the *exploratory* nature of my study. My background in feminism, and sociology strongly influences my research methodology and I follow feminist standpoint and feminist interview techniques in an effort to address the way gender, power, and equality interact within the research process. In this chapter I describe the research methodology. I outline the selection of the case studies represented by 6 participants who are currently working with participatory, arts-based methods in sex education initiatives within Canada. I then consider the research methods, potential concerns with interviews, and the development of the interview guide. Finally, I summarise the analysis of the research data, my use of the constant comparative method of analysis, and the dissemination of the research results.

Methodology: Feminist Standpoint Theory

Feminist Standpoint theory (Smith, 1987) advocates listening to the voices and expertise of the participants of inquiry, in this case arts-based educators, and understanding their experiences as contextualized within the larger social framework. Standpoint Theory is based on the assumption that the standard relations of ruling are controlled by patriarchal forms of knowing and knowledge that typically exclude women from subjects of research and view them,

instead, as disempowered objects of study. Research that does not question the relations of ruling works to reproduce inequality. “It is essential that the everyday world be seen as organized by social relations not observable within it. Thus, the inquiry confining itself to the everyday world of direct experience is not adequate to explicate its social organization” (Smith, 1987, p. 88). Thus, the everyday experience as knowledge is a starting point for academic research. This knowledge is contextualized within a historically relevant, socio-economic discourse that further shapes and gives value to its meanings.

It has been argued that Smith’s theory over simplifies the women as subjects and risks creating homogeneity where none exist (Stanley, 1990). While the original theory does not interrogate the possibly problematic notion of women as subjects, given Stanley’s critique, I adapt the original theory to encompass a more contentious and intersecting heterogeneous group based not only in relation to gender but also in relation to race, class, age, ability and sexuality. Therefore, the research participant exists on a continuum of power with multiple socio-cultural values, and ways of knowing. This adaptation makes the methodology more relevant within the current sexual health discourse, which similarly discusses sexual health in terms of social justice. What is more, I draw less on Smith’s focus on women and more on how the theory acknowledges embodied understandings of the world and alternative epistemologies (not limited to women) that are traditionally excluded from the dominant discourse; that is to say, its attempt to embrace *multiple standpoints* of knowing. It recognizes the voice of individuals and groups traditionally left out of traditional knowledge production. It aims to “make available to anyone a knowledge of the social organization and a determination of his or her directly experienced, everyday world” (Smith, 1987, p. 88). In this sense, the everyday becomes the locus of the sociological problematic and guides and focuses the inquiry (Smith, 1987).

Thus, I begin my research by listening to the standpoint of sex education practitioners across Canada. Specifically, they are educators who recognize the limitations of past practices and are embracing less judgmental and more socially just forms of sexual health education through the implementation of arts-based and participatory methods. “Our everyday worlds are in part our own accomplishment, and our special and expert knowledge is continually demonstrated in their ordinary familiarity and unsurprising ongoing presence” (Smith, 1987, p. 104). As expert subjects, participants are understood as agents of change and social justice within the larger milieu of sexual health and adolescent education. The choice to be involved and educate following participatory and arts-based methods is a political act. It is a choice that indicates a measured and complex understanding of what is or can be effective education of youth, sexuality, HIV and AIDS. Whenever possible, a gendered analysis of sex education, evaluation, and the research process was overtly addressed.

Finding Participants

Finding and gaining access to participatory arts-based sexual health programs proved difficult at first. Arts-based initiatives tend to be rather new and/or smaller parts of larger more diverse programs. To locate potential participants, I relied on my supervisor’s contacts, colleagues, and my own involvement as a former volunteer peer educator in Vancouver, BC. The participants were selected for maximum variation following a chain of referral (Birenacki & Waldorf, 1981). They were initially contacted by an email that contained a brief introduction to me and my work, the topic of study, and why I thought they would be appropriate candidates. Participant selection was based on the following criteria: (1) a selection of participants incorporating different forms of arts-based and participatory methods into their

program/curriculum, (2) teaching youth either in schools or in community settings, and (3) located in Canada.

Six case studies were located that satisfied the above requirements: 1) YouthCo AIDS Society (YouthCo), 2) Taking Action: Art and Aboriginal Youth Leaderships in HIV Prevention (Taking Action), 3) Sexual Health Program, Lower Canada Collage (LCC), 4) Chee Mamuk, 5) Gendering Adolescent Aids Prevention (GAAP), and 6) a Contract Collage Facilitator, not involved in any one program but working across programs. These initiatives are school-based, community based, or a combination of both. All but one program (case study 3) is committed to some level of participatory action methodology. Five of six participant groups focus mainly on HIV and AIDS prevention (case studies 1,2,4,5, and 6). The sixth participant group (case study 3) focuses more generally on sexual health. All participants are learner-centred and youth-focused programs and all six programs incorporate some level of arts-based methodology. However, some participants are more committed to using creative methods than others. The youth involved in the initiatives are creators and owners of the arts produced⁴ and it is the youth voices that are being expressed through the participatory arts-based methods. Three of the participant groups are education programs for youth on HIV and AIDS and/or sexual health (case studies 1, 2, and 6). The other three participants (case studies 3,4, and 5) address youth's educational needs as well as conduct academic and community-based research on the topic of youth, HIV and AIDS, arts-based methodologies and participatory methodologies, and social justice education.

⁴ Many educational programs use the arts but do not engage youth in its production. For example, they might involve a troupe of adult actors or musicians that are performing for youth on the topic of HIV and AIDS. These programs do not address the importance of giving youth a voice as participators in their own sexual health and were thus excluded from research.

Methods: Case Studies

Exploratory case studies of the 6 programs offer a way to learn about how evaluation affects programs in a variety of contexts. Two main techniques were chosen to maximize the information and knowledge learnt by these programs. These methods include a) consultation of all available program documents provided by the individual case studies and b) one-on-one, semi-structure interviews with 6 participants currently working within the participating programs.

a) Consultation of documents related to the programs under study: This consultation was an analysis of all available written curricula, manuals, guides, websites, and media releases that pertain to the educational initiative. When reviewing these documents I focused on two main topics: First, the program's aims and how they attempt to engage students on topics of sexual health from a social justice perspective. I was interested in learning how the programs were influenced by current trends to develop more comprehensive curriculum. Second, specific mention of any formal or informal evaluation methods employed by the initiative. Whenever possible, the documents were collected prior the interview. This step allowed me to become more familiar with the individual programs and tailor my interview questions in relation to the individual participants based on what I had read. After the interviews, I sometimes received follow up documentation that was subsequently reviewed and considered⁵.

b) One-on-one, open-ended interviews: One semi-structured interview was conducted with a representative from each participating program. The interviews were generally with just one participant although in the case of Lower Canada College, the interview was with

⁵ I recognise that an additional layer of data would be provided with a more thorough document analysis of manuals, brochures, websites, and reports. While this step is beyond the scope of the study, this is a data source that could complement the interview data.

two individuals involved in sexual health teaching. All participants were involved in either the educational, administrative, and/or assessment processes of the arts-based initiative. While some of the interviewees were with peer-educators, all participants were adults. It is also noted that all participants were women, although this was not an intentional component of the study⁶. Interviews followed a themed question guide (see Appendix A) with open-ended questions. Every interview was conducted in person and, when possible, a short tour of the program's offices was also conducted. All participants signed a consent form that complied with McGill Research Board ethical requirements (see Appendix C) prior to the start of the interview. This form describes the study explains the voluntary nature of their involvement, as well as the limits and precautions taken within the confidential interview setting. Interviews were taped and took between 1 to 2 hours depending on the discussion and availability of the individual participants.

Methodological Concerns

While interviews are a popular and commonly used method of qualitative research, they are not without their problems. The role of the interviewer versus the role of the interview participant and the potential power dynamics that may occur, the types of questions, and the structure of the interview can vary greatly and each of these variables can effect the situations and the data collected (Fontana & Frey, 2005). I tried to limit these potential risks by following a Feminist interview technique. This technique makes explicit the historical and political context

⁶ The sex of the participants was not included in participant selection protocol. The fact that all the interviewees were women, however, raises the question of who is involved in sexual health education and why. This study is too small to comment on how the gender of sexual health educators is related to sexual health education more generally. However, I can't help but wonder if the participants being women is part of a larger trend that might suggest a gendering of sexual health work. And if HIV and AIDS work has somehow become 'women's work.'

within which all interviews take place (Fontana & Frey, 2005). Aware that I hold assumptions and being explicit about my goals as feminist, researcher, student, and educator, I reflected on Ann Oakley's (1981) feminist interview model throughout the research process. This model dramatically shifts the role of the interviewer "from being a data-collecting instrument for researchers to being a data-collecting instrument for those whose lives are being researched" (p. 49). This is in line with my methodological framework, which drives me to engage in how the educators, as experienced, front-line experts, see the arts affecting adolescent health.

As interviewer, feminist, student, and sex educator, I am bound to certain biases and assumptions. Similarly, interview participants carry with them their own beliefs and ideas about academic research, arts- based education, educational evaluation, as well as potential judgments about me – a White woman, a student, and with limited experience in the formal education sector. All these labels and stereotypes were present with us during the interview. "Each interview context is one of interaction and relation, and the result is as much a product of this social dynamic as it is the product of accurate accounts and replies" (Fontana & Frey, 2005, p. 699). For example, one of my participants is also the primary investigator on a research project that I am affiliated with. In this sense, she has acted as my boss and my teacher. There were times during the interview that I felt intimidated by this participant. As I listened to the interview tapes and read through my transcripts, I realized that this power dynamic is evident in the tone of the interview. Upon reflection, I also realized that there were some instances that, had the relationship between me and the participant been different, I would clarified my question as it was obvious that there was a misunderstanding happening. However, because I felt intimidated I backed down and moved on. I realized that I was scared to make a mistake. I did not want to push my point, say something that showed I didn't know as much as I 'should,' or draw attention

to my lack of experience as an interviewer. Conversely, my interview with another case study participant was with my peer, someone who is also in my Masters program. We had classes together during my first year, discussed sex education before in a less formal environment, and are both in the process of completing our thesis. During our interview I felt much more comfortable to push for more clarification when needed, stumble over questions, and make mistakes. I was confident this particular research participant would not judge me but support me during this learning process. These sorts of dynamics are always present during interviews. They affect the type of information discussed and the data collected.

The Interviews

The interview guide was divided into 4 main clusters (see Appendix A): introduction to the participant and their work, program evaluation practices, broader perspectives on the program, and evaluation impact. The first cluster was intended to have two main functions, to relax and have the participant talk about something they know – their work, and their role within their program – and to situate the participants perspective within their program and give me a better idea of where they are coming from. The second cluster delved more directly into the topic of research, namely, evaluation. The individual questions focused on evaluation development, objectives of evaluation, evaluation participants, and the interviewee's likes and dislikes of the evaluation process. Emphasis was also put on having the interviewees talk about formal and informal forms of evaluation. I wanted to collect data about alternative assessment strategies and was looking to see if the participant programs are involved in developing evaluation strategies that are suited to their particular needs. The third cluster of questions was focused more on the support, expectations, and context within which the participants and their program operated. Therefore, the questions focused on how the arts-based initiative fit within the sexual health

community, the activist communities, and/or the academic communities. I also asked participants if they felt their program had support from outsiders, for example, whether they were alone, or working in partnership with other programs. Finally, cluster 4 was interested in discussion of the demands put on the initiative. Given the potential accountability of programs to produce change and promote healthy choices in their communities, I was interested in discussing with the participants how the evaluation process works to support them or challenges they encountered with the educational policy, funding, and HIV and AIDS activism. By discussing the evaluation process in this manner, my aim was to both address the everyday experience of teaching sex education and using arts-based methodologies outside of traditional evaluation discourse as well as gain perspective of the larger, socio-political context that arts-based sexual health models occupy in the realms of educational policy and social justice.

As I conducted my interviews, my questions were adapted in relation to each interview. The interview guide was also adapted from one interview to the next as I figured out better ways to probe issues, which questions worked, and which were difficult for participants to understand. After my second interview it was clear to me that some questions needed to be better explained. For example, the question ‘where do you see your program fitting within your community’ was too vague. Participant confusion and feedback led me to change the question of community to become communities. This was especially so in the case of participants working from a research perspective, who stressed their involvement and accountability to the communities and participants with whom they worked, their academic peers, their research partners more specifically, the institution for whom they worked, as well as the Canadian youth population that they were trying to educate. The open-ended and participatory environment that I tried to facilitate during the interview process helped leave room for these sorts of changes.

Data Collection

All participants were interviewed once. After the interviews I made detailed field notes reflecting on the interview process, the quality and depth of discussion, and any areas or topics where I needed more clarification. Any follow up questions were asked over email. These replies were saved, printed, and added as data. Interviews were taped and transcribed by me following the completion of the interview process. Field notes were also kept during the transcription process and the writing process. These notes document initial analyses of interview discussion, notes and connections made with related literature, and on going feelings and reflections on the quality and aims of the research process more generally. Program evaluation documents, facilitator/educator training material, and media reports on the individual programs were collected for document analysis both before and during the interview process. All together, these transcripts, emails, field notes and documents make up the primary data source for this research.

Data Analysis

Following the Constant Comparative Method presented by Maykut and Morehouse (1994) and supported by Lincoln and Guba (1985) and Glaser and Strauss' (1967) original work in Grounded Theory, I pursue an inductive approach to data analysis. No prior hypotheses guided my inquiry and the data categorization is an iterative progression that occurred throughout the research process. The review and close reading of documents was the first step in the data collection and analysis process. Once the interview process begun, I also compared and contrasted the documentation of the individual programs in relation to their everyday practice (as revealed through the interview process) as well as between the differing programs.

All the interviews were taped and transcribed verbatim. These transcripts were reviewed alongside field notes and follow up emails. Participants were contacted if any clarification on interview discussion was needed. Once the interview process was complete all transcripts were made available to the participants via email. The participants were asked to check transcript accuracy and raise any questions or concerns with regards to the transcript, the interview process more generally, the topic, or me as researcher. All participants, save one, replied to this email. Four of the interviewees made changes to the transcripts with regard to grammatical errors and to clarify areas of confusion with regard to funding sources, acronyms, and miss communications. Once the transcripts were approved and returned to me and questions/concerns were addressed, the collected data was reviewed and coded. Following the coding process, a copy of the data was unitized through a close reading of the transcripts and supporting documents. As noted above, a Constant Comparative Method was used to analyze the coded data allowing for the continued refinement of initial categories and themes. Following the emerging rules of inclusion, clustered data was analyzed with regards to its inclusion or exclusion in the assigned categories. These categories and clustered propositions were then reviewed for emerging ideas, questions, connections, and differences. Subsequent findings were then written up in chapters 5 and 6.

Chapter 5: Research Finding

The purpose of this chapter is to outline the individual case studies and their relationship to evaluation. I systematically review each participant program, their aims, and the program's use of participatory and arts-based methodologies. I then identify both the formal and informal evaluation techniques practiced by the individual programs. This review will be based on document analysis and information gained through the interview process. Having outlined all 6 case studies, I consider the voiced challenges these programs share with regards to their evaluation and assessment strategies. These challenges are summarized into 5 main themes: time, training, funding, poor communication, and inadequate evaluation strategies. These issues were identified as challenges after a close analysis of the participant interviews and included as findings when discussed by two or more interview participants. Inclusion of participant voice is strategically included within this findings chapter to acknowledge the expertise of the research participants and to be in accordance with my feminist standpoint methodology.

Case Study 1: YouthCo AIDS Society

Programs

YouthCo AIDS Society⁷ (YouthCo AIDS Society, 2009) is based in Vancouver, British Columbia and concentrates (but does not limit) its services in the Greater Vancouver Regional District. I have firsthand knowledge of the organization since I volunteered for YouthCo for 2 years before moving to Montreal to pursue my Masters at McGill. Established in 1994, it is a youth-driven, non-profit organization dedicated to providing leadership and peer-based support, advocacy, and education to youth on HIV and AIDS and related issues. To this day, YouthCo is the one and only “AIDS service organization in Canada working exclusively to meet the needs of

⁷ From now on referred to as YouthCo

both HIV+ and HIV- youth” (Lim & Myrah, 2004, p. 4). YouthCo follows a harm reduction approach and is strongly dedicated to peer education. The goal is to meet youth ‘where they are at’ in terms of safety, sex, and life experience. The peer-driven approach is seen throughout the organization and its various initiatives. It was formed and is still run by youth ages 15-29. All board members, employees, and volunteers are under 30 years old. A minimum of 2 board members must also be HIV and Hepatitis C positive in order to better represent the community in which they work (Lim & Myrah, 2004).

YouthCo’s peer education program has 2 streams. The first is the *Harm Reduction Program* that works with ‘marginalized’ youth in places like drop-in centres, custody centres, and alternative schools. These youth are more at risk to HIV and AIDS through drug use and sharing needles as well as through engaging in unprotected sex. The *Sexual Health Program* works with more ‘mainstream’ youth in high schools and community organizations. This program works with kids mainly at risk through unprotected sex.

YouthCo has 4 specific programs – the *Speakers’ Bureau*, the *Forum Theatre Troupe*, the *Youth Training Program* and the *Events Outreach Team*. When I volunteered at YouthCo I was part of the *Speakers’ Bureau*. It presents ‘HIV 101’ workshops to schools and community centres across the Lower Mainland. This dynamic, interactive workshop addresses HIV and AIDS basics, safer sex practices and harm reduction as well as larger issues such as sexuality, self esteem, gender roles, drug use and experimentation, communication, and critical thinking. Countless games, icebreakers, and other participatory ‘energizers’ get youth involved in the learning process. The *Speakers’ Bureau* also runs ‘AIDS in the Media’ workshops. In these workshops, participants are sometimes invited to participate in arts-based methods and paint,

collage, or sketch⁸ in order to create their own messages around HIV and or sexual health. The *Forum Theatre Troupe* is a youth theatre group that follows the framework of “Theatre of the Oppressed.” Developed in South America in the early 1970s, this is an interactive, politically motivated theatre technique designed to engage audience members to play an active role in scene production, interpretation, and presentation. This theatre technique specifically builds from community-based, grassroots ideology to challenge oppression and promote social justice (International Theatre of the Oppressed Organisation, 2009). The *Theatre Troupe’s* workshops address issues such as sexual health, self-esteem, drug use, and sexuality in way that both informs and activates youth to play a role in their learning and teaching about HIV and AIDS. YouthCo is passionate about training and capacity building of youth and the *Youth Training Program* was developed to promote this commitment. It is a loosely structured program made to meet the expressed needs of the particular community. Trained YouthCo facilitators will run workshops of varying lengths (in the past they have been half a day to 4 full days) on topics like: HIV and AIDS, Hepatitis C, overviews of sexually transmitted infections, gender violence and its connection to HIV, sexual self-esteem and sexuality, introductions to peer-education and harm-reduction methodologies, advanced peer-education and facilitation techniques, as well as awareness of stigma and discrimination of youth living with HIV. While training YouthCo volunteers and other *Youth Training* workshops, participants are often asked to use written arts-based methods like reflective journaling and creative writing. Finally, YouthCo has an *Events Outreach Team* which goes to community events, bars, fairs, and other venues with interactive and educational games and culturally relevant information in order to spread the word on safer sex practices, HIV, and AIDS, Hepatitis C, and harm reduction. Other “unofficial” YouthCo

⁸ Artistic medium used during the AIDS in the Media Workshop is dependent on the craft material available to YouthCo and the facilitator leading up to and at the time of the workshop.

programs are various support services for HIV positive youth living in Vancouver. These include community breakfasts and lunches, a resource centre, and a needle exchange. YouthCo relies on a dedicated volunteer base to facilitate all of these programs. These volunteers along with a committed staff and Board of Directors allow for YouthCo to run such an exciting and far-reaching program.

YouthCo is very active in AIDS activism and education in Vancouver. Given the limit of the *Where Are We Now?* research, I focus solely on YouthCo's Speaker's Bureau HIV 101 workshop. The research data indicates the goals of this workshop is to have an impact on AIDS related stigma; have people understand the need for safer choices; influence people to make safer choices; increase HIV testing; increased knowledge about where and how to get tested and increase people's understanding of the importance of regular testing; increase knowledge on where to go for further information on HIV and AIDS; create a safe space for youth to talk about sex, and increase condom use among sexually active adolescents (Lim & Myrah, 2004). During the interview with YouthCo's program director, the aims to increase awareness of YouthCo and its work, build youth capacity, promote a discourse around sexual health matters among and with youth, and to involved, and the advancement of youth engagement in their communities was also made clear.

Evaluation Methods

a) Participant Feedback

YouthCo's recognizes the potential of 'informal' evaluation strategies such as the strong emphasis put on verbal and non-verbal feedback from the workshop participants. Facilitators are trained to 'check-in' with the audience, encourage questions, and to monitor engagement and learning.

It's hard to quantify exactly but we're constantly asking for feedback. Like even after I explain a difficult concept I ask, 'did that make sense?' and they'll nod or not. Like you can tell if they actually get it, generally. I find that coupled with, 'any questions? Any questions? Any questions?' [laugh] tends to give you a sense of what people are getting in the room.

The response from the youth participants indicates the effectiveness of the workshop. This audience feedback also interrogates the quality of discussion in a particular room. The YouthCo interviewee asks, "Is it going a little bit deeper? Are the youth asking questions? Are they, yeah, are they going a little deeper in their discussion of things? Do they seem surprised by any of the material?" If the discussion is lagging facilitators take this as a cue that something is not understood or that the topic is not relevant to this particular audience. As the interview participant noted, "a lot of our work is done in reading body language because in youth it's really obvious if they are bored." This feedback is immediate and allows facilitators to adjust their workshop to the needs of their particular audience. The interview participant relates an experience she had with a class of very silent and seemingly withdrawn girls. Given YouthCo's emphasis on participant feedback and the programs flexible and peer-based approach, the facilitator was able to sit down with this group and ask, "I'm noticing that you're not participating and I can't really do my job unless you help me, like, what's going on here?" and "kind of talked through it a bit and realized that it was just the dynamic of the classroom." There are a lot of dynamics at play in a classroom. It is sometimes difficult for facilitators to know what is contributing to a particular groups mood, engagement, and learning. By encouraging audience feedback YouthCo is able to adapt and better respond to their audience thus contributing to a richer learning environment.

b) Teacher Feedback

Both informal verbal feedback and formal written surveys are used to elicit assessments from teachers. Before and after the workshops YouthCo facilitators are encouraged to touch base with the teacher. The YouthCo interviewee says, “We always talk to [teachers] after a workshop.” She goes on to say: “Our role is to be really approachable and warm and I think that goes through to the teachers as well.” It is not clear if the verbal feedback is always reported back to the program as a whole but it does provide direct and immediate feedback to facilitators on their facilitations skills and the workshop at hand. The written survey, when completed, is returned to the *Speakers Bureau* coordinator. It was raised within the YouthCo evaluation report that these surveys are not always completed. However, of those that are returned, they are reviewed and included in program evaluation reports (Dier, 2008). Therefore, YouthCo appreciates teacher expertise, classroom knowledge, and subjective evaluation and steps are taken to hear their point of view.

c) Student Feedback Forms

When time permits, participant evaluation forms are distributed at the end of a workshop. These forms ask if the information was presented clearly, if the facilitators were friendly and non-judgmental, what does YouthCo Aids Society stand for, if the difference between HIV and AIDS is understood, how the youth felt during the workshop, whether youth think the information will stick with them, and if the information influence them. These questions are answered either in short answer or on a scale between strongly agree, somewhat agree, got it, not really, not at all. The purpose of these questions is to make sure that information was accurately received and retained, to ensure that people know where and how to get tested, to understand if YouthCo plays a

role in influencing people to make safer decisions, as well as to reduce HIV and AIDS stigma. There is not always time to complete these forms. If they are done, facilitators return them to the YouthCo coordinator to review. These questionnaires are also stored for future analysis during yearly evaluations.

d) *Facilitator Grading Rubric*

There are multiple methods of internal evaluation used to provide regular feedback to peer-educators. These include: facilitator shadowing, co-facilitator feedback, workshops debriefing with the *Speakers Bureau* coordinator, and the use of a formal grading rubric. In general, facilitators work in pairs or threes and newly trained facilitators are required to shadow some workshops before they start to lead or co-facilitate their own. During a workshop, each facilitator (and facilitator in training, when applicable) will have a grading rubric. This grading rubric covers every section of the workshop. Every section can be graded on a scale from not mentioned, needs improvement or change, to well covered, and there is a line for further comments. After a workshop, the facilitators review each other's rubric. The YouthCo interviewee explains, "We are looking at what's the most effective way to say this in the least words possible in a way that's going to catch people's attention. So someone will come up with that and then we'll all start using it too. So it's nice everyone gets input into what the workshop looks like as well as they get to kind of do their own thing." The rubric encourages a constant 'tweaking' of workshops. If someone is shadowing the workshop they may not be familiar enough with the content to actually fill out the rubric, but they are encouraged to follow along to help them become more familiar with the workshop format and facilitating techniques. Therefore, the rubric also becomes a learning tool for those less familiar with the intricacies of actually leading an 'HIV101' classroom. Therefore, the

rubric gives all facilitators, regardless of their experience, an opportunity to be involved in the evaluation process.

The rubric is reviewed from time-to-time by the program staff. This review acts as another form of evaluation and a time to reflect on the workshop make-up. The interviewee reflects, “I just went through the rubric again and was like, ‘We don’t use this point anymore and I actually don’t think that this is necessary,’ So, again, it’s the continued feedback of ideal workshops versus what it looks like on the ground and what’s working and what isn’t working” (YouthCo, 2008, p. 10). The review of the rubric is a time to ‘check-in’ with what is considered necessary workshop information to be conveyed and what is actually happening during workshops. Sometimes, new information needs to be added or other information needs to be removed to the rubric given new scientific discoveries. Relevance to young people’s lives might also influence what is added or removed from the rubric. Reviewing the rubric is one time where workshop relevance is reviewed and changes can happen.

e) *External Evaluation*

Yearly, a contract, external evaluator is employed or a volunteer, work-study student to conduct a large-scale program evaluation. These evaluators review YouthCo documents and resources, hold interviews and focus groups with staff, observe workshops, participate in facilitator training weekends, talk to teachers, and re-assess all feedback forms (Dier, 2008). During the workshop observations and volunteer training, the evaluator looks at “intercommunication skills, delivery methods, and content...workshop content should include discussion of the social factors surrounding the transmission of [HIV, AIDS, and Hepatitis C] including gender roles and power

relations” (Dier, 2008, p. 5). This evaluation process usually takes around three months and it is an analysis of all of YouthCo’s programs, including the sexual health, harm reduction, Hepatitis workshops, and theatre troupe. On the external evaluation process, the interview participant says, “I think it is really effective because, we are doing internal [evaluation] all the time and the people we are trying to reach are outside of YouthCo, right? So, we are in the YouthCo little bubble, right? So it is nice to have someone from an outside perspective tell us what is effective and what isn’t.” The External evaluator’s findings are written up in a report for YouthCo administration and the advisory board. The external process helps bring an unbiased, outside perspective to YouthCo’s multi-pronged evaluation strategy.

f) Inter-Program Evaluation

Finally, YouthCo takes part in workshop exchanges with similar organizations involved in peer-based, AIDS activism, and/or youth-centred programs. For example, at the time of the interview, the Program coordinator was in the process of setting up exchanges with *Condommania* and *Options for Sexual Health*. Like YouthCo, these programs run similar, youth-centred educational programs on sexual health and HIV and AIDS. The group presents their individual workshop to the other programs and then they all provide each other with feedback. The interviewee stresses that this is an informal evaluation that allows for a “more casual” assessment of their workshop in relation to comparable programs.

Case Study 2: Sexual health Program, Lower Canada Collage

Lower Canada Collage (LCC) is a private English school in Montreal that teaches K-12. LCC has a rich Canadian history. Originating as the St. Johns Anglican Boy’s School in 1861,

the school was renamed in 1909 when it moved to its current location on Royal Avenue in Notre Dame de Grace, Montreal. In 1990, the school started integrating girls. It became fully coeducational in 1995. It costs over \$16,000 a year for a student to attend the private institution (Lower Canada Collage, 2009). Therefore the school services a predominantly upper-middle class community. I first learned of their sexual health curriculum through my contact with one of the counsellors who also attended McGill University. The head LCC counsellors developed the sexual health curriculum with the help of the two other counsellors working at the school. The subject has its own budget that can be spent at the relative discretion of the counsellors. Curriculum topics are flexible and chosen by the individual counsellor teaching the class. Students have approximately two sexual health classes a year starting at middle school. In this particular case study, I interviewed two LCC counsellors in a group-interview setting.

The Program

Sexual health at LCC begins in grade 7. The sexes are split for 5 class periods over the course of the year. During these 1-hour modules, a school counsellor covers puberty, menstruation, body changes, as well as STIs, and when there is time, decision making. In grade 8, 3 to 4 class periods follow a facilitated group discussion format. At these times, the youth delve more deeply into decision-making skills. Grades 9 to 11 sexual health classes are usually out sourced to groups situated in the Montreal area. In the past, the school has paid for groups such as Head and Hands⁹ and or nurses from the Jewish Family Services to conduct sessions. At

⁹ Head and Hands is an independent, youth-based sexual health initiative servicing the greater Montreal area. They follow a harm reduction approach to sexual health education and attempt to offer programs that are non-judgemental and holistic (Head and Hands, 2009).

the time of data collection was their first year using the Trevor Williams Kids Foundation¹⁰. Each of these independent groups has their own format, topic of interest and curricular aims (e.g. peer-based sexual health education and capacity building or decision making and STI prevention). The motivation for hiring these outside groups is to allow the students some privacy, comfort, and space to discuss sensitive topics with someone who is knowledgeable and well trained in the topic. During the classes taught by the LCC counsellors, emphasis is placed on creating a safe space in which students can openly express their questions, concerns, and understanding of sexual health. A comment drop-box, educational videos, ministry of health educational magazines, interactive games, 'condom races' and condom demonstrations, and small STI research projects are also used to help youth become familiar with the facts of transmission and prevention.

More recently, two participatory, art-based projects have been spear headed by one of the interview participants. These projects were inspired by the interviewee's MA studies in Culture and Values in Education at McGill University. The first was a photovoice project for World AIDS day, in 2008. A group of students volunteered to participate in the extra-curricular initiative. They took photos related to anything that they felt identified HIV and AIDS. The students then produced short captions explaining their photos. The photos along with an AIDS quiz were presented on Dec 1st (Worlds AIDS Day) to the whole school. During the assembly the rest of the student body competed in groups to win the quiz and then a power point presentation was done to exhibit the photos and write ups. The second, ongoing project is a menstrual narrative piece that partners LCC with another school in the Montreal area. This project is for

¹⁰ The Trevor Williams Kid Foundation is a Montreal-based initiative that provides support and education on a variety of topics including sexual health, decision making, well-being, and morality (Trevor Williams Kids Foundation, 2009).

grade 7 girls. They two school groups write narratives about menstruation - personal experiences, fears, questions, and reflections. The narratives are then exchanged and the two groups read each other's pieces. The girls' readings and concurrent discussion is recorded for further analyses. Since the LCC interview, a DVD has also been made showing the narrative process and exchange between the two schools however this video was not ready in time for inclusion in this research.

The overall goals of the LCC sexual health curriculum was not made completely clear to me during the course of the interview and there is no written curriculum or reviews of the program. However, the interview discussion did give me a sense of what was considered important information to impart to the students. For example, the most frequent topic of discussion was on students' understanding and awareness of contraception. The two participants agreed that consistent and proper condom use was an important piece of information to teach the students. One participant said:

I don't even teach about contraceptives anymore. It's like, there are condoms and there are condoms...I'll talk about the pill, but, like, no...if you are 16 or 17 use a condom. If you're older and you want to talk about an IUD, good. Go to you gynaecologist and talk about it. Or a diaphragm, like please!...A condom works! I theory! If you put it on properly!

Knowing the difference between and the details about specific STIs is less important than knowing, generally, STIs are a risk and youth know how to protect themselves transmission. Even though curriculum manuals detail the importance of STI information, the participants emphasized keeping it simple: "I go through [curriculum books] and I'm like, 'I'm not teaching this, I'm not teaching this, I'm not teaching this'...how much detail do you give the kids about each STI? 'What's Chlamydia?' – something you don't want." Keeping the prevention strategy simple is a priority. Giving youth the tools to discuss sexual health topics is also an aim. Being

comfortable and able to ask questions, voice opinions, and feel comfortable with their classmates and teachers is seen as something they will hopefully carry through to their intimate relationships. Therefore, aim of the program is providing the information and to promote harm reduction. As one counsellor stresses, “you can’t make a good choice unless it’s an informed choice. So, my job is to give you information, you make the decision from there.”

Evaluation Methods

a) Participant Feedback

Feedback from students and quality of discussion is one way that the counsellors are aware that what they are teaching is both relevant and being retained. Feedback can include voiced questions and discussion as well as body language. One participant explains, “some kids will be sitting back and wide-eyed and freaking out, like, you can tell by their expressions on their face they are so far removed from this particular moment in their life. And other kids are, you can see, are paying very serious attention and might ask some very pointed questions that could indicate they had some kind of experience and they are trying to figure out for themselves about the choices that they’ve made or not made at that stage.” If the topic is not relevant to the youth at the time of teaching, as evident in their lack of participation and the students’ body language, it does not mean that the class is ineffective, however, it is difficult to know if the information will be retained and used by the student when the time comes. Indirect participant feedback can also be a level of participant engagement and information retention. For example, one counsellor talked about an interaction she had with a parent of a grade 7 boy during a parent meet the teacher. An interviewee explains, “The parent said something to me about what the son had brought home...that was an indication to me that a significant

portion of the information had kind of sunk in to that student and they had gotten something out of the experience.” His ability to go home and discuss the class or a topic with his parents means that something has stuck with him. Hearing about this parent-child interaction from the parent is also considered valued participant feedback. Student feedback can also indicate areas where knowledge transfer is not occurring. For example, students do not always seem to remember what has already been covered in classes. One interviewee worries:

I don’t know how much they actually take out of what we teach them. I think they hear it and then you see them a few years later...and kids will ask questions and you are kind of like, ‘How do you *not* know the answer to that already? Like, we’ve discussed that!’ type of thing. It’s not that they aren’t given the information. I just don’t know if it’s being processed and then, even if it’s being processed, if they are able to actually put it into practice.

LCC students are not tested or graded on the sexual health education. This type of direct and indirect verbal feedback is the only way that LCC case study indicated evaluating what has and what has and has not been retained by their students.

Case Study 3: Chee Mamuk

The Program

Chee Mamuk is an aboriginal-specific program based out of the British Columbia Centre for Disease Control (Chee Mamuk, 2009). They run a series of projects and initiatives by and for aboriginal communities across the province. For this review I focus on their arts-based, participatory program called *Star In Your Own Stories* (Youthhavethepower.com, 2009), which is a program dedicated to addressing issues of HIV and AIDS with aboriginal youth. The program works in partnership with Good Company Communications Inc. (Good Company

Communications Inc., 2009) and different aboriginal communities to produce short DVDs on the topic of HIV and AIDS health and aboriginal youth. *Star in Your Own Stories* released their third DVD film in late December 2008. Stolo youth, in Chilliwack BC, worked collaboratively with Chee Mamuk and Good Company Communications to write, act, film, and edit the film. Youth are involved in every level of creation and maintain complete ownership of the finished project. Along with discussing and learning about HIV and AIDS they also learn skills in videography, acting, and computer skills. When the film is complete, it is launched within the participating youth's home community. During the launch of the DVD the community has an opportunity to come together and celebrate the youth's accomplishments. Copies of the DVD are shared with other First Nations communities. Participant youth and Chee Mamuk have attended conferences to discuss their method and their experiences, the films are integrated into other Chee Mamuk programs as a learning tool and to promote further discussion on HIV and AIDS. Chee Mamuk has experienced great success with this method and offers to consult with other parties interested in using their collaborative filmmaking process. This program has received a significant amount of positive media attention. This attention is particularly at combating persistent aboriginal racism within Canada. During the interview, the participant states, "that's been really positive and made the youth and the community and the work groups feel 'Ah, this is some positive media about our community!' which is always nice. Cause we, First Nations people get a lot of negative media in the press."

Evaluation Methods

a) Evaluation Forms & Pre and Post Quizzes

In consultation with the Chee Mamuk Street Nurse program, the *Star In Your Own Stories* educator developed evaluation forms as well as pre and post quizzes that are

distributed to all youth participants prior to and after the workshops. The quizzes focus on the key content goals, and key messages that the program attempts to get across to the youth. The content was also influenced by the extensive curriculum that Chee Mamuk has developed for other programs. The quizzes help the program observe what type of educational effect they are having. The evaluation forms focus on the youth's experiences as participants and asks: what the youth gained from participating, what they learned, and what they want to share as a result of participating in the workshop. There was initial reservation about using quizzes due to low literacy rates in many First Nations communities as well as First Nations' ongoing struggles in relation formal education and its practices. The interviewee states, "I'm always concerned about shutting people down before we even get started. So I did decide to take that risk with this project because it is a bigger one and I wanted to really just see and demonstrate the learning change." The potential knowledge gained through the quizzes is seen by the interview participant to be worth risking alienating some participants. And so far, the participant has not experienced any major concerns with this technique. The youth seem to understand and appreciate having the opportunity to compare their experience taking the pre-quiz with that of the post-quiz. The quizzes remain the most efficient measure learning. The program educator is responsible for writing up the findings and it is given to the project manager for review. This type of evaluation data is also used in funding reports to demonstrate knowledge gained and behaviour change in youth.

b) External Evaluator

Half way through the first *Star In Your Own Stories* project, an outside evaluator was hired to assess the entire Chee Mamuk program. As part of this larger evaluation, the evaluator attended the launch of the first film but she did not attend the workshops and

distributed an evaluation forms to the youth. The external evaluator also devised an interview protocol and interviewed all available youth participants. In these one-to-one interviews she asked what motivated the youth to take part, about their reaction to participating, what they learned, if they were motivated to change their behaviour in any way as a result of participating, and what impact they saw in the larger community? The evaluator intended to interview the larger community but was unable to due to illness. However, she did talk with community workers that helped host the project, nurses, community health representatives, and youth workers in reference to the *Star in Your Own Stories* project. After a year, the evaluator did a follow up with the youth and youth workers over the phone where she assessed the longer-term impact of the event on the individuals and the community. Along with the interview process the external evaluator analysed the pre and post quizzes. Findings and analysis were written up into a report for Chee Mamuk. For the two subsequent projects an external evaluator was not employed due to funding restrictions.

c) *Debriefing*

When a *Star In Your Own Stories* workshop is complete the Chee Mamuk staff hold an informal debriefing session. Because the project often takes place in remote communities, this type of assessment usually takes place in the car while the team travels back to Vancouver. During the session they discuss how the event went, what was challenging, what was successful, and what can be changed for the future. Notes are taken to document these types of discussions and initial reflections. Also included in these notes are the following: who was there, what was covered, and possible solutions for identified challenges. These notes are kept on file and reviewed if the same community is visited again.

d) Film Footage

There are hours of film footage produced as a result of the film making process. This footage captures the youth at various points in the day and over the course of the workshop and since the youth are operating the cameras, Chee Mamuk is not always aware of what is documented. For example, the interviewee recounts how “some of the youth got into our condom bags and out woodies¹¹ and they were showing each other how to put the condoms on the woody. And so that was caught on tape because they were taping each other and we hadn’t seen that. So that’s kind of nice to know that happened just because it was caught on tape.” Currently this footage is not discussed in any formal evaluation, however, there is potential to integrate this type of data into future reports to show youth engagement, knowledge gained, increased comfort talking about sexual issues, and youth empowerment.

Case Study 4: Gendering Adolescents AIDS Prevention (GAAP)

Program

In partnership with academics and students from U of T, York University, and McGill, the Gendering Adolescents AIDS Prevention (GAAP) was born in 2002 (GAAP, 2009). The original funding for GAAP came from the Social Sciences and Humanities Research Council of Canada. GAAP’s mission is to develop gender sensitive approaches to HIV prevention with youth. Over time, this has come to mean arts-based and participatory approaches to addressing gender and HIV prevention with youth. GAAP has organized, supported, and worked in partnerships with multiple communities to address structural issues connected to HIV risk. Some

¹¹ Woodies (often made of wood but also plastic) is a common term used to describe condom demonstration tools in the shape of an erect penis.

of the projects mentioned during the interview include using performed ethnography and photovoice with university undergraduate students to educate teachers and peers. Also mentioned was a performed ethnography piece called *Performed Ethnography, HIV/ AIDS, and Aboriginal Youth* that was developed in partnership with aboriginal youth in Toronto and a Toronto-based playwright. In focus groups the youth discussed the impact of colonialism, racism, and poverty on First Nation communities in connection to HIV and AIDS risk. The focus group transcripts were then transformed into scripts by the playwright. These scripts are now being used to educate other youth and the larger aboriginal community on the topics that affect youth in terms of HIV and AIDS. Manuals and curriculum modules on integrating arts-based methodologies and HIV and AIDS into classrooms on an international scale have also been produced by GAAP (e.g. the *TIGXpress- HIV/AIDS: A Teacher Toolkit*, (Walker et al., 2007). The projects that GAAP is involved in are community-lead, participatory-action projects that work from, with, and towards community empowerment on the topic of HIV and AIDS and social justice. For the purpose of this research I report on the participatory, arts-based projects that GAAP is or has been involved in as discussed during the interview, in the accompanying documents, and on their website. A critique of the evaluation strategies used in relation to the manuals is beyond the scope of this research¹².

Evaluation Strategies

a) Feedback on Presentations

When students do their performed ethnography, there is an audience feedback period. This allows the presentation to adapt and become more audience friendly. Some

¹² The research participant - to better explain her frustrations with current evaluation strategies in relation to participatory, arts-based methods – does refer to some of the manuals' evaluation strategies such as when she is discussing surveys.

evaluation questions that were specifically mentioned during the interview were: what is the impact? What did the audience learn? What is the impact on the participants? Does the art raise issues and awareness of HIV and AIDS? Is interest generated on the topic? What other benefits were gained from participation? The interview participant states, “The more controversy, really, the better. Was [the exhibition] effective as something that captured the interest of people in terms of engagement with the topic? ...If the exhibit is up, do people stop and look at it? Or do they even notice it is there?” Therefore, GAAP is interested in learning about impact of their projects both on the participants as well as any subsequent audience to the artistic exhibition. One way this is accomplished is by listening to the project participants. Another source of evaluation data following this method would be the feedback from the larger community. In particular the interviewee wonders if their projects help build community. During question and answer periods after the performed ethnography performances, audience are encouraged to give feedback to the youth. This feedback would then feedback into the presentation as well as into the research and knowledge production that is taking place along side the arts-based project.

b) Participant Interviews

During various projects, GAAP has organized interviews with participants. These interviews generally follow a one-on-one, semi-structured discussion format that asks participants to reflect on the process and the quality of their experience in the program. The subjective experience of the teachers provides valuable data in terms of manual usability within an already overburdened curriculum. Also discussed might be the impact of the arts-based methods, any skills learnt (capacity building), and perceived long term impact on the individual and their larger community. Interviews are generally done shortly after the program is completed and similar interview methods are to be

implemented in the current projects. There is discussion of using participant interviews to measure long-term impact of a program. However, this is only possible when evaluators can actually contact participants after longer periods of time. As the interviewee says, “that’s hard to do with youth. How are you going to ever find them?” (p. 18).

c) *Surveys*

GAAP has developed surveys to evaluate various manuals produced within GAAP. These surveys are often used in combination with interviews. In the case of an HIV and AIDS curriculum model that piloted in Canada and South Africa, a survey was distributed to 77 boys and 97 girls who took part in the study. And interviews were done with teachers who implemented the curriculum. Funders expect and like survey-based evaluations but these types of evaluations are limited in the type of information that they can collect. “I’m not exactly sure what we are going to do in terms of evaluating...outside of some kind of standard survey. I don’t know. I’d like to think of something more innovative that a funder would accept. You know, I can think of innovative things but what innovative measure would a funder see as good enough to fund?” Because surveys are a popular and established evaluation tool, this participant feels relatively capable of developing and using them. They are often requested from funding bodies to show short-term impact. However, she is sceptical of their usefulness to the program and the community with whom GAAP works.

Case Study 5: Taking Action Project: Art and Aboriginal Youth Leadership for HIV Prevention

Program

The *Taking Action* project is a research initiative that is working with 6 different aboriginal communities across Canada on building youth leadership through art on the topic of HIV prevention (Taking Action! Art and Aboriginal Youth Leadership for HIV Prevention, 2008). This project is funded by the Canadian Institute for Health Research (CIHR), and is partnered with Canadian Aboriginal AIDS Network, Pauktuutit Inuit Women of Canada, Chee Mamuk and academic researchers at York University, the University of Toronto, and McGill University. Within the 6 different communities youth are invited to participate in a 2 and a half day workshop that educates on the basics of HIV and AIDS, colonial legacies and other structural impacts on HIV and AIDS. During the first evening youth take part in a presentation on decolonization and the links between colonization and HIV and what is going on in their community. The morning of the second day the youth learn more specifically about HIV transmission and preventions. The rest of day 2 and most of day 3, the youth break into smaller groups and work in partnership with local aboriginal artists to create their own artistic expression of how HIV affects them and their communities. So far, the youth have worked with a hip-hop group, visual artists, and theatre artists. At the end of the weekend the youth present their work to the larger group, community members, elders, and the research team.

The participatory methods play an important role when working with aboriginal communities. These methods allow the research to bridge the gap between researcher and participant. It also turns the project into a form of community development. This is particularly key when working with aboriginal communities who have a history of being often the subject of research but rarely have power within the process influence over the findings. The participatory methods “fit in really well with...aboriginal values of participation and community ownership and not sort of extracting but creating” (p. 7). The participant communities were chosen in

consultation with the research partners and the team meets with chief and band council to discuss the community's involvement within the process. Every effort is made to have local aboriginal artists facilitate the small groups. Youth participation is completely voluntary. They maintain ownership of their work, receive credit for participating in the workshops, and get a stipend for participating in follow-up interviews. These steps are in part to contribute to the participatory principles of this type of research.

The peer-based and youth leadership initiative is evident in the project's national youth coordinator who plays a large role in the coordination of the project as well as runs the individual weekend workshops in the communities. There are also community-based youth coordinators who are involved in preparing, recruiting participants, and running the workshops in their communities. A youth advisory board advises the research team on various topics including evaluation strategies. Priority is given to youth artists when choosing artist facilitators for the arts-based component of the workshop. These strategies are an effort by the research team to promote the importance of peer-based education, youth leadership, and promote capacity building among aboriginal youth.

Evaluation Strategies

a) Participant Interviews

Interviews are conducted with youth participants shortly after the workshop is complete (somewhere within the next month). The art pieces are brought to the interview and youth are invited to discuss their piece and what it means to them. And, to promote discussion on the actual art produced, youth are also asked to discuss other groups' work. Interviews also cover more general understandings and experiences of HIV and AIDS, sexual health education, and other structural issues related to AIDS in the youth's lives. When I

interviewed the Taking Action Principal Investigator, the team had completed two workshops and had just finished interviewing the participants of their second workshop. Having completed two sets of interviews, the interview guide has been reviewed. This review has focused on increasing youths' discussion of their art and getting them to articulate their understandings of HIV, youth leadership, and aboriginal issues as represented within the art they produced. The Taking Action interviewee emphasises how the act of making art with youth helps build rapport between the research team and the participants. And as a result, "the stories you get are very different and it often allows you, if you want to go back and do that traditional kind of interviewing, you have a very different rapport if you've already had that experience of creation."

b) Exit Surveys

Youth fill out exit surveys directly after completing the weekend workshop. These surveys focus on the youth's initial observations, impressions, and feedback. They are anonymous one-page questionnaires with both short answer questions that ask the youth to mark their experiences on a numbered scale. The questions begin by asking what the youth did at the workshop (what group/artist they worked with), their religious affiliations (if any), and what they learnt about HIV and AIDS, de-colonization, and traditional teachings. The short answer section allow for more subjective views on what the individual liked, what they didn't like, and what they would like to change about the workshop. Team members review these surveys and comments are integrated into the planning of the next workshop and will be reported in the research findings.

Case Study 6: Independent HIV and AIDS Collage Facilitator

Program

The last case study is from the perspective of a contract worker who is also currently completing her masters at the University of Toronto in Curriculum Studies with a focus on Critical and Cultural Theory. This interview participant is very active in the HIV and AIDS realm and has developed multiple projects on the topic of participatory, arts-based methodologies and HIV and AIDS and so it seemed useful to interview her about her experiences. While pursuing her MA she facilitates collage workshops with youth around HIV and AIDS. Her MA studies build off of these workshops. Collage classes, focus groups and interviews delve more deeply into the use of collage methodology and HIV and AIDS from a social justice perspective. She has also recently compiled and written an *HIV Youth Art Activism Manual*¹³. To a lesser degree, she has also been involved with U of T's Gendering Adolescent AIDS Prevention (GAAP), and has run training seminars on arts-based methods including collage and theatre workshops around HIV and AIDS. This case study focuses mainly on the participant's experience as a researcher and workshop facilitator using collage.

The collage work that the participant has been involved with focuses on the structural impact of HIV and AIDS on youth's lives. Often, this entails connecting how media images affect the lived experiences of youth's lives as well as how these lives are gendered, raced, and classed subjects within the AIDS pandemic. The work is done mainly with older, university-age youth (between the ages of 18 and 24, on average) at youth conferences. Getting access to high

¹³ The *Youth Action Network* commissioned the *HIV Youth Art Activism Manual* is a compilation of work by and about 8 youth currently involved in HIV activism using the arts. It is intended for youth interested in getting involved in arts-based HIV work and acts as a platform for youth to get information, be inspired to get more involved or develop existing programs, as well as learn from the challenges of other organisations and activists.

school age youth is difficult for this participant. If she is invited to run a workshop, she has experienced some resistance from teachers and organizers for her focus on HIV and AIDS. In these cases, they have asked her to focus on strategies for social change and to remove her emphasis on HIV and AIDS. This participant emphasized the potential of working with older youth on the topic of sexual health. They are experiencing more freedom than ever before, living away from the parents, exploring these freedoms, sexuality, taking risks, and learning how to think critically through their studies.

The workshops she facilitates use collage to raise critical awareness on how HIV and AIDS are represented in the media. The workshop starts with icebreakers that highlight how AIDS is regularly represented in print, audio, and visual media. The workshop participants then engage in creating their own collage to reveal and discuss some of these (mis)representations. During and after the collage process, workshop participants discuss the process and their collages both with the facilitator and as a group. Collage as a methodology, thus, is seen as “particularly valuable in the unpacking. In the questions that are asked afterwards...what do you see in the collage? What is going on here? What does it represent? How does it connect to HIV/AIDS? Where are you in the piece? How does it connect to your identity? What were your feelings/emotions going on in your head while you were working on it? What associations did you make? Did you have any ‘ah ha’ moments when you put two things together?” the collage is a personal expression of the individual’s understanding of HIV and AIDS. Answering these questions during the workshop, the participants begin to question themselves and how they read images and they begin to realize that HIV and AIDS is a lot closer to them than they first thought.

The interview participant's MA research is an extension of these workshops. Through the Gender Adolescent AIDS Project at the University of Toronto, she has set up 9 non-credit courses that take up a total of 9 hours. The group create collages on representations of AIDS in the media and once the collages are finished the group takes turns viewing each other's work. While the work is viewed and discussed amongst the group the artist sits quietly and listens. The audience/co-participants reflect on what they see in the piece, how they connect to it, what they think it means. Once this discussion is finished, the artist has an opportunity to respond and explain what he or she meant to express with their collage. The interviewee emphasised that the richest component of the course is the discussion that comes out of the analysis and feedback. The collage workshop attempts to connect Canadian youth to the HIV and AIDS.

I feel it is a really good group to start having discussions around what this means and my biggest drive home with my workshops, how I determine whether or not a workshop is effective...I want people to connect with the idea that HIV and AIDS is not something that happens to people over there, somewhere else in another country or in another community. That every single person, even if they do not know someone who is HIV positive, maybe they have gotten tested and they are negative, they are still implicated in the epidemic.

Therefore, using the arts-based methodology, she draws a line from the individual through the collage to HIV and AIDS in their community and around the world.

Evaluation Methods

a) Participant Feedback

The collage workshops are followed up with an evaluation form. The interviewee has a ready-made form that she developed that begins by asking from what perspective the workshop participant is coming from: are they a student, an educator, do they work for a non-profit organization? Because she is contracted to facilitate workshops in a variety of venues, this helps her put into perspective the feedback that she receives. The rest of the

questions on the form are short answer and focus on what the participant liked, did not like, and would like to change or like to see more of. Depending on the situation, these formal surveys may not be handed out instead the participants are simply asked to write down the questions and answer them on a loose-leaf piece of paper. Both of these types of evaluations are reviewed directly after a workshop then stored to be re-assessed at undefined times.

Verbal feedback from participants is also valued. Hearing people's perceptions both during and after the workshops helps this participant recognize the effects her work is having. "In my focus groups and interviews I was so thrilled when participants willingly, like there was not a question at all, but willingly at the end of the interview told me how much they'd shifted their perceptions because of the process" (p. 18). This type of feedback is undocumented, however, it provides emotional reinforcement and is an indication that her methods and topic is interesting and important to her participants.

b) Journaling

After every session, the workshop facilitator records her reflections of the workshop in a journal. The entries are often in point form, focus on initial feelings about the workshop, what was liked, what went well, what didn't work that well, the dynamics of the group, and if there was a particular statement or comment that felt effective. The journaling is rarely reviewed unless there has been a long break from facilitating in which case the journal entries offer quick and to-the-point comments to help prepare for the event.

Identified Tensions and Challenges Across the 6 Case Studies

In this section I consider some of the tensions and challenges that run across the various groups and organizations. These tensions were articulated in the research data at least twice,

either during the interviews or both in the interviews and in the document analysis. These tensions are: time, funding, poor communications skills, lack of training, and inadequate evaluation techniques.

Time

There is just is not enough time to do everything. This is most obviously discussed by the LCC and Taking Action interview participants. One LCC counsellor discussed wanting to develop a sexual health curriculum just for girls, however, the acceptance of this type of program by the school is doubtful, “we are so academically packed that to be able to go [to the staff and administration] and say, ‘well, we are going to take one class every two weeks that’s just devoted for this groups of girls to...’ That would be a major impact in the school and it would not be well received.” Even though the sexual health program is relatively well funded within this private school and they receive support from their administration and parents, taking students out of academic classes would not be acceptable or deemed worthwhile. The interview participant from GAAP echoes this sentiment. “The conventional school system is really rigid,” and to integrate arts-based methods would be too demanding and require too much training of already overburdened teachers. There is controversy amongst teachers who feel like it is not their responsibility to teach ethical issues in the schools and others who feel like it is their duty yet feel uncomfortable teaching what they view as an awkward and taboo subject. An LCC counsellor said during the interview, “some teachers are definitely not comfortable answering [sexual questions] and stuff like that. Which is totally normal, I mean, there are different comfort levels.” This sentiment has also been observed by Cohen, Byers, Sears, and Weaver (2004) survey of New Brunswick teachers’ comfort teaching sexual education found that while the educators thought sex education important, “they do not perceive themselves as competent

teaching it” (13). Therefore, having time to teach the subject in any capacity let alone following arts-based methods seems awkward and difficult within mainstream educational institutions.

Whereas most of these programs want to do more but are restricted due to outside forces, the Taking Action program discusses internal justifications for their time restraints. Taking Action holds workshops for 2.5 days. They worry that they have taken on too much in this short time period in terms of HIV and AIDS education, art education, leadership building, and artistic creation. The interview participant says, “it is challenging to take a total blank slate and let youth sort of speak through the arts in a short period of time to create something that is all theirs while at the same time building technical skills and building HIV knowledge. It’s a lot to ask.” Even within a project dedicated to learning and research through arts-based methodologies like the Taking Action program finds they rely on didactic teaching methods for HIV and AIDS information: “I think even though we try really hard, we always fall back to didactic ways of teaching, which I think are easier for us and least effective for the kids.” A workshop that has only 2.5 days the team can feel overwhelmed. This is also the experience of YouthCo facilitators, “there is so much information, as you know, and in such a short amount of time and we are talking at them a lot.” The contract facilitator emphasises that it is not so much the art so much as the dialogue that happens as a result of making the art, “I think collage, in and of its self, isn’t so much a useful tool. It’s what you can do with it. It’s the conversations that you can have in the reading of the image.” In this participant’s experience, workshops when discussion is missed or cut short can leave stereotypes unaddressed and misconceptions maintained, re-created, and at times, reinforced. Having learnt this lesson, this participant takes the arts-based exercises out of workshops that are cut short. This suggests that time plays a crucial role in the ability to use arts-based methods effectively.

Workshops and classes that are short on time might be tempted to sacrifice evaluation measures. This is suggested in YouthCo's 2008 external evaluation that only could gather 7 out of 23 teacher questionnaire responses. Teachers are busy and might not have time to reflect on a 90 minute HIV class run by an outside organisation. This just may not be a priority or can be pushed to the wayside then forgotten. This is even less likely to happen if the teacher is against in-school sexual health or ethics education. The GAAP participant also pointed out that doing follow-up interviews after program completion is difficult due to the transient lifestyle of youth. Since completing the program, youth may have moved away to university, they may just be too busy, or simply unreachable. Emails, phone numbers, and addresses often change, especially at this time in a person's life. There is not always time to locate participants let alone interview them.

Funding

Obviously, evaluation takes money. This is especially true for formal evaluation strategies that require hiring outside evaluation professionals. In the case of Chee Mamuk, having an external evaluation for each project would be ideal, The Chee Mamuk participant states, "I think evaluation is really tricky to do. It takes a lot of skill and experience. And so for me, I find it's worth paying the money for a professional, good evaluator." Chee Mamuk funders give the program earmarked for evaluation but the program has say over where the evaluation is spent – what gets evaluated and what does not. Still the cost of funding means that hiring an external evaluator was only possible for the first Star in our Own Stories project. Funding permanent staff to focus on long-term evaluation is not practical for Chee Mamuk at this time. While they would like to know more about how the different communities they have worked with continue to be affected by the Star in Your Own Stories program, it just is not possible at

this time. YouthCo has been able to negotiate some free external evaluation by using a community-based Social Work intern/ practicum student who did evaluated YouthCo's past 450 evaluations and facilitated a focus group with the program staff that allowed the group to look more closely at the evaluation strategies and what they wanted from them. This student worked for no charge and instead collect course credits for their work.

Participatory, arts-based initiatives may be asked to meet higher standards when compared with more traditional program, despite evaluations showing that these traditional methods are not effective. The GAAP participant says, "I've written other more conventional grants before and nobody worried about measuring the effect. It was just taken for granted that it was a standard educational program and that [youth] will learn - It's didactic, they will learn." And there is a sense that program will never be able to evaluate to meet their funders expectations. YouthCo says, "We probably won't be able to evaluate our impact as well as, say, our funders want us to. As far as questions and things, I mean, how are we going to...follow these youth for the rest of their lives and watch if they use condoms?" Being able to accurately assess behaviour change as a result of a particular initiative seems unrealistic. Chee Mamuk reports, "There are a lot of variables. We are looking at the whole province and we don't have enough staff to cover the whole province...if you are looking at rates of HIV and STIs that's too hard to look at as an outcome...prevention is so hard to capture because how do you capture someone who is not doing something? Well that person didn't get an STI and they would have if they hadn't done the workshop?" Multiple variables and influences affect people's behaviour. Linking any change in behaviour to a particular initiative seems impossible. Certainly, as discussed in the literature, change as a result of participatory methods are slow and it is difficult to determine one single influence on resultant behaviour change (Morris, 1997; Paiva, 2005;

Parkhurst, 2008). The discussion in the interviews suggests that there may exist at times conflicting expectations and preferred outcomes between funders and program practitioners.

c) Poor Communication

Differences in intended outcomes might be a result of poor communication between the multiple players involved in initiatives. For example, Woolf (1999) warns that expectations and aims must be clearly identified and agreed upon before a program begins. However, when two initiatives are working together communication of opposing or shared intentions and outcomes may be lost. For example, the LCC interviewees report a frustration at not knowing what was discussed, privately between the students and the peer educator. The counsellors need to know in terms of follow-up and support after the outside programs leaves what topics were discussed in class. One LCC counsellor said during the interview, “if we don’t know what’s being talked about in there, we don’t know how far it’s gone and then you get questions where you are like, ‘shouldn’t you have covered that in your session?’ or ‘Didn’t you get that information before?’ Not that we wouldn’t give it, but it can be really confusing for us.” This lack of communication or follow-up between outside and inside school resources and supports is also echoed in the YouthCo 2008 program evaluation. The external evaluator identified “the long term impact and sustainability of the programs could be enhanced by developing resources for teachers and parents for pre and post workshop discussion and activities.” Because curriculum is fairly unstructured there are no clear benchmarks indicating what should be covered at any particular time. While this freedom allows facilitators to adapt and meet the needs of a particular group, without proper communication between different educators, this can leave potential for breaks or gaps in knowledge transfer.

The LCC participant voiced a need for concrete and developed curriculum that would allow the teachers to build off of previous lessons and be able to track progress of their students. As already discussed in Chapter 3, Quebec has no formal sexual health curriculum. The topic is meant to be taught in a cross-curricular fashion when the topic seems most suitable to teachers and school administration. Because of this, the LCC counsellors have a lot of freedom as to how and what they teach. However, they also discussed during the interview how not having any formal curriculum means that classes can be disjointed and unconnected. For example, take this conversation that happened during the interview process between the two LCC counsellors:

Counsellor 1: I don't know what you have done [talking to counsellor 2]. It's not like, because it's only pieces of the class, it's not like this super creative curriculum that we've done a lot with. Counsellor 2: Because it's not consistent. It's not like it's only the two of us. [Counsellor 1] is doing the majority of it but it's not like it's only her all the time with all the classes because we have these other people come in.

Without a concrete curriculum, the counsellors struggle to know what is happening from class to class. Inconsistent availability of teachers and changing outside programs coming into the school teaching different classes mean what, who, and when the teaching occurs varies. The counsellors are unsure what has been covered from class to class and as the students' progress through the grades. Without having a structured curriculum with clearly defined goals and outcomes evaluation and assessment is virtually impossible.

Inadequate Assessment Methods

While all case studies recognised the importance of evaluation and assessment, they also felt that survey and quizzes were inadequate methods for measuring their intended outcomes but were unsure of what else to do. For example, the contract facilitator does not find her survey-based evaluations to be useful. It does not elicit the type of concrete feedback that helps her assess her initiative. She says, "I just wish people could be more specific on the written

evaluation form. I think that, to be honest, most people don't really know how to fill out evaluations. Cause that complaint, I hear from so many people so often. Evaluation forms are so generic." Chee Mamuk worries that their pre and post-quiz strategy risks alienating the very population they are trying to effect. Many First Nations communities have lower literacy rates, high school dropout rates, and a general distrust of formal education strategies. Chee Mamuk worries that their pre- and post- quizzes – a very traditional and didactic learning test - could work against them developing a relationship of comfort and safety for their aboriginal participants. They worry that the quizzes could "[shut] people down before [they] even get started." The cultural influences on evaluation also discussed by Clough (2000) who cites the need for culturally specific criteria that reflect the morals, norms, and values of the particular community. The Taking Action participant stressed that assessment methods rely on the research population or community the program is working with. As the Taking Action interview participant stressed, a program must ask, "Is this method a good method to answer this question in this particular population?" If the methods do not suit the population, you are not going to be able to answer the questions. Finally, in the YouthCo 2008 evaluation report they note the limitations of evaluation scope and results. The evaluator recommends a "more comprehensive evaluation which involves participants and volunteers more directly...this could involve the use of interviews or questionnaires and could even involve the participants and volunteers in the planning, design and implementation of the evaluation." This more comprehensive evaluation that involves youth-participants and volunteers in design and implementation of evaluation methods certainly would seem to reflect YouthCo's commitment to a participant and peer-based approach. Perhaps the GAAP participant expressed it best when she said, "it seems kind of ironic that we do these innovative approaches [to education] and then hand out a survey." Indeed, there

is a sense that evaluation and assessment needs to ‘catch-up’ with the rest of the work being done in this area. As of right now, surveys and quizzes don’t provide the information to answer whether these programs are obtaining their goals. Continued development of evaluation measures that somehow reflect the development in education methods that focus on building an environment of participation, empowerment, and knowledge exchange is required.

Lack of Training and Skills

Despite frustration with current evaluation methods, the research participants were unclear as to how to develop more appropriate strategies. During the interview, Chee Mamuk said, “evaluation is really tricky to do. It takes a lot of skill and experience. And so for me, I find it’s worth paying the money for a professional,” Finding staff and people trained to carry out evaluation is difficult for Chee Mamuk. Meanwhile, funding to train existing staff is also not available. The GAAP coordinator has experience developing surveys but is unsure where to move forward now that participatory, arts-based programs are gaining momentum. She says:

You are not going to be able to say this HIV and AIDS arts-based project will ensure that all youth will practice safe sex. Or, this will ensure that all youth know about condoms. That’s not going to happen. So your evaluation has to be different. I think part of it is really thinking through what are the benefits and limitations of arts-based approaches and how do we think about that in terms of evaluation? And think about evaluation more broadly, more innovatively.

The challenge with community-based work is that the impact is very broad and somewhat unpredictable. The organic nature of the project leaves room for many more unanticipated developments and outcomes. As a result, the assessment measures should also be somewhat flexible and able to embrace unforeseen developments.

Conclusion

The participants of the 6 different case studies all believe that they are doing important and effective work in their own ways. They work hard to make a difference, are accountable to

the youth that they work with, their educators, volunteers, administration, communities, funders, and to themselves. The individual programs use a range of evaluation strategies to address and show their accountability. Some use multiple methods (for example, *YouthCo*) while others have next to no concrete or identifiable methods (LCC). There is evidence of direct and short-term evaluation as well as long-term evaluation strategies used by the majority of the cases. Participant feedback, for example, is focused on gaining a direct and immediate assessment of how that particular class or workshop is doing from the youth perspective. This is, obviously, a short-term assessment and may not feed back into the programmatic review. Participant interviews as well as surveys give longer-term feedback that can be incorporated into the program as a whole. Some programs have innovative assessment strategies that address the particular needs of the individual program. Journaling and workshop exchanges, for example, are not discussed in evaluation meta analyses. However, there are still challenges that exist in terms of evaluation and assessment. Despite the differences among these 6 case studies, many of them voiced similar frustrations and barriers to their programs' development and continuation. Time, funding, poor communication, inadequate evaluation methods, and lack of training and skills all stand in the way of these programs feeling like they have effective assessment methodology. These challenges are by no means insurmountable. Certainly, what is important to these initiatives is hearing what the youth have to say. This is in line with the larger ideology of participatory arts-based initiatives that strive to meet youth 'where they are' and incorporate indigenous knowledges into their learning process.

Chapter 6: Adding Art to Evaluation

Literature on participatory methodologies discusses the production of artistic texts – how and why we make the collage, the play, the video and so on. One area surprisingly absent from the literature is how to evaluate the texts themselves. Researchers such as Eisner (2008), Leavy (2009), and Mitchell and Weber (2004) have given some consideration to the question, ‘but is it art?’ But what role does the art produced through participatory, arts-based sexual health initiatives have within assessment? And how do we incorporate this into the evaluation process? In this chapter, I start by recounting data from several of the interviews that hint at these concerns. I then return to and expand on the relevant literature pertaining to arts-based research and art education more generally. I use this review as an opportunity to map out what it might look like to add art to evaluation. In so doing I use the collage work referred to in Chapter 2 as a way to anchor my analysis.

What To Do With the Art

The art produced through participatory art-based programs reveals another dimension to education and research. The GAAP program coordinator, who has been at the forefront of research and development of participatory arts-based methods within the context of HIV and AIDS education, explains that the issues are far from simple. In our interview she discusses confusion over what role art plays within GAAP initiatives, and a lack of substance within the interpretive process. Using photovoice as an example of any art-based method, she says:

I feel like the analysis of photovoice is very superficial. Like, it’s sort of very simplistic. Which is fine if you are just trying to use it to supplement a point, but I’m sure that there are more sophisticated ways to do an analysis of photos than what we are doing. What way could you look at a photo and what sort of questions could you ask? The same way that you would ask if someone is sitting in front of you in an interview to elicit information.

It is clear to this participant that arts-based methods can elicit conversation and disseminate information in an engaging manner but there is confusion or disconnect on the best process through which to engage with the art itself. Once a piece of art is produced it takes on a life of its own. It expresses and is interpreted in countless ways. A theatre piece might go on tour, a hip hop song might get air time on a local radio station, and a mural might be hung in a community health centre for years. What does this art 'say' outside the context within which it is made? How does it speak to an audience? What effect does it have?

The Taking Action participant draws attention to the effectiveness of art to have an impact on others and at the same time, the tension between aesthetics and participatory process. The research participant discusses an instance where a group of boys working with a painter were slow to engage in the art-making process. In an effort to move the project along, the artist decided to draw an outline of a mural depicting the word AIDS using symbols of aboriginal significance. The 'A' was a tepee, the 'I' an arrow, the 'D' a bow, and the 'S' a snake. Having outlined the image on the canvas, the artist then had the youth colour it in. The boys were proud of their work; the mural was hung in the reserve's community health office for the rest of the community to see. The interviewee stressed that the mural looks fantastic and addresses the aims of the research project, however perhaps at the expense of the participatory process. "It was actually a fascinating piece that did exactly what we wanted it to do, linking colonialism and HIV... I could show you pictures; it was quite spectacular. But I'm not sure that it came from the youth themselves." The image, the use of symbolism, and the colour all make the painting look very slick - much more professional than the painting made by youth in previous workshops. It is also a striking example of how the project hoped to connect issues of HIV and AIDS to issues of social justice in relation to First Nation experiences in Canada. However, this example raises

several questions for the interviewee: How participatory, really, is this method of youth engagement? How connected are the group of boys to this particular artistic piece? How effective was this process at connecting the issue of HIV and AIDS to colonial legacy and youth's challenges with prevention? And, how important is it that the art be aesthetically pleasing? Certainly, the art produced through participatory, arts-based programs can have varied impacts long after the program concludes. The degree to which it affects change is somehow tied to its aesthetics and its ability to communicate a statement. The *Where Are We Now?* participants wonder how to address the broader impact of aesthetics on community-based research. What do the aesthetics of a piece of art tell us about the effectiveness of the program?

Judging Art

Participatory, arts-based programs create countless “products” such as books, films, music, photo collections, installations, and exhibits. Often these products can work to demystify the continued spread of HIV and AIDS among young people; they put a face and a voice to AIDS, and have the potential to affect policy decisions and direction (Mitchell *et al.*, 2007; Mitchell *et al.*, in press). While the benefits and the implications of these products seem obvious to the practitioners, little research has explored the potential of having youth-created art and knowledge built into intervention evaluation. Drawing on the body of literature on arts based inquiry in Chapter 3, and the role of the audience in assessment, I develop four criteria – a set of landmarks and questions – to judge the effects of this creative work on learners and on HIV & AIDS education. The criteria are: (1) persuasiveness, (2) bringing forth emotion, evocativeness, (3) action-orientation and the politics of hope, and (4) reflexivity. These standards can be used as

a model alongside existing evaluation methods such as surveys, class discussion, journaling, and testing to assess learner outcomes as well as program overall effectiveness.

The Role of the Audience

The audience plays an active role in the development and application of criteria. Making an appraisal requires a cognitive separation between the role of creator and the role of audience. It is in the latter position of spectator that assessment occurs (Haynes, 1996). This is not to say that the creator cannot also be the audience. The creative process involves a constant negotiation of these two roles. When conducting participatory, arts-based work with youth, the group of participants take on multiple roles. They are art producers, they are audience and they are assessors. Meanwhile, the facilitator, the researcher, the community, and other stakeholders can also play the roles of audience and judge. Therefore within participatory, arts-based work, the audience is a diverse and changing group. The audience has the unique perspective of stepping back from the text, reading it, and then judging. They are actively engaged in giving meaning to art through interpretation and judgment. There is no one correct understanding of art. Multiple meanings work iteratively to transform the audience and contribute to the richness of the piece (Greene, 1994).

When working within a group there are often moments of ‘mutual assessment.’ While one person is producing art others are watching. When the art is finished, it is usually presented to the group. Even when the program comes to an end, the art lives on. In participatory sexual health programs, this type of co-assessment might even seem to happen intuitively. As assessor, the individual interprets stories told within the piece. Interpreting glimpses of emotions is central to the argument for incorporating the arts into HIV and AIDS education interventions. It is this at times subtle expression that opens a window to identifying with the world around us and

promotes discussion on matters that suddenly reveal the impact of HIV and AIDS in one's life. Taking the time to engage with the act of 'mutual assessment' is important during arts-based work. Youth have the ability to ask questions, make connections and develop ideas about what they are expressing through the arts and how this might be interpreted.

Developing Criteria

Before developing an evaluative model, I needed to interrogate the problematic nature of criteria in and of itself. From a scientific perspective, criteria help to produce replicable and consistent results. Kirby et al. (2005) identify 17 curricular characteristics that, when incorporated, result in an effective sexual health program. These 17 characteristics could be interpreted as criteria for program evaluation. Others argue that setting criterion is, at best, a necessary evil. Clough (2000) warns that criteria can stifle creativity and imagination. The arts benefit from its situation within the margins or outside more dominant knowledge structures such as the sciences and humanities (Greene, 1994). This position allows for the construction of partial understandings, and more circular ways of thinking. Criteria can constrict or threaten this freedom. By setting specific criterion to justify practice, there is a danger of normalizing a process that is meant to be creative, imaginative, and inventive. What is more, criteria are culturally based and specific yet "pose as something beyond culture, beyond ourselves and our own conventions, beyond human choice and interpretation when, of course, they are not" (Bochner, 2000, p. 267). I would add that this assumption of neutrality also ignores how gender influences evaluation. Currently, there is little understanding within the academic realm about the potential for culturally or gender specific criteria and how this might shift our perspective on evaluation. Certainly, as I embark on a more in-depth discussion of arts-specific standards for

HIV and AIDS programs, I do so with hesitancy given the ongoing difficulty of constructing criteria that can reveal without constraining.

The four criteria I propose serve as entry point from which to appreciate the aesthetic and artistic quality of art texts specifically as they relate to evaluation and assessment of participatory, arts-based programs. What does the art tell us? The criteria are based on discussions within experimental ethnographic evaluation (Bochner, 2000; Cough, 2000; Ellis, 2000; Richardson, 2000) and fine art education and evaluation (Eisner, 2008; Greene, 1994; Haynes, 1996). Art education evaluation is often focused on developing an appreciation and understanding of aesthetics (Hayes, 1996). While this can be a concern of HIV and AIDS research and interventions using the arts, it is generally not a priority. Eisner (2008) writes, “What are needed are skills and techniques to treat a material so that it *becomes* a medium of expression...schools of education, for example, seldom provide courses or even workshops for doctoral students to develop such skills” (p. 9). Without these skills, inquiries can seem “amateurish” and stop short of their potential (Eisner, 2008). The Taking Action mural I described above echoes this tension. Martin (2004) compares a collection of AIDS-related art commissioned to respond to the AIDS epidemic in South Africa. These skilled artists effectively address the socio-cultural impacts of AIDS in the country and express a larger trend within the nation’s thinking on HIV and AIDS. There is a paucity of discussion on the “quality” of art produced within participatory, arts-based HIV and AIDS initiatives, where the producers of the art may or may not have any formal artistic training. I argue the need to include and further interrogate the role of aesthetics in evaluating these programs.

If arts-based and participatory methods are going to succeed and continue to grow, there is a need for some form of assessment strategy suited to a wide variety of educator and artistic

experience. The four criteria I suggest here – (1) persuasiveness, (2) evocativeness, (3) action orientation and (4) the politics of hope, and reflexivity – are a beginning to this developing area of evaluation. They are by no means complete. Indeed, the final criteria – reflexivity – is one that in and of itself could be a whole study. The criteria are meant to be adaptable to suit a variety of intended outcomes. They are explicitly subjective and ask evaluators to express their own emotions, questions, and response to the art that they are evaluating. However, evaluators with little or no formal art training would be able to use these criteria. Every opinion counts. I assume that the primary assessor using this model would be an educator, however I have attempted to keep the criteria understandable and practical enough to accommodate evaluators from a variety of backgrounds including peers, community members, funders, and other community stakeholders.

The Criteria

Persuasiveness

Persuasiveness is meant to assess the sincerity of what is shown in the creative product. Persuasiveness and credibility attempt to critically attest to the believability of what is represented through the chosen artistic method. Bochner (2000) argues the need to evaluate for “emotional credibility, vulnerability, and honesty” (p. 270). Richardson (2000) assesses the expression of reality. She asks, “does this text embody a fleshed out, embodied sense of lived–experience? Does it seem ‘true’ – a credible account of a cultural, social, individual, or communal sense of the ‘real’?”(p. 254). In the past, this might have been referred to as truthfulness and validity. Looking for truthfulness is problematic, however, because it presumes only one truth is available to be expressed and this one truth should be revealed to a passive or

awaiting audience. Persuasiveness and credibility leave room for multiple truths and multiple interpretations and a more nuanced understanding in sometimes-contradictory realities.



Figure 1

purposeful is the artist in trying to express these messages? It may become evident that learners are confused about HIV transmission and prevention. This confusion needs to be addressed. However, this criterion focuses more on *how* the learner has tried to make sense of a challenging topic and the ability of the art to convince the audience of the validity of its message, versus the accuracy of the learner's understanding of the 'facts.' How persuasive is their representation?

To help explain this criterion I compare 2 collages made by youth at the *Risky Collage* workshop in Mexico, 2008 (Figures 1 and 2). I focus on the artists' varying ability to make cohesive images that illustrate a statement or story. Interpreting Figure 1, I am drawn to the images of health (the overweight man eating ice cream and the woman exercising on a stationary bike) and death (the cold grey heart and the skull). However, the meaning of the smiling woman in the centre, the curious if not concerned schoolboys, the person with a lampshade over her head, and the young man in the leather jacket are not clear. The overall message and intent of the

Sometimes the creative work may be unfinished or tell a complicated story. This is especially true when dealing with a sensitive topic like HIV and AIDS. Learners can experience difficult emotions; they may struggle to interpret and express complicated or opposing messages. This criterion asks, how

collage is lost by the disjointed and sparse collection of images that do not seem to talk to each other or express any sense of story or statement. This is not to say that this work has no meaning. Connections can be argued. However, the lack of coherence between the disjointed images fails to make a persuasive statement. In this sense, persuasiveness can be used to evaluate the artwork.

This criterion can also be extended to include an evaluation of the workshop. Figure 1 can be interpreted as more than a mere lack of artistic merit on the part of the artists. In my view, it also suggests some shortcomings in the *Risky Collage* intervention as a whole. It questions whether the workshop provided adequate training for the youth to use collage to its full potential. I wonder how engaged this group was in the collage

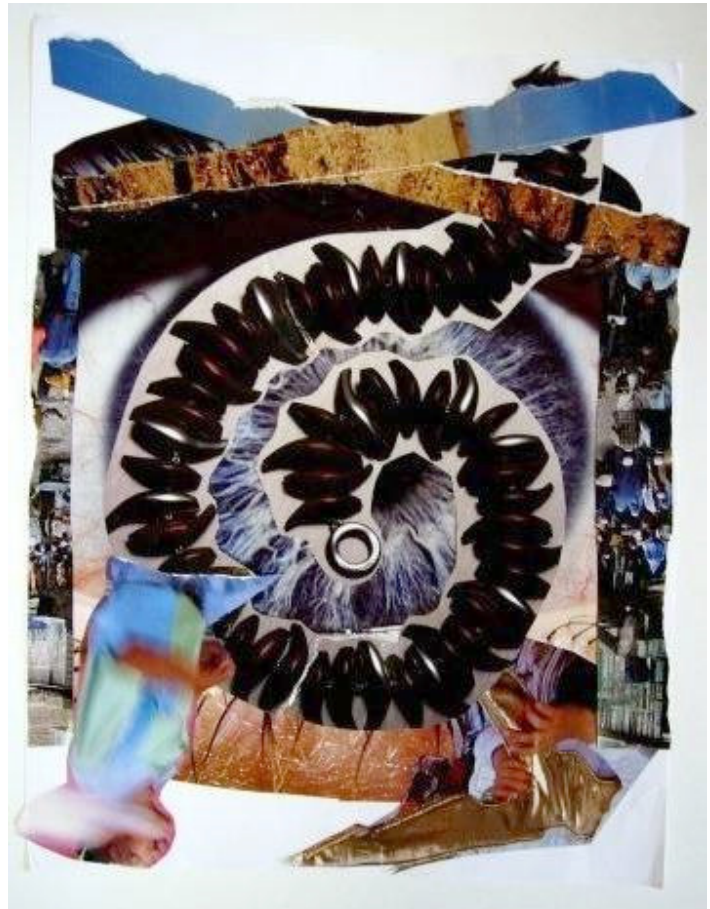


Figure 2

process. Perhaps collage was an inappropriate and uninspiring medium for this group. Maybe the theme of risk did not resonate with the participants. Therefore the lack of persuasiveness exhibited in this collage points to areas where the workshop could be improved.

Conversely, Figure 2 is more successful at showing an attempt by the artists to say something by creating one image out of many. The use of images and their placement on the page suggest purposefulness to the work. The images are laid out in a particular order to express

meaning. The spiral or hook in the centre of the collage is laid over the eye, alluding to the addictive nature of risky behaviour that can obscure one's rational vision. The running man and the toy gun are placed specifically around the hook, which leads one to question how they might relate to the hook. This is compared to Figure 1, which is made up of 8 images stuck together on one page, their links and connections un-convincing. Figure 2 is successful at creating a new cohesive image that illustrates the artists' want to create and express.

Persuasiveness and credibility are exemplified in the purposefulness of the created product. The observable thought that went into the layout of Figure 2 suggests a believable attempt by the artists to express something meaningful to them. This type of expression supports the workshop's intent to facilitate youth expression and knowledge around risk, HIV and AIDS. If the art is not compelling, it can be further interrogated to uncover possible areas to be addressed within a program and its format. Persuasive art reflects an effective program.

Drawing forth emotion and meaning: Being evocative

To be evocative is to call or draw forth emotion, meaning, and understanding. When evaluating a piece of writing, Richardson (2000) asks, "does this affect me? Emotionally? Intellectually? Generate new questions?" (p. 254). Ellis (2000) assesses whether the art made her stop and think about details of her own experiences, memories and feelings. Of course, depending on the person, the feelings that surface may be different. When considering evocativeness, the simple drawing forth of any emotion suggests some type of impact. Being able to stimulate emotion suggests a certain level of thought and engagement in the creative and participatory method and is thus a positive outcome of the creative work. A more in-depth analysis of the actual feelings that come up is a deeper assessment strategy to judge the particular effects of the information imparted on the learners. For example, are they connected to the

information? Are they empowered? Are they scared? Indifferent? The particular emotions evoked versus the particular issues that are left out of the creative product would mark possible topics for further study and review with the learners.

One collage from the *Risky Collage* workshop stands out for me as being particularly evocative (Figure 3). Titled *Alone on the Tracks/Solo el Camino*, it was produced by three participants from Canada, the Bahamas, and Mexico. I experience particular emotions when I look at this piece. The skinny girls that are huddled on the rocky ground to sleep personify feelings of loneliness and vulnerability. They lie dangerously close to the oncoming train. It also evokes fear and helplessness about the future, represented by the impending doom of the rusty, old train headed towards derailment - the tracks ahead destroyed and in rubble. The character made up of a girl's body and a boy's head separated by a jagged strip of coloured paper raises questions of the reliability and usefulness of rational thought as symbolized by the separation of the head from the body. This character also makes me wonder about gender and age (the girl's body, the boy's head, and the man's eyes), as well as racism or Western hegemony (the covered mouth and the white man's eyes on the dark skinned bodies). This collage succeeds at evoking emotion within me, and leads me to ask more questions of the artists' understanding of HIV and AIDS. Evocative art presents more than just a persuasive or convincing story – it engages the emotions of the audience, and elicits further questions to interrogate the artist's message.



Figure 3

Action Orientation and the politics of hope

But does the art *do* something? Youth are often said to be “sick of AIDS,” tired of sitting through lectures about it, and unable to protect their health or do something about it given rising rates of violence in their lives (Mitchell & Smith, 2003). In the past, HIV and AIDS education has been criticised for promoting feelings of hopelessness, boredom, and even hostility amongst learners. Youth can at times feel as though “this has nothing to do with me”. Denzin (2000) argues that all arts-based or creative work should focus on the “politics of hope.” Judging the creative work’s action orientation attempts to uncover how the creative process inspires learners to take action in their own lives and to inspire action in their communities. Creative work should make you argue back and forth with the creator’s interpretation. Assessing for an action orientation is a time to explore whether the learners feel helpless or powerless in the face of HIV

and AIDS, or whether they are inspired make a difference in their own lives or whether they. This criterion also looks to the reaction of the audience and asks if they were inspired to take action in response to the lessons learnt from the project. Community organisation around HIV & AIDS awareness and activism would suggest, of course, a strong action orientation as well as point towards longer-term successes of a particular creative intervention.

By the end of the workshop in Mexico City, having viewed each other's art, the youth were impelled to act. One youth asked for the collages to be displayed for the rest of the conference-goers to view. This act says something about the ability of the collages to inspire. I overheard another participant talking excitedly of her upcoming meeting with a well-known politician. At the meeting she hoped to advocate for the continued support and funding of HIV and AIDS programs. She was motivated to make a collage to help better express her cause. She also hoped that the collage would provoke her potential benefactor to contribute and support the cause. In another example, Mitchell (2006) screened a participatory HIV and AIDS documentary to a rural community in South Africa. Upon viewing the film, one spectator, Mitchell reports, asked, "Why can't we produce something like this right here where the problems are [great]?" (2007, p. 289). As a result of this screening, ten people signed up to do just that and a weekend workshop on digital filmmaking was organized. It is this type of action orientation that exemplifies the intended engagement and usefulness of arts-based methods to reach and inspire people beyond those directly involved in a project. By incorporating the essence of provocation into evaluation, we can see both short-term (in the case of Mexico) and long-term benefits (in the case of South Africa) of artistic work.

Reflexivity

Traditionally, rational discourse emphasises the need for distance and neutrality. Emotions are thought to cloud or confuse perspective. De Freira (2008), paraphrasing Creswell (2003), defines reflexivity in research as meant “to trace the presence of the researcher onto the research context, marking their interference, their participation, their desire” (p. 470). Reflexivity encourages an awareness of our own body, emotions, mind, actions and the actions of others on our life. Maxine Greene (1994) writes about creativity in education, saying: “People... must be personally present to what they are doing or what they are attending to... Only conscious, active moves *toward* the work at hand can lead to the opening of new perspectives” (p. 494). We learn when we are aware of our actions. Because of this, I encouraged the *Risky Collage* participants to explain their artistic decisions. I asked why they chose certain images and had them interrogate their image placement. I urged them to reflect how their work relates to their own lives. These questions help to make sometimes subconscious decisions more conscious. They can stimulate a more nuanced understanding of risk, HIV and AIDS.

Reflexivity is inherent to the assessment process. Indeed, the very act of assessment suggests a level of reflexivity. It is a looking back on what has already been done. Greene (1994) argues for a more developed sense of reflexivity to be incorporated into art. When considering reflexivity as a criterion, to what extent should art reveal an artist’s self-awareness? The finished work tells something about the person or people who created it. However, how we assess for this reflexivity in art remains unclear. Further research is needed to address how reflexivity can be measured in participatory, arts-based sexual health work. I suggest that interrogating the reflexivity expressed through art will contribute to a better understanding of how a program and artist interact.

Included under the reflexive criterion is a concern for the ethical implications of creating and exhibiting learners' creative work. There can be varying degrees of consequences for doing creative work, some good and some bad. For example, when exploring the topic HIV and AIDS, issues of disclosure must be addressed. Revealing HIV status can be dangerous. Participants must be aware of these risks. When made public, the creative work will continue to have an impact on the producer. Who owns the work and will get credit or held responsible for its consequences? When judging for reflexivity, look for markings that are specific to the learner that makes the particular piece of work individual. Discussing where the piece should be shown - be it in the classroom, in the home, or to the wider community - will help contextual the potential impact of the work produced. A successful creative and participatory program must be aware of the possible positive and negative effects on learners.

Looking Back

During the *Risky Collage* workshop, we had no video camera or tape recorder. I tried to take some pictures of the process on my digital camera to capture the development of the various collages. However, I did not have the presence of mind to take these photos intentionally for later analysis. All that is documented are a few snapshots and the collages. Many months later, I sit at my desk in my Montreal apartment. Looking outside at the snow on the ground, I am distinctly aware of the -23⁰C weather just on the other side of the windowpane. Mexico and the collage workshop suddenly seem a long ways away. But if I open up the folder containing the digital images of the 16 collages, I am instantly brought back. The collages, in this sense, are artefacts marking the concerns and understandings of the participants. When I compare them, distinct themes stand out: The feminization of the pandemic, poverty, racial inequality, violence, and the need for more awareness. There are also certain gaps or silences that the youth did not address

such as the impact of AIDS related death, co-infections, and co-morbidity. To view these collages, therefore, is to attest to the groups' complex understandings of HIV and AIDS, possible shortcomings or gaps in knowledge, and direction for future interventions.

I argue that because art is so expressive it holds important insights that could be incorporated into the evaluation process. I draw attention to the role of the subjective, ever-changing, and dynamic audience within the evaluation and assessment. While tensions remain with regards to developing systematic evaluative procedures and how this might threaten the expressive nature of art, there is possibility of developing qualitative criteria that can judge without constraint. This is demonstrated in the 4 proposed criteria. Persuasiveness looks at the validity and credibility of the art. Evocativeness addresses the audience's emotional response and engagement with the art. Action Orientation and the Politics of Hope assesses how the art inspires an audience to 'get up and do something.' Reflexivity evaluates the mindfulness of the artistic process as expressed by the art. This evaluative model is in its early stages of development. Clearly there are other features that could be built in. For example Moletsane and Mitchell (2007) point to the need for close reading strategies for working with even a single photograph, drawing from visual data sets within participatory arts based approaches. Mitchell et al. (2007) highlight the ways in which the evocative photo produced by young people of death and dying might be read alongside the evocative photos produced the well-known and controversial photographer Sally Mann. Stuart's (2007) work on the production of photo posters and HIV and AIDS by beginning teachers in South Africa draws attention to the ways in which semiotics might be useful. Significantly, all this work points to the need for collaborative research in the areas of evaluation and assessment research in the area of sexual health and HIV and AIDS education.

Chapter 7: Conclusion

My experience with participatory, arts-based sexual health interventions leads me to believe that these methods are contributing immensely to the field of adolescent sexual health education. However, there is a need to effectively demonstrate how this contribution manifests itself. In other words, how do we assess the effects of these types of programs? To answer this question, I focused on the expertise of the practitioners. The *Where Are We Now?* study explores the challenges and solutions of evaluation methodology currently experienced by participatory arts-based sexual health programs in Canada.

The first step to identifying the challenges of risky adolescent behaviour is recognising that sexual health, in particular around HIV and AIDS, is more than just a medical problem. Participatory, arts-based methods offer insight into the complex and sometimes contradictory interaction between society and adolescent sexual health. It is the subjective, embodied, and emotional experiences involved in making and reflecting on art that allow for a deeper understanding of these multifaceted issues. By listening to the experiences and voices of youth, there is hope that solutions to these challenges will be more easily identified.

In the past, sexual health curricula in Canada has followed restrictive and biological models. This led the interventions to focus on the facts of STI transmission and the benefits of contraception, if not abstinence. Of course, this information is still important. However, this type of education also played a role in perpetuating gender stereotypes and narrowly defining marginalized sexualities and alternative identities. At their extreme, these types of programs unduly burden girls with the responsibility of society's overall sexual health. As such, many sexual health programs are now recognising the need for more a comprehensive sexual health curriculum. Participatory, arts-based methods are at the forefront of these developments.

The methods used to evaluate sexual health education initiatives remain relatively unchanged. Traditional bio-medical interventions aim to identify measurable behaviour changes to reduce the prevalence of HIV and AIDS, teen pregnancy, and other STIs. While these techniques might be efficient at measuring these traditional educational intentions, they are not necessarily able to encompass the assessment needs of socio-cultural and learner-centred understandings of the pandemic. Evaluation ‘gold standards’ call for quantified, controlled, and replicable studies. This bias in evaluation techniques means that participatory, arts-based initiatives are often excluded from assessment discourse. In an effort to include an alternative perspective, I reviewed literature supporting more subjective or experimental evaluation systems. The literature critiques the development of systematic, criteria-based evaluation methods. Using criteria risks ignoring the cultural specificity of evaluation as well as the need for arts-based methods to remain on the margins of more traditional knowledge production. Suggestions for a more comprehensive evaluation model incorporate judging the evocativeness, persuasiveness, and provocativeness of art produced during arts-based methodology.

The *Where Are We Now?* research is a qualitative study that follows Feminist Standpoint Theory. This methodology stresses the need to listen and learn from the everyday experiences of previously marginalized perspectives. This recognition of the ‘other’ draws attention to the relations of ruling as well as the politically motivated nature of all research. Building on this framework, I was compelled to collect my research data from the very programs that have been previously excluded from evaluation discourse – programs incorporating participatory, arts-based methods into their teaching and facilitating practices.

Six sexual health initiatives agreed to participate in the research: YouthCo, LCC, Chee Mamuk, GAAP, Taking Action, and an independent sexual health consultant. These participants

satisfied selection requirements in their use of participatory, arts-based methods, their youth-focus, and their location within Canada. Each participant program represents one case study. I visited each program site, interviewed at least one representative from each initiative, and reviewed any existing program-related documents. While interviews always encompass a negotiation of power dynamics between the researcher and the interviewee, an explicit discussion of these tensions helped locate me in the research. Upon reflection, I have a better understanding of the different aspect of rapport I developed during the interview process. I used the constant comparison method to analyse the interview transcripts and program documents with regards to their evaluation strategies.

This data analysis outlines multiple assessment strategies and evaluation methods being used by the different programs. These include participant/student feedback, teacher feedback, pre- and post-quizzes, exit surveys and questionnaires, participant interviews, external evaluators, facilitator journaling, and workshop exchanges. The research also identifies five common challenges experienced by two or more programs. Inadequate time and funding, poor communication between sexual educators and sexual health programs, inadequate evaluation techniques, and a lack of training in evaluation strategies limit the program capacity to conduct effective evaluation. One participant also highlighted how evaluation is a necessary evil, “So evaluation is a little like going to the dentist [laugh]. You don't really like doing it. Like, I could never imagine being an evaluator. But I really see the benefits of them and why they are important. So I like the result of them.” Overall, the participants suggest a general dissatisfaction with evaluation and assessment practices with regards to their programs. However, there is recognition that the results are important and programs need to show their accountability to their communities.

In my discussion, I focus on one aspect of evaluation and assessment specific to arts-based programs, yet largely absent from the literature. What is the role of participant-produced art in evaluation and what can art tell us about the effectiveness of participatory, arts-based programs? I present four criteria - persuasiveness, evocativeness, action orientation and the politics of hope, and reflexivity – for assessing youth’s engagement with arts-based initiatives as well as the ability of these programs to address the needs of their learners. These criteria specifically attempt to account for the subjective nature of the arts by including a consideration of the aesthetic quality of the art produced and the individual experiences of learners. Recognizing the role of the audience as an evaluator and how this role provides insight into the effectiveness of programs are central tenets to this model. Although in its early stages of development, this model points to the need for a particularised area of evaluation research that responds to the burgeoning field of participatory, arts-based sexual health and HIV and AIDS education.

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Appendix A: Example Questions and Prompts for Interviews

Cluster 1: Getting People to Talk About Their Work

What role do arts based and other participatory approaches play in your program? How did you come to use these approaches?

How significant are arts based approaches?

Are there particular aspects of your program that you would like to change?

Cluster 2: Getting People to Talk About Evaluation

How do you go about evaluating the success of your program? Formally? Informally?

What are the objectives of your assessments?

How did you develop the assessment methods?

Who participated in the evaluation development?

What do you like about your assessment methods?

What don't you like about them?

Who plays a role in the assessment within your program?

Cluster 3: Broader perspectives on the program

Where do you see your program fitting within your community?

Where does your initiative with the arts fit within the larger milieu of sexual health and community health programs?

Cluster 4: Evaluation Impact

Do your evaluation methods play a role in your funding and access to funding?

What are some of the challenges?

What would help you in addressing those challenges?

Appendix B: Participant Consent Form

Principal Investigator: Katie MacEntee

Masters Student in Culture and Values
Faculty of Education
Department of Integrated Studies in Education
McGill University

Contact information: katherine.macentee@mail.mcgill.ca
(514) 661-6956

Dear Participant,

I would like to invite you to participate in a study called Where Are We Now? I am interested in interviewing you and others from PROJECT TITLE on your experiences as educators and/or administrators of a participatory arts-based adolescent sexual health program. Your involvement will contribute to my research on evaluative tools in arts-based approaches to sexual health education and HIV and AIDS prevention interventions.

Description of Project

Arts based approaches to sexual health education and HIV and AIDS prevention programs are becoming more and more popular. This research focuses on how we evaluate these educational initiatives in an effort to learn more about how we measure program effectiveness and why. Working in several research sites I am interested in learning how arts-based projects are evaluating themselves and to what end. The outcomes of the interviews that I will conduct will be used for educational purposes and the completion of my Masters thesis. The information may also be published and presented in academic journals and/or conference presentations to inform the development and testing of evaluative models specific to arts-based and participatory educational programs.

Description of Participant's Role

As a participant in this research, your role is to attend and participate in one-on-one interviews on the topic of your experiences of arts-based sexual health education programs and your understanding and involvement in evaluative tools used in these programs.

Voluntary Involvement

It is important to understand that your participation in this project is completely voluntary. You are free to withdraw from the study at any time. If you have any questions or concerns with regards to the study I am available and can be contacted through the information above. If you have any questions or concerns with regards to your rights as a participants please contact the McGill Research Ethics Board at lynda.mcneil@mcgill.ca or 514-398-6831.

Confidentiality

One-on-one interviews will be in confidential settings. All names and personal information will be protected.

All interviews will be audio taped and later transcribed. The tapes will be stored in my office in a locked cabinet and will be destroyed at the end of the project. Once the interviews are complete a copy of the transcripts will be made available to you and you will be given the opportunity to review them for accuracy, clarify any misunderstandings, and voice any concerns.

Statement of Consent

I, _____, agree to participate in the project *Where Are We Now?* conducted by Katie MacEntee.

I agree to be audio taped Yes _____ No _____

Participant Signature: _____ Date: _____

Researcher: _____ Date: _____

Appendix C: McGill Research Ethics Board Certificate



Research Ethics Board Office
McGill University
1555 Peel Street, 11th floor
Montreal, QC H3A 3L8

Tel: (514) 398-6831
Fax: (514) 398-4644
Ethics website: www.mcgill.ca/researchoffice/compliance/human/

Research Ethics Board II
Certificate of Ethical Acceptability of Research Involving Humans

REB File #: 100-0908

Project Title: Where are we now? Qualitative evaluation of arts-based sex education programs

Principal Investigator: Katherine MacEntee **Department:** Integrated Studies in Education

Status: Master's student

Supervisor: Prof. Claudia Mitchell

Funding agency and title: N/A

This project was reviewed on Oct. 9, 2008 by

Expedited Review ✓
Full Review



Mark Baldwin, Ph.D.
Chair, REB II

Approval Period: Oct. 14, 2008 to Oct. 13, 2009

This project was reviewed and approved in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Subjects and with the Tri-Council Policy Statement: Ethical Conduct For Research Involving Humans.

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- * All research involving human subjects requires review on an annual basis. A Request for Renewal form should be submitted at least one month before the above expiry date.
 - * When a project has been completed or terminated a Final Report form must be submitted.
 - * Should any modification or other unanticipated development occur before the next required review, the REB must be informed and any modification can't be initiated until approval is received.