

Young People's Sexual Wellbeing: A Qualitative Evidence Synthesis Protocol

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Abstract

Sexual wellbeing is an integral part of a person's overall sense of wellbeing. It is closely linked to physical, sexual, and mental health. Despite this, sexual wellbeing remains underexplored, including among young people (aged 16–24). This review aims to gain a greater understanding of young people's experiences of sexual wellbeing. We will include qualitative research on young people's lived experiences related to sexual wellbeing. We will search PROSPERO, Medline, CINAHL, PsycINFO, and SoCINDEX utilising an iterative search approach. If the volume of eligible studies for inclusion is too large to permit in-depth analysis, the team will purposively sample studies to prioritise heterogeneity and richness. The lead author will assess the eligibility of studies, carry out data extraction, and assess the methodological quality of all studies. The wider research team will independently screen papers' title and abstract, extract data, and conduct methodological quality assessments of a subset of papers. Two reviewers will independently assess inclusion of all papers at full text. We will draw on the QuART tool to assess the methodological quality of included studies. We will utilise a thematic synthesis approach to synthesise the data and produce analytical statements. We will apply GRADE-CERQual to evaluate our confidence in each of the synthesis' analytical statements. The team will adopt a reflexive approach throughout all stages of the qualitative evidence synthesis (QES). Research will be written up in line with ENTREQ and PRISMA-S standards. The protocol for this QES was prospectively published in the International Prospective Register of Systematic Reviews (PROPERO) database under registration number CRD42022315593.

Keywords

meta-synthesis, methods in qualitative inquiry, qualitative evaluation, qualitative meta-analysis/synthesis, secondary data analysis

Background

Sexual wellbeing is a multi-dimensional construct related to a person's subjective sexual self-perception that is distinct from, but contributes to, an overall sense of wellbeing (Muise et al., 2010; Zeanah & Schwarz, 1996; Zimmer-Gembeck & French, 2016). Sexual wellbeing is closely linked to mental health (Aral, 2004; Field et al., 2016), sexual health (Fortenberry, 2013; Horne & Zimmer-Gembeck, 2005; Zimmer-Gembeck & French, 2016), and physical health (Cheng et al., 2014). Despite this, it is largely overlooked in public health where research into sexuality has been dominated by a focus on sexual risk behaviour and sequelae (Fortenberry, 2013). This lack of research into sexual wellbeing limits our understanding of potential inequities in health (Mitchell et al., 2021).

Despite its importance, sexual wellbeing remains elusive and inconsistently defined. The term is commonly used as a

synonym of sexual health or as a buzzword to convey a generic sense of positive sexuality. Recent scholarship has focused on untangling these two concepts, distinguishing dimensions such as sexual function and satisfaction from sexual wellbeing (Contreras et al., 2016; Mitchell et al., 2021). Attempts to differentiate sexual wellbeing from sexual health have conceptualised sexual wellbeing as a subjective appraisal of one's sexuality and sex life. These definitions describe sexual

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wellbeing as a “cognitive and affective evaluation of oneself as a sexual being” (Muise et al., 2010, p. 917).

Varied approaches have been proposed towards the conceptualisation and measurement of this multi-dimensional construct. In a rapid review of measures of sexual wellbeing, Lorimer and colleagues’ (2019) found studies spanned 59 domains across individual, interpersonal and socio-cultural dimensions. Proposed domains of sexual wellbeing include but are not limited to: sexual self-esteem (Anderson, 2013; Harden, 2014; Horne & Zimmer-Gembeck, 2005; Muise et al., 2010); sexual self-efficacy or agency (Anderson, 2013; Harden, 2014; Horne & Zimmer-Gembeck, 2005; Schick et al., 2008); sexual satisfaction (Laumann et al., 2006; Muise et al., 2010; Schick et al., 2008); sexual pleasure and arousal (Anderson, 2013; Harden, 2014; Horne & Zimmer-Gembeck, 2005; Laumann et al., 2006); sexual subjectivity or reflection (Harden, 2014; Horne & Zimmer-Gembeck, 2005; Muise et al., 2010; Schick et al., 2008); and sexual motivation (Schick et al., 2008). Lorimer and colleagues’ (2019) review outlined the confusion in the conceptualisation of sexual wellbeing, as well as the diffuse and inconsistent ways in which the term is used.

Building on prior research, our team undertook a multi-stage, mixed-methods study to develop a coherent and internally consistent construct of sexual wellbeing (Mitchell et al., 2021). The study involved literature reviews, qualitative interviews, workshops with experts, cognitive interviews, and a two-stage web-panel survey (Lewis et al., 2022; Mitchell et al., 2022). We extended the ONS (2018) definition of personal wellbeing, and defined sexual wellbeing as “how we are doing sexually”. We conceptualised sexual wellbeing as comprising seven cognitive and affective domains: sexual self-esteem, sexual respect, sexual comfort, sexual self-determination, sexual resilience, sexual safety and security, and sexual forgiveness (Mitchell et al., 2021). Consequently, we proposed that sexual wellbeing should reflect: how people feel and think about their sexual self; people’s perception of others’ regard for their sexual personhood; how they feel during sexual moments; their perceived agency over their sex life; whether they feel like their current and future sex life will be okay; their ability to adapt to challenges and problems in their sex lives; and how people heal from sexual trauma and adversity (Table 1).

Despite its importance to positive development and mental health, sexual wellbeing remains underexplored among young people. Risk behaviours and negative outcomes dominate the study of young people’s sexuality (Harden, 2014; Tolman & McClelland, 2011). Public health focused studies of youth sexuality overwhelmingly explore ‘risky’ sexual behaviour, rarely focusing on the thoughts, feelings, values and relationships that comprise young people’s sexual lives (Harden, 2014). However, healthy sexuality is more than avoiding unwanted consequences; it also entails positive sexual experiences. A focus on risk precludes our understanding of positive and protective aspects of youth sexuality. It prevents us from being able to centre young people’s concerns about their sexuality. By tapping into sexual self-perceptions, we can further our understanding of the

significance of sexuality within young people’s lives and gain insights into how societal structures shape sexual wellbeing.

This review seeks to synthesise experiences of sexual wellbeing during adolescence and young adulthood. We focus on qualitative studies given our interest in young people’s meaning-making, self-perceptions, and lived experiences related to sexuality. In this review we use the term young people to encompass both adolescence and young adulthood. The review focuses on people over the age of 16, as these young people have started to experience pubertal change; greater social independence; more frequent sexual experiences; and early integration of their sexuality into their overall sense of self (Newman & Newman, 2020; Seiffge-Krenke, 2003; Tolman & McClelland, 2011; Zimmer-Gembeck et al., 2011). Additionally, we focus on young people aged 24 and under given our interest in the experiences of those yet to settle into the longer term roles of adulthood (Arnett, 2000).

Objectives

This study will seek to systematically review and synthesise qualitative data on young people’s lived experiences and subjective perceptions of sexual wellbeing. Its specific objectives are:

- To gain qualitative insights into how young people experience sexual wellbeing.
- To characterise our seven proposed domains of sexual wellbeing in relation to young people.
- To make recommendations for further research into young people’s sexual wellbeing.

Methods

Study Design

Qualitative evidence syntheses systematically identify and draw together literature from qualitative studies with the aim of providing distinct analytical insights than could be parsed from each individual study (Lee et al., 2015; Seers, 2012).

This evidence synthesis seeks to answer the following review questions:

- (1) How do young people experience sexual wellbeing?
- (2) What experiences shape young people’s sexual wellbeing?
- (3) What are the key gaps in young people’s sexual wellbeing research?

This protocol has been registered within the International Prospective Register of Systematic Reviews (PROSPERO) database (registration number CRD42022315593).

Criteria for Considering Studies for This Review

Studies will be selected according to the following criteria: sample, phenomenon of interest, design, evaluation, and

Table 1. Description of the Domains of Sexual Wellbeing (Mitchell et al., 2021).

Domains	Descriptions
Sexual self-esteem	Appraisals of oneself as a sexual being. This includes assessments of one's sexual personhood and of specific dimensions of sexuality such as sexual appeal or the capacity to please and be pleased by partner/s.
Sexual respect	One's perception of positive regard by others for their sexual personhood.
Sexual comfort	One's experience of ease in contemplation, communication, and enactment of sexuality and sex.
Sexual self-determination	One's perceived ability to negotiate autonomy over one's sex life. This includes a person's capacity to experience their sexual wants and desires, while also maintaining their boundaries, and avoiding their dislikes.
Sexual safety and security	The extent to which one experiences feelings of limited threats when considering their sexuality and sex life in the present and in the future.
Sexual resilience	One's ability to cope, adapt, or even experience positive outcomes in the face of risk and trauma.
Sexual forgiveness	The extent to which one has been able to make sense of, and move on from, past trauma and negative sexual experiences.

Table 2. Research Question Framework (SPIDER).

SPIDER tool	Description
Sample	Young people aged 16–24, irrespective of their level of sexual experience.
Phenomenon of interest	Young people's sexual wellbeing, defined as "how we are doing sexually" and composed of seven domains: sexual self-esteem, sexual respect, sexual comfort, sexual self-determination, sexual resilience, sexual safety and security, and sexual forgiveness.
Design	Interviews, focus groups, ethnographies, diary methods, or case studies.
Evaluation	Subjective self-perceptions and experiences.
Research type	Qualitative studies and mixed methods studies from which qualitative data can be extracted.

research type (SPIDER). See Table 2 for a summary of the research question reported in SPIDER format (Cooke et al., 2012).

Sample

We are interested in the experiences of young people between the ages of 16 and 24. We will include studies in which the majority (more than 50%) of participants fall within the age range of 16–24. We will include studies on all young people, irrespective of geographical region or whether they are sexually experienced. By sexually experienced we mean any experience of solo or partnered sexual activity.

Studies primarily examining parents', carers', or practitioners' opinions of young people's sexual wellbeing will be excluded as this review has a focus on understanding young people's self-reported lived experiences.

Phenomenon of interest. This review focuses on studies whose central focus explores young people's sexual wellbeing. We extend the ONS (2018) definition of personal wellbeing and conceptualise sexual wellbeing as "how one is doing sexually." In contrast, reviews of sexual behaviour focus on *what* one is doing sexually.

This review explores sexual wellbeing qualitatively using an established conceptualisation comprising seven domains: sexual self-esteem, sexual respect, sexual

comfort, sexual self-determination, sexual safety and security, sexual resilience, and sexual forgiveness (Mitchell et al., 2021). For more detail on each of the domains please refer to Table 1.

This review takes a holistic approach to young people's sexual experiences, recognising them as broader than discrete sexual behaviours or events. Aspects such as sexual feelings, thoughts, fantasies, or relationships also form part of the everyday experiences of sexuality and are the focus of this review.

Sexual wellbeing is an emerging field of scientific enquiry. Whilst much research has been conducted on aspects of sexuality and behaviour relevant to wellbeing, previous studies have not always explicitly labelled it as such. Conversely, other authors have used the term 'sexual wellbeing' without attending to its meaning. Consequently, a flexible and reflexive approach to terminology and meaning will be required.

We are interested in gaining a deeper understanding of young people's lived experiences of sexual wellbeing, rather than on understanding attempts to improve, prevent, or alter those experiences. Hence, we will not include papers focused on evaluating sexual health interventions, or papers focused on general wellbeing that omit sexual dimensions.

Design. We will include studies that use qualitative data generation methods (such as interviews, focus groups, diary methods, or participant observation) and that utilise qualitative

Table 3. Summary of Inclusion and Exclusion Criteria.

Inclusion	Exclusion
<ul style="list-style-type: none"> • Studies whose central focus is young people's experiences and accounts of sexual wellbeing. • Studies on young people, irrespective of whether they are sexually experienced. • Studies from any geographical region. • Studies reporting qualitative data generation and analysis. • Published peer-reviewed studies. • Studies published after 1988. • Studies in English. 	<ul style="list-style-type: none"> • Studies evaluating sexual health interventions. • Studies primarily focused on parents', carers', or professionals' accounts of young people's sexual wellbeing. • Quantitative studies, theoretical studies, commentary studies, literature reviews or research protocols. • Non-peer-reviewed literature: book reviews; book chapters; conference proceedings; dissertations or theses; editorials; policy reports; or pre-prints. • Studies published prior to 1988. • Studies in languages other than English.

data analysis (such as grounded theory, thematic analysis, or qualitative secondary analysis). We will include qualitative data on participants' interpretation of the phenomena in their own words (first order constructs), and researcher's interpretations of the data generated (second order constructs) (Schütz, 1962).

Evaluation. We will include data on young people's lived experiences or subjective perceptions of sexual wellbeing and its dimensions.

Research type. This evidence synthesis will include qualitative studies, as qualitative data is uniquely placed to explore self-perceptions or lived experiences. We will also include data from mixed methods studies that have been qualitatively generated and analysed. Any studies that generate qualitative data but do not use qualitative analysis methods will be excluded. Additionally, theoretical studies, commentaries on the topic, research protocols, reviews of literature, and quantitative studies will be excluded.

Other criteria for inclusion. We will only include published, peer-reviewed studies. This means book reviews, book chapters, conference proceedings, dissertations or theses, editorials, policy reports, and pre-prints will be excluded.

We will exclude studies published prior to 1988. Fine's (1988) paper on *Sexuality, Schooling, and Adolescent Females: The Missing Discourse of Desire* is a landmark paper in the development of youth sexuality studies. Fine was amongst the first to conceptualise young people's sexual development as both positive and normative. Its publication enabled a shift away from risk-focused approaches. Additionally, the social and material conditions young people grow up in have changed significantly over the past decades, limiting the relevance of older data. Consequently, this protocol uses 1988 as a threshold in its search for qualitative evidence.

We will not use assessments of methodological limitations as a basis for which to exclude published studies, as research suggests that the exclusion of published evidence on the basis of methodological limitations can detract from generalisability (Carroll & Booth, 2015). Rather, data on methodological

limitations will be recorded so the team can assess confidence in the analytic statements generated through the review process. If review analytical statements are only underpinned by studies with significant methodological limitations, this will downgrade the review's confidence in that statement.

Due to staff resource and limited translation capacity, studies in languages other than English will not be included in this review. The inclusion and exclusion criteria are summarised in Table 3.

Search Methods for Identification of Studies

Electronic searches. Conventional literature searching often fails to identify important social science literature for inclusion in systematic reviews as use of concepts, key words, and indexing terms are often less consistent and structured than in medical literature (Papaioannou et al., 2010). Consequently, we will utilise an iterative search approach that will draw on multiple search strategies. An in-house Information Specialist for the Cochrane Public Health Group will aid in the development of the search strategies in consultation with the research team.

The research team will develop a search strategy informed by initial feasibility searches. The search strategy will be validated against a set of core papers ($n = 5$) identified by the research team during scoping (see Supplementary Appendix 1). Core papers are articles identified during initial searches that exemplify the focus of the review. These can be used to inform the development of the literature search and validate the search by checking if core papers are retrieved by the search string (Zwakman et al., 2018).

The research team will search PROSPERO (<https://www.crd.york.ac.uk/prospéro/>) for any relevant reviews. Additionally, we will search the following electronic databases for eligible studies:

- Medline (OVID)
- CINAHL (EBSCO)
- PsycINFO (EBSCO)
- SocINDEX (EBSCO)

We will use publication date limitations to exclude studies published prior to 1988. We will search all databases from

1988 to the date of search. We will utilise methodological filters for qualitative studies, as well as a modified age filter to identify participants within the age range of interest.

If a low volume of papers is located, the team will consider complementing the conventional literature search with additional search techniques. These techniques would include ‘backward citation searching’ (also known as ‘reference list checking’) which involves searching the bibliography of included studies for relevant references, and ‘forward citation searching’ in SCOPUS of studies included in the review (Papaioannou et al., 2010).

If data are missing from the studies under review, the research team will contact the study authors to clarify published information and obtain missing data.

We will not search and include grey literature. Grey literature overwhelmingly uses sexual wellbeing as a buzzword for positive sexuality or synonym to sexual health. We are interested in a particular conceptualisation of sexual wellbeing which has only recently been defined in academic circles.

We utilise the SPIDER tool to define search terms (Supplementary Appendix 2) and report on the initial search strategy within PsycINFO (EBSCOhost) in Supplementary Appendix 3.

Selection of Studies

We will have two people independently assessing partially or fully the inclusion of studies, given that decisions on study inclusion are some of the most important to a review (Lefebvre et al., 2021). The lead author [RBP] will assess the eligibility of identified studies by reviewing their titles and abstracts. A second reviewer [JL, KM, MW, or RL] will independently review a subset of the titles and abstracts. The full text of all papers marked as potentially relevant by either reviewer will be retrieved. RBP and a second reviewer [JL, KM, MW, or RL] will then independently assess the papers at full text. Any disagreements will be discussed. If agreement is not reached a third review author will be involved. Review authors will not assess any studies they have authored (either as lead author or co-author); this includes decisions around study inclusion, extraction, quality assessments, or confidence assessments.

We will use the software ‘Covidence’ to screen studies for inclusion.

We will compile a table outlining all the studies excluded from the synthesis at full text stage and the primary reasons for excluding them. Additionally, we will include a PRISMA flow diagram illustrating the outcome of our search results, the screening process, and the process of selecting studies for inclusion.

Sampling of studies

A qualitative evidence synthesis seeks to examine the depth and breadth of a concept. Large volumes of data can detract from the quality of qualitative analysis. They can prevent researchers from being able to engage in-depth and

meaningfully with the data; to progress from descriptive analysis to explanatory or conceptual insights; and to convey its richness (Ames et al., 2019). Once the research team has identified the number of studies eligible for inclusion, we will assess if this volume is likely to impair analysis. If so, we will construct a purposive sampling framework drawing on the principles of *intensity sampling* to select rich examples of the phenomenon of interest, and *maximum variation sampling* to ensure heterogeneity in the sample and provide a broad understanding of the phenomena (Suri, 2011). We will utilise the Data Richness Scale Table (Adapted from Ames et al., 2019) to ascertain the depth of detail in studies. The scale (see Table 4) provides guidance for scoring studies between 1 and 5 depending on whether they are a ‘thin’ study, such as open-ended survey data, or whether they are ‘thick,’ such as ethnographic data. Additionally, we will seek to include papers spanning the seven domains which compose sexual wellbeing and will sample the data to ensure variation in participants’ age, gender identity, ethnicity, sexual orientation, disability status, socio-economic background, nationality, and geographic region of study. We will also seek to include a range of key experiences such as being a survivor of sexual violence, being sexually experienced or inexperienced, and variation in relationships status (e.g., single or in a relationship). We will create a sampling frame on the basis of this approach and map identified studies onto it. This framework will then be used to decide which studies to include in the review.

Data Extraction

The research team will extract data about each research study. Data extracted will include details about study design and conduct, and data on study results (including quotes, themes, and author interpretations). We consider both first and second order constructs as relevant data for inclusion in this study (Schütz, 1962). We incorporate both constructs in acknowledgement of their interdependent relationship; author interpretations are informed by participant data, and participant data are presented in support of authors’ arguments (Toye et al., 2014). We will take an inclusive approach to data extraction, obtaining all text labelled as “results,” “findings,” “analysis,” “discussion,” and “conclusion.” This will be done as factors such as variation in reporting, or unclear relationships between data and their interpretation can detract from the ability to locate data within qualitative studies (Sandelowski & Barroso, 2002).

The lead reviewer [RBP] will extract data across all studies, and a second reviewer [JL, KM, MW, or RL] will independently extract data from a subset of studies. To ensure consistency, our research team will develop a standardised data extraction form to be used within the Covidence software. The form will be piloted on three studies; and we will then review and modify the form as necessary. We report on an initial data extraction template in Supplementary Appendix 4.

Table 4. Adapted Data Richness Scale Table (Ames et al., 2019).

Score	Measure	Example
1	Very little qualitative data presented that relates to the synthesis objective. Data that is presented is fairly descriptive.	A mixed methods study using open ended survey questions or a more detailed qualitative study where only part of the data relates to the synthesis objective.
2	Some qualitative data presented that relates to the synthesis objective.	A limited number of qualitative insights from a mixed methods or qualitative study.
3	A reasonable amount of qualitative data that relates to the synthesis objective.	A typical qualitative research article in a journal with a smaller word limit and generating largely descriptive themes.
4	A good amount and depth of qualitative data that relates to the synthesis objective.	A qualitative research article in a journal with a larger word count that includes more context and setting descriptions and a more in-depth presentation of the analytical outcomes.
5	A large amount and depth of qualitative data that relates in depth to the synthesis objective.	A detailed ethnography or a published qualitative article with the same objectives as the synthesis.

Assessing the Methodological Limitations of Included Studies

The lead review author [RBP] will assess studies' methodological limitations using the Quality of Reporting Tool (QuART) (Carroll et al., 2011). A second reviewer [JL, KM, MW, or RL] will independently assess the methodological limitations of a subset of studies. QuART focuses on the quality of methodological *reporting*, given that assessments of methodological limitations are limited in their ability to evaluate a study's design and conduct. Reporting standards vary across research disciplines and journal publication guidelines (Booth, 2007; Garside, 2014), with categories such as reflexivity and openness inconsistently reported across studies (Franzel et al., 2013). QuART's streamlined questions focus on the most consistent areas of qualitative reporting. The tool makes assessments according to the following four domains:

- Question and study design
- Selection of participants
- Method of data generation
- Method of data analysis

Assessments of each domain will be supported by relevant text from each study and reported in a Methodological Limitations Table. Studies will be assessed as "inadequately-reported" if they provide information on one or less criteria, and as "better-reported" if they describe two or more criteria (Carroll et al., 2011). This information on methodological limitations will be used to determine confidence in the review's analytical statements.

Data Management, Analysis, and Synthesis

The research team will utilise a thematic synthesis approach to analyse the data, generating descriptive and analytical themes (Thomas & Harden, 2008). Thematic synthesis has three stages: 'line-by-line' coding of text; generation of initial

themes that stay close to the original studies; and development of 'analytical themes' which move beyond the articles to generate new meaning (Cruzes & Dyba, 2011; Thomas & Harden, 2008). We will use NVivo 12, a CADQAS software, to aid with the analysis of the data.

Analytical outcomes from the synthesis will be presented in a Summary of Qualitative Themes (often referred to as a Summary of Qualitative Findings) alongside a confidence judgment for each analytical statement. The review team will also consider other methods which might be appropriate to express the synthesised statements, such as conceptual diagrams or infographics.

Assessing Our Confidence in the Review Outcomes

The review team will evaluate confidence in each of the synthesis' analytical statements (Lewin et al., 2018). We will utilise GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative Research), which is comprised of four components:

1. Methodological limitations: considers any flaws or concerns in the design or conduct of the included studies.
2. Coherence: assesses the fit between the primary data and review's outcomes.
3. Adequacy: evaluates the richness and volume of data underpinning each analytical statement.
4. Relevance: assesses whether the primary data supporting a review analytical statement applies to the review question's context.

The team will decide whether there are: no or very minor concerns, minor concerns, moderate concerns, or serious concerns for each of the four components. Drawing on these assessments, the team will decide on our confidence in the data supporting each review statement. Confidence can be judged as very low, low, moderate, or high. High confidence means that the phenomenon of interest is unlikely to significantly

differ from our analytical themes. All analytical statements will start as high confidence and may be downgraded if there are concerns for any of the GRADE-CERQual components. The final assessment of confidence will be based on consensus among the review team.

Summary of Qualitative Outcomes Table(s) and Evidence Profile(s)

Summaries of the analytical statements and of outcomes' confidence assessments will be presented in Summary of Qualitative Themes tables. Additionally, we will include an Evidence Profile which details descriptions of our confidence assessments.

Ethics

This evidence synthesis does not require a formal ethical review, given its focus on secondary analysis of publicly available data.

Review Author Reflexivity

Reflexivity will be maintained throughout all stages of the qualitative evidence synthesis. Doing so will involve acknowledgement and reflection of how researchers' social location, research background, knowledge base, and value systems impact on the review process. The research team is based in a high-income liberal democracy and holds the assumption that sexual expression in youth is a normal and positive part of growth and development. All members of the team share a background in sexuality studies, public health, and qualitative research. Additionally, team members have a research background in human sciences (KM), psychology (JL, MW), sociology (RBP, RL), and geography (RBP, RL). KM, RBP, and RL have worked on the conceptualisation and measurement of sexual wellbeing and have experience conducting research into young people's sexuality. RBP, KM and RL have worked delivering sexual health promotion interventions to young people. RBP has training on the conduct of qualitative evidence synthesis. Reflexivity will be discussed in team meetings throughout the review's progress. Additionally, RBP (as research lead) will keep a reflexive diary in which she will reflect on the review's progress, and how this is impacted by the team's social location. The team will report retrospectively on how their positionality shaped the review process.

Write Up and Reporting

In preparation for this protocol, we utilised Effective Practice and Organisation of Care's (EPOC) Protocol and Review Template for Qualitative Evidence Synthesis (Glenton et al., 2021). This research will be written up in line with the ENTREQ (Tong et al., 2012) and PRISMA-S standards (Rethlefsen et al., 2021).

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When preparing this protocol, we used EPOC's Protocol and Review Template for Qualitative Evidence Synthesis (Glenton C, Bohren MA, Downe S, Paulsen EJ, Lewin S, on behalf of Effective Practice and Organisation of Care (EPOC). EPOC Qualitative Evidence Synthesis: Protocol and review template. Version 1.1. EPOC Resources for review authors. Oslo: Norwegian Institute of Public Health; 2020. Available at: <http://epoc.cochrane.org/epoc-specific-resources-review-authors>). We would like to thank Valerie Wells, Information Specialist for the Cochrane Public Health Group, for her comments and guidance in designing the search strategy. We also thank Mhairi Campbell for her guidance in designing the evidence synthesis.

Author Contributions

RBP with support from KM and RL conceptualised the synthesis and drafted the manuscript. The review team generated the protocol, discussing and clarifying the review question and methods. KM, RL, JL, and MW reviewed several drafts of the manuscript and provided feedback on content. All authors approved the final manuscript.

Declaration of Conflicting Interests

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Supplemental Material

Supplemental material for this article is available online.

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