Involving young men in chlamydia screening

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Compiled and edited by Paula Baraitser* and Simon Blake** on behalf of the National Chlamydia Screening Programme (NCSP).

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Based on work overseen by the Men Too Strategy Group of the NCSP.
This is a practical guide to improving access to high quality chlamydia screening services for young men. Its target audience is those commissioning and providing these services.

In December 2007 the National Chlamydia Screening Programme (NCSP) published the document *Men Too*, a strategy to support equitable access. Following this the NCSP set up a *Men Too* Strategy Group to take this work forward. This guide draws on three pieces of work overseen by the *Men Too* Strategy Group of the NCSP, chaired by Simon Blake:

- an evidence based think piece by Simon Forrest and Trefor Lloyd of *Working with Men*
- qualitative research with young men completed by Egg Research and Consultancy
- a mapping of interesting practice by Lynwen Jones.

The reports from the first two pieces of work are available on the NCSP website. The third mapping of practice is integrated into this document and is not available as a separate report.

The numbers of young men screened in the NCSP has risen over the last five years, but the proportion of screening within the programme that is undertaken by men remains low (31.9 per cent).

Although young men are not a homogenous group, a number of themes recur in the literature on their experience of sexual health services and these should inform service development.

Young men often:

- Lack knowledge about chlamydia and chlamydia screening and have misconceptions about the nature of the test that are barriers to testing.
- Associate chlamydia with ‘dirtiness’ and ‘shame’.
- Feel pressure to present themselves as sexually successful rather than sexually responsible and to demonstrate an ability to take risks.
- Prefer screening opportunities that maximise anonymity.

Therefore, to involve young men in chlamydia screening, services and professionals should:

- Raise awareness of chlamydia as the commonest sexually transmitted infection (STI) diagnosed among young men.
- Get the messages right. Time and again we hear that young men are worried about the ‘umbrella’ test. Clear simple messages that screening is part of a process of being knowledgeable about sex, ‘fit for sex’ and clean with a strong call to action are most helpful.
- Respect young men and their developing sexuality, encourage awareness of their sexual health needs and their responsibility to themselves and others.
- Offer the variety of services required to meet the needs of this group.
When commissioning and delivering chlamydia screening services, ensure that:

- All of those involved in chlamydia screening have the skills and abilities to work with young men.
- Local sexual health needs assessments identify where young men access information or advice on health or fitness; where they work, study and spend their leisure time, and consult directly with young men and the organisations that support them.
- Service level agreements reference the standards outlined in *You’re Welcome Quality Criteria: Making Health Services Young People Friendly* and that they refer specifically to engaging young men and monitor screening uptake amongst this group.
- If outreach is used as a strategy to increase access to young men then this should be closely linked to local sexual health services. Outreach cannot take the place of sexual health service provision.
- Services providing clinical care for young people meet the common standards of practice based on *Working Together to Safeguard Children*, so that quality of care is uniform across all services.

**Places where young men access condoms provide opportunities to inform them about chlamydia**

**General Practice**

- Most young men visit their General Practices once a year. Ensure that this opportunity to engage them is not missed and that they are routinely offered screening with an explanation that screening is offered to all young people, is confidential and requires a urine sample only.
- Training to develop skills and competence in making routine screening offers to young men should be provided for all those involved in chlamydia screening in General Practice.

**Community contraceptive and integrated sexual health services**

- Many young men may not perceive community contraceptive services as accessible to them but developing these services so that they offer holistic sexual health care makes them an attractive and accessible community venue for sexual health screening for young men.
Ensure existing staff are trained to work with this group and encourage services to provide male friendly environments and to advertise the services they provide for young men. The Family Planning Association (FPA) training resource, Moving Goalposts: Setting a Training Agenda for Sexual Health Work with Boys and Young Men16 provides useful activities. Brook, FPA and Working With Men all provide training on working with boys and young men.

Where young men visit these services with their partners, there is an opportunity to inform them both about chlamydia testing.

Community Pharmacies

Pharmacies are an easily accessible venue for testing and treatment. Consider training pharmacists to engage young men in screening e.g. when they are buying condoms. Provide clear publicity that can be viewed from outside, inside and at the counter. Pharmacy providers have a developing role within sexual health so it is important that those pharmacists offering treatment have received appropriate training and maintain clinical governance standards consistent with other treatment centres.

Genito-urinary (GU) medicine services

Young men appreciate the confidentiality and expertise of specialist sexual health services and access these services for screening for all STIs, including chlamydia. It is important that local care pathways for chlamydia screening include referral of complex cases to GU Medicine. Although chlamydia screening in GU Medicine is not included currently in monitoring for the Vital Signs Indicator (VSI), open access to STI screening is available in this service. GU medicine services also support clinical governance and offer training in sexual health.

Postal and internet services

These approaches, including online access to home sampling kits, require limited contact with health professionals and are important as part of the range of options for testing. Where vulnerable young people could access tests without health professional contact, ensure that appropriate child protection protocols are in place.12, 17, 18.

Marketing

Publicity must provide accurate information, dispel myths and stereotypes and reduce fear of testing among young men. It should specifically target young men.19

For the publicity to be effective we need to have two clear strands in all messages, the first being to make the issue a personal one, i.e. ‘why me?’ and the second to make screening normal for young men.

As a communication package, the following are very powerful messages:

If you are sexually active and under 25 years of age, you should be tested annually for chlamydia

Chlamydia is invisible – the invisibility of chlamydia increases concern significantly and explains the need for testing.

Chlamydia is serious – it can cause real damage that young people want to avoid – causing their own infertility through ignoring risk is the core motivation. But this only becomes real when allied to invisibility and prevalence.

Chlamydia is easily spread – a very powerful and impactful statement that makes young people respondents sit up and think about their own risk: – screening is your responsibility and demonstrates you are knowledgeable about sex, ‘fit for sex’ and ‘clean’.

And the key call to action message for any campaign is...

It’s painless, it’s free, it’s easy to do and easy to treat – so just do it!
About the National Chlamydia Screening Programme (NCSP)

Chlamydia (genital Chlamydia trachomatis) infection is the most frequently diagnosed STI in England. Prevalence of infection is highest in young sexually active adults aged under 25 years. Untreated infection can have serious complications. Testing is easy and treatment effective but many infections are asymptomatic and a large proportion of cases remain undiagnosed.

The NSCP in England was established in 2003. It offers free, opportunistic screening, treatment, partner management and prevention to sexually active young men and women aged under 25.

The programme aims to:

- Prevent and control chlamydia through early detection and treatment of asymptomatic infection.
- Reduce onward transmission to sexual partners.
- Prevent the consequences of untreated infection.
- Identify and reduce prevalence.

In 2007 the NCSP published a strategy, *Men Too*¹ to ensure young men are involved effectively in the programme.

Acknowledgements

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Finally, thank you to everyone who shared their practice and experience and especially to the young men who participated in the research study undertaken by Egg Research and Consultancy for sharing openly their views, experiences and understanding of chlamydia – we hope this guide will help practitioners meet your needs effectively.
Section one
Background and context
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Introduction

The numbers of young men screened in the NCSP have risen over the last five years, but the proportion of screening within the programme that is undertaken by men remains low (31.9 per cent) and asymptomatic young men are less likely than asymptomatic young women to seek testing.\(^4\)
In the first year of the programme men contributed 7.5 per cent of all tests but by year 6 this percentage has risen to 31.9 per cent. The NCSP is committed to raising awareness of chlamydia and how to prevent it and increasing access to chlamydia screening for young men.

**Figure 1: Tests in males in the NCSP**

The mean age of all males tested is currently 19 years. Figure 2 shows that the greatest numbers of tests in males are in the 16–19 year age range. Within the NCSP, positivity in males is highest in 20–24 year olds, a slightly older age group than seen for the highest positivity in females (16–19 year olds).

**Figure 2: Number of tests and positivity in males**

Source: Data as of 04.02.09 National Chlamydia Screening Programme, England.
In 2007, the Men Too Strategy was launched. The Men Too Strategy Group supports the programme to:

- Promote the involvement of young men in chlamydia screening.
- Collate and present the evidence on young men and chlamydia screening.
- Advise on best practice in commissioning, education and service provision.

This practical guide is a contribution to this work. It draws on three pieces of work supported by the Men Too Strategy Group in 2008. These were:

- A review of best practice undertaken by Lynwen Jones, independent consultant.
- A qualitative research study with young men on their knowledge of, attitudes to and experiences of chlamydia and chlamydia screening – this work was completed by Dan Brown and Zoe McQuillin of Egg Research and Consultancy.
- An evidence based think piece on young men, chlamydia, sexual health and service provision carried out by Simon Forrest and Trefor Lloyd from Working with Men.

Who this guide is for?

This is a guide for those who develop and deliver the NCSP. Commissioners and strategic leads will also find it useful to inform service development. This guide is the second in a series of documents on best practice in commissioning and providing chlamydia screening services. It complements the recent guidance document, *Quick Wins and Sustainable Services: Hitting the Target without Missing the Point – Commissioning Chlamydia Screening*.

Why is it important to involve young men?

Chlamydia, left undiagnosed in young women, can cause pelvic inflammatory disease, ectopic pregnancy, subfertility, chronic pelvic pain and arthritis. In men it may cause urethritis, epididymitis and arthritis. Evidence on the health consequences of chlamydia infection for young men is limited, however screening and treating young men is an important strategy to reduce the population prevalence of this infection.
The context – evidence from research and practice

Although young men are not a homogenous group, a number of themes recur in the literature on their experience of sexual health services and these should inform new service development.

**Knowledge** – Although awareness of chlamydia and its mode of transmission is high, knowledge of its impact on sexual health is low and it is considered less important than other general concerns such as money worries or sexual health concerns such as unintended pregnancy.

**Perceptions and stigma** – Young men associate chlamydia and other sexually transmitted infections with ‘dirtiness’ and ‘shame’. The stigma associated with STIs impacts on their willingness to get tested for chlamydia.³

**Misconceptions** – Young men may have a number of concerns (see table below) that will impact negatively on their ability to access sexual health services including chlamydia screening. Many of these fears are based on a lack of high quality information.

<table>
<thead>
<tr>
<th>Misconceptions about chlamydia screening</th>
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<tbody>
<tr>
<td><strong>What young men think</strong></td>
</tr>
<tr>
<td>• Chlamydia services are just for girls</td>
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<tr>
<td>• The test will hurt</td>
</tr>
<tr>
<td>• They will have to ‘get their penis out’</td>
</tr>
<tr>
<td>• They might get an erection</td>
</tr>
<tr>
<td>• They may have an untreatable infection</td>
</tr>
<tr>
<td>• They will have to pay</td>
</tr>
<tr>
<td>• The service is not confidential</td>
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<tr>
<td>• They will be asked personal questions</td>
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<tr>
<td>• They will be judged or told off</td>
</tr>
<tr>
<td>• Staff will think they are ‘gay’</td>
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<tr>
<td>• If they are gay, that people will automatically assume they are heterosexual or they will be judged</td>
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<tr>
<td>• They will be ‘outed’</td>
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<tr>
<td>• They may see someone they know</td>
</tr>
<tr>
<td>• They are dirty if they go for an STI test</td>
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<tr>
<td><strong>What young men need to know</strong></td>
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<tr>
<td>• Young men can get chlamydia</td>
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<tr>
<td>• The test is painless, (there is no ‘umbrella’!)</td>
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<tr>
<td>• The test is easy (they just have to go off and pee in a pot by themselves)</td>
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<tr>
<td>• It’s easily treated</td>
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<tr>
<td>• It’s free and it’s confidential</td>
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<tr>
<td>• You can actually get tested without having to speak to anyone (you can just go online and order a test)</td>
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<tr>
<td>• In 2008, 1 in 12 young people tested for chlamydia by the NCSP had the infection</td>
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Risk – Young men report higher levels of risk taking behaviours than young women. They will have learnt messages about masculinity, how to behave, what to say and how to appear to others. This will often involve bravado and showing no fear or weakness. There may be a pressure to be or to appear sexually active, even if this is not the case. Asking for help can be associated with appearing weak, so that young men may find it very difficult to access services and talk with health professionals. Taking risks and pushing boundaries are associated with being young. The pleasure some young men can gain from risk taking and the associated lifestyle choices may mean that they don’t want to take responsibility in relationships and for their sexual health at this time in their lives. These are not however reasons for not taking the test.2,23

Motivation – Young men may feel that their interest in sex must be focused on performance and ability rather than looking after their sexual health. There may be a pressure to appear sexually successful rather than sexually responsible.

Young men are motivated to achieve a positive state of well being and fitness, rather than preventing illness – our focus therefore must be on being ‘sexually fit’, making screening a normal requirement for young men.

Young men can take responsibility for their sexual health if they have support, information and services. Effective services target young men, try and understand them, work to meet their needs and acknowledge their rights.2

The role of women – Historically sexual health services have been predominantly focused on women’s needs with responsibility for sexual health resting with women. Sex and Relationship Education (SRE), resources, venues and staffing perpetuate this perception.24 Young men will often assume that sexual health and therefore by implication chlamydia screening is for girls. This needs to be challenged, and young men encouraged to take responsibility for their own sexual health. However, evidence shows that young men often engage with contraception and sexual health when they are in the early stages of a relationship with a young woman, and we need to think carefully about how we may use this opportunity.25
Finding appropriate and effective ways to target, ‘market to’ and engage young men

Young men tell us they find it difficult to test in places which they do not perceive as confidential and that online testing kits are a desirable way to access testing. Young men already use integrated community sexual health services and specialist GU medicine services, particularly those that prioritise the needs of young people. Young men also visit their General Practitioner (GP).

The views of young men and their potential responsiveness to messages about chlamydia testing are not static. They may vary in response to changes in their relationship status, views of their partner(s) and the ways that they perceive their sexual behaviour and risk. The practice issue here is around timing and framing interventions so that they fit with these points of articulation and potential change in young men’s orientation towards sex and sexual health. Engaging young men when they visit a community contraceptive clinic for the first time with a partner is an example of this.
Involving young men in chlamydia screening: A practical guide
What is needed?

To involve young men in chlamydia screening we need to:

**Understand the impact of masculinity** on young men’s attitudes towards screening and their willingness to be tested.

**Reflect on our own attitudes and beliefs towards young men** and ensure as professionals we really do want to engage with young men positively, and have the skills and abilities to do so.\(^{26,27}\)

**Get the messages right** so we are communicating with young men in ways that will engage them and interest them in being screened, address their fears and provide opportunities to screen in ways that meet their needs.

For the communication to be effective we need to have two clear strands in all messages; the first being to make the issue a personal one, i.e. ‘why me?’, and the second to make screening normal for young men.

**Plan, commission and deliver services which:**

- Respect young men and their developing sexuality, encourage awareness of their sexual health needs and their responsibility to themselves and others.
- Raise awareness of chlamydia.
- Integrate chlamydia screening as part of routine practice in sexual health services, young people’s health services, community pharmacy and General Practice.
- Ensure that our strategies reach those most vulnerable to chlamydia.
Section two
Making it happen
*from principle to practice*
Section two
Making it happen
from principle to practice

Training and professional development
Some health professionals may be reluctant to offer chlamydia testing to young men. Building their confidence to raise sexual health in non-sexual health consultations will help them to provide opportunistic testing. The starting point must be one of trusting and respecting young men, and understanding the impact of masculinity on their behaviour. Brief training interventions, with case scenario exercises, can enable staff to develop competence in making routine screening offers to young men.

Needs assessment: Know your young men
In addition to basic mapping and consultation there is a large amount of information available about young men that will help the development of targeted work.

Consider what young men do in the area,
For example, look at:
- Educational establishments, e.g. schools and colleges.
- Whether there are unemployed young men and who they see.
- Where the vulnerable young men are, e.g. hostels or supported housing.
- Any businesses in the area that employ large numbers of young men.
- Which shops and internet cafes are accessed by young men.
- Any military venues in the region.
- Clubs and groups, e.g. sports, youth, hobbies, young farmers.

Organisations and professionals that work with young men
- Identify General Practices that have large numbers of young men on their books.
- Community workers, housing projects, peer education projects and drugs workers should be considered.

Consultation
- Review any previous consultation.
- Talk to young men to find out what they know and think; ask what would encourage them or support them to go for a test, and where would they go?
Ensure that core primary care services for chlamydia screening provision are ‘young men friendly’

Core primary care services should form the basis of local screening provision, supplemented by outreach activities that help to build bridges to service access. Core primary care services include General Practices; community contraceptive and sexual health services; and young people’s clinics and pharmacies. All services should agree and implement a care pathway for managing complex and symptomatic cases, be aware of child protection and sexual assault protocols, and work to common clinical governance standards.

When commissioning services ensure the tender requires adherence to the standards outlined in *You’re Welcome Quality Criteria: Making Health Services Young People Friendly* and that it refers specifically to engaging young men, sets targets and monitors uptake.

General Practice

Most young men will probably access a General Practice once a year. GPs and others in the practice team need to be proactive in targeting young men, raising awareness of the programme and offering screening routinely to all young men who attend the service.

To help engage young men, explain that:

- chlamydia screening is being offered to all sexually active young men and young women under the age of 25
- chlamydia infection often has no symptoms
- the service is confidential
- the test is a urine sample and it is easy, painless and free – there is no ‘umbrella’.

Practices with large numbers of young men on their books can specifically target them, offering health ‘MOTs’ including screening and information on other issues important to young men.

Seaforth Village Practice engaging young people

Seaforth Village Practice have a large number of young people on their books and have made a concerted effort to engage them in the service from an early age. Birthday cards are sent out to all 14 year olds informing them of their rights to confidentiality and raising awareness of the services available. All young men who access the surgery are offered the opportunity for free condoms, a condom demonstration and a chlamydia test. The practice have developed their own computer template for young people that prompt the staff to ask specific questions and offer certain services including, sexual health information and chlamydia screening. They have made young men a priority and are proactive in engaging them in the service and in their sexual health.

Dr Gina Halstead,
Seaforth Village Practice, Sefton
Community contraceptive and sexual health services including Young People’s Clinics

- These should be well advertised and explicitly state that young men are welcome (if it doesn’t say they are, they may assume they are not).
- It is important to ensure staff (including reception staff) are trained to work with young men on their own or in groups.
- Young men often access services with their partner. This is an opportunity to engage young men, offering space to talk, obtain condoms and offer chlamydia screening.
- Condom demonstrations provide an opportunity to talk about chlamydia testing.
- Chlamydia testing must be normalised, so it is something automatically offered to any young man accessing the service.
- Use outreach linked to community sexual health services to help build bridges with young men and increase their confidence in these services.

Community pharmacies

Community pharmacies are easily accessible to young men. They offer:

- High street locations and long opening hours in urban and rural areas.
- Condoms and other sexual health services which many young men trust.
- Testing for and treatment of chlamydia.

Practical steps

- Ensure pharmacists offering chlamydia screening are trained and competent to agreed standards, and are aware of care pathways for symptomatic young men.
- Consider training pharmacists to engage young men and identify opportunities to raise awareness or engage young men in screening, for example, when they are buying condoms.
- Provide clear publicity that can be viewed from outside, inside and at the counter.
- Ensure pharmacies are included in local chlamydia publicity.
- Ensure pharmacists are aware of all other screening options for chlamydia in an area, and of referral pathways for those young men presenting symptoms of STIs.
- Ensure that all under 25s are informed of the option to access free NHS testing if purchasing a commercial home sampling kit.
GU medicine

These clinical services are accessible to young men, and may be the first choice for those requiring full STI screening, including HIV testing. Most GU services offer asymptomatic screening clinics, with minimal examination, urine testing, text results and onsite free condom distribution alongside sexual health education and treatment services. The NCSP promotes screening of asymptomatic individuals in community settings, and so currently operates outside of GU Medicine. At the time of going to press, the national coverage target measures are for NCSP and other community based testing, and currently exclude those generated within GUM in reports. However, it is acknowledged that even though GUM tests are not measured for the target, they complement overall coverage rates.

GU services have a track record of providing services to vulnerable populations previously marginalised by many mainstream services such as men who have sex with men (MSM), sex workers and young people. Ensure all community providers are aware of referral pathways for treatment and follow up of those young men found with symptoms of STIs who present for screening.

Schools and colleges

The sex and relationships aspects of personal social and health education (PSHE) and teaching on citizenship, school based health services, mentoring services and tutor supervision all provide opportunities for awareness raising, chlamydia screening and engagement of young men in their sexual health.

- Encourage teaching on chlamydia as part of SRE sessions.
- Work with teenage pregnancy programmes who may also be developing links with schools and Further Education (FE) Colleges. For example, The Sex Education Forum runs an email network for professionals engaged in developing sexual health services in schools and colleges (see: http://www.ncb.org.uk/Page.asp?originx_4851ss_195815243561w59v_20073143928q).

Youth Services

Young people voluntarily access youth services and qualified youth workers are specifically trained to engage and empower young people. With an inclusive ethos to work with young people where they are, through developing relationships and identifying and meeting their needs, youth workers are a valuable resource to the NCSP.

The National Youth Agency provides standards, training and support on health including sexual health.

Promoting awareness of chlamydia through PSHE

Dorset Chlamydia Screening Programme supports a rolling programme of PSHE and chlamydia screening at local sixth form colleges. It provides education and information about the school-based sexual health service and promote the Dorset NCSP website. The programme offers a number of easy ways to screen, normalising the process and engaging young men in their sexual health.

Barry Alborough, Centre for Sexual Health, Weymouth Community Hospital

Joined up working with youth clubs and clinics in Manchester

Manchester youth clubs and local clinics are working together to engage young people and make their services more accessible by running youth work sessions at clinic venues. Sessions are not necessarily health based but help to get young people through the door, normalising the service and increasing the likelihood of further engagement in their sexual health.
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Testing services that require no contact with health professionals at the time of testing: Online and postal home sampling kits

Online and postal home sampling kits can offer easy access to testing, however it is important to be take note of the following:

- Self management options with minimal or no contact with health professionals at the time of testing may be ways to engage attention of young men.
- Providing results and, if necessary, treatment are opportunities to engage young men with clinical services.
- This approach can raise awareness of and incorporate these easy access methods into publicity, websites, events and outreach.
- Access to postal home sampling kits is easy to incorporate within publicity and websites, and their use in outreach and events may provide broader access.
- Packaging and publicity needs to be appropriate for, and attractive to, young men.
- Make sure the kits are easy to use with clear instructions.
- Forms should be simply worded and as brief as possible whilst collecting information required for inclusion in the NCSP.

The drawbacks of this approach include:

- Sample return rates are generally low.
- Forms in the pack may not be filled in, so screening cannot be safely completed due to lack of contact details. This could be overcome by indicating mandatory fields for core data and contact details.
- These methods provide no initial face-to-face contact with young men, so prevention interventions or other information are limited to the results.
- Vulnerable young people might also access such tests without a health professional contact, so consideration should be given to including options for engaging with services, ensuring appropriate management arrangements are available, and that child protection protocols are in place.

Outreach in community venues

Outreach can be used to engage those who are harder to reach, such as those who are not using local health services. Targeted outreach can help to link young people with services they may need, and build confidence in those services. Some young men may be reluctant to attend a clinic or to discuss sex and sexual health with a health professional, but they still may be happy to ‘pee in a pot’ after a brief and friendly discussion of the benefits of having a test. Consider outreach settings that may increase access to screening among young men at times when
they are free to engage with and discuss sexual health issues. Outreach activities are not a substitute for core primary care service provision of routine opportunistic screening. However, they are important as an additional way to increase screening uptake in those who are not reached by traditional methods.

Results and partner notification

Results are available in a variety of ways, including by text, phone call, post or in person. Partner notification (PN) is an essential part of the management of positive chlamydia tests and should be accompanied by an offer of testing for other STIs.

- This may be the first time a young man has engaged with a service about his sexual health, therefore services need to be particularly sensitive to the feelings he may have.
- Provision of treatment and partner notification can be provided through all core services with appropriate training.
Publicity and communication

Publicity must provide accurate information, personalise and normalise screening as well as dispelling myths and stereotypes and reducing fear of testing amongst young men.

1. The key message for any campaign is:
   If you are sexually active and under 25 years of age, you should be tested annually for chlamydia.

2. The key call to action message for any campaign is:
   It’s painless, it’s free, it’s easy to do and easily treated – so just do it!

3. As a communication package, the following are very powerful messages:
   Chlamydia is invisible – the invisibility of chlamydia increases concern significantly and explains the need for testing.

   Chlamydia is serious – it can cause real damage that young people want to avoid – causing their own infertility through ignoring risk is the core motivation. But this only becomes real when allied to invisibility and prevalence.

   Chlamydia is easily spread – A very powerful and impactful statement that makes young people sit up and think about their own risk.

4. Publicity should specifically target young men. If young men automatically assume that chlamydia is a female issue, targeting the test at ‘young people’ may not be obvious enough. Publicity should state that it’s for young men and young women.

5. Ensure wording is minimal to engage those young men with poor reading skills.

6. Develop male specific resources to tackle the specific issues that prevent young men testing.

7. Young men have higher levels of colour vision deficiency and possibly dyslexia than women, therefore resources need to be checked for colour, lettering and font – there are particular difficulties with green and red.

The Health Protection Agency advises that all those interested in the sexual health of sexually active young people should use their particular communication skills to relay the following key messages for the prevention of STIs:

- Have fewer sexual partners and avoid overlapping sexual relationships.
- Use a condom when having sex with a new partner and continue to do so until both have been screened.
- Get screened for chlamydia every year and whenever you have a new partner.
The engagement of young men in the programme is exciting. It requires us to reflect on our existing practice, to consider what we do well, and what may need to change. As a programme we want to share best practice and to learn from each other’s mistakes.

We are developing a database of best practice, so if you have examples of initiatives that have been successful or if they have failed to engage young men, please share them so we can make the biggest difference in the most effective possible way.

The NCSP evaluation form can be downloaded from http://www.chlamydiastatistics.nhs.uk/ps/sharing/index.html
References


30. NHS Choices (http://www.nhs.uk/conditions/colour-vision-deficiency/Pages/Introduction.aspx)

31. NHS Choices (http://www.nhs.uk/conditions/dyslexia/Pages/Introduction.aspx)