

# shOUT Coalition: Thematic and Qualitative Analysis on Listening Circles

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**shOUT coalition**

• SEXUAL HEALTH OUTREACH COALITION •

*• estd. 2021 •*

# Overview

1

Discuss thematic and qualitative data analysis for 6 listening sessions

2

Focus on common themes seen within these sessions

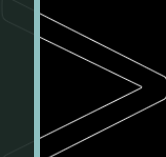

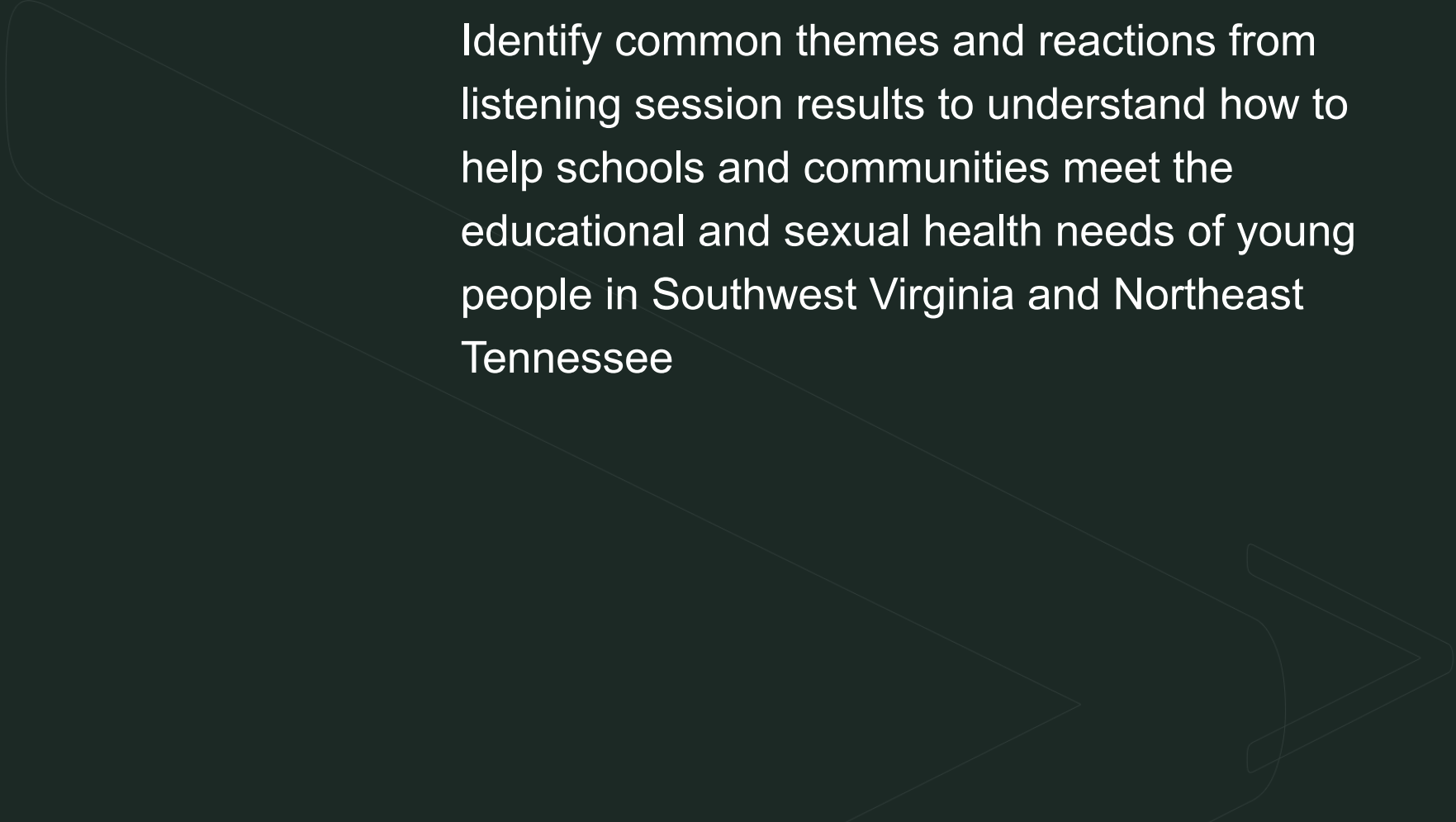
3

Use qualitative data to determine the overall thoughts and opinions of young people regarding sex education

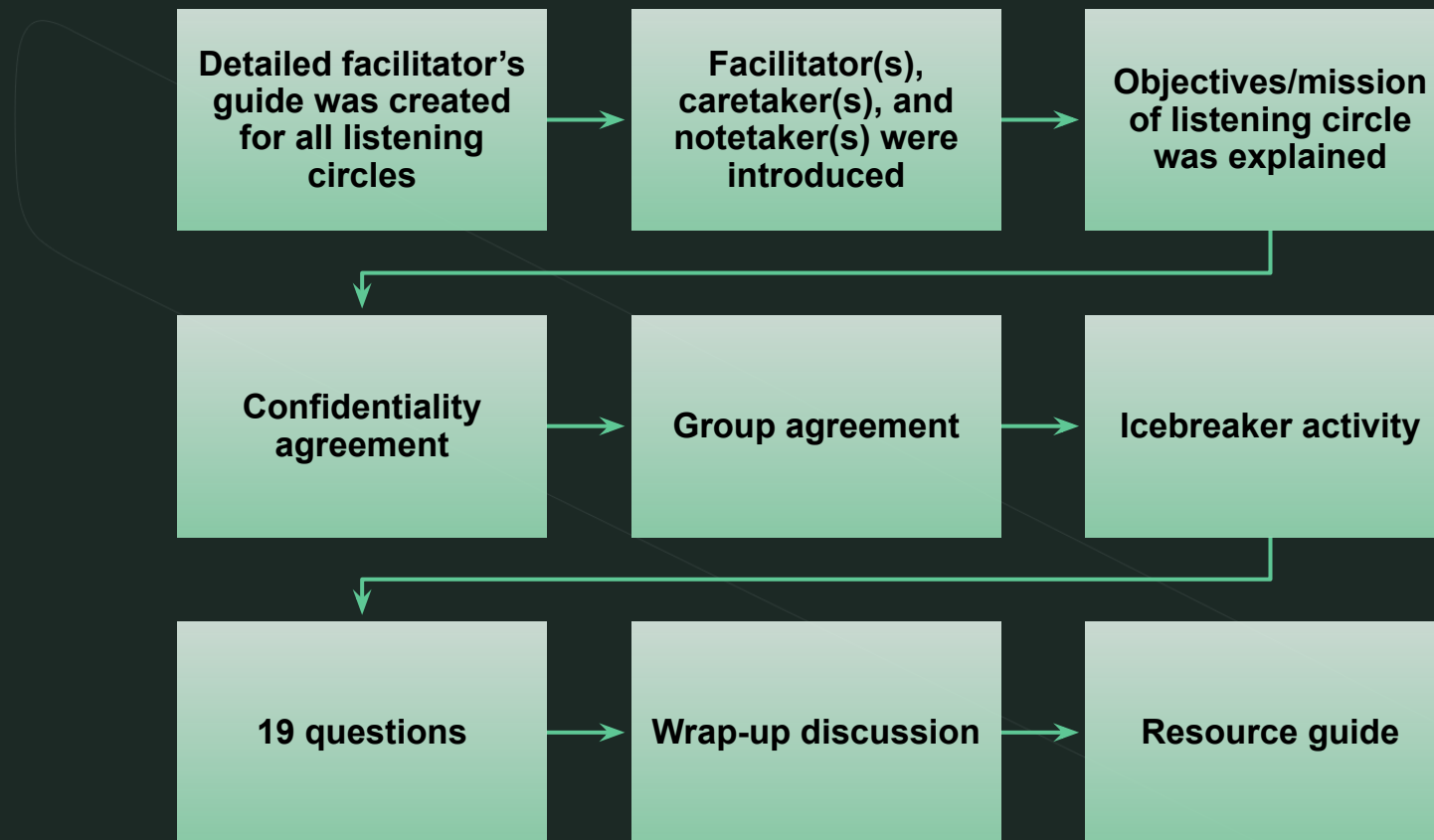


# Objectives

Identify common themes and reactions from listening session results to understand how to help schools and communities meet the educational and sexual health needs of young people in Southwest Virginia and Northeast Tennessee



# Methods: Flow of Listening Circle



# Methods

Discussion was prompted after each question, allowing each participant to contribute if they wanted to

Notetakers were writing down session notes while omitting any personal identifying information

Caretakers remained present in case a participant needed assistance and/or support

6 total listening circles conducted at various sites

Each listening session was sponsored by a local organization/s. These included: Ballad Health, RISE, Carter County Drug Prevention, LPYOY, and YWCA

44 participants total

# Listening Circle Questions

**If you explained sexual health to a friend, what would it include?**

**What messages have you received about sex and sexual health from your family?**

**What messages have you received about sex and sexual health from your schools?**

**What messages have you received about sex and sexual health from the media?**

**What messages are most helpful?**

**What messages are least helpful?**

**Where do you think most kids from here learn about sexual health?**

**What do you think is the biggest hurdle young people face in getting access to helpful sexual health information and services?**

**Who or where would you think teens feel the most comfortable getting sexual health information from and why?**

**What role do you think parents and schools should have in sexual health education?**

# Listening Circle Questions

**What can it mean to be a sexually active teen? In general, what could that look like?**

**What are some of the myths or thought patterns young people have that keep them from being fully healthy? Sexually or otherwise.**

**How can things like color, sex assigned at birth, age, gender, sexual orientation, disability, or wealth/poverty affect sexual health?**

**How can mental/emotional health affect sexual health?**

**What advice would you give people who are setting up a sexual education program in school?**

**What would keep youth engaged? What would turn youth off? What do youth need/want to know?**

**What do sexual health services include?**

**Where would you or a friend go to access sexual health services?**

# Listening Circle Questions : Likert Scale

On a scale of 1-5 (1 being not at all and 5 being completely comfortable), how would you rate your comfort talking about relationships and sexual health with:

Your guardian/s and/or parents...

Your friends...

Your teachers...

Your doctor...

Other adults...

A romantic/sexual partner...

On a scale of 1-5 (1 being not at all and 5 being reliable), how reliable is the information you get from:

Your guardian/s and/or parents...

Your friends...

Your teachers...

Your doctor...

Online and media sources...

A romantic/sexual partner...



# Data Analysis Methods

- Copies of listening session notes given to Dr. Quinn at East Tennessee State University
- Thematic and qualitative analysis
  - Codebook created of ALL responses to ALL questions
  - Common and prevalent answers were extracted and compiled together
  - Qualitative summary was done, highlighting common themes seen with each question individually
  - Likert scale questions were analyzed by taking the mean of all participant responses
  - Frequency table and word clouds were created using common themes

# Results: Common Themes

If you explained sexual health to a friend, what would it include?

health, hygiene, consent  
lack of knowledge/education,  
abstinence, marriage-only,  
heterosexual-only, gender  
inequality

What messages have you received about sex and sexual health from your family?

lack of knowledge/education,  
abstinence, marriage-only,  
heterosexual-only, sexual  
violence, STIs,  
pregnancy/birth

What messages have you received about sex and sexual health from your schools?

What messages have you received about sex and sexual health from the media?

lack of knowledge/education,  
glamorization of sex,  
exaggeration of sex,  
villainization of sex,  
misinformation

# Results: Common Themes

What messages are most helpful?	media, family, safe environment, sex practices, contraception, STIs, pregnancy/birth
What messages are least helpful?	misinformation, abstinence
Where do you think most kids from here learn about sexual health?	family, peers, school, internet
What do you think is the biggest hurdle young people face in getting access to helpful sexual health information and services?	abstinence-only, mistrust, shame, fear, stigma, religion, internet misinformation, lack of education for LGBTQ+
Who or where would you think teens feel the most comfortable getting sexual health information from and	media, privacy, peers, trust, family, physicians,

# Results: Common Themes

<b>What role do you think parents and schools should have in sexual health education?</b>	<b>educate/inform, accurate information, neutral stance, LGBTQ+ inclusive</b>
<b>What can it mean to be a sexually active teen? In general, what could that look like?</b>	<b>informed, safe, contraceptives, abstinent, open dialogue, consensual, hygiene</b>
<b>What are some of the myths or thought patterns young people have that keep them from being fully healthy? Sexually or otherwise.</b>	<b>fear, stigmas, societal norms, lack of education on contraception, lack of education on STIs</b>
<b>How can things like color, sex assigned at birth, age, gender, sexual orientation, disability, or wealth/poverty affect sexual health?</b>	<b>limited access to education, societal norms, stigmas, fetishes, myths, vulnerability, acceptance, barriers</b>

# Results: Common Themes

How can mental/emotional health affect sexual health?

addiction, sex drive, pleasure, self-harm, consent

What advice would you give people who are setting up a sexual education program in school? What would keep youth engaged? What would turn youth off? What do youth need/want to know?

medically accurate information, diversity, full spectrum of sexual health information, gender/sexual orientations, LGBTQ+ lens, comfort, safe space, diagrams/videos, student involvement

What do sexual health service include?

physicians, therapy, sex education, contraceptives, hotlines, health departments

Where would you or a friend go to access sexual health services?

physicians, schools, health departments, local organizations hotlines

# Frequencies of Common Themes

- Only the common themes with frequencies of 3 or 2 are shown to the right
- These were the most prevalent themes extracted from the listening circles

Theme	Frequency	%
abstinence, abstinence-only	3	2.80
family	3	2.80
lack-of-education	3	2.80
lack-of-knowledge	3	2.80
physician	3	2.80
stigma	3	2.80
birth	2	1.87
consent	2	1.87
contraceptive	2	1.87
fear	2	1.87
health-departments	2	1.87
heterosexual-only	2	1.87
hotline	2	1.87
hygiene	2	1.87
inform	2	1.87
marriage-only	2	1.87
medium	2	1.87
misinformation	2	1.87
peer	2	1.87
pregnancy	2	1.87
school	2	1.87
societal norms	2	1.87
STIS	2	1.87



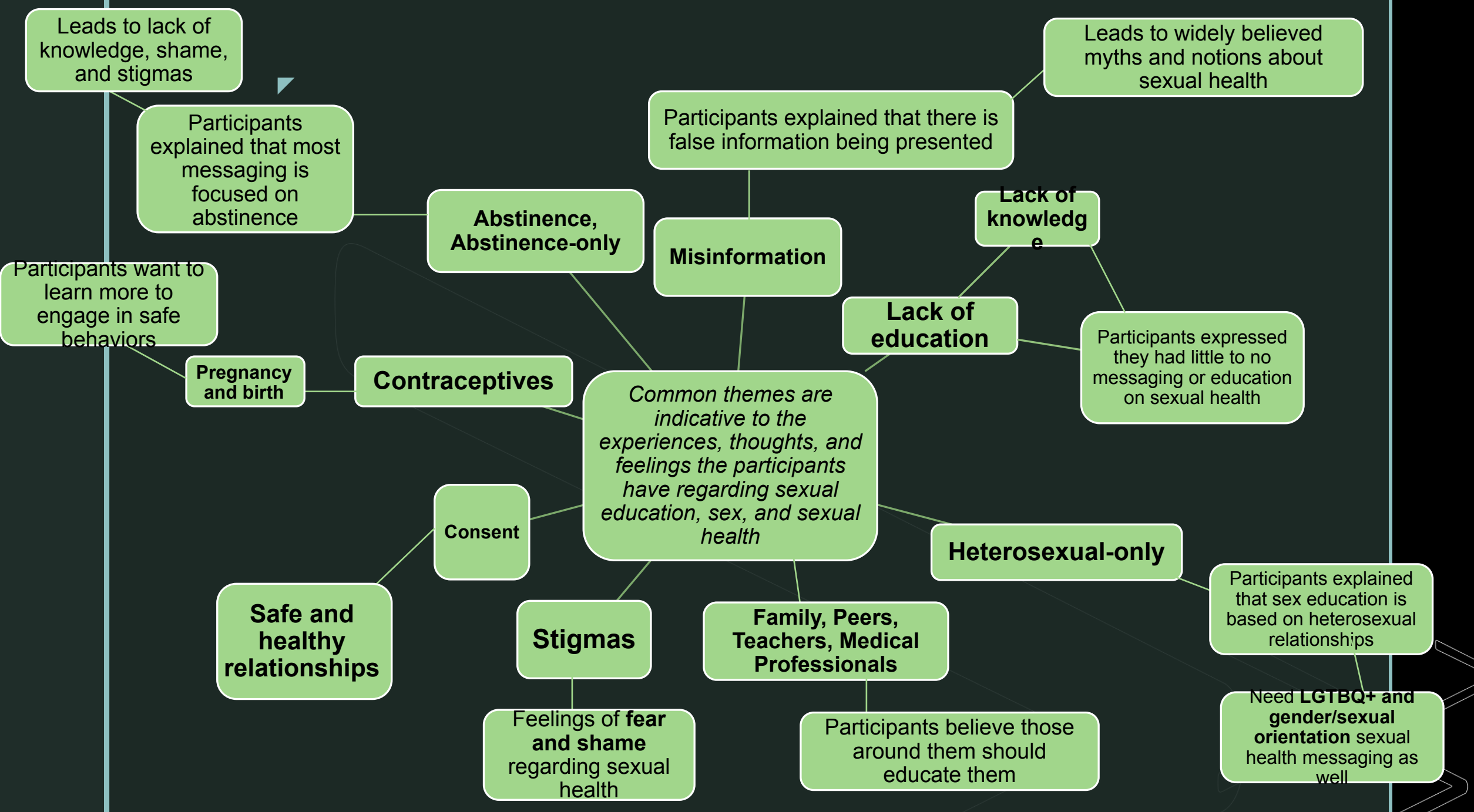
lack-of-education-on-contraception  
internet-misinformation  
limited-access-to-education student-involvement  
misinformation physician  
accurate-information pregnancy  
health-departments lack-of-education-on-stis  
vulnerability fetish barrier privacy lgbtq contraceptive  
diagram video shame gender-orientations trust consent exaggeration-of-sex  
inform medium societal-norms abstinent religion abstinence-only  
marriage-only stis gender-inequality safe pleasure sexual-violence safe-space neutral-stance  
sex-drive contraception internet abstinence school birth open-dialogue  
educate stigma therapy full-spectrum-curriculum hygiene local-organizations  
fear hotline peer sexual-orientations confidentiality myth  
acceptance self-harm comfort lgbtq-lens health lack-of-knowledge addiction limited-access  
sex-practices lgbtq-inclusive lack-of-education-for-lgbtq safe-environment  
villainization-of-sex sex-education lack-of-education  
family medically-accurate-information heterosexual-only

# Results: Likert Scale Questions

On a scale of 1-5 (1 being not at all and 5 being completely comfortable), how would you rate your comfort talking about relationships and sexual health with:	
Your guardian/s and/or parents...	3.3
Your friends...	3.9
Your teachers...	1.6
Your doctor...	2.9
Other adults...	2.5
A romantic/sexual partner...	3.6

On a scale of 1-5 (1 being not at all and 5 being reliable), how reliable is the information you get from:	
Your guardian/s and/or parents...	4.1
Your friends...	3.0
Your teachers...	2.0
Your doctor...	3.7
Online and media sources...	2.5
A romantic/sexual partner...	3.2





*Common themes are indicative to the experiences, thoughts, and feelings the participants have regarding sexual education, sex, and sexual health*

**Abstinence, Abstinence-only**

Participants explained that most messaging is focused on abstinence

Leads to lack of knowledge, shame, and stigmas

Participants explained that there is false information being presented

**Misinformation**

Leads to widely believed myths and notions about sexual health

**Lack of knowledge**

Participants expressed they had little to no messaging or education on sexual health

**Lack of education**

**Heterosexual-only**

Participants explained that sex education is based on heterosexual relationships

Need LGBTQ+ and gender/orientation sexual health messaging as well

**Family, Peers, Teachers, Medical Professionals**

Participants believe those around them should educate them

**Stigmas**

Feelings of fear and shame regarding sexual health

**Consent**

Participants want to learn more to engage in safe behaviors

**Safe and healthy relationships**

**Pregnancy and birth**

**Contraceptives**

# Discussion: Likert Scale Questions

- Participants were asked to rate on a scale of 1-5 how comfortable they felt talking about relationships and sexual health with a few different people/groups
  - Friends scored the highest, with an average of 3.9.
    - Participants argued that their peers were less likely to judge and were often going through similar experiences, which made it easy to talk to them about
  - Teachers ranked the lowest, with a mean score of 1.6
    - Participants emphasized they felt awkward and scared to talk to their teachers
    - They felt it was hard to disclose personal information to someone they do not know well
    - Felt that teachers would judge them

# Discussion: Likert Scale Questions

- Participants were asked to rate on a scale of 1-5 how reliable they thought the information was from a few different sources
  - Guardians/parents scored the highest, with an average of 4.1
    - Although many expressed that they did not feel comfortable talking about sexual health with their parents, they did believe the information they provided was reliable
    - Argued that parents should play a role in educating their child on sexual health
  - Teachers scored the lowest with an average of 2.0
    - Participants seemed weary of their teachers when it came to sexual health
    - Many stated their teachers pushed their own opinions and agendas regarding sex onto their students

# Discussion on Implementation of Sex Education

Listening sessions were used as a tool to determine how to help schools and communities implement sex education

Many argued that it is necessary to provide medically accurate and comprehensive information

- This would include safe sex practices, sexual violence, consent, non-abstinence-based practices, sex aftercare, periods, STIs, contraception, etc.

Participants called for a diverse display of information, highlighting the need to be inclusive of all. This means including curriculum on all gender and sexual orientations from a full LGBTQ+ lens

Since sexual health is so stigmatized, this often leads to feelings of fear and shame

- Students thought it was best to create an open environment for communication and ensure comfort for participants of a sexual education
- A safe space

Participants argued that abstinence-only based education was not enough and was often seen as stigmatizing

Students learn and grasp onto information in different ways, it was suggested that various methods of teaching

- The use of videos, diagrams, open conversations, and real-world experiences

# Discussion Notes on Implementation of Listening Circles

It was indicated in a few session notes that some students either left halfway through the session or stopped participating all together

- This could have altered the data collected

It is important to note that there were a few instances where a question was skipped during a session

- This was often due to time constraints

Sometimes participants did not understand what a question was asking

- This caused the participants to skip the question or divert their answers

For the questions using a Likert scale, it is important to understand that although the averages were taken from all responses, some participants chose to pass on their response

- Some participants even gave ratings of “0”
- Some were suspected of copying their peers or saying a random number



# Conclusion

Overall, the Sexual Health Outreach Coalition facilitated and sponsored successful listening sessions which served as a great tool to delve into sexual health and education perception. These results are indicative to the experiences, opinions, and feelings regarding sexual health and sex education seen within this age group. By using this data, shOUT will be able to understand how to help schools and communities meet the educational and sexual health needs of young people in Southwest Virginia and Northeast Tennessee.

