Sexual Health Outreach Coalition's (shOUT) Listening Circle Thematic and Qualitative Analysis

Overview

This report will discuss a thematic and qualitative data analysis for the six listening circles sponsored and facilitated by the Sexual Health Outreach Coalition. We will focus on common themes seen within these sessions, using qualitative data to determine the overall thoughts and opinions of young people on sex education within the Appalachian Highlands.

Objectives

Participants completed listening sessions regarding their sexual education, experiences, and needs around sexual health.

shOUT identified 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

Following the outlined guide, facilitators first introduced themselves, caretakers, and notetakers. The objectives of the listening circle were then explained. Concepts about confidentiality and the rules of participation were mentioned to ensure a safe, effective, and consensual environment for participants. A brief icebreaker activity was conducted to help participants get to know one another. Participants were asked a series of 19 questions regarding their experiences and opinions on sexual education and sexual health. Discussion was prompted after each question, allowing each participant to contribute if they wanted to. At the end of the session, a resource guide was offered to participants. Throughout the entirety of the listening circle, notetakers were writing down session notes while omitting any personal identifying information. Caretakers remained present in case a participant needed assistance and/or support.

There were a total of six listening circles conducted on 4/20/22, 4/28/22, 6/08/22, 10/02/22, 12/15/22, with one session having an unknown date. Each listening session was sponsored by a local organization/s. These included: Ballad Health, RISE, Carter County Drug Prevention, LPYOY, and YWCA. In total, there were 44 participants in the six listening circles.

Copies of listening session notes were given to researcher team at East Tennessee State University. The team consisted of a faculty member and two public health students. Thematic and qualitative analysis was completed by the research team to determine themes from the listening circles. First, a codebook was created that included each participant's response/s to all 19 questions; organized by listening session. This codebook was used to organize listening session notes by presenting all responses for each question. Then, the most common answers for each question were extracted, compiling a basic list of these responses. A qualitative summary was completed, highlighting common themes seen with each question. Questions where a Likert scale was used were analyzed by taking the mean of all participant responses. To visualize the results, a frequency table and word cloud were created using these common themes, identifying which were the most prevalent throughout all listening sessions and questions.

Results

The following shows the average results for the two Likert scale questions regarding comfort and reliability:

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

Friends, with an average of 3.9, were seen as comforting when discussing relationships and sexual health. On the other hand, teachers, at 1.6, were the least.

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

Information coming from guardians/parents was seen as the most reliable, with an average of 4.1. Teachers, at 2.0, were the least reliable.

Overall, participants highlighted the following themes for each question:

Question	Themes
If you explained sexual health to a friend, what would it include?	health, hygiene, consent
What messages have you received about sex and sexual health from your family?	lack of knowledge/education, abstinence, marriage-only, heterosexual-only, gender inequality
What messages have you received about sex and sexual health from your schools?	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 the media?	lack of knowledge/education, glamorization of sex, exaggeration of sex, villainization of sex, misinformation
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 why?	media, privacy, peers, trust, family, physicians , confidentiality

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

The overarching themes seen, highlighted by the frequency table and word cloud below, included abstinence or abstinence-only, lack of education, lack of knowledge, stigma, consent, contraceptives, fear, heterosexual-only, and misinformation.

Theme	Frequency	%
abstinence	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

The following themes occurred at a frequency of 1:

abstinence-only, abstinent, acceptance, accurate information, addiction, barrier, comfort, confidentiality, consensual, contraception, diagram, diversity, educate, exaggeration-of-sex, fetish, full-spectrum-curriculum, gender-inequality, gender-orientations, glamorization-of-sex, health, internet, internet-misinformation, lack-of-education-for-LGBTQ+, lack-of-education-on-contraception, lack-of-education-on-STIs, LGTBQ+, LGBTQ+ inclusive, LGTBQ+ -lens, limited access, limited-access-to-education, local organizations, medically-accurate-information, mistrust, myth, neutral stance, open dialogue, pleasure, privacy, religion, safe, safe environment, safe space, self-harm, sex-drive, sex-education, sex-practices,

sexual orientations, sexual violence, shame, student-involvement, therapy, trust, video, villainization-of-sex, vulnerability

Discussion

Common Themes

The common themes are indicative of the experiences, thoughts, and feelings the participants have regarding sexual education, sex, and sexual health. As the overarching themes have been highlighted, a discussion about their meanings is necessary. For example, many participants expressed that, if they had received messaging about sex/sexual health from any source, it was based on abstinence, only. Typically, participants argued that the messaging they received in school and through their family was only about abstaining from sex. If it was not abstinence-based information, then most participants emphasized that they did not receive any other medically accurate or comprehensive education, from any source. Family was often mentioned throughout, as participants believed that although family should be one of the main sources for information on sexual health, it was often not a reliable one. This was due to factors like religious views, participants feeling uncomfortable, and families stressing the stigmas seen with sexual health. Lack of education and knowledge was a prevalent theme seen throughout the listening sessions, indicating that many participants felt they never received sexual health-based curriculum, leading to a lack of knowledge surrounding the topic. Many participants emphasized their physicians as a leading source of information regarding sexual health, often calling attention to their informed and neutral stance regarding the matter. Additionally, stigma was a

prevailing theme, indicating many acknowledge and feel the stigma around sex and sexual health in many ways. Participants often mentioned pregnancy and birth as information they felt they needed to learn more about. Consent was a large topic, with many acknowledging its role in a healthy/safe teen but expressing having little to no education on it. Contraceptives were recognized as an important aspect of sexual health, with many participants indicating a lack of knowledge about them, often leading to false information and myths circulating. Fear and shame were notable themes as well. Participants often explained that they felt fearful to ask questions related to sexual health and shamed for exploring sexual experiences. Additionally, it was often brought up that sexual education is only based on heterosexual relationships/identities. Many argued for the need of education from a LGBTQ+ lens to be more inclusive. Finally, participants argued that misinformation was a leading factor in their lack of knowledge about sexual health. Many indicated that sources like the internet often spread incorrect information about sexual health.

Likert Scale

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. As mentioned, the averages were taken from all responses. Friends scored the highest, with an average of 3.9. Throughout the listening sessions, it was evident that many participants felt comfortable disclosing sexual health information to their friends. They 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 about their sexual health, noting it is difficult to disclose personal information to someone you do not know well.

Furthermore, 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 and argued that parents should play a role in educating their child on sexual health. On the other hand, teachers scored the lowest with an average of 2.0. Participants seemed weary of their teachers when it came to sexual health, with many stating their teachers pushed their own opinions and agendas regarding sex onto their students.

Suggestions for Future Sex Education Programs

As the listening sessions were used as a tool to determine how to help schools and communities meet the educational and sexual health needs of young people, it is important to note some of the participants'' suggestions regarding a sexual health 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, among others. Participants called for a diverse display of information, highlighting the need to inclusive of all. This means including curriculum on all gender and sexual orientations from a full LGBTQ+ lens. As sexual health is an often-stigmatized topic, students thought it was best to create an open environment for communication and ensure comfort for participants of a sexual education; a safe space was necessary. Furthermore, as students learn and grasp onto information in different ways, it was suggested that various methods of teaching be used. This included videos, diagrams, open conversations, and real-world experiences. Finally, participants argued that abstinence-only based education was not enough and was often seen as stigmatizing.

Potential Confounders

There are a few things to note regarding the implementation of these listening sessions. First, 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, thus changing the common themes extracted during the thematic analysis. Additionally, it is important to note that there were a few instances where a question was skipped during a session, often due to time constraints. Some participants, especially in the LPOY session on 4/28/2022, were unable to understand the questions being asked. This caused them to either skip it completely or divert their answers. Finally, 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. Additionally, it was noted that some participants gave a “0” response or were suspected of copying their peers’ answers. This may have altered the final averages taken from all responses.

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.