

Working With Men

Young Men, Risk-Taking and Health

Working With Men were asked by Birmingham Health Authority to carry out a review of both the delivery of sexual health services to young men and young men's sexual health needs. This study had some very interesting things to say about risk taking generally and young men in particular. This briefing aims to highlight some of these themes.

Ninety Four young men aged 14 to 18 and a further eight aged 20 to 30 years were interviewed in small groups and 24 agencies were interviewed over the phone. The young men were asked about risk-taking and their use of services. There were three different groups:

1. Young men within schools, youth provision, social services and other existing projects (of unknown sexual identity)
2. Groups of older gay and bisexual men (aged 20-30), who were asked about their risk-taking behaviour, both when they were younger and now, and what enabled them to change (if, indeed they had)
3. Gay and bisexual young men who identified as such.

Interviews were from 40 minutes to one and a half hours, dependent on the setting and the size of the groups (which averaged four to six). Each young man also completed a questionnaire.

Main Conclusions

All of the young men interviewed were able to identify and name their own risky behaviours. Most of them highlighted particular risks they would not take under any circumstances, while risk-taking was more likely if alcohol, pressure, lack of assertiveness, or the power of others was involved.

Virtually all the young men (and the older gay men) said it was

'the buzz' that they looked for. Many of them said that seeking 'the buzz' was a phase they were passing through and that, as they took on responsibilities, they would look for 'the buzz' less.

Young men's relationship with risk-taking was complex. A number of factors appear to be involved, the most prominent being proving yourself a man, the feelings that taking risks gives, the problems when there is a lack of reflection, and awareness of consequences.

When asked directly about risk-taking, the young men talked very openly about the risks they took. This approach avoided some of the barriers and resistances that young men put up when asked about individual risks (such as unsafe sex). An approach that focuses on general risk-taking may engage young men much more productively, and open up more opportunities for reflection and attitude change.

A lot of the young men linked risk-taking with responsibility (the more they had to lose, the more they reflected on the risks they took). Some saw themselves as being without responsibilities and therefore more able to take risks. Different strategies may need to be developed for these different groups of young men, dependent on their attraction to risk and levels of responsibility and status (i.e. young unemployed working-class men will have a different relationship with risk than young men with good jobs and strong family ties).

This link between the reduction of risk-taking behaviours and an increased level of responsibility also seemed to reflect different stages of being a man. Young men appeared to envisage a transition from proving they were men (through risk-taking) to reflecting their manhood through roles and responsibilities.

The comments of the gay young men suggested a link between 'concealed sex' and risk-taking. The correlation between high-risk sex (cottaging; prostitution; men having sex with men, but identifying as heterosexual), and possible feelings of shame, guilt or fear of being found out were very strong.

Risk taking

The literature addressing risk-taking is complex and sometimes contradictory. Stereotypes about young people and risk-taking are strong. Filgueiras has argued that 'adults still tend to view all young people as inherently irresponsible, rebellious, and risk-takers, always in a permanent search for immediate pleasure'. Some argue that adolescent rebellion is a 'natural' stage that involves risk-taking (Filgueiras, 1995). Others have questioned both the 'naturalness' of this, and whether this is general to 'all young people'. Particular factors have been suggested, such as a lack of boundaries, poor school records, alienation, and poor communication skills as most likely to also reflect high risk taking. Others have suggested there may be 'risk taking personalities' (Plant & Plant, 1992), or broader personality traits, such as 'sensation-seeking', that are in part made up of those risk taking traits (Coleman and Schofield, 2001).

While age is a factor, this is secondary to gender. Some young men think they are invulnerable, and take risks to prove they are 'real' men (see Gabbard-Alley, 1995, and Kilmartin, 1994). There is evidence to suggest that young men exhibit more risk behaviours and take more risks than young women (Goddard & Higgins, 1999). Some men take both active and passive risks (driving fast and ignoring symptoms of ill health and not going to the doctor except in crisis) in relation to their health (Lloyd, 1997).

However, not all risk-taking is negative. Risk-taking is (for many) an important means of learning and role experimentation. Increased self-confidence, self-esteem, and stress tolerance are all potential gains that may result from risky behaviours (Parsons et al. 1997, Moore and Gullone 1996). Moore and Gullone distinguish between those risks that are socially sanctioned, those that involve thrill-seeking and those that reflect rebellious risk, along with the more negative (and more usually discussed), reckless and antisocial risks (Moore & Gullone, 1996).

Physiological and hormonal benefits (particularly adrenaline), other excitement and attractive sensations also come as a result of taking risks (Ramsey & Ramwell, 1984). Jessor has emphasised the complexity of the risk issue; for example, he stresses the

broad variety of reasons why people take risks and warns against the oversimplification implied in the search for single causes (Jessor, 1998).

While health promotion and even health education have concentrated on specific risks (particularly sex, drugs, smoking and alcohol), some have argued for a more holistic approach, emphasising the complex nature of risk-taking, rather than concentrating on single risks (Silbereisen, 1998). The single risk approach has its limitations, with Jonah (1992) suggesting that attempts to change a single form of health risk may be ineffective, since other forms of risk might simply be adopted as substitutes.

In some areas of health education a 'harm reduction' model has been adopted (especially in terms of drug use). This has been an important development in recognising the benefits and the inevitability of young people experimenting and taking risks. This may be useful for a sexual health strategy.

Findings from Study

Most of the young men identified risky behaviours as just that. They themselves saw drugs, smoking, drinking, violence and unsafe sex as risky, but the dangers were part of the attraction.

Most young men had a clear view about what risks they would and would not take. By far the majority of the young men knew where the 'line' was for them. So, for example, who they would and would not have sex with, under what circumstances and in what settings, with some very dangerous activities being thought out very carefully, while other risks taken were thought about after the event, if at all.

For a significant minority, very little consideration was given to the consequences of the risks taken. Some believed that they would not be affected, or in danger, and short term gratification was valued over long term safety.

There were a number of risks that young men would take under certain circumstances. Many talked about drink making them act 'stupid' and said that this often led them to take more risks. Others made such comments as 'she didn't ask me to use a

condom' or 'my mates kept on at me to do it'.

All reported that they took risks for the 'buzz', the fun, excitement, and to escape boredom. Some believed that people who didn't take risks were 'freaks' and that 'most' young men engaged in risk-taking behaviour, whether it was drugs, smoking, drinking, crime, violence or unsafe sex.

Many believed that their risk-taking behaviours were a phase they were going through. Many said that when they had jobs, kids, wives and other responsibilities they would behave differently. Others were more specific about what would lead them to change. Some suggested 'guilt', that they were 'letting down my parents', adding that their families mattered. Some of those involved in crime said they would give up because they 'feared prison' (many of these were of the view that while they were young they were invulnerable to the law). Interestingly, messages that aim to frighten risk-takers have been found to be either ineffective, or short-lived in sexual health. Others mentioned 'feeling better about myself' as a motivation for reducing their levels of risk-taking.

Many reported that their parents were unaware of what they did and some said that one of the reasons for not wanting to get 'caught' stealing, for example, was because parents would become aware of it, but others said that the fear of getting caught was also part of the buzz.

For most of the gay young men, motivation and behaviours were not that different from the groups described above. They talked about extensive risk-taking, for 'the buzz', but there was more talk of the consequences. While most of the risks were similar, sexuality took much more of a central stage, with 'being gay' suggested as a risk in itself, especially in school and/or if the young men were not 'out' as gay. Most of them said that they took more risks before being 'out' because they were dependent on cottaging and other unsafe environments for their sexual activity.

The older gay men were much more reflective about their risk-taking behaviours. All of them described having taken a number of

risks when they were younger and that risk-taking had reduced as they got older. Most of the men mentioned that stress, their state of mind and 'how I feel about myself' influencing their risk-taking now, whereas before they didn't really think about it.

Most of these men described behaviours that they would never do in any situation (drink and drive, for example) and those that they did when there were particular circumstances. 'I was drunk' (or stoned), 'he was very persuasive', 'I got carried away'. While the younger men interviewed mentioned similar situational distinctions, the older gay men appeared to be either more reflective now or more thought out.

Reflecting on their past, they also mentioned getting caught as one of the attractions of taking risks, but (in hindsight) the attraction of getting caught would have brought issues to a head. 'If I got caught, my parents would find out I was gay, and I would have to sort it out'. Others also described how (in the past) they enjoyed taking risks, because it provided a good story to tell their mates.

While the older gay men talked about 'getting older' and 'becoming more mature', when pressed, age and maturity were less significant. Some said they were more cautious now because they knew more, others that they had experienced more, some that they now acknowledged danger more, and most that they were fearful of what they would lose (particularly their jobs, status and careers).

Most also said that bad experiences had led them to be more cautious and reflective. 'I got beaten up and I don't go near the bus station any more', 'I had unprotected sex and worried so much about it'. This was in contrast to the past when they said they cared less about whether it happened again, and didn't really think about consequences. They described reflecting on life's dangers now, especially when others were involved - 'when other people are in the car, I drive slower'.

The other change that these men described was the reduced attraction to risk-taking 'you realise that there is more to life than the buzz', this (in one group) led to a number of comments about

whether they got bored with the buzz, or became too familiar with the risks.

One group of young black men (when discussing heterosexual sex) reported that their use of condoms was for their own protection. Many of the other young men reported that they only used condoms if 'she insisted' or occasionally if they thought she was 'unclean'. A 'protect yourself' approach may encourage young men to practice safer sex.

Implications for Practitioners

- 1 Risk-taking is complex. It is both an important part of learning about the world and, in its extreme forms, dangerous and a threat to one's health. The 'buzz' of risk-taking is attractive to many and this cannot be ignored by practitioners.
- 2 There appears to be a strong association between risk-taking and masculinity, risk-taking and responsibility and risk-taking, drugs and alcohol. These relationships are important to understand, if we are to reduce the levels of risks that some young men take.
- 3 Health promotion and education have tended to focus on individual risks, which has been important. However, an approach that also looks at 'risk-taking' as a general theme may be particularly beneficial as one to use with high risk-taking young men (cost/benefit exercises within criminal justice have, for example, been useful ways to enable young men to reflect on the risks they have taken). This would mean a focus on young men and their risk taking, rather than the individual risks factors such as unsafe sex, excessive alcohol use and poor diet.
- 4 In a society that may be moving towards over-protecting children from risks (e.g. parents' increased fears of what might happen to their children, in the street, listening to Eminem, etc.), it would be beneficial to look at opportunities that children and adolescents have to learn from risks in their lives.

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The full report 'Running the Risk' (young men's perceptions of risk taking, health and local services in Birmingham), written by Neil Davidson and Trefor Lloyd (of Working With Men) is still available from The Sexual Health Directorate, Birmingham Specialist Community Health Trust, Highgate Street, Highgate, Birmingham,

B12 OYA.

The very brief literature review draws heavily from *Boys' and Young Men's Health (literature and practice review – an interim report)*, written by Simon Forrest and Trefor Lloyd (2002), and published by The Health Development Agency.

Who are we?

WWM is a registered charity and a Company Limited by Guarantee. While most of our project work is in South East London, our training and consultancy work is carried out in England, Wales, Scotland and Northern Ireland.

WWM has been developing work with boys and young men since 1985, working in schools, youth services, and probation developing programmes on sex, violence, literacy and other gender related issues.

This summary was written by Trefor Lloyd of Working With Men.