ACCESS TO SEXUAL HEALTH SERVICES FOR YOUNG BME MEN

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Attendance at a nurse-led sexual health drop-in service among men aged 16–25 years from BME communities was lower than that of white men in the same age range. A questionnaire was completed by 55 young men from these communities, in this age group, 62% of whom had heard of the services. However, only 31% had accessed them. Embarrassment was the major factor hindering use of services. To address these issues, more advertising of sexual health services is needed in places frequented by young people from BME groups and more services should be offered in non-traditional locations.

BACKGROUND
Bradford’s Health of Men team was set up to promote health in an environment outside traditional health settings that is non-threatening and easily accessible. Over 60% of the population it serves are from minority ethnic groups, and it covers some of the most deprived areas in Bradford. The team’s projects is a drop-in service for men aged 16–25 at a city-centre information shop for young people. It is run by male nurses who offer confidential advice on sexual health or other health issues, free condoms and chlamydia screening, and can refer or signpost young people to other services.

Only 15% of young men attending drop-in sessions are from black and minority ethnic groups. This study aimed to determine why attendance by young men from BME communities is low, and establish if the attendance by young men from BME communities would be appropriate place to advertise sexual health services. Thirty-six (66%) identified embarrassment as a major factor. The second most common (40%) was not being able to attend at appropriate times; 26% did not know where to go; and seven (13%) cited religious beliefs.

RESULTS
Sixty-five questionnaires were distributed and 55 (85%) were completed and returned. The majority of respondents were aged 16–18, although older men up to 25 years of age were also represented; 42% were Pakistani, 18% Bangladeshi, 13% Indian, 11% black Caribbean, 9% black African and 7% mixed race.

A total of 34 participants (62%) were aware of local sexual health services, most having heard of them through the information shop. Only 17 of the 55 participants (31%) had accessed sexual health services in Bradford. A significantly higher proportion in the 19–25 age group had accessed the services compared with the 16–18 age group. The information shop was well known, with a total of 14 accessing services from here. Only three had accessed more than one service.

Participants were asked where they would go if they had a sexual health problem. The most popular choice was the GP surgery (39 participants; 71%), while 21 (38%) would go to the information shop. Seven (13%) did not know where to go – five of these were in the 16–18 age group, one in the 19–21 group and one in the 22–24 group. All 25-year-old participants knew where to attend.

Participants were asked what factors might stop them accessing sexual health services. Thirty-six (66%) identified embarrassment as a major factor. The second most common (40%) was not being able to attend at appropriate times; 26% did not know where to go; and seven (13%) cited religious beliefs.

Only four (7%) gave being sexually inactive as the reason they would not access services. All were in the 16–18 age group and they all also cited religious reasons. Participants were asked where would be an appropriate place to advertise sexual health services in Bradford and what could help improve accessibility. Advertising was the most popular response, cited by 25%.

DISCUSSION
There was a good response rate to the questionnaire from an age group that can be difficult to engage with. Because many of the questionnaires were distributed at youth groups, it is perhaps not surprising that 53% of participants were 16 to 18-year-olds. This was a plus point, because boys in this age group are going through puberty and are more likely to have unprotected sex or cause unwanted pregnancies (HDA, 2003).

IMPLICATIONS FOR PRACTICE

Service providers need to target young people, who are at greater risk of exposure to STIs and risky sexual behaviour (HPA, 2005).

Adverts in places frequented by young people from BME groups would be beneficial. It is also important to convey sexual health messages to teenagers so that when they become sexually active they know where to access services. Agencies should also work with young people to offer services in non-traditional locations.

Since the majority of participants said they would go to their GP if they had a sexual health problem, GPs could consider offering these services.

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Knowing about sexual health services at an earlier age would be beneficial. Participants’ ethnic background was probably a fair representation of the local communities. There was no statistically significant difference between ethnic groups in terms of the proportion who had heard of or accessed sexual health services but older men were more likely to have done so.

The information shop was the service most often accessed by participants. Most of those aged 16–18 who had used sexual health services had accessed this service. Many said it was more relaxed because it was staffed by male nurses, and was easy to access (White and Cash, 2003).

Most participants (71%) said they would go to a GP surgery with a sexual health problem. This is unsurprising since most young people see GPs as the first port of call for health matters. Men are known to be less likely than women to visit their GP (White, 2005) so it is interesting that the majority of our participants would go to their doctor with a sexual health worry. Many may be unaware that such problems can be dealt with elsewhere, suggesting a need for PCTs and health authorities to educate them about sexual health services.

The information shop was well known, with 38% saying they would access it if they had a sexual health problem. A total of 27% of participants cited the GUM clinic.

Two participants mentioned hearing about services at local massage parlours. Health promotion workers have provided sexual health information, free hepatitis B vaccinations, sexual health advice, free condoms and lubricant in these locations.

Barriers to access

It is important to know why young people are not accessing sexual health services. In our survey, embarrassment was cited as a major factor (66%), which has also been shown in previous studies (for example Sherman-Jones, 2003; Jacobson et al, 2001). In some cultures and communities, sex is still a taboo subject, so for many young men, accessing services and talking about intimate details may require courage. Some 40% of participants said finding an appropriate time to access services was an issue.

Seven participants (13%) cited religious beliefs as stopping them from accessing sexual health services. Of these, six were in the 16–18 category and one was 25. Three were Pakistani, two Bangladeshi, one black Caribbean and one mixed race. It is also evident from the response to this question that the 16 to 18-year-olds may have stronger religious beliefs than those in the older groups (another factor may be that people in the younger age group are more likely to be living with their parents). Religion has often been given as an explanation for why young people from BME groups are less likely to access sexual health services, especially those with south Asian backgrounds who may be Muslim (Upfront, 2006).

Four participants (7%) had not accessed sexual health services because they were not sexually active and all of them were in the 16–18 age group. These participants also stated they would not attend sexual health services for religious reasons. The main reason for including the answer about ‘not being sexually active’ was that lack of sexual activity would explain why the participant was not accessing services.

Improving access

One suggestion to improve sexual health services in Bradford was to advertise more. Large-scale advertising can have a huge impact, such as the 1980s adverts on HIV/Aids, which helped to reduce the incidence of STIs in England (HDA, 2004).

Several places were suggested to advertise services. The most popular (22%) was youth clubs and centres, which are a focal point for many young people, while 14 participants suggested schools, colleges and universities as ideal places. In the past, healthcare professionals in Bradford have given talks in these educational institutions about sexual health services, though a few religious schools have refused permission. Bars and pubs were also suggested as possible places to advertise.

Another suggestion was to have a more discrete location for services. The Teenage Pregnancy Unit (2001) states that the location of young people’s services is crucial to their success and that such services should be placed where they are easily accessible while offering discretion and confidentiality. Other locations include school-based sexual health drop-in sessions, which may be controversial but might help increase awareness of sexual health matters among young people earlier in their teens.