



Love Your Menses

*Flowing through life, unapologetically!*

**Love Your Menses**  
**“Postpartum Education and Support Group”**  
**A Program Evaluation Plan**

April 2023



Northeastern University | Boston, MA

PPUA 6509: Techniques of Program Evaluation

Destiny Harden, Alex Kane, Kiana Lloyd, Rebecca Rokne, and Josie Tracy

Spring 2023 | Professor Marshall

## **TABLE OF CONTENTS**

|  |    |
|--|----|
| Background and Context.....                                    | 3  |
| Program Description.....                                       | 3  |
| Evaluation Purpose and Priority Questions to be Addressed..... | 4  |
| Logic Model.....   | 4  |
| Evaluation Design, Sampling Method, Methods Grid.....          | 5  |
| Data Collection Methods and Data Analysis Plan.....            | 6  |
| Plan for Dissemination and Use of Findings.....                | 7  |
| Appendices.....  | 9  |
| Appendices 1: Logic Model.....                                 | 9  |
| Appendices 2: Methods Grid.....                                | 10 |
| References.....  | 11 |

## **Background and Context**

Love your Menses (LYM) is a nonprofit organization that was founded in Boston, MA in 2019 and has since expanded worldwide to continue to improve menstrual equity. This nonprofit organization was created for the purposes of dismantling myths, promoting equity, and providing educational opportunities that helps to support Black and Brown girls, women, and people through their reproductive years. Love your Menses utilizes their platform to provide individuals with a safe space to learn about their bodies from medical professionals to real-life experiences of people that share similar identities through race, ethnicity, social and economic backgrounds. These spaces allow for the distribution of knowledge but also of resources that can help to provide girls and women with equitable access to products for their health and wellness.

The organization mantra states, “To be in tune with your menstrual cycle, to advocate for equitable resources and safe spaces to menstruate, to support other people who menstruate, and most importantly, to flow through life unapologetically”. Evaluators will intend to answer their mantra, mission and program goals to help support the effectiveness of their program. This evaluation will highlight the importance of the program and how it contributes to organizational growth. The evaluation findings could showcase a need for growth in areas from funding resources, participants access to resources as well as replication and expansion of the program to help sustain and address its impact in the community. Through highlighting the program's strengths and opportunities for growth this evaluation will help to increase its effectiveness in certain areas of the operation.

## **Program Description**

The co-founder and executive director of Love Your Menses, Dr. Ebere Azumah and Arisel Walker, wants to understand both the strengths and weaknesses that have occurred in the first year of the Postpartum and Education Support group that initially began in the Spring of 2022. Currently, the program has had two cohorts so far, one in the Spring and in the Fall that served about twenty two participants. Those participants could interact with various components of the program through educational resources, speaker series, sister circles and care packages in eight sessions over sixteen weeks.

The Postpartum Education and Support Group program is intended to serve Black and Brown identifying women who are pregnant or have recently given birth in the Boston area. Currently, in the United States Black women are 3-4 times more likely to die from pregnancy-related complications or suffer from severe disabilities after childbirth compared to White women (Hoyert, DL 2020). This support group hopes to help advocate for maternal health issues

through increasing postpartum education, bringing in various health professionals and allowing the support group to be in a safe and supportive space. Birthing people who participate in this group can have their social and educational needs supported, which can be effective in their recovery process while dealing with psychological and physical stressors that are occurring in their postpartum period.

### **Evaluation Purpose and Priority Questions to be Addressed**

The primary purpose of this evaluation according to the evaluand is to 1) To determine how the program “Postpartum Education and Support Group” can be improved; 2) Create a strategic plan that assesses the program’s effectiveness specifically related to new parent’s knowledge, attitudes, behaviors and skills; and 3) Assess the impact of the program on participants preparedness for birth and the postpartum period. Love Your Menses has currently been focusing on qualitative data, such as testimonials and feedback from participants to help with their evaluation. However, they would like to gain a more quantitative analysis of their success to help strengthen the program and show its overall impact. Thus, the following questions would like to be answered:

- 1. Do birthing individuals feel emotionally supported, educated, and empowered through the support group?*
- 2. Does the program improve the pregnancy experience for mothers who have had multiple pregnancies?*
- 3. Does the program improve the participants’ access to necessary resources?*
- 4. What is the overall satisfaction with the program for participants?*

### **Logic Model**

The logic model represented in Appendix A is the flow of inputs to outcomes for the Postpartum Education and Support Group program at LYM. It illustrates the needs required to produce the expected outcomes that will be addressed throughout this evaluation plan. First, the logic model showcases the inputs and resources that help to sustain this particular program. The majority of the input and resources section revolves around the primary stakeholders associated

with this project from funders to participants. The primary stakeholders can be divided into five categories: the LYM staff, birthing individuals (participants), LYM peer mentors, interns and volunteers, and program funders. A key stakeholder for this program is the mothers and babies due to the importance of LYM motto “putting mothers first,” which is at the core of everything they do to produce influential outcomes for this program. Then we also have stakeholders from the City of Boston, specifically the mayor's office, who help to provide funding for LYM that goes towards their program's initiatives based on the amount received in the form of grants.

Next, the logic model showcases the “activities” section that helps to produce outputs for the organization. An example in this section relates to the gathering of resources to create care packages for participants that are within each cohort. Staff and volunteers receive items for the care packages either through their budget or donation and then assemble it utilizing volunteers. These care packages are then considered the “outputs” that you see in the logic model that are produced due to the previous inputs and activities.

Therefore, the logic model ends with the outcomes that help to measure the change that occurred in the program and how it impacts the participants. In the short-term, the Postpartum Support group will focus on gaining satisfaction levels and increased knowledge of those that interact with the program. These outcomes again show the importance of “putting mothers first” and making sure they are getting the most out of this program that was created for them. However, in the long-term outcomes it moves from a participant focus to a program/organization focus. Through this lens LYM wants to achieve replication of this pilot program in Boston to other states to create a national program. By expanding the program, it will allow LYM to reach more of its targeted audience in areas where they may not have access to equitable spaces like the support group. This expansion shows how they are promoting equitable care practices that will help to reduce and eliminate the stigma around maternal health issues.

## **Evaluation Design, Sampling Method, Methods Grid**

### *A. Design*

We propose a dialectical mixed methods approach design for the purpose of the overall program initiatives that will answer this evaluation's leading questions. A dialectical, or embedded, mixed methods design utilizes an approach in which one data set helps to support the larger data set being collected through the evaluation (Mertens & Wilson, 2019). In this case, the larger data collected from the Postpartum Education and Support Group would be qualitative data supported by quantitative data to contribute to its validity. This method allows any variables related to cultural and contextual concerns to still be captured in the design as the information will be supported and made effective by the quantitative data.

### *B. Sampling Method*

The evaluation team would ask that all program participants complete the pre- and post-survey. Because the program is on the smaller side, with six participants in the first cohort and sixteen participants in the second, it would not make sense to only ask a percentage of this group their opinions about the program. For the focus group, the evaluation team will plan two to three

sessions at one hour each, with five participants maximum per session. Participants cannot complete multiple focus group sessions. This will let the evaluation team hear various perspectives but not pressure people to participate.

### *C. Methods Grid*

This evaluation design seeks to answer the four questions highlighted in the Methods Grid that assists in the evaluation design and measurement of effectiveness of the program. The Methods Grid can further be explained in Appendices 2.

## **Data Collection Methods and Data Analysis Plan**

### *Data Collection*

The LYM postpartum support group is held for eight sessions over sixteen weeks. Data collection would first begin with planned meetings with the stakeholders in the form of meetings to help determine the needs before continuing to proceed. These meetings would be utilized to capture qualitative information about the program from their perspectives to inform future data collection. Next, observations would be utilized as another data source by allocating resources to observe the support group throughout the sixteen weeks of the program. This allows for data to be collected on the participants, staff, and outside experts that have a role in the course for that specific cohort of birthing individuals.

For quantitative data, the evaluation team would ask all program participants to complete a survey related to pregnancy both before beginning and after completing the program. This pre- and post-test style evaluation will allow the team to see how their program impacted education and support for birthing people who participate. Questions will be designed to match the goals of the program. For example, one goal focuses on education, and thus questions on the survey will include those related to the education taught during the sessions. In addition, the survey will measure familiarity and access to resources in the community as well as feelings of empowerment. A second source of quantitative data will be program engagement. The program team will keep track of enrollment, dropout, and other participant data that will allow the evaluation team to have information about if the program is succeeding.

In addition to quantitative data, the evaluation will include qualitative data. This data will be collected through observations of the program and focus groups with participants. Focus groups will allow program participants to share more detailed thoughts related to program effectiveness. The evaluation team will use a semi-structured interview guide to lead the discussion, including topics such as feelings about the program, education received, program effectiveness, and why the program is important to participants. However, the focus groups will be led by staff members of LYM, both due to the empowering structure of the evaluation plan, as well as knowing that pregnancy and women's health issues can be sensitive topics. Therefore, the participants will feel more comfortable talking about these issues with the people they already know, including those in the support group and staff members of Love Your Menses.

For analyzing the data, the evaluation team will join with the LYM staff to discuss the findings. First, the quantitative data will be summarized and connected to program goals and outcomes. Because of the small sample size of the support groups, it will be relatively simple to assess this data. For qualitative data, two of the evaluators will work to synthesize key themes. These findings will then be shared with the larger evaluation team, and then with the program participants. Respondent validation is an important validity check for qualitative data to ensure that the evaluator's findings and synthesis truly reflect the feelings of program participants. If any issues arise and the participants feel their words were misrepresented, the data can be synthesized by other evaluators and shared again. Because of the sensitive nature of the evaluation topics, it is essential that program participants feel represented. It is also essential that the program has accurate information so that future groups can be improved based on their recommendations.

#### *Potential Limitations and Justifications:*

A major limitation in regard to the quantitative portion of our evaluation plan, such as the survey on pregnancy symptoms, is that pregnancy is such a unique experience. This is in terms of each pregnancy for the same mother, and each pregnancy from the different mothers in the cohort. It is a completely subjective experience, and in some cases, it might be hard to quantify the experience. However, a survey gives a great starting point for participants to start to reflect on and create meaning of their experience. They also might not think of certain aspects of their pregnancy experience, such as certain symptoms they might have, and the survey will spark that knowledge, which will not only help with collecting quantitative data, but also will help facilitate discussion in focus groups further in the evaluation. Despite the quantitative data potentially not being able to capture the full picture, there is plenty of qualitative data being collected through focus groups to balance this out and paint the whole picture of the program experience. By using mixed methods, there is an opportunity to collect data that might have been "missing" because of each method, and an opportunity to make meaning of the data through discussion and reflection.

In addition to quantifiable data, there are both limitations and benefits to the focus groups being led by those who the participants already know. Pregnancy is an incredibly personal experience, so discussing a personal and sensitive topic is often more comfortable with people

you already know than with complete strangers-such as an external evaluator. Despite this comfort, the participants may feel pressured to give a positive answer or review of the program, to please the staff. They may feel less comfortable expressing discontent face to face with a staff member. Despite this, they might not feel comfortable talking about key parts of their experience (such as pregnancy symptoms) with a stranger, and thus it is worth the small risk of doing the focus groups with trusted staff.

## **Plan for Dissemination and Use of Findings**

A dissemination plan is key in effectively communicating the evidence in various formats that helps to increase the likelihood of it being understood and used by the intended audience. Dissemination materials target key information and interventions that are specific and relevant to the targeted audience that increase stakeholders' knowledge of the benefits of a particular program that they invest in and/or participate in. It is important then that the evaluation and other materials contained within it are relevant and tailored to fit the needs of the various stakeholders involved with the program. In the Postpartum Education and Support Group key stakeholders that receive these health communication materials should include participants, funders (e.g., Mayor of Boston), Staff, Peer Mentors and Volunteers. These individuals all have direct and indirect relationships with the program that could benefit from information that could increase their knowledge and understanding of where the program is aiming to go towards.

The findings addressed within the evaluation will result in reports, presentations, printable graphics and testimonials from participants. The written report will be a translation of the findings found throughout the evaluation that will be communicated to the key stakeholders. The report will highlight necessary growth opportunities that Love Your Menses leadership can utilize to further their proposed objectives and outcomes they want to see. This report will be communicated internally as it will mainly help to provide more context and engagement around the program. Findings from the report will also be tailored into an abbreviated presentation style that showcases the key qualitative and quantitative findings that can be presented to leadership at a monthly meeting. This will provide an opportunity for leadership and staff to provide insight and suggestions based on the findings they have learned about.

Furthermore, the evaluation will also be translated into graphics and testimonials. This content will be more accessible and tailored for external stakeholders to help foster more engagement with the program. The most important findings about the program and quotes from participants will be utilized in graphics that can be reproduced on flyers and on social media to showcase the program and its benefits it has on participants. Sharing testimonials (that do not violate participants' rights to privacy) can help to engage new participants to join the program and inspire community members to get involved either in volunteer, staff or even funding positions and help participants reflect on their own experiences with the program. This information will be provided in a way that is easy to read for the public and produced in various languages that match the communities of previous participants that were involved with the program. Similarly, this dissemination will allow for leadership to gain insight into engagement

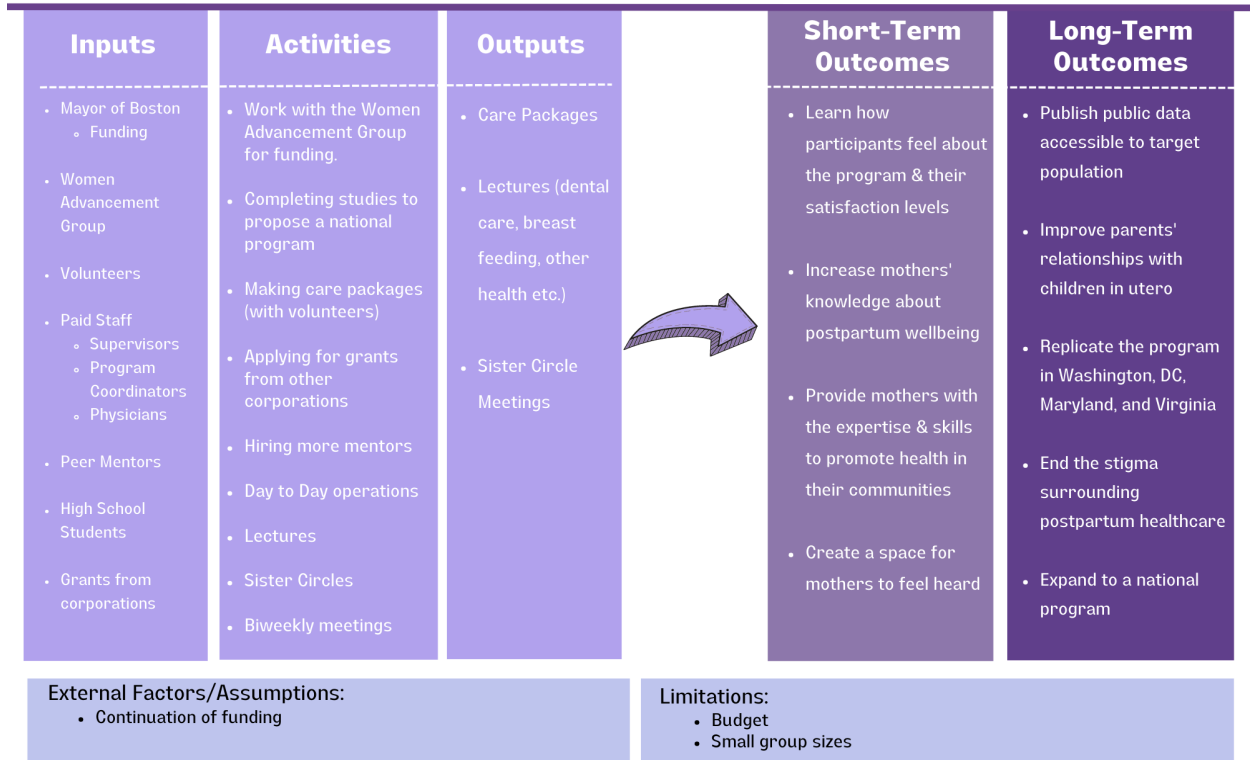


and tailor the creation of the new cohort of individuals in the program based on the overall response gained from interactions with the communicated materials.

## **Appendices**

Appendix A: Postpartum Education and Support Group Logic Model

## POSTPARTUM EDUCATION AND SUPPORT GROUP LOGIC MODEL 2023



### Appendix B: Methods Grids

| <b>Evaluation Questions</b>  | <b>Evidence</b>  | <b>Methods &amp; Measurement Tools</b>  | <b>Sample</b>  | <b>Time Frame</b>   |
|--|--|---|--|---|
| Do birthing individuals feel emotionally supported, educated, and empowered through the support group? | Participants feedback on individual satisfaction rate; Personal feelings & thoughts related to program efficacy                              | Observation of support group; pre- and post-test style evaluation survey of the program                                       | Participants from current & previous Love Your Menses postpartum support group cohorts | Prior to the start of the program, and following completion of the program                        |
| Does the program improve the pregnancy experience for mothers who have had multiple pregnancies?       | Individual thoughts & feelings related to multiple pregnancy experiences; Specific differences due to participation in the program           | Focus groups and observation of discussions during support group sessions   | Participants from current & previous Love Your Menses postpartum support group cohorts | Throughout the entirety of the program  |
| Does the program improve the participants' access to necessary resources?                              | Examine participants' use of resources, incl. medical professionals, information on postpartum care, products, & community orgs.             | Collect data/statistics on how often participants used these resources during & after the program                             | Participants from current & previous Love Your Menses postpartum support group cohorts | After the program ends  |
| What is the overall satisfaction with the program for participants?                                    | Participants' feedback on satisfaction levels; open-ended questions to gain insight into the best elements of the program & areas to improve | Post-program assessment, such as a survey, and data rates of dropout vs enrollment to determine long-term outcomes and impact | Participants from previous Love Your Menses postpartum support group cohorts           | Immediately following program, six months after the evaluation, and one year after the evaluation |

## References

Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022.  
DOI: <https://dx.doi.org/10.15620/cdc:113967>.

Mertens, D. M., & Wilson, A. T. (2019). *Program Evaluation Theory and Practice: A Comprehensive Guide*. New York: The Guilford Press.

Postpartum Education and Support Group. Love Your Menses. (n.d.). Retrieved February 2023,  
from <https://www.loveyourmenses.com/postpartum>

\