SEXUAL HEALTH AWARENESS NORTH DAKOTA COMMUNITY INPUT

Key Informant Interview Report

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TABLE OF CONTENTS

Background

The North Dakota Department of Health (NDDoH), Health Equity Office recently interviewed North Dakotans to explore what the interviewees thought of sexual health awareness in North Dakota. These phone interviews, together with previously completed sexual health surveys, will be used to help the NDDoH develop a comprehensive HIV, STIs (sexually transmitted infections), tuberculosis and viral hepatitis prevention and care plan for 2023-2028. The plan is intended to improve programming and resource allocation and to provide targeted services for STI testing, treatment, and education for North Dakota citizens.

Method

A list of questions for the key informant interviews was formulated with the help of NDDoH Health Equity Office, similar previous questionnaires, and suggestions from an earlier survey. Fifty-five participants who both had completed a sexual health survey with the NDDoH in summer 2021 and agreed to participate in other opportunities with NDDoH were contacted via email to see if they would like to participate in a phone interview on sexual health awareness in North Dakota. Seventeen individuals agreed to participate and were interviewed by phone between September and November 2021. To participate, the interviewees had to be 18 years old or older and residents of North Dakota. Participants received a $25 Wal-Mart gift card for their time.

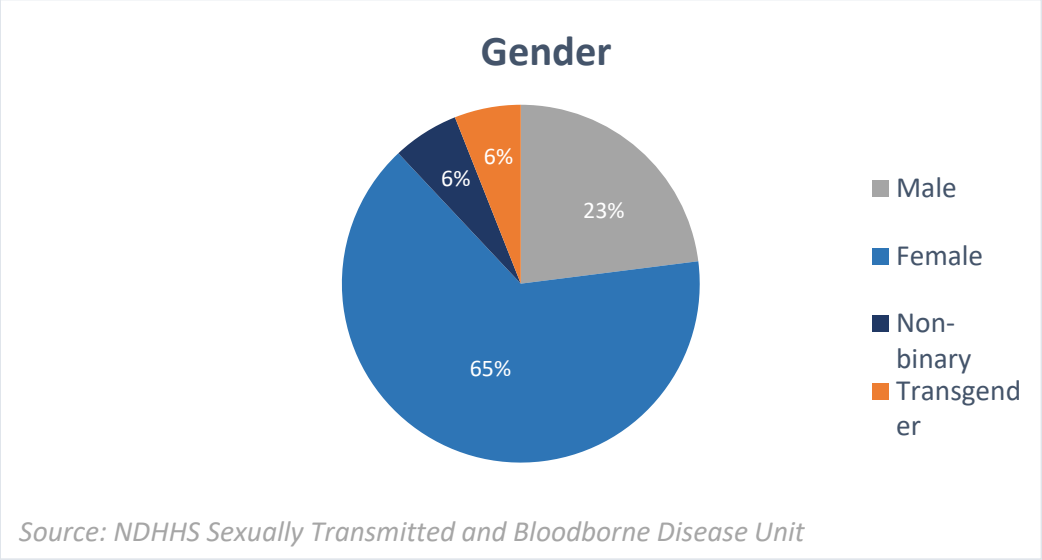
Prior to beginning the interview, the interviewer read out an informed consent statement. The consent described the risks and benefits of the interview as well as information for finding further assistance after the interview. Confidentiality, note taking, anonymity, and obtaining permission to record the interview were also discussed at this time. Once we had consent to these subjects, the interview began. Interviews lasted between 30 minutes to 1 hour. A thank you follow up email was sent to each participant. The email also contained information for further questions and care, and information on how their gift card would be sent to them.

Participant Demographics

GENDER

Eleven participants identified as female (65%), four identified as a male (23%), one person identified as non-binary (6%), and one as transgender (6%).

Figure 1: Gender of Participants who took the survey

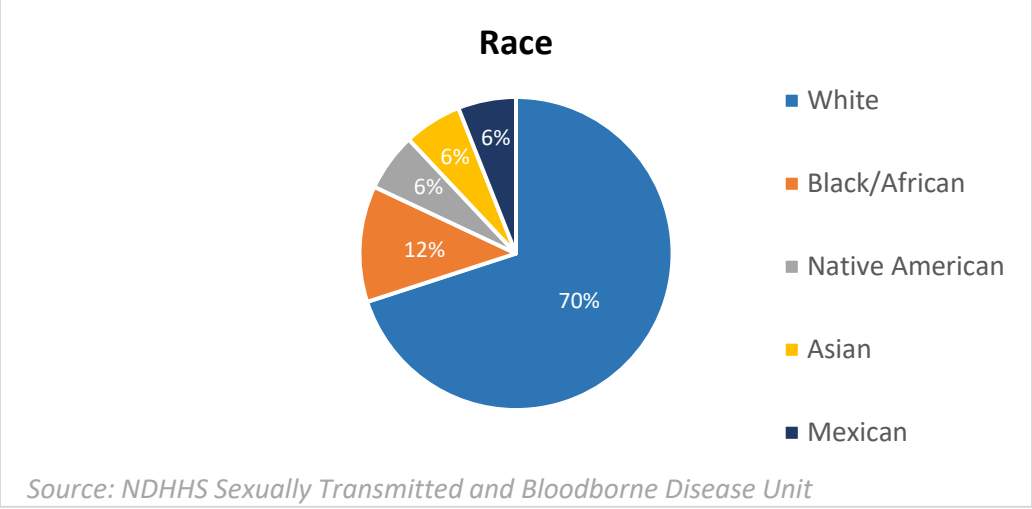


Source: NDHHS Sexually Transmitted and Bloodborne Disease Unit

RACE:

Twelve participants described their race as White/Caucasian (70%), two as Black/African (12%), one as Native American (6%), one as Asian (6%), and one as Mexican (6%).

Figure 2: Race of Participants who took the survey

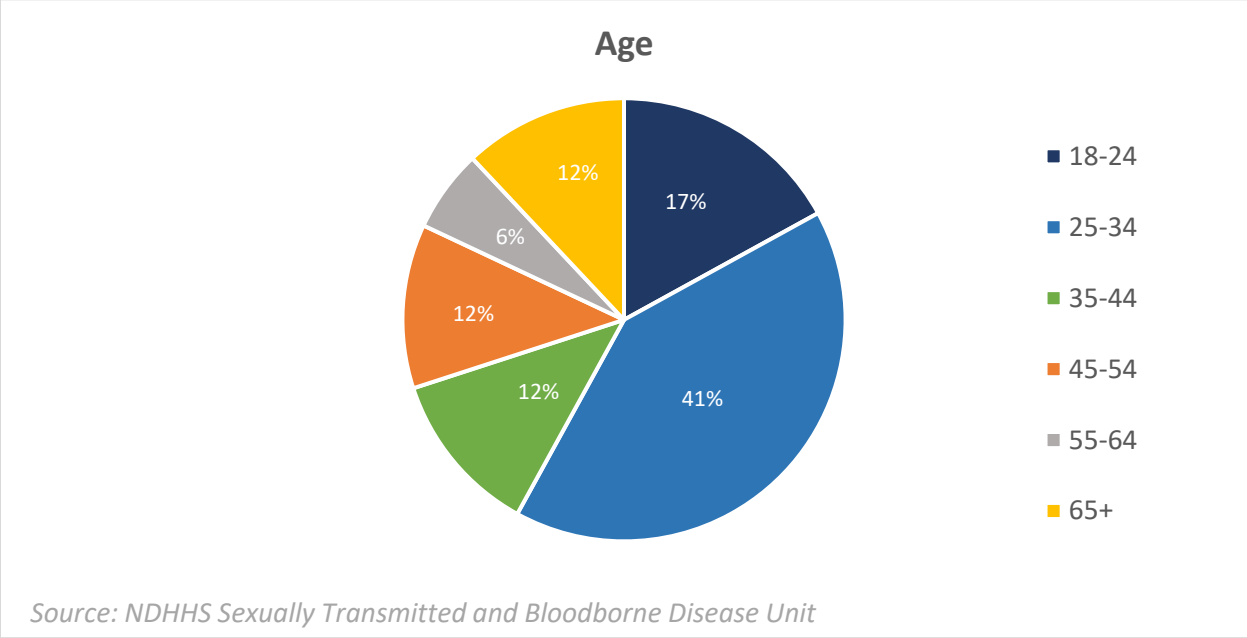


Source: NDHHS Sexually Transmitted and Bloodborne Disease Unit

AGE

The largest number of participants were between 45-54 years old, and the smallest number of participants were between 18-24 years old. The mean age of participants was 34 years old.

Figure 3: Age of participants who took the survey



Source: NDHHS Sexually Transmitted and Bloodborne Disease Unit

Limitations

1. The only information collected was that which participants were willing to share in interviews.
2. All data collected was voluntary.
3. Information was only collected from persons who completed a previous survey and who indicated that they were interested in participating in further studies.
4. Participation depended on participants' willingness to disclose their personal experiences.

Results

COMMUNITY DEFINITION

Prior to asking the interview questions, the interviewees were asked to describe what they word "community" meant to them and what they felt their community was. A majority of participants referred to the "community" in terms of the geographical area in which they lived e.g., people within the state, and/or the city (Fargo-Moorhead, Twin Cities). This could be as large as a state and as small as a neighborhood. One person commented that in addition to a geographical area a community is *"a close network of people who support you, does not have to be geographical"*.
In addition, the participants defined their "community" as their family and friends, work, school/university, and/or special interest groups e.g., LGBQT community. One participant described a "community" as a *"group of people that comes together to work towards common good",* another said that "*a community means being in a group and working together, having similar goals"*. One person added that they also belong to a church community.

THOUGHTS AND OVERALL PERCEPTION OF HOW SEXUAL HEALTH IS VIEWED IN ND COMMUNITIES

Most of the participants shared that while very important, overall sexual health is not openly discussed in North Dakota communities. They participants explained that sexual health is perceived as a very private thing. One person commented that "*most people find discussing it embarrassing*". Talking about sexual health was perceived as associated with stigma, embarrassment, and shame.

> "*No one is talking about sexual health*".
>
> "*Sexual health looks like most people find it difficult to share, are embarrassed about.* "

One person commented that:

> *"To compare mental health has had spotlight in recent years and I do not think that sexual health gets that same kind of attention."*

Another commented that:

> *"I just think there are a lot of different opinions as to what sexual health even means, what is appropriate, whether sexual health is a basic human right."*

Four interviewees said that the LGBQT community was more open to discussing sexual health than the straight community.

> *"LGBQT community views sexual health more positively."*

Some participants commented that the younger generation is more likely to discuss sexual health openly while the older generation was *"left behind closed doors"*. One person said that a lack of education in previous generations meant that sexual health was a taboo subject.

> *"Older generation cannot penis and vagina without giggling."*

> *"You may be 50, 60 years old you may not be concerned about pregnancy but STIs."*

One person commented that sexual health views may change with experience and age, and that different ethnic and religious groups may view sexual health differently. Another commented that there is a feeling of stigma about sexual health resulting from person's upbringing or religion.

One participant commented that some people would like to know more but do not want to be identified as wanting more information:

> "*People want to know more about but don't want to.*"

Though most people may believe that talking about sex is not commonly prohibited, one person said that sex was not taboo anymore and carried fewer negative connotations than in the past. Another commented that:

> *"Sexual health is perceived as something important, as something that is the basic right, the basic need for most people"*.

Finally, all participants said that they felt people felt comfortable discussing their sexual health in a healthcare setting.

PERCEPTION OF THE LGBQT+ INDIVIDUALS BY THE COMMUNITY

Overall, most of the participants said that LGBQT+ individuals currently receive more support and are more welcome in North Dakota than previously. Various responses comment:

> *"I never had a problem, people never thought I was gay unless I told them"*.

> "*More accepted than ever have been. Lived here 25 years, it feels safer to be in that gro*up of people*"*.

However, one person commented that:

"*Some people flat out ignore (LGBQT+ individuals), some people are unaware, some people are not comfortable so they either ignore or they mock or criticize because they are not comfortable*".

Another said that LGBQT+ individuals are "*marginalized, attacked, killed, worse, talked down to, not viewed as positive"*.

The third person said that:

> *"Many people lack knowledge about this world. Don't believe it is possible to be LGBQT."*

The participants acknowledged that the younger generation is more open towards LGBQT+ populations. Similarly, there is more acceptance towards LGBQT+ individuals in urban communities when compared with rural areas.

> *"F-M most support. Other areas people don't want to identify"*.

> *"People just start to be able to express themselves (in rural areas). LGBQT+ still pushing through. Still discrimination but more people open about being LGBQT+."*

Four participants commented that transgender/non-binary individuals experience more discrimination and prejudice compared with other sexual minority groups. One person said that a transgender person is at a higher risk of being a target of violence.

> *"Non-gender, binary, transgender people I think at high risk in this community but generally lesbians and gays are not as targeted"*.

> *"Trans people are pushed aside"*.

Another person expressed the community was not understanding trans population: *"trans population people try to get their head around"*.

SEXUAL HEALTH EDUCATION

All participants said that they had received some form of sexual health education in the past, however, responses varied on the efficacy and content of the education.

One participant commented that sexual health classes did not cover the gay/trans community. Another said that sexual health education does not talk about *"what sex is like outside of the heterosexual relationship"*.

Another mentioned that sexual education focuses on *"abstinence instead of safety measures"*.

One said that sexual health education portrays sex as a "taboo". Another mentioned that the instructor used the words "*private parts*" instead of scientifically correct names.

The participants who had health field related college education said that they received comprehensive sexual health classes in college.

Three participants recommended grade 5-6 as the best age to start sexual health education at schools. One participant commented that the children should learn:

> *"What sex is for real, not just a dirty thing, risk what is it, what can happen."*

One participant commented on receiving a very good sexual health education at Planned Parenthood in their young adult years.

Finally, the participants mentioned the following topics that should be included in sexual health conversation:

- STIs prevention including the importance of testing
- safe dating, consensual relationship, sexual harassment (including discussing rape)
- online dating/social media safety, especially for children
- sources of reliable information on STIs
- sexual intercourse, STIs prevention among sexual minorities

COMMUNITY KNOWLEDGE AND BELIEFS ABOUT STIs TRANSMISSION

The participants said that community members are confused about STIs transmission and prevention stemming from lack of knowledge, education and taboos surrounding this subject. One person commented that there is:

> *"No misinformation as no one wants to talk about it."*

Another said that:

> *"People see and view that should not talk about it. Makes seeking help a lot harder when you are demonized."*

> *"Even when they teach it at school, they approach it in a negative light."*

Multiple interviewees commented that there is no understanding how STIs are transmitted, what sexual behaviors put people at risk, or how one can get pregnant.

Most common misconceptions included the idea that only homosexuals, drug users and promiscuous people get STIs.

> *"People think that they gave to sleep with many people to get it. In reality it could be one person".*

> *"Can I get herpes if am not showing symptoms?"*

> *"There are some people that think you can get infected by being in the same room with someone who is HIV positive."*

One person seemed to have inaccurate information about HIV and expressed concern was about how long an HIV positive person is infectious to other people if they get treated.

> *"Being aware how long you are infectious."*

SOURCES OF KNOWLEDGE AND INFORMATION ON SEXUAL HEALTH

All participants said that they think that community members get information about STIs from the Internet, with majority citing Google as a source. Participants commented that the Internet offered sense of privacy and anonymity.

> *"Most people Internet. No one will get to know you are there."*

Other sources mentioned included: Planned Parenthood, Pride events, student healthcare, residence life, harm reduction centers, women's clinics, and medical providers.

READINESS TO DISCUSS STIs/ STIGMA AND SHAME AROUND STIs

A majority of participants said that they would be comfortable discussing sexual health in their inner circle, however, only two participants said that there would be no stigma associated with disclosing STIs diagnosis.

> *"No stigma, I would be thankful that they told me."*

The remaining participants said that there would be at least some stigma associated with a positive STI diagnosis.

> *"At least some stigma. Same as substance use problem."*

"It usually has kind of negative stigma and relation to drug use again."

"Possibly some stigma about HIV."

One participant said that a person who tested positive for an STI would be judged and shamed by the community. Three participants who are the members of LGBQT+ said that there would be at least some stigma within their community.

Another said that disclosing one's STI's positivity status was giving away too much information and pointed towards a lack of boundaries.

One participant commented that there is less stigma among the older population than the younger population:

"They (older people) won't think the person is gross. Younger (people have) stigma about it. It (STIs) viewed as gross and disgusting.

In contrast, two interviewees noted that they feel supported in their (younger) inner circle:

"*There would still be a negative stigma but I think I would feel more supported*."

"Stigma not as much but can be. In my peer group we are trying to bring the stigma that was passed down through behaviors that we internalized."

One person said that:

"*If there were no stigma, (there would be) more options to discuss it, making it more comfortable."*

Finally, one participant commented that *"while stigma is inevitable, it can be reduced."*

STI TESTING IN NORTH DAKOTA

Participants mentioned STI testing was advertised at: Pride events, student health services, Planned Parenthood, and the Red River Women's clinic as places where STI testing is advertised.

A majority of the participants said that younger generation is more likely to get tested than older one.

"Older generation does not get tested."

"Teens want to but too scared to tell parents. Don't know where to go."

Several participants mentioned that the LGBQT+ community is more likely to get tested. One person said that heterosexual people do not test as often as *"they think they are ok."*

Numerous interviewees said that women are more likely to get tested than men.

> *"I think sexually active women are more likely to get tested than their meal peers because they are more likely to get physical symptoms and not just be carriers."*

One participant commented that while pregnant women in their community are likely to get tested, young males do not want to test. By contrast, one person said that sexually active young men are more likely to test.
Two participants talked about testing and drug use:

Those *"who do drugs don't get tested."*.

> *"People who use drugs less likely (to get tested)"*.

One participant said that those who are really sexually active or those who have symptoms should test.

Two interviewees commented that people who have access to healthcare are more likely to get tested and that decent insurance or money increases the likelihood of getting tested.

When asked where testing was available, participants reported similar venues as they did when asked about advertising. They mentioned the following places where people test in North Dakota: Planned Parenthood, primary doctors, Pride events, Student Health Service, health centers, homeless health services, Cass County Public Health.
One participant said that the Red Cross was a missed opportunity for testing.
A majority of participants said that receiving test results electronically would be a good way to communicate. Some participants commented that receiving a phone call with results, especially when positive, would be more personal. Another said that they would be fine with receiving a text message, followed by a phone call with a recommended course of action if the result was positive. One person commented that it would be a good idea if at the time of testing a person was asked the way in which they would like to receive the results.

HEALTHCARE PROVIDERS

All participants who had a primary healthcare provider said that they would feel comfortable discussing all their health needs with their provider. However only half of

the participants were ever asked sexual health related questions or offered STI testing during their healthcare visits:

> **"***Doctors do not really ask sexual health questions."*
>
> *"My provider does not offer testing but always "has condoms available in their offices."*
>
> *"Have not had a provider who asked a question about sexual health."*
>
> *"Don't recall ever being asked."*

Two participants said that people who live in smaller communities might be worried to discuss their sexual health with a provider due to confidentiality issues e.g., if a doctor was a family friend.

Some participants commented that providers make assumptions about their sexuality/sexual health.

> "*Most people, providers, assume that you are heterosexual in a monogamous relationship."*
>
> *"Providers makes assumption who do you sleep with and type."*

One person said that the providers in their community offer education about sexual health and STIs screening, however, because of confidentiality issues people trust providers from outside of the community more.
The participants who are from a college community were satisfied with how sexual health was approached in Student Health Service:

> *"I felt comfortable when they were talking to me about it."*

One participant who identified themselves as transgender commented that only their endocrinologist understood their health needs.

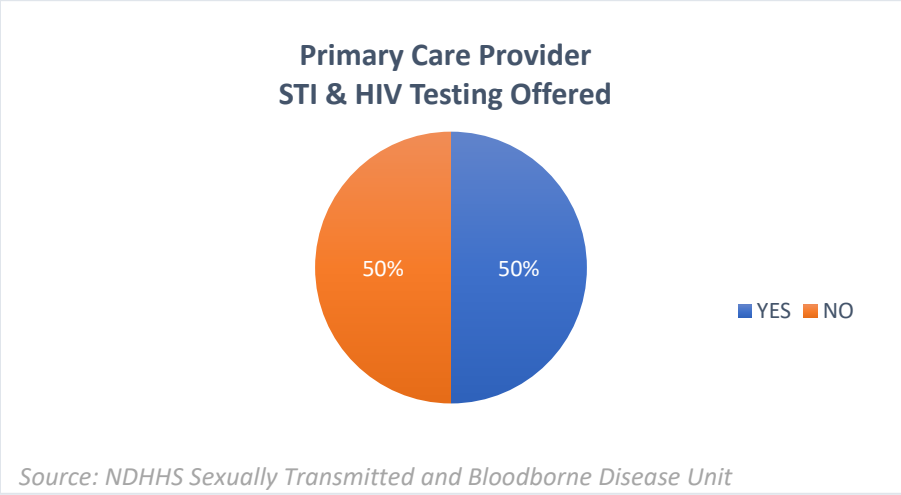
The participants stated that a good provider should be:

- Knowledgeable and confident
- Non-judgmental attitude; no-stigma, unbiased
- A good listener
- Informed
- Unrushed
- Someone who develops a personal relationship
- Easy to make appointments with
- Having a clean office

The participants listed the following factors that make them less ready to return to a provider:

- Complicated scheduling
- Long waiting time in the office
- Rushed, impersonal visits
- Lack of knowledge
- Stereotyping and biases
- Poor bedside manner (e.g., no eye contact, note scribbling)
- Breach of confidentiality

Figure 4: Primary Care Provider STI & HIV Testing Offered



Source: NDHHS Sexually Transmitted and Bloodborne Disease Unit

RAISING SEXUAL HEALTH AWARENESS IN ND – PARTICIPANTS IDEAS AND RECOMMENDATIONS

Participants shared numerous ideas how sexual health awareness could be improved in ND:

- Public health campaigns: increasing STIs awareness and normalizing STIs in the community through media outlets to reduce the stigma around STIs: TV campaigns, radio, social media, events like Pride.
- Healthcare providers: normalizing STI screening, making it a part of a routine visit like a depression screening; availability of condoms and dental dams in providers' offices.
- Availability of STI educational materials and condoms in public (e.g. public bathrooms could be ideal places when people are in individual stalls)

- Health events for diverse age groups
- Community partnerships/coalitions with schools, religious institutions, social services, domestic violance centers, organization who work with at risk populations
- Training community leaders in sexual health
- Grants to schools to provide sexual health trainings/programs/education to staff and teachers
- Sexual health education in schools: information on what healthy relationships are, internet safety, dating safety, rape
- Pop-up STI testing events (e.g., HIV finger prick test)
- More training for healthcare providers about LGBQT+ community health needs
- Classes for parents how to discuss sexual health with their children

Conclusions

While participants expressed a variety of views, several overall conclusions can be drawn:

- Lack of education around sexual health was common, and there was no education around safe dating.
- Many people, including youth, were relying on sexual health information found online
- In North Dakota, discussing sexual health is still taboo
- Stigma around STI diagnosis remains in North Dakota, across sub-communities and generations
- There was a desire and need for comprehensive sexual education in schools
- STI screening should be normalized and offered regularly at primary care doctor's offices and providers should be ready to discuss sexual health with patients.
- Many opportunities for improvement were mentioned, such as simply advertising STI testing more publicly to destigmatize it. Examples included billboards, public restroom advertising, and media such as radio and tv.

APPENDIX I

INTERVIEW QUESTIONS

Opening question: Can you describe for us what the word community means to you and who you feel comprise the community around you?

1. Describe for us your thoughts and overall perception of how you feel sexual health is viewed in your community?
    - *F/U: Do you think that there are differences among populations in your community how they feel about sexual health?*
    - *F/U: Do you get the sense that being open about sexual health needs is seen as a positive thing? Why or why not?*
    - *F/U: In your opinion, how are people in the LGBTQ2S+ people viewed in your community?*

2. Have you ever had a class or other formal education on sexual health?
    - *F/U: What topics were discussed? & when in your education was sexual health education offered? (once, were multiple offerings held overtime?)*
    - *Was there something that should have been discussed that was not?*
    - *Prompt subjects if not discussed: Information, attitudes, values, insights, relationships and interpersonal skills, responsibility, cultural identity, health, sexual health and wellbeing, the role of colonial viewpoints on native sexual identity, gender issues and respect, disease?)*
    - *F/U: Was there a topic that you feel was approached poorly?*
    - *F/U variant: What sexual health issues/topic would people in your community like to learn about?*
    - *F/U: Do you feel that you were prepared to best understand your sexual health and sexual health needs from your education?*

3. What do people in your community think about HIV/STI prevention and transmission?
    - *F/U: Review survey to see if any content pops up where people have less knowledge, for example, PrEP*
    - *F/U: Are HIV/STD issues ever discussed or talked about in your peer group?*
    - *F/U: In your opinion, do you think HIV/STD prevention is valued within your community?*
    - *What kinds of misinformation do you think is present in your community?*

4. Where do people go to learn more about HIV/STIs?
    - *F/U: are there places you wish you could learn? are there places/ways you can learn about HIV/STIs that you don't think are necessary/valid/used, give examples of what types of venues/ activities/ learning opportunities)*

5. Do people in your community feel comfortable talking about HIV/STIs? (If not, why not, what about provider?
    - *F/U: Do providers talk about these issues? and do people feel comfortable talking about things with them?*
    - *Do you sense there would be social stigma in your community if you would discuss having HIV/STIs?*
    - *In your opinion, who are the people who you or your peers feel most comfortable going to answer questions about sexual health*
    - *F/U: What would make people feel more comfortable?*

6. In your community, who do you think are the people who get tested for HIV/STIs? (gender/age/subgroup/people who use drugs e.g. Christians, etc.) Why?
    - *Where do they get tested? Is it free and anonymous?*
    - *Are the testing facilities advertised in your community? Where?*
    - *Do you know where people can get tested? Do you think people trust those locations?*

7. Thinking about your last few medical appointments, how comfortable do you feel talking with your doctor about all of your health needs?
    - *If you had a sexual health need, do you think you would be comfortable discussing it with your doctor?*
    - *F/U: what things happened that made you likely to come back? Examples might be it was easy to get scheduled, you had a good interaction with the person that checked you in for your appointment, etc.*
    - *What things happened that made you LESS likely to come back? Examples might be it was hard to get scheduled, you had a poor interaction with the person that checked you in for your appointment, etc.*

8. Thinking about your last few medical appointments, were you offered STI and HIV testing/prevention care? How can appointments for/access to HIV/STI testing and treatment be improved?
    - *Did your doctor ask sexual health questions? Has your doctor ever asked sexual health questions? Did providers make assumptions about your sexual orientation, number of sex partners, etc.? Did you feel discrimination, stigma or judgement from your provider based on your sexual history?*
    - *Has your doctor recommended that you have STI testing, HIV testing, HIV PrEP or offer you education around HIV and STI prevention?*

- *To improve services should providers call to go over test results, ensure enough info from clients to contact them (email, phone number, texting, etc.), offer free treatment, etc.*

9. What are your final thoughts on how best NDDoH, and communities could improve access and acceptance of HIV/STI education/prevention services?
    - Ex: increased community outreach, a place in community to get info/resources on STIs, more comprehensive sex education in school, are there other locations where testing can be located?

DEMOGRAPHIC INFORMATION

10. What is your age? _____

11. How would you define your race? Please circle all that apply.
    a. Black or African American
    b. White or Caucasian
    c. Asian or Pacific Islander
    d. Native American
    e. Self-Describe: _____

12. How would you describe your gender?
    a. I'm male and I was assigned male at birth
    b. I'm male and I was assigned female at birth
    c. I'm female and I was assigned female at birth
    d. I'm female and I was assigned male at birth
    e. I'm non-binary or genderqueer
    f. Self-Describe: _____