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by

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ABSTRACT

WOMEN'S HEALTH CARE
IMPLICATIONS FOR HEALTH EDUCATION

by

Katharine Eisenberg

Master of Public Health

This project entails a study of the general need for health education among women of all ages and socioeconomic backgrounds. Included within the study is a review of the literature, a field observation study, a women's health education needs/interests assessment survey, and the development of a women's health education program.

The community and target population of women living in the San Fernando Valley, California was chosen for the application of the field observation study, the women's health education needs/interests assessment survey, and implementation of the Women's Health Education Program.

Five areas in which there was a felt need for health education were identified by a representative sample (N=42) of the target population. The five major women's health problems were as follows: (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease,
(4) abortion procedures and services, and (5) cancer in women.

A Women's Health Education Program comprised of three major educational components was developed. The overall goal of the program was to reduce the incidence and prevalence of the five identified major women's health problems through the institution of four health education seminars, a health referral and library service, and the initiation of a women's health education core group. An additional goal of the program was to demonstrate both the importance and usefulness of health education among women of all ages and socioeconomic backgrounds.

Specific measurable objectives were developed for the purpose of program implementation and evaluation. Further description of the program including a presentation and discussion of the evaluative findings in addition to a list of recommendations for future programs are provided within.
CHAPTER I

INTRODUCTION

Women consume the largest proportion of health services in the United States. They average 25 percent more physician visits than any other segment of the population \( \text{\textsuperscript{100\%}} \) percent more if visits of mothers with children are counted \( \text{(7:1)} \). Furthermore, health costs for women tend to be higher than for men. The average woman pays roughly 50 percent more than a man for health services \( \text{(4:1)} \).

Women take 50 percent more prescription drugs than men and are admitted to hospitals more frequently than men. In addition, women psychiatric patients outnumber men in both public and private institutions by almost two to one, and more than half the patients residing in rest-homes for the aged are women \( \text{(7:1)} \).

In 1970, women made up 75 percent of all health workers in the United States and 80 percent of all hospital workers. Yet, only 7 percent of all physicians were female, and of those, a mere 3 percent were gynecologists, the specialists most often sought by women \( \text{(3:1)} \). However, by 1977 the number of female physicians had doubled to 14 percent and 6 percent of all Board-certified gynecologists were women \( \text{(12:xvii)} \). Still, these figures do not approach equity.

As the above information indicates, women encounter the health care system both as consumers and providers more frequently than men or any other segment of the population. Therefore, feminists and other
health activists contend that, owing to their greater numbers, women occupy a unique position relevant to changing or improving the health care system. That is, by becoming more organized and knowledgeable, they could bring attention to their needs and identify the areas in which the present health system is negligent in regard to women's health care.

During the past five years, the major purpose of a number of women's organizations has been to draw attention to various women's health problems by way of newsletters, women's magazines, conferences, demonstrations, etc. The members of these groups have become increasingly dissatisfied with the health care system. They assert that women have been repeatedly denied information and the right to participate fully in decisions regarding their health care (11:18).

Ruzek (11:18), a leading author and spokesperson for the women's health movement (which is actually an outgrowth of the women's movement consisting of a diverse group of women who are particularly concerned with women's health care problems and issues) claims that a majority of women in the United States feel ignorant and incompetent in the area of health care because they have been denied for various reasons sufficient information and resources necessary to educate themselves. Many women, according to Ruzek, blame their physicians (especially their gynecologists) for denying their potential to learn by withholding information and educational material which, subsequently renders the women inept in personal health care and overly dependent on health care professionals (11:18).

Further, Ruzek continues, these women are not only holding
their physicians accountable for not providing health education, but also for perpetuating stereotypical sex roles, restricting access to routine health care by making it too expensive and inconvenient, and for excluding women in the decision-making process (11:18).

Thus, initially it appeared that as women began to identify specific problems inherent in the present health care system, they channelled much of their anger and dissatisfaction towards physicians, which may not have been entirely warranted. However, as the women's movement and the consumer movement in general gained momentum, an increasing number of women began to assume more responsibility and initiative in every sphere of their lives including health care. Consequently, according to Kaiser & Kaiser, (5:653), women are realizing the broader scope and complexity of their health problems. In fact, the Kaisers observe that the women's movement has pushed to the forefront the fact that women's health problems are inextricably linked to the many social and political problems they face, i.e., the abortion issue. Moreover, the Kaisers claim women are no longer passively blaming physicians for all their health problems, but are becoming more independent and confident in their own ability to achieve and maintain optimal health standards for themselves and their families.

This phenomenon is further evidenced by the fact that many women are seeking and discovering health information and alternative means of health care through women's self-help groups, organizations, publications, clinics, and body-awareness groups which are being organized across this nation and abroad. It is estimated that there are approximately 1,200 self-help groups in the United States, and tens of
thousands of women who consider themselves members of these groups (8:34).

The Women's Health Movement

Thus, it can be seen that an increasing number of women are addressing a recognized and previously unmet need for health education through a variety of innovative approaches such as self-help groups, women's health organizations, and women's clinics which are all considered part of the growing phenomenon known as the "women's health movement". Below is a description of the three major constituencies of the movement.

Self-Help Groups

Self-help groups can be generally described as small peer groups of women led by a trained health care professional or other persons who are experienced and familiar with the concept of self-help. The primary aim of most self-help groups is to promote health education among the group members by sharing health information, past experiences, recent research findings, and advice regarding health care. In addition, many self-help groups offer instruction and demonstrations in gynecological self-examination, clinical and laboratory tests.

Although there exists a degree of resistance to the self-help movement by many physicians, a growing number including Gendel (13:35) a family practitioner who is presently the director of Maternal and Child Health, Kansas Department of Health and also the past president of SIECUS (Sex Information and Education Council of the U.S.), views the self-help movement as a constructive step toward better public
health and preventive medicine, informed patients, and improved doctor-patient relations. Gendel adds, that the true value of self-help lies in disseminating vital health information, and particularly in providing women with the ability and inclination to practice preventive health care, i.e., breast self-exam, gynecological self-exam, sound nutritional habits, recording and maintaining immunization records, and recognizing the early symptoms of serious illness. "In essence," Gendel says, "self-help is simply learning more about one's body" (13:35).

Additional investigation by two prominent physicians, Gartner and Riesman (2:784), co-directors of the New Human Services Institute of New York, attribute the motivational factor inherent in self-help groups or mutual groups to the fact that participants who share a common health problem assume a helping role which enables them to view the health problem more objectively in addition to achieving a less helpless, more independent and socially-useful image of themselves.

Women's Organizations

In addition to self-help groups, women's health organizations and political organizations such as the National Organization for Women (NOW), National Women's Health Lobby Network, Advocates for Medical Information, and the National Women's Health Coalition, are part of the women's health movement and have assisted in publicizing and identifying women's health utilization and education problems through newsletters, booklets, conferences, speak-outs and demonstrations. Others have worked politically by proposing and supporting legislation that would establish additional preventive health care
services and also eliminate the profit-making factor in the health care system (1:255).

Notably, two particular organizations, one local and the other national, have been effective in demanding better health care for women. Locally, the California Coalition for the Medical Rights of women have filed numerous petitions and lawsuits against drug companies, medical professionals, and even the state government alleging poor health treatment of women. The coalition is deeply concerned with unnecessary surgery, IUD safety, the quality of Pap smear screening, the needs of DES daughters, and the health rights of women in mental institutions and prisons.

On the national scene, the National Women's Health Lobby Network, supports a lobbyist in Washington, D.C., monitors the FDA and the National Institutes of Health, informs women of Congressional and FDA hearings pertaining to women's health issues, and publishes a newsletter on pending health legislation. The Network further provides resources on women's health data and lists various women's health activists around the country.

Women's Clinics

Another important segment of the women's health movement relates to the various women's health clinics which are being organized throughout the United States. These clinics, mostly non-profit organizations, provide standard gynecological exams, pregnancy and Pap smear tests, contraceptive and VD services and therapeutic abortions. They emphasize preventive health care for well women and offer health education courses, self-examination demonstrations and workshops for
various other female health problems. Within these settings, female paramedics or physician assistants provide much of the routine care. Frequently groups of women with similar health problems are treated at the same time. Thus, in this manner, costs are drastically reduced.

The Los Angeles Feminist Women's Health Center was one of the first women's health clinics and originated the concept of the "participatory clinic", in which women learn about their bodies as they receive health care (1:258).

Summary of the Literature

The foregoing discussion has been an attempt to describe women's unique relationship to the nation's health care system and to establish the need for health education among women through a review of the literature. In this endeavor, the Investigator discovered that there is a paucity of material pertaining to women's health problems and issues and their concomitant need for health education in the professional medical journals. However, these journals do report on numerous studies related to pregnancy and childbirth. Apparently, there is little concern about the health or the health educational needs of the individual woman among the male-dominated medical profession. Thus, most of the information used in the above discussion was gleaned from lesser known journals sometimes not directly related to health care such as Social Policy, or from current popular literature and recently published books written by prominent women authors.

It is the Investigator's view that the limited availability of medical sources on women's health care in no way negates the validity nor the importance of women's health problems and issues. Rather, it
provides additional evidence that women's health problems are inextricably linked within a broader social context. The limited amount of resources is also a further indictment of the nation's health care system for its continual neglect and ignorance of the innumerable health problems experienced by women and the tendency by the system to relegate these health problems to insignificant and trivial matters.

In summary, then, the existing literature indicates that: (1) women are the major consumers of health care services; (2) women make up a large proportion of this nation's health workers; (3) many women feel inept and uninformed regarding health care, and thus, are overly dependent upon health care professionals, and especially gynecologists for all their health needs; (4) further, many women are dissatisfied and blame their physicians for ignoring their health education needs, perpetuating stereotypical sex roles, restricting access to routine health care by making it too expensive and inconvenient, and for excluding women in the decision-making process; and (5) women are beginning to recognize the need for health education regarding major women's health problems and alternative means of health care as evidenced by the popularity of women self-help groups, women's health organizations, women's clinics, and publications.

Accordingly, if one acknowledges the above facts as valid, two general conclusions may be drawn. First, because women constitute a majority of both providers and consumers of health care services, they appear to be in a unique position to change and improve the nation's health care system by making their dissatisfaction with the present system known and identifying ways in which it can be improved. Second,
as women assume greater responsibility for their health care and that of their families, and as they express dissatisfaction with the present health care system, they will also recognize the need for health education regarding major women's health problems and alternative means of health care.

Thus, it is reasonable to infer from the literature that women are in need of, and will be responsive to planned women's health education programs.

Field Observation Study

In addition to the literature review, this Investigator deemed it necessary to seek further support of the need for health education among women by completing a field observation study. The field study was implemented through a series of nine interviews with health care professionals and over fifty other interviews with women not employed in the health field. (A detailed report of the interviews is provided in the following Chapter. Also see Appendix.)

In this needs assessment, the consensus among the health care professionals was that there is a definite need for health education among women of all ages and socioeconomic backgrounds particularly in the area of birth control and venereal disease prevention. For example, the health care professionals concurred that the amount of ignorance and misconception that still prevailed in this area of health care was startling. Further, those interviewed believed many women are overly dependent upon health care professionals for their health care and that women generally lack confidence in their ability to achieve and maintain optimal health standards for themselves and their families.
Finally, there was general agreement among the health care professionals that a majority of their women patients recognized the importance of health education and often expressed a desire for additional health information.

There was a good deal of concern and interest voiced by the remaining fifty women interviewed regarding women's health problems and issues. Most of these women admitted to being uninformed or misinformed about many women's health problems and alternative means of health care. Moreover, these women confided that they often felt overly dependent upon health care professionals for their health needs and wished to become both more knowledgeable and autonomous in the area of health care. Thus, these women recognized the need for health education and expressed a desire to participate in women's health education seminars, workshops or groups that would provide practical information on preventive health care and self-help techniques.

In summary, the events observed in the field generally substantiated those facts found in the literature pertaining to women's health problems and issues and the need for health education. That is, these women were largely uninformed regarding major women's health problems and alternative means of health care; women feel dependent upon health professionals for most of their health care including health education; and finally, women recognize a need for health education and are willing to participate in women's health education programs that will promote preventive health care and alternative means of health care such as self-examination.
Women's Health Education Needs/Interests Assessment

In addition to the literature review and the field observation, further documentation of the need for health education among women was obtained through a women's health education needs/interests assessment survey which was designed, pre-tested, and distributed by this Investigator in the form of a questionnaire. (A detailed description of the questionnaire and its findings is presented in Chapter 2. Also see Appendix.)

Briefly, the survey further supported the major findings in the literature and those observed in the field. That is, women are largely uninformed regarding women's major health problems and alternative means of health care and, further, women recognize a need for health education. In addition, the participants in the survey identified the most salient needs for health education in the following areas; (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease (4) abortion procedures and services, and (5) cancer in women. And, again, the survey established the fact that women are willing to participate in women's health education seminars and/or an on-going women's health education group that would allow them to become both more knowledgeable and autonomous regarding women's health problems and alternative means of health care.

Statement of the Problem

According to the facts gleaned from the literature, the events observed in the field, and the findings of the women's health education needs/interests assessment survey, the following problems were
delineated; (1) women were largely uninformed regarding major women's health problems and alternative means of health care; (2) women felt overly dependent upon health care professionals for all their health needs including health education; and (3) women recognized the need for further health education, especially in the following areas; (a) drug and alcohol abuse by women, (b) vaginitis, (c) venereal disease, (d) abortion procedures and services, and (e) cancer in women. And, finally, women expressed the need and desire to participate in planned women's health education programs that would assist them in becoming more knowledgeable and autonomous in the area of health care.

Purpose of the Project

The primary purpose for conducting this project is threefold. First, it is to clearly define the need for health education among women through a needs assessment such as the one described above which consisted of the following three procedures; (1) a review of the available literature pertaining to the need for health education among women; (2) a field observation study which involved both health care professionals and women not employed in the health care field regarding their opinion of the importance of health education among women; and (3) a women's health education needs/interests assessment survey.

A second purpose of the project was to address the problems cited above through the development, implementation, and evaluation of a model women's health education program.

And, finally, the third purpose of this project was to disseminate the findings among health educators and others who are interested in the development and promotion of public health education.
programs.

Project Limitations

The following project limitations are based upon the problems cited above and the stated purpose of the project.

1. The scope of the project is limited to the study of major women's health problems/issues and the concomitant need for health education among women through the means of the following: (1) a review of the available literature, (2) a field observation study, (3) a women's health education needs/interests assessment survey, (4) development and implementation of a women's health education program, and (5) evaluation of the women's health education program and dissemination of the findings.

2. The project is limited to the study of those major women's health problems/issues that were identified in the literature review, the field observation study, and the health needs/interests assessment survey.

3. The findings of the field observation study and the health needs/interests assessment survey are limited to those who participated in the respective studies.

4. The women's health education program is limited to women of all ages (over 12 years) and socioeconomic backgrounds, but is especially directed towards women living in the San Fernando Valley.

5. The women's health education program is limited to a series of four evening women's health education seminars, a library
and referral service for health education materials and services, and the organization of an on-going women's health education group.

Definition of Terms

1. The Women's Movement -- The women's movement refers to a growing phenomenon made up of thousands of persons, groups, and large organizations around the world who strongly espouse women's equal rights and interests on a broad social, political, and economic spectrum.

2. The Women's Health Movement -- The women's health movement is an outgrowth of the women's movement in which persons, groups, and organizations particularly concerned with women's health problems/issues publicize those concerns by; (1) writing newsletters, books, booklets, pamphlets, and articles, (2) participating in conferences, debates, demonstrations, and speak-outs, (3) educating themselves and others regarding women's health problems; and (4) working politically to promote legislation directed towards improving women's health through increased funding, availability, and equalization of health services.

3. Feminist -- Feminist refers to person(s) who strongly advocate women's rights and interest on a broad social, political, and economic spectrum. This person may or may not be involved in organized activity on behalf of women's rights and interests.

4. Health Activist -- Health Activist refers to person(s) who
assume an active role, i.e., writing, speaking, debating, demonstrating, organizing, and otherwise publicizing prevalent health problems and issues.

5. Health Care Professional -- Health care professional refers to person(s) employed in the health care field, i.e., physician, nurse, technician, aide, health educator, health administrator, etc.

6. Alternative Means of Health Care -- Alternative means of health care refers to health services received from sources other than private physicians, i.e., Free Health Clinics, Government-sponsored Health Clinics, Women's Health Clinics, Self-help groups, Voluntary Health Agencies, Student Health Services, and Health Maintenance Organizations. These health services are usually free or at minimal costs.

7. Self-help Group -- A self-help group is an activistic, peer-oriented, and informal group of persons who meet to share information, past experiences, and to learn self-care techniques regarding a common health problem or the threat of a common health problem. Most self-help groups are led by a health care professional or someone familiar with both the health problem and the self-help concept, however, it is the members themselves who are responsible for providing the reinforcement and encouragement necessary in overcoming or avoiding the common health problem.
CHAPTER II

METHODOLOGY

This Chapter presents a thorough description of each phase of the methodology including the specific procedures undertaken to complete this project.

Literature Review

A search for literature pertaining to women's health problems and issues with particular emphasis on the need for health education among women constituted the first phase of the methodology. It was discovered that very little material exists which is specifically devoted to women's health educational needs in the professional medical journals. There were even fewer women's health education programs described within these journals. Thus, it was necessary to broaden the research effort by uncovering other sources of information on the need for health education among women.

Consequently, both relevant and informative articles on women's health problems and issues were found in non-medical professional journals, recently published books, popular women's periodicals, and other publications. All contained valid and credible data by reputable authors who work either in the health professions or closely related professions, and who have researched and documented their studies extensively.
The significant findings in the literature relative to women's health problems/issues and the concomitant need for health education were reported earlier. However, a brief summary of these major findings which were gleaned from the available literature is presented below: (1) women are the major consumers of the nation's health services; (2) women make up a large proportion of the nation's health workers; (3) many women feel inept and uninformed regarding health care, and thus, are overly dependent upon health care professionals, and especially gynecologists for all of their health needs; (4) further, many women are dissatisfied and blame their physicians for ignoring their health education needs, perpetuating stereotypical sex roles, restricting access to routine health care by making it too expensive and inconvenient, and for excluding women from the decision making process, and (5) a majority of women recognize the need for health education regarding major women's health problems and alternative means of health care as is evidenced by the popularity of women's self-help groups, women's health organizations, clinics, and publications.

Thus, the literature review provided is evidence of the existence of an array of women's major health problems and issues. Also, the literature indicated a concomitant need for health education among women.

Field Observation

The second phase of the methodology consisted of a field observation study in which nine health care professionals and over
fifty women not employed in the health field were interviewed by this Investigator regarding their opinion of the severity and extent of women's health problems and issues, and the need for health education.

The primary purpose of the interviews was to determine if the facts and statements reported in the literature could be substantiated by remarks solicited from the selected health care professionals and the over fifty other women who agreed to be interviewed. In addition the interviews were designed to elicit more indepth personal feelings regarding women's health problems and issues, to establish a rapport with those interviewed for the purpose of familiarizing and educating this Investigator with their specific health concerns, and to encourage women to participate in the planned women's health education program.

Basically, the interview was unstructured and centered around four main questions directed to both the health care professionals and non-health care professionals. (See Appendix for interview schedule.)

Among the health care professionals interviewed were: Sally Amstren, Director of Panorama Women's Health Services; Joanne Besh, Certified Breast Self-exam Instructor for the American Cancer Society; Richard Baum, internist in private practice; Jan Hempner, Outreach Services Director at the Alcoholism Center for Women; Sheryl Lautenschlager, Family Planning Counselor at California State University, Northridge Student Health Center; Anita Mellon, gynecologist at University of Southern California Women's Hospital; Francis Romie, gynecologist in private practice; Erica Silver, Health Counselor at Westside Women's Clinic; and Eva Wong, Health Educator at the American
Cancer Society.

All of the above were in agreement concerning the need for health education among women of all ages and socioeconomic backgrounds especially in the area of birth control and venereal disease. Further, the health care professionals felt that many women are overly dependent upon physicians for all their health care because they lack confidence in their ability to achieve and maintain optimal health standards for themselves and their families. However, there was general agreement among those interviewed that a majority of their women patients recognize the importance of health education as indicated by requests for additional health information and compliance with the directions, advice, and information that is given.

For example, even though Mellon did not strongly advocate self-help groups she was definitely in favor of women being informed and aware of all available methods of birth control in order that the individual woman may choose the method best suited for her. Although Mellon admitted that the ignorance or lack of information regarding the practice of birth control is alarming, her patients were generally receptive and compliant with the health information, directions, and advice she gives.

Lautenschlager was in general agreement with Mellon and admitted that she too is continually reminded of the ignorance or lack of information regarding birth control practices and abortion procedures even among the college-age women whom she counsels. However, she also found her clients to be receptive, interested, and compliant with the information and advice she gave.
Amstren and Silver, both strong proponents of the self-help concept frequently initiated self-help groups at their respective clinics. They insisted that the purpose of the self-help group was not only to educate, but also to familiarize women with their own bodies, help them to feel comfortable in examining themselves, and also, to provide women with a sense of autonomy and control over their health care. Moreover, Amstren and Silver believed women who are experienced in self-help are more capable of practicing preventive medicine in that they are more cognizant of disease symptoms and know when to seek professional medical treatment.

Wong and Besh, representing the American Cancer Society, both strongly emphasized the importance of cancer education for everyone, but stressed its importance for women who, reportedly discovered more than 95 percent of the cases of breast cancer among themselves through the practice of breast self-exam. Further, Wong astutely pointed out that although cancer education may not keep women from getting cancer, it can prevent them from dying from cancer. And, according to Wong and Besh, the point is well taken by community women and women across the nation as indicated by a significant increase in the number of women practicing breast self-exam regularly.

While interviewing Hempner, the conclusion was that timely, effective education may indeed be a deterrent to alcoholism in more that just a few cases. Moreover, Hempner believes that education is important for women alcoholics, potential women alcoholics, and everyone else for the purpose of understanding how society differentiates female alcoholism from male alcoholism and how other intervening and
related factors contribute significantly to female alcoholism.

Further, according to Hempner, the increased interest regarding female alcoholism on both the local and national level and in the private and public sectors is probably due to the fact that a greater number of women are seeking help for alcohol-related problems rather than an actual increase in the rate of female alcoholism. "Today," says Hempner, "there simply are more women who are finally finding the courage and conviction necessary to obtain help."

Baum, the only male physician interviewed regarding women's health problems and issues, was enthusiastic about health education for everyone, but he did stipulate its importance for women as it is recognized that they are responsible for not only their own health care but also their families. Further, Baum underscored the necessity of health education for women of all ages. Too often, he claimed, educational programs and messages are directed toward younger women when in actuality it is the women over the age of 45 who face the greatest health risks in all categories. Baum added that in his practice, women are by far more inquisitive than are his male patients with regard to health problems and practices.

In addition to the above nine health care professionals, more than fifty women including friends, relatives, acquaintances, and others who participated in the health needs/interests assessment survey agreed to be interviewed by this Investigator.

These women expressed a good deal of interest and concern with regard to women's health problems and issues. Most of the women admitted to being either uninformed or misinformed about major women's
health problems and alternative means of health care. Further, a majority of women confided that they often felt overly dependent upon health care professionals for all their health needs, and wished to become both more knowledgeable and autonomous in the area of health care. Apparently, these women recognized a need for health education as evidenced by the above findings. They were also extremely willing to participate in a planned women's health education program that would provide useful information about preventive health care practices and self-help techniques.

In summary, the field observation study uncovered further evidence of the need for health education among women of all ages and socioeconomic backgrounds. The major findings reported in the literature review were supported by the field observation study and included the following: (1) both health care professionals and lay women agree upon the overall value and need for health education since a majority of women are largely uninformed about major women's health problems and alternative means of health care, (2) many women do feel overly dependent upon health care professionals for their health needs and wish to become more knowledgeable and autonomous in this area, and (3) a majority of women desire more health information and are willing to participate in women's health educational seminars, workshops and/or groups that provide useful information on preventive health care practices and self-help techniques.

Interestingly, there was one important departure in the findings of the field observation study as opposed to those statements found in the literature. Contrary to what might have been suggested
in the literature, many of the women interviewed were not totally dissatisfied with their physicians nor were they terribly disillusioned with the present health care system. However, there were some common complaints regarding health care, i.e., high cost, inaccessibility, ineffective treatment, and infrequently, intimidation or degradation by physicians.

Women's Health Education Needs/Interest Assessment

In addition to the literature review and the field observation study, further documentation of the need for health education among women was sought. Therefore, this Investigator designed, pre-tested, and implemented a health education needs/interests assessment survey. (See Appendix.)

The primary purpose of this third and important phase of the methodology was to collect data that would accurately reflect the specific health education needs/interests of a sample of women representing the target population in order that an effective and useful women's health education program could be planned. Further, the purpose of the survey was to determine the number of women who were familiar or involved with alternative means of health care, i.e., self-help groups, body-awareness groups, women's clinics, free clinics, student health services, volunteer health agency services, or any type of health care obtained from a source other than a private physician.

An additional purpose of the survey was to ascertain the willingness of the sample to participate in a planned women's health education program. Finally, the survey was designed to gather some
basic demographic data regarding the target population. Thus, the main objective of the health education needs/interests survey was to collect information which would be useful in the subsequent planning of the women's health education program. Accordingly, every effort was made to keep the basic questionnaire brief by asking only pertinent questions related to the stated purposes of the survey. Also, in order to reach as manyRespondents as possible, the time required to complete the questionnaire was kept to a minimum.

The questionnaire was divided into four sections. The first section which was intended to engage and stimulate interest on the part of the Respondents, was a list of health education needs/interests subdivided into the following categories; gynecological health care, general health care, serious disease and illness, and mental health care. The Respondents were instructed to select from the list (or fill-in their own preferences) the health problems and issues that were of most concern to them.

The second section consisted of four items in which the Respondents were asked to identify the source of most of their medical or health care, and whether they had ever used or been involved in alternative means of health care.

In addition, the Respondents were asked if they were interested in learning more about women's major health problems and alternative means of health care, and, if they would participate in a planned women's health education program.

The fourth section of the questionnaire was optional and dealt with basic demographic data.
Once the questionnaire was fully constructed, it was administered at random to six women from the California State University, Northridge Women's Center in order to be pre-tested. No revision was deemed necessary.

The questionnaire was then administered to a sample of 42 women who represented the selected community and target population which consisted of women of all ages, (over 12 years) professions, and socioeconomic backgrounds, that is, students, housewives, career women, retired women, living in the San Fernando Valley.

The San Fernando Valley is a large geographical area that engulfs many smaller communities. But basically its boundaries extend to the communities of Canoga Park and Agoura on the West, Sylmar and San Fernando on the North, Sherman Oaks and North Hollywood on the South, and the Sunland-Tujunga area on the East.

Admittedly, the sample of 42 women was not truly representative of the total target population as they were not chosen at random from sites throughout the San Fernando Valley. However, a scientifically rigorous study of the health education needs/interests of the total target population was beyond the scope of this study, and furthermore, was not among the stated purposes of the survey. Rather, a consistent and accurate information base was sought from which to plan a women's health education program.

A total of fifty women were approached from various sites throughout the California State University, Northridge campus and surrounding areas. They were asked to participate in the survey by completing the questionnaire, and of the fifty women approached, 42
agreed to participate.

Presented below is a summary of the results of the questionnaire. The five most common health education needs/interests selected by the sample were: (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease, (4) abortion procedures and services, and (5) cancer in women.

Nearly 85 percent of the sample (N=35) used the services of a private physician, however fewer women (N=23) used a private physician's services exclusively. Some women used a combination of private physician services and alternative means of health care as illustrated by the following: ten women had used the health services available at the California State University, Northridge Student Health Center; four women belonged to Kaiser or a similar HMO plan; four women had frequented various women's clinics throughout the Los Angeles area; four women had used the services of a free health clinic or a County-sponsored health center; three women had previously participated in self-help groups or body-awareness groups; and another four women stated that they had taken advantage of free health services offered by a voluntary health agency. (Please note that the above data is not mutually exclusive, that is, a woman using one means of alternative health care may have used another means also.)

Over 80 percent of the sample (N=34) were interested in attending health education seminars or workshops dealing with major women's health problems and alternative means of health care. Fewer Respondents (N=7) committed themselves to participating in a women's health education group. However, an additional five women stated they
would consider participating in the group if their time permitted.

The demographic section of the questionnaire provided the following general data. The average age of the sample was 23 years. However, there was a wide range of ages spanning from 16 years to 49 years. Over 70 percent of the sample (N=31) were enrolled in California State University, Northridge and more than half of the Respondents (N=26) were single, including the four women who were divorced. The rest of the women (N=16) were married; 13 had dependent children living with them. All but one of the total sample of women resided within the boundaries of the San Fernando Valley.

To summarize, then, the health education needs/interests survey provided further evidence of the need for a women's health education program.

More specifically, the questionnaire identified an immediate need for a women's health education program directed towards women living in the San Fernando Valley which would address the etiology and alternative means of health care for the following five major women's health problems: (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease, (4) abortion procedures and services, and (5) cancer in women.

Further, it was discovered in the survey that while a portion of the sample were utilizing alternative means of health care, more than half (N=23) were using private physician's services exclusively. Yet, a majority of the sample (N=34) expressed a desire to learn more about major women's health problems and alternative means of health care and would willingly participate in a women's health education
Program Design

The fourth and final phase of the methodology included the conception, organization, implementation, and evaluation of the women's health education program. A thorough description of this phase of the methodology follows.

As alluded to earlier, the women's health education program was based entirely upon the need for health education among women as documented in the literature review, the field observation study, and women's health education needs/interests survey. Each phase of the methodology further delineated, refined and narrowed the general need for health education among women. Five specific women's major health problems and issues were identified and chosen to be addressed within the context of the women's health education program. Further development of the women's health education program is described below.

Scope

The basic structure of the program was divided into the following three major components: (1) a series of four health education seminars, (2) an extensive referral and library service comprised of health educational materials and resources, and (3) the organization of a women's health education group.

Goals and Objectives

The overall goal, the major objectives, and the program activities for each component are presented below.
**Overall Goal.** The major goal of the women's health education program was to reduce the incidence and prevalence of the following five major women's health problems/issues: (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease, (4) abortion procedures and services, and (5) cancer in women. This was attempted through the implementation of four health education seminars, a referral and library service, and the organization of a women's health education group.

A second major goal of the women's health education program was to demonstrate the importance and usefulness of health education among women of all ages, socioeconomic backgrounds, and professions.

**Major Objectives.** Initially, the parameters chosen for the three major program objectives were tentative. They were based primarily on three pilot health education seminars involving the target population in which the majority of participants agreed upon the overall value and usefulness of the health information presented. However, since the women's health education program was to be evaluated more comprehensively, the need for both feasible and measurable objectives was paramount. Thus, a more precise level of expected attainment for each objective was determined at the completion of the first two seminars and at the end of a two month period at which time the participant's achievement of each objective was more predictable.

**Objective I:** Following each health education seminar, at least 85 percent of those participating will have both awareness and knowledge regarding the etiology of the major women's health problem.
being addressed in the seminar and alternative means of health care relative to the addressed health problem. Further, at least 85 percent of the participants will express the belief that many women share the health problem and there are ways to either prevent or alleviate it.

**Assumption:** Knowledge and awareness of a major health problem and an appropriate means of health care relative to the addressed health services, plus the belief that others share the health problem will assist women in the following: (1) taking necessary preventive health measures, (2) recognizing the symptoms of the health problem early, and (3) seeking the appropriate means of health care, all of which, it is assumed, will lead to a reduction in the incidence and prevalence of the health problem.

**Evaluation:** Evaluation of the above objective will be based upon: (1) a brief questionnaire distributed at the end of each seminar; and (2) a verbal summation of the seminar solicited from each participant. To meet the above objective at least 85 percent of the participants must answer correctly at least two of three questions pertaining to the etiology of the health problem and one of two questions regarding alternative means of
health care. Also, at least 85 percent of the participants must express verbally the belief that other women share the health problem and that there are available means of prevention and/or alleviation of the health problem. (Note: Correct responses to the questionnaire signify that the participants will indeed have awareness and knowledge of the etiology of the health problem, alternative means of health care relative to the health problem, and possibly the belief that the problem is universal. However, there is no proof that the participant's awareness, knowledge, and attitude regarding the health problem is directly attributable to the women's health education seminars since there was no collection of baseline data attesting to their previous lack of awareness, knowledge, and positive attitude regarding the health problem.)

To facilitate the attainment of the above objective, the following procedures were undertaken by the director of the women's health education program:

1.1 Provision of a series of four 2 hour seminars within a four month period dealing with the following five major women's health problems: (1) drug and alcohol abuse by women, (2)
vaginitis, (3) venereal disease, (4) abortion procedures and services, and (5) cancer in women.

1.2 Procurement of at least one health care professional to lead and participate in each seminar.

1.3 Procurement of films, slides, literature, demonstrations, reference lists, and/or other learning materials needed to supplement each health education seminar.

1.4 Procurement of an appropriate facility or physical surroundings that were comfortable, relaxed, congenial, and also, conducive to the participant's ability to learn and share new information, past experiences, and other concerns regarding the health problems under study.

1.5 Extensive publicizing of each health education seminar through the use of all forms of media, i.e., local and city-wide radio, newspapers, mailers, fliers, posters, billboards, etc.

1.6 Evaluation of each seminar in terms of the following:

1) The attainment level of the objective.

2) The attendance level at each seminar.

3) The effectiveness of the chosen format i.e., lecture, panel discussion, group
discussion, debate, etc.

4) The effectiveness of the learning materials, i.e., films, slides, demonstrations, hand-out material, reference lists, etc.

5) The appropriate selection of the facility.

Objective II: To effect within a four month period an increase of 25 percent in the number of women who use the health referral service for assistance in identifying and securing health care services, and an increase of 10 percent in the number of women who use the health library service to secure current health-related articles and publications.

Assumption: An increase in the number of women who use the health referral and library service will lead to increased knowledge and awareness of major health services, and resources, which, it is assumed, will lead to increased use of preventive health care measures and appropriate utilization of health services thereby reducing the incidence and prevalence of women's major health problems.

Evaluation: Evaluation of the above objective will be based upon the number of health referrals made each month in which the women's health education program operates with an overall expected increase
of 25 percent by the fourth month of program operation. Similarly, the library service will be evaluated by the number of women using the service each month with an overall increase of ten percent expected by the fourth month of program operation. Further, an attempt will be made to ask each woman using the referral and/or library services how she discovered the existence of the services.

(Note: An increase in the number of women using the referral and library service cannot be directly attributed to the women's health education program as there are numerous contaminating factors involved. However, it is reasonable to infer that the provision of an extensive file system of available health services, resources, and current health-related literature and the publicizing of these services will contribute substantially to increased utilization of the health referral and library services.)

Program Activities:

To facilitate the above objective the following procedures were undertaken by the director of the women's health education program.

2.1 Supplementation and maintenance of a comprehensive file of available health services offered by various community health agencies,
such as volunteer health agencies, county health facilities, women's clinics, free clinics, family planning agencies, student health services, and other health agencies primarily serving the San Fernando Valley.

2.2 Action as a liaison in establishing a rapport between community health agencies and women using the referral services in order to increase the number, quality, and availability of health services, and thus, the number of women using the health services.

2.3 Supplementation and maintenance of a library of health-related materials including a health services directory (INFO), pamphlets advertising available community health services, current articles, and major publications, etc., regarding women's major health problems/issues.

2.4 Extensive publicizing of the referral and library service through all forms of the media.

2.5 Evaluation of both the referral and library services at intervals of every thirty days in terms of the following:

1) The number of referrals made and the number of women using the library service for health-related materials.

2) The number of referrals and/or library
requests unable to be fulfilled due to insufficient references and/or resources.

Objective III: To organize within a four month period a women's health education group with a membership of at least five women who will select and study additional women's health problems/issues and plan future women's health education seminars.

Assumption: Organization of a core group of women responsible for selecting and investigating additional women's health problems/issues, and the subsequent planning of future women's health education seminars will, it is assumed, ensure a relevant, on-going women's health education program with members who are actively involved in reducing the incidence and prevalence of women's major health problems.

Evaluation: Evaluation of the above objective will be based upon the existence of an organized women's health education group with at least five members within a period of four months or at the completion of four women's health education seminars.

Program Activities: To facilitate the above objective, the following procedures were undertaken by the director of the women's health education program.

3.1 Solicitation of members for the group at each women's health education seminar.
3.2 Extensive publicizing of the women's health education group in all forms of local and citywide media, especially in the vicinity of California State University, Northridge.

3.3 Advertisement of the health education group at various community health agencies and the request for input from community health representatives and other health care professionals for support and advice in the organization of the group.

3.4 Notification of all perspective group members as to the date, time, and location of the initial group meeting.

3.5 The planning and facilitation of an initial group meeting with the following agenda:

1) Introductions.

2) Discussion of the purpose and expectations of the group members.

3) Selection of at least three health topics to be studied by the group in the immediate future (within three months).

4) Selection of a regular monthly meeting date, time, and place for the women's health education group.

5) Set agenda for the next meeting.
including the selection of one of the chosen three health topics, a format for presentation, and assignments in areas of interest.

6) "Get acquainted" period.

3.6 Review each of the above activities periodically (every thirty days) to determine the most effective means of promoting the women's health education group.

**Sponsorship, Funding, and Publicity**

The Women's Health Education Program was sponsored by the California State University, Northridge Women's Center which is located on campus and is partly funded by California State University, Northridge Associated Students. The Women's Center offers a congenial, informal atmosphere where both students and community residents can participate in various educational programs, referral and counseling services, or just come to relax and make friends. Most of the available programs are directed towards women, but males are frequently invited to participate.

The facility housing the California State University, Northridge Women's Center was used for the series of four health education seminars, the referral and library services, and for the initial women's health education group meeting.

Because no funds were available for the implementation of the Women's Health Education Program, publicity and advertising costs were
covered partially by the California State University, Northridge Women's Center, however, extensive use of free public service spot announcements and advertising space in local and city-wide newspapers and radio stations was employed. Also, numerous fliers, handbills, posters, and other notices advertising the women's health education program were made and distributed liberally throughout the vicinity of the California State University, Northridge campus and in the surrounding community by this Investigator.

No other costs were incurred by the program as the expertise of the participating health care professionals and all the learning materials were volunteered.

In addition to originating the program, this Investigator was the director/coordinator of the entire women's health education program which was comprised of three major components: a series of four health education seminars, a referral and library service, and a women's health education group. The director's responsibilities included planning, coordinating, implementing, and evaluating the entire program during the four month period in which it operated beginning in October, 1977, and ending in February, 1978. Finally, the director was to act as a consultant and as a member of the women's health education group indefinitely.

**Implementation Scheme**

As noted above, the Women's Health Education Program was comprised of three major components: a series of four health education seminars addressing the five identified women's health problems and alternative means of health care, a health referral and library
service, and the organization of a women's health education group. Implementation of each of the components is described below.

A. Women's Health Education Seminars

Within a period of four months a series of four evening health education seminars were held focusing on the five women's health problems identified in the health needs/interests survey. Each seminar lasted a maximum of two and one-half hours and was facilitated by at least one community health agency representative who was both knowledgeable and empathetic regarding the particular women's health problem under study. All four seminars were held during evening hours at the California State University, Northridge Women's Center to ensure participation by those women unable to attend during the day.

The first seminar, which took place on October 25, 1977, was a self-help clinic where women's anatomy, physiology, and common gynecological problems were discussed. The etiology of vaginitis and venereal disease were especially emphasized at this seminar.

The clinic lasted two and one-half hours and was conducted by two women health specialists representing the Panorama Women's Services Clinic. In addition to the informal discussion regarding women's anatomy, physiology, and related health problems, there were diagrams, models, and a demonstration in gynecological self-examination. Also, for those who desired to participate there was personalized instruction in gynecological self-examination.

At the conclusion of the clinic, a short questionnaire was distributed for the purpose of measuring the attainment level of the set objective and the effectiveness of the seminar format. In
addition, a verbal appraisal of the seminar was solicited from each participant.

The second seminar held on November 11, 1977, focused on alcohol abuse by women and was facilitated by two representatives of the Alcoholism Center for Women, one of whom is the director of outreach services, and the other a participant in the rehabilitation program offered by the Center.

Both women were to lead the informal discussion group regarding the complicated factors contributing to female alcoholism in our society, and also describe the rehabilitation program and the other services available to women at the Alcoholism Center.

Again, this seminar was to be evaluated first, by means of a brief questionnaire measuring the attainment level of the objective and the effectiveness of the format, followed by a verbal appraisal solicited from each participant at the close of the seminar.

The third seminar dealt with cancer in women and centered upon the most prevalent and serious types of cancer, i.e., breast, lung, and cervical cancer. Other forms of cancer, less prevalent but as serious, such as endometrial and vaginal cancer were also discussed. The seminar took place on December 2, 1977, and was conducted by a woman gynecologist, Dr. Francis Romie, and a breast self-exam instructor. Both women are volunteers with the American Cancer Society.

The format chosen for this seminar consisted of a lecture with an open question-answer period, a demonstration in breast self-exam, a film depicting the basic steps in breast self-exam, and a self-instructional unit in breast self-exam.
The seminar was evaluated in a similar manner as the previous seminars through a brief questionnaire and a verbal summation solicited from each participant at the end of the session.

The fourth and final seminar pertained to abortion procedures and services that are commonly used and available throughout the Los Angeles area. Other pertinent issues related to abortion such as the psychological, legal, and financial aspects including the current controversy over federal and state funding were also examined.

The seminar was scheduled for February 10, 1978, and the format consisted of a panel discussion with four women health care professionals knowledgeable and experienced in the specific areas related to abortion described above.

Again, the seminar was evaluated in terms of achievement of the set objective and the effectiveness of the chosen format through the means of a brief questionnaire and the participant's verbal appraisal.

B. Referral and Library Service

Implementation of the referral and library services was accomplished through the cooperation of the California State University, Northridge Women's Center where the referrals were handled and the library housed.

The California State University, Northridge Women's Center has for the past two years been making medical referrals (mostly for gynecological services) to a number of women's clinics throughout the Los Angeles area, and there has been an attempt to organize a small library of health-related materials at the center.
The Women's Health Education Program included expanding both the referral and library services to encompass a variety of health agencies and material pertaining to all types of health problems, issues, and available health services. For example, added to the referral system was a list of voluntary health agencies, state and county health agencies, free clinics, student health services, and health maintenance organizations that offer an array of health services for women and their families. The library services was expanded to include material advertising the various health agencies mentioned above, and index of community services (INFO), and current health-related literature, i.e., pamphlets, recent books, and articles regarding predominantly women's health problems and issues. A limited amount of material related to general health problems affecting all segments of the population was also made available.

Attempts to supplement the library and referral files by fulfilling requests for additional listings of health agencies and materials were made continually. In addition, a review of the adequacy of both services was made every thirty days by the director of the Women's Health Education Program in the manner already described.

C. The Women's Health Education Group

The organization of the women's health education group was the third and final component of the Women's Health Education Program. Its purpose was to render permanency to the program and create among the group members a sense of responsibility and determinism in regard to their health care and that of their families. Furthermore, the purpose of the group was to provide a functional educational medium in
which members could share among themselves new information and past experiences relative to women's health problems and issues.

Solicitation of membership for the women's health education group followed each health education seminar and was included in the monthly mailer and notices that were distributed by the California State University, Northridge Women's Center. The group was further promoted in the media, in fliers, posters and handbills distributed throughout the California State University, Northridge campus and the surrounding area by the Investigator. In addition, community health representatives and other health care professionals were asked to promote the group at their agencies and offer input for its organization.

Prospective members of the women's health education group were asked either to leave their names and phone numbers at the California State University, Northridge Women's Center, or phone the Women's Center with this information. Interested persons were to be notified by the director of the Women's Health Education Program as to the date, place, and time of the initial group meeting.

No budget was allocated for the promotion or organization of the group, however periodic contributions (monetary and otherwise) will be solicited from the members in order to secure a film, speaker, or other necessary educational materials.

The structure of the group is to remain essentially informal until group members decide otherwise.

The initial group meeting was to be held approximately one week after the final health education seminar and was to serve as an
introductory and business meeting. In addition to introductions and statement of the purpose for the group, a regular monthly meeting place, date, and time were to be determined at this meeting as were three major women's health problems to be studied by the group in the future. Subsequently, one of the three health problems will be designated as the topic of the next health education seminar or group meeting and volunteer assignments in areas of interests will be made.

Evaluation Scheme

The primary purpose of evaluating any health education program is to accurately determine the usefulness and effectiveness of the program in terms of achieving the desired outcomes, i.e., the stated objectives, and perhaps even more importantly, the process by which those objectives are to be achieved. Moreover, evaluation is an integral and continual process rather than an end-product or means of justification at the conclusion of the program. Thus, the evaluation may be used to modify or improve the educational program in order to effect a higher efficiency or success rate.

With this in mind, the Women's Health Education Program was initially evaluated through the use of four post-evaluative questionnaires distributed at the end of each health education seminar which measured the attainment of the first objective and the appropriateness of the facility and the learning materials. (See Appendix.) Secondly, the program was evaluated within the context of four monthly interim progress reports written by the director of the program. These interim progress reports basically reviewed the attainment level of each objective, the degree to which it was attributable to the program, and
also monitored the progress and efficiency of program operation.

In this manner, each phase of the program methodology was examined for areas of strength and weakness. For example, the preliminary analysis or the needs assessment was reviewed for its adequacy in assessing the health educational needs of the entire target population. The program objectives were examined for feasibility as well as appropriateness with regard to the stated problems and target population. And the three major educational components of the program, i.e., the health education seminars, the referral and library services, and the organization of the women's health education group were assessed in terms of providing an effective educational medium and eliciting response from the target population. Also, the appropriateness of the facility and efforts to adequately publicize the program were reviewed within the context of the monthly interim progress reports.

In addition to the post-evaluative questionnaires and the interim progress reports, the total evaluation scheme included an indepth evaluative report of the entire Women's Health Education Program written by the director at the end of the initial four month period in which the program operated.

This inclusive report is presented in Chapter III and consists of all evaluative findings to date plus the current status of each objective and program component.
CHAPTER III

EVALUATIVE FINDINGS

This Chapter presents the results of the post-evaluative questionnaires distributed at the end of each health education seminar and a summarization of the four monthly interim progress reports. A discussion of the evaluative findings, implications, and recommendations for future women's health education programs follow in the final Chapter.

Measurement of the Objectives

Each of the three major objectives was measured in the manner described in Chapter Two and are reported below.

Objective I: Following each health education seminar, at least 85 percent of those participating will have both awareness and knowledge regarding the etiology of the major women's health problem being addressed in the seminar and alternative means of health care relative to the addressed health problem. Further, at least 85 percent of the participants will express the belief that many women share the health problem and there are ways to either prevent or alleviate it.
Six women attended the first health education seminar which essentially was a self-help clinic. According to the post-evaluative questionnaire distributed at the end of the session, virtually all the women achieved the above objective. That is, 100 percent of the participants (N=6) answered correctly at least two of three questions regarding the etiology of common gynecological problems; 100 percent of the participants were able to answer one of two questions regarding alternative means of health care; and all six women expressed the belief that many women were bothered by gynecological problems and there are available means of prevention and/or alleviation of the health problem.

The second health education seminar regarding the problem of alcohol abuse by women was canceled due to an insufficient number of participants as only three women appeared for the seminar.

The third seminar dealing with cancer and women was attended by five women, and according to the post-evaluative questionnaire, the stated objective was nearly achieved, however, due to the small (N) the objective was difficult to measure accurately.

All of the participants answered correctly at least two of the three questions pertaining to the etiology of various forms of cancer, but only four of the five women were able to answer correctly at least one of the two questions regarding alternative means of health care. Yet, all of the participants expressed the belief that millions of women are stricken with cancer but there are means of preventing and/or lessening the threat of dying from cancer.

The fourth and final seminar was to be a panel discussion among
four women health care professionals regarding the physiological, psychological, and political aspects surrounding the issue of abortion. In addition, a description of the most commonly used and available procedures and services throughout the Los Angeles area, plus useful advice on how to select an appropriate and qualified clinic was to be given. Unfortunately, this seminar was canceled, again due to lack of participation as only three women came to the seminar.

Objective II: To effect within a four month period an increase of 25 percent in the number of women who use the health referral service for assistance in identifying and securing health care services, and to effect an increase of 10 percent in the number of women who use the health library service to secure current health-related articles and publications.

This objective was not attained as there was no appreciable increase in the number of women using either the referral or library services in the four months in which the women's health education program operated.

Objective III: To organize within a four month period a women's health education group with a membership of at least five women who will select and study additional women's health problems/issues and plan future women's health education seminars.

This objective was not attained as only two women and this
Investigator were willing to become regular group members. Although initially twelve women had indicated a willingness to actively participate in the group, later ten women admitted that they had neither the time nor energy to devote to the group.

**Interim Progress Reports**

As noted in the preceding Chapter, the primary purpose of the four interim progress reports was to monitor the program continually, thereby enabling the director to institute changes whenever necessary in order to produce a more effective and successful program.

**Preliminary Analyses**

The first element of the program to be examined within the context of the interim progress reports was the adequacy of the preliminary analyses or needs assessment. That is, were the problems reported in the literature similar to those experienced by the target population, and did the field observation study and the women's health educational needs/interests assessment survey fully delineate the health educational needs of the target population.

Admittedly, the literature attesting to the need for health education among women is sparse, but that which was found seemed to reflect accurately many of the major health problems/issues that are faced by a majority of the target population for whom the women's health education program was designed. For example, the major issues raised in the literature, i.e., that women are largely uninformed in respect to the etiology of women's health problems and alternative means of health care; that women are overly dependent upon health care
professionals for all their health needs including health education; and that women recognize the value and need for further health education were found among the target population also.

Both the field observation study and the women's health educational needs/interests assessment survey corroborated the findings reported in the literature and further specified five areas in which additional health education is needed by the target population. Also, further contact and familiarization with the target population throughout the operation of the program substantiated the existence of the stated problem.

Thus, initially the preliminary analyses appeared to be both sufficient and accurate in defining the health educational needs and characteristics of the target population. However, upon final evaluation, the studies were found to be incomplete in that they did not cover the health educational needs of the entire target population. This issue is examined more closely in the discussion presented in the following Chapter.

Program Objectives

The feasibility of the program objectives and adequacy of the educational components constituting the women's health education program were also explored and reviewed periodically within the context of the interim progress reports.

Initially, the program objectives, which were based upon previous health education programs conducted by the Investigator, appeared to be both realistic and accurate goals attainable by the target population. However, as indicated earlier the first objective was
underestimated and the second and third objectives were overestimated. As surmised in the third interim progress report, the problem of underestimation may be attributable to the measuring instruments, i.e., the post-evaluative questionnaires and undoubtedly, the small number of participants attending the health education seminars. Yet, even when the parameters of the first objective were raised it was still achieved, thus no other revision in the objective was deemed necessary as it was considered a valid, desirable, and obviously attainable goal.

In the case of the second and third objectives the problem of overestimation is not so easily dismissed. Every effort was made throughout the program to determine the problems impeding the achievement of these objectives. No one particular problem was identified and even when the publicizing effort was accelerated there were no significant increases in the number of women utilizing the referral and library services. This is not to say that these services are not used by women; the average number of health referrals made each month by the California State University, Northridge Women's Center is 17, and the health-related materials available in the library are frequently used by many women. Yet, there was no net increase in the number of women using the services during the four month period in which the women's health education program operated. Further elucidation of the attainment or lack of attainment of the program objectives is presented at length in the following Chapter.

Program Implementation

As to the adequacy of the three major educational components comprising the Women's Health Education Program, the interim progress
reports suggest that although the health education seminars constituted the major, most useful and successful portion of the program, the other components complemented and appropriately supplemented the seminars.

**Health Education Seminars**

Regarding the specific implementation scheme, the health education seminars that were conducted proved to be successful in terms of providing an effective educational medium and eliciting response from the participants. This was evident from the Investigator's observations, those of the participating health care professionals, and the post-evaluative questionnaires and verbal appraisals solicited from each program participant.

**Referral and Library Service**

Apart from not attaining the pre-established objective, the referral and library services functioned efficiently despite the limitations due to lack of funding which resulted mainly in the reliance of volunteers to staff the referral service and to assist in securing health-related resources and materials. Because of the complete and well-organized referral file system and the availability of an array of health-related resources and materials, both services readily served the needs of the target population as evidenced by the record that there were no health-related referrals or requests unable to be made due to insufficient files or resources.

**Women's Health Education Group**

The failure of the women's health education group to materialize cannot be easily explained nor attributed to one particular factor.
In preparing each interim progress report, every effort was made to discover and rectify any problems impeding the organization of the group. Initially the situation was not apparent as many women expressed a desire to participate in the group's activities. However, it was discovered by the fourth month that few women were actually willing to commit themselves to full and regular membership in the group. Thus, according to the interim progress reports, the major problem in initiating the women's health education group was lack of time and commitment on the part of the prospective members rather than disinterest in women's health problems.

This particular issue, i.e., lack of participation in program activities, remained a major hindrance throughout the operation of the women's health education program and will be examined fully in the following Chapter.

Facility

The facility, (the California State University, Northridge Women's Center conference room) in which all the health education seminars were held proved to be adequate in both size and adaptability. Comfortable seating arrangements, proper lighting and ventilation, the provision of a chalk board and a viewing screen added to the congenial, informal atmosphere that was conducive to learning and sharing of new information.

Supplementary Learning Materials

The supplemental learning materials used in each health education seminar varied in effectiveness although all were considered
helpful by the program participants.

Particularly effective were the flip charts, diagrams, and plastic models used in the self-help clinic. Also, during this seminar the participants were allowed to examine the actual instruments used in a gynecological exam such as a speculum, a sound instrument, and various dialating instruments including laminaria, a natural dilator commonly used prior to therapeutic abortion. This instrument demonstration proved to be very helpful when explaining the procedures involved in a gynecological examination.

Equally effective was the self-instructional unit used for the instruction of breast self-examination. However, a film depicting the basic steps in breast self-exam was redundant and unnecessary.

The exact value of the educational materials distributed at the end of each health education seminar, i.e., pamphlets, booklets, fliers, etc., is difficult to assess. In the opinion of the Investigator and the participating health care professionals the materials were purposeful and well-written.

Publicity

Finally, as noted in the four interim progress reports, a good deal of time and effort was devoted to publicizing the program. Major newspapers and radio stations in the Los Angeles area were sent news releases which were then followed-up with a personal phone call from the director of the program urging attention to the importance and immediacy of the release. Smaller community newspapers were periodically sent articles describing various components comprising the women's health education program and up-coming events. These were
printed frequently.

The California State University, Northridge campus and surrounding community were inundated with fliers and hand-bills advertising each event sponsored by the Women's Health Education Program. Also, community health agencies were sent notices regarding up-coming health education seminars, the referral and library services, and the prospective women's health education group.

Ostensibly, the program was publicized fully. However, the effectiveness of the publicity is questionable. Again, this issue is examined more closely in the final Chapter.

Summary

The Women's Health Education Program was first evaluated through the use of two post-evaluative questionnaires that were distributed at the end of each health education seminar. These instruments measured the attainment of the first objective and the quality of the supplementary learning materials. (See Appendix.)

The program was then further evaluated within the context of four monthly interim progress reports written by the director of the program which reviewed the attainment level of each major objective and monitored the progress of the program.

Briefly, both the post-evaluative questionnaires and the monthly interim progress reports indicate that the first program objective was readily achieved, however, the remaining two program objectives were not.

Further, according to the interim progress reports, the preliminary analyses or the needs assessment consisting of a field
observation study and a women's health needs/interests assessment survey was inadequate in terms of assessing the health educational needs of the entire target population.

Implementation of the program was reported successful in that the health education seminars provided an effective educational medium which elicited response from those in attendance, and the referral and library services functioned efficiently by adequately serving the needs of those who utilized the services. The organization of the women's health education group proceeded according to plan, although at the point of actual initiation of the group there was an apparent lack of commitment among the women to participate in the group's activities.

The selection of the facility in which the health education seminars were held and the referral and library services housed was appropriate in both size and atmosphere as attested to by this Investigator, the participating health care professionals, and many of the women participants.

Further, according to the post-evaluative questionnaires and the interim progress reports, the supplementary learning materials in most cases proved useful and enhanced the effectiveness of the health education seminars.

Finally, efforts to publicize the program were judged extensive but nevertheless ineffective.

Further discussion of the implications of the evaluative findings are presented in the final Chapter.
CHAPTER IV

DISCUSSION AND RECOMMENDATIONS

During the operation of the Women's Health Education Program several unforeseen problems arose which undoutedly affected the outcome of the program, i.e., the measurable objectives. In retrospect, this Chapter will attempt to analyze the causes of those problems and determine the degree to which they altered the success of the program. Also included within this Chapter is a list of recommendations proposed for the future implementation of community health education programs involving a similar target population.

As previously noted, due to the paucity of research and interest devoted to the health educational needs of women, there were no models described within the literature from which to develop a similar women's health education program. Thus, this project actually served as a pilot or demonstration project and as such, the necessity for program flexibility and adaptability was paramount.

Preliminary Analyses

In the effort to closely adapt the Women's Health Education Program to the needs of the chosen target population, the field observation study and the women's health educational needs/interests assessment survey proved invaluable. However, if not for the serious constraints in time, manpower, and funding, both studies would have
benefited from being more carefully designed, pre-tested, and more broadly implemented in order to produce a better estimate of the health educational needs/interests of the entire target population. Nevertheless, the findings of the studies were surprisingly consistent and accurately reflected many of the major women's health educational needs that were alluded to in the literature. Thus, with respect to the stated purpose, scope, and limitations of this project, the preliminary analyses provided a sufficient information base from which to plan the prospective women's health education program.

Program Objectives

**Objective I**

Admittedly, lack of participation in the Women's Health Education Program markedly affected measurement of the objectives. Yet, the first objective was readily achieved as evidenced by the fact that all but one of the eleven women who attended the health education seminars were able to answer correctly basic questions regarding the etiology of major women's health problems, alternative means of health care, and also expressed a positive attitude toward the amelioration of the health problems. Thus, it may be reasonably inferred that the health education seminars were an effective, positive means of transmitting health information. However, stronger evidence of the potential efficacy of health education seminars needs to be secured through the use of a larger sample size and incorporation of a valid pre-test.

**Objective II**

As previously noted, the second objective was not met, and
according to the interim progress reports and comparisons made with similar health education programs that provide a referral and library service, the problem of overestimation appeared to lie not in the expected increase in the number of women using the services but the time in which the objective was to be achieved. By extending the time period from four to twelve months in which to achieve the objective and by incorporating additional long-term evaluative criteria the objective may prove to be attainable.

**Objective III**

Unfortunately, the third objective was neither met, and again, as indicated by the interim progress reports a longer period is needed in which to attain and accurately measure the objective.

However, the women's health education group was faced with additional barriers which needed to be recognized and addressed before the group could be organized. These barriers, namely, lack of support, interest, and commitment on the part of the target population were not apparent in the preliminary analyses, on the contrary, much enthusiasm and interest was expressed initially in the concept of a prospective women's health education group. Nevertheless, lack of participation and commitment at the time of initiation of the group proved detrimental to its realization.

Thus, additional time and effort must be given to motivating the target population to become active group members. Perhaps, the addition of incentives such as free health services, (i.e., pap smears, glaucoma tests, Tay-sachs tests, etc.), refreshments, and possibly
other topics or forms of entertainment offered in conjunction with the health topics would stimulate group membership. Also by approaching existing women's groups and proposing the addition of women's health topics to their agenda and at the same time involving group members in the presentation of the health topics would encourage participation and interest in major women's health problems. This, in turn, may lead to the creation of a women's health education group.

Program Implementation

The most serious problem impeding the success of the Women's Health Education Program was lack of participation in program activities by the target population. This problem, which was encountered throughout the duration of the program, critically affected each phase of the program including the planned evaluation.

The precise reasons for lack of participation are unknown, yet it may be surmised that there were a number of significant variables involved. However, since the Women's Health Education Program was evaluated on a short-term basis, it is difficult to determine which variables were more detrimental to the program than others. Presented below is a discussion of the more obvious reasons for the reluctance on the part of the target population to participate in the Women's Health Education Program.

Lack of Support in Sponsoring Agency

One of the major problems that prevented full participation in the Women's Health Education Program was general lack of support,
involvement, and interest shown in the sponsoring agency, the California State University, Northridge Women's Center, by both California State University, Northridge students and community women whom the Center is supposed to serve.

The Women's Center is suffering from serious internal problems stemming from insufficient funding, resources, and a qualified, experienced staff. Therefore, the Women's Center has been unable to develop and implement a meaningful array of programs addressing the needs and interests of campus and community women alike. In addition, none of the programs in the past nor those presently being offered by the Center draw the response from women necessary to sustain an ongoing program. Subsequently, the Center has been unable to establish a stable, supportive clientele capable of assisting and directing in the development of the Center and its programs. Contributing to this overall problem is the neglect on the part of the Women's Center to adequately publicize its existence and available services.

Under these circumstances, lack of participation in the Women's Health Education Program is explicable but not entirely warranted as the program, for the most part, was directed and extensively publicized independently of the Women's Center with minimum assistance from the staff. Although, perhaps a more cooperative and supportive staff would have resulted in a more successful program. However, since staff members were already overburdened with responsibilities and obligations, it was impossible to solicit any further cooperation or assistance from them.
**Lack of Direct Health Services**

Furthermore, although the Women's Center was providing a limited number of referrals to various community health agencies and women's clinics prior to the Women's Health Education Program it had not regularly sponsored health-related programs nor was it closely affiliated with a community health agency. Based on a recent survey implemented by the Women's Center and comments made by staff members, most women did not recognize the Center as an organization from which to seek health information or services. Thus, the Women's Health Education Program sought to establish the Women's Center as a resource for health information and referrals. However, it was discovered by the Investigator that the feasibility of implementing a community health education program without the provision of direct health services as a necessary adjunct is questionable.

This issue may be related to the Health Belief Model originally formulated by Hochbaum, Leventhal, Kegeles, and Rosenstock (10:330) which posits the theory that in order for a person to take preventive health measures in the absence of disease symptoms, the individual must be sufficiently motivated. That is, she must feel susceptible or vulnerable to the disease or health condition in question and at the same time perceive the consequences of contracting the disease or health condition to be relatively severe. Further, and most relevant in this case, is the idea that the person must believe that the advocated health action (attending health education seminars and joining a women's health education group) is an effective means of reducing susceptibility and/or severity of the disease or health
condition (10:330). Note: the women's health educational needs/interests assessment survey was to have established the fact that the target population does indeed feel susceptible to the five identified women's health problems, however, the degree of perceived susceptibility and or severity was not determined, and according to the available literature, this is most indicative of future preventive health behavior (9:363).

In addition to perceived susceptibility and/or severity, what Rosenstock (10:331) terms as "negative barriers" to action may be involved here. Negative barriers are defined as the cost, time, and "work" involved in taking a particular action which are then weighed subjectively against the potential benefits of taking the action.

Apparently, health education alone without the provision of health treatments or services is either considered by the target population to be ineffective in reducing susceptibility or severity of disease, or its potential benefits do not outweigh the negative barriers inhibiting the particular preventive health action (participating in the Women's Health Education Program).

The crucial issue, then, relevant to health education is the accurate determination of the amount of motivation present in the target population to participate in health education activities with or without the provision of free health services. Once this is determined, the health educator can proceed to motivate the target population by increasing perceived susceptibility or severity of the disease in question (through appropriate and ethical educational intervention), or preferably by reducing or eliminating the negative
barriers to health education.

There are ample studies pertaining to the effect of health education (and numerous other variables) on subsequent preventive health behavior. However, there is little information on the cognitive, attitudinal, and behavioral determinants which lead to participation in health education activities in the first place. The issue is one which is familiar to all health educators and deserves considerably more attention and research from the profession.

Other Contributing Variables

Aside from the detrimental effects the California State University, Northridge Women's Center had on the Women's Health Education Program and the issues referred to above, there were other variables involved that possibly blocked the success of the program. The extent to which these variables imposed upon the outcome of the program is discussed below.

Timing

The timing of the evening health education seminars and the initial group meeting (Friday evenings at 8:00 p.m.) possibly discouraged some women from attending. However, considering the diversity of the target population, the time chosen was considered to be the most convenient for a majority of the women. Further, the institution of "Friday Coffee-Nights", a forum for a variety of topics, was an established weekly program that had been sponsored by the California State University, Northridge Women's Center for the past two years and was regularly attended by a number of women.
Duplicity

Duplicity or saturation of a particular health topic may have contributed to the low attendance rate of the third seminar, "Cancer and Women", as two weeks prior to the seminar there had been a program offering instruction for breast self-exam on the California State University, Northridge campus. In addition, the topic has received a considerable amount of attention recently from both national and local health organizations.

However, the breast self-exam program referred to above, took place at noon in the middle of the week on the California State University, Northridge campus, and thus was directed mainly towards California State University, Northridge women students. Further, the program was concerned with breast cancer only, whereas the evening health education seminar dealt with all types of cancer affecting women and was designed for a much broader population group. Nevertheless, both programs met with little response from California State University, Northridge students or community women.

The target population's apparent disinterest in the topic was unexpected and contrary to the findings of the women's health educational needs/interests assessment survey which rated the topic of "Cancer and Women" high among the list of felt needs specified by the women respondents. Furthermore, the women who attended the seminar agreed the topic was of particular relevance and importance to all women.

The problem of duplicity or excessive availability did not affect the other three health education seminars as there were no
similar health education programs being offered simultaneously in the community.

Avoidance and Apathy

Two other serious and disturbing factors possibly contributing to lack of participation in the Women's Health Education Program were (1) avoidance of a troublesome topic, i.e., female alcoholism or cancer, and (2) apathy in regard to health education in general. Again, both issues may be related to the Health Belief Model and the abundance of literature pertaining to the delay mechanisms involved in seeking health care information and services (6:440). Briefly, the theory states that avoidance or delay in seeking health care information and services may reflect (1) an overwhelming feeling of susceptibility or vulnerability to the disease causing a high level of anxiety, and/or (2) a fatalistic attitude that there is no effective means of prevention or control of the disease, anyway.

Undoubtedly, both these issues exist in a large and diverse population group such as those for whom the Women's Health Education Program was designed, and the above theory is particularly applicable to all five of the identified women's health problems that were addressed by the program. Yet, the degree to which avoidance and apathy influenced the response to the program is difficult to assess and even more difficult to overcome. One is best advised to gauge the prevalence of these issues within the target population well before the implementation of a health education program through a comprehensive and thorough preliminary analysis such as a health educational needs/interests assessment. In this way, avoidance and/or apathy
in regard to particular health topics may be identified and specific procedures undertaken to carefully avoid excessive fear arousal, but at the same time stimulate the target population to participate in planned health education activities.

Evidently, in this respect, the preliminary analyses used for this project were incomplete in that there was little evidence of either avoidance or apathy in regard to certain health topics. In fact, health education pertaining to women and alcoholism was rated the highest among the felt needs specified by the women respondents, and further, there was no early indication of general disinterest in health education. A more extensive, sensitive analysis is needed in order to detect the presence of avoidance and apathy mechanisms existing within the target community and population.

Lack of Effective Publicity

As previously noted, publicity for the Women's Health Education Program was considered extremely important. Thus a good deal of effort was given to extensive coverage of the program in spite of serious limitations imposed due to lack of funds and human power. In most cases, the electronic media was cooperative and complied with the rules set by the American Public Broadcasting Association pertaining to the availability of free broadcast time for public service announcements. Major and local newspapers were also accommodating. However, one serious problem was encountered while publicizing the abortion seminar. Because of the controversial nature of the topic, a number of radio stations and newspapers refused to advertise the seminar insisting that they would be inundated with adverse reactions from those
opposing abortion. Thus, publicity for this seminar was heavily weighted toward mailer, poster, and hand-bill distribution throughout the surrounding community. This type of promotion was also carried out for the previous health education seminars, but to a lesser extent. Nevertheless, the effectiveness of the flier and poster distribution plus media exposure was questionable as it did not result in an overwhelming response to the Women's Health Education Program.

The problem, according to the literature (10:332) may stem from the fact that broad general publicity is too impersonal and does not provide a sufficient "cue" to stimulating action, especially among members of a target population who perceive little or moderate susceptibility to a particular disease or poor health condition. Stronger interpersonal cues, i.e., personal directives from health care professionals or family members, and/or the presence of severe and overt symptoms may be needed to spur action.

Further research is necessary in order to discover the means of advertising most accessible and stimulating to a particular population group, which again, is a time-consuming, costly task especially with a large dissimilar population group.

Appropriate Facility

The facility in which the Women's Health Education Program operated was neither inaccessible nor difficult to locate and there was ample close-in parking. In addition, the facility was judged by those who attended the health education seminars, including the health care professionals, as both adequate in size and appropriate for the type of informal, congenial, and supportive atmosphere the seminars
were intended to convey. Hence, the facility was not considered to be a factor in the low attendance rate.

**Lack of Funding**

Lack of funding definitely affected the outcome of the Women's Health Education Program, yet the program remained viable because those who were involved, including the director, the health care professionals and the few staff members from the Women's Center, volunteered their time. Furthermore, all supplementary learning materials and promotion for the program was generously donated by participating community health agencies and the media. Nevertheless, increased funding would have resulted in additional time and personnel with which to coordinate, publicize, and implement the program which unquestionably would have elicited a greater response from the target population.

Identified above are the more obvious factors involved in the lack of participation that seriously affected the outcome of the Women's Health Education Program. Other factors remain to be identified and no doubt would have emerged if the program had extended past four months and incorporated long-term evaluative criteria.

**Highlights**

In spite of the various problems encountered throughout the operation of the Women's Health Education Program, there were high points in the program worth noting such as the interest, enthusiasm, and dependability demonstrated by the health care professionals who facilitated each health education seminar. Their contributions were
invaluable and made the seminars a positive learning experience for all who attended. The quality of the supplementary learning materials, i.e., diagrams, models, films, slides and hand-out materials, all donated free of charge, further added to the effectiveness of the seminars. Moreover, as indicated by the interim progress reports, the referral and library services operated efficiently and adequately reflected the needs of those women who utilized the services. Finally, the appreciation and eagerness to learn shown by the women who attended the health education seminars was rewarding and helped make the program worthwhile.

Recommendations

For the purpose of avoiding or at least ameliorating the problems described above that beset the Women's Health Education Program, the following recommendations are proposed for future community health education programs involving a similar target population.

1. First, there is an urgent need for additional research and demonstration projects attesting to the value and affectiveness of health education among women of all ages and socio-economic backgrounds.

2. Second, increased funding is needed to allow for more available manpower and time with which to broaden the preliminary community and target group analysis. In this way, the actual health educational needs and characteristics of the entire target population might be more precisely assessed. Also, increased funding would permit a more extensive and effective publicity campaign.
3. A closer rapport with various community health agencies and women's organizations serving the target population is called for in order to broaden community involvement, availability of resources, and to avoid duplicity of programs and services.

4. Finally, an expansion of the Women's Health Education Program in terms of the number of health topics covered and the time in which to achieve the objectives is necessary in order to evolve a core group of women dedicated to reducing the incidence and prevalence of major women's health problems through health education. Also, the incorporation of a long-term evaluative scheme is imperative in determining the overall value of the program.

Conclusion

This Project includes a study in which the general health educational needs of a woman are reviewed in the literature and further assessed through the means of a field observation study and a women's health education needs/interests survey. Both studies, developed and implemented by this Investigator were applied to a sample of the target population of women residing in the San Fernando Valley, California and from various socioeconomic backgrounds.

The literature attests to the fact that women are not fully informed regarding the etiology of major women's health problems nor are they aware of alternative means of health care. Moreover, the literature purports that a majority of women feel overly dependent upon health care professionals, particularly gynecologists, for all their
health needs including health education. Finally, the literature suggests that there is a growing number of women who recognize both the need and value of health education as evidenced by their active pursuit of health information through innovative means such as women's self-help groups, body-awareness groups, women's clinics, rap sessions, and other special programs devoted to the investigation of women's health problems and issues.

The field observation study consisted of interviews with nine health care professionals and over fifty other women regarding their opinion of the importance of health education among women. The women's health education needs/interests survey was comprised of a questionnaire completed by 42 women ranging in age from 16 years to 49 years. Both studies corroborated the findings in the literature pertaining to the general need for health education among women and further identified five major health problems in which the need for additional health education was specified by the target population.

The five major areas needing additional health education as specified by a sample of the target population were as follows: (1) drug and alcohol abuse by women, (2) vaginitis, (3) venereal disease among women, (4) abortion procedures and services, and (5) cancer in women.

Subsequently, having researched the general need for health education among women and having identified five problem areas in which a felt need for health education exists among the target population, a women's health education program was developed, implemented, and evaluated.
The overall goal of the program was to reduce the incidence and prevalence of the five identified women's health problems through the institution of four health education seminars, a health referral and library service, and the initiation of a self-sustaining women's health education group. Specific and measurable objectives, various program activities, and supplementary learning materials were selected for the actual implementation of the program.

The Women's Health Education Program remained operational for a period of four months as planned, however, in that time the program was plagued with serious problems. Not the least of which was lack of participation by members of the target population in program activities which, in turn, seriously hampered accurate evaluation of the program.

A discussion presented within explores and analyses the more apparent reasons for the reluctancy on the part of the target population to participate in the various activities sponsored by the Women's Health Education Program and the degree to which lack of participation affected the outcome of the program.

Finally, the study concludes with a list of important recommendations calling for the immediate provision of additional research and funding of future women's health education programs which will clearly demonstrate both the salient need and value of health education among women of all ages and socioeconomic backgrounds.


April 4, 1977

Dear Friends,

The questionnaire you are about to complete was designed to assess the health educational needs and interests of women living in the San Fernando Valley, or who attend California State University, Northridge.

By completing this questionnaire and participating in the interview, you will assist us in planning future health education programs designed specifically for women.

Your complete anonymity is assured, however, if you are interested in joining a women's health education group please leave your name and phone number and I will contact you at a later date.

Thank you for your time and cooperation!

Sincerely,

[Signature]
WOMEN'S HEALTH CARE QUESTIONNAIRE

Please answer the following questions by checking the appropriate space or by filling in the answer.

1. From the following list select the health problems/issues you are most interested in:

A) Gynecological Health Care:

____ Birth control (including the dangers of current methods and the new more natural methods)

____ VD (gonorrhea, syphilis, penicillin-resistant strains, etc.)

____ Vaginitis (trichomonas, candidiasis---yeast infection, herpes, warts, etc.)

____ Menstrual problems

____ Bladder infections

____ Abortion and menstrual extraction (definition, procedures, availability, and funding)

____ Cancer of the cervix, uterus, breast, and vaginal (induced by the synthetic hormone DES)

B) General Health Care:

____ Family health care (health care practices for the entire family including prevention against colds, flu, allergies, immunizations for communicable diseases)

____ General nutrition (including weight loss and maintenance programs, various diets, i.e., high-fiber, high-protein,
low-carbohydrate, low-fat, meatless, etc.)

_____ Physical fitness and body-awareness
_____ Dermatology (care of hair, skin, and nails)
_____ Prenatal care (including natural childbirth and home delivery practices)

C) **Serious Disease and Illness:**

_____ Cancer in women
_____ Heart disease in women
_____ Hypertension in women
_____ Arthritis in women
_____ Hereditary diseases, i.e., diabetes, glaucoma, sickle-cell anemia, Tay-Sachs, and other genetically-linked diseases

D) **Mental Health Care:**

_____ Drug and alcohol abuse in women
_____ Smoking cessation programs
_____ Sexuality programs

E) **Other:** (Please list any other health-related problems or issues that you are particularly concerned with)


2. In your opinion, what are the major health problems or needs facing women in our community (San Fernando Valley) today?
(list as many as you like in priority)

____________________

____________________

____________________

3. Where do you now receive most of your medical or health care? (you may check more than one if it applies)

______Private Physician

______Kaiser plan or other HMO

______Women's health clinics

______Free clinics or county-sponsored clinics

______Student Health Services

______Other (please specify below)

____________________

____________________

4. Have you ever participated in a women's self-help group or a body-awareness group? ______yes ______no

5. Have you ever used the services of a voluntary health agency such as The American Cancer Society, The Heart Association, The Diabetes Association, etc.? ______yes ______no

If yes, please specify ________________________________

6. Are you interested in learning more about alternative means of health care such as free community health services and low-cost health care clinics in the area? ______yes ______no
7. Are you interested in attending women's health education seminars?  ____yes  ____no

8. Are you interested in becoming a member in a newly formed women's health education group?  ____yes  ____no
   (If so, please leave your name and phone number below)

The following questions are optional. They are merely descriptive in nature and are designed to help us plan future women's health education programs. They are by no means an attempt to "qualify" or "disqualify" anyone from participating in the women's health education program.

1. Name ________________________________
   Address ________________________________
   Phone ________________________________

2. Approximate age ______

3. Marital Status
   _____Married
   _____Single
   _____Divorced

4. Do you have children under the age of 18 years?
   _____yes  ____no

5. Are you a CSUN Student?  _____yes  ____no

THANKS FOR YOUR TIME AND COOPERATION!
INTERVIEW SCHEDULE

1. Do you feel uninformed or misinformed regarding major women's health problems, i.e., venereal disease, vaginitis, birth control, cancer, etc.? Do you think most women are uninformed?

2. Do you feel dependent upon health care professionals, i.e., doctors, nurses, technicians, etc., for most of your health needs? Do you think other women feel dependent on health care professionals for their health needs?

3. Do you feel there is a need for more health education about women's health problems and alternative means of health care?

4. Would you be willing to participate in a women's health education program that would help you become more knowledgeable and independent in the area of health care?
Dear Sally,

On behalf of the CSUN Women's Center and those who attended the October 25 self-help clinic, I would like to express our sincere appreciation to you for volunteering your time to come and speak with us.

Everyone who attended agreed the self-help clinic was most useful and informative. Thank you.

Sincerely,

Katy Eisenberg
Health Education Coordinator
CSUN Women's Center
9428 Etiwanda Street
Northridge, CA 91330

October 31, 1977

Sally Amstren
Director
Panorama Women Services
8215 Van Nuys Boulevard
Panorama City, CA 91402
November 18, 1977

Jam Hempner
Director of Outreach Services
Alcoholism Center for Women
1147 South Alvarado Street
Los Angeles, CA 90006

Dear Jan,

On behalf of the CSUN Women's Center, I wish to express our sincere appreciation to you for so generously volunteering your services. Thank you.

Sincerely,

Katy Eisenberg
Health Education Coordinator
Katy Eisenberg  
Health Education Coordinator  
CSUN Women's Center  
9428 Etiwanda Street  
Northridge, CA 91330

December 7, 1977

Dr. Frances Romie, MD  
7525 Topanga Canyon Boulevard  
Canoga Park, CA 91303

Dear Dr. Romie,

On behalf of the CSUN Women's Center and the women who attended the seminar on "Cancer in Women", I would like to express our sincere appreciation to you for so generously volunteering your services.

Everyone who attended agreed that the seminar was both useful and informative. Thank you.

Sincerely,

[Signature]

Katy Eisenberg  
Health Education Coordinator
December 7, 1977

Joanne Bech
BSE Instructor
American Cancer Society
7242 Canby Street
Reseda, CA 91335

Dear Joanne,

On behalf of the CSUN Women's Center and the women who attended the seminar on "Cancer in Women", I would like to express our sincere appreciation to you for so generously volunteering your services.

Everyone who attended agreed that the seminar was both useful and informative. Thank you.

Sincerely,

Katy Eisenberg
Health Education Coordinator
December 7, 1977

Eva Wong
Health Educator
American Cancer Society
7242 Canby Street
Reseda, CA 91335

Dear Eva,

Thanks so much for your help in coordinating the recent seminar on "Cancer in Women". I appreciated it very much.

Sincerely,

[Signature]

Health Education Coordinator
October 11, 1977

The California State University, Northridge Women's Center, located at 9428 Etiwanda Street, is sponsoring a Self-help clinic Tuesday, October 25 at 7:30 p.m.

The clinic will be conducted by Ms. Sally Amstren, director of the Panorama Women Services Clinic, who will present pertinent information regarding women's anatomy, physiology, and common gynecological diseases. In addition, a women's health specialist will be available to demonstrate gynecological self-examination.

The clinic is open to women only. For further information, please call the CSUN Women's Center at 885-2780.
The California State University, Northridge Women's Center, located at 9428 Etiwanda Street, is sponsoring a discussion group regarding "Women and Alcoholism" on Friday, November 11, 1977 beginning at 7:30 p.m. The informal discussion group will be led by Ms. Jan Hempner who represents the Alcoholism Center for Women. Everyone is invited, both men and women for the opportunity to learn more about the unique and growing problem of alcoholism among women.

For further information, please call the CSUN Women's Center at 885-2780.
November 16, 1977

The California State University, Northridge Women's Center, located at 9428 Etiwanda Street, is sponsoring an informal discussion group regarding "Cancer and Women" on Friday, December 12, beginning at 8:00 p.m.

The group will be led by Dr. Frances Romie representing the American Cancer Society and there will be instruction in breast self-exam by a certified BSE instructor.

For further information, please call the CSUN Women's Center at 885-2780.
January 19, 1978

The California State University, Northridge Women's Center, located at 9428 Etiwanda Street, is sponsoring an informal discussion group regarding the physiological, psychological, and political aspects related to abortion on Friday, February 10, 1978, beginning at 8:00 P.M.

The group will be led by a panel of four professional women who are both familiar and experienced with the many issues related to abortion. For further information, call the CSUN Women's Center at 885-2780.
January 26, 1978

The California State University, Northridge Women's Center, is sponsoring a women's health education group for the purpose of investigating and studying the current health problems that particularly affect women.

The group members will learn and share among themselves new information and past experiences regarding serious health problems that threaten the well-being of women and their families. In addition to a discussion of the various symptoms and causes related to women's health problems, emphasis will be placed on discovering alternative means of prevention and/or alleviation.

Guest speakers, films, slides, models, and other supplementary learning materials will be utilized by the group.

For further information, please call the CSUN Women's Center at 885-2780.
WOMEN

DID YOU KNOW:

THAT THE CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WOMEN'S CENTER OFFERS A COMPLETE REFERRAL AND LIBRARY SERVICE FOR HEALTH-RELATED PROBLEMS AND NEEDS?

CALL OR DROP-IN AT THE

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WOMEN'S CENTER

9428 ETIWANDA STREET (ON CAMPUS)

885-2780
WOMEN
AND
HEALTH CARE

WHAT: THE CALIFORNIA STATE UNIVERSITY, NORTH RIDGE WOMEN'S CENTER IS ORGANIZING A WOMEN'S HEALTH EDUCATION GROUP THAT WILL EXPLORE AND STUDY THE MANY SERIOUS AND PREVALENT HEALTH PROBLEMS THAT AFFECT PARTICULARLY WOMEN.

WHERE: THE CALIFORNIA STATE UNIVERSITY, NORTH RIDGE WOMEN'S CENTER 9428 ETIWANDA STREET NORTH RIDGE, CA. 885-2780

WHEN: INITIAL GROUP MEETING IS ON: THURSDAY, FEBRUARY 16, 1978, AT 7:30 P.M.

WHO: YOU --- COME LEARN AND SHARE NEW INFORMATION AND PAST EXPERIENCES!
SELF-HELP CLINIC

FOR

WOMEN ONLY

WHEN: TUESDAY, OCTOBER 25, 1977
AT 7:30 P.M.

WHERE: THE CALIFORNIA STATE UNIVERSITY, NORTH RIDGE WOMEN'S CENTER
9428 ETIWANDA STREET
NORTH RIDGE, CA.
885-2780

WHAT: LEARN ABOUT FEMALE ANATOMY, PHYSIOLOGY, COMMON GYNECOLOGICAL DISEASES, AND TECHNIQUES OF SELF-EXAMINATION.

WHO: YOU! LEARN TO TAKE CARE OF YOURSELF!
"WOMEN AND ALCOHOL"

**WHAT:** AN INFORMAL DISCUSSION GROUP REGARDING THE MANY UNIQUE AND SERIOUS PROBLEMS WOMEN HAVE IN RELATIONSHIP TO ALCOHOL.

**WHEN:** FRIDAY, NOVEMBER 11, 1977
AT 8:00 P.M.

**WHERE:** THE CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WOMEN’S CENTER 9428 ETIWANDA STREET NORTHRIDGE, CA. 885-2780

**WHO:** EVERYONE WHO IS INTERESTED IN THE GROWING PROBLEM OF ALCOHOLISM AMONG WOMEN.
"CANCER IN WOMEN"

WHAT: AN INFORMAL DISCUSSION CONCERNING THE MOST SERIOUS AND PREVALENT FORMS OF CANCER AFFECTING WOMEN AND INSTRUCTION ON BREAST SELF-EXAMINATION.

WHEN: DECEMBER 2, 1977 AT 8:00 P.M.

WHERE: THE CALIFORNIA STATE UNIVERSITY, NORTH RIDGE WOMEN'S CENTER
9428 ETIWANDA STREET
NORTH RIDGE, CA.
835-2780

WHO: DR. FRANCES ROMIE, M.D.

WILL LEAD THE DISCUSSION.
EVERYONE IS INVITED.
ABORTION

WHAT: AN INFORMAL DISCUSSION GROUP REGARDING THE PHYSICAL, PSYCHOLOGICAL, AND POLITICAL ASPECTS OF ABORTION.

WHEN: FRIDAY, FEBRUARY 8, 1978 AT 8:00 P.M.

WHERE: THE CALIFORNIA STATE UNIVERSITY, NORTHRIDGE WOMEN'S CENTER
9428 ETIWANDA STREET
NORTHRIDGE, CA.
385-2780

WHO: A PANEL OF FOUR WOMEN HEALTH CARE SPECIALISTS WILL LEAD THE DISCUSSION.
APPENDIX E
Self-Help Clinic

Please answer the following questions in order that we may assess the effectiveness of tonight's seminar.

1) All forms of vaginitis are sexually-transmitted.
   true_____   false_____

2) The most common type of VD is ______________________

3) If you contract gonorrhea you will know by the symptoms you experience.
   true_____   false_____

4) If you think you have contracted gonorrhea, where would you go for further examination and treatment?
   ________________________________________________________________
   ________________________________________________________________

5) If you think you are pregnant, where could you go for a quick and low-cost pregnancy test?
   ________________________________________________________________
   ________________________________________________________________

6) Did you find the diagrams, charts, and models illustrating female anatomy helpful or confusing?
   ________________________________________________________________

7) Did you find this seminar useful and informative?
   yes_____   no_____

Further comments and suggestions are welcomed.
   ________________________________________________________________
Women and Alcohol

Please answer the following questions in order that we may assess the effectiveness of tonight's seminar.

1) Very few women are alcoholic.
   true____ false____

2) A person who only drinks wine or beer won't become an alcoholic.
   true____ false____

3) Most alcoholic women are over forty.
   true____ false____

4) List at least two places a woman could go for help if she thinks she has a problem with alcohol.
   __________________________________________
   __________________________________________

5) Was the information provided in this seminar useful to you?
   If so, why?__________________________________________
   __________________________________________
   If not, why?__________________________________________
   __________________________________________

6) Further comments and suggestions regarding tonight's seminar would be appreciated.
   __________________________________________
   __________________________________________
Women and Cancer

Please answer the following questions in order that we may assess the effectiveness of tonight's seminar.

1) The most common type of cancer found among women is?

2) How often should a woman have a PAP smear?

3) How often should a woman practice breast self-examination?

4) If you were to discover a lump in your breast, where could you go for further examination?

5) Where would you go to obtain a PAP smear?

6) Did you find this seminar helpful and informative?
   Yes______ No______ Comments: ____________________________

7) Did you find the film and the self-instructional BSE unit informative and useful?
   Yes______ No______ Comments: ____________________________

Further suggestions or comments regarding tonight's seminar are welcomed. Thanks for your time.
Abortion

Please answer the following questions in order that we may objectively assess the value of tonight's seminar.

1) Name two of the most obvious signs of pregnancy.

__________________________

__________________________

2) If you think you are pregnant, you should obtain a pregnancy test immediately. True_____ False_____

3) According to state law, a woman must be no more than 20 weeks pregnant in order to obtain a therapeutic abortion.

True_____ False_____

4) Psychological counseling before and after a therapeutic abortion is important for all women. True_____ False_____

5) List at least two places you could go for a pregnancy test and/or therapeutic abortion.________________________________________________________

________________________________________________________

6) Was the information provided during this seminar useful and informative? If so, why?________________________________________________________

________________________________________________________

If not, why?________________________________________________________

Further comments and suggestions regarding tonight's seminar are welcomed.________________________________________________________

________________________________________________________
Katy Eisenberg  
Health Education Coordinator  
CSUN Women's Center  
9428 Etiwanda Street  
Northridge, CA 91330  

September, 1977

The California State University, Northridge Women's Center is sponsoring a women's health education group for women interested in investigating and studying current health problems that particularly affect women. The main purpose of such a group will be to inform women in the community of the most prevalent and serious health problems and issues that threaten the health and well-being of women and their families. The group will explore in-depth the various causes, symptoms, and treatments associated with each health problem; however, emphasis will also be placed on discovering community health resources or alternative means of health care which are available for free or at minimum cost.

By completing independent research and subsequently sharing the findings among group members, and by enlisting the help of various community health care professionals as guest speakers, the group will become more informed and competent consumers of health care services. And, more importantly, they will be in a better position to assume greater responsibility and control of their own health care and that of their families.

An additional purpose of the group will be to develop an
extensive referral system listing numerous community health agencies/clinics primarily located in the San Fernando Valley. The list will include a description of the health care services offered and the clientele served by each health clinic, plus an estimate of the charges. Secondly, the referral system will provide a means of evaluation based upon direct feedback from women who have actually used the health services and are willing to share their experiences and feelings regarding the general quality of the available services.

Obviously, because the cost of health care that most of us are accustomed to, i.e., private physicians, private hospitals, private dentists, and other medical personnel, has risen so greatly in the last couple of years, it is imperative that we seek alternative means of health care at reasonable and affordable costs. However, it is not only the increased expense of health care that makes us want to avoid the established health care system; it is also the difficulty, complexity, and inconvenience of merely obtaining an appointment with the proper medical personnel that becomes a trying experience when one is seriously ill.

Through organization, education, and political pressure, we might attempt to change the prevailing health care "non-system" that perpetuates discriminatory, ineffective, and costly health care for women in particular and society in general.

If you recognize the need and potential of a "Women's Health Education Group", as described above, and would like to become involved in getting it off the ground, please leave your name, address, and phone number below. If you have any further questions or suggestions,
please contact me, Katy Eisenberg, at 885-2780. Your input and help will be deeply appreciated.