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Men, Masculinity and Mayhem:

Research into the perceptions and ideals of boys and young men regarding sexual health, relationships and sex.

By Danni Duncalf.

Executive Summary	5
Introduction.....	14
Methodology	18
Chapter One: Policy and Legislation	25
Chapter Two: Masculinity and The Media.....	34
Chapter Three: Sexual Health.....	41
Chapter Four: Relationships	45
Chapter Five: Services	49
Recommendations and Conclusion.....	56
Appendix 1	59
Appendix 2.....	60
Appendix 3.....	61
Appendix 4.....	62
Appendix 5.....	63
Appendix 6.....	66

Appendix 7.....	70
Bibliography	71

Acknowledgements

Firstly, the front cover is comprised of nine 'men' who have been disguised through colour. The cover shows two things: firstly the different shades of masculinity and how men are both complicated but colourful people and secondly that every boy and man should be equally recognized and treated as an individual.

Secondly, I would like to primarily thank all the boys and young men who participated in the research for this report as well as the service providers who contributed their time and information. I would also like to thank the funder (the Teenage Pregnancy Unit) of this research for all the support given during the process of this project, financially and practically. Finally, I would like to thank Cornerhouse for the support and input given.

Executive Summary

Introduction

This research was funded for a period of six months (October 2005 – March 2006) in light of the report entitled *Mind the Gap: A sexual health needs assessment of young people aged 12 – 21 within Hull* (Duncalf, 2005). Although this report raised many issues for further research a funding bid was placed with Hull Teenage Pregnancy Unit to focus on specific research with boys and young men.

The aims and objectives of this research were:

1. To provide a report in which the participants' information was central.
2. To explore the perceptions, ideals and needs of boys and young men regarding sexual health, relationships, personally and with professionals, and sex.
3. To explore the information and services available for boys and young men.
4. To provide appropriate and achievable recommendations to develop sexual health services.

Methodology

The focus of this research was boys and young men and their sexual health. As such the 'traditional' approaches were quantitative (concerning statistics, facts and numbers) but as sensitive issues were going to be raised and explored, qualitative methods (concerning experiences, opinions and views) and techniques were also adopted. The ethos of this research also supports the principles of youth work and as such participatory research methods were also incorporated. A mixture of participatory, qualitative and quantitative

research grounded in youth work and research theory, and practice was used (Gilbert, 2001 and Westerby, Harris, Sellers and Hill, 1999).

The technique chosen for the service providers was a face to face interview. There were two sets of interview questions due to the 'general' and 'specific' service providers. It was imperative that a distinction was made due to the focus of their skills. The total number of 'general' service providers accessed was six and the total number of 'specific' service providers accessed was four (see Appendices 1, 3 and 4).

The boys and young men were predominantly accessed via a questionnaire. The total number of boys and young men accessed via this method was 175. This questionnaire consisted of a set of 12 questions (see Appendices 2 and 5).

The boys and young men were also accessed via group work which incorporated participatory methods. The total number of boys and young men accessed via this method was 36 (see Appendix 7).

There were a number of ethical considerations which were implemented throughout this research project. A total of sixteen ethical considerations were considered: obligations, informed consent, empowerment, anti-oppressive practice, choice, widening the scope of research, objectivity, power, confidentiality and anonymity, appropriate treatment of issues, appropriate use of methods and techniques, validity and reliability, facilitating participation, accountability and ownership, acknowledgement of limitations and crossing professional boundaries (Social Research Association, 2003).

Chapter Outlines

Chapter One: Policy and Legislation. This chapter aims to explore the following issues: to what extent is policy/legislation gender biased and has gendered responsibilities? To what extent are some policies age related and how restrictive is this? How are these policies developed? In what way do these policies promote or support the lack of young people's rights? Finally, how do these policies and national agendas relate to the practical and local implementations of them?

Chapter Two: Masculinity and the Media. This chapter aims to explore the following issues: images of men within the media. How does the media represent men? How does the media represent 'good' sex and 'good' relationships? How do films represent masculinity and men i.e. the male role, violence and power? Does the media portray a negative image of men (in general), with regard to their status as fathers/parents and their sexual orientation? How are boys and young men represented within the media? Finally, what is the impact of this?

Chapter Three: Sexual Health. This chapter aims to explore boys' and young men's knowledge and understanding of sexual health. How do they gain access to the above information? Is the information appropriate and readily available? What is a young person's understanding of safer sex practices and products? How do boys and young men equate responsibility with sex?

Chapter Four: Relationships. This chapter aims to explore the following: how do boys and young men define a relationship; including supportive, emotional and sexual relationships? What do boys and young men feel a relationship consists of, for example,

negotiation, expression and discussion? What roles do boys and young men take within relationships? Who do boys and young men have relationships with? Although some of these questions are central to this chapter, another aim of this chapter is to bring together everything explored so far.

Chapter Five: Services. This chapter aims to explore the following: what access do boys and young men actually have to services? What services are available to them? What do boys and young men want from these services? What do boys and young men feel they do and do not get from services and why? What do they see the role of, or the focus of, the service as being? What is the impact of this? What is the image of the service, for example, female or male-centred, male or female workers, statutory or voluntary and what is the ethos? To what extent is the service male friendly? Finally, is the service selective (within the services offered and the literature available)?

Main findings from the research

General service providers:

- Offer services that are generally aimed towards everyone especially the health programmes available. However, general service providers acknowledge that boys and young men may access services more often if their specific needs were met rather than their generic ones, for example, sports and men's health.
- Believe that boys and young men are not generally prevented from accessing youth services and as such don't have any barriers to obtaining help. There is also a general feeling that what prevents boys and young men from accessing youth

services are themselves and not the service itself. General service providers state that boys and young men may be prevented from accessing sexual health services due to a lack of publicity, as well as a lack of awareness of what services are available to them.

- State that policy, as well as funding and government agendas, are not user friendly (young people or workers) and seem to view young men as criminals or involved in anti-social behavior. As such policy centres on this. Some service providers are also not aware of these policies or have not read them.
- Feel that there is a lack of services and information because of inadequate funding but also due to the feeling that service providers don't feel that there is a need for specific boys and young men's services. They state that there is also minimal accessible information for young people in general.
- State that there are a number of things that can be done to improve the services for boys and young men including: more money, making services friendlier and more variety in the services being offered.

Specific service providers:

- Offer services that are generally specific for boys and young men especially in relation to fathers and fathers to be, although they also state that some boys and young men may not have access to this due to preconceived ideas, peer pressure and the lack of information about these services available to them.

- Believe that issues preventing boys and young men from accessing youth services relate to these services only providing activities that are stereotypically male, for example sport, and do not embrace male diversity. Specific service providers feel that boys and young men are prevented from accessing sexual health services due to their own feeling that the services are not available to them, only to girls and young women. They may also feel embarrassed and have issues around the lack of positive male images and male workers.
- State that policy, as well as funding and government agendas, are not user friendly (young people or workers) and that a lot of funding and projects are around women's issues and not men's issues.
- Believe that barriers they encounter relate to the lack of services and information regarding referring boys and young men, as well as the feeling of having to justify their work more than their female counterparts. Money (as with many of the projects discussed) is also a barrier but in relation to the feeling that funders don't want to put money into men's services. Specific service providers also acknowledge that what other professionals want from them is very different to what they want to offer and feel that these professionals believe that 'lads will be lads and they won't change' (Boys and young men's worker, specific, Central).
- State that there are a number of things that can be done to improve the services for boys and young men including: the whole culture and public image of boys and young men needs to change, to see that boys and young men receive the same

level of service that girls and young women do, as well as specific funding and training around the needs of boys and young men.

Boys and young men accessed: (see Appendix 6 for full details)

- Were aged 13 – 18 and lived in the postcode areas of HU5, 6, 7 and 9.
- Identified fourteen sexual health services of which Conifer House (160 out of 175), Youth Centres (52/175) and The Warren (35/175) were the top three.
- Identified going to these services predominantly for condoms (140/175) and not for information (41/175) or support (40/175).
- Identified feeling OK (72/175) when accessing these services but some felt embarrassed (48/175) or scared (10/175).
- Identified wanting a boys and young men's worker (63/175) and information regarding boys and young men's issues (24/175).
- Placed the responsibility of safer sex and sexual health issues on girls and young women (76/175 and 70/175) or everyone (82/175 and 69/175) rather than on boys and young men (17/175 and 36/175).
- Identified relationships, safer sex and being a man in a variety of different ways although many negative images were detailed.

Recommendations

Although a number of recommendations can be developed from this research it is important to acknowledge the practicalities and relevance of recommendations. Therefore the following recommendations have been formulated.

- Training and education of all youth and health professionals regarding boys' and young men's issues.
- To explore the attitudes (of the staff and services) and activities provided towards boys and young men in the services they provide.
- To develop initiatives which are specifically aimed towards boys and young men.
- To ensure up to date and accessible information is available to boys and young men, as well as service providers.
- To ensure all services and staff are male friendly by providing positive male images, information and attitudes as well as working together with other organizations and agencies to ensure that everyone is aware of services available for boys and young men.
- Provide a user led forum/means of ongoing evaluation where boys and young men's need can be explored.

Conclusion

This research has explored boys and young men in relation to: policy and legislation,

masculinity and the media, sexual health, relationships and services. Although this report does not attempt to be exhaustive, explorations of contemporary issues have been explored. Although this research was carried out within Hull, many of the issues are also national ones. This research has, however, been limited in relation to: time, funding and staff.

Introduction

This research was funded for a period of six months (October 2005 – March 2006) in light of the report entitled *Mind the Gap: A sexual health needs assessment of young people aged 12 – 21 within Hull* (Duncalf, 2005). Although this report raised many issues for further research, a funding bid was placed with Hull Teenage Pregnancy Unit to focus on specific research with boys and young men. This was subsequently successful and was funded in partnership with Cornerhouse.

The report, *Mind the Gap* (Duncalf, 2005), raised a number of issues regarding boys and young men, namely: their lack of access to services, the lack of information available to them and lack of acknowledgement of boys and young men's issues, to name but a few.

Since the onset of this research, a number of other issues have come to light including a general lack of research and literature available regarding issues concerning boys and young men (generally and regarding sexual health). National issues and agendas are, also promoting equality for boys and young men, for example, *Every Child Matters* (Department of Education and Skills, 2004) and *Choosing Health: making healthy choices easier* (Department of Health, 2004).

On a practical level, however, it is important to acknowledge that boys and young men are deemed half the problem and therefore 'half the solution' (Gelder, 2002). Thus we also need to adopt an inclusive approach to sexual health care and services that are

provided, as well as within policy. As such boys and young men need to have access to, and be seen as an equal, within both policy and services.

This research concerns the issues surrounding boys and young men and sexual health. Within this report the research and literature focuses on five main issues: - Policy and Legislation, Masculinity and the Media, Sexual Health, Relationships and Sexual Health Services. Although this list is not definitive, these have been identified as the most important issues.

The title, *Men, Masculinity and Mayhem: Research into the perceptions and ideals of boys and young men regarding sexual health, relationships and sex*, is central as this report will explore the stereotypes and ideals of both young people and services within the literature and the research. To what extent does men and masculinity equal mayhem? Within an ideal world sexual health knowledge should come before a sexual relationship, but to what extent does this happen?

The *Mind the Gap* (Duncalf, 2005) report showed a lack of sexual health knowledge relating to both young people and service providers. The focus of the research was not just boys and young men but young people in general. A key finding was that research relating specifically to boys and young men was much needed. From the initiation of this new research, it became apparent that the general lack of information regarding boys and young men was phenomenal. As such, this research is important as there has been little research ever carried out with boys and young men specifically surrounding sexual health.

Although this project was carried out over a six month period – October 2005 to March 2006 – with one full time researcher. The actual research was carried out over three months (the middle of November to the middle of February) which allowed time for appropriate planning and feedback.

This research has been funded by Hull Teenage Pregnancy Unit and managed by Cornerhouse. The author (and researcher) has been involved in sexual health research for over eighteen months and this is their third publication. Danielle Duncalf is also a University lecturer teaching, amongst other things, social research. She is currently doing a Ph. D in Sociology and Social Anthropology.

The focus of this research is limited to the issues covered. In accessing boys and young men, the age range was restricted to 12 – 21, although only boys and young men aged 13 – 18 participated. The ‘type’ of boys and young men accessed was not restricted as regards sexuality, parental status, educational ability or geographical location (within Hull).

The aims and objectives of the research were:

1. To provide a report in which the participants’ information was central.
2. To explore the perceptions, ideals and needs of boys and young men regarding sexual health, relationships, personally and with professionals, and sex.
3. To explore the information and services available for boys and young men.
4. To provide appropriate and achievable recommendations to develop sexual health services.

This research report comprises seven sections in total including this introduction. The next section entitled 'Methodology' will describe and explore the methods and techniques chosen for this piece of research. It will also detail the ethical considerations chosen and abided by as well as the questions asked. Chapter One: Policy and Legislation will focus on and explore current legislation within which service providers may work and will look primarily at whether these are young people and young men. Chapter Two: Masculinity and the Media will explore the stereotypes of boys and young men developed and perpetuated by the media. This section will also look at boys and young men's responses to these images and how they may define themselves within the context of sex. Chapter Three: Sexual Health will look at information available to boys and young men as well as their interpretation and understanding of sexual health. This section will also explore boys' and young men's interpretation of safer sex and how responsibility may be claimed or attributed. Chapter Four: Relationships, will explore boys and young men's understanding of what a relationship consists of and how relationships may work. This section will also look at relationships built up with service providers in a range of settings and how this may impact upon their knowledge and decisions made. Chapter Five: Sexual Health Services will explore the services available and how services acknowledge and fulfill the needs of boys and young men. This section will also explore the opinions of service providers regarding responsibility, access and understanding. The final section will summarise all the chapters and provide appropriate and achievable recommendations, as well as conclude both the research report and acknowledge any limitations this may have had.

Methodology

This section focuses on the actual research, the planning, the methods and techniques used, ethics considered, the pilots carried out and who was contacted and why, as well as the appropriateness of all those chosen to participate.

The focus of this research was boys and young men and their sexual health. As such the 'traditional' approaches were quantitative (concerning statistics, facts and numbers) but as sensitive issues were going to be raised and explored, qualitative methods (concerning experiences, opinions and views) and techniques were also adopted. The ethos of this research also supports the principles of youth work and as such participatory research methods were also incorporated. A mixture of participatory, qualitative and quantitative research grounded in youth work and research theory, and practice was used (Gilbert, 2001 and Westerby, Harris, Sellers and Hill, 1999).

The technique chosen for the service providers was a face to face interview. There were two sets of interview questions because of 'general' and 'specific' service providers. The service providers were separated into these two categories due to a compare and contrast model. Specific service providers were those who worked *specifically* with boys and young men and general service providers were those who worked *generally* with boys and young men. It was imperative that a distinction was made due to the focus of their skills. The total number of general service providers accessed was six and the total number of specific service providers accessed was four. The questions posed surrounded

their service, role, facilities, agendas, funding, experiences and opinions (see Appendices 1, 3 and 4).

The boys and young men were predominantly accessed via a questionnaire. The total number of boys and young men accessed via this method was 175. This questionnaire consisted of a set of 12 questions. The questions presented to the young people surrounded sexual health, relationships, identity, services (in relation to their feelings about accessing these services, as well as what they would like from these services), responsibility and understanding/knowledge of sexual health and their needs (see Appendices 2 and 5).

The boys and young men were also accessed via group work which incorporated participatory methods. The total number of boys and young men accessed via this method was 36. This group work explored their identity, sexual health and relationships via body mapping, (where boys and young men learn how to empathise), share charts, (where boys and young men write down feelings on paper and display them), newspapers and group activities (see Appendix 7).

Before final questionnaires and interviews were formulated, pilots were carried out. Three boys and young men were given the questionnaire and asked if they would like to make any changes. From this, minor changes were recommended and thus altered on the finished questionnaire. Many service providers were invited to attend a presentation/workshop which explored the outline of the research and asked for comments on content and structure. From this issues were discussed, as well as allowing

the service providers to be involved within the research process and the focus of the research.

The researcher always provided the groups with information, both verbally and written, with regards to any sexual health questions or any forms of support they wanted to access (after the questionnaire/group work had taken place to ensure that the research was not compromised), as well as always filling out the questionnaires with the boys and young men.

Data was collected via SPSS (Statistical Packages for Social Scientists) and NUD*IST (Non numerical Unstructured Data Indexing Searching and Theorizing). This facilitated both reliability and validity, and the data was supported by the literature.

Upon completion of the research design, service providers and venues accessed by boys and young men were contacted (for a full list of those contacted see Appendices 1 and 2). These were chosen because of the time constraints and the ease of access (due to holidays and bookings) to the participants and venues.

Ethics

There were a number of ethical considerations which were implemented throughout this research project. A total of sixteen ethical considerations were considered: obligations, informed consent, empowerment anti-oppressive practice, choice, widening the scope of research, objectivity, power, confidentiality and anonymity, appropriate treatment of issues, appropriate use of methods and techniques, validity and reliability, facilitating participation, accountability and ownership, acknowledgement of limitations and

professional boundaries.

A researcher has an obligation to their funders/employers, colleagues and participants. It is important that the researcher acknowledges these in relation to their role and the research. Although this researcher was independent, the focus was on protecting the interests of the participants and the obligation was to represent their information appropriately.

Consent was gained from all participants once they had received the appropriate information which would enable them to make an informed choice about their participation. It was important that the researcher gave the participants information about the researchers, the project, where information would go, who would have access to the information and how it would be used.

Empowerment and anti-oppressive practice are two important elements and principles of both youth work and participatory research. It is important that we facilitate these two principles especially when working with young people (or vulnerable groups) to ensure that these groups are given a voice and a place within society in a positive way.

Choice is also an important aspect when working with young people. It is important to offer the participants a choice as to whether they would like to participate or not and that their choice will have no negative implications i.e. refusal of care/treatment/information etc.

Widening the scope of research, although not necessarily integral to research carried out within the voluntary sector, is important to the large scheme of things (especially within

academic research). Little research has been carried out in this field as compared with research and literature available regarding girls and young women. As such, it is ever more important that we carry out research in this area.

In all aspects of research, the ability to remain objective personally, socially and politically, ensures that the research is true to the nature of the work and has not been altered or manipulated in a certain way. As an independent researcher, this objectivity was essential to my role.

Power is an ever central issue when working with young people, not only due to issues such as age but also in relation to the use of language, maturity, education etc. I overcame this through empowerment, participation and choice.

Confidentiality and anonymity was assured with all of the participants within the research. This ensured that people felt free to give as much information as they felt comfortable with. It also suggests an element of trust as participants had entrusted us with their information, especially if this information is of a sensitive nature.

It is also imperative that the information gained was treated, worked with and analysed appropriately to ensure that the information given has not been embellished in any way, or taken out of context. Again this relates to a number of the ethics already discussed regarding trust and respect.

Appropriate techniques and methods were chosen to ensure that the participants were accessed in an appropriate way and asked appropriate questions.

Within any good research project it is also important to acknowledge the limitations of the project and of the research. This relates to (and will be explored fully within the conclusion) access to and finding young people, funding, time, staff and management.

Crossing professional boundaries is one of the most important ethics this project explored. A common misconception is that researchers are youth workers or counsellors – especially when young people divulge sensitive information. Within this project, an effort was always made to ensure young people had someone around to talk to who they knew, for example, youth workers in the centre. The researcher always provided the boys and young men with information, leaflets and contact details regarding further sources of information (after the questionnaire/group work had taken place to ensure that the research was not compromised).

Validity and reliability relates to the techniques of the research (and the analysis) and professional's conduct. If ethics or tools are deemed to be inappropriate, then the research may be classed as being invalid. If the research was to be carried out again under all the same conditions, then the same results should be gained. This relates to reliability and ensures that rigorous research is carried out.

Facilitating participation is an important, although not always possible, aspect of contemporary research. Within this project, a pilot was carried out with a small number of boys and young men to ensure that they had a voice in the design of the research project. A similar workshop was also carried out with service providers in which they were able to suggest or make recommendations regarding the direction of the research.

Time, however, did not allow for more participation or a steering group.

Finally, accountability and ownership are two ethical principles which are needed for clarity. It is important to acknowledge that the knowledge gained belongs to the participants and we must allow them ownership of their own information. However, the interpretation of the information, the overall research process and this report lies with the researcher/author and therefore accountability lies here too. For any enquiries about this report, please contact the report author at danniduncalf@hotmail.com (see Social Research Association, 2003 for more information on ethics).

To conclude, this chapter explored the research, design, delivery, analysis and formulation of the research data gained. Ethical considerations have also been central to this chapter due to the nature of this research, as well as allowing the reader to gain a deeper insight into the ethos of the researcher and the organizations involved.

Chapter One: Policy and Legislation

This chapter aims to explore some of the following issues: to what extent is policy/legislation gender biased and gendered responsibilities? To what extent are some policies age related and how restricting is this? How are these policies developed? To what extent are user involvement groups involved with the developmental process of policy and legislation? In what way do these policies promote or support the lack of young people's rights? And how do these policies and national agendas relate to the practical and local implementations of them?

This chapter also explores appropriate policies and legislation and the impact of these on boys and young men including *Youth Matters* (Department for Education and Skills, 2005), *Every Child Matters* (Department for Education and Skills, 2004), *The Sexual Offences Act* (Home Office, 2003) and *Choosing health: making healthy choices easier* (Department of Health, 2004).

The paper *Youth Matters* aims to provide an outline and exploration of the challenges faced by young people and by services in relation to opportunity, rights, responsibility and reform. The paper sets out five aspects of services that could be improved and focused more towards meeting the needs of young people. These five aspects are: services failing to meet the needs of young people, services not actually working effectively or innovatively enough, a lack of focus around important issues such as crime, drugs and poverty, services not using new technologies to engage with young people as

much as they should be doing and a lack of user led (parents and young people) decisions around provisions and activities (Department for Education and Skills, 2005).

Although this paper has identified ways in which services could improve and the role *all* young people have within these developments, it fails to acknowledge the importance of a variety of issues and as such focuses on volunteering, sport and anti-social behaviour. Although the paper does not imply that those involved in anti-social behavior are all male two youth workers locally commented:

In terms of boys and young men being involved in criminal and anti-social behaviour that is where the funding is available for them. Government language also seems to be around young men in these roles (Youth Worker, general, North).

and

I don't think they are particularly young people friendly. There is still this attitude that work with boys and young men centres around criminal behaviour. Also an attitude that sexual health issues are women's issue. (Youth Worker, general, North).

Even though this paper is not gender specific it fails to recognize that before young people are able to engage in volunteering and sports, other issues, (possibly more central to young people's lives), must be supported. For example, in relation to boys and young men the need to focus on supporting dads or dads to be, issues around sexuality, relationships and puberty. This ensures that other goals (short and long term) are much more possible to achieve.

There is also a need to ensure that young people are aware of their rights and are aware of

the roles youth workers, and other professionals, have within services they access. This also ensures that services are able to provide appropriate support/guidance/information, as well as appropriate referrals and agencies working together in the best interests of the young people. For example, within this research one youth worker commented:

I didn't think they were user friendly to adults never mind young people i.e. language, length (Youth Worker, general, East).

The access to and understanding of service providers, in relation to policy and legislation, will equate to practice when working with young people. It is therefore imperative that service providers understand policy and legislation in terms of both theory and practice in order to ensure the best possible service is given.

Every Child Matters, developed from the Victoria Climbié case is aimed specifically towards issues around harm and the five key principles of: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being (Department for Education and Skills, 2004). This paper does not, however, really explore how this may be achieved. This paper also views young people as a homogenous group and does not recognize that the five key principles will mean different things to different young people and that all are not sometimes achievable due to the wider implications of a young person's life.

This paper carried out consultations with both young people and service providers. The amount of feedback received, however, should not pertain to speak for all. One youth worker commented:

I don't think they understand the issues. This is why it is so important for face to face workers to have input. They are all top down and not bottom up (Youth Worker, general, Central).

This bottom – up approach ensures that young people are listened to and that, in relation to this report, boys and young men have a say in the way the services are provided and the type of information and support they receive, as well as activities they have access to. When working with boys and young men (and indeed other service user groups) forums and on going evaluation/monitoring processes need to be in place to ensure services are kept up to date and in line with the needs of boys and young men.

The common assessment framework (as opposed to the initial assessment framework carried out by qualified social workers) is being developed as part of *Every Child Matters* and aims to ensure that young people's needs are met before they reach a point for social work intervention. This framework also promotes a diverse understanding of networking ensuring that all relevant agencies are involved with the young person (and agencies that do not need to be involved are not) and that appropriate goals are developed and achieved.

The Sexual Offences Act (Home Office, 2003) was updated in light of a white paper entitled *Protecting the Public: strengthening protection against sex offenders and reforming the law on sexual offences* in November 2002 which promoted the need to reform the Sexual Offences Act. The current Act is in three sections: new requirements about sexual offences, procedures for protecting the public from injury and harm and general amendments relating to the Act. Each section details not only new issues but

updates issues from the last Act which are still central to the debates of contemporary society.

This Act, although not specifically aimed at young people, is gender biased towards both men and women by ‘criminalizing’ men and ‘victimizing’ women. This Act criminalizes men by identifying them as sole perpetrators of sexual offences. Section 77, states that:

An offence under section 1 (rape).

The defendant intentionally penetrating, with his penis, the vagina, anus or mouth of another person ("the complainant").

An offence under section 2 (assault by penetration).

The defendant intentionally penetrating, with a part of his body or anything else, the vagina or anus of another person ("the complainant"), where the penetration is sexual.

(Home Office, 2003)

This quote shows that both ‘rape’ and ‘assault by penetration’ are those offences carried out by men, however, whilst ‘rape’ involved a penis the second offence does not have to.

This act shows this by using gendered language – *his*.

Section 87 of the *Sexual Offences Act 2003* also states:

(4) Where a notification is given under section 83(1), 84(1) or 85(1), the relevant offender must, if requested to do so by the police officer or person referred to in subsection (1)(b), allow the officer or person to-

a) take his fingerprints,

b) photograph any part of him, or

c) do both these things.

(Home Office, 2003)

Again this section shows that the use of gendered language places blame on boys and young men. One service provider stated:

Policy is gendered. When a couple of young people come in and state that they are having sex but the girl is under the age of consent, for example, aged 14 and the boy is aged 16 we automatically complete the Fraser Guidelines but when it is the other way around we don't. Why do we target boys and not girls? Why do the police, when they can be bothered, prosecute boys but not girls even though the same situations have arisen? (Youth Worker, general, Central)

This policy also 'victimizes' women by stating:

In relation to Northern Ireland, the following are sexual offences to which section 72 applies-

Rape or an offence under-

section 52 of the Offences against the Person Act 1861 (c. 100) (indecent assault upon a female person), or

section 53 or 54 of that Act (abduction of woman);

(Home Office, 2003)

This section shows that those who are 'victims' of sexual offences are women and although statistically this is a high proportion, men can also be 'victims' of sexual offences. This Act is clearly gender biased and as such promotes gender inequality and gender segregation.

Boys and young men may feel that, due to the gendered and political language of the Act,

they are to be blamed and feel that they could not talk about issues such as rape, or other sexual offences that may have happened to them. They may also feel that people will judge them if they say that their female partners made them have sex or have power over them.

Choosing health: making healthy choices easier (Department of Health, 2004) is a central white paper for all health professionals. Although this paper is not specifically aimed towards boys and young men, or young people, this paper does promote inclusion and community partnerships with voluntary and statutory organizations. Similarly to the white paper, *Every Child Matters*, (Department of education and Skills, 2005) this paper has six principles for action: ‘Reducing the number of people who smoke, reducing obesity and improving diet and nutrition, increasing exercise, encouraging and supporting sensible drinking, improving sexual health and improving mental health’ (Department of Health, 2004). The focus of this paper is also about the responsibility of individuals and the community in relation to their own health needs and provisions.

Chapter four of this paper explores the role the community has in making healthy choices and the importance of user involvement, as well as people taking responsibility for their own health care. Again, this paper supports the promotion of empowerment, anti-oppressive practice and involvement.

It is important to acknowledge, however, that these papers (with exception of the *Sexual Offences Act 2003*) are guidance based only and are not statutory law. Overall these papers are, however, essential in relation to theory and guidance but also practically, as a

service provider within this research has commented:

In theory they are but in practice things are very very different not just for boys and young men but they are all tokenistic (Father's Worker, specific, Central).

Policies and legislation are also deemed to be financially biased towards women. For example, two service providers commented:

I think they are trying. The government, in the last couple of years, realise young men are troubled and in need of help. Young men are half the problem but half the solution. But if you ignore them then that's why they react the way they do (Boys and young men's worker, specific, Central).

and

I don't think government agenda's meet the needs of boys and young men. They prolong the situation. If we got decent funding we could train more people to acknowledge these issues. I don't think there is enough money for boys and young men with regards to fathers and father's to be of that age group (Father's Worker, specific, Central).

Gender has been seen as a central problem within policy and practice and has been raised by a number of service providers throughout this report:

They don't acknowledge them as a separate group. Lots of money goes into women's projects i.e. self esteem and assertion. There are not many boys and young men's projects in the city (Project manager, general, North).

and

Yes but not as much as female services. You only have to look at women's centres and even Sure Start – There is only one man working for men within a team compared to 30 women for women. Amount of money given to women's services is also far greater (Father's Worker, specific, Central).

In conclusion, this chapter has explored the way in which these papers and policy engender blame, as well as promote involvement, exclusion and inclusion and collective working. This chapter does not aim to be conclusive but aims to raise important issues for further discussion and development.

Chapter Two: Masculinity and The Media

This chapter aims to explore some of the following issues: images of men within the media, how does the media represent men? How does the media represent 'good' sex and 'good' relationships? How do films represent masculinity and men i.e. the male role, violence and power? Does the media portray a negative image of men (in general), fathers/parents and sexual orientation? How are boys and young men represented within the media? What is the impact of this?

When talking about 'media' I mean: newspapers, magazines, the internet, TV, films, books etc. These are places where young people may find role models and may develop their identity in relation to media images rather than more concrete physical experiences.

The representations and stereotypes of men within society, perpetuated by the media, can be both positive and negative. These images are accessed and adopted by boys and young men who may feel that living up to these images make them 'real' men. Within these chapters, these stereotypes will be explored via primary research and secondary literature in order to ground our understanding of boys and young men and their interpretations of these images. These images may in turn influence their decisions and understanding around the issues of sexual health, relationships and sex.

Many different 'types' of men are represented in stereotypical ways within film, TV and magazines. For example, within the group work sessions many boys and young men

identified stereotypes such as:

The camp gay man, the absent father, the 'del boy' teenager and the shameless [TV series] lay about (Group 1).

and

Real men and pretend men such as married men and gays (Group 2).

Although these images are stereotypical, boys and young men have identified these as roles they either adhere to or are in conflict with. The media has a number of male identities that span across class, race and educational ability and boys and young men find their place within this continuum.

Within the research carried out with service providers the following comments were made in relation to the extent of which services are primarily male friendly and secondly acknowledge the diversity of men accessing the service:

Many buildings for families have no images of men (very difficult to get positive posters) and are completely female run (Father's Worker, specific, Central).

and

Activities (those that are not macho enough and those that are too macho). Also the machoism that comes from youth workers. (Project Manager general, North).

These comments show that some services fail to promote positive male images and are focused towards the stereotypes that boys and young men may want to identify against

but feel that they are not ‘real men’ unless they adhere. For example, being interested in macho or masculine activities.

Within the questionnaire carried out with boys and young men they were asked: what do the following terms mean to you – Being a man. The young people replied:

Having power (53 out of 175)
Doing whatever you want to do (51/175)
Taking control (46/175)
Having lots of kids (44/175)
Strong (42/175)
Being a dad (33/175)
Being in charge (33/175)
Don't know (25/175)
Being independent (23/175)
Lots of different things (22/175)
Earning lots of money (16/175)
Having lots of girlfriends (16/175)
Getting drunk (13/175)
Responsible (5/175)
Football (4/175)
Having lots of good sex (4/175)
Mature (4/175)
David Beckham (2/175)
Looking after women (2/175)
Trophy girlfriend (2/175)
Being able to have lots of sex without caring (1/175)
Depends on what sort of man you want to be (1/175)
Having a large dick (1/175)
Playing the Playstation (1/175)

This information shows that although boys and young men have individual ideas about what it is to be a man there are collective undertones such as power, negativity, and sex. The top three answers identified: having power, doing whatever you want to do and taking control, show that boys and young men have identified ‘strong’ stereotypical characteristics in relation to what it means to be a man. We can also see these traits

within some men identified and perpetuated by the media. If boys and young men really feel these are characteristics they have to adhere to in order to be men, what does this mean in relation to responsibility within a relationship and diversity between men.

Not only does the media identify different 'types' of men it also identifies different ways men should act/behave within certain situations, as well as identifying appropriate activities.

The media also represent what a good relationship should consist of. As such boys and young men have identified the following:

Sonia and Martin, Jordan and Peter and The Beckhams (Group 1).

and

The Duckworth's and Richard and Judy but not Elton and David. YUK (Group 2).

as well as

Eminem and Kim Basinger (Group 3).

Although these are stereotypes, the young people discussed whether they wanted to be in relationships similar to those identified or not. They stated that they would like to be like some couples (Groups 1 and 3) but not like others (Group 2). This was due to the perception that:

These are old and gay which isn't cool or right (Group 2).

Service Providers also identified the lack of positive couples on posters and within literature, as well as the treatment of couples within services, for example, one service provider stated:

Having a lot more information prominently displayed. Positive images and magazines rather than generic gossip mags (Boys and young men's worker, specific, Central).

and

Female workers delivering. Males might be frightened or feel vulnerable about showing any weaknesses. They also may feel uncomfortable about talking about some issues in a serious way. From my experience of working with boys and young men there's a resistance to acknowledge it involves them and a resistance from worker to include them (Youth worker, general, North).

Thus showing that service providers need to have appropriate training and information regarding working with boys and young men. This training also needs to incorporate education around attitudes, inclusion and positive images (as opposed to the negative view many boys and young men encounter).

Some media also promotes their interpretation of what good sex is (or what is perceived to be) and as such young people feel they need to achieve this in order to be classed as 'good in bed'. Many young people stated that:

Good sex was pornography and ten orgasms a night (Group 1).

and

I never feel like a man because I don't take control of my girlfriend. I feel like a man because I don't care what she wants and that's what I see happening in films. Magazines also tell girls about good [sexual] positions and we don't know what they want. They expect us to know what they want (Group 2).

This shows that although the stereotype of a man is something which many boys and young men feel they have to achieve, many feel they are not a man if they don't. Group 2 identified:

Feeling weak and scared.

The relationship between men and masculinity is not always as straightforward as some boys and young men have identified and some people, communities and organizations believe it to be:

She's stronger than me and takes control by telling me what to do about everything. I feel quite scared of her. She's got lots of friends and they tell her that she wears the pants and is more of a man than I'll ever be (Group 3).

This quote shows that these negative characteristics associated with masculinity can therefore not only be attributed to and claimed by men but also by women.

Finally, representations of power and responsibility as a man, within a relationship and with regards to sexual health are also explored within the media. One service provider stated that there are:

No services for any dad within Hull regarding aggression until after they've committed it. Then it's too late. I would like to see a project set up in a building on its own purely for dad's in the city centre. I've been a dad's worker for five years and I've only recently been able to find positive information regarding these issues (Father's Worker, specific, Central).

Power and responsibility are important aspects in relation to relationships, sexual health, sex and independence.

Although it is important to acknowledge that within this chapter we have explored men and masculinity we have only explored them in relation to the research and from a stereotypical viewpoint in no way does the author pertain to equate masculinity in a negative way or that masculinity is as simple as this.

In conclusion, this chapter has explored the ways in which boys and young men are represented within the media and the ways in which boys and young men adhere or identify in opposition to these ideals. Again this chapter does not intend to be exhaustive but raised issues central to the research carried out.

Chapter Three: Sexual Health

This chapter aims to explore boys' and young men's knowledge and understanding of sexual health. How do they gain access to the above information? Is the information available appropriate and readily available? What are young people's understandings of safer sex practices and products? How do boys and young men relate to responsibility and sex?

From the report entitled *Mind the Gap* (Duncalf, 2005) it became clear that young people were aware of sexual health information, however, their understanding of these issues were not fully developed. Many young people were able to name a number of different contraceptives but were not able to detail any positive or negative aspects of them. Thus showing that although young people were able to decide which contraception to use they were not making an informed, empowered decision.

Within this report boys and young men were asked what the term safer sex meant to them. They replied:

Condoms (150/175)
Not getting her pregnant (43/175)
Don't know (25/175)
Don't care (15/175)
Not doing it (15/175)
Being safe (13/175)
Not getting diseases (13/175)
Pulling out (3/175)
Staying healthy (2/175)

The top aspect identified showed that boys and young men acknowledged that one form of contraception was appropriate when having safer sex although they have not identified other forms of contraception. Secondly, the boys and young men identify that ‘not getting her pregnant’ is what safer sex is about, however, they do not identify that preventing sexually transmitted infections is also an important issue regarding safer sex. They have also identified that they ‘don’t know’ and ‘don’t care’ what safer sex means showing to a certain extent a lack of knowledge and responsibility.

Boys and young men were also asked what sexual health meant to them. Within this section their replies, again, raised some of the issues discussed above but also shows that boys and young men have thought about ‘STI’s’ and ‘diseases’:

Safe sex (121/175)
Pregnancy (96/175)
STI (63/175)
Diseases (24/175)
Don’t care (16/175)
Don’t know (16/175)
Shagging (13/175)
Nothing, not my problem (6/175)
Playing the field (5/175)
Not getting caught (3/175)

The above list also shows negativity (in the language used and their perceived lack of care), as well as relating their feelings to the previous chapter about masculinity and what they feel being a man is all about i.e. ‘playing the field’. This list is also quite limited which may show that boys and young men have not really thought about what sexual health actually means to them or are not used to being asked the question. Are boys and

young men simply repeating what they have been told (or have heard) from others (professionals, parents and peers) or are they thinking for themselves?

In response to these questions we can also see that boys and young men also placed the responsibility of sexual health on to their female partners by stating ‘nothing, not my problem and:

They talk to her and not to me so she goes and gets the jonnies. If she doesn't have any it's her fault not mine (Group 1).

This shows that boys and young men may feel disenfranchised from the services they access and perhaps feel that because services may not see them as part of the process, they don't take responsibility for sex and for any consequences unsafe sex may produce. The quote above clearly also places blame – ‘it's her fault not mine’.

Literature also states that:

Boys tend to get less sex education than girls within the family... Boys are less likely than girls to about sex from other informed sources such as health professionals... Boys tend to learn much of what they know about sex from male friends [and]... Boys experience a high level of peer pressure to lose their virginity at an early age (National Children's Bureau, 1997).

Thus showing that boys and young men on a national level may not have appropriate access to correct information or services in the same way girls and young women do. Some professionals/parents may also feel that boys and young men don't need sex education because they are not going to get pregnant (or may not see them as part of the pregnancy at all). This is why it is important that sexual health services, information and

support does not simply centre around pregnancy but also around the wider issues, especially with regards to boys and young men, such as testicular cancer, aggression, pornography, peer pressure and identity.

This quote also shows that, as with females, males are also subject to an element of peer pressure in relation to sex and losing their virginity. This is also perpetuated, as seen in other chapters of this report, when boys and young men identify what it is to be a man: 'playing the field' (5/175), 'doing whatever you want to do' (51/175), 'having lots of girlfriends' (16/175) and 'being able to have lots of sex without caring' (1/175). These statements show that whilst individuals have stated these words there are collective themes that run throughout them: lack of responsibility, relationship = sex and power.

In conclusion, although there are many areas this chapter has not explored the research has determined which areas have been the most important ones to cover. This chapter has shown that whilst sexual health information is available to boys and young men it brings into question: how much of this information, guidance and support is relevant or appropriate?

Chapter Four: Relationships

This chapter aims to explore some of the following issues: how do boys and young men define a relationship including supportive, emotional and sexual relationships? What do boys and young men feel a relationship consists of, for example, negotiation, expression and discussion? What roles do boys and young men take within relationships? Who do boys and young men have relationships with? Although some of these questions are central to this chapter, another aim of this chapter is to bring together everything explored so far.

A relationship can mean many different things and will change throughout a person's life course. Services need to acknowledge that boys and young men will embrace relationships differently. Service providers also need to acknowledge that they need to develop a certain, professional, relationship with the service users they work with. Issues such as trust, confidentiality and guidance are part of these professional relationships.

Relationships are also a two way process and as such these aspects (on some levels) must be 'earned' by service providers/professionals. This can be achieved through inclusion, positive attitudes and acknowledging individual identity and not collective stereotypes.

There may, however, be boundaries and barriers in developing these professional relationships. Three service providers stated:

Yes, most workers are female in this profession. They feel it is the job of a dad's worker to deal with boys and young men. Because we are trying to change a culture to encourage men to play a positive role with their children

they need to feel included within every project (Father's Worker, specific, Central).

To include young men in designing the services (Project Manager, general, North).

and

Ask them what they want. We always ask women how they are feeling but not sure we always do for men (Youth Worker, general, Central).

as well as one young person identifying a relationship with a 'teacher' (1/175) and a number of young people identified 'parents' (4/175) as a relationship. As such service providers need to acknowledge the importance of working with and developing professional relationships with parents and teachers when working with boys and young men. This will not only enable parents to have correct information about sex and sexual health but may also facilitate communication between parents and young people, as well as (possibly) breaking down the barriers of seeing sex as a taboo subject.

We also need to recognize that young people develop relationships for a number of different reasons including those explored above but also emotional and sexual relationships with a variety of different people. However, these relationships, like professional one, may have certain 'requirements' or entail certain characteristics that may be positive or negative. For example, boys and young men need to be able to explore issues around power, roles, sexuality and access.

Yes, many go through the women to get men on board and don't see them as a separate entity. This then gives women the control and they may choose not to pass the information on to them to stop them getting involved. I get hassled

off the women for inviting them to things (Parent Support worker, specific, North).

and

If you get dad's on their own they don't feel intimidated and not surrounded by women (Parent Support Worker, specific, North).

Boys and young men were also identified the following list regarding what the term 'relationship' meant to them:

Having a girlfriend (145/175)
Sex (123/175)
Different kinds of relationships (67/175)
Trust (24/175)
Don't know (23/175)
Being in love (15/175)
Not being alone (6/175)
Being close (2/175)
Caring about someone very much (2/175)
Equal (2/175)
Being dependant (1/175)
Being in control (1/175)
Giving someone a part of yourself (1/175)
Having lots of children with lots of different women (1/175)
Not interested in having a relationship (1/175)

The top two issues identified relate to the physicality of a relationships but not to the deeper or emotional aspects of a relationship such as caring, love, respect, commitment, support and communication (although people define these differently). Thus showing that, within this research, many boys and young men have not identified these as central aspects of a relationship. The other issues identified by boys and young men support the statement made earlier: a relationship can mean many different things. Many of these statements are also quite generic and doesn't necessarily pertain to one type of

relationship and as such can transcend many relationships i.e. care, equality and control.

‘Not being alone’, being independent’, ‘being in control’ and ‘having lots of children with lots of different women’ shows that boys and young men cite different things within a relationship that also may be due to their age or maturity, as well as their understanding of issues such as equality, respect and support.

Again, the issues covered in this chapter have been identified in other chapters within this report. Relationships although vast and varied are important in the development of boys and young men and the services they may access. Service providers also need to acknowledge that boys and young men need to express, negotiate and develop their own understanding of a relationship (physical, emotional, professional and sexual) whilst being able to access unbiased and ‘attitude free’ services and staff to inform, support and guide.

Chapter Five: Services

This chapter aims to explore some of the following issues: what access do boys and young men actually have to services? What services are available to them? What do boys and young men want from services? What do boys and young men feel they do and do not get from services and why? What do they see the role of or the focus of the service as being? What is the impact of this? What is the image of the service, for example, female or male centred, male or female workers, statutory or voluntary and ethos? To what extent is the service male friendly? Finally, is the service selective (within the services and the literature offered)?

Access to services that boys and young men may have was an issue raised within the interviews carried out with the service providers. Although many *general* service providers identified that boys and young men do not have any problem in accessing youth or sexual health services. *Specific* service providers have stated, however, that there are many barriers for boys and young men in accessing both youth and sexual health services:

I don't think there is. Boys do cooking. I thought girls would do it not boys. We haven't got anything that prevents them doing this (Youth worker, general, North).

and

We haven't had that problem but I'm sure there are problems. Maybe the types of things provided for them as their needs are different from girls (Youth Worker, general, North).

More practical issues have also been identified by service providers such as publicity and locality:

No one has accessed our clinic yet (it just started before Christmas). I think this is due to a lack of publicity (Youth Worker, general, North).

More publicity. Word of mouth as well as posters and flyers (Youth Worker, general, Central).

and

Once they are in they realise it is accessible to them. There also needs to be the promotion of the service in a non gender specific manner (Youth Worker, specific, Central).

Some service providers have also stated that boys and young men are prevented due to their own attitudes towards sex, sexual health and services provided:

Their own attitudes. Sexual health is seen as a female malady (Youth Worker, general, Central).

As well as such issues as:

Embarrassment and having to ask where to go. Thinking that it is a woman's service. A feeling of invincibility that can affect them. They ignore it and think it may go away (Father's Worker, specific, Central).

As such we have to acknowledge that service users, as well as service providers, have a role in that sometimes no matter what a service may do (with regards to publicity, access and attitudes of their workers etc.) some boys and young men may not want to access

certain services or any services at all for their own reasons.

Boys and young men have, however, identified wanting a number of things from services. These are the aspects of services which they may currently receive or do not currently have access to but would like access to:

Information regarding boys and young men's issues (108/175)
A boys and young men's worker (63/175)
An understanding of boys and young men's needs (24/175)
All these are so gay (18/175)
More young people to talk to (16/175)
Positive male images (3/175)

Thus showing that boys and young men would like both information and understanding, as well as being able to view a specialised boys and young men's worker are central in the process of receiving this information. Eighteen boys and young men have, however, identified that these issues identified 'are so gay' and upon exploration within the group work (when this issue was raised) the boys and young men stated:

Well if a guy is providing a sexual health service he is obviously gay. He likes little boys (Group 2).

and

I don't like asking women because they look down on me and are not interested in me. They are only interested in the girls. I can talk to my friends about it but it's not right for an older man to talk to young boys about sex (Group 3).

Service providers have also identified a lack of service provision, skills and information specifically for boys and young men:

Yes massively. There's definitely a gap and a lack of skills. In my field I know all the agencies and what they offer. I work with both boys and young men and girls and young women and it's very difficult to find services for them (Youth Worker, specific, West).

The full health programme is aimed at both boys and young men as well as girls and young women (Youth Worker, general, North).

and

Need more male workers as there are only two male workers here and it has been an issue. We have to do things out of our roles as others are not prepared to do it – they don't feel it's their job. Also a need for some training and this is hard to find. It is simply a case of learning as you go and learning from your mistakes (Youth Worker, general, North).

Although some services are aimed specifically towards boys and young men, they may not centre on sex or sexual health. Although some sexual health services are available to agencies that do not specifically provide them, these agencies do not always want them:

Well the specific nature of the project – Motor. We are open access but attracts more boys and young men because of this (Project Manager, general, North).

and

Young men are often disenfranchised so they don't have confidence to speak out. Professionals all want the same things from sexual health but my remit is much wider than that. All they want is information/workshops on condoms and STI's yet I have 24 workshops on a wide variety of issues. The assumption is that lads will be lads and they won't change. Assumption is that boys and young men's workers will only work with gay lads (Boys and young men's worker, specific, Central).

The lack of service provision can be due to a number of things such as: a lack of skills, a lack of funding, a perceived lack of needs and the attitude/focus of the service

providers/services:

There are lots of sexual health service available but nothing specifically for boys and young men as most work with both. Men don't get off their bums and do it. Women do go out and get themselves help. Men need to take responsibility and ask for this information. I, personally, have tried to set up men's services and they're just not interested. Men say women's centre's are sexist. They moan about having nothing but they need to recognise that women have set up those up themselves. I get sick of hearing about it (Youth Worker, general, East).

Yes, things are too focused towards girls (Project Manager, general, North).

Start helping themselves – Be more productive (Youth Worker, general, East).

Making services male friendly (Youth Worker, general, Central).

Being aware of contraception and their responsibility. Self esteem – they think it's never going to happen to them (Youth Worker, general, Central).

and

Money for projects regarding boys and young men specifically (Project Manager, general, North).

Finally, service providers stated were asked what three things could be done to improve services for boys and young men. Some of the answers they replied are:

Training for the workers (Project Manager, general, North).

Variety of venues and activities and not focusing on one part, thing or area (Project Manager, general, North).

I think the whole culture needs to be changed. A move away from particular things being seen as male and others female. This is an issue for us all (Youth Worker, general, Central).

To make sure they receive the same level of service that young women are receiving (Youth Worker, general, North).

If everybody had the understanding that fathers are important no matter what

age they are (Father's Worker, specific, Central).

Yes money is sometimes a barrier. I also feel I have to justify my work far more than anyone else (Father's Worker, specific, Central).

Improved partnership working with regards to young dads and that they are not just an after thought (Father's Worker, specific, Central).

Because two wrongs don't make a right. I would like women not to belittle the role of fathers (Father's Worker, specific, Central).

Get something that gives them a voice and an identity (Parent Support Worker, specific, North).

and

Get in earlier i.e. Key Stage 2. Girls get a lot of support through puberty whereas boys don't get that (Parent Support Worker, specific, North).

These comments show that everyone involved with and working with boys and young men (including themselves) have a responsibility in changing the way boys and young men perceive services, as well as the services they have available to them. These quotes also show that these changes need not be costly. They can encompass such as addressing attitudes, information and knowledge, networking to provide appropriate and relevant services, acknowledging diversity (with regards to things such as sexuality, parental status and educational ability) and understanding the personal needs of boys and young men.

To conclude, although this report has explored the perceptions and ideals of boys and young men in relation to sexual health, relationships and sex we must also acknowledge that a number of these issues are gender neutral, as all young people may feel/experience these issues. Finally, there are many barriers and boundaries for boys and young men, as

well as services in receiving and providing sexual health services and information. However, service providers need to go back to the basic principles (of their role etc.) and look at why they are providing the services and why they may possibly need to make changes –

So we can rejoice in the things father's bring to their children's lives [and the lives and diversity of all boys and young men] (Father's Workers, specific, Central).

Recommendations and Conclusion

Recommendations

Although a number of recommendations can be developed from this research it is important to acknowledge the practicalities and relevance of these recommendations. Therefore the following recommendations have been formulated.

- Training and education of all youth and health professionals regarding boys' and young men's issues. To ensure that the service providers have up to date knowledge and information.
- To explore the attitudes (of the staff and services) and activities provided for boys and young men.
- To ensure that boys and young men do not encounter any prejudice and that services/providers do not place any judgments or form stereotypes of boys and young men, as this may serve to distance them from their right to appropriate care/treatment.
- To develop initiatives which are specifically aimed towards boys and young men. These initiatives need to acknowledge the diversity of boys and young men and as such not simply rely upon stereotypical activities such as sport.
- To ensure up to date and accessible information is available to boys and young men, as well as service providers. This information could centre on a number of

things such as their rights (as citizens and as fathers etc.), sexuality, sexual health, other activities and agencies.

- To ensure all services and staff are male friendly by providing positive male images, information and attitudes as well as working together with other organizations and agencies to ensure that everyone is aware of services available for boys and young men.

Conclusion

This research has explored boys and young men in relation to: policy and legislation, masculinity and the media, sexual health, relationships and services. Although this report does not attempt to be conclusive there has also been an exploration of contemporary issues.

Although the research was carried out within Hull many of the issues are also national ones. This research has, however, been limited in relation to: time, funding and staff.

This research has also aimed to explore (as well as compare and contrast) the information given by *general* and *specific* service providers and boys and young men. The way in which this information was gained worked in a number of ways including: diversity (of questions and techniques), ethical implications considered and the input from service providers and boys and young men within the pilot stages of the project.

Overall this research has shown that there is a great need for specific boys and young men's services as well as the need for all services to be male friendly. This research has

also shown that there is a general lack of understanding around the needs of boys and young men and a reluctance to embrace these needs. This report needs to be used to inform planning and decision making of (and within) services not just on an operational level but also at a strategic and commissioners level of all agencies across Hull

On a positive note, however, some service providers are aware of the need to change and are promoting the positive things/aspects of boys and young men do (i.e. as fathers, within relationships and as individuals), as well as focusing on the need to include boys and young men on this journey.

Appendix 1

List of places the service providers were accessed

BUMPS: The Motor Project (North)

Conifer House (Central)

Cornerhouse (Central)

Route One (North)

Sure Start – Lemon Tree (North)

Sure Start – Newland Area (West)

Taboo (East)

Teenage Pregnancy Support Services (Central)

Young People’s Support Service (YPSS) (Central)

Appendix 2

List of places the boys and young men were accessed

Astra Youth Centre

BUMPS: The Motor Project

Conifer House

Hull College

Hull University

Kingston Youth Centre

Lonsdale Community Centre

Route One

Taboo

Wolfeaton Youth Centre

Young People's Support Service (YPSS)

Appendix 3

Interview – General Service Providers

1. Can you give me a brief description of your service?
2. In comparison to girls and young women how many boys and young men access your service?
3. What services, facilities or activities do you have that are aimed towards boys and young men?
4. What do you think may prevent boys and young men from accessing services?
 - Youth Services –

 - Sexual Health Services -
5. How do you think your service may be made more accessible for boys and young men?
6. Do you think current ‘policies’, within which you may work, are boys and young men friendly i.e. The Children Act, Every Child Matters, Youth Matters, Fraser Guidelines etc?
7. How do you think government agenda’s or funding allocations acknowledge the needs of boys and young men? Do they?
8. In general do you think there are a lack of services and information available for boys and young men? If yes, why do you think this is so?
9. What three things do you think could be done to improve services for boys and young men?

Appendix 4

Interview – Specific Service Providers

1. Can you give me a brief description of your service?
2. Can you give me a brief description of your role?
3. What services, facilities or activities do you have that are aimed towards boys and young men?
4. How do you think your service may be made more accessible for boys and young men?
5. What do you think may prevent boys and young men from accessing services?
 - Youth Services –

 - Sexual Health Services -
6. Do you think current ‘policies’, within which you may work, are boys and young men friendly i.e. The Children Act, Every Child Matters, Youth Matters, Fraser Guidelines etc? Give details.
7. How do you think government agenda’s or funding allocations acknowledge the needs of boys and young men? Do they?
8. In general do you think there are a lack of services and information available for boys and young men? If yes, why do you think this is so?
9. As _____ do you encounter any barriers in providing services to boys and young men?
10. What do three things do you think could be done to improve services for boys and young men?

Appendix 5

Questionnaire

Age _____

Postcode _____

Which sexual health services do you access? (Name as many as you can)

Why do you access these services ? (Tick as many as you like)

- Support Condoms Information
- Other _____

Do you always get what you need from these services? (Tick only one)

- YES NO

How do you generally feel when you access these services? (Tick only one)

- Welcome Comfortable Ignored
- OK Embarrassed Scared
- . Other _____

What would you like sexual health services to provide? (Tick as many as you like)

- A boys and young men's worker
- Positive male images i.e. posters
- An understanding of boys and young men's needs
- Information regarding boys and young men's issues
- Other _____

Who do you think sexual health services are available for? (Tick as many as you like)

- Boys/Men Girls/Women Young people
- Older people Everyone
- Other _____

What does the term sexual health mean to you? (Name as many as you can)

Who do you think the above list affects?

- Girls/Women Boys/Men Everyone

Who do you think is responsible for safer sex?

- Girls/Women Boys/Men Everyone

What do the following words mean to you

Relationship	
Safer Sex	
Being a Man	

Thank you for filling out this questionnaire.

Appendix 6

Summary of research with boys and young men

The numbers in brackets relate to the number of participants who responded to the questions. For example, question 1 asks a persons' age below you can see 21 participants out of 175 stated that they were 13 years old.

Question	Answer
Age	Fourteen (56/175) Fifteen (43/175) Sixteen (28/175) Thirteen (21/175) Eighteen (15/175) Seventeen(12/175)
Postcode	HU7 (52/175) HU6 (43/175) HU5 (40/175) HU9 (40/175)
Which sexual health services do you access?	Conifer House (160/175) Youth Centre (52/175) The Warren (35/175) No where (30/175) Lots of Places (20/175) College (16/175) Family Planning Centre (13/175) School Nurse (10/175) University (5/175) Doctors (4/175) Connexions (3/175) GUM (3/175) The shop (2/175) Mum buys them for me (1/175)
Why do you access these services?	Condoms (140/175) Information (41/175) Support (30/175) To hang out (15/175) Chatting (4/175)
Do you always get what you need from these services?	Yes (139/175) No (6/175)

How do you generally feel when you access these services?	OK (72/175) Embarrassed (48/175) Scared (10/175) Comfortable (8/175) Welcome (7/175)
What would you like sexual health services to provide?	Information regarding boys and young men's issues (108/175) A boys and young men's worker (63/175) An understanding of boys and young men's needs (24/175) All these are so gay (18/175) More young people to talk to (16/175) Positive male images (3/175)
Who do you think sexual health services are available for?	Everyone (103/175) Young people (63/175) Girls/Women (42/175) Boys/Men (2/175)
What does the term 'sexual health' mean to you?	Safe sex (121/175) Pregnancy (96/175) STI (63/175) Diseases (24/175) Don't care (16/175) Don't know (16/175) Shagging (13/175) Nothing, not my problem (6/175) Playing the field (5/175) Not getting caught (3/175)
Who do you think the above list affects?	Everyone (82/175) Girls/women (76/175) Boys/men (17/175)
Who do you think is responsible for safer sex?	Girls/women (70/175) Everyone (69/175) Boys/men (36/175)

<p>What do the following words mean to you?</p> <p>Relationship</p>	<p>Having a girlfriend (145/175) Sex (123/175) Different kinds of relationships (67/175) Trust (24/175) Don't know (23/175) Being in love (15/175) Not being alone (6/175) Parents (4/175) Being close (2/175) Caring about someone very much (2/175) Equal (2/175) Being dependant (1/175) Being in control (1/175) Giving someone a part of yourself (1/175) Having lots of children with lots of different women (1/175) Not interested in having a relationship (1/175) Teacher (1/175)</p>
<p>Safer Sex</p>	<p>Condoms (150/175) Not getting her pregnant (43/175) Don't know (25/175) Don't care (15/175) Not doing it (15/175) Being safe (13/175) Not getting diseases (13/175) Pulling out (3/175) Staying healthy (2/175)</p>

<p>Being a man</p>	<p>Having power (53/175) Doing whatever you want to do (51/175) Taking control (46/175) Having lots of kids (44/175) Strong (42/175) Being a dad (33/175) Being in charge (33/175) Don't know (25/175) Being independent (23/175) Lots of different things (22/175) Earning lots of money (16/175) Having lots of girlfriends (16/175) Getting drunk (13/175) Responsible (5/175) Football (4/175) Having lots of good sex (4/175) Mature (4/175) David Beckham (2/175) Looking after women (2/175) Trophy girlfriend (2/175) Being able to have lots of sex without caring (1/175) Depends on what sort of man you want to be (1/175) Having a large dick (1/175) Playing the Playstation (1/175)</p>
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Appendix 7

Group Work

Three group work sessions were carried out with a total of thirty six boys and young men.

The boys and young men were asked to explore their ideas on the following:

- Relationships
- Sexual Health
- Being a man
- Communication
- Responsibility
- Identity
- Services

These issues were covered using the following methods:

- Body Mapping
-
- Newspapers
-
- Flipchart
-
- Share charts

Bibliography

Avert. (2005) *United Kingdom HIV and AIDS statistics by age*. cited at www.avert.org/statsage.htm [Accessed 21st October 2005].

Brook. (2005) *Brook's position on boys and young men*. cited at www.brook.org.uk/content/m6_4_boysandyoungmen.asp [Accessed 19th October 2005].

Davidson, N. (2003) *Building Bridges: Integrating school sex and relationships education and contraceptive services for young men. A report for policy makers and practitioners*. Lancashire: RAP.

Department for Education and Skills. (2000) *Sex, Relationship and Education Guidance: Curriculum and standards*. Nottingham: DfES.

Department for Education and Skills (2004) *Every Child Matters*. www.everychildmatters.gov.uk [Accessed 10th November 2005].

Department for Education and Skills. (2005) *Youth Matters*. London: DfES.

Department of Health. (2004) *Choosing Health: Making healthy choices easier. (Executive Summary)*. London: DoH.

Duncalf, D. (2005) *Mind the Gap: A sexual health needs assessment of young people aged 12 – 21 within the Hull area*. Hull: Teenage Pregnancy Unit and Cornerhouse www.wearecornerhouse.org

East Riding and Hull Health Authority. (2002) *Multi-agency policy: Pregnancy in children under the age of 16*. East Riding and Hull: Health Authority.

Forrest, S and Kanabus, A. (2004) *AIDS and young gay men*. cited at www.avert.org/aidsyounggaymen.htm [Accessed 21st October 2005].

Gelder, U. (2002) *Boys and young men: 'Half of the solution' to the issue of teenage pregnancy. A literature review*. Newcastle: University of Newcastle, School of Geography.

Gilbert, N. (Ed.) (2nd Ed.) *Researching Social Life*. London: Sage.

Hilton, G. L. S. (2003) 'Young men talking: what young men want from school sex education' cited in Davidson, N., Forrest, S and Lloyd, T. (eds.) *Working with young*

men. London: Working with men. Sept, Vol. 3.

Home Office. (1989) *The Children Act*. London: Home Office Communications Directorate.

Home Office. (2003) *Sexual Offences Act*. London: Home Office Communications Directorate.

Home Office. (2004a) *The Children Act*. London: Home Office Communications Directorate.

Home Office. (2004b) *Working within the Sexual Offences Act 2003*. London: Home Office Communications Directorate.

Home Office. (2004c) *Bichard Inquiry Recommendations Progress Report*. London: Home Office Communications Directorate.

Lloyd, T. (2002a) *Boy's and young men's health: what works?* London: Health Development Agency.

Lloyd, T. (2002b) *What works with fathers?* cited at www.workingwithmen.org [Accessed 21st October 2005].

Lloyd, T. (2002c) *What works? (boys and young men's health)* cited at www.workingwithmen.org [Accessed 21st October 2005].

National Children's Bureau. (1997) *Sex Education Forum Factsheet 11: Supporting the needs of boys and young men in sex and relationships education*. London: National Children's Bureau.

NHS. (2003) *Fraser guidelines, teenagers and consent and confidentiality* cited at www.show.scot.nhs.uk/confidentiality/fraser_guidelines.htm [Accessed 31/01/05].

Price, M. (2004) 'Using resources in working with young men' cited in Davidson, N., Forrest, S and Lloyd, T. (Eds.) *Working with young men*. London: Working with men. Jan, Vol. 3.

Redman, P. (2004) 'The feelings stuff': young men doing emotions' cited in Davidson, N., Forrest, S and Lloyd, T. (Eds.) *Working with young men*. London: Working with men. Sept, Vol. 3.

Rees, J., Rice, N and Tripp, J. (2005) *APAUSE: Year 11 Report*. Exeter: University of Exeter, Department of Child Health.

Social Research Association. (2003) *Ethical Guidelines*. cited at www.the-sra.org/ethicals.htm [Accessed 31st January 2005].

Teenage Pregnancy Working Group. (2001) *Teenage Pregnancy: Strategy and Annual Report 2000/01*. Hull and East Riding: Health Action Zone.

UNAIDS. (2001) *Boys, young men and HIV/AIDS*. cited at www.thebody.com/unaidswac/young_men.html [Accessed 19th October 2005].

Walker, B. M and Kushner, S. (1997) *Boys: understanding boys' sexual health education and its' implications for attitude change*. Norwich: Centre for applied research in education.

Westerby, M., Harris, J., Sellers, T and Hill, T. (1999) *Evaluating sexual health services: A community approach. 'How to do it', Suggested process for conducting a participatory evaluation of community sexual health services*. Hull: Hull University.

Wiggins, M., Austerberry, H., Rosato, M., Sawtell, M and Oliver, S. (2003) *Sure Start Plus National Evaluation Service Delivery Study: Interim findings*. London: Institute of Education.

Yudkin, H. (2004) 'Finding boys not-so-hard-to-reach: the 4 YP sexual health advice bus for young people' cited in Davidson, N., Forrest, S and Lloyd, T. (Eds.) *Working with young men*. London: Working with men. Jan Vol. 3.