

Te Ahurei a Rangatahi Sexual Health Programme: An Evaluation

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December 2001



The
University
of Waikato
*Te Whare Wānanga
o Waikato*

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Executive summary

The Maori and Psychology Research Unit was engaged in August 2001 to evaluate a sexual health programme delivered by Te Ahurei a Rangatahi. Established in 1997, Te Ahurei a Rangatahi is a community based charitable trust that delivers a variety of programmes to Rangatahi.

The overall objectives of the evaluation were to provide evaluative comment on the following:

- Critical success factors
- Unique factors
- Barriers to success
- Gaps in the programme
- Recommendations for improvement
- Other issues as identified by the evaluation team.

The peer educators, the programme they deliver, and the agency overall appear to have a good reputation amongst community stakeholders and are meeting a need within the community. We have covered many issues and challenges within this report that Te Ahurei a Rangatahi will need to address if it is to continue to enjoy the reputation and demand that schools and other education providers place on their service. These challenges are no different to those faced by similar agencies who move through a period of development or who exist within a continually shifting funding environment. The development of strategic plans and policies are important and the survey of issues provided in this report will assist the agency in this regard.

As evaluators, our brief might be read as having to answer two essential questions. These are discussed here.

Is Te Ahurei a Rangatahi sexual health programme making an impact on rangatahi? Our findings indicate that the programme is impacting the knowledge base, confidence and interest of rangatahi in sexual health, and that an increased positive impact may well be possible if follow up visits were made. We caution the reader and potential users of these results. Our methodology is limited primarily in that we have not attended to other processes, experiences, or opportunities that rangatahi may be engaged in or exposed to which may also be having an impact on their views about sexual health. Continued measurement of impacts is required if one wishes to make more definitive claims.

What is unique about the Te Ahurei a Rangatahi sexual health programme? The answer is quite obvious. Firstly, the programme's uniqueness stems from the use of peer educators with whom rangatahi have an affinity. Rangatahi experience comfort, sensitivity, responsiveness and an ability to relate with the peer educator. This leads to the experience of a safe relationship and context within which to learn and share about sexual health issues. There is some debate about whether an ability to establish this context and relationship is dependent upon closeness in age between the peer educator and the rangatahi to whom the programme is delivered. Although there is

some discussion in the academic literature about this (see Guerin, 2001) the risk to Te Ahurei a Rangatahi in favouring any one particular direction is that the important messages that peer educators communicate may well miss their target group – Rangatahi. Furthermore, the programme itself may well diminish in reputation and attractiveness.

Secondly, the fact that the programme targets Maori rangatahi, that programme organisers are prepared to include non-Maori in education sessions, and that they employ Maori cultural frameworks to facilitate and convey information, sets Te Ahurei a Rangatahi apart from other providers. If Te Ahurei a Rangatahi is to retain its competitive edge, these unique aspects need to be nurtured and protected.

A way forward in this regard is the development of firmer cultural frameworks. While the use of Durie's (1998) Tapa Wha model is appropriate and convenient, the model fails to deal explicitly with what might be referred to as *rangatahitanga* – that is, one's youthfulness and challenges therein. It also fails to address those behaviours and beliefs that emerge from a culture of poverty, or of low socio-economic status. Furthermore, the model is not cognisant of iwi contexts. These are but three areas that require attention beyond that which simply deals with culture as related to a specific ethnic group. Clearly, one cultural framework will be inadequate to fully capture the rich texture of what it means to be rangatahi in our current context. Te Ahurei needs to invest some energy in this direction if it is to retain and capitalise on its uniqueness.

Our recommendations follow:

1. That the Te Ahurei a Rangatahi team (Board, administration and peer educators) address and resolve those issues that stakeholder groups have raised that refer to the day to day delivery of the programme. Although the evaluators do not consider these issues to be major, they do, nonetheless, require attention.
2. That the Te Ahurei a Rangatahi team continue to monitor the impact of the sexual health education programme. This can be achieved by improving on and continuing to administer and collect data through those questionnaires prepared for this evaluation. A small investment in staff training about data management will help to facilitate this process.
3. That the Te Ahurei a Rangatahi team consider working with community stakeholders and liaison personnel in education institutions to facilitate follow up activities with rangatahi. Follow up activities may take the form of education sessions or one-to-one sessions.
4. That Te Ahurei a Rangatahi Board develop a staff recruitment, retention and development policy that sees the creation of a pool of volunteer peer educators who may later apply for vacancies with the agency. The policy will need to consider the recruitment of new peer educators, as well as the professional development of those currently employed.

5. That the Te Ahurei a Rangatahi team ensures the uniqueness of their sexual health programme by developing firmer cultural frameworks for understanding sexual health issues, and for the facilitation of education sessions. In implementing this recommendation, all staff will need to engage in training to ensure the adoption and continuity of the programmes Maori focus as well as the knowledge base drawn upon.

Introduction

The Maori and Psychology Research Unit was engaged in August 2001 to evaluate a sexual health programme delivered by Te Ahurei a Rangatahi. Established in 1997, Te Ahurei a Rangatahi is a community based charitable trust that delivers a variety of programmes to Rangatahi. Their overall aim is to:

To promote health and wellbeing amongst Rangatahi and their whanau, to empower Rangatahi to make informed choices (Te Ahurei a Rangatahi Mission Statement).

In line with their mission statement, their sexual health programme is delivered via education sessions to rangatahi by rangatahi peer educators in local High schools, TOPS Courses, Polytechnics and alternative school settings to both mainstream and bilingual classes, and to a variety of Rangatahi. Te Ahurei a Rangatahi also runs activity-based groups with a health focus for teenage men, women and young parents, training for volunteers and peer trainees, and are involved in promoting health in various activities in Hamilton and outlying districts.

Key stakeholders

Primary participants and key stakeholders of the Te Ahurei a Rangatahi sexual health programme are:

- Key liaison staff and teachers in institutions and agencies where the programme is delivered (schools, PTE's) cooperate with programme organisers to access rangatahi.
- Programme participants and graduates
- Te Ahurei a Rangatahi Board, staff and peer educators

Evaluation type

In general, evaluations are about consistently collecting information on the activities, characteristics and outcomes of interventions, programmes or services. The information gathered is usually intended for use by a specific group of people to reduce uncertainties, improve effectiveness, and to make decisions (Patton, 1990). There are many different types of evaluations employed according to the specific characteristics that programmes and organisations have. The two evaluation types that are relevant to Te Ahurei a Rangatahi peer educator programmes are described below.

1. **Process** evaluations gather information about how a specific programme is structured and delivered in an attempt to understand its strengths, unique aspects, and weaknesses. Why certain things are happening, how the parts of a programme or service fit together, and people's perceptions, are all

areas of focus in a process evaluation. By examining and improving processes employed in a programme the likelihood that anticipated outcomes will be achieved, is enhanced.

2. In an impact **evaluation**, evaluators seek information about the longer term or more general results of a programme. Both the anticipated and unanticipated programme impacts and effects are identified and examined. As the peer educator programmes have been running for 3 years or so, it seems appropriate to conduct an evaluation of this type.

Evaluation aims and objectives

The overall aim of this evaluation is to provide evaluative comment on the following:

- Critical success factors
- Unique factors
- Barriers to success
- Gaps in the programme
- Recommendations for improvement
- Other issues as identified by the evaluation team.

Specific objectives

1. **Describe and provide evaluative comment on the development of the programme to date by examining**
 - a) Chronology of events
 - b) Issues faced and process of resolution
 - c) Programme rationale and philosophy
 - d) Major programme changes
 - e) Programme milestones
2. **Describe and provide evaluative comment on the content of the programme**
 - a) How is the curriculum decided and by who?
 - b) How is the content organised?
 - c) What is the investment in planning and evaluation?
 - d) In what ways is the content innovative and unique?
3. **Describe and provide evaluative comment on the process of programme delivery**
 - a) Where is the programme delivered and why?
 - b) To whom is it delivered and why?
 - c) How is the target group accessed?
 - d) How is it delivered and by whom?
 - e) Is it delivered with the most efficient use of resources in mind?
 - f) Is it delivered appropriately and responsively?

- g) Could it be delivered differently or more efficiently?
- h) In what ways is the programme delivery innovative and unique?

4. Examine and provide evaluative comment on program outcomes/impacts

- a) What knowledge do programme participants already have?
- b) What are their expectations of the programme?
- c) Has their knowledge base changed as a result of the programme and in what way?
- d) Were they satisfied with how the programme was delivered?
- e) What suggestions for improvements might participants have?

Method

There were six data gathering procedures employed in this evaluation¹. They are summarised below according to the objectives that they relate to.

Table 1
Summary of evaluation objectives and data gathering procedures

Methods	Evaluation objectives			
	Objective 1 Development	Objective 2 Content	Objective 3 Delivery	Objective 4 Outcome/Impacts
Document analysis	X	X	X	X
Key informant interviews	X	X	X	X
Pre-programme questionnaire				X
Post-programme questionnaire		X	X	X
Graduate follow up		X	X	X
Focus group discussions				X

Document analysis

The gathering of programme information and the keeping of records on an ongoing basis is vital to the formation and improvement of programmes. As a formative evaluation had been completed earlier, we expected to find appropriate information gathering systems, evidence of ongoing reflexive practice and policy development. The documentation and records of the organisation were examined with these things in mind.

Key informant interviews

Key informant interviews were used to gather data as relevant to **objectives 1-3**. Although much of the information required to develop a picture of the organisation was obtained through document archives, key informants often carry knowledge not apparent in the documentation.

Agency staff: We engaged agency staff in discussions (face-to-face, group discussions, telephone and email exchanges) about the organisations' development, programme design and delivery, and programme outcomes/impacts. Our discussions with them were based around the objectives of the evaluation listed earlier in this

¹ Although planned, participant observation, particularly with respect to programme activities did not occur.

proposal. In all, we engaged 6 programme staff and 4 Agency Board members as listed in appendices 1 and 2.

Education liaison staff: Key people from education settings (Schools, Polytechnic) who acted as primary liaison people for the Te Ahurei a Rangatahi agency were asked to complete key informant interviews. Most of these were phone interviews, but some informants sent responses to our questions via email. Of a list of 36 people provided by Te Ahurei a Rangatahi we managed to gain responses from 20 (refer to appendices 3 and 4).

Evaluation Questionnaires

The evaluators faced a number of challenges to gathering data about the impact of the programme. These included the lack of any base line data; the timing of education sessions; variations to the content of education sessions; and difficulty following up on graduates of the programme. Moreover, rangatahi are exposed to a multitude of settings and experiences, as well as other health messages. We were acutely aware of the fact that the Te Ahurei a Rangatahi programme and the rangatahi to whom it is targeted do not exist within a sterile context. All these issues, including that of ‘self-report’ require consideration in the interpretation of the impacts of the programme upon rangatahi.

The Rangatahi Participants

The characteristics of the overall sample of participants who responded to rangatahi questionnaires are summarised in the Table 2. There were equal proportions of young women and men in the sample with the majority of rangatahi being aged between 13 and 16 years. Ethnicity was determined according to how rangatahi labelled themselves. As a diverse number of labels were used, we have collapsed them into broader categories. The important feature of the ethnicity data is the fact that the majority of the rangatahi surveyed identified as Maori in some way. The sample also included others who identified in diverse ways by naming more than 2 different ethnic affiliations.

Table 2
Characteristics of all rangatahi responding to all questionnaires

Gender	n		Age	n		Ethnicity	n
Male	100		< 13	1		Maori	100
Female	103		13 < 14	32		Pakeha/European	56
			14 < 15	54		Maori/other	27
			15 < 16	57		Asian	8
			16 < 17	44		Other	4
			17 < 18	1			
			18 >	18			
N=	203		N=	207		N=	195
†Missing	6		†Missing	2		†Missing	14

† This is where respondents did not make a response, or the response made was illegible.

Pre-programme questionnaire and sample

The need for base line data upon which to measure impact was resolved by collecting *knowledge, confidence and interest* based information about sexual awareness from rangatahi before, or in the early parts of the education session delivered by the peer educators (See Appendix 5).

The questionnaire was developed using some items from previous New Zealand based studies, from the content of the Te Ahurei a Rangatahi sexual health and wellbeing programme, and from health promotion material about sexual awareness. Our primary source for the latter information was the Family Planning Association.

The questionnaire contained about 40 awareness questions in multi-choice (i.e. 'yes', 'no', 'don't know') form for ease of administration, yield of data, and unobtrusiveness on programme delivery.

The questionnaire was administered by Te Ahurei a Rangatahi peer educators during introduction sessions. Pre-administration protocols were read out to each group to ensure an understanding of informed consent, their right not to participate, their right to withdraw, privacy and anonymity.

The characteristics of rangatahi who formed the pre-programme sample are presented in below.

Table 3
Characteristics of rangatahi responding to the pre-programme questionnaire

Gender	n	Age	n	Ethnicity	n
Male	35	< 13	1	Maori	33
Female	29	13 < 14	9	Pakeha/European	16
		14 < 15	8	Maori/other	6
		15 < 16	21	Asian	4
		16 < 17	25	Other	
		17<18			
		18>			
N=	64	N=	64	N=	
†Missing	1	†Missing	1	†Missing	6

† This is where respondents did not make a response, or the response made was illegible.

Post-programme questionnaire and sample

Based on the pre-programme questionnaire, this second questionnaire was administered at the conclusion of an education session or within 2 weeks after the session (See Appendix 6). It included the same items as in the pre-programme questionnaire. A number of open-ended items were included to examine the organisation and process of the programme. The primary question of interest to the evaluators was whether the *knowledge, confidence and interest* of participants in this

sample differed from the pre-programme or baseline sample. Characteristics of the participating group are summarised in Table 4.

Table 4
Characteristics of rangatahi responding to the post-programme questionnaire

Gender	n	Age	n	Ethnicity	n
Male	19	< 13	0	Maori	14
Female	21	13 < 14	8	Pakeha/European	17
		14 < 15	8	Maori/other	2
		15 < 16	10	Asian	3
		16 < 17	14	Other	1
		17<18	11		
		18>			
N=	40	N=	40	N=	37
†Missing	1	†Missing	1	†Missing	4

† This is where respondents did not make a response, or the response made was illegible.

Graduate follow up questionnaire and sample

A further questionnaire was administered to rangatahi who had ‘graduated’, that is, those who had completed the programme at least three months prior to the administration of the questionnaire. This questionnaire retained the same items as those used in the pre-programme and post-programme questionnaires, but included additional items to examine such variables as life experience, exposure to further information, maturity and time (See Appendix 7).

Table 5
Characteristics of rangatahi responding to the Graduate questionnaire

Gender	n	Age	n	Ethnicity	n
Male	46	< 13		Maori	53
Female	53	13 < 14	15	Pakeha/European	24
		14 < 15	38	Maori/other	19
		15 < 16	26	Asian	1
		16 < 17	5	Other	2
		17<18	1		
		18>	18		
N=	99	N=	103	N=	99
†Missing	4	†Missing	0	†Missing	4

† This is where respondents did not make a response, or the response made was illegible.

Focus group discussions

A series of focus group discussions were conducted with graduates of the programme who were invited to participate. Six groups were involved, each from different institutions or schools. The participants were invited to complete the graduate follow-up questionnaire, and to provide in-depth comments about their experiences of the programme, and the programme outcomes/impacts (See Appendix Seven).

Ethical Considerations

Approval for the present evaluation design was sought and obtained by the University of Waikato Psychology Department's ethics committee. This process was carried out prior to any and all data collection.

Findings

The following results were discussed in accordance with the methods employed and the specific objectives of this evaluation. They are organised around those sections titled: agency systems; impact on rangatahi; stakeholder perspectives; and improving service delivery.

Agency systems

The development of Te Ahurei a Rangatahi is documented over time in the records, minutes and other supporting documentation of the organisation. In the sections that follow, we comment on specific aspects. We have included a list of documentation accessed by the evaluators in Appendix Eight.

Agency development

The initial concept of Te Ahurei a Rangatahi originates in 1997 as a reaction to a perceived community concern about the sexual health of Maori youth, particularly in the Fairfield area of Hamilton. This history is not repeated here as it is adequately documented in an earlier evaluation completed by Farr, Honey, Matafeo, Melville and Widdrington (1998). However, there are three key areas that are apparent in the agency documentation where Te Ahurei a Rangatahi has grown from strength to strength. They are: management; development strategies; Board activities; publicity and public awareness; and sexual health programme development.

Management

Over time, a series of developmental issues have been addressed. These include the formulation of a business plan, the preparation of a health funding authority service proposal, and the calculation of potential programme costs for school-based delivery. General running costs, for example, relocation, furniture and vehicle acquisition, were also addressed.

Human resources development addressed the expansion of on-site managerial staff and also the peer educators recruitment strategy. Annual performance and evaluation mechanisms, pay scales, the ongoing redevelopment of roles and responsibilities, and the allocation of portfolios of responsibility to Board members were further critical concerns.

Evaluative comment: We are satisfied that Te Ahurei a Rangatahi has developed adequate and on-going systems to effect the type of management that allows for the efficient day to day running of an organisation.

Development strategies

The organization was considering a three year strategic plan to determine mission objectives, and establish a health and safety policy, as well as a timeframe for policy review. Programme evaluation to considering appropriateness and quality control

were planned, including the capacity for a peer educator training and performance review process. Health Funding Authority service proposals were conceived, as was the possibility of NZQA accreditation. It was suggested that a university evaluation occur regarding programme implementation.

Evaluative comment: The documentation we have sighted assures us that Te Ahurei a Rangatahi is actively planful and suggests a strategic approach to the current popularity that their service enjoys.

Board

The Board have a range of responsibilities. Agency documentation demonstrates attention given to clarification of all roles and responsibilities as a priority, and the discussion and development of the agency identity. Members were also concerned with the nature of the agency's status, reflected in initial trust documentation and their progression towards becoming a legal entity; in this instance, a charitable trust. Other Board duties included the perusal, discussion and ratification of programmes. Performance appraisal of management staff and the related human resource issues were also raised as a responsibility.

Evaluative comment: It is clear that the Board is actively engaged in governance activities. They have met regularly over the last 2 years and discharged their responsibilities as appropriate. Although the Board has diverse responsibilities, these clearly reside within the boundaries of governance activities that such an entity would be expected to conduct.

Promotion & Public Awareness

Networking by agency staff has involved establishing a range of contacts. Negotiation, approval and implementation of the sexual health programme in schools involved ongoing interaction with concerned school and institutional staff at all levels. Community outreach included radio interviews, and distributing panui to other sexual health organizations. Attendance and participation in community based hui with other agencies also serves to promote and facilitate the work of the agency.

Evaluative comment: Having met and spoken with key stakeholders, we were impressed by the extent to which Te Ahurei a Rangatahi enjoyed a wide public awareness. This is reflective of good publicity and public relations.

Sexual health programme development

To effectively set up this programme in sexual health development, the agency approached external training providers such as Awhitia. The training of peer educators was of utmost importance, and the extension into areas of leadership and well-being was also envisaged. There were also applications to deliver externally developed projects, for example the Strengthening Families proposal and active work in suicide prevention. Community identified needs were recognized as an essential component in the development of community programmes which responded to them.

Issues that the Board (and staff) continue to address are the further and ongoing development of Maori content and sexual material, the appropriateness and depth of programme content for varying school levels and age groups, personal readiness of the students, and ensuring that the peer educators and programme is responsive and sensitive to students.

Evaluative comment: Overall, the documentation examined provides an adequate record of issues that the agency has or continues to deal with. It also provides us with confidence to say that the Agency has adequate decision-making processes in place and that it is strategic in its direction.

Impact on Rangatahi

Aside from focus group interviews, the impact of the programme upon rangatahi was examined mainly through the administration of three questionnaires administered to three independent groups of rangatahi. One questionnaire was administered to rangatahi before they took the programme; to another group of rangatahi after they had taken the programme but within 2 weeks of the programme having concluded; and to a further group who had taken the programme over 2 weeks to 3 years previously.

We report our findings according to how we organised our data analysis process. In this process we focussed on five main areas. They are: differences between young men and women; their knowledge, confidence and interest in finding out more about sex health and wellbeing; and lastly, around healthy sexual relationships. The findings are discussed below.

Gender

A gender analysis did not find any major differences between young men and women in these samples. However, there was some divergence (greater than 20%) over 5 of the items respondent to. Young women had more knowledge about smoking during pregnancy, did not feel a need to be in a sexual relationship, knew where to get a pregnancy test, and overwhelmingly, felt that both parents should be responsible for the care of children that they have. On the other hand, young men in this study were less knowledgeable about smoking during pregnancy; felt more than young women that they should be in a sexual relationship; were less knowledgeable about where to obtain a pregnancy test; and did not feel as strongly as young women did about joint responsibility for children that they may have. The percentage scores are reported in Table 6.

Table 6
Items where young women and men scored markedly differently ($\geq 20\%$) from each other

	Young men		Young Women		Percentage difference	
	yes	no	yes	no	yes	no
12. I know about the consequences of smoking during pregnancy.	63%	26%	83%	14%	-20%	12%
20. Do you believe that you should be in a sexual relationship?	50%	29%	23%	48%	27%	-19%
35. Do you know where to go for a pregnancy test?	44%	43%	74%	24%	-30%	19%
38. If a couple have a child, are both responsible for it's care?	74%	16%	95%	3%	-22%	14%

Knowledge

The identification of a rangatahi knowledge base at the three intervals (pre, post, grad) examined was considered an important measure of programme impact. The dissemination of information to increase the knowledge of rangatahi is one of the primary functions of the Te Ahurei programme. An examination of rangatahi knowledge provides a general indication of the effectiveness of peer educators as information sources and disseminators.

Pre-programme sample

In Table 7, we report the percentage of rangatahi across each sample responding to knowledge based items. In figure 1, the overall pattern of rangatahi responses to these items is presented. More than half of the rangatahi who completed the pre-programme questionnaire felt that that were informed about how the male and female reproductive systems work (74%); the consequences of smoking (78%) and drinking (83%) during pregnancy; and knew what "STI" was an acronym for (79%), how an STI was contracted (78%) and where to go to find out (64%). Although 76% rangatahi knew where they could get the test. Less than half felt that they were informed about same sex relationships (44%), or the consequences of sport and exercise during pregnancy (32%). The mean percentage score scored by rangatahi across knowledge based items in the pre-programme test was 67%.

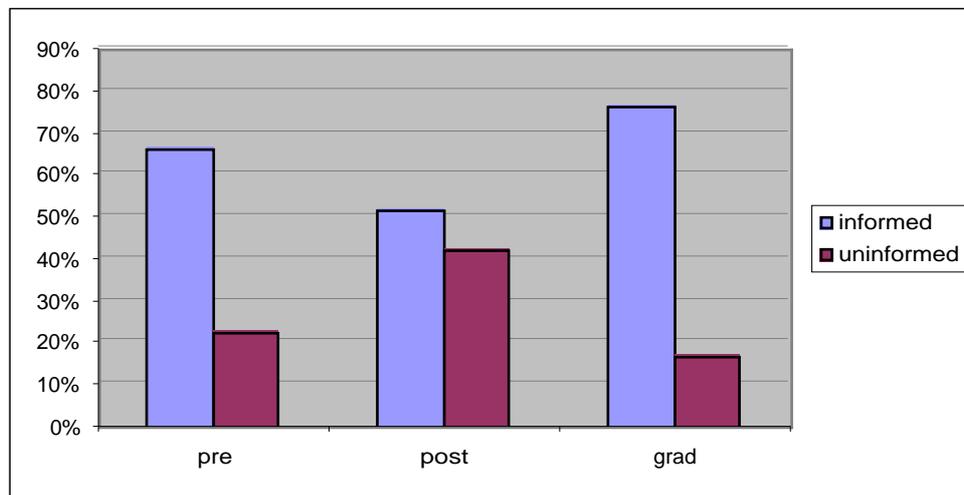
Those knowledge areas where more that 30% or more of the rangatahi in the pre-programme sample reported not knowing about were: not knowing where to go for a pregnancy test (33%); not knowing about same sex relationships (39%); and not knowing about the consequences of sport and exercise during pregnancy (52%). On average, almost a quarter (23%) of the pre-programme sample indicated that they did not know about various aspects of sexual health and wellbeing.

Table 7 Knowledge Responses of students on knowledge based questions for the pre-/post and Graduate questionnaires						
	Pre		Post		Grad	
	informed	uninformed	informed	uninformed	informed	uninformed
6. Do you know how the male and female reproductive system works?	74%	15%	63%	22%	92%	5%
11. I know about the consequences of drinking during pregnancy.	83%	13%	48%	48%	87%	6%
12. I know about the consequences of smoking during pregnancy.	78%	14%	39%	54%	87%	7%
13. I know about the consequences of sport and exercise during pregnancy.	32%	52%	24%	71%	55%	34%
17. Do you know about same sex relationships?	44%	39%	28%	68%	64%	27%
31. Do you know what STI stands for?	79%	13%	71%	24%	82%	12%
32. Do you know how you can get an STI?	78%	16%	66%	22%	80%	16%
33. Would you know where to go to find out?	64%	20%	66%	34%	63%	32%
35. Do you know where to go for a pregnancy test?	59%	33%	29%	71%	74%	18%
36. Do you know what it means if the pregnancy test is positive?	76%	17%	83%	12%	85%	13%
	67%	23%	52%	42%	77%	17%

Post programme sample

In this sample, rangatahi completed a post-programme questionnaire within two weeks after the completion of the programme. Overall, percentage scores by rangatahi in the post-programme sample reflected a less informed position when compared to those gained by the pre-programme sample. The only items where the post-programme sample exceeded the percentage scores gained by pre-programme rangatahi related to knowing where to go to find out about an STI, and what it means if a pregnancy test is positive. These differences were however small.

Figure 1
Plot of mean % scores on knowledge based items
across the pre, post and graduate samples



Graduate sample

Those rangatahi who completed the graduate questionnaire (that is more than two weeks but less than 3 years² after the programme) indicated being far more knowledgeable about various aspects of sexual health and wellbeing, than those in the pre and post programme samples. The pattern of response across items did not vary greatly between samples.

Confidence

The confidence items used in all three questionnaires assessed whether rangatahi felt self-assured that they could confidently engage specific target groups, or in tasks, to do with sexual matters. In the sections below we discuss the pattern of results that are presented in Table 8 and Figure 2.

Pre-programme sample

The pre-programme scores suggest that rangatahi are relatively confident talking with their friends (77%) or partners (59%) about sexual matters. Many (49%) did not feel confident in their ability to talk to parents, although some did (30%). About half the

² Two graduates had completed the programme more than 3 years previously but most had completed within the last 3-6 months.

sample (53%) felt “OK” about seeking help if they had an STI, although about a quarter did not (23%). Very few (15%) of the pre-programme sample felt “ready” to look after their own child.

Post-programme sample

Rangatahi in this sample felt slight more confident about being “ready” to look after a child of their own (22%) but for most, their confidence levels were not high (78%) did not feel ready). They were also more confident that they would feel “OK” about seeking help if they had an STI (78%).

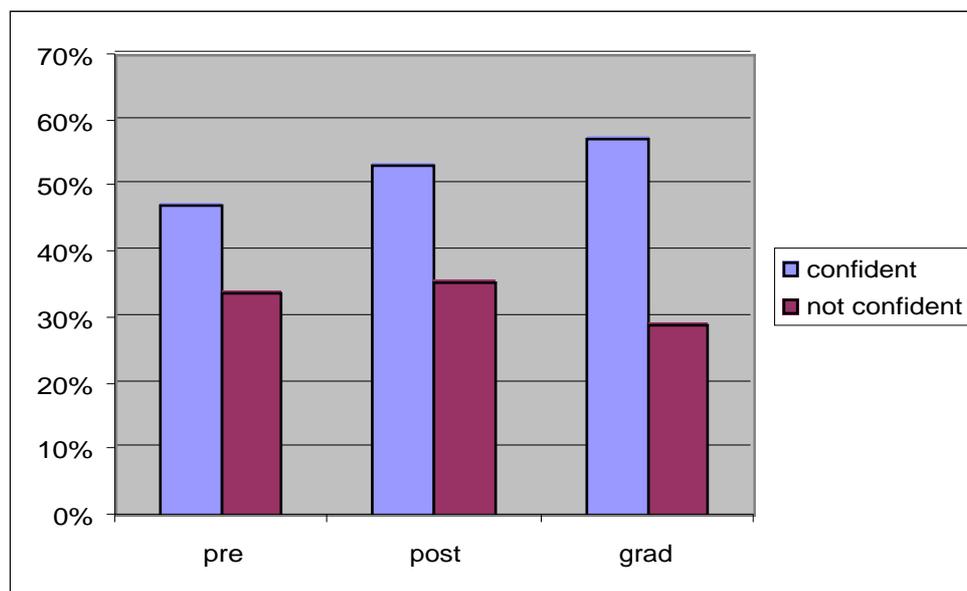
They were far more confident than those in the pre-programme sample about talking with parents (51%) and with their partner (90%) about sexual matters. This might explain why they felt markedly less confident (26%) about talking with friends in contrast to a rather high score (77%) in the pre-programme sample. However, we feel that this is more likely to be a contributing factor amongst a variety of others not explored in this study.

Table 8 Confidence						
Responses of students on confidence based questions for the pre-/Post and Graduate questionnaires						
	Pre		Post		Grad	
	confident	not confident	confident	not confident	confident	not confident
7. Can you talk openly about sexual matters with your parents?	30%	49%	51%	20%	44%	38%
8. Can you talk openly about sexual matters with your friends?	77%	16%	26%	59%	83%	11%
9. Can you talk openly about sexual matters with your boyfriend or girlfriend?	59%	19%	90%	8%	55%	19%
34. Would you feel OK about seeking help if you had an STI?	53%	23%	78%	15%	74%	15%
37. Do you feel ready to look after a child of your own?	15%	65%	22%	78%	31%	62%
	47%	34%	53%	36%	57%	29%

Graduate sample

Those rangatahi who completed the graduate questionnaire expressed a confidence pattern similar to that of the pre-programme sample but for all items their scores were slightly higher. The exception to this is with respect to talking to their partners about sexual matters where the results perhaps indicate responses based on experience and lived reality.

Figure 2
Plot of mean % scores on confidence based items
across the pre, post and graduate samples



Interest

Investigating the level of rangatahi interest in becoming more informed of sexual health and wellbeing issues is intended to identify areas that the sexual health programme organisers may want to consider as domains of initial and ongoing interest for rangatahi. The percentage of rangatahi responding to interest based items across the three samples is presented in Table 9 and Figure 3 below.

Pre-programme sample

Over those areas surveyed, rangatahi in this sample expressed the least interest in knowing more about being attracted to someone of the same sex (8%). Although an apparently small interest it is reflective of the assumed rate of same sex relationships in the wider population and should not be read as an indication of disinterest. Of the other items surveyed (as reported in Table 9) on average, a large proportion (more

than 60%) of rangatahi expressed interest in knowing more except for knowing more about sexual attraction (48%).

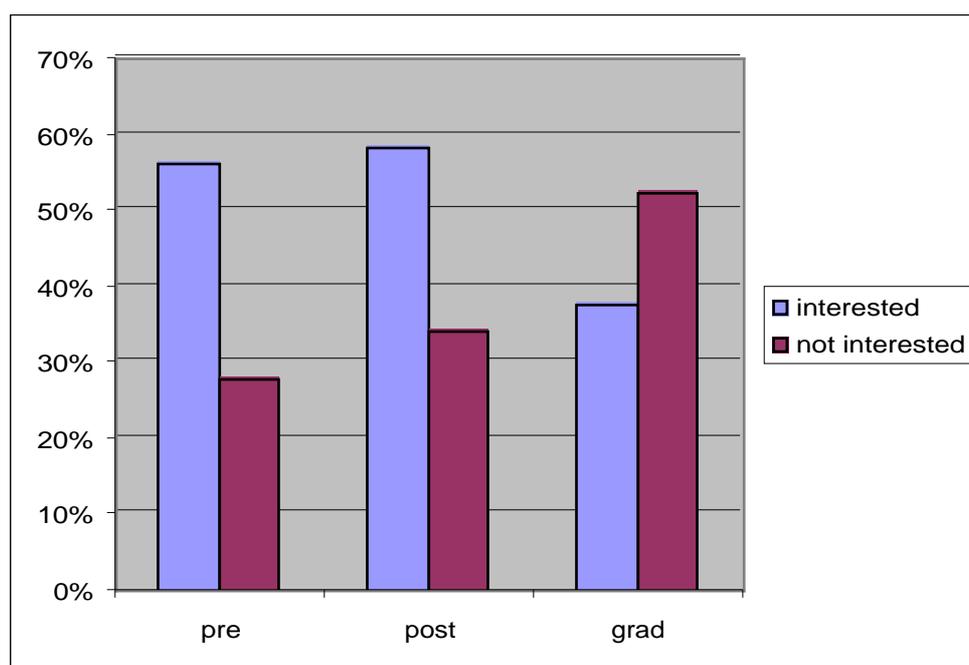
Table 9 Interest Responses of students on interest based questions for the pre-/post and Graduate questionnaires						
	Pre		Post		Grad	
	interested	not interested	interested	not interested	interested	not interested
10. Would you like to know more about the reproductive systems?	60%	20%	76%	20%	37%	45%
14. Would you like to know more about healthy pregnancies?	65%	19%	63%	32%	48%	44%
18. Would you like to know more about relationships, feelings, interactions and respect?	67%	19%	34%	41%	50%	45%
19. Would you like to know more about being attracted to someone of the same sex?	8%	81%	27%	71%	11%	80%
24. Would you like to know more about being sexually attracted to someone else?	48%	22%	53%	35%	34%	53%
25. Would you like to know more about sexual relationships?	72%	19%	65%	30%	39%	53%
29. Would you like to know more about safer sex?	69%	19%	73%	27%	44%	48%
30. Would you like to know more about contraception and how to use them?	61%	24%	78%	20%	41%	51%
	56%	28%	59%	34%	38%	52%

Rangatahi in the post-programme sample expressed a greater interest in knowing more about the reproductive systems (76%), safer sex (73%) and contraceptives (78%) than their counterparts in the pre-programme sample. Somewhat less interest was expressed by rangatahi in knowing more about relationships both general (34%) and sexual (65%) perhaps suggesting that their curiosity had been satisfied by programme participation. Although some interest was expressed in knowing about being sexually attracted to someone else (53%), comparatively more interest was expressed in learning about same sex attraction (27% compared with 8%).

Graduate

What stands out in the data provided in the graduate sample is the overall reduction in interest in sexual health and wellbeing issues when compared with the pre and post samples. On all items, almost half the group expressed a disinterest in knowing more.

Figure 3
Plot of mean % scores on interest based items
across the pre, post and graduate samples



Healthy sexual relationships

Rangatahi views and beliefs about the nature of relationships and what should or should not happen within them varied between our pre, post and graduate samples. Frequency scores on relationship related items for the pre, post and graduate samples are reported in Table 10.

The pattern of responses between samples is interesting. In the pre-programme sample, rangatahi made what might be described as quite mature responses demonstrating an ability to assess both the moral, practical and consequential implications of what was posed by the questions we asked. However, in the post-programme sample, rangatahi provided a pattern of responses that seemed to reflect a shifting or reassessment of current knowledge based on new information. In the longer-term, as manifest in the graduate sample, the same pattern evident in the pre-programme sample re-emerges.

Table 10
Frequency scores for relationship related items for the pre, post and graduate samples

	PRE		POST		GRAD	
	yes	no	yes	no	yes	no
Relationships						
15. Is it OK for someone to have control over your body?	12%	78%	58%	35%	10%	89%
16. Is it true that relationships involve giving and sharing as well as getting the things that you want?	67%	13%	34%	49%	72%	15%
21. If all your friends are in sexual relationships do you believe that you should be?	14%	69%	25%	55%	17%	71%
22. If two people like each other, is that enough to have sex?	15%	53%	34%	46%	24%	62%
23. Is it OK for two people to have sex if one doesn't like the other as much as they like them?	10%	68%	28%	55%	25%	58%
26. Do you feel that you know enough about contraception?	37%	43%	53%	9%	66%	27%
27. Are contraceptives easily available to you?	39%	29%	38%	50%	56%	22%
28. If you have had sex before, did/do you or your partner use contraception?	40%	26%	30%	63%	48%	20%

One further result is necessary to highlight, that being the use of contraceptives. We asked rangatahi who had had sex whether they or their partner used any form of contraceptive. The percentage of rangatahi across all samples who had not used contraceptives during sex is alarming, particularly within the post-programme sample (63% of respondents had not used contraceptives during sex). This finding only reinforces the need to continue a programme such as Te Ahurei a Rangatahi particularly given the possible long-term increase in contraceptive use as evident in the responses made by rangatahi in the graduate sample (20% had not used contraceptives during sex).

Summary

The old adage of “the more you learn, the less you know” seems to best summarise the pattern painted by the results to knowledge based items. The decrease in what

rangatahi felt they knew about sexual health and wellbeing is in line with this maxim. This suggests that in the short-term the Te Ahurei a Rangatahi programme has the effect of reducing what might be an idealised or inflated view of what rangatahi feel they know about sexual health and wellbeing – hence the reduced scores in the post-programme sample. The graduate results indicate the possible interaction of sexual health information with other learning experiences and life opportunities that time and maturation may bring. As these latter variables were not examined in this evaluation, to attribute this markedly positive result solely to the influence of the Te Ahurei a Rangatahi programme is not possible. However, we do believe that the programme was a contributor.

The overall mean percentage score on confidence items for the pre, post and graduate questionnaires indicate an increasing confidence between each sample of rangatahi (See figure 2). This result suggests a positive programme impact reflecting the integration of programme information in both the post and graduate samples. Again we must bear in mind the possible impact of other learning and life opportunities.

Over the short-term rangatahi interest in sexual health matters reflect a specific focussing in on particular issues, rather than general issues. In the long-term the results indicate an overall decline in interest that may well reflect an integration and revaluing of sexual health information as rangatahi move on to address other issues in their lives.

Stakeholder perspectives

The Te Ahurei a Rangatahi sexual health programme has four major stakeholder groups. They are the rangatahi for whom the programme is designed; the Board members of Te Ahurei a Rangatahi and liaison personnel who essentially are the people and institutions that Te Ahurei a Rangatahi must negotiate with to gain access to their target group. The last stakeholder group are the peer educators and agency staff. Their comments and feedback has been ongoing through out the evaluation and have been considered by us in our development of recommendations.

Our discussions with Rangatahi

Rangatahi in focus groups expressed considerable praise for Te Ahurei a Rangatahi sexual health programme. The rangatahi found the education sessions informative and facilitators did not make the participants feel uncomfortable. The use of games and activities made rangatahi feel included in the session and grabbed the participants attention.

The peer educators were also the recipients of substantial praise, the successful qualities of the peer educators included being approachable, empathetic, close in age, and able to *“still see life as we see it”*.

The focus groups conducted with rangatahi at Youthzone mainly included those that had an ongoing relationship with the peer educators. Rangatahi in this focus group seemed to consider questions from the evaluation team more thoroughly in contrast to those conducted in school or education based settings. This former group expressed ideas that were specific to the group’s ongoing development; this included allowing for more one-on-one time with the peer educators.

The community-based focus groups who saw the peer educators over a shorter time frame found that the peer educators were forward but not disrespectful, used resources that appealed to them (e.g., music), and explained the issues clearly and in language that rangatahi could understand. The incorporation of kaupapa Maori concepts (Wairua, Hinengaro, Whatumanawa, Tinana & Whakapapa) were appreciated by all rangatahi we spoke with.

Rangatahi felt that the sexual health programme and the peer educators gave them accurate information to base their decisions on, and was seen as empowering them to make informed decisions about the choices they make concerning sexual activity and their sexuality.

When asked if the information was unhelpful, it was generally agreed across the groups that there was very little unhelpful content within the programme. Some participants felt that they knew a great porportion of the information and some participants felt they knew very little (e.g. some of the participants were young parents and had those experiences to reflect on, whereas others did not). However,

some participants commented that they couldn't remember most of the material due to the programme being delivered some time previously.

Suggestions made by the participants concerning follow-up visits (e.g. throughout the year) were made. Some participants also made further requests for more programme time, and increased intensity of the programme delivery. Suggestions to this effect included a higher peer educator to student ratio to enable more attention for all in the education sessions, as well as more one-on-one time with the educators. A few participants also expressed that despite the welcome sensitivity and responsiveness of the peer educators, that the course may be inadvertently confrontational on occasion.

Our discussions with Board members

In our discussions with Board members, we focussed on 5 areas. They were critical success factors; unique factors; barriers to success; gaps in the programme; and suggestions for improvement. The substance of what Board members reported is described below.

Critical success factors

It was generally considered by Board members that a major factor of Te Ahurei's success was in "*expanding borders*", such as going to alternative learning centres and not just mainstream education providers. They reported that the delivery of the programme in schools and alternative learning centres yielded positive feedback. Teaching staff praised peer educators as a welcome presence in the school with students and staff alike. Peer education was perhaps the most striking feature commented upon by Board members, that is, peers providing information for peers. They felt that rangatahi are more receptive to listening to people who are the same age, as they acknowledge the excitement that young Maori have discovering, exploring and discussing sexuality in a safe way. For instance, being able to talk about sensitive issues, such as forming relationships and sexual activity, without feeling "shamed" or unduly embarrassed.

The initiatives and efforts provided by the co-ordinator were seen by the Board as crucial to the survival of Te Ahurei. For instance, good networks provided inroads into schools. This has been acknowledged as a difficult task in terms of which schools will be receptive, encouraging, and welcoming of a peer sexual education programme.

A major issue facing the demand for the sexual health programme and others offered by Te Ahurei a Rangatahi was to ensure the programme's uniqueness and means of delivery so as to prevent programme duplication by other service providers. This is discussed further in the section below.

Unique factors

The Board considered Te Ahurei a Rangatahi to be a unique service in a number of respects - the presence of peer educators, nature of the material delivered and that no

other service is available in this area. As one participant commented: “*Putting the work where it’s needed*”, in that the service has been able to actively access rangatahi not only in mainstream schools, but also in more diverse environments, such as alternative learning centres, private training establishments, and the Youthzone drop-in groups. Aspirations of Te Ahurei a Rangatahi are different from mainstream programmes [e.g. Family Planning Association], in that they aim to deliver a holistic programme with a Maori focus.

Te Ahurei is ‘rangatahi driven’, and it is considered that this uniqueness is maintained by employing youth who can operate in accordance with this principle. A Kaupapa Maori base is aspired to, and the Board members acknowledge that further improvement in this area is required.

Barriers to success

One of the major issues facing Te Ahurei sits around the question – “is the programme making a difference?” There is also the issue of inclusiveness as the service needs to market itself to schools who, in part, determine the delivery conditions. The focus of Te Ahurei is to target Maori (and consequently improve Maori health statistics) but to remain inclusive without compromising uniqueness factors, such as a Maori focus. Generally, the consulted Board members in the sample were of the view that the purpose and kaupapa of Te Ahurei a Rangatahi might well be compromised if the delivery conditions set down by schools and training providers became too stringent. Maintaining a Maori focus involves representing sexual health information through employing the dimensions of hinengaro, tinana, wairua and whanau as guiding themes in content, service delivery, and commitment to accessing Maori rangatahi.

Funding remains perhaps the most significant issue for the development of resources to support the programme and ensure its survival. Another issue is finding the right people to empower staff, and to find people with knowledge of Tikanga. The loss of one of the Kaumatua has resulted in a loss of support and knowledge.

Gaps in the programme

Board members are conscious of the risk that Te Ahurei may get ‘caught up’ in the mainstream and may compromise their kaupapa and rangatahi focus. Furthermore, the peer educators and staff are aware of their own status and experience in terms of limitations, boundaries, as well as gifts and strengths as new and incoming staff are recruited. It was acknowledged that whanau must be more involved and a more integral part of the process.

Suggestions by Board members for improvement

Board members suggested the need to explore more ways to deliver the programme appropriately, and to develop further cultural sensitivity. Te Ahurei, as a service, must also be aware of their limitations. Furthermore, peer educators will eventually mature and grow older which may well impact their effectiveness and perceived sensitivity by rangatahi. Maintaining a sense of openness and developing strategies for ensuring

a programme that the community wants was seen as important to ensuring Te Ahurei a Rangatahi into the future.

Other issues

Overall, the Board spoke supportively of Te Ahurei peer educators and staff. They were considered to be an “*Awesome group*”, providing a unique service in the Waikato. Board members acknowledged that the service needs to be open to “*new input, new ideas, new life, change, new direction*”, in that the consideration of new input (i.e. programmes) will maintain their responsiveness to ongoing community needs and demands. They continually asserted that “*Young people need positive role models*” and “*Te Ahurei provide that*” by presenting rangatahi with peer educators who are Maori, similar in age, possess good rapport with their target group, and promote positive opinions on sexual health. The staff were also praised on their motivation, gaining of skills, and professional approach to programme delivery.

Finally, major emphasis was placed by the Board on preserving and developing the uniqueness of Te Ahurei from mainstream service providers, and that they may need a broader view of future directions to ensure programmes meet any changes that may be presented by the community regarding rangatahi sexual health: “*From a cultural perspective, Maori society has evolved, and Te Ahurei need to be aware of this*”.

Our discussions with community stakeholders – liaison personnel

Community stakeholders consisted mainly of those key personnel that Te Ahurei a Rangatahi worked with to access rangatahi in the community. They were mainly school counsellors or teachers. In our discussions with them we focussed on three areas. They were: their relationship with Te Ahurei a Rangatahi; the nature of the contact they had with the Te Ahurei a Rangatahi agency and peer educators; and reasons for asking Te Ahurei a Rangatahi to deliver the sexual health programme in their settings. Key comments made by this stakeholder group are reported below.

Relationship with Te Ahurei a Rangatahi

The relationships identified by the stakeholders fell into the following categories:

- Institution liaison/coordinator.
- Health curriculum teachers within secondary schools.
- Trustees and initial concept development group members.

Irrespective of how stakeholders described themselves, their main purpose for developing a relationship with Te Ahurei a Rangatahi was in recognition of the need for a rangatahi sexual health programme within Maori youth communities. The stakeholders engaged the peer educators in their contexts mostly to incorporate a sexual health programme into the stakeholders curriculum.

Contact with Te Ahurei a Rangatahi agency and peer educators.

To establish the pattern of interaction between people where the programme was delivered, and the peer educators, we asked stakeholders to tell us about their interactions. These are described below.

Before sessions

Pre-session contact involved the following tasks: practical organization (e.g:day/time/room), programme content suitability and negotiation, mihi to peer educators, and informal greetings immediately prior to presentations.

During the sessions

The stakeholders chose varied roles during the sessions, these included: being present in a supporting role for the peer educators, infrequent 'drop-in' on the sessions, full participation with rangatahi, and total absence for the whole session.

The stakeholders who chose to opt out of the sessions decided to do so in recognition of the immediate and positive rapport the peer educators had with the students and their concerns that their presence may compromise the quality of the sessions for their students.

After sessions

Post-session contact with the peer educators involved: An immediate appraisal of the session, determining the positives and negatives (if any) for both the coordinator and the peer educators, and further planning of future session and statistical data completion for Te Ahurei.

Reasons for employing Te Ahurei a Rangatahi.

Sexual health programme

All the stakeholders recognize the need for sexual health information to be shared with their students and they felt that the programme provided suitable material for rangatahi within secondary schools, TOPS courses and alternative learning centres. There was considerable appreciation for the incorporation of Maori concepts such as tapu, whanaungatanga, and te mana ki roto.

Peer educators

The peer educators were considered by stakeholders to be specialists in the sexual health field, who are able to communicate with students/ rangatahi/ youth. The main points of appraisal were that the presenters were 'peers' in recognition of their closeness in age, their immediate rapport building skills and ability to communicate with the audience.

Satisfaction of Stakeholders

All of the stakeholders were thoroughly satisfied with the service provided by Te Ahurei, identifying the improvement of the programme and peer educators, the strong points for the stakeholders were the communication skills of the peer educators, the

content and delivery of the programme, the difference stakeholders observe in their students development over the year, the tolerance of the peer educators and the receptiveness of the peer educators to request and the needs of the stakeholders.

Improving Te Ahurei a Rangatahi service delivery

Although community stakeholder feedback was overwhelmingly positive, they did offer some helpful comments with respect to fine tuning the relationship that Te Ahurei a Rangatahi has with themselves, as well as improvements to the programme. These are discussed below.

Preparation

Suggestions were made regarding preparation. This involved ensuring the necessary materials were at hand to successfully complete the session, it was observed that 'adlibbing' reduced the impact and delivery of the message. In the event of the session finishing early, the development of back up resources was also suggested.

Time management

The main request involved the peer educators allocating more time for each individual session, to maintain the continuity of the programme. Stakeholders forwarded the idea of avoiding holidays when booking in a series of sessions.

Peer educators & the sexual health programme

Stakeholders would like to see more peer educators in schools in order to increase the programme's availability within their institutions; they also suggested that the same peer educators return to the classes to complete follow up activities where possible. Some staff from secondary schools suggested the use of more appropriate language (e.g. reduce the use of slang in classrooms) and suitable attire in recognition of the school environment.

Contextual and liaison improvements

Improvements recognized by the stakeholders were: the provision of more suitable teaching spaces and group sizes, and the creation of a Te Ahurei liaison for the whole institution. This may improve ongoing relationships between Te Ahurei a Rangatahi staff and institution staff, as well as the completion of post-session evaluation forms.

Te Ahurei : aiding the institutions

The stakeholder's suggestions' on the whole, centred around ensuring the ongoing provision of the sexual health programme for their youth. They appreciated Te Ahurei a Rangatahi because the provision of a sexual health programme by youth presenters made their job easier. The practical suggestions some stakeholders provided were; retaining the use of the question box, providing more post-session follow-up time with teachers to de-brief and plan future sessions and ensuring the students commit the information to their health books.

Our discussions with the Te Ahurei a Rangatahi team

In this final section we highlight the critical success and uniqueness factors that make Te Ahurei a Rangatahi sexual health programmes attractive; along with the challenges and issues that the agency faces. We have also included feedback on these issues from the Te Ahurei a Rangatahi team of staff. Our recommendations conclude the section.

Critical success and uniqueness factors

The most prominent ingredients contributing to the success that Te Ahurei a Rangatahi are enjoying to date include the employment of educators who identify with the stresses and demands of rangatahi, the use of Maori cultural frameworks, and an awareness of community needs.

Peer educator recruitment process

To date, the recruitment process has consisted of utilizing the already existing rangatahi volunteer base. The team acknowledged that there was no formal strategic plan in place for this development phase. Professional development of current staff is the main focus of staff development initiatives. The view of Te Ahurei staff is that the current staff recruitment and development strategy be based on the peer educator's ability to build rapport and interact effectively with rangatahi.

Maori cultural frameworks

The issue of Maori focus was raised as an aspect contributing to the success of the service. The team considered the programme was quite generic in content but unique in delivery. Although so, clear acknowledgement was made by the Te Ahurei team of the need to further develop the Maori cultural framework and focus, and appropriateness of the programme and its delivery.

Difficulties and barriers to Success

Those difficulties experienced by Te Ahurei a Rangatahi included the following.

Funding

As with any community-based organisation, funding was identified as a major issue impeding any developmental initiatives. The team accepted that since the change from the Health Funding Authority to the District Health Board, their previous contacts have been compromised. Te Ahurei a Rangatahi will need to work towards developing and maintaining relationships with prospective funders and pertinent contacts within the District Health Board to ensure that the programme sets appropriately within the current funding environment.

Inclusion and exclusion

The mainstream environment was identified as an invaluable access point in contacting the bulk of Maori secondary school students. Frustration sometimes arose concerning catering for the needs of a specified target population (e.g. Maori youth), versus providing for the needs of a wider group (e.g. all youth).

Culture frameworks and knowledge base

The Te Ahurei a Rangatahi team identified that the present base of Maori knowledge rests on specific staff members. They further identified the need to broaden this base both in content and across staff.

Maintaining relationships

As for all community organisations, there is considerable importance placed upon maintaining and preserving existing contacts as well as engaging in strategies to develop further and wider networks. Te Ahurei a Rangatahi identified a lack of continuity in networks with funding agencies particularly given the recent changes in the health funding sector. The team acknowledged the need for constructive ideas regarding further development.

Summary and Recommendations

The peer educators, the programme they deliver, and the agency overall appear to have a good reputation amongst community stakeholders and are meeting a need within the community. We have covered many issues and challenges within this report that Te Ahurei a Rangatahi will need to address if it is to continue to enjoy the reputation and demand that schools and other education providers place on their service. These challenges are no different to those faced by similar agencies who move through a period of development or who exist within a continually shifting funding environment. The development of strategic plans and policies are important and the survey of issues provided in this report will assist the agency in this regard.

As evaluators, our brief might be read as having to answer two essential questions. These are discussed here.

Is Te Ahurei a Rangatahi sexual health programme making an impact on rangatahi?

Our findings indicate that the programme is impacting the knowledge base, confidence and interest of rangatahi in sexual health, and that an increased positive impact may well be possible if follow up visits were made. We caution the reader and potential users of these results. Our methodology is limited primarily in that we have not attended to other processes, experiences, or opportunities that rangatahi may be engaged in or exposed to which may also be having an impact on their views about sexual health. Continued measurement of impacts is required if one wishes to make more definitive claims.

What is unique about the Te Ahurei a Rangatahi sexual health programme? The answer is quite obvious. Firstly, the programme's uniqueness stems from the use of peer educators with whom rangatahi have an affinity. Rangatahi experience comfort, sensitivity, responsiveness and an ability to relate with the peer educator. This leads to the experience of a safe relationship and context within which to learn and share about sexual health issues. There is some debate about whether an ability to establish this context and relationship is dependent upon closeness in age between the peer educator and the rangatahi to whom the programme is delivered. Although there is some discussion in the academic literature about this (see Guerin, 2001) the risk to Te Ahurei a Rangatahi in favouring any one particular direction is that the important messages that peer educators communicate may well miss their target group – Rangatahi. Furthermore, the programme itself may well diminish in reputation and attractiveness.

Secondly, the fact that the programme targets Maori rangatahi, that programme organisers are prepared to include non-Maori in education sessions, and that they employ Maori cultural frameworks to facilitate and convey information, sets Te Ahurei a Rangatahi apart from other providers. If Te Ahurei a Rangatahi is to retain its competitive edge, these unique aspects need to be nurtured and protected.

A way forward in this regard is the development of firmer cultural frameworks. While the use of Durie's (1998) Tapa Wha model is appropriate and convenient, the model fails to deal explicitly with what might be referred to as *rangatahitanga* – that

is, one's youthfulness and challenges therein. It also fails to address those behaviours and beliefs that emerge from a culture of poverty, or of low socio-economic status. Furthermore, the model is not cognisant of iwi contexts. These are but three areas that require attention beyond that which simply deals with culture as related to a specific ethnic group. Clearly, one cultural framework will be inadequate to fully capture the rich texture of what it means to be rangatahi in our current context. Te Ahurei needs to invest some energy in this direction if it is to retain and capitalise on its uniqueness.

Our recommendations follow:

6. That the Te Ahurei a Rangatahi team (Board, administration and peer educators) address and resolve those issues that stakeholder groups have raised that refer to the day to day delivery of the programme. Although the evaluators do not consider these issues to be major, they do, nonetheless, require attention.
7. That the Te Ahurei a Rangatahi team continue to monitor the impact of the sexual health education programme. This can be achieved by improving on and continuing to administer and collect data through those questionnaires prepared for this evaluation. A small investment in staff training about data management will help to facilitate this process.
8. That the Te Ahurei a Rangatahi team consider working with community stakeholders and liaison personnel in education institutions to facilitate follow up activities with rangatahi. Follow up activities may take the form of education sessions or one-to-one sessions.
9. That Te Ahurei a Rangatahi Board develop a staff recruitment, retention and development policy that sees the creation of a pool of volunteer peer educators who may later apply for vacancies with the agency. The policy will need to consider the recruitment of new peer educators, as well as the professional development of those currently employed.
10. That the Te Ahurei a Rangatahi team ensures the uniqueness of their sexual health programme by developing firmer cultural frameworks for understanding sexual health issues, and for the facilitation of education sessions. In implementing this recommendation, all staff will need to engage in training to ensure the adoption and continuity of the programmes Maori focus as well as the knowledge base drawn upon.

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Appendix 1

Te Ahurei a Rangatahi Staff Members

Debbie Goodwin
Eugene Davis
Potaea Maipi
Justeena Leaf
Michelle Ngakai
Maraea Nikora

Appendix 2a

Te Ahurei a Rangatahi Board Members

Ramari Maipi
Marcia Charlton
Deanne McManus-Emery
Raewyn Hawera

Appendix 2b

TE AHUREI A RANGATAHI

Peer Education Programmes

Stakeholder Information sheet

Te Ahurei a Rangatahi is working with the Maori and Psychology Research Unit of The University of Waikato to evaluate their rangatahi peer education programmes. As a school or programme liaison person or teacher or principal, you have been identified by Te Ahurei a Rangatahi as a person that can provide comment on all or parts of the following aspects of their programme.

- Critical success factors
- Unique factors
- Barriers to success
- Gaps in the programme
- Recommendations for improvement
- Other issues

If you agree to talk with us we will contact you to arrange a suitable time. Our conversation may take place via phone, email or personal interview. It should take about 20-30 minutes depending on how much you have to tell us.

What you tell us will contribute to us compiling an evaluation report for Te Ahurei a Rangatahi. We will send you summaries of our findings if you so request.

If you require further information or wish to talk to someone about the study, please call any of the following people.

Manaakitanga

Linda Waimarie Nikora, Armon Tamatea, Vivian Fairbrother and Ngahuia Te Awekotuku
Contact details: Maori & Psychology Research Unit,
Department of Psychology, University of Waikato, PB 3105, Hamilton.
Ph: 07 8562889 8200 or email: psyc2046@waikato.ac.nz

Appendix 3

Te Ahurei a Rangatahi Agency identified stakeholders

Brad Roberts
Yvonne Wilson
Jenny Heta
Vinnie Monga
Wini Lewis
Whaea Lil Pompey
Cyrus Hangsten
Jan Kane
Michelle Ngakai
Lynn Fenton
Heather Robertson
Don McMenamin
Mary Ellen McGary
Michelle Ngatai
Cheryl Stewart
Max Noda
Denis Tumai
Mira Elmsley
David McNulty
Amigene Metcalfe
Chris Tipu
Harold Ranui Mary Rogers
Rossina Howe
Peter Jamieson
Jason Fisher
Wanda Baker
Debbie Glassie
Minoaka Fitzimmons
Anaru Hawkins
Vicky Burgess-Munro
Paania ?
Peter Lourie
Fi Poutapu
Yvonne Raureti-Carson

Appendix 4a

Key Informants - Stakeholder Interviewees

Debbie Glassie
Brad Roberts
Jenny Heta
Vinnie Monga
Wini Lewis
Whaea Lil Pompey
Cyrus Hangsten
Lyn Fenton
Mary Ellen McGary
Heather Robertson
Dennis Tumai
Rossina Howe
Wanda Barker
Jan Kane
Max Noda
Peter Lourie
Yvonne Raureti – Carson
Vicky Burgess-Munro
Amigene Metcalfe

Appendix 4b

Key Informants – Information sheet

TE AHUREI A RANGATAHI

Peer Education Programmes

Stakeholder Information sheet

Te Ahurei a Rangatahi is working with the Maori and Psychology Research Unit of The University of Waikato to evaluate their rangatahi peer education programmes. As a school or programme liaison person or teacher or principal, you have been identified by Te Ahurei a Rangatahi as a person that can provide comment on all or parts of the following aspects of their programme.

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- Unique factors
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- Gaps in the programme
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If you agree to talk with us we will contact you to arrange a suitable time. Our conversation may take place via phone, email or personal interview. It should take about 20-30 minutes depending on how much you have to tell us.

What you tell us will contribute to us compiling an evaluation report for Te Ahurei a Rangatahi. We will send you summaries of our findings if you so request.

If you require further information or wish to talk to someone about the study, please call any of the following people.

Manaakitanga

Linda Waimarie Nikora, Armon Tamatea, Vivian Fairborther and Ngahuia Te Awekotuku

Contact details: Maori & Psychology Research Unit,
Department of Psychology, University of Waikato, PB 3105, Hamilton.
Ph: 07 8562889 8200 or email: psyc2046@waikato.ac.nz

Appendix 5

Pre-programme Information sheet and questionnaire

TE AHUREI A RANGATAHI

Peer Education Programmes

Rangatahi Questionnaire

Information sheet

Te Ahurei a Rangatahi has taken on a team of people (evaluators) to help figure out how the programmes we run have been going, and what works for rangatahi, and what doesn't. Te Ahurei a Rangatahi are interested in finding out whether there are things in our programmes that could be changed, how you think it could be better, and whether there are any gaps.

By knowing what you know or have learned, we are better able to put together meaningful sessions for you.

The evaluators that we are working with are from the Maori & Psychology Research Unit at the University of Waikato. Their job is to gather your views about sexuality and about the sessions we run. They will write us a report that incorporates the information that rangatahi and schools provide to them. This will help us to do our job well.

Te Ahurei a Rangatahi and the Evaluators would like you to complete this questionnaire. So, if you decide to do so, here are some points to remember.

- f) Don't tell us who you are! It's anonymous – we don't need to have your name.
- g) Only answer the questions you want to answer.
- h) You can stop at any time, and you don't have to hand it in.
- i) You can chuck it away if you like.
- j) If you do hand it in, then we'll use what you've told us as part of our evaluation

We can send you a brief summary of what we find out. If you want us to do this, tear off and complete the attached contact slip and give it to the person handing out the questionnaires.

If you want to talk to someone about the study, you can call the following person.

Linda Waimarie Nikora,
 Director, Maori & Psychology Research Unit,
 Department of Psychology, University of Waikato, PB 3105, Hamilton.
 Ph: 07 8562889 8200 or email: psyc2046@waikato.ac.nz

Appendix 6

Post-Programme Questionnaire

Appendix 7

Graduate Programme Questionnaire

Appendix 8

Agency documentation reviewed

1997 – to date: Te Ahurei a Rangatahi minutes
1997 – to date: History processes – I te timatanga...
Sexual Health programme outline
Te Ahurei a Rangatahi programme explorer
Programme evaluation sheets

Appendix 9

Organisations contacted by evaluators

City West Activity Centre
Fairfield college
Fraser High school
Hillcrest High school
Hamilton Girls High school
Melville High school
Piako Whanau
Raglan Area school
Te Awamutu college
Te Huarahi Learning Centres – Te Awamutu
Waikato institute of technology – Rangatahi Hauora
Kershaws Training Enterprises

Rangatahi groups contacted

Te Ahurei Youthzone Guys group
Rangatahi Hauora students – Waikato Institute of Technology
Te Ahurei Youthzone Girls group
Te Huarahi students

Appendix 10a Information sheet for Rangatahi Group discussions

TE AHUREI A RANGATAHI Peer Education Programmes Rangatahi Group Discussions Information sheet

Te Ahurei a Rangatahi has taken on a team of people (evaluators) to help figure out how the programmes we run have been going, and what works for rangatahi, and what doesn't. Te Ahurei a Rangatahi are interested in finding out whether there are things in our programmes that could be changed, how you think it could be better, and whether there are any gaps.

By knowing what you know or have learned, we are better able to put together meaningful sessions for you.

The evaluators that we are working with are from the Maori & Psychology Research Unit at the University of Waikato. Their job is to gather your views about sexuality and about the sessions we run. They will write us a report that incorporates the information that rangatahi and schools provide to them. This will help us to do our job well.

Te Ahurei a Rangatahi and the Evaluators would like you to take part in a group discussion with other rangatahi who have taken the Te Ahurei a Rangatahi peer sex education programme. You will be asked to complete a brief questionnaire and then asked to discuss a number of questions as a group. Two evaluators will be there to help you with the discussion and to take notes of what you want us to know. The session will take about 50 minutes. So, if you decide to participate, here are some points to remember.

- ✓ You don't have to answer any questions if you don't want to.
- ✓ You can stop participating at any time. You ARE allowed to leave the session whenever you feel.

We will send you summaries of our findings if you so request. If you want further information or wish to talk to someone about the study, please call any of the following people.

Manaakitanga

Linda Waimarie Nikora, Armon Tamatea, Vivian Fairbrother and Ngahuia Te Awekotuku Contact details: Maori & Psychology Research Unit, Department of Psychology, University of Waikato, PB 3105, Hamilton.
Ph: 07 8562889 8200 or email: psyc2046@waikato.ac.nz

Appendix 10b Schedule for Rangatahi Group discussions