
Qualitative Evidence and the Development of Sexuality Education Materials: The Case of Family Planning New Zealand

11

Melanie A. Beres and Frances Bird

What do young people need to know about sex and sexuality? How can we help young people navigate potential risks associated with sex? When and how do we teach young people about sexual pleasure? The answers to these questions vary widely depending on the location and context within which one is situated. An examination of abstinence-only teaching coming out of conservative Christian values teaches that young people need to know that sex is for marriage, that there are a lot of dangers and risks associated with sex, both physically and spiritually, and the pleasures of sex are to be discovered within the bounds of marriage. In other contexts, a risk-reduction approach is taken. From this perspective, young people need to know the biology associated with sex and sexuality, how to make choices around contraception, how to prevent sexually transmitted infections (STIs) and how to negotiate their sexual boundaries with their partner(s). Within a comprehensive view of sexuality education, a holistic approach is taken, which is concerned with the physical, social,

emotional and spiritual approach to sexuality education. Biology, contraception and prevention of STIs still play a role, but are part of a broader focus on working with young people to explore their values and attitudes, and develop knowledge and skills, about sexuality and relationships. Within this approach, desire and pleasure are acknowledged as positive and enjoyable aspects of sex.

Family Planning takes a comprehensive approach to sexuality education. In this chapter we discuss how evidence from qualitative research provided the necessary foundation to create a shift in Family Planning's programming from a risk-reduction model to a comprehensive approach to sexuality education.

11.1 Family Planning

Family Planning, a not-for-profit, nongovernmental organization, started running clinical and advocacy services over 70 years ago. The organization has provided sexuality education programs in schools and in the community for over 35 years. It also currently provides clinical training for doctors and nurses, education training and support for teachers, health and community workers in New Zealand and the Pacific. The programs offered by Family Planning are developed within the organization and designed to serve the unique needs of the New Zealand population.

M.A. Beres, Ph.D. (✉)
Department of Sociology, Gender and Social Work,
University of Otago, Dunedin, New Zealand
e-mail: melanie.beres@otago.ac.nz

F. Bird, Dip. Tchg., M.Sc.
Family Planning New Zealand,
Wellington, New Zealand

Public outreach is achieved through social marketing campaigns and events for the wider community. Almost all of its public health work in schools and the wider community is funded through Vote Health (tax) money via the central government's Ministry of Health.

Since December 2011 it has been compulsory to teach sexuality education in New Zealand schools from years 1 to 10 (ages 5–15) in all English-language schools. Family Planning is the largest external provider of school-based sexuality education in New Zealand. It is also the largest provider of sexual and reproductive health resources, sexuality education teaching materials and teacher training.

To meet the standards set by the Ministry of Health (2014), resources are required to be “technically accurate” (p. 5) and information provided to the public is required to be accurate and “knowledge-based” (p. 19). Staff are required to deliver “evidence-based, quality health promotion services” (Ministry of Health 2014 p. 22). An over-arching program logic model underpins all Ministry of Health public health and sexual health service contracting, and all contracted Family Planning health promotion and education services. Program logic identifies the desired outcomes, and maps the service provisions likely to best meet the outcomes, based on a range of what is currently considered best-practice and evidence. In other words, the Ministry requires that Family Planning justifies the content and delivery of its education programs and resources based on evidence demonstrating the effectiveness of the approaches within their programs.

Consistent with the World Health Organization definition of sexual health (WHO 1986), Family Planning takes a holistic approach to sexuality education. Their sexuality programs seek to equip young people with the knowledge, skills, attitudes and values they need to determine and enjoy their sexuality—physically and emotionally, individually and in relationships. They view sexuality within the context of emotional and social development (IPPF 2010). Therefore, they enable learning about the emotional, social, physical, biological and spiritual aspects of grow-

ing up: relationships; sex; human sexuality; and sexual and reproductive health. It goes beyond biology and involves young people in expanding knowledge, exploring attitudes and developing skills in order to lead fulfilling and healthy lives, to have enjoyable relationships and to take responsibility for their sexual and reproductive health and well-being.

11.2 Qualitative Evidence in Sexuality Education

Family Planning uses several sources of evidence to create their programs. Qualitative evidence, alongside some quantitative research, has been instrumental in the development of the content of their programs as well as designing effective delivery. This chapter focuses on how qualitative evidence has shaped the content of sexuality education and health promotion materials. The most significant impact of qualitative research has been in shaping the overall philosophy and approach to sexuality education. In Part 1, we detail how qualitative evidence provided the catalyst for a major change in the focus of sexuality education from a risk-reduction model to a comprehensive approach to sexuality education that includes a focus on pleasure and agency. In this section, we outline two factors that have influenced this shift: the turn toward a social constructionist view of sexuality in the social sciences; and research with young people detailing their experiences and desires about sex and sexuality education. This shift was the result of a growing body of research and the introduction of new theoretical ideas to understand sex and sexuality. In Part 2, we describe how particular qualitative research projects have directly impacted the development of specific Family Planning resources and teaching tools. While qualitative evidence has been instrumental in many different areas, we examine four in particular: (1) understanding complex sexual decision making processes; (2) recognizing the need for a program; (3) directing the development of resources; and (4) developing resources for small unique populations.

11.3 Part 1: Shifting Paradigms

State sexuality education in New Zealand had its roots in moral education, and Family Planning originally focused on education about contraception, and the anatomy and physiology of sex, “leading to an appreciation of the nature of sexual desire” (Smyth 2000). By the late 1980s and beyond the focus was broader, and included other aspects of sexuality. The urgency of Human Immunodeficiency Virus (HIV), along with sexually transmitted infection (STI) prevention, and prevention of unplanned teenage pregnancies has dominated public health discourse and approaches since that time. Sexuality education at Family Planning has experienced a major shift over the past 10 years. This shift, alluded to earlier, expanded the scope of sexuality education beyond describing the biological components of sex and risk reduction and toward more comprehensive education. While the roots of the shift rested in theoretical interventions from the 1980s, qualitative research taking up these developing theories demonstrated that the theoretical ideas were useful for understanding sexuality education and made them accessible to practitioners and educators. It is not possible to detail the entire bodies of qualitative work here; instead we focus on a few key ideas that have been instrumental in shaping sexuality education. We highlight the theoretical ideas that formed the basis for this change and subsequently describe some of the qualitative literature that translated these theories into implications for practice.

The theoretical roots of the bodies of research integral in shaping sexuality education today rest at least partially in the writings of Michel Foucault. Foucault’s work sheds light on previously uninterrogated aspects of sexuality. Of particular relevance to sexuality education is Foucault’s concept of discourse (Foucault 1972, 1978a).

In his work on the history of sexuality, Foucault emphasized the socially constructed nature of sexuality (Foucault 1978a, b; 1986). He draws attention to the way that understandings about sexuality are socially, culturally, tempo-

rally, and politically contingent. In other words, the way sexuality is viewed today is not the only, the best, or most natural way to understand sex and sexuality. It is but *one* way. Other cultures and other societies today and throughout history view sexuality very differently.

To further understand how sexuality is located within social and temporal spaces it is important to bring in Foucault’s earlier work on discourse and power. Discourses are sets of statements that represent assumptions about the social world (Foucault 1972). These assumptions highlight latent level concepts: beliefs or ideas that are not often thought about; ideas that are taken-for-granted “truths” about the social world. In any social context, there are multiple competing discourses, but there are always dominant discourses that represent the ubiquitous social beliefs about a particular topic. In addition, there are always competing discourses: alternative ways of understanding the social world. For example, one of the most dominant discourses that shapes the understanding of sexuality in many Western cultures is the male sexual drive discourse (Hollway 1984). The male sexual drive discourse rests on the belief that men have an insatiable sex drive and are forever in search of sex. Within the male sexual drive discourse heterosexuality is constructed to satiate this drive. Women are thus positioned as gatekeepers, as responsible for “keeping their heads” and making responsible sexual decisions (in terms of when and where to have sex, and also in terms of ensuring that the sex is “safer”).

Discourses open up particular spaces for action and make some decisions and actions seem more readily available than others. For example, the male sexual drive discourse opens up space for male-initiated sex. Within this discourse men’s sexual drive is viewed as natural and insatiable. This belief can shape whether or not a young woman agrees to have sex. She may, for example, see it as her job to have sex with a man because of his perceived sexual needs.

One of the challenges of working with post-structural theories, like Foucault’s work, is that they often work at the abstract level and it can be difficult to find their practical implications. This is

where a body of qualitative research has been instrumental. Here qualitative researchers stepped in and engaged with the theory to find more practical implications. For example, (Jackson and Weatherall 2010; Weatherall and Jackson 2004) conducted observations of sexuality education delivery in schools and focus groups with students in those classes. The data were collected prior to 2004 and analyzed using discourse analysis. They identified a number of discourses present in both the teaching of the classes and in the way the students talked about sexuality education. The strongest discourses were those of victimization and the coital imperative. The discourse of victimization emphasizes the dangerous and/or risky potential in sex, at the expense of discussions of pleasure or other positive outcomes of sex and sexuality. The coital imperative is a term used to describe the implicit definition of sex referring exclusively to penile vaginal penetration without any consideration for alternate forms of sex and pleasure (Jackson 1984). These two discourses were found to dominate teaching practices and student's views of about sexuality education.

Another researcher working at the level of discourse is Louisa Allen. She conducted a large-scale qualitative study including ten focus groups with 78 students and interviews with 81 high school students about their experiences in sexuality education (Allen 2005). A discourse analysis of the data revealed that students were operating with a different set of discourses than were school administrators and teachers. The most striking difference was that young people were constructing themselves as sexual subjects; they saw themselves as sexual people with desires and the possibility of experiencing pleasurable sexual relations (Allen 2007). At the same time, young people perceived that adults set the agenda for sexuality education based on their own goals of behavioral change and risk reduction (Allen 2008). They described this education as inadequate as it did not equip them for understanding themselves as sexual beings and did not deal with, for example, issues such as abortion or teen pregnancy (Allen 2008). As part of her research described above, participants were also asked to do two card sorts. They were given a stack of

cards with various topics that are often covered in sexuality education. The participants sorted topic cards into piles related to how well the topics were covered in their sexuality education and a second sort based on what they want their sexuality education to cover. The sorting exercises formed the basis for discussions about sexuality education. Results suggest that students wanted to know more about making sexual activity enjoyable and about abortion and teen parenting. The students were critical of sexuality education that focused exclusively on negative consequences and negative aspects of sexuality and had a lot of questions about the positive and pleasurable aspects of sexuality (Allen 2008).

Through the research of Jackson and Weatherall (2010) and Allen (2008), Family Planning was able to make a number of changes to their programming. This research contributed to the shift toward more comprehensive education programs, inclusive of a pleasure and relationships focus, and no longer focused only on STI and pregnancy prevention. In response to the identification of the coital imperative, activities were developed to help young people to understand that a range of behaviors could be pleasurable and fulfilling. For example, in Year Nine, the activities "Values About Sex" and "Reasons Lots Do" reinforce the message that sex should be wanted and pleasurable and "Sex etc." affirms that sex is more than penis-vagina intercourse (Family Planning 2013a, b). The Year Ten activity "Hot Bods" focuses on coloring parts of male and female bodies that may be erogenous zones and pleasurable to have touched (Family Planning 2010a).

Family Planning also began to incorporate a greater focus on pleasure throughout their programming. For example in Year Ten (14–15 years old) there is an activity called the "Pleasure Package" (Family Planning 2010a). In this activity, students think about what they want from a pleasurable sexual experience. Students are given space to think about the setting (where and when the activity might take place and ambiance), the ideal partner (in terms of the type of relationship and/or qualities in a partner) and activities that they might enjoy. This activity has multiple

purposes. It provides students with an opportunity to think about and articulate their own values and desires in a safe environment. Students learn about how they think about pleasure while also thinking about broader issues (like setting and relationship context). It encourages students to see themselves as agents in their own sexuality and opens up possibilities for them to create the types of relationships and experiences that will fit for them.

When researchers and practitioners work at the level of discourse they tap into unrecognized assumptions about sex and sexuality. These assumptions and beliefs are often so strong that they play a large role in shaping sexual decision-making. Addressing these beliefs indirectly and directly can open up alternative spaces for action or present other available decisions. By analyzing how participants talked about sexuality education, Allen (2005) and Jackson and Weatherall (2010) were able to identify the discourses deployed by the participants, and tap into underlying assumptions and beliefs. Through this analysis we learn that sexuality education can at times come from a discourse of victimization that highlights the dangers of sex (Jackson and Weatherall 2010). This is in contrast to the way young people see themselves as sexual actors (Allen 2005). As a result of the research described above, Family Planning shifted their focus from risk reduction toward exploring ideas around pleasure in the classroom.

Another branch of research utilizing discourse analysis to understand sexuality education was built on Michelle Fine's articulation of the missing discourse of desire. In the 1980s, Michelle Fine (1988) conducted an ethnographic study of a high school in New York. The research included classroom observations of hygiene classes, analysis of students' fictional and autobiographical writing and interviews with 55 students. Through her analysis she identified what she labels "the missing discourse of desire" (p. 29) to describe how sexuality education fails to acknowledge sexual desire as part of adolescents' experiences. Fine's original paper describing the discourse has been cited well over 1000 times, with many qualitative researchers taking up the discourse and

identifying its use in a variety of contexts. So, while the original work is contextually contingent, the subsequent body of work demonstrates the usefulness of the concept across a wide range of social contexts.

One such researcher who built on Fine's work was Deborah Tolman, who conducted a qualitative study interviewing adolescent girls to talk about their experiences with sexuality education (Tolman 2002). Her findings suggest that, unlike boys, adolescent girls are not taught to be active and desiring subjects and that "teenage girls continue to be denied entitlement to their own sexuality" (p. 7). She argues that the development of this subjectivity is important for young girls to become "healthy" sexual adults. However, while boys are granted sexual subjectivity and encouraged to develop their sexual selves, girls are left as the mediators of boys' sexual desire and thus cannot have sexual desire of their own:

A gendered perspective on adolescent sexuality offers more explanation for what is behind the urgency of resisting girls' sexual desire: Girls' lack of desire serves as the linchpin in how adolescent sexuality is organized and managed. To the extent we believe that adolescent sexuality is under control, it is adolescent girls whom we hold responsible because we do not believe boys can or will be. (Tolman 2002 p. 15)

Tolman's (2002) work uncovers how romance and sex are gendered. Women and men are expected to play certain roles when it comes to sex. Men are supposed to be desiring subjects while women are in a position of mediating and controlling those desires. Here, Tolman brings together Fine's (1988) work on the missing discourse of desire with Hollway's (1984) work on the discourses of heterosexuality. Based on qualitative interviews with both women and men, Hollway identified three main discourses that govern heterosexuality. The most ubiquitous and prevalent discourse is the male sexual drive discourse. As mentioned earlier, this discourse presumes that men are insatiable sexual subjects are forever in pursuit of sex. Women are positioned within this discourse as the objects through which male sexual desire is, at least temporarily, satiated.

By putting the discursive work of Fine (1988) and Hollway (1984) together, Tolman (2002) describes how young women are positioned within their sexuality education. Family Planning picked up this work and added exercises to their education programs that challenge assumptions about men and women's roles during sex, and also challenged the underlying discourses related to sexuality. For example, in the activity "Reading the Rules," Year Ten (age 14/15 years) students identify how societal expectations of gender roles and heterosexuality are learned through a range of socialization processes (Family Planning 2010a). Students discuss how we are socialized, draft a stereotypical romance story, identify the recurring stereotypes and rewrite the stories with the characters going against norms and stereotypes. Following this, students identify possible outcomes for people who do not fit in with norms and stereotypical behaviors, and reflect on their learning from the lesson.

The purpose and effect of the abovementioned activities go beyond challenging gender stereotypes. Challenging stereotypes builds tolerance of difference. These exercises also challenge dominant discourses that shape sexuality and in so doing open up alternate spaces for action, producing, for example, narratives of desiring young women or young men who are not always interested in sex. Drafting alternative romance stories gives students tangible alternatives to the standard romantic "script." These types of exercises give young people permission to make sexual decisions that challenge or transgress heteronormative discourses that shape sex, like the missing discourse of desire and the male sexual drive discourse.

Jackson and Weatherall (2010) also noted the emphasis on *information based knowledge*, which students found descriptive but lacking in depth. They argue that this leads to a knowledge–practice gap with students knowing about, for example, safer sex practices but not following them in their own practices. Family Planning has responded to this critique with a greater emphasis on teaching and practicing skills, its teacher professional development program, teaching resources, and direct delivery of education programs.

The poststructuralist turn in the social sciences has had a tremendous impact on the delivery of sexuality education in New Zealand. Qualitative research embedded within this paradigm has impacted sexuality education. It has shifted the focus from a risk aversion, biological focus toward a comprehensive model of education. It has done this in two ways: firstly, it has contributed to a student-centered approach to sexuality education that focuses on issues of desire and pleasure in addition to biology and risks associated with sex; secondly, the social constructionist view of gender and sexual relationships has challenged dominant discourses associated with sex.

11.4 Part 2: The "Nuts and Bolts"

In the first part of the chapter we discuss how evidence derived from qualitative research has built on a theoretical change in the social sciences to create a shift in the focus and goals of sexuality education. In this second part we move to discuss how qualitative evidence from individual studies has impacted the programming created by Family Planning in more direct ways. For example, Weatherall and Jackson (2004) noted the emphasis on providing *information based knowledge* in the programs in their study. Students recalled definitions and explanations about STIs and contraception, which they found descriptive but lacking in depth. As previously noted, Jackson and Weatherall argue that an emphasis on information in programs leads to a knowledge–practice gap with students knowing about, for example, safer sex practices but not following them in their practices. What is implied, although not articulated, is that the programs lacked skills components where students could link information based knowledge to the development of skills such as critical thinking, and practical skills such as communication and negotiation.

Family Planning has responded to this critique with a greater emphasis on teaching and practicing skills, within its teacher professional development programs, the lessons and activities it provides for teachers' use, and direct delivery

of education programs. Below are other ways that Family Planning has incorporated evidence from qualitative studies.

11.4.1 Reflecting Complex Decision-Making Processes

Making sexual decisions is complex. Often advocates for sexual health focus on a risk model of sexual behavior and attempt to educate about risks in an attempt to promote healthier sexual behavior (Davis 2002). Qualitative research using semi-structured interviews has highlighted the complex nature of sexual decision-making, suggesting that a risk-aversion approach to sexual health promotion is not viable because young people are weighing the perceived risks next to the perceived benefits of having sex (Abel and Fitzgerald 2006; Livingston et al. 2013). An example of this takes place in the development of Family Planning's program about alcohol and sexuality.

Research coming out of a risk model of sexual behavior, which is largely quantitative, is clear that consuming alcohol prior to sexual activity decreases the likelihood that a condom will be used, increases the likelihood of contacting an STI and that alcohol is often used in cases of acquaintance rape (Boden et al. 2011; Krebs et al. 2009). This research does not account for the complex decision-making processes that young adults go through.

Recent qualitative research has shed light on how young adults make decisions about their alcohol use prior to sexual activity. This qualitative research (see Abel and Fitzgerald 2006; Beres and Farvid 2010; Livingston et al. 2013) suggests that at least some young adults are aware of the risks of using alcohol prior to sex; yet also perceive benefits to using alcohol. For example, results from 15 focus groups with adolescent women suggested that alcohol was perceived by this group to facilitate social interactions and excuse unsanctioned (or taboo) behavior (Livingston et al. 2013). These young women reported that people who want to engage in sex may choose to drink alcohol to make it easier to

initiate sexual activity. Follow-up interviews with young people in a variety of contexts suggested that they perceived the risks as more distal than they did the benefits associated with sexual activity (Livingston et al. 2013). Similarly, in an interview study of adolescents, findings suggested that participants perceived the risks to their reputation or relationship if they did not participate in sex were greater than the risks of catching an STI (Abel and Fitzgerald 2006). The risk of STI infection seems remote when compared with the possible social benefits to the use of alcohol. In another study, researchers interviewed young women in two countries about their casual sex experiences. A discursive analysis of their interviews suggested that, for many participants, drinking alcohol allowed them to feel less guilty about engaging in casual sex (Beres and Farvid 2010).

As a result of the qualitative evidence described above, Family Planning developed exercises that provide students with the opportunity to work through their ideas and perceptions of alcohol use before they are in that situation. For example, in one activity the facilitator starts with the question, "Why do some people choose to drink alcohol and what influences how much they drink?" Once students have brainstormed, facilitators "explain that although some people may drink alcohol to gain what they believe to be positive effects, it can still have negative effects on a person's wellbeing" (Family Planning 2013a p. 91). Students are then given a sheet to fill in with the possible negative consequences of alcohol consumption for various aspects of wellbeing including physical, emotional, mental, and spiritual well-being.

In other exercises, students are presented with scenarios that reflect the decision-making process uncovered in the research described above. For example, an exercise called "Status Update" (Family Planning 2013a) builds directly on the Livingston et al. (2013) study described above. In the exercise, students are presented with possible Facebook updates from peers looking for advice. The scenarios highlight possible situations involving alcohol, including someone getting aggressive after drinking, or a guy always

“hitting on” the most “wasted” girls at a party (Family Planning 2013a). One scenario in particular highlights the issues of balancing of perceived benefits and risks highlighted by the research described above:

I've started going to parties and hanging out with my friends more. People say that the best place to have sex is at a party after you've had a bit to drink because it's less embarrassing but I don't want to be out of it either. How can I make sure my first time is special?(Family Planning 2013a p. 43)

Exercises like the two presented above are scenarios that were described by participants of the Livingston et al. (2013) study. Family Planning used the examples given in the research to develop realistic scenarios. These exercises give students the opportunity to work through the decision-making process described by Livingston and colleagues in a facilitated environment without the immediate pressures that might be present at a party or when they are talking with their friends. When students are faced with decisions about alcohol and sex they will have already put thought into their own values and ideas and may have a better sense of how the possible negative consequences relate to the perceived positive effects.

11.4.2 Recognizing the Need for a Program

One main public health-related reason for the development of sexuality education and sexual health promotion programs is to decrease the rates of negative health outcomes and increase positive health outcomes, whether they be individual or social. Quantitative measures of rates of infections, teenage pregnancy and violence are used as evidence of a need for sexuality education. Young adults are often targeted by policies related to sexuality education precisely because of the high rates of negative sexual outcomes (like infections). Quantitative measures of negative and positive outcomes can only tell part of the story. Sometimes understanding the need for a program is not about rates of infections, unintended pregnancies or violence, but comes from

an understanding of how young people manage and negotiate the unexpected outcomes such as unintended pregnancies; and how they can demonstrate respect and care for other people, a key underlying concept in sexuality education in The New Zealand Curriculum.

One clear example of this relates to teaching about abortion. When it comes to the subject of abortion, high abortion rates are generally used as a rationale to increase teaching about contraception. Yet, there is also a need for teaching about abortion directly. Recently, Family Planning developed a resource for teaching abortion content in schools based on qualitative research suggesting a need for such a program. In 2007, the director of health promotion for Family Planning attended the Global Safe Abortion Conference—Whose Right, Whose Choice, Who Cares? What was particularly compelling about the research presented at that conference was that researchers reported that their participants did not know much about abortion, and that the young women they interviewed faced with unexpected pregnancies had not thought about their views on abortion prior to getting pregnant, or about what they would do in the event they became pregnant (MIS and IPAS 2009). Lee and colleagues (2004) outlined the benefits of an education program that would allow young people, both men and women, to learn about abortion and to think about their own values in relation to abortion before they may be faced with a pregnancy and have to decide whether to obtain an abortion.

The need for programs about abortion also came directly from students themselves. As part of the study described earlier, Allen (2008) conducted focus groups with high school students about their experiences and opinions about sexuality education. Students clearly wanted comprehensive education about abortion. They said abortion was rarely mentioned and that, when it was mentioned, the emphasis was on how abortion was wrong. Students wanted to hear a more balanced approach to abortion and have the opportunity to develop their own thoughts about it.

In 2010, the *Teaching about Abortion* program was developed for teachers to use with young people between the ages of 14 and 18 (Bird 2010). It was developed as a direct result of hearing

the experiences from the conference, and the research findings mentioned above. It prompted a New Zealand-based quantitative research project to identify gaps in the knowledge of Family Planning clients. The teaching materials and information booklet for young people subsequently created give students information and skills to negotiate an unintended pregnancy and to support and respond to peers who may have unintended pregnancies. The teaching materials combine fact-based learning about abortion with opportunities for students to work through their own ideas and values related to abortion. The development of the resources is described in more detail in the section below. Without the qualitative research discussed above, this program would not have been developed at this time.

11.4.3 Direct Development of Resources

One of the strengths of qualitative research is that it allows participants to describe their lives in their own words. Descriptions presented by participants are then useful for developing resources for sexuality education that reflect the language and experiences of young people. The Family Planning *Teaching About Abortion* (Bird 2010) program was heavily influenced by several studies including one by Lee et al. (2004). Lee and colleagues conducted a mixed methods study with young women who became pregnant in their teens. Of particular interest here are the interviews that were conducted with young women who chose to have an abortion and young women who chose to continue with the pregnancy. They asked the women how they made the decisions around their pregnancy.

The study was used by Family Planning to craft an exercise for young people to consider their own views on abortion including exploring the reasons why someone might choose to have an abortion, or why someone might choose to continue the pregnancy.

The second theme of *Teaching About Abortion* is dedicated to exploring values around abortion (Bird 2010). The students are asked to brainstorm

reasons why women might seek to have an abortion. The facilitator can bring up other issues the students may not consider, with many possible reasons listed in the resource guide. The list included in the resource guide was developed partly through the Lee et al. study and includes reasons such as: “want to study,” “can’t afford a child,” and “can’t tell parents.” This exercise aims to create an understanding of the complexity of decision-making for women faced with unintended pregnancy, and to create empathy for young people who may be faced with such a decision. To encourage students to think through the decision-making process even more they are given scenarios to work through. Some of the scenarios here were developed from stories out of the Lee et al. study. For example, one scenario involves a “pregnant 15 year old school girl with a steady boyfriend. Family members are religious and do not know she is having sex” (Bird 2010). The students are asked to think about what the girl would be worried about, what would she want to consider and what her options would be. These scenarios again create empathy for the decision process and have the potential to help prepare those students who may be faced with a decision about an unintended pregnancy. By using scenarios that come out of qualitative research, the program is built to reflect actual, rather than imagined, situations.

11.4.4 Developing Resources for Small, Unique Groups

Previous research shows that targeted sexuality education and health promotion is more effective than programming aimed at the general population (Noar et al. 2007). Qualitative evidence can and has contributed to the understanding of unique contexts of particularly small populations. To this end, Family Planning New Zealand routinely uses its own research to understand the unique needs of small populations, or groups where there is little other research. One example is the development of programs for young Māori men.

New Zealand has a small, yet diverse, population. Like many indigenous populations, the sexual

health outcomes for Māori in New Zealand are poorer than the general population. Targeted and relevant programming is essential for Māori in New Zealand and the Ministry of Health has requested that programs specifically improve Māori health outcomes and reduce Māori health inequalities. Family Planning conducted focus groups in order to better understand the unique needs of young Māori men. Results from the research suggested that cultural taboos often meant that issues related to sex were seldom discussed in the home. These men also suggested that peer influence would be helpful to encourage them to use condoms (Hager 2005).

The results from the focus groups were used to create a training workshop for Māori health promoters and health workers providing programs for young Māori men (Family Planning 2005). The workshop included content on cultural taboos in this area, such as the point that sex was rarely discussed in Māori homes. Participants were advised that the lack of discussion about sex should not necessarily be interpreted as an indication that young men did not want to discuss issues related to sexuality, but that they might not have the language and tools to do so. It was therefore important to first give them those tools.

As a result of this work, and of the recognition that targeted educational programming is more effective, Family Planning regularly uses Māori language and models in their health promotion campaigns. For example, the *Tiakina tōu whakapapa* (Taking care of our present and future generations) is a poster series to show positive male role models for men (Family Planning 2010b). These men were directly involved in the delivery of workshops for young Māori men within a specific program developed for Māori young men, and the posters were designed by the young men as part of the program.

The Māori men in the focus group research said it would be easier for them to start using condoms and changing their behaviors if their peers did the same. The visuals in the campaign serve to present young Māori men engaging in positive sexual behaviors, and were developed as a form of modeling of behavior. Family Planning used this information to develop the *It's about Mana*

campaign. This campaign builds partially on Māori cultural concepts to make it relevant to young Māori men. The word “mana” is a Māori word that can be loosely translated to mean “honor” in English. Mana is recognized by non-Māori speakers in New Zealand and has been incorporated into the general New Zealand lexicon. The campaign uses many models whose appearance may be read as Māori. Captions for the posters include “we’re going to wait until we’re both sure we’re ready” and “I thought we were both really up for it then she kind of just lay there so I backed off.” The combined use of the word “mana” with visuals understood by Māori men is expected to help them model these behaviors of their “peers.”

11.5 Discussion

In this chapter, we outline a number of different ways that evidence from qualitative research has been used to develop sexuality education. At its core, qualitative research has been fundamental to the major shift in sexuality education from focusing on risk aversion and describing biological processes toward valuing the social and emotional aspects of sex, respecting young people as active sexual subjects and providing them with opportunities to work through the complex social aspects of sexuality. In addition, qualitative research has provided evidence that has highlighted the need for specific programs, described the unique needs of small populations, and has shaped specific exercises and educational materials.

Two different aspects of the impact of qualitative evidence are highlighted. The first part of the chapter addresses the broad shift in approach to sexuality education and the second part describes more specific and direct forms of evidence used to develop educational materials. It is important to note that these two sections are not distinct from one another. Instead, the work described in the second section is embedded within the theoretical turn described in the first section.

This shift is an epistemological one, meaning that it is a shift in the forms of knowledge that are

valued by researchers and practitioners. Inherent in the shifts described in this chapter are shifts in the understanding about what is important to know, in order to understand sexuality. Sexuality education focused on sexual “facts” (biology, rates of STIs, and risks) is inherently limited in its effectiveness because much of how sexuality is negotiated and social. The way forward in sexuality education is to acknowledge and address the underlying sociality of sex; ranging from broad-based discourses that shape cultural assumptions about sex to the situated knowledge of small groups of people. What all the examples discussed above have in common is that they focus on the meanings associated with sex and sexuality. For example, as discussed previously, understanding the meanings associated with adolescent alcohol consumption in relation to sex, provides much-needed context to discussions about the risks of alcohol consumption to sexuality. Challenging dominant discourses is important because the meanings we attribute to sex and sexuality may not fit for everyone. Challenging these meanings has the potential to open spaces for subverting and transgressing these norms in ways that support young people’s agency about sex.

In light of the discussion above, we would like to make particular recommendations to educators and researchers in order to facilitate this process. One of the challenges for educators when it comes to qualitative evidence is that the evidence necessary to inform sexuality education is seldom present in one particular research paper or project. Shifts in the underlying assumptions and approaches to sexuality education are not possible to see from reading a couple of pieces of work. Instead, it is the impact of bodies of research from this perspective that come together to suggest changing the focus of sexuality education. This can make it difficult for educators to access this research. Most educators do not have the time to read large bodies of research and to distill out the relevant information. Academic sources may also be filled with jargon that does not make the research easily accessible to those without an academic background. It is up to researchers then to develop ways to summarize

large bodies of work and to seek out platforms that make their research more accessible for practitioners and educators.

Ideally, researchers and practitioners would partner together and work as collaborators, with each contributing to the research design, program creation and evaluation. This builds the capacity of both researchers and practitioners to expand their practice and work at the cutting edge. Partnerships across research and practice would ensure that the research conducted is relevant to the community.

When working with qualitative research, it is important for practitioners to be aware of the population and context within which the study was operating. For example, what happens within Māori communities in New Zealand might not be relevant for Latina/o communities in the USA. In the first section of this chapter we describe some theoretical interventions by a small number of authors. Michelle Fine, for example, introduced the missing discourse of desire in 1998. The evidence for the use of this concept to alter sexuality education programs comes not from this one article alone, but from the mass of literature that explored and used the concept across wide-ranging social contexts. Work using Fine’s description of the missing discourse of desire (1988) has been conducted with ethnic minority communities (Burns and Torre 2005), across time (Fine and McClelland 2006; Fine 2005), across sexual orientations (Diamond 2005; Ussher 2005), in different countries, and with people with disabilities (Tepper 2000). The plethora of studies taking up Fine’s concept help provide evidence for the utility of the concept across social contexts and can provide practitioners with important information about the utility of the concept and how it might vary in different contexts. Without this information practitioners should be mindful about whether or not—and how—the research applies to the contexts within which they are working.

Perhaps the biggest strength of qualitative research, as it relates to sexual health promotion, is that it goes beyond describing a particular phenomenon to providing pathways to address problems or issues identified through the research.

This feature is evident throughout all sections of this chapter. Qualitative research not only provides a picture of how students think about sexuality education, it provides direction about what to change and what to add to sexuality education. For example, qualitative research demonstrated that teaching on abortion was necessary, suggested that students needed the opportunity to work through their own values and ideas about abortion, and also provides stories and quotes that can be used to create relevant and meaningful scenarios or problems for the students to work through. The richness of qualitative data is unparalleled when it comes to supporting practitioners in developing robust and meaningful programs.

11.6 Conclusion

The relevance of qualitative research to practice extends beyond sexuality education and sexual health promotion. Qualitative research is an ideal match for a range of health practitioners including health promoters. It enables the community of respondents to offer their ideas about issues and solutions, rather than the researcher providing them with a range of preassembled issues and solutions for agreement or negation. According to the WHO:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to *identify and to realize aspirations*, to satisfy needs, and to change or cope with the environment [...] Health is a positive concept emphasizing *social and personal* resources, as well as physical capabilities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. (WHO 1986)

Qualitative research facilitates the development of health promotion practices by detailing the social contexts surrounding health behaviors and providing pathways to solutions, while empowering the subjects themselves.

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