Boys, young men and sexual health services: The conditions and circumstances under which boys and young men first use sexual health services.

Working With Men on behalf of Brook

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Executive summary

Introduction

This report describes a research project which explored the factors, context and conditions associated with young men's first use sexual health services. This report describes the background to the study, including the public policy and research context in which it is situated, the methods employed to gather data and findings and results produced by an analysis of these. It concludes with some recommendations focused on two allied areas of activity; the development of services in ways that increase and enhance their potential to engage with young men, and work which targets young men with the aim of raising of their awareness of and encouraging them to use services.

The project was undertaken by *Working With Men* on behalf of *Brook* and supported by funding provided by *SSL International*. The study was implemented between February and August 2007.

The findings, results and recommendations of this study should be of particular interest to practitioners who deliver and commissioners involved in strategy, development and purchase of sexual health services. Enhancing engagement with young men has particular pertinence for these professionals given the emphasis placed on the role of services in sexual health promotion and the requirements of the Gender Duty which brings into sharp focus questions about responses to the gender imbalance between young female and male service users.

Background and context

Sexual health services are an important component in the promotion of protection of young peoples' sexual health. In recent years, there has been activity at the level of both policy and practice to develop services which are more accessible to young people and raise young people's awareness and confidence about using them. Although the number of young people using sexual health services has risen, the proportion of young men remains very low with few services able to claim that they comprise even 20% of their clientele.

Research has suggested that young men as reluctant users of services adopting a 'default' position of non-engagement. They are less knowledgeable about services than young women, are less clear about what they provide and may see them as largely run for and by women and catering for emergencies. They may also lack confidence about talking about sex and sexual health.

The two main factors which are mostly strongly associated with young men's use of sexual health services are having sex for the first time and being in a relationship. Their primary motivation for service use at this time is to obtain free condoms. Substantial numbers of young men also first visit services in the context of supporting a girlfriend. In addition, small numbers come with concerns about having acquired a sexually transmitted infection (STI) or some other clinical concern. For many young men there is a fairly long delay between first intercourse and first use of a service. Many young men have sex fairly irregularly during this period and if they use condoms source them commercially or via friends. They may move to using services for the first time when they are having sex more frequently and/or regularly.

Methods

This study involved three phases; a review of the academic literature, face-to-face interviews with 33 young men and a survey of 215 young men via self-completion questionnaire.

The interviews and surveys were conducted with young men aged between 16 and 18 years old. Interviewees were all current users of Brook Centres in central and western England or Northern Ireland. Focusing on young men who were currently service users the interview phase of the project provided an opportunity to explore the specific question of what factors, conditions and circumstances had played a part in their 'journeys' from being non-service users.

Interviewees were asked to provide accounts of the first time that they had used a sexual health service. On the basis of these accounts some models of the factors, conditions and

circumstances associated with first service were drawn up into a questionnaire which was administered predominantly through FE Colleges in the localities around the Brook centres from which interviewees were drawn. Small samples of young men from the northwest and northeast of England also participated in the survey.

Findings and results

Findings in this study both confirm the results of earlier studies with regard to the main motivations and factors which affect young men's use of sexual health services and elaborate them especially with regard to the conditions and circumstances which surround young men's first use of a service. The main findings were as follows:

First sexual intercourse was an important 'trigger' event initiating first service use for many young men. The association between these events has been well reported but little investigated in detail up to now. This study demonstrates that service use comes into young men 'vision' at this time principally as a means to obtain condoms. In fact, 54% of respondents to survey who had used service said that it was their main motivation the first time that they had done so.

For those men in 'steady' relationships characterised by a significant emotional attachment to their girlfriends service use was often part of the process of negotiating and planning their first sexual intercourse. For others, engaged in casual sexual relationships, service use to obtain condoms was primary motivated by concerns to be protected against risks of STIs and unplanned conception.

Further light is also shed on the reasons for the delay between first sexual intercourse and first service use reported in some other research. Unlike these studies we found no evidence of among service users of young men waiting a long time between first sexual intercourse and first service use and, more importantly, no evidence that any delay equated with risky sexual activity. Most young men used condoms for their first sexual intercourse and in the period prior to using services obtained these from commercial or other sources. Some young men felt that they need to 'get sex over with' before they could turn their attention to using services, others waited until they are settled in having sexual intercourse regularly. With more frequent sexual activity the financial burden of buying condoms may become a factor in using service. In addition, over time and with an increasing sense of ease with their sexual lives many young men felt more confident about engaging with a service and particularly talking to a professional about sex and sexual health.

These finding suggest that for some young men service use is perceived as part of a process of maturation. With first sexual intercourse 'out of the way' and some experience of relationships they feel more adult and service use is an extension of this sense of maturity and responsibility.

Where there was evidence of young men using services a fairly long time prior to their first sexual intercourse this was most often associated with visits made as part of a male group and often to 'have a laugh'. These visits may have been prompted by interventions promoting services made in schools.

A very high proportion of young men used services for the first time in the company of others, predominantly male friends and girlfriends. In this study less than 20% of respondents to the survey who had used a service reported that they did so for the first time alone. Fifty-five per cent came either with a 'mate' or group of 'mates' and a further 20% with a girlfriend. The remaining 5% came with a relative.

Where they came with male friends they were often not intending to actively use the service but supporting their friend who was. Young men sometimes engaged with services via these visits as supporter. Where they came with girlfriends they almost always did so in a supportive role and took no active part in consultation processes. So many young men were visiting services in this role as a supporter that data which record consultations and active engagement with services suggesting young men may only comprise 20% of service clientele may be widely under-estimating the presence of young men. In this study 44% of all

respondents to the survey had ever visited a service suggesting that twice as many may be coming in a passive role as a supporter for someone else as use the service themselves and hence appear on records of clients.

Inevitably, these young men who do not appear on service administrative records are gaining valuable insights in service provision and procedures which influence their future attitudes and proclivity to using services in their own right.

In a few cases first service use was also motivated by 'crisis management' this might have been either because a girlfriend needed a pregnancy test, or because young men suspected that had contracted a STI.

A range of factors, circumstances and conditions have a bearing on if and how young men choose to translate these motivations to use sexual health services for the first time into action. As the data on the supportive role of male friends and girlfriends suggest young men's peer networks play an important role as informants about services and may also be supporters and facilitators their use. SRE in schools and professionals working with young people are also providers of information about services as are family members. Parents seem to be turned to when young men face a crisis and may be actively involved in supporting service use. Older male relatives tend play a role as informants and sometimes to introduce young men to services. They may also be providers of condoms.

Young men tend to have a fairly narrow perception of the function of services seeing them primarily as providers in relation to 'clinical' sexual health needs like contraception, STIs and pregnancy. They prefer to turn to friends and family for advice on affective issues around relationships.

Along with this narrow view with its potential deterrent effects on seeking support on issues like information and advice on sex and sexual health many young men are concerned about using services because they expect it to be embarrassing because it involves talking about sex. Two thirds of interviewees in this study described this anxiety and around 30% of the respondents to the survey who had not used a service said that this worry strongly deterred them from service use.

Where they had engaged in risky sexual behaviour they were also concerned about being chastised by health professionals. Many young men were also concerned about confidentiality. These anxieties did not focus on services breaching confidences but friends and especially parents finding out that they have used them and concomitant stigmatisation within the peer group and prompts to parents to ask questions about their sexual behaviour. Around two thirds of the interviewees in this study expressed concerns of this kind and among non service users 20% of the respondents to the survey were equally concerned about either parents or friends finding out that they had used a service.

Despite these reservations this study found that young men are generally positive about protecting their sexual health and using services. Those who had used services are slightly more positive than those who had not. This probably reflects the impact of their experiences. For example, among these young men around two thirds either agreed or strongly agreed that talking about sexual health is part of being in a relationship, only a fifth either agreed or strongly agreed that there was no need for them to use a condom if their female partner was using long term contraception and less than 1 in 20 agreed or strongly agreed that using a sexual health service would 'give them a bad name'

For some young men there were some potentially serious structural barriers to service use including accessibility and perceptions that they were being excluded from consultations that involve girlfriends. Over half of all respondents to the survey who had used services said that they lived, studied or worked some distance away and around three quarters had to make a journey by bus, train or car to reach them.

Few young men who participated in this study had any detailed knowledge about service opening hours.

Few young men used services regularly and frequently although they tended to display loyalty to one service. Access may affect patterns of attendance. For those who used services primarily to obtain condoms the cost and time involved in travel may have be more onerous than sourcing them commercially. Young men's lack of experience of other services and 'brand loyalty' suggest that sexual health services may be '*de facto'* gate-keepers in terms of shaping young men's expectations about other services.

There is some evidence that motivations for and patterns of service use may change with age. Many young men in relationships move from using condoms to other forms of contraception, particularly the contraceptive pill and implants. They therefore no longer use services to obtain condoms and may visit, if at all, primarily in the role of supporters of young women. In addition, some young men seem to become more aware of STIs and may seek screening. This seems most likely to be the case when either they have had experience of infection and/or are well-motivated to take care of their health.

Recommendations

The findings and results of this study underpin the following recommendations which focus on two allied areas of activity; the development of services in ways that increase and enhance their potential to engage with young men, and work which targets young men with the aim of raising of their awareness of and encouraging them to use services.

Young men's attitudes towards sexual health and motives for using services provide, for the most part, a positive basis on which to consider areas for developing services. The findings and results of this study do not suggest a need to radically overhaul or redesign services but to stop and reflect on if providers are acting in line with them. Certainly there is scope for focusing on the ways that provision is made and organised so as to ensure that it both acknowledges and engages with young men's needs, interests and concerns.

In fact, it is recommended that these needs and interests should be the key principles which underpin service development and the allied process of promoting services to young men. This study suggests that these include the following:

- Acknowledging that young men are interested in sexual health, be it protecting their own, or that of their sexual partners;
- Accepting that non-use of services is the norm among young men and that non-service use does not necessarily equate to risky sexual behaviour;
- Remembering that services appeal to young men when they offer what they want, not what service providers want or choose to offer;
- Expecting and accepting that for young men some degree of anxiety about service use is normal, natural and tolerable and does not necessarily militate against access - young men will cope with and overcome their anxieties when service use is important to them. The sense of achievement associated with service use may also be status enhancing for some young men and thus a positive 'marketing' tool.

In this context, it is recommended that services ensure that the primary focus of their provision to young men falls on making condoms available. For so many this is their primary motivation for using a service and their needs in this respect are simple – for easy access, with the minimum of professional intervention. Services may already recognise this, but there may be scope both to emphasise to young men that they do so and to simplify access. For some services this may mean thinking about how they promote services to young men and what promotional interventions and materials foreground. In addition, services need to ensure that thresholds to access are as low as possible with a focus on mitigating young men's concerns around engaging with professionals. 'C' cards scheme which enable young men to collect condoms simply on showing card may be a good model for achieving this.

Services also need to aware that they are effectively competing with commercial and other outlets through which young men can access condoms and that access thresholds may not be to be very high for young men to choose to use these,

Focusing on condom provision should not be undertaken at the expense of providing other services to young men but seen as a means to enable them to achieve an initial engagement with services on their own terms and identify what if any other services they need or want to use subsequently. In fact, for most young men these may be very few. This study suggest that young men already see sexual health services as providers when they face a crisis and will tolerate much higher thresholds to access which otherwise mitigate against service use because they perceive service use to be as inevitable.

The findings and results of this study also suggest that services must take the opportunity to respond to the large numbers of young men who are evidently visiting them in the role as a supporter of someone else. There young men will use these visits as a means to glean information about services which may influence whether they subsequently utilise themselves. Services should ensure that they are recording the presence of young men who visit services as supporters of others. This procedural change is an important first step in acknowledging their presence and will help to provide a firm basis for developing strategies aiming to engage with them. It is recommended that services should, at a minimum, provide information which is expressly and explicitly targeted at these young men. In addition, serious consideration should be given to actively engaging them, a process which should be predicated on acknowledging the role they are playing but not simply positioning them as a passive agent supporting someone else but a young person who has concerns and interests in the visit in their own right. This is evidently especially the case when young men visit with girlfriends as the findings relating to their sense of involvement and commitment to obtaining contraception and protecting their own and their partner's sexual health demonstrates.

The fact that most young men seem to use services irregularly and infrequently but are 'brand loyal' only serves to amplify the importance of this recommendation. Service must recognise that they make have few opportunities to impress young men with their usefulness and accessibility.

There is a serious issue to be addressed about some young men's exaggerated perceptions of their vulnerability to and deleterious effects of STIs. Although collusion with 'fear-based' beliefs may have some mileage in motivating some young men to use services for STI screening it seems too often to be associated with prejudicial attitude towards young women who are seen as the vector of transmission. This is factually inaccurate as well as essentially sexist and services risk their credibility as well as involvement in ultimately ineffective health promotion if they are seen as allied to the promotion of these views. It is therefore recommended that services play urgent and serious attention to identifying ways of positively challenging inaccurate knowledge and beliefs among young men and sexist attitudes.

This study has confirmed and elaborated the significance of first sexual intercourse as a trigger to young men's use of services. Services need both to focus and capitalise on this. It is recommended that promotional information and interventions are wherever possible timed to coincide with the young men's first sexual intercourse and that the view expressed by them that using services to get condoms is a legitimate part of the processing of planning first intercourse (whether in stable or casual relationships) affirmed. In addition, the evidence within this study that service use can be perceived by young men as part of a process of maturation and becoming 'more adult' should also be utilised as a positive lever on promoting service use.

In addition, the young men involved in this study showed high levels of ignorance about service availability – only a few, even among service users, knew when services were open, for example. Therefore, it is recommended that services pay particular attention to advertising their opening hours. The high proportion of young men who have to make special or long journeys to use services also needs to be taken into consideration. A number of strategies may be appropriate. Where a service is situated in a town or city centre it might be important to ensure that provision is available on Saturdays when young men may be in town for social and leisure reasons. In more areas with no geographical focal point providing services through outreach may be effective. In all cases deploying 'C' card schemes of the kind mentioned above via other settings and through other agencies and professionals should be

considered. The findings and results of this study suggest that schools and *Connexions* and youth services might be ideal partners.

Finally, there is sufficient evidence and material within this study to warrant and inform the development of mass media campaigns targeting young men around sexual health services. Simple message about accessibility, the kinds of motivations young men have for service use, the connections between service use and maturity, their worries and concerns are all identifiable from within this report and would be an appropriate resource for the development of such a campaign.

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1. Background

Sexual health services play an important part in promoting and protecting the sexual health of young people. They provide a means by which they can access information, advice, contraception and treatment which help them to improve the quality of their relationships, avoid unplanned and unwanted pregnancies and reduce risks of exposure to and ill-health as consequence of sexually transmitted infections (STIs) (Kirby et al. 1994);(NHS Centre for Reviews and Dissemination, 1997);(Meyrick and Swann, 1998). In recent years the promotion and development of these services has been stimulated by governmental policy development, the publication of guidance and mass media campaigns highlighting the prevalence and deleterious effects of STIs and the role that practising safer sex and sexual health services play in their prevention, treatment and care (Department for Education and Employment, 2000); (Barna and Woodhead, 2002); (Department of Health, 2002); (Sex Education Forum, 2001).

This investment in raising public awareness and the development of services may well have contributed to the steady rise in the numbers of young people who use sexual health services. While some of these services can boast high levels of male use, particularly outreach and Genito-Urinary Medicine Clinics (GUM), these only reach a relatively small number of young people and in the case of GUM services a disproportionately high proportion of their male clients are gay. Overall, this means that heterosexual young men still only comprise a small proportion of sexual health service users. Some research suggests that at best they comprise 20% and in many cases as few as 10% of clients at family planning and other sexual health services (Pearson, 2003a); (Office for National Statistics, 2006a); (Brook , 2007). Low uptake seems stubbornly resistant to change and even some services which have driven up their male clientele by actively promoting themselves to young men still only achieve a 25% representation (Armitage et al. 2004).

The importance of engaging young heterosexual men with sexual health services is apparent, as is scale of the challenge in achieving this given the parlous state of young people's sexual health and year on year increases in markers of unprotected sex including the incidence of sexually transmitted infections (for example, (Office for National Statistics, 2006b)).

There has been some research activity which has looked into young people's views and experiences of using services and identified some of the factors associated with their initial engagement with these. However, not all of this research has focused specifically on young men, and even where gender differences have been reported the reasons for these have not always been elaborated. Consequently, a number of important questions remain to be addressed in detail, two of which this study set out about explore: What influences boys' and young men's decision to access sexual health services for the first time? And, what are the implications for service development and the promotion of services to young men?

2. The research context

2.1 Young men's use of sexual health services: users, motives and timing

A body of research has established that the two factors most closely associated with young men's first use of sexual health services are having sex for the first time and being in a relationship. One recent study has shown that among young men aged 15 and 16 years old nearly double the proportion of those who were sexually active had used services compared to those who had not yet had sex (42% compared to 24%) (Parkes and Wight, 2004). The strong associations between sexual experience and age mean that very low numbers of young men use services under 15 years old and there is fairly steep increase in uptake thereafter (Wellings et al. 2001); (Stone and Ingham, 1999).

This pattern also holds for young women, although the numbers using services both prior to and soon after having had sex for the first time are much higher than for young men (in the study cited above 40% and 65% before and after having sex for the first time, respectively). Significantly, young men also tend to wait much longer than young women before using any service. This delay may reflect the episodic nature of many young men's first sexual experiences and a tendency to delay service use until they have settled into relationships or sexual lifestyles where they are having sex fairly regularly and/or frequently. It may be that relationships generate feelings of commitment and concern for a partner as well as heighten

young men's perceptions of the risks that they face of unplanned parenthood and disease. There may also be an economic dimension to the delay in using services. Many young men who do not use services for some time after first sexual intercourse report that they are using condoms sourced from chemists, vending machines or other commercial outlets. Once they are having sex regularly they may find this financial outlay onerous and choose to use services to get condoms for free. However, neither relational nor financial considerations necessarily led to use of sexual health services and many young men obtain condoms from youth and other community-based outlets where these are available to them (Stone and Ingham, 2003); (Parkes and Wight, 2004); (Harden and Ogden, 1999); (Sonenstein et al. 1998).

Obtaining condoms is the most frequently reported motive for young men's use of sexual health services and some studies have shown that as many as 93% of male attendances are for this reason (compared to only 72% of those by young women) (Pearson, 2003a); (Parkes and Wight, 2004). The next most frequently reported motivation for using a service is to accompany someone else, usually a female partner and less often a male friends or friends (Seex, 1997). Young men who are accompanying a young woman often remain invisible in data on service use since they do not actively seek or participate in consultations and their attendance may not be routinely recorded. One study found that while 73% of all the young men in using a clinic were there with a young female partner under half were involved in the consultation (South Downs Health NHS Trust , 1993). Other sexual health needs, which constellate around STI testing and treatment, screening or seeking advice account for only a small proportion of first visits (Brindis et al. 1998).

Confidence, knowledge about sex and willingness to talk openly with peers are important characteristics of young people who use services and some research has suggested that young men are less competent and confident on these counts than young women and this helps to explain the differentials in their attendance (Parkes and Wight, 2004). While this study found no significant associations between with class, faith or ethnicity and service use there is some evidence from research on young people and health in general suggesting that these factors may be important albeit insufficient *per se* to predict behavioural outcomes. It has been suggested that the relationships between characteristics like ethnicity and service use need to be conceptualised as part of the dynamics of identity formation which takes place in the context of the interaction between cultural and social factors and personal experiences including family support, having a current boyfriend or girlfriend and peer associations (Curtis et al. 2005); (Forrest and Nash, 2007). Research has little to say about young gay men's use mainstream sexual health services. The high representation of gay men in GUM clinics may mean that they choose to these services and especially provision dedicated to gay men (where it exists). It is also plausible that either they do not identify or are not being identified as gay when using services.

2.2 Factors which deter young men from using services: Knowledge, attitudes and masculinities

Knowledge about services, especially practical knowledge about what they offer, where they are and who can use them, is an important condition of young people's use of them. Young men generally claim not to be well-informed about where to go for sexual health services and advice and they certainly seem less knowledgeable than their female peers. One study found only around half of all young men aged between 11 and 15 years old are aware of their local sexual health services compared to three quarters of young women of the same age. In another as many as a third said they did not visit a clinic before having sex for the first time because they did know where it was (Duncan B. 2002; Sahili et al. 2002); (Stone and Ingham, 2003). Although school-based sex education is an important source of information on this issue for both young men and women, for young men 'word of mouth' and the personal recommendation of male friends and female seem to be particularly important as means of learning about services (Lewis et al. 2004);(Stone and Ingham, 1999).

Young men also seem either to be unclear or have a limited view of what sexual health services provide. Beliefs that services are set up primarily to treat illness and to provide contraception to young women and hence not relevant to young men are widespread (Reeves

et al. 2006); (Graham et al. 1998). Young men may also believe that service use will entail embarrassing, invasive and painful physical interventions. For example, one small-scale study has found that around half of the young men attending a GUM clinic were aware of and had been deterred by 'the umbrella myth' – a belief that they will be subject to an intervention in which a small umbrella would be inserted in their urethra, opened and withdrawn (Bradbeer et al. 2006).

The findings and results of research on young men's knowledge about sexual health services are highly congruent with what is known their knowledge about sexual health in general. A variety of studies have repeatedly demonstrated that young men have less, and less accurate, factual knowledge than young women about sexual health and especially contraception(Graham et al. 1998);(Westwood and Mullan, 2006); (Winn and Roker, 1995). Although they may rate comprehensive and extensive programmes of school-based sex and relationships education more highly than young women, most probably do not receive this quality or quantity of intervention and they seem to start from and end with lower levels of knowledge and to receive less supporting sex education in the home (Parkes and Wight, 2004); (Buston and Wight, 2006); (Strange et al. 2006). The limited impact of sex and relationships education may reflect young men's unwillingness to admit to ignorance on sexual issues and a tendency of some to 'act up' thus disrupting formal provision for all. There is evidence that some professionals and parents and carers are reluctant to talk openly to them in ways that engage with their concerns (Measor, 2004);(Hilton, 2003); (Forrest, 2000);(Buston and Wight, 2006).

What limited research there is with a specific focus on young men's attitudes towards sexual health services suggests that these are closely bound up with their motivations for service use services and their perceptions of their sexual health needs. Probably because their primary need is for condoms and because they can obtain these elsewhere many report that they either 'didn't think about it' or 'didn't feel it was necessary' to use services prior to having sex (Stone and Ingham, 2003). Young men may also be concerned about their eligibility to use services and about confidentiality although lower numbers of young men than young women tend to report that the latter is a deterrent to service use. Some of the ways that services are structured may contribute to young men's indifference towards and reluctance to use. For example, they may be perceived as 'women-oriented' both in terms of the provision that they make and the sexual health concerns on which they focus (conception and pregnancy, in particular). In addition young men may still see 'family planning' as an exclusionary 'tag' for services implying they are for couples in stable relationships (Pearson, 2003b). These impressions may be compounded by the negative reactions of some service providers to young men when they access services (Seex, 1997).

Although young men's indifference seems to represent a fairly high hurdle to service use, there is evidence that they perceive that they would use them if the stakes are high enough. One study found that young men were much less reluctant to consider visiting a clinic if they perceived that their sexual performance or functioning was in jeopardy if they did not (O'Brien et al. 2005).

Young men's attitudes towards services can be seen in the context of their sexual attitudes more generally. Much research on this issue suggests that young men project, especially in the context of the male peer group, disregard and indifference about sexual health and focus on being seen as sexually active and competent. A focus on performance and capacity seems often to emerge in negative attitudes like sexism, homophobia and an inclination to take risks. However, young men seem to be aware that these are stereotypical attitudes and rarely act in accordance with them in the context of their relationships with young women. The 'bluff' can also be used to cover up anxieties, needs and struggles with forging sense of identity (Mac an Ghaill, 1994);,(Frosh et al. 2002); (Richardson and Rabiee, 2001); (O'Donnell and Sharpe, 2000);(Wight, 1996);(Lloyd, 1997).

This split between 'public' and 'private' attitudes and concerns can be thought of in terms of the influence of masculinities. This concept is useful in explaining the ways that men's attitudes and behaviour relate to their understanding of what men are like and what men do.

There is no one ideal of masculinity to which all men conform but there are some very strong social and cultural norms in relation to which they tend to position themselves. For example, with regard to health, it has been suggested that young men characteristically show little interest in it, that they leave symptoms longer than necessary before seeking treatment and are reluctant to ask for help. It has been suggested that these attitudes are associated with processes of gender socialisation which place expectations on boys to show more physical robustness and to bear illness and injury more lightly or dismissively than girls and not to ask for help as this can be construed as weakness. These values and attitudes reflect broader ideas about traditional forms of masculinity in which physical strength, resilience, risk-taking, independence, self-containment and putting work before health and emotional needs were all important parts of 'being a man'. These characteristics can easily militate against acknowledging health needs and seeking advice, treatment and care (Carroll, 1994); (Harrison and Dignan, 1999); (Helman, 1994). Even now, when ideas about 'being a man' are coming under pressure and the social structures that underpinned them are changing these ideas have considerable currency. As the potential for masculine identities alter many young men find themselves experiencing confusion about what expectations others place on them and they should place on themselves in terms of their attitudes and behaviour (Kimmel, 1994; Kimmel, 1994); (Connell, 1995; Connell, 1995).

There are some particular areas where the associations between masculinities and health potentially have a strong bearing on young men's use of sexual health services (Lloyd and Forrest, 2001). With regard to seeking help, many young men see it as viable only when things are seriously wrong because they are worried about appearing weak, unable to cope and dependent on others. They may lack of confidence in providers and be sceptical about their willingness and ability to help them. Research has shown that the more young men see being a man as being about success, power, competition and emotional control the more likely they are to hold these views (Good and Dell, 1989);(Davies et al. 2000). In contrast, where men perceive getting help as an appropriately manly thing to do because it equates with taking control and not letting a problem defeat or destroy them they are much more likely to use services (Addis and Mahalik, 2003).

Using services also requires communication skills and a willingness to talk about health. This may particularly difficult when young men's concerns relate to sexuality, sexual function or to emotional issues around which they generally have little practice in talking with peers or members of their family. However, young men can and do communicate on these issues but find it much easier to do so a one-to-one basis when they do not run the risk of being censured or looked down be their male peer group. In general groups are perceived as social arenas in which they can be 'freer and funnier' but where self-examination or disclosure is risky to the individual and destabilises the group (Frosh et al. 2002); (Salisbury and Jackson, 1996; Pearson, 2003b). In addition, there is evidence that communication with young women plays an important role in facilitating young men's access to sexual health services. However, little is known about the detail of what young men talk to young women about in relation to this issue (Pearson, 2003b).

Young men's attitudes to risk and risk-related behaviour also play a part in how they perceive and approach using services. There is good evidence that young men take more risks with their health than young women and suffer more injuries and harm as a consequence (Lloyd and Forrest, 2001). Engaging in some forms of risky behaviour may be connected to achieving or maintaining personal or social status and be a means to achieve excitement or diversion. Young men seem to be knowledgeable about risk and aware of their risk-taking but tend to see it as part of the attraction rather than a deterrent. Many young men move through risk-taking from feeling that they have 'nothing to lose' to 'having responsibilities' and when these involve other people they seem to be motivated by feelings of guilt about having let them down to mitigate or modify their behaviour(Lloyd, 1998).

Finally, there is evidence that boys and young men experience and manage transitions (from one school sector to another; from school to work; etc.) with much more difficulty than young women (Lloyd, 2007). The research around use of sexual health services suggests that the transition represented by first sexual intercourse is a particularly significant factor young men.

This may be because having sex for the first time represents a 'rite of passage' between boyhood and manhood. Prior to having sex for the first time young men may be focused on 'having sex' rather than forming relationships but once they have achieved 'sexual manhood' the focus shifts and they become more invested in taking care of and protecting their own and their partner's sexual health.

3. Methods

3.1 Structure of the study and literature search

This research involved three phases. The first comprised a review of relevant academic literature. This was undertaken with the aim of developing a context for the study and assisting in the refinement of central research questions and design of research instruments. This review was confined to academic literature in English and with an emphasis on work published in the last decade. A range of electronic databases were used to mount searches for papers, books, reports and other documentation (for example, Ebsco, British Education Index, Educational Research Abstracts, MEDLINE and PsychINFO) and each database was passed over with increasingly fine-combed search terms working initially from generalities like 'boys', 'young men', 'sex', 'sexual health', through to refinements including terms like 'services', 'clinics', 'help-seeking', and so on. The choice of search terms was oriented by two questions. What literature is available that elaborates and/or updates what we already know about young men's sexual knowledge, attitudes and behaviour? And, what literature has a specific focus on exploring the routes by which young men access sexual health services, identified their motivations and describes what expedites and blocks the translation of these into action? This process yielded around 70 papers of interest. Where a paper was particularly pertinent the citations within in were also followed up.

The second phase comprised face-to-face interviews with young men using three Brook Centres located in western and central England and Northern Ireland (hereafter referred to as Centres A, B and C). The purpose of interviews was to identify the motivations, circumstances and events that led them to first use a sexual health service and to explore what factors they found obstructive and helpful in achieving this engagement. The motive for selecting to interview only young men who had used services was to exploit the opportunity that their experiences gave of focusing on the factors, conditions and circumstances that influenced their 'journeys' to service use from being non-users.

Interview data were then subjected to a provisional analysis aiming to construct some models of the conditions and circumstances which bear on first service use. These models were then incorporated in a questionnaire which was administered through a survey aiming to assess the wider applicability, relevance and meaningfulness of these findings with a larger sample of young men.

3.2 Research site selection, sampling and recruitment of young men

The three Brook Centres which participated in this study were recruited by Brook which sought to balance quasi-theoretical concerns with achieving a wide geographical representation and concomitant diversity of young men with practical considerations bearing on identifying Centres which were willing and able to support the study.

These three Centres provided the setting for the recruitment and interviewing of young men in the second phase of the study. Interviewees were sampled purposively. Recruitment was targeted on young men aged between 16 and 18 years who were current users of the three Brook centres. The principal rationale for this approach was that young men of this age would be likely to be relatively new to service use and therefore able to provide accounts of their 'journeys' from being service non-users to service users. Recruitment was through the distribution of information leaflets describing the purpose and scope of the study and containing response slips. Leaflets were both left out in the reception areas within the three centres for young men to take and handed to young men by staff during consultations. The recruitment process was supported by a poster advertising the study. This recruitment drive yielded the names and contact details for 20 young men (5 in Centre A, 6 in Centre B and 9 in Centre C).

Interview fieldwork was undertaken in three consecutive weeks at the end of February and beginning of March 2007. The principal researcher 'took up residence' in each Centre throughout the period and organised, via text message, interview times with those young men ho had responded to the paper-based recruitment campaign. Of the 20 young men who expressed an interest in participating only 10 were available during researcher residencies. Additional interviewees were recruited opportunistically by the researcher as they visited each Centre during this period. In each Centre bias in recruitment of supplementary interviewees was reduced by targeting all young men who accessed the service during the times when the researcher was present and who fell within the eligible age range. Uptake was very high with only small numbers declining to participate in the study. In the majority of these cases young men cited a lack of time to give an interview rather than a lack of interest or willingness to participate.

In all, the second phase of the study yielded 33 interviews. There was a geographical bias within this sample with Centre A under-represented (8 interviews) and Centre C over-represented (14 interviews). This bias partly reflects attraction of lower numbers of pre-arranged interviews in Centres A and B which in itself may be a function of the structure of services in each locality. Centre A and B both provide some services via outreach in other settings than the clinic where the research was based, whereas Centre C is the only provider on young people specific services in the locality and has no outreach programme.

All young men who gave an interview received a high street store gift voucher worth £10 in acknowledgment of their participation.

3.3 Interview structure and content
Interviews were conducted to a semi-structured schedule developed with reference to the central study research questions supplemented by issues identified through the literature review. A copy of the schedule is appended to this report (Appendix 1).

In brief, interviews sought to elicit accounts from young men of their first visit to any service in order to obtain sexual health advice, information, treatment, care or contraception for themselves or in support of someone else. It included questions about the age at which this visit had taken place, the motives underlying and circumstances surrounding it including its timing with regard to first sexual intercourse and their relationship status at the time. In addition, young men were asked about their views and experiences of using any other services and invited to draw comparisons between them. The interview with concluded with questions about the roles played by family members and friends as supporters of service use and in relation to sex and sexual health issues generally and the collection of some basic demographic information.

All interviews took place in the participating Centres, usually in a consulting room free at the time or some other private space. Interviews lasted between approximately 15 and 45 minutes. The variability in interview length reflected both the density and complexity of individual accounts and the time available. In general, pre-arranged interviews lasted longer since these young men were not either waiting for some one else (usually a girlfriend and less commonly a male friend) or managing the visit between other commitments.

3.4 Questionnaire development, design and content
The third phase of the study comprised undertaking a survey via self-completion questionnaire with a wider constituency of young men (215 in total). The questionnaire was developed on the basis of the central research questions and the various broad models of conditions and circumstances which pertained to first service use identified through the interviews. The questionnaire underwent several phases of development and amendment through consultation with members of the project advisory group and was subject to a small scale consultation with a purposive sample of young people to ensure intelligibility and in order to identify any areas on which clarification might be necessary in administration.
The questionnaire was divided into four sections. The first and last sections were applicable to all respondents and contained demographic questions and a series of statements about attitudes towards sex, sexual health and services. The second and third sections were

designed to be completed by young men who had and had not ever used a service for any reason (as per the interviews), respectively.

In the second section, for young men who had visited a service, information was sought on which service this was and the timing, motives, conditions and circumstances of their first visit including its relationship to sexual debut and relationships status. The third section, for young men who had not visited a service, asked similar questions but prospectively, that is seeking to establish under what circumstances they would consider using a service. A copy of the questionnaire is appended to this report (see appendix 2)

3.5 Survey site selection, sampling and administration
The questionnaire survey was administered principally through three further education colleges, one in proximity to each of the participating Brook centres. A small number of questionnaires were also completed by young men in other forms of training, under the jurisdiction of youth offending programmes and engaged with community-based youth groups in the north west and north east of England. Access to F.E. colleges was negotiated via Brook Centres as was access to the booster sample in the north-west. Access to the booster sample in the north-east was negotiated through a member of the project advisory group with contacts with a range of practitioners working with young men in the region.

The original plan had been for the principal researcher to administer the survey to groups of young men in 'exam' conditions. In practice, administration procedures required were customisation according to local context and circumstances. In two Centre localities, A and C there were difficulties with identifying and accessing research sites associated principally with the timing of the survey close to a peak period for college students to be involved in external examinations. In addition, with regard to the Centre C locality survey there was considerable resistance to allowing access to college students because of sensitivities about providing or supporting sexual health-related interventions. For this reason the survey was administered entirely by college staff also employed by Brook Centre C .The involvement of third-party administrators for the survey was also necessary in both other localities because surveys had to be staggered over several days in order to be accommodated within academic programmes. The degree of difficulty with achieving access is reflected in the distribution of questionnaires between Centre localities. This is reported in table 2 below where data on the numbers of responses illustrate the relative easy of administration in Centre B locality, the effect of staggering to accommodate the survey around students' examination commitments in Centre A locality, and the effect of reluctance to engage with or support the survey in Centre C locality.

In the cases of both the booster samples in the north west and north east of England recruitment of young men to the survey and its administration was conducted entirely by third parties. These small samples were drawn purposively from a range of settings in which practitioners were already working including a training facility for young offenders and several youth groups. In all cases where survey administration was in the hands of a third party they were provided with a detailed briefing paper on administration procedures and, where possible, the opportunity to 'shadow' a survey administered by the principal researcher.

In total the survey yielded responses from 215 young men. Details of the profile of the respondents and the geographic distribution of the sample are given in table 2 below.

3.6 Research governance and ethics
This study was supported by an advisory group, comprising representatives of Brook, SSL International, academics and practitioners and young men. This group was established with the aim of providing a 'sounding-board' for the principal researcher in the processes of data collection and analysis and to make recommendations for dissemination of study findings and results. The group met twice during the lifetime of the project.

With regard to the ethical considerations involved in the study stringent measures were taken to ensure all participants were informed about the research and to protect their contributions in line with guidance from the British Psychological Society and British Sociological Association. Accordingly, all interviewees were required to give active, informed written

consent to participate in the study. They were provided with written information about the aims, objectives and purposes to which any data that they contributed would be put. Their rights to have these treated in confidence, subject to anonymisation and to withdraw any data which related to them from the study at any time were emphasised and respected. Young men who participated in the surveys were offered a similar level of information about the study and data protection. The questionnaire was anonymous and confidential and young men were expressly informed at the time that surveys were administered that they were under no duress to complete any part of the questionnaire if they chose to participate in the study.

Data containing names and contact details of interviewees was separated from other interview data once the interviews were complete. All these data and data from surveys were held securely in both paper and electronic forms accessible only to the principal researcher.

3.7 Data treatment, analysis and presentation

Data from interviews were transcribed to paper and an analysis mounted on these transcripts. Data were analysed using both inductive and deductive approaches in order to ensure that not only were data which related to the central research questions explored but also themes and issues grounded in the data were identified. Reference was made to copious fieldnotes compiled during fieldwork interventions and especially after each interview in support of this. Pro forma were used to record the profiles of interviewees and information about the principal conditions and circumstances of their first use of a service to obtain sexual health information, advice, treatment or contraception or for any other purpose. These performed the function of *aide-memoir* in undertaking the main analysis reported here as well as entry to the data in the prior process of auditing it in rode to support development of the questionnaire. Data derived from interview transcripts were organised under analytic codes reflecting developing themes and hypotheses using Atlas Ti qualitative data analysis computer software. A process of constant comparison was employed in order to ensure analytic inclusivity during this process (Pope et al. 2000).

Data generated through the surveys via self-completion questionnaires were entered into a database and analysed used SPSS (v.11). Since the principal aim of this element of the study was to explore the wider viability of the accounts of conditions and circumstances surrounding first service use gathered through interviews analysis has been limited simple descriptive statistics.

In the context of this report, findings and results from analyses of the interview and survey data are presented in tandem. Extracts from interview data are used illustratively and are presented in the form of case studies compiled from individual accounts. In deciding which accounts to promote to the status of case studies we were guided by setting the objectives of selecting those which reflected themes within the data most representatively. The results of statistical analysis on survey data are reported via tables with a summary in the accompanying text. Percentages have been rounded to the nearest whole number in all cases and the total number of respondents to which these apply is given. For some items the total number of respondents who provided valid data is less than the total sample. For each of these items percentages are given as a proportion of the total number of respondents to that item. Some response categories have been collapsed in analysis and free response items recoded into the available response categories.

In all data the names of persons, places and other information with the potential to allow identification of participants has been changed in reporting.

4. Findings and results

4.1 The profile of study participants

Tables 1 and 2 report the profiles of the young men who participated in the interview and survey phases of this study. In both cases the majority of participants fell within the age range 16 to 18 years old, described themselves as white and were in full-time education. The apparent differences in diversity in terms of age and occupation between the interview and survey sample are amplified by the small number of interviewees involved in the study.

Table 1 also reports the purpose of young men's visit to a Brook Centre on the day that they were interviewed. This shows that the largest proportion was visiting the Brook clinic expressly to participate in an interview (30%). Of the others nearly equal proportions, totalling half the sample, were visiting either to get condoms or in support of a girlfriend (21% and 25% respectively). Smaller proportions were visiting the clinic either to get tested for an STI or to collect test results or in support of a male or female friend (15% and 9% respectively).

Table 1: Profile of interviewees (n=33)

		n	**%**
Location	**Centre A**	8	**24**
	Centre B	11	**33**
	Centre C	14	**43**
Age	**15**	*5*	**15**
	16-18	*21*	**64**
	19	*5*	**15**
	20	*2*	**6**
Ethnicity	**White**	*29*	**88**
	Black British	*3*	**9**
	Asian	*1*	**3**
Occupation	**F/T education**	*22*	**67**
	Employed	*9*	**27**
	Unemployed	*2*	**6**
Purpose of visit	**Interview**	*10*	**30**
	Girlfriend	*8*	**25**
	Condoms	*7*	**21**
	STI test/result	*5*	**15**
	Other friend	*3*	**9**

Table 2: Profile of survey respondents (n=215)

		n	%
Locality (n=215)	**Centre A locality**	*49*	**23**
	Centre B locality	*94*	**43**
	Centre C locality	*34*	**16**
	NE/NW localities	*38*	**18**
Age (n = 212)	**16**	*40*	**19**
	17	*97*	**46**
	18	*71*	**33**
	19	*4*	**2**
Ethnicity (n =212)	**White**	*164*	**77**
	Black	*17*	**8**
	Asian	*12*	**6**
	Mixed race	*14*	**7**
	Other	5	**2**

In the cases of both the interview and survey samples these data show a bias towards over-representation of young men from Centre C locality in interviews and from Centre B locality in the surveys. In both phases of the study the aim had been to achieve equity in recruitment between Centres but levels of response differed according to the recruitment and administration issues reported earlier in this report.

There were trends in both samples for ethnic diversity to be associated with Centres and Centre localities. Centres and localities A and B both comprised the most ethnically diverse samples at interview and survey while both interview and survey samples for Centre C and the survey data for the north west and east of England were much less diverse. In the case of

Centre C and its locality this reflects the local demography. The lack of diversity in the surveys in the north west and east of England may be an artefact of the small numbers of young men involved. The ethnic diversity of the survey sample is fairly representative of data on ethnicity for the UK as whole which shows, at 2001, around 8 per cent of the total population come from 'non-white' backgrounds but that this conceals higher levels of ethnic diversity among younger age groups (Office for National Statistics, 2002) (Office for National Statistics, 2003; Office for National Statistics, 2003).

In terms of occupation, the sampling strategy produced a disproportionately high percentage of participants in further education or training compared to the young male population as a whole. Two thirds of interviewees and the vast majority (over 95%) of all the respondents to the survey were in post-compulsory education or training, predominantly provided through an F.E institution. This compares with around 33% of 16 and 28% of 17 year old men in full-time study through an F.E. college in the UK as a whole in the most recent years for data are available (Department for Education and Skills , 2006)

4.2 The relationship between first service use, first sexual intercourse and relationship status

Main findings and results

- First sexual intercourse is a 'trigger' event initiating first service use for some young men;
- Relationship status is also important, but both young men in stable and casual relationships will use services around the time that first have sex although their reasons may be different. Young men in stable relationships often access services as part of the planning of first sex with their partner. Young men in casual relationships often access services because they perceive that young women represent a potential threat to their health and put them at risk of unplanned fatherhood;
- The delay between first sex and first use of service may be related to age. The younger a man is the first time he has sex less likely he is use a service before intercourse;
- The delay between first sexual intercourse and service use is not necessarily associated with risky behaviour. Many young men buy condoms before they turn to services to obtain them. This may associated with regularisation of their sexual lives;
- Some young men feel that they have to get having sex for the first sex 'over with' before they feel that using a service is legitimate and warranted and feel confident to do it.

Around 60% (n=19) of the interviewees and 56% (n = 43) of survey respondents who had used a service reported that they had done so before or close to the time of their first sexual intercourse. Table 3 reports survey data showing the proportions of respondents who had used and not used a service, had and not had sexual intercourse and, where they had used a service, if it was prior to or after having had sex for the first time.

Interview data suggest that although their underlying motives differ, for young men in both stable and casual relationships, first sexual intercourse is an important 'trigger' for service use in order to obtain condoms. For young in men relatively stable and secure relationships involving a degree of emotional commitment service use was often part of the mutual planning of their first sexual intercourse. In short, they planned to have sex, planned to use condoms and planned to visit a service to get them. In the cases where young men described first having sex in the context of casual relationships service use was also planned but not as part of mutual negotiation of first sexual intercourse.

These models of first service use prior to first sexual intercourse are well illustrated by the following two case studies. In the first, from John, the emphasis is on the mutually planned nature of his first sexual intercourse and the shared commitment with his girlfriend to use contraception as the drivers behind his decision to use a service prior to having sex for the

first time. In the second case study Baz explains that he first used a service because he was anxious about unplanned conception and exposure to STIs through his casual sexual relationships. For Baz, condom use is not a negotiated solution to shared problem but a means of self-protection.

John
John is 18 years old. He has used the Brook clinic about 3 or 4 times in the last 6 months since he first registered. He first came when he started his current relationship and on the back of a discussion about contraception with his girlfriend. They had been going out for two months and were thinking about having sex (the 'first time' for both of them). They had decided to use condoms because, '*We always said then when we started having sex we'd use contraception. Condoms are the most accessible, the obvious choice'*. He knew about the Centre from some mates who were using it and it is close to his school which makes it convenient.

Baz
Baz is 17 years old. He is a regular user of his local Brook Centre. He first used the Centre about two years ago to get free condoms. His relationships then as now are generally casual and he is committed to using condoms mostly because he doesn't want to be a father and because he is concerned about STIs, '*Well, I don't know what I could catch and I don't want no little ones running around me*.' He always takes responsibility for condom use and won't have sex a with young woman without a condom, '*Well I tell 'em, it's that or nothing…It's the way it is*.'

The interview data also shed some light on the reasons why some young men's first use of a service comes after their first sexual intercourse. These young men also generally use condoms, and, if they are in relationships, often negotiate and plan this sexual encounter and contraceptive use. However, many of them initially get condoms from some source other than a service. They might buy them or 'borrow' them from male friends. This was the case in James's account given below. He only first uses a service when he and his girlfriend are established in their sexual relationship and looking to move from using condoms towards a longer-term form of contraception. There were many cases in the interview data where delayed first use of a service followed this pattern and when it did happen, the young man's role was largely more passive attending in support of his girlfriend rather than in his own right.

James
James is 18 and studying at a sixth form college. This is his third visit to the clinic. He first came about year ago with his girlfriend. They wanted to talk to someone about 'long-term' contraception having just started having sex (this was James first sexual relationship) and wanting to move from using condoms to using the pill, injections or implants. Prior to this James and his girlfriend have been using used condoms which he buys, furtively, from the vending machine toilets in the bar where he works. He would also go into town and use a large chemist where he felt anonymous *'Well, we had just started getting in to like a serious relationship as it were and we just thought we best take some more precautions kind of thing and we just came… Well it was a kind of, we were both kind of talking like before so we just started like having sex and everything and we just said what kind of well, but I, I don't know who said it first but, we were just talking about contraception and that thing and the rest and we thought, we might have to come and have a look at some long term contraception'.*

Other factors than access to condoms from commercial outlets also influenced the delay between first having sex and first service use. Tom's account illustrates how some young men felt that they needed to get having sex for the first time 'over with' before they felt confident about using a service. He suggests that he felt less embarrassed about talking about sex once he was sexually active and also that he felt he had a legitimate reason for using a service. The perception that services are for sexually active young people was also shared by other young men.

Tom

'I think when you first start having sex, it's, when you are sort of 16, 17, em, although… like me say like, you can have as much education as you like until you've done it, you don't really know what it is all about, and em, I think you have to sort of do it to become comfortable with it, and it's only when you become comfortable with it, you become comfortable with talking about it, and going to somewhere like this to do with sex.

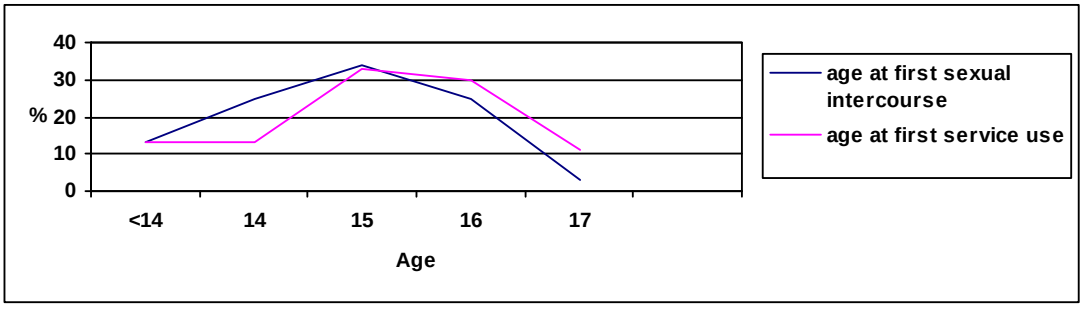
'Like before I first had sex, I think I would have been quite embarrassed to come in here, to get condoms, and then just in the off-chance. Em, but eh, yeah, once you become sort of more used to sex, just, you, more comfortable with it, then it is more comfortable to come to somewhere like this and talk about it, dealing with things to do with that'.

Table 3: Service use, service use timing and first sexual intercourse (n=215)

Total sample 215	**Ever used a service** **44%** (n = 95)	**Had sex** **81%** (n = 77)	**Service use prior to first sex** **56%** (n = 43)
			Service use after first sex **44%** (n=34)
		Not had sex **19%** (n = 18)	
	Never used a service **56%** (n=120)	**Had sex** **70%** (n = 84)	
		Not had sex **30%** (n = 36)	

The survey suggested no strong association between relationship status and service use with almost equal numbers of young men who have ever used service reporting that they were in a 'steady' relationship at the time (44%; n = 42) and that they had no or a casual relationship (56%; n = 53). Further analysis of data on timing of first sexual intercourse and age of first service use suggest that where is delay between first sex and first service use it is fairly short. As Figure 1 reports roughly equal proportions of service users first had sex at the ages of 14, 15 and 16 years old and there is similar distribution in terms of age at first service use. There is slight tendency for the delay between first sex and first service to be longer the younger the age at which young men first had sexual intercourse and conversely, for first use service use to slightly precede first sex the older young men are when at first sexual intercourse.

Figure 1: Age at first intercourse and age at first service use



4.3 Motivations to use services

Main results and findings

- Young men's primary motivation for first use of services is to get condoms;
- They also first use services in the company of other people, especially a girlfriend or a male friend. On both cases they tend not be actively engaging with the service themselves but their in the role of a supporter;
- First service use may also be motivated by 'crisis management' this might be either because their girlfriend needs a pregnancy test, or because they suspect that have contracted a STI;
- Young men's perceptions of the primacy of motives for using a service for the first time may change as they get older. Obtaining condoms is still important, but 'crisis management' may become more.

Interview data relating to the relationships between first sexual intercourse, first service use and relationship status give a strong indication of the three main motivations for young men's first use of a service. Around a third of interviewees (39%; n = 13) said that they had used the service to get condoms. A slightly small proportion (27%; n= 9) had accompanied or supported a male or female friend or friends, and around a fifth (18%; n=6) had come to accompany a girlfriend. Of young men in the last category two said that their girlfriend had required a pregnancy test as a result of having unprotected sex. A small number of interviewee's had first used a service for testing for a suspected STI. Table 4 below reports the survey data confirming the primacy of getting condoms as young men's main motive for using a service for the first time (54%; n = 51). Of the remaining response categories attending with a girlfriend who was getting contraception, seeing what it was like and finding out more about sex each accounted for roughly a further 10%.

The case studies presented above, relating to John's, Baz's and James's experiences, exemplify cases where young men's main motivation to use a service for the first time related to obtaining condoms and supporting a girlfriend. Luigi's, Robbie's and Davie's accounts, given below, illustrate cases where young men had first visited a service in support of a friend, to get emergency contraception and for a suspected STI, respectively.

Luigi

Luigi is 18. He gives me an interview on this his first visit to the Centre. He has come with a male friend who said he would like to pop in to get some condoms as they were passing. Luigi had not intended to use the service but decided to register while he was here: *'I wasn't actually gonna come but my mate said he wanted to get some condoms and was gonna go to the Brook and I was just like, oh I need to get some too.'* Luigi had expected that his friend would get condoms for them both but he contrived to make Luigi engage with the service himself. *''Cos I, I did wanna come in here but as soon as I got through that door, my mate's turned round and gone like 'get it yourself' I was like, 'no'. Then we walked off to the chairs, he goes 'You're gonna make me do it for you?'*

Luigi had heard abut the Centre through college but never thought about using services because *'he didn't need to'*. He has always either bought condoms or got them from mates who use the Centre or had sexual partners who are using long-term contraception: *'But like, most girls I know obviously are like, they either take the pill or they've got the implants like.'* He thinks that he will come again now.

Robbie
Robert is 19 years old. He first used a sexual health service when he was about 15 because he thought his girlfriend was pregnant. When she told him he screwed up his courage and told his father dad who was more sympathetic than he expected and organised the trip to the service for a pregnancy test. *'I decided to tell my da, cos I don't really keep anything from him, like, it's my mum I keep stuff away from…he was dead calm about it, like, which was strange, but… he was dead forward as well what he thought.'* The experience changed Robbie's attitude towards using condoms and he made a decision to use a service to get them from then on. *'My dad said "well, you can't exactly keep doing this," so I decided like either buy them out of, like, a pharmacy or something or else go and get them for free, so I decided to get them for free'.*

Davie
David is 19 years old. He gave me an interview on his first visit to the Centre. He has come in because he had unprotected sex last night and has heard that the young women he had sex with has a STI: *'Well, I was with a girl on the weekend and had a few drinks in me and my bird left that night. The next day I seen this young fella in the park, I didn't know her, I didn't know her, no number no nothing just one of those things, casual sex with her, told the next day she had this, she had that, nightmare and all the rest of it, so I had to come down and check it out and see if I was had it, so that's why I came down'.* He decided to use this Centre because one of his mates had mentioned it. David thinks he has probably used the Centre himself. He emphasises that the reference was quite casual and jokey but it planted a seed in his mind and he decided to act on it. *'He said you better get yourself checked out and this, but I thought he was joking and that, but then he put it in my head and I thought I'm gonna have to go down here and get it sorted.'*

The interview data suggest that 'seeing what was like' may well involve attending with a male friend (who may well be using the service). In addition, this may overlap with 'getting condoms' as the interview data suggest that young men using a service for the first time with a male friend or friends may well take the opportunity to register with the service and obtain condoms even though it was not their primary motivation for visiting the service.

Table 4: Service users: Main motivation for first service use (n = 95)

	n	**%**
To get condoms	*51*	**54**
Girlfriend getting contraception	*10*	**10**
See what it was like	*10*	**10**
To find out about sex	*9*	**9**
Suspected STI	*5*	**5**
Someone wanted my company	*5*	**5**
No reason	*4*	**3**
To get advice/counselling	*3*	**2**
Pregnancy test	*3*	**2**

Analysis of the survey data suggests that there is no significant relationship between age of first service use and main motivation but within the interviews there did seem to be trend for those young men who were younger when they first visited a service to do so with male friends either as a support while they got condoms or as part of group who were 'checking out' the service or for 'a laugh'. Among those who were older at first service use there was tendency for them to refer to some specific sexual health need or interest including getting tested for STIs. Obtaining condoms and supporting a girlfriend seem to be motives which applied equally regardless of the age at which interviewees had first used a service.

The views of young men who had not used services on what might motivate them to do so showed that obtaining condoms was cited by a similar proportion of young men in this group as a potential motive for using a service (52% said it was either 'very likely' or 'quite likely' that they would use a service if they needed condoms). However, worries about possible

exposure to a STI, being asked by a 'mate' to accompany him, worries that a sexual partner was pregnant, and accompanying a girlfriend to get contraception were all cited as even more likely to be motivations to use a service.

Table 5: Service non-users: Perceived likelihood of factors motivating service use (n = 120)

	n	**%**	
Highest likelihood	*87*	**73**	Suspected STI
↕	*80*	**67**	A mate asked me to go with them
	78	**65**	I thought a girl I had sleep with was pregnant
	69	**58**	Girlfriend wanted contraception
	62	**52**	I need condoms
Lowest likelihood	*61*	**51**	I needed some advice

Of course, these data are not strictly comparable to that which was generated by an analysis of the responses of young men who had used services because the one refer to experiences of and the other to perceptions of the likelihood of each factor being a motivation to use a service. To some extent the differences in the ranking of motivations can be seen as reflecting this. For example, the interview data suggest that many young men have an exaggerated sense of the risks of unplanned pregnancy and contracting an STI and especially the severity of the effects of acquiring an infection. Among those young men that have used a service these risks are not widely reflected in their experiences and hence rank fairly low down as motivations for service use. In contrast, for young men who have not used a service this over-amplified sense of the risk of conception and infection is reflected in their responses to questions about what might motivate them to use a service.

In addition, we might expect young men's motivations to change with age and some of these differences in the ranking of motivations may reflect the fact that some of young men who had used services had done so when they were one or two years younger than those young men who comprised the group of respondents who had not used services. Therefore, it is important to regard these survey data as complementary.

4.4 Circumstances and conditions of first use

Main findings and results

- A range of factors, circumstances and conditions have a bearing on if and how young men choose to translate their motivation to use sexual health services for the first time into action.
- Members of young men's peer networks and girlfriends play an important role as informants about services and may also be supporters and facilitators of service use by young men. Young men may look to other young people to support and accompany them to services and also first them as supporters of others.
- SRE in school and professionals working with young people are also providers of information about services. Some young men may 'check out' a service as part of group of young men as a result of these interventions.
- Family members may also support service use. Young men may turn to parents and carers when they face a crisis and through them use a service. Older male relatives sometimes inform them and even introduce them to services and ,may supply condoms.
- Young men tend to have a fairly narrow perception of the function of services as providers in relation to 'clinical' sexual health needs like contraception, STIs and pregnancy. They prefer to turn to friends and family for advice on affective issues around relationships.
- Young men may be deterred from using service because they expect it to be embarrassing because it involves talking about sex. They may also be concerned about being chastised by health professionals for risky behaviour.
- Many are also concerned about their confidentiality. These anxieties do not focus on services breaching confidences but friends and especially parents finding out that they have used them and this leading to stigmatisation and raising questions about their sexual behaviour.
- Young men are generally positive about protecting their sexual health and services. Those who have used services are slightly more positive than those who have not reflecting the impact of their experiences.
- Young men may face structural barriers to service use including accessibility and perceptions that they are being excluded from consultations that involve girlfriends. Few young men who use services have detailed knowledge of service opening hours.
- Few young men use services regularly and frequently although they tend to display loyalty to one service. Access may affect patterns of attendance. For those who use services primarily to obtain condoms the cost and time involved in travel may be more onerous than sourcing them commercially.
- A few young men take advantage of other provision offered by services once they have begun to use them. Older young men may take up STI screening especially those generally well-motivated to take care of their health.

Combinations of motivations, sexual behaviour and relationship status are important factors in young men's first use of services and suggest two models of young men's routes to service use which can be broadly characterised as 'planned' and 'responsive'. When young men are first using services to obtain condoms this tends to part of planned process. This is also the case when their first visit is along with girlfriend who is seeking longer-term contraception even though their role is often passive in these cases. Needing to obtain testing or treatment for a STI and seeking emergency contraception and/or pregnancy testing belong in the category of responding to a crisis or problem.

However, this model is fairly crude and does not in itself provide a comprehensive explanation of the 'drivers' which move young men from service non-use to use. The data generated through this study suggest that a range of conditions and circumstances need to be taken into

account in order to articulate the links between motivations and service use. Many of these apply to both service users who are 'planners' and 'responders'.

4.41 Informants, supporters and facilitators of service use
Knowing about services, what they offer, where they located when they are available are all important conditions for use. Data in this study suggest that young men rely heavily on girlfriends, male and female friends and to a lesser extent, family members as sources of information about services. Additionally, the translation of knowledge into action seems to be highly dependent on these same individuals and groups playing roles as supporters and facilitators of service use especially by accompanying them on their first visit. As Tables 6 and 7 report the vast majority of young men involved in this study found out about services via other people in their peer group.

Table 6 reports a 'mate' who had themselves used the service was the most frequently cited source of information about it and taken with 'a mate' who had not used the service was referred to by two thirds of respondents. Interestingly, a 'professional' (either through lessons in school (29%), youth work or *Connexions (7%)*) was the next most frequently cited source of information. Girlfriends and publicity (leaflets and the internet) were cited with roughly equal frequency.

Table 6: Service users: Sources of information about services (n=93)

	n	**%**
Mate (service user)	*52*	**56**
Professional	*33*	**36**
Girlfriend	*17*	**18**
Publicity material	*16*	**17**
Mate (service non-user)	*9*	**10**
Family member	*7*	**8**

Table 7: Service users: Accompaniment on first visit (n = 93)

	n	**%**
With a mate	*38*	**40**
Girlfriend	*21*	**22**
Alone	*17*	**18**
With a group of mates	*11*	**14**
Family member	*6*	**6**

Table 7 reports that young men first visited a service in the company of a 'mate' and taken with visits made in the company of a group of young men these account for the majority of all first visits (54%; n =49). Around a quarter of all young men first visited a service along with their girlfriend (22%; n=21) and only 14% (n=11) on their own.

4.42 Male friends as informants, supporters and facilitators of service use
John's, Luigi's and Davie's accounts all demonstrate the importance of members of the male peer group as both sources of information about and also supporters or facilitators of first service use. In these accounts male friends provide a guide to what services are on offer, where and when these are available, some level of reassurance about what the processes of engagement will involve and, above all, moral support. This role is particularly well illustrated in Luigi's account where his friend contrives to introduce him to a service by making an apparently casual visit thus mitigating embarrassment and reducing the likelihood of a refusal. In Luigi's case, once there his friend persuades him to use the service at least in part by shaming him.

In addition to illustrating the importance of male friends in young men's first service use the interview data provide some insight into the processes by which this sharing of information and experience takes place. Characteristically, information about services may be either actively sought or passively received from male peers. Both the quality of peer relationships and the purpose a young man's proposed visit seem to influence which form information gathering takes. For example, where relationships with male friends who have used services are close a young man may ask them directly for information about it. Interview data suggest

that this is especially likely when the purpose to which the information will be put is perceived to be legitimate and not to compromise or embarrass a young man. Obtaining condoms for first sex is good example of this kind of purpose. Where the relationship is less close and disclosure of interest in learning more about a service might involve compromising or embarrassing disclosure the interview data suggest that young men are less likely to actively ask for information than to glean it from casual conversation within the peer group (for example, Davie's account above).

Other Interviews gave some insight the conditions under which young men's first visit to service had taken place as part of a group. This tended to be the case when the first visit had taken place when men when younger (often 14 years old and under) and the purpose of the visit was often described as 'to have a laugh'. Inspiration might come from an intervention in school or hearing about the service through older friends or male relations. Damien's account, below, is archetypical of visits of this kind.

Damien
Damien heard about the Centre from his older brother who had used it. One day he and some mates decided to '*check it out'* and to get some condoms. *'It was a laugh like, I was only, like… well, I was, I was young, like, that was the first time, like, but then I never went after that and then I started going when I, when I was needing to come, like.'* Damien and his friends registered that day by pretending that they needed condoms even though none of them were sexually active. *'I just blew them up.'* This visit made it much easier for Damien to come to the Centre again about a year later when he had his first sexual relationship. He felt able to discuss contraception prior to having sex and use his registration to get condoms *'for real*': *'I was going with a girl for a few months and…we talked about it and we came first…and I came and got condoms and all that.'*

The importance of peer relationships between young men with regard to first service use was also very evident in the survey data relating to non-service users. There was strong evidence to suggest that these young men see themselves as involved in peer networks where they might be both supporters of other young men using services and galvanised to use services of themselves by peer support. For example, with regard to supporting other young men around two thirds said that accompanying a male friend would be a motive for using a service for the first time (67%; n = 80) and just under half said that if they used a service they would do so with the support of a 'mate' (41%; n = 49).

4.43 School and professionals as informants
Schools and youth and *Connexions* workers all figured fairly prominently as sources of information about services for young men as Baz's account, above, illustrates. However Baz was a rarity among interviewees in actively seeking out information from a professional (in his case *Connexions* Adviser). In the majority of cases interviewees had adopted a more passive role many recalling receiving information via SRE provision through schools. In general, this had happened some time prior to interview and a year or two before they had first used a service. Where service use happened close to this intervention it tended to resemble the experiences of Damien, described above, in that it often involved group of young men visiting a service 'for a laugh'.

Interestingly, in the survey data schools and other professionals figured as a more significant source of information about services for young men who had not used them than among young men who had (63% of non-service users cited them as them a source compared to 36% of service users). This may reflect either an increase a greater exposure to these interventions among young men in this group, although it is more probably that among service-users other sources become more important as they translate intentions to use services into action and seek more detailed and relevant information from among peers and friends who have direct experience of service use.

4.44 Girlfriends as informants, supporters and facilitators of service use
Girlfriends seem to play a different role to male friends in relation to young men's first use of services. Whereas 'mates' might be associated with service use as informants, supporters or

because they required support, using services for the first time with a girlfriend always involved young men in an ancillary or supporting role. This might involve providing moral support, be a product of a sense of involvement in decision-making about contraceptive and sexual health or flow from a sense of duty. James account, above, represents the experiences of those young men who were at least, neutral and at best positive about engagement with services with a girlfriend as part of their mutual responsibility for their sexual health and well-being. In contrast, the account from Saul below illustrates a quite different arrangement in which his antipathy towards service use is barely contained and it is evident that he feels under duress to accompany his girlfriend out of nothing more than a sense of duty. He is taking no active part in the use of the service despite that fact that it is obtain condoms.

Saul
Saul is 18 and making his second visit to a Brook Centre. He is with his girlfriend who is here for condoms and some '*advice'*. They have been going out for about six months. He first came about a month ago, again with his girlfriend and under duress: *'Just cos she just comes, and…She's been twice….I've just been once before with her about a month ago*'. Saul says that he '*had to come'* now and then. He didn't know the service existed and thinks that his girlfriend found out through her friends at school. They have always used condoms since they started having sex and always got them from the Centre. He finds the whole experience embarrassing. He doesn't want anyone to know that he has used the service and doesn't think any of his friends do. If they asked him directly he would admit to it but otherwise he would not tell them.

4.45 Family as informants, supporters and facilitators of service use.
Only a small proportion of interviewees and young men completing the survey who had used a service reported any familial involvement in their first service use either as providers of information, or more rarely, as supporters and facilitators of their first service use. Among young men who had not used services family members were equally rarely cited as important providers information about services (5%; n = 6). Despite this lack of familial support as many young men seemed satisfied with the situation as did not. Responses to the statement 'My family has given me good advice about sex' indicating that 35% either agreed or strongly agreed and 27% either disagree or strongly disagreed.

Where it does take place interview data suggest that familial involvement takes the form either of either elicited or unelicited advice, information or support. In neither case does this seem to involve providing detailed information about services. In most cases where young men actively elicited parental advice or support it was associated with facing a crisis or severe problem as Robbie's account above illustrates. In these cases the quality of the relationship was important, but was not critical to young men because the severity of the problem meant that they felt that they faced little choice but to seek help or advice. In these situations interviewees were equally divided on whether they chose to talk to a male or female parent or carer. There were a few exceptions, as Peter's account, below, illustrates, where young men had such open relationships with a parent or parent that they regarded them more as 'sounding board' for their concerns and approached them when the problem was less serious.

Peter
I will talk about the Brook and stuff to her and about like going out and I wouldn't go into like detail like 'Oh yeah I did this', but she knows like it's ok. And like I'm really open with her about everything with my mum and dad so when I was really scared and I was like, 'Ok mum I, I think it's like nits or something down there' and she was like 'Oh right ok I didn't know you could get nits down there' and I was like, 'Yeah I think it's crabs actually' and she's like. 'Oh right ok'.

In contrast to parents and carers, it was other family members who were seen as the principal providers of detailed information and support with regard to using services. Older brothers, cousins and other young male relatives all figured in interviews in these roles. In some case

that provided condoms to young men, directed them to services and spelt out what they provided and what their use entailed, and, in a few cases, escorted and introduced young men to them.

4.46 Attitudes towards and beliefs about services and sexual health.
Overall, survey data suggest that the young men involved in this study have broadly positive beliefs and attitudes about sexual health issues and services (see tables 9 and 10 below). However, these need to seen in the context of their clear, but limited ideas about the role that services play in supporting their sexual health and willingness to talk to anyone about sexual health issues. As table 8 below reports, young men responding to the survey identified services and health professionals as highly preferred sources of advice on essentially clinical issues like STIs, contraception and pregnancy. Conversely, partners, friends and family were more frequently highly ranked as preferred sources of advice on affective issues including relationships, sexuality and sex. However, while the selection of preferences also suggests that young men are relatively willing to talk about contraception and STIs the total numbers willing to talk anyone on other issues is much lower and amounts to less half for sexuality. Analysis of data by service use showed no significant differences in the views of young men who had and had not used a service.

Table 8: Preferences for sources of advice on sex and sexual health issues (n=215)

	1st preference			**2nd preference**			**3rd preference**		
		n	**%**		*n*	**%**		*n*	**%**
Sex	Friends	*73*	34	Girlfriend	*49*	23	Health professional	*47*	22
Relationships	Parents	*77*	36	Friends	*69*	32	Family	*60*	28
Contraception	Health Professional	*114*	53	Friends	*56*	26	Girlfriend	*43*	20
STIs	Health professional	*123*	57	Friends	*43*	20	Girlfriend	*32*	15
Sexuality	Friends	*39*	18	Parents	*26*	12	Health professional	*24*	11
Pregnancy	Girlfriend	*54*	25	Health professional	*52*	24	Friends	*41*	19

Despite clear apparently fairly clear ideas about what they would prefer to use services there is evidence that of a range of concerns may have either a deterrent effect or delay young men's first use of them. Recalling the first time that they had used a service a large majority of interviewees mentioned feeling embarrassment (79%; n = 26). This had several dimensions including prospective concerns about having to talk to a professional about sex, being seen by peers, and, as Charlie below implies, having to risk a loss of face. This had particular salience for young men who felt that they had 'failed' in some way either by not using condoms or contraception or having sex when drunk or in the context of a casual encounter.

A few interviewees also talked about being embarrassed to ask for condoms. Some of these young men felt that there was a degree of stigma attached to *'getting them for free'* especially if they believed that members of their peer group took the view that it was '*cheapskate'* not to pay for them.

Charlie

Charlie first used a service when he was 15 years old. He had had unprotected sex with a young woman at a party and several days afterwards '*had an itch*'. He decided to visit a Brook Centre for an STI test. He described 'casing' the Centre prior to making his first visit and trying to pick a time when he thought it would be quiet and he would able to '*slip in and out*'. He knew he would have to use the service but felt he had to get over his '*pride*'. *'Yeah that's it that's the word proud yeah, nervous, nervy the first time you come down here, no matter how old you are the first time you ever come here you be nervous. Or the second time whatever, but this isn't like, 'cos it's a personal thing you don't wanna be around a lot of people. You'd rather just go in the one little room with someone that you don't know who you go and see nothing.'*

A small number of interviewees also mentioned the deterrent effect of worries that using a service might entail the embarrassment of a physical examination. In this context some young men referred to the 'umbrella' treatment involving the insertion of an 'umbrella' into the urethra, opening and extraction. They seemed to display some ambivalence about the veracity of claims within the peer group about the existence of this procedure. Even where they could cite occasions on which relatives had undergone this procedure they seemed sceptical about its existence and aware that it might be an 'urban myth' referred to within the male peer group as means of '*winding each other up*'.

A high proportion of interviewees also described having concerns about confidentiality (67%; n = 22). These overlapped with worries about being embarrassed where they involved concerns about being seen by peers while using a service which might lead to rumour-mongering and stigmatisation and being seen by family members of associates which might lead to a *de facto* disclosure that they were having sex. Few interviewees expressed any concerns about professionals within the service breaching their confidence although some wondered why they were required to personal information at reception. In general, these young men could see no reason for taking names or contact details.

Among those interviewees who had first visited a service when they were in their early teenage years there was some evidence that they had concerns about being turned away as ineligible because of their age and because they were sexually inactive.

Some interviewees felt that sexual health services were primarily for young women and visits had nothing to alter this view because, by and large, when they had used the service vast majority of clientele had been female and, overwhelmingly, so too were the staff. Views were mixed about the extent to which this represented a deterrent to use although young men who had used services felt that it might put off male peers especially those who had no pressing motive for using a service. The impression that services were female oriented could also be reinforced by the procedures adopted by services when young men came in support of their girlfriend. As Richard's accounts below illustrates although he may have been excluded from the consultation with his girlfriend for good reasons these were evidently not made sufficiently clear to him to counter his feelings of being disregarded by professionals.

Richard is 17. He had first used a service as a support for his girlfriend following a joint decision to stop using condoms and move to the contraceptive pill or implants. Unfortunately, Richard's expectations of involvement were thwarted by the demands of the consultation procedure in which he was denied involvement. *'Well she [my girlfriend] went in [to the consultation] but the nurse wasn't happy that I went in with her…It was more of a private thing, which I was surprised about as I'd like to get involved as well, 'cos it's kind of my life as well if something does go wrong, so I wasn't really happy about that.'*

The survey data relating to young men who had not used services add some perspective to the extent and scale of the concerns aired by young men in interviews. As table 9 below reports the ranking of concerns by non-service using respondents to the survey is similar to that reported by interviewees, however, on every item a greater proportion of young men described themselves as only likely to be deterred from using a service 'a little' or 'not much' rather than 'a lot'. In fact, only with regard to the issues of being asking embarrassing questions and being seen using the service by someone that knew them did greater proportions of young men think that they might be deterred from using a service than said that that they would not be at all deterred from doing so by these concerns.

Table 9: Non-service users: Attitudes towards and beliefs about services (n = 120)

	A lot		Little/not much		Not at all	
	n	%	*n*	%	*n*	%
I might be asked embarrassing questions	*28*	**23**	*70*	**59**	*22*	**18**
Someone I know might see me	*22*	**18**	*82*	**68**	*16*	**14**
I would feel silly asking for condoms	*19*	**16**	*59*	**49**	*42*	**35**
Worrying that my parents might find out	*18*	**15**	*56*	**47**	*46*	**38**
I would expect to be the only man there	*13*	**11**	*68*	**57**	*39*	**32**
Worrying that I wouldn't be taken seriously	*11*	**9**	*67*	**56**	*42*	**35**
I was worried that I would be too young	*7*	**6**	*66*	**55**	*47*	**39**

Comparison of these responses to the equivalent items which related to the experiences of young men who had used services shows a similar ranking and distribution although among that this latter group there is tendency for young men to report slightly lower levels of concern on all items. This may reflect the mediating effects of their experiences of service use on their recall of their feelings.

Table 10: Service users: Attitudes, values and beliefs about sex and sexual health (n = 95)

	Agree/ strongly agree		Neither agree not disagree		Disagree/ strongly disagree	
	n	%	*n*	%	*n*	%
Sexual health is man's responsibility	*34*	**36**	*35*	**37**	*26*	**27**
Using a clinic gives you a bad reputation	*4*	**5**	*24*	**25**	*67*	**70**
Its only people who sleep around who get STIs	*19*	**20**	*21*	**22**	*55*	**58**
I would never have sex without using a condom	*32*	**34**	*21*	**22**	*42*	**44**
You take your sexual health more seriously as you get older	*61*	**64**	*23*	**24**	*11*	**12**
I am worried about STIs	*57*	**60**	*22*	**23**	*16*	**17**
Talking about sexual health is part of being in a relationship	*66*	**69**	*19*	**20**	*10*	**11**
I don't need any help or advice – I am doing fine on my own	*38*	**40**	*34*	**36**	*23*	**24**
If a girl is on the pill or using an implant I don't worry about contraception	*21*	**22**	*24*	**25**	*50*	**53**
I take looking after my sexual health more seriously than my mates	*46*	**48**	*36*	**38**	*13*	**14**

The survey also contained some measures relating to attitudes, values and beliefs about sex and sexual health more generally. Results for these measures for young men who had used services are reported in table 10 above . These results show that the majority of these young men have positive beliefs and attitudes towards sexual health and services although there is ambivalence about always using a condom for sex and needing help and advice. In the former case this may reflect a justifiable belief that under some circumstances not using a condom does not equate with increased risk of adverse outcomes, for example when both partners know that they free of STIs and using other forms of contraception.

Interestingly, analysis of equivalent data provided by young men who had not used services showed some slight, although not statistically significant differences. Although the pattern and distribution of their responses paralleled that of young men who had used services there was tendency towards greater negativity. On some items this quite marked, for example around 10% fewer of these young men either disagreed or strongly disagreed that they took their sexual health more seriously than their peers and a similar proportion either agreed or strongly agreed that there was no need for them to worry about contraception if their female partner was using either the contraceptive pill or an implant. On others the differences were much less distinct with around 2% more either agreeing or strongly agreeing that using a

service might result in damage to their reputation and 4% either disagreeing or strongly disagreeing that they were worried about STIs.

4.47 Structural issues affecting in service use

Roughly similar proportions of interviewees (around 18-20%) mentioned Centre location, opening hours and transport as issues which they perceived could have a deterrent effect on young men's use of services. For some young men there were no services near to where they lived and paying a visit to the centre involved a long journey by public transport or organising a lift or access to a car. For others the journey, access to transport and opening hours intermeshed as issues. Public transport might not be available at times when they were free and the Centre open and if they had to make the journey at other times they had to organise it carefully so that their absence from school, college, work or home did raise questions about where they had been. Responses to the survey from service users suggested that very few found services hard to find (1%) but that many lived, studied or worked some distance away (53%) and had to use public or private transport to reach the service (70%).

4.48 Patterns of service use

Data on which services young men had used the first time that they had accessed help, advice, support, treatment or contraception were gathered from interviews and via the survey. In addition, in interviews young men were asked to describe the pattern and frequency of their use of services. The results of the survey are reported in table 11 below showing that Brook Centres were by far the most frequently cited service for young men's first visit (60%; n = 57), doctors accounted for 15% (n=14) of all first visits and a variety of family planning and young people's clinics for further 10% (n = 9). Small numbers of respondents cited NHS walk-in services and the remaining either school-based clinics or outreach as their first service use.

Table 11: Service users: Nature of service at first visit (n = 95)

	n	**%**
Brook Centre	*57*	**60**
Doctors	*14*	**15**
School based and outreach	*10*	**11**
Family planning	*7*	**7**
NHS walk-in	*5*	**5**
Young people's clinic	*2*	**2**

Among interviewees around a third had used their local Brook Centre around once a month since first use (36%; n=12) and a further 18% (n=6) around every two months. A further third (n=4) characterised their use as irregular. Interviewees suggested a number of factors influenced their pattern of attendance. These included whether or not they could obtain condoms from other sources, the accessibility of the Centre and whether or not that had been asked or offered to bring other people. In fact, in a few cases the frequency of interviewees' use of services reflected their role as important advocates for the service and supporters of other young people's use as Paul's account below illustrates.

Paul

Paul is 18. he has been coming to centre regularly to get condoms. He passed by on his journey between College and the bus station. He actively promotes the service within his peer group and has accompanied friends on several occasions. *'I've actually brought two girls here, A girl from my college she needed the morning after pill and I took her here. And like one of my friends she started going out with a guy and she didn't have any condoms so I got her here so I've brought a couple of people and like a couple of mates from school like boys and stuff so. I just like, impose myself and telling them like oh you can go to the Brook.*

Interviewees reported high levels of loyalty to Brook Centres and tended not to have used any other service either before or since their first visit. Where young men had used a Brook centre more frequently and regularly this tended to be in order to obtain condoms. Less regular and frequent attendance was associated equally with obtaining condoms elsewhere and the

accessibility of the Centre. Few young men made trips only to use services and hence attendance partly depended on whether they passed by in the normal course of their business.

Interviews suggest that repeated use of a service to obtain condoms reflects a combination of its accessibility, and a growth in confidence which comes with experience of familiarity with the environment and its procedures. Overall, interviewees had little knowledge of service opening hours and many were not aware that some provide clinics dedicated to young men. Typically, they talked about '*popping in*' and disliked waiting and lengthy procedures for registration and obtaining condoms. Many, especially those seeking condoms, would not make a special trip to service and if this involved a long journey felt that the cost in time and money was too onerous compared to the purchase price of condoms from local commercial outlets.

Even among fairly regular service users there was no evidence of a natural progression to engagement with other provisions of a service unless there was some pressing need for this. The only exceptions were among older young men some of whom had identified that services offered STI screening and would use these for 'check-ups' either between sexual partners or on a six monthly basis. Typically these young men were more familiar with other services, acutely conscious of protecting their health and chose Brook centres because of their convenience, accessibility and perceived expertise in sexual health matters, as Winston's account below illustrates.

Winston
Winston is 19 years old. He is a committed sportsman and so has routinely used his GP for health screening for some years. He regards it as part of his fitness routine: *'That's right yeah, I mean I always, cos I used to do athletics and sports as well, so I always pretty much go for check ups and stuff like that*'. He had turned to a sexual health service for STI screening primarily because his current girlfriend was using this service and they could enrol together and seek screening at the same time. The service is also quicker and friendlier at the Centre. *'I found out through my girlfriend really, I mean I like I said I normally go to my normal surgery, but we find that the staff here are very useful, and friendly and you know, the waiting period is obviously reduced as well.'* He also thinks that the specialist knowledge available here is an asset and compares it experiences of other non-specialist services which he thinks give less detailed advice. *'Yeah really rubbish, they get you in and you describe something to them or you ask a question and they just kind of fob off answer, I could have read that in a textbook, do you know what I mean?*

5. Discussion
Although this study did not involve the deployment of a particular theoretical model of health-related behaviour to account for young men's first use of sexual health service it is tempting *post hoc* to see the findings and results in the context provided by this field of activity which, in general terms, posits that health-related behaviour is an outcome of the interplay of a range of psychological and social factors - attitudes, knowledge, values and beliefs, intentions, perceptions of need and social background, circumstances, opportunities and resources.

In psychological terms, this view is particularly attractive as themes around the motivations to use services which constellate around accessing condoms, the tensions between young men's positive attitudes towards sexual health and services, protection of their sexual health and fear of adverse outcomes associated with risky sexual behaviour, which could be easily accommodated within such a model, all figure prominently in data. However, this study did not involve the collection of the robust socio-economic and demographic data which would be required to employ such an approach nor is it appropriately geared in terms of sampling to fully pursue this avenue. In fact, the study design, especially with regard to sampling, may be one of the reasons for the lack of evidence for significant differences between service users and non-users which might have expected to be revealed by the rigorous use of a robust theoretical model of this kind. As it is, this study suggests that very little separates the views

of young men who do and do not services and that what triggers first service use is a highly dynamic relationship between motivations, conditions and circumstances. There seems therefore, to be an opportunity for further research which pursues the applicability of one or other of the theories of health-related behaviour to the issue of young men's use of services and in doing so, tries to shed some light on the extent to which the lack of evidence of marked differences on attitudes, knowledge, motivations and so on between service users and non-users is either an effect of the design or theoretical weaknesses in this study or can be found to exist within other frameworks.

Although this consideration about sampling issues arises out of questions about the potential theoretical context and design of future studies in this field it is also important to consider them in order to ensure that the findings and results that precede this discussion and particularly the conclusions and recommendations that follow it are set in their proper context.

The exploratory (rather than experimental) nature of the principal research questions, the limitations of finance and circumstances all contributed to the development of this study design. Within these constraints and because of the involvement of Brook and the available methods of accessing young men through this organisation sampling was essentially purposive. This may have had limiting effects on the kinds of young men who participated and hence the applicability of the findings and results to wider constituencies.

Participants in this study were young men within a fairly narrow age range, recruited to interviews via one organisation in the voluntary sector (albeit in 3 Centres), and to the survey predominantly through one kind of educational setting. The extent to which this sampling strategy introduced a bias into the study is hard to assess with confidence. To take as an example the issue of the finding that most of the participants who had used a service had used a Brook Centre. One the one hand this finding may suggest a bias due to sampling. However, on the other hand, it may also indicate that young men largely eschew the use of other services where Brook is present. Only research based in other service settings would help to clarify both these issues.

In order to try and identify the representativeness of the sample in terms of Brook clientele data were collected on male service users in the month prior to the interview phase of the study. However, these administrative data only record young clients who enter a consultation or receive a service in person and therefore provide a severely limited basis for achieving this assessment since so many of the young men involved in the study were doing neither, using a service in the role of supporter or facilitator for someone else. This, of course, raises interesting questions about data on young men's use of services reported elsewhere which, if generated on the basis of similarly constructed administrative record-keeping may significantly underestimate their presence in services.

Another effect of the design of the study is the lack of directly comparable data for service users and non-users curtailing any analysis of factors, conditions and circumstances which lead to service use in order to establish predictors of this behaviour. Essentially, although many measures for both constituencies are similar, those deployed with service users reflect experiences of services and those deployed with service non-users, expectations. It may be that where differences between these groups do emerge in results of analysis of survey data that they reflect among service users the impact of service use on knowledge, attitudes and beliefs and among non-users, a degree of positioning of responses so as to rationalise their non-service use. Some elaboration of these differences might be achieved by further study which includes interviewing service non-users.

In addition to these considerations about the representativeness of the study sample it is also important to note the invisibility of homosexual young men within the study. Although care was taken to ensure that both the interview schedule and questionnaire were inclusive on this point no young man identified himself as gay in interview and on only two occasions did any respondents to the survey do so, and then inconsistently.

Without gainsaying the conclusions which follow a number of other issues emerging from the findings and results warrant some discussion. To some extent the findings and results of this

study reinforce those from other research. They confirm that many young men's knowledge about services is at best patchy and that they have a fairly narrow perception of the provision that they offer. They also confirm and elaborate the associations between first sexual intercourse, relationship status and service use especially with regard to providing some insight that roles that negotiation and planning of first sexual intercourse in stable relationships and young men's fears about their susceptibility to STIs and unplanned parenthood in casual relationships play in motivating young men to use services to obtain condoms.

With regard to these issues and others the effects of masculinities is more powerfully evident here than in most research and raises some interesting and challenging questions. For example, the protective qualities of pejorative views about the risks posed to young men by young women as sources of STIs is very clear, especially for those young men who have casual sexual relationships. While no doubt service providers will welcome young men's risk awareness and aversion as motives for using services the combination of gender stereotyping and, in particular, an exaggerated sense of their vulnerability to STIs and the deleterious effects of infection which these rely on represent an unhealthily negative and factually inaccurate basis on which to stimulate young men's enthusiasm for using services.

Young men's tendency to see services as either providers of free condoms or places to turn when they face a crisis (specifically around a 'pregnancy scare' or suspected STI) also reflects a typically masculine and highly functional view of sexual health and services which providers must acknowledge and consider how to respond to.

On a more positive note, there is also evidence that for some young men service use may be perceived as status enhancing. Certainly some of the interview data suggest that service users see themselves as more responsible and more mature than their peers and as having overcome obstacles like embarrassment to user services. It may even be that urban myths about services like that involving the 'umbrella procedure' are part of a cultural folklore which young men are happy to sustain because it can make their use of services seem all the more 'manly' because it involves coping with and facing up to these challenges.

6. Conclusions

This study set out to answer two principal questions: What influences boys' and young men's decision to access sexual health services for the first time? And, what are the implications for service development and the promotion of services to young men? In order to achieve this, the study involved three phases; a review of the academic literature, face-to-face interviews with 33 young men and a survey of 215 young men via self-completion questionnaire.

In many respects this study confirms the findings and results of earlier studies with regard to the main motivations and factors which affect young men's use of sexual health services. It also elaborates our understanding of these especially with regard to the conditions and circumstances which surround young men first use of a service. This contribution is critical because, as this study helps to demonstrate, first use of a service plays an important part in shaping young men's subsequent expectations of services and may influence their patterns of use in the future. In addition, the deeper insight into these first visits is particularly important in furthering thinking about the refinement of interventions targeting young men and aiming to promote their use of services.

The main conclusions are as follows:

First sexual intercourse was an important 'trigger' event which initiated first service use for many young men. The association between these events has been well reported but little investigated in detail up to now. This study demonstrates that service use came into young men 'vision' at this time principally as a means to obtain condoms. For those men in 'steady' relationships characterised by a significant emotional attachment to their girlfriends service use was often part of the process of negotiating and planning their first sexual intercourse. For others, engaged in casual sexual relationships, service use to obtain condoms was primary motivated by concerns to be protected against risks of STIs and unplanned conception.

Further light is also shed on the reasons for the well reported delay between first sexual intercourse and first service use. Unlike some other studies we found no evidence of long delays and, more importantly, no evidence that any delay equates with risky sexual activity. Most young men used condoms for their first sexual intercourse and thereafter prior to using services obtained these from commercial or other sources. Some young men felt that they need to 'get sex over with' before they could turn their attention to using services, others waited until they are settled in having sexual intercourse regularly. With more frequent sexual activity the financial burden of buying condoms may become a factor in using service. In addition, over time and with an increasing sense of ease with their sexual lives many young men felt more confident about engaging with a service and particularly talking to a professional about sex and sexual health.

These findings also suggest that for some young men service use is perceived as part of a process of maturation. With first sexual intercourse 'out of the way' and some experience of relationships they feel more adult and service use is an extension of this sense of maturity and responsibility.

Where there was evidence of young men using services a fairly long time prior to their first sexual intercourse this was most often associated with visits made as part of a male group and often to 'have a laugh'. These visits may have been prompted by interventions promoting services made in schools.

A very high proportion of young men use services for the first time in the company of others, predominantly male friends and girlfriends. Where they come with male friends they may not be intending to actively use the service but supporting their friend who is. Young men sometimes engage with services via these visits as supporter. Where they come with girlfriends they are almost always in a supportive role and take no active part in consultation processes. So numerous are these visits as a supporters that data which record consultations and active engagement with services suggesting young men may only comprise 20% of service clientele may be widely under-estimating the presence of young men. Inevitably, these young men who do not appear on service administrative records are gaining valuable insights in service provision and procedures which influence their future attitudes and proclivity to using services in their own right.

First service use may also be motivated by 'crisis management' this might be either because a girlfriend needs a pregnancy test, or because they suspect that have contracted a STI. A range of factors, circumstances and conditions have a bearing on if and how young men choose to translate these motivations to use sexual health services for the first time into action.

As the data on the supportive role of male friends and girlfriends suggest young men's peer networks play an important role as informants about services and may also be supporters and facilitators their use. SRE in schools and professionals working with young people are also providers of information about services as are family members. Parents seem to be turned to when young men face a crisis and may be actively involved in supporting service use. Older male relatives tend play a role as informants and sometimes to introduce young men to services. They may also be providers of condoms.

Young men tend to have a fairly narrow perception of the function of services seeing them primarily as providers in relation to 'clinical' sexual health needs like contraception, STIs and pregnancy. They prefer to turn to friends and family for advice on affective issues around relationships.

Along with this narrow view with its potential deterrent effects on seeking support on issues like information and advice on sex and sexual health young men are concerned about using services because they expect it to be embarrassing because it involves talking about sex. Where they have engaged in risky sexual behaviour they may also be concerned about being chastised by health professionals. Many young men are also concerned about confidentiality. These anxieties do not focus on services breaching confidences but friends and especially

parents finding out that they have used them and this leading to stigmatisation within the peer group and prompting parents to ask questions about their sexual behaviour.

Despite these reservations this study found that young men are generally positive about protecting their sexual health and using services. Those who have used services are slightly more positive than those who have not probably reflecting the impact of their experiences.

For some young men there are some potentially serious structural barriers to service use including accessibility and perceptions that they are being excluded from consultations that involve girlfriends. Few young men who participated in this study had any detailed knowledge about service opening hours.

Few young men used services regularly and frequently although they tend to display loyalty to one service. Access may affect patterns of attendance. For those who used services primarily to obtain condoms the cost and time involved in travel may have been more onerous than sourcing them commercially. Young men's lack of experience of other services and 'brand loyalty' suggest that sexual health services may be '*de facto'* gate-keepers in terms of shaping young men's expectations about other services.

There is some evidence that motivations for and patterns of service use may change with age. Many young men in relationships move from using condoms to other forms of contraception, particularly the contraceptive pill and implants. They therefore no longer use services to obtain condoms and may visit, if at all, primarily in the role of supporters of young women. In addition, some young men seem to become more aware of STIs and may seek screening. This seems most likely to be the case when either they have had experience of infection and/or are well-motivated to take care of their health.

7. Recommendations

The findings and results of this study underpin the following recommendations which focus on two allied areas of activity; the development of services in ways that increase and enhance their potential to engage with young men, and work which targets young men with the aim of raising of their awareness of and encouraging them to use services.

These recommendations should be of particular interest to practitioners who deliver and commissioners involved in strategy, development and purchase of sexual health services. For these professionals engaging with young men has particular pertinence given the emphasis placed on the role of services in sexual health promotion and the requirements of the Gender Duty which brings into sharp focus questions about responses to the gender imbalance between young female and male service users.

Young men's attitudes towards sexual health and motives for using services provide, for the most part, a positive basis on which to consider areas for developing services. The findings and results of this study do not suggest a need to radically overhaul or redesign services but to stop and reflect on if providers are acting in line with them. Certainly there is scope for focusing on the ways that provision is made and organised so as to ensure that it both acknowledges and engages with young men's needs, interests and concerns.

In fact, it is recommended that these needs and interests should be the key principles which underpin service development and the allied process of promoting services to young men. This study suggests that these include the following:

- Acknowledging that young men are interested in sexual health, be it protecting their own, or that of their sexual partners;
- Accepting that non-use of services is the norm among young men and that non-service use does not necessarily equate to risky sexual behaviour;
- Remembering that services appeal to young men when they offer what they want, not what service providers want or choose to offer;
- Expecting and accepting that for young men some degree of anxiety about service use is normal, natural and tolerable and does not necessarily militate against access - young men will cope with and overcome their anxieties when service use is important to them.

The sense of achievement associated with service use may also be status enhancing for some young men and thus a positive 'marketing' tool.

In this context, it is recommended that services ensure that the primary focus of their provision to young men falls on making condoms available. For so many this is their primary motivation for using a service and their needs in this respect are simple – for easy access, with the minimum of professional intervention. Services may already recognise this, but there may be scope both to emphasise that they do so and to simplify access. For some services this may mean thinking about how they promote services to young men and what promotional interventions and materials foreground. In addition, services need to ensure that thresholds to access are as low as possible with a focus on mitigating young men's concerns around engaging with professionals. 'C' cards scheme which enable young men to collect condoms simply on showing card may be a good model for achieving this.

Services also need to aware that they are effectively competing with commercial and other outlets through which young men can access condoms and that access thresholds may not be to be very high for young men to choose to use these,

Focusing on condom provision should not be undertaken at the expense of providing other services to young men but seen as a means to enable them to achieve an initial engagement with services on their own terms and identify what if any other services they need or want to use subsequently. In fact, for most young men these may be very few. This study suggest that young men already see sexual health services as providers when they face a crisis and will tolerate much higher thresholds to access which otherwise mitigate against service use because they perceive service use to be as inevitable.

The findings and results of this study also suggest that services must take the opportunity to respond to the large numbers of young men who are evidently visiting them in the role as a supporter of someone else. There young men will use these visits as a means to glean information about services which may influence whether they subsequently utilise themselves. Services should ensure that they are recording the presence of young men who visit services as supporters of others. This procedural change is an important first step in acknowledging their presence and will help to provide a firm basis for developing strategies aiming to engage with them. It is recommended that services should, at a minimum, provide information which is expressly and explicitly targeted at these young men. In addition, serious consideration should be given to actively engaging them, a process which should be predicated on acknowledging the role they are playing but not simply positioning them as a passive agent supporting someone else but a young person who has concerns and interests in the visit in their own right. This is evidently especially the case when young men visit with girlfriends as the findings relating to their sense of involvement and commitment to obtaining contraception and protecting their own and their partner's sexual health demonstrates.

The fact that most young men seem to use services irregularly and infrequently but are 'brand loyal' only serves to amplify the importance of this recommendation. Service must recognise that they make have few opportunities to impress young men with their usefulness and accessibility.

There is a serious issue to be addressed about some young men's exaggerated perceptions of their vulnerability to and deleterious effects of STIs. Although collusion with 'fear-based' beliefs may have some mileage in motivating some young men to use services for STI screening it seems too often to be associated with prejudicial attitude towards young women who are seen as the vector of transmission. This is factually inaccurate as well as essentially sexist and services risk their credibility as well as involvement in ultimately ineffective health promotion if they are seen as allied to the promotion of these views. It is therefore recommended that services play urgent and serious attention to identifying ways of positively challenging inaccurate knowledge and beliefs among young men and sexist attitudes.

This study has confirmed and elaborated the significance of first sexual intercourse as a trigger to young men's use of services. Services need both to focus and capitalise on this. It is

recommended that promotional information and interventions are wherever possible timed to coincide with the young men's first sexual intercourse and that the view expressed by them that using services to get condoms is a legitimate part of the processing of planning first intercourse (whether in stable or casual relationships) affirmed. In addition, the evidence within this study that service use can be perceived by young men as part of a process of maturation and becoming 'more adult' should also be utilised as a positive lever on promoting service use.

In addition, the young men involved in this study showed high levels of ignorance about service availability – only a few, even among service users, knew when services were open, for example. Therefore, it is recommended that services pay particular attention to advertising their opening hours. The high proportion of young men who have to make special or long journeys to use services also needs to be taken into consideration. A number of strategies may be appropriate. Where a service is situated in a town or city centre it might be important to ensure that provision is available on Saturdays when young men may be in town for social and leisure reasons. In more areas with no geographical focal point providing services through outreach may be effective. In all cases deploying 'C' card schemes of the kind mentioned above via other settings and through other agencies and professionals should be considered. The findings and results of this study suggest that schools and *Connexions* and youth services might be ideal partners.

Finally, there is sufficient evidence and material within this study to warrant and inform the development of mass media campaigns targeting young men around sexual health services. Simple message about accessibility, the kinds of motivations young men have for service use, the connections between service use and maturity, their worries and concerns are all identifiable from within this report and be an appropriate resource for the development of such a campaign.

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Appendix 1: Interview schedule

Pre-amble
Thank you for giving me your time today. I am interested in your views and experiences of using sexual health services. This is because we don't really understand why young men do and don't use them and because want to make them better and easier to use. I have got some questions here which I would like to cover with you but please think as this as an opportunity to bring up what you want and to ask me questions at any time. This should take about an hour and at the end I'll ask you to sign to something to say you're happy about the interview and so that you can have the voucher we'd like you to have for giving us your time.

I hope that you've had a chance to see the leaflet about the research but I just want to emphasis that what you say is strictly between us unless you're being hurt or hurting some else, and also that if you change you're mind about this you can withdraw at any time or ask me not to use any information that relates to you. When we write about what we find we won't use any names. Please try to think as this as an opportunity to tell me what you think and about your experiences so we can help other men.

Service use
So, tell me about the first time that you came here?

When was that?
What did you come for?
Why did you decide to come?
Why did you choose this Centre?
What did you expect it to be like?
What if anything had you heard about it? And, who was that from? (Friends, family, girl/boyfriends, school, other services)
And, what was it actually like? (Accessibility and helpfulness)

Was there a time when you wouldn't have come here? When and why was that?
What changed your views about using services?

Relationship context
Were you in a relationship at the time?
Tell me about that relationship?
Was it a sexual relationship? (Was it your first sexual relationship? If not how many had you had before?)
How long had you been having sex in this relationship before you decided to come here?
Did you talk about you coming to a Centre? If so, what was said? (was it a joint decision?)
What had you been doing about contraception before coming here?
What other relationships had you had before and what were they like? (How were they different?)

Other services and service evaluation
Have/Do you use any other services? (sexual health and others)
If so, which ones? What for? And, how do they compare to this service?

Family and peer context
Tell me about your family? (Who do you live with? Who's in your family? What work do they do? How would describe your relationship with each of them?)
Have they ever talked to you about sex and relationships? (If so, what was said and by whom? And, what was it like – useful? embarrassing etc?)
Have you ever asked their advice on sex or relationships? (If so, what was said and by whom? And, what was it like – useful? embarrassing etc?)
Do they know about your relationships? (Why/why not? What do they think about them?)

Tell me about your friends
Do you ever talk to each other your relationships? If so, what kinds of things do you talk about?

Has there ever been time when you've either given or got advice from a friend about sex/sexual health? If so, tell me about that?
Do any of them use this service?
If so/not why do you think that is?
Have you ever talked about services with them? If so, what was said?

What kinds of things do you think young men look for in services?
Is it different for different young men? If so, how and which ones (ethnicity, age, sexuality, needs etc.)

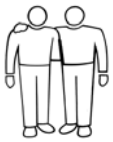
Demography and biography
Tell me a bit more about you.
How old are you?
How do you describe your ethnicity and background?
What do you do right now?
Do you have any plans about what you want to do in the future? And, if so, what are they?
Where do you see yourself being in 5 years time?
Do you think you've changed as a person as you've got older, and if so how and why?

Post-amble
Thank you for giving me your time. Is there anything you want to add or to ask me? I need to check that you are ok with this interview and happy for me to use it in this study. If so, please sign this form which shows that you agreed to do the interview and that I gave you the gift voucher we promised as an acknowledgement for your time.

I am also asking men who give me an interview if they would be prepared for Brook to contact them to see if they will help with a national media campaign later this year. If you agree to them contacting you you're not making a commitment to do anything just to hear a bit more about what this might involve. If you're interested you need to tick the box and add some contact details to the form.

We are expecting to finish the study around the summer this year and I would like to be able to send you some information about what we find out. Even if you don't want to be contacted by Brook about the media campaign you can hear from me by giving me these contact details.

Appendix 2: Questionnaire



Working With Men
Registered charity No.1102451

Registered Charity No. 23996

YOUNG MEN AND SEXUAL HEALTH SERVICES

A QUESTIONNAIRE FOR YOUNG MEN

Have you ever visited somewhere where young people can get help or advice about sexual health issues?

If you haven't, do you think you might and what would affect your decision?

By filling in this questionnaire you can help us to understand how young men find out about where they can get help and advice about sex and contraception and how they decide whether to go there. What you tell us can make a difference to how sexual health services try to reach and help young men.

This questionnaire is for everyone. All you need to do to complete it is to tick the boxes that apply to you. Please take your time because not all the boxes apply to everyone.

Remember, you don't have to give us your name. And, you don't have to tell us something if you don't want to. We would rather you left a question out than filled in something which wasn't true or you couldn't remember.

Thank you for taking the time to complete this questionnaire

You will be able to see the results on the Brook website later this year at www.brook.org.uk

QUESTION 1 -7 ARE <u>FOR EVERYONE</u>

1. How old are you?

16	17	18

2. Are you?

White	Black	Asian	Mixed Race	Other

3. Are you?

Going out with someone	In a casual relationship	Not going out with anyone

4. Have you ever had sex?

Yes	No

5. If you <u>have</u> had sex how old were you the first time?

Under 14	14	15	16	17	18

6. The first time that you had sex what did you do to protect yourself against pregnancy and sexually transmitted infections?

- ☐ We used a condom
- ☐ We used the pill
- ☐ We used an implant
- ☐ We didn't use anything
- ☐ We used something else (please write in what that was) ☐
- ☐ I don't remember

7. Have you ever been anywhere where you can get help or advice about sex, sexual health or contraception?

Yes	☐ If '**yes**' go to question 8 on page 3
No	☐ If '**no'** go to question 18 on page 5

ANSWER QUESTIONS 8- 17 IF YOU <u>HAVE</u> BEEN SOMEWHERE WHICH GIVES OUT HELP AND ADVICE ABOUT SEX, SEXUAL HEALTH OR CONTRACEPTION.

<u>We want to know about the very first that you went there</u>

8. Thinking about the <u>FIRST</u> time that you went, where was it?

- ☐ A Brook Centre
- ☐ Another young people's service (please write what is was) ☐
- ☐ Doctors
- ☐ NHS walk-in clinic
- ☐ Sexual health or family planning clinic
- ☐ Somewhere else (please write in what is was) ☐

9. How old were you?

Under 14	14	15	16	17	18

10. Were you?

Going out with someone	In a casual relationship	Not going out with anyone

11. Had you had sex <u>before</u> you went there?

Yes	No

12. What was the <u>main</u> reason that you went to that place?

- ☐ To get condoms
- ☐ Because my girlfriend was getting contraception
- ☐ To find out if a girl I had slept with was pregnant
- ☐ Because I thought I had an infection
- ☐ To find out about sex
- ☐ To get some advice or counselling
- ☐ Just to see what it was like
- ☐ I didn't have a reason
- ☐ Someone wanted me to go with them
- ☐ For something else (please write what that was) ☐

13. The first time you went did you...

- ☐ Go on my own
- ☐ Go with a mate
- ☐ Ask a mate to go with you
- ☐ Go with a group of mates
- ☐ Go with your girlfriend
- ☐ Go with your boyfriend
- ☐ Go with someone from your family (e.g. my brother a cousin or parent or carer)
- ☐ Go with someone else (please write in who this was) ☐

14. How did you feel about going there?

- ☐ I wanted to go
- ☐ I didn't want to go but I needed to
- ☐ I didn't want to go but I felt I had to because I was with someone else
- ☐ Something else (please write in what you felt) ☐

15. The first time you went how much did the following apply to you?

	A lot	A little bit	Not much	Not at all	Not applicable
I was worried that I would be asked embarrassing questions					
I was worried I might see someone I knew					
I was worried that I would be the only man there					
I wanted to be prepared before I had sex					
I was worried that I would be too young					
I was worried I wouldn't be taken seriously					
I thought I would feel silly asking for condoms					
I was worried that my parents might find out					
I wasn't sure if it was just for women					
I wasn't sure if it was just for straight people					
Something else (Please write in what)					

16. How did you find out about this place? (Please tick all that apply to you)

- ☐ From a mate who had been there
- ☐ From a mate who knew about it (but hadn't been there)
- ☐ From my girlfriend
- ☐ From my boyfriend
- ☐ From a brother or sister
- ☐ From a parent or carer
- ☐ From someone else in my family
- ☐ From a leaflet or poster
- ☐ From the internet
- ☐ From lessons in school or college
- ☐ From a youth or Connexions worker
- ☐ From somewhere else (please write in where) ☐

17. How true or untrue was it for you that...

	Not true at all	A bit true	Completely true
It was difficult to find the place			
It was a long way from school/college/work			
It was a long way from home			
I had to take a bus/train/car to get to the place			

ANSWER QUESTIONS 18-23 IF YOU HAVE NEVER BEEN SOMEWHERE WHICH GIVES OUT HELP, ADVICE ABOUT SEX AND SEXUAL HEATH OR CONTRACEPTION.

18. Would you ever consider going somewhere to get help or advice about sexual health or contraception?

Yes	No

19. How much would each of the following influence your decision to go?

	A lot	A little bit	Not much	Not at all
Expecting that I would have sex soon				
Not knowing what to expect about the place				
Thinking it would be embarrassing				
Being able to get condoms without going to a service				
If someone would go with me				
Knowing exactly where to go				
Something else (please write in what) _____				

20. How likely or unlikely is it that you would go if?

	Very unlikely	Quite unlikely	Quite likely	Very likely
I needed condoms				
My girlfriend wanted to get contraception				
My boyfriend wanted to get contraception				
I thought a girl I had slept with was pregnant				
A group of mates were going				
I thought I had an infection				
I had to take a bus or train to get there				
I needed some advice				
A mate asked me to go with them				

21. If you did go would you?

- ☐ Go on my own
- ☐ Go with a mate
- ☐ Go with a group of mates
- ☐ Go with my girlfriend
- ☐ Go with my boyfriend
- ☐ Go with someone in my family
- ☐ Go with someone else (please write in who this is) _____

22. To what extent might each of these put you off going?

	A lot	A little bit	Not much	Not at all
I might be asked embarrassing questions				
Someone I know might see me				
I would expect to be the only man there				
I might be too young				
Worrying that I wouldn't be taken seriously				
Feeling silly asking for condoms				
Worrying that my parents might find out				
Something else (Please write in what)				

23. Have you ever heard about a place where you can get help, advice about sex and sexual health or contraception from any of the following? (Please tick all that apply to you)

- ☐ A mate who had been there
- ☐ A mate who knows about it (but hadn't been there)
- ☐ A girlfriend
- ☐ Someone in my family
- ☐ A leaflet or poster
- ☐ The internet
- ☐ Lessons in school or College
- ☐ A youth or connexions worker
- ☐ Somewhere else (please write in where)

QUESTIONS 24-26 ARE FOR EVERYONE

24. How much do you agree or disagree with the following?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My family have given me good advice about sex					
Sexual health is man's responsibility					
Using a clinic gives you a bad reputation					
Its only people who sleep around who get sexual infections					
I would never have sex without using a condom					
You take your sexual heath more seriously as you get older					
I am worried about sexually transmitted infections					
Talking about sexual health is part of being in a relationship					
I don't need help or advice – I am doing fine on my own					
If a girl is on the pill or using an implant I don't worry about contraception					
I take looking after my sexual health more seriously than my mates					

25. If you wanted advice on each of the following who would you be most likely to ask?

	Sex	Relation-ships	Contra-ception	Sexually transmitted infections	Sexuality	Pregnancy
My parents						
Someone else in my family						
Friends						
My girlfriend						
My boyfriend						
A teacher						
My doctor						
A sexual health service						
Youth/Connexions worker						
Someone else (please write in who)						

26. If you have any other comments please write them in here