

Engaging young men in the national Chlamydia screening programme: Some recommendations for the implementation of the 'Men Too' strategy.

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Introduction

The national chlamydia screening programme was established in 2003 with the objective of controlling chlamydia through the early detection and treatment of asymptomatic infection via the implementation of a multi-faceted, evidence-based and cost-effective prevention and control programme targeting young people under 25 years old.

In 2007 the programme published a strategy for engaging young men¹. This flowed from recognition that despite some localised successes in engaging young men in the programme, at the end of the fourth year of its operation only 21% of all young people screened were male². The strategy proposed a raft of action to address this disparity between male and female uptake of screening including raising young men's awareness of Chlamydia and the screening programme, ensuring provider commitment and reviewing, evaluating and developing good practice in working with young men based on local initiatives and research. This action plan was based on a variety of research. Studies cited in the strategy suggested that women may be more likely to be attending settings where testing is offered, some health professionals may be reluctant to offer testing to men³, asymptomatic young men may be less likely than women to seek testing⁴ and symptomatic men only to seek testing when their symptoms are serious. In addition, there may be lower awareness among men than women of both chlamydia and of screening⁵ and young men may be more likely than young women to decline screening believing that testing and/or treatment may be invasive or painful^{6,7}.

A very recent consultation undertaken with young men⁸ endorses and in some respects elaborates the findings of these studies. It draws particular attention to the deterrent effect on engagement with the programme of young men's beliefs that the acquisition of a sexually transmitted infection is something to be ashamed of and embarrassed about. The consultation also suggested that young men perceive

sexually promiscuous young women to be source of infection and the damage to young men's sexual reputations of 'going with dirty girls' further militates against their willingness to disclose exposure or infection for fear of facing a loss of reputation among their peers. The consultation suggests that the connections between shame, embarrassment and sexual reputation influence the circumstances under which young men will seek a test for chlamydia and the sites and settings in which they prefer this to happen such that young men were unlikely to seek a test unless they were symptomatic or offered it as part of blanket screening which mitigates the need to disclose to their peers that they may have been risk of exposure to the infection.

The aims and structure of this briefing

This briefing aims to explore and elaborate these findings with the objective of drawing out some implications for the implementation of strategy outlined in 'Men Too'¹. In it we draw principally on research which deals with the young men's sexual attitudes and lifestyles. We also draw on some literature which deals with masculinities and health issues more generally and also reflect on our extensive experience and the 'grey' literature which deals with good practice in working with young men. As such this briefing is not purely a review of research but an attempt to draw together research, practical experience and opinion. Our analysis and commentary on this material is framed by a commitment to try and foreground the perspective of young men. We believe that it is essential to try and 'get inside their heads' in order achieve progress in engaging them in the NCSP.

This briefing is organised in the following way. We have highlighted a number of issues which we consider that it is necessary to take into account in implementing the 'Men Too' strategy. For each of these we begin with our recommendation in relation to that issue and this is followed with some supporting evidence and argument. There is, of course some overlap between these issues and it is important to consider them not as isolated but interlinked dimensions of an effective implementation strategy.

Finally, we would emphasise that this briefing focuses on heterosexual young men. This reflects the fact that focus within the NCSP is on the role that screening and treating of young men plays in combating chlamydia infections and their sequelae

among young women. While some of what we argue here is relevant to targeting gay and bisexual young men we suggest that their specific needs warrant special consideration.

The need for simplicity and clarity of purpose

We recommend that the NCSP agree a single, simple message which is intelligible and meaningful to young men as the cornerstone of the implementation of the 'Men Too' strategy. This is because young men are less likely to respond to complex messages about health-related behaviour and health protection and promotion than simple, clear and relevant advice.

Currently the strategy focuses on protecting and promoting the sexual health and well-being of young women and positions young men as an adjunct to achieving this. It also argues that young men need to be engaged in the NCSP in order to protect their own health and to ensure gender equity in provision. Attempts to make these aims relevant to young men are reliant on appealing to their sense of responsibility for young women's sexual health and the potentially deleterious effects of infection with chlamydia on their own health. Neither of these messages engages particularly well with what is known about young men's motivations and investments in sexual health or the severity of the symptoms and effects of chlamydia on men. Nor do they fit particularly well with evidence on effective behavioural interventions with young people in sexual health which suggests the need to emphasise and repeat a single, positive message^{9,10,11,12}.

The problem with emphasising young men's role in protecting young women from STIs is that young men's main and immediate concern in their sexual relationships with young women is avoiding unplanned pregnancy and that although they are worried about STIs they figure as at best a minor, secondary and distant concern¹³. In addition, young men, and particularly those in casual sexual relationships, tend not to think about protecting young women's sexual health as a discrete issue but as a secondary outcome of taking steps to protect their own⁸.

Having several strategic aims also conflicts with what we know from working with young men about engaging their interest and maintaining their commitment to any

intervention. There is a wealth of practice-related literature which has argued that it is essential to be clear about what young men stand to gain from any intervention and what they are being asked to do^{14,15}.

For these reasons it is essential to achieve some clarity about the strategic aims of the NCSP in relation to young men. We suggest that clarity in at a strategic level will positively influence practice in targeting and engaging young men. Our suggestion would be that serious consideration is given to focusing on the message that by 'peeing in a pot' young men can ensure that they are sexually 'fit'.

Targeting young men

We recommend that in implementing the 'Men Too' strategy serious consideration is given to targeting young men who may be more at risk of both contracting and passing on chlamydia.

This is because although increasing the numbers of young men screened via the NCSP is important simply boosting the proportion of young people engaged in the programme who are male may be less productive than effectively targeting young men who are most likely to be or to become infected with chlamydia. Simplistic interpretations of the epidemiological data which focus on the parity in numbers of infections to young men and women and therefore argue that as many young men as young women need to be engaged with the programme can divert attention from thinking about what these data may tell us about at risk groups¹⁶ and also settings where effort to reach young men may be most effectively expended¹⁷. Data contained in the fourth annual NCSP report suggest that positivity is higher in young men than young women and highest among those testing via pharmacies, community contraceptive services and in prisons. The lowest levels of positivity among young men are to be found in educational settings².

These epidemiological data seem not to be reflected in the settings where the bulk of screening is taking place; the highest proportion of screening of young men are taking place in educational settings and the lowest in pharmacies². We would argue therefore that serious consideration needs to be given the question of whether targeting is currently focused on settings which may yield engagement with high

numbers of young men rather than those settings where positivity among young men is the highest.

We would argue another key dimension to effective targeting is deploying what we know about young men's sexual behaviour and hence the risk they face of contracting or passing on chlamydia. It has been shown that the median age for young men's first heterosexual sexual intercourse is around 16 years old although a substantial minority report having had sexual intercourse for the first time between 13 and 16 years of age^{18,19}. Most young heterosexual men's early sexual careers are characterised by a series of episodic, monogamous sexual relationships. Only around a fifth of 16 to 24 year olds report any concurrency in relationships and around a tenth that they have had more than 10 partners in the last five years. There are good grounds to believe that few young men under 20 years old have more than five sexual partners and even fewer concurrency in the sexual relationships. This suggests that a small number of more sexually active young men may be disproportionately at risk of contracting and spreading chlamydia and strongly implies the need to target those young men who have higher numbers of sexual partners and concurrent relationships.

Exploiting the potential connections between young men's condom use and the NCSP

We recommend that in implementing the 'Men Too' strategy the NCSP take into account patterns of attitudes towards and patterns of condom use among young men as means of effectively reaching young men at times and places where they might be receptive to sexual health issues.

We know that an increasing proportion of young men report using barrier contraception for both their first sexual intercourse and early in their subsequent relationships - thus rendering them protected against chlamydia transmitted through penetrative sexual intercourse. For example, studies suggest that as many as 70% of young people who have sex for the first time at 16 years of age or older use a condom for their first intercourse^{20,21}. Risk of infection is therefore confined to a relatively small number of young people at the time of their first intercourse.

Although the picture becomes slightly more complicated as young men pursue their sexual careers with a tendency for them to move away from using condoms to reliance on their female partners using the contraceptive pill or other long-term forms of non-barrier contraception there is evidence is that male condom use tends to peak again at the start of each new relationship before once again tailing off^{22,23}. This pattern of relatively widespread condom use followed by a shift to other non-barrier, female forms of contraception at the beginning of each relationship is strongly associated with young men's subjective assessments of the risk of pregnancy and that young women to them pose in terms of exposure to a sexual infection²⁴.

This research implies a higher awareness of risk and also readiness to take action to combat it among young men at the beginning of sexual relationships. There is clearly an opportunity to exploit this state of mind by promoting chlamydia screening as relevant at these points in the trajectories of young men relationship histories.

In addition, we know that young men obtain condoms from a wide range of sources. For example, the main motivation for young men to use sexual health services is obtain condoms^{25,26} and many young men also obtain condoms from other community and retail outlets²⁷. There is clearly an opportunity to target young men via these settings and package up information about chlamydia and home-screening kits with condoms.

By doing this the programme should reach young men at times when they are receptive to sexual health concerns and taking action to address them. In addition, we would argue that serious consideration needs to be given to the role of pharmacies in this activity since they represent an important outlet through which young men obtain condoms and a setting where evidence suggests positivity is higher².

Using young men's motivations and self-interests as means of legitimising their engagement them in the NCSP

We are also recommending that the NCSP needs to acknowledge what young men's motivations might be for participating in the programme and be prepared to reflect these in the ways that it promotes and operationalises the 'Men Too' strategy. We

recommend that the programme focuses on screening as part of a process of being knowledgeable about sex, 'fit for sex' and 'clean'.

We make this recommendation because practice suggests that young men value being seen as knowledgeable about sexual matters²⁸. Sexual knowledge confers status on young men and the NCSP might be able to gain purchase on this by suggesting knowing about and engaging with the programme is part of the qualification for being knowledgeable.

With regard to the issue of being 'fit for sex' we know that young men are much less interested in and motivated to think about 'health' than they are about fitness²⁹. Research suggests that for many young men health is defined primarily in terms of being 'not ill' and physically fit and that they are not preoccupied with ill-health. In terms of sexual health young men's definitions of 'healthiness' cluster more closely around being sexually active and perceptions of their ability and adequacy of sexual performance rather than pathological concerns³⁰. In fact there is evidence that young men tend only to think about sexual health seriously and be prepared to take action on it when they believe that their sexual functioning might be impaired³¹. It may be, therefore, that in targeting young men the NCSP needs to promote chlamydia awareness and screening to young men as a means as assessing and ensuring their fitness and protecting them against impaired sexual performance.

Finally, there is some evidence that for young men an important motivation for practising both safer sex and participating in screening may be to avoid the stigma of the shame and 'dirtiness' that they closely associate with contracting an STI⁸. Promotion of the NCSP to young men should acknowledge this and use this concern as a promotional tool. We recognise however that in doing so there is need for caution since young men's views about STIs are closely bound up with stigmatising young women and it would profoundly inappropriate for the NCSP to *de facto* endorse these.

The role of young women in engaging young men in the NCSP

We recommend that the implementation of the 'Men Too' strategy seeks to exploit young women's influence on young men's health-related behaviour. This is because

young men's views and behaviour in relation to sexual health can change radically in the context of relationships with young women and because they may provide a direct link between young men and a variety of health services.

We are suggesting this because there is good evidence that the formation of sexual relationships with young women often prompts young men to engage with sexual health services³² and can also alter their perspective and motivations around protecting their own and young women's sexual health³³. For example, some studies have shown that a significant number of young men attend sexual health clinics in a supportive role to their female partners. These young men are often not engaged by professionals³⁴. Despite the fact that these young men are not always enthusiastic about using services or intending to engage with themselves there is clearly an opportunity to reach them with information about the NCSP and to try and engage them with it at this times.

Young men's preparedness to visit services with their female partners can be seen, in important ways, as an effect that the formation of relationships with young women has on the ways that they think about sex and sexual health. Although the power differentials between women and men that characterise heterosexuality are by no means suspended when young people enter sexual relationships some studies have suggested that in the context of these intimacies young men may feel more able and willing to express and act on their concerns and anxieties and also more open and confident about negotiating issues like contraception³³. We would argue that young men may also become receptive to the idea of engagement in the NCSP as part of the responsibility attached to having a sexual relationship at this time. Of course, this will not apply to all young men, particularly those who have more casual relationships characterised by sexual rather emotional commitment to young women, but the evidence suggests that for most young heterosexual men their early experiences of sexual intercourse take place in the context of relationships with young women of a similar age, social and cultural background and which can be characterised by a degree of mutual, emotional commitment³⁵.

Considering both the public and private aspects of young masculinities

We recommend that the NCSP consider taking into account the differences between the public and private and beliefs, concerns and behaviours of young men in implementing the 'Men Too' strategy. In practice this means acknowledging that what young men may say and do in one context, particularly the public realm represented by the male group, does not necessarily represent the totality of their views and positions. It also means being sensitive to how context affects what young men may show interest in.

There is good evidence that young heterosexual men experience pressure to conform to powerful norms about the ways that they should behave in public in order to achieve and maintain their status as 'proper' men^{36,37}. A number of dimensions of this public persona have direct implications for the way that young men deal with sexual issues and hence may react to the NCSP. For example, young men's status with their male peers is partly dependent on presenting themselves as on the look out for sex, sexually competent and knowledgeable^{38,39,40}. They may also try to demonstrate physical robustness, treat illness and injury lightly and not show pain or distress as this can be construed as evidence of weakness^{41,42,43}. So powerful are these beliefs that many young men only see help-seeking as viable when things are seriously wrong or feel that they might become dependent on others. Even then young men may conceptualise help-seeking relation to these ideas about masculinity and equate it with taking control and not being defeated by a problem rather than admitting weakness or needs^{44,45}. In addition, young men may express hyperbolically homophobic and sexist views in order to establish their heterosexual credentials^{46,47}.

A series of studies have shown that young men are very aware of the ways these attitudes, beliefs and behaviour represent a public face to which few adhere in private. For example, most young men acknowledge the stereotype of the predatory male but privately they seek emotionally meaningful relationships with young women⁴⁸. They may feign disinterest in sex education but learn much from it⁴⁹. In public they may find it difficult to admit to ignorance and anxiety but in private contexts where they feel safe and that they can trust their interlocutor they will happily and even enthusiastically express their feelings and concerns⁵⁰.

The implications of this research are that in targeting young men the NCSP must acknowledge that young men are well aware of this ‘splitting’ of their identities and that campaigns and approaches which appeal to only either the public or private dimensions lack personal relevance. Young man may also find it difficult to engage with messages relevant to their private concerns in public contexts.

Skilling professionals and supporting the ‘supply-side’ of the NCSP

We recommend that in implementing the NCSP strategy for targeting young men special attention is given to ensuring that professionals who promote the campaign and especially those who deliver the services on the ‘front-line’ are supported in terms of skills which build their confidence in understanding and engaging young men.

We recommend this action because there is evidence, some of which is cited within the ‘Men Too’ strategy, that some professionals who are well-placed to engage with young men around the issue of screening for chlamydia may be reluctant to do so³. This study suggests that this may particularly be the case among male health professionals, those who are less confident about addressing young people’s sexually risky behaviour and who are less confident or knowledgeable about the cost effectiveness of screening. The issue of confidence in working with young men has also been identified in other studies as central to professionals’ willingness to engage with them⁵¹. In addition, we know that professionals may react unfavourably towards young men especially if they are in groups, perceiving them to be, at best, potentially boisterous and more probably disruptive^{52,53}.

There may be, therefore, scope for training and support to professionals working with young men which should, in line with best practice, aim to ensure that agencies and individuals are positive about young men, do not stigmatise them, take masculinities into account are clear about the purpose of the intervention and what is required of young men and are focused on solutions not problems⁵¹.

Summary and conclusions

This paper has documented a number of recommendations for increasing the engagement of young men in the implementation of the NCSP. Each of our

recommendations is supported with references to research and practice literature. Our recommendations cluster around a number of critical themes which are summarised below.

Clarity of purpose

We have argued that young men respond best to interventions with a single, simple, clear aim which is relevant to their needs and motivations. The NCSP strategy for engaging young men currently lacks this. We have proposed that the aim needs to emphasise the benefits to young men (that is be positive rather negative), connect with their concerns about sexual 'fitness' and performance, and also take into account the ways that what they say and so in public and private may differ.

Targeting

We have argued that while boosting male involvement in the NCSP is a laudable ambition the simple pursuit of parity in the proportion of young men and women participating in the screening programme could lead to an ineffective use of energy and resources. Research suggests that some young men's sexual behaviour places them at much higher risk of both contracting and transmitting chlamydia and that these young men represent the most appropriate target for the implementation of the strategy. In addition, we have argued that the setting where positivity among young men is highest warrant more attention than those where positivity is lowest. NCSP monitoring data suggest that this is not currently the case.

Connecting condoms and chlamydia

We have argued that many young men elect to use condoms the first time that have sex and at the beginning of each new sexual relationship and that this evidence of heightened risk awareness and aversion should be exploited as an opportunity to promote chlamydia screening. We have suggested that condoms and screening kits are packaged up together and made available through a wide range of sexual health, community and retail settings.

Taking masculinities into account

We have argued forcefully that interventions targeting young men need to take into account young masculinities and the ways that these influence young men's interests,

potential investments in sexual health promotion and receptivity. We have pointed particularly to the co-existence of public and private masculine identities both of which need to be acknowledged by the programme.

Timing and opportunities

A running theme within this paper has been the importance of identifying opportunities for engaging young men. The research evidence suggests that young men are receptive and responsive to sexual health promotion at particular times which the NCSP should acknowledge. In particular we have identified the beginning of their sexual careers and each subsequent relationship as windows of opportunity. We would also draw attention to moments of transition (between school and college, university, work, etc.) and at which there is good evidence that young men often assume new positions in relation to their masculine identities and are receptive to taking on new behaviours⁵⁴.

The role of young women

We have argued that despite the power differentials within heterosexual relationships young women can exercise a considerable degree of influence over young men's engagement with the NCSP and that this remains to be exploited. We have shown that there is evidence that most young men have sex in the context of a relationship with a young woman and that these young women can be means by which young men might be accessing sexual health services. In addition, in the context of these relationships young men may become much more receptive to sexual health issues.

Supporting professionals

We have shown that there is evidence that health professionals may be reluctant to engage with young men on sexual health issues. This is primarily because they lack the skills and confidence to do so and may not be convinced of the benefits in terms of health outcomes. We have argued that much more needs to be done to galvanise professional commitment to engaging young men and that in order to achieve this more support and training may be necessary.

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