

Young Men Chlamydia Screening Programme

A Qualitative Evaluation amongst Young Men

Background to Study

The National Chlamydia Screening Programme (NCSP) was established in 2003. It is a control and prevention programme targeted at the highest risk group, young people under 25 years who are sexually active.

In its first year, the NCSP screened around 18,000 people under 25 in England of which only 7% were men. This proportion has since improved. In 2006/07 about 20% of the 150,000 people screened were men. However, whilst there has been an increase in uptake of the test, there are still men who refuse it when offered. Moreover, a high proportion of test results are negative.

A Men's Health Forum report in 2006 highlighted the need for the NCSP to *proactively* target men. In 2007, the NCSP developed a strategy to target young men, and improve their engagement with the programme.

The NCSP employs an opportunistic approach to Chlamydia screening, with the service being provided in a variety of community based settings. These include:

- University and colleges
- Youth clubs
- Night clubs
- Military bases
- Outreach events: roving vans/buses, 'pee in a pot' days, health fairs and postal kits
- Sports venues, football matches
- Prisons
- Home kits ordered through the Internet

At some events, incentives have been offered to encourage screening e.g. 'Wii for a Pee', enter into a prize draw for a holiday.

Against this background, qualitative research was required to gain insights regarding how to engage young men in the screening programme.

Objectives

Overall:

- To explore young men's perceptions and experiences of Chlamydia screening to inform understanding on how best to engage men to screen

Specifically to understand:

- What motivates some young men to accept the test
- Why some refuse it when offered
- What triggers might encourage men to be screened e.g.:
 - o What they need to be told about Chlamydia to evoke interest
 - o Where, when and how the test should be offered

Methodology and Sample

The methodology comprised friendship group discussions of 1.5 hours amongst men aged 16-22 years (with the majority being 16-18 years).

Each group discussion contained between four and ten respondents, with a total of 36 respondents spread evenly across locations. The sample was divided regionally as follows:

- 2 groups in Manchester
- 2 groups in Weymouth
- 2 groups in London (Maida Vale and Brixton)

The majority of respondents were sexually active, with a very small number who were virgins. Most respondents had been offered a Chlamydia screening,

and the sample included a mix of men who had, versus had not, accepted the test.

Timing and Personnel

The fieldwork was conducted by Dan Brown and took place between 15th and 25th September 2008. Subsequent analysis and reporting was the responsibility of Zoë McQuillin of Egg Research & Consultancy Ltd.

Main Findings

Background to respondents

It is worth first noting the respondent context, as this provides a good backdrop to their responses.

Not surprisingly for this age group, there was a lot of posturing in the group discussions, which is indicative of their behaviour in 'real life'. There was much teasing of each other – and although good natured and a way for them to bond, it can also clearly cause embarrassment for most, especially when sex is discussed. Several respondents shared secrets in the discussions, which they had not told their peer group before, for fear of being the butt of jokes.

For the vast majority of respondents, 'reputation' is of paramount importance. This involves their perceived standing amongst their friends, but more critically, amongst women who may ostracise them.

There is also a 'sheep mentality' evident, especially amongst the 16-18 year olds – they want to fit into their peer group and not draw attention to themselves as being different. However, each friendship group had a more mature, individually-minded respondent – who was confident to operate outside the group's 'norm'. This mature attitude drew respect from the other members, rather than ridicule.

Knowledge of Chlamydia

All were aware of Chlamydia as an STI, contracted through penetrative sex. However not all knew it could be caught through oral sex.

There was mixed knowledge of symptoms. Approximately half knew the infection can be symptom-less but can reduce fertility in both men and women.

They also cited itching of the genital area and burning when urinating as symptoms. A small minority of these respondents also mentioned aching testicles and a discharge. The remaining half had more patchy knowledge of the infection – trying to recall what they learned previously in school sex and relationships education. Importantly, they assumed it would have generic symptoms (e.g. ‘itching’, ‘soreness’), and were not aware that it could be symptom-less. Most were unaware of the risk to male fertility.

It is worth noting here that a few men didn’t not know what ‘infertility’ means – referring to it as ‘not being able to have kids’ or ‘makes you sterile’.

This suggests that this age group’s knowledge needs to be ‘refreshed’ regarding the possible symptoms of Chlamydia, but more importantly, that it can be symptom-less. Terminology needs to be carefully considered, and where possible should be in their language to ensure understanding.

Treatment of Chlamydia

All were aware that Chlamydia can be treated, however again, assumptions were made by some. Some knew that the internal damage caused by the infection progressively worsened, believing that it then became harder to treat. These respondents were generally aware that it could be treated by antibiotics over 3-4 weeks. However, others had more scant knowledge, or were simply misinformed: these respondents knew you had to ‘take tablets’ but were unsure how long for. One respondent believed you had to take antibiotics for 6-12 months, but if the patient had been infected for a long time this might not work.

In terms of fertility, most were clear that damage was non-reversible – however there was debate amongst a minority of less informed respondents as to whether the ‘tablets’ would reverse any damage done by the infection.

Again, this suggests there are gaps in this age group's knowledge regarding treatment – particularly length of antibiotic course and non-reversible effects on fertility.

Knowledge of Chlamydia Screening

All cite clinics (e.g. local young people's clinics), GPs and hospitals (e.g. GUM clinic) as the main providers of Chlamydia screening. However, some of those at college knew they can be tested there too, as outreach workers had conducted sex and relationships education sessions within their tutorials. However, most were unaware of where exactly in the college they could get the test – despite having been told.

Some were aware that the screen involves a urine sample, however others were not certain – fearful that it might involve a painful 'umbrella test'.

"You just piss in a cup, innit? It's easy"

Weymouth

This suggests that whilst some are aware of the urine test, it is vital that this be communicated more powerfully to avert concerns regarding the 'umbrella test' myth.

Chlamydia and Young People: Perceptions

For the vast majority, top-of-mind associations for Chlamydia are that **promiscuous people catch it: 'slags', 'dirts', 'dogs'**. There is a strong belief that 'nice girls don't have it', with it being spread by 'dirty girls'. In each group, however, there was one, more mature, respondent who reasoned that anyone who has unprotected sex is at risk of catching it, 'even nice girls'.

“It’s dogs who sleep about who have it, innit?”

Manchester

“Nice girls can have it if they make a mistake. Anyone who doesn’t use a condom and doesn’t know the girl’s history can get it.”

Manchester

“It’s easy enough really – if you go out on a Friday night and bang a bird, you use a Johnny. If you’re daft enough not to use one, there is a possibility of catching a disease – whoever you are”

Manchester

This belief impacts on their perceived likelihood of contracting the infection, as it positions it as ‘dirty people have it not me’ – and what constitutes promiscuous versus safe behaviour is very subjective. Most who were not using condoms claim to not be promiscuous, or (in the most part) to sleep with ‘dirty girls’. However, their judgment of whether a girl is ‘dirty’ or not tends to be based on her reputation.

“It depends what girl you’re going with at the time. You can tell by talking to a girl if she’s a slapper, or what your friends say about her”

Weymouth

“I’m not a dog and I don’t sleep around like a dog, so I’m not too worried”

Manchester

“You just don’t know by looking at a girl though – she might be really hot, but she can still have a disease.”

London

There were, however, some men who were in longer-term monogamous relationships, who had slept only with virgins, or had always used condoms. These felt they had very little risk of having contracted the infection.

When asked how they would feel if they found out they had Chlamydia, the primary response regards shame. This is multi-fold:

- Shame that male friends might find out and poke fun
- Mortified that women might find out and ostracise them as 'dirty'
- Embarrassment that they might have unwittingly passed it on to someone
- Shame that they have a 'disgusting disease' which is transmitted by 'dirty people' (most)
- Disappointment in themselves that they have been stupid enough to catch a disease that could be prevented by safe sex.

The overall consequence would be a loss of reputation amongst their extended peer group – which, for these men, is intolerable.

"I'd feel doomed if I got it. I couldn't tell anyone I had it 'cos it's dirty. I'd worry about being alone and isolated."

Manchester

*"It's dirty...disgusting having it...because it's a **sexual** disease. You've slept with a dirty person"*

Manchester

"You've let yourself down. All you had to do was slip a rubber thing on your penis, but you didn't."

London

Fears regarding the effects of the disease were mostly cited secondarily. The unpleasantness of burning when urinating was mentioned, as well as the

longer-term impact on fertility. Whilst the threat to fertility is a potent concern, and frightening for many, several comment that their child-rearing days are a while off, so they focus more readily on the impact to their immediate lives.

Linked to the majority's denial that they were at risk of contracting STIs, it was notable that many would immediately place the blame on their girlfriends, who they assumed would have been unfaithful – whilst disregarding their own sexual activity prior to the start of the relationship.

Against this background, it is hugely apparent that Chlamydia still suffers from the historical stigma of STIs in general. Continued work to break down this stigma is vital to encourage young men to draw sexually transmitted infections into their 'holistic health' spectrum.

Experiences of Chlamydia Screening

In terms of exposure to the screening programme, across the sample:

- One group had been tested at college, where there was a 'blanket test' of the whole tutorial group
- Some had been offered tests in college tutorials by an outreach worker, but only one respondent took it
- A few respondents had gone to a local young person's clinic or hospital for a test of their own accord
- The remainder had not been offered a test, nor sought one.

The research very clearly indicates that uptake of a test is currently more likely either when it is:

- **Enforced (i.e. everyone in a class is tested)**
- **Or done of own accord, anonymously**

There are currently three core issues which impact on the decision not to accept a test:

- **Inertia + no clinical symptoms**
- **Fear of being ostracised**
- **'Ignorance is bliss'**

Inertia + no clinical symptoms:

As noted earlier, there is a belief for many that infections are contracted by other (promiscuous) people. This, coupled with a lack of awareness for some that it can be symptom-less, means many simply dismiss the test as not relevant for them. Moreover, most simply do not think about STIs in their day-to-day lives, and whether they have been exposed to an infection. Again, however, the more mature-minded respondents are more concerned.

"I didn't have any symptoms, so I didn't need a test"

Manchester

"Guys our age just don't take it seriously, we just stick our heads in the sand. It's all about 'getting it on'. You don't think about this stuff 'til you get symptoms"

Manchester

"I slept with a dodgy girl recently without using a condom, but I wouldn't have got tested unless I had symptoms"

Manchester

"When you talk about it like this, you get worried – but in everyday life you don't think about it."

London

Fear of being ostracised:

Vitaly, most respondents believe that seeking/accepting a test is an ‘admission of guilt’ i.e. you must have the infection, which creates the sense of shame outlined earlier. This arises from the assumption that **you would only accept a test if you had some form of symptoms** – and in effect, **you are announcing to the world that you have a ‘dirty disease’**.

“You don’t want no one to know you’ve taken the test. It’s all about reputation”

Weymouth

“If my bird knew I was getting a test she would think I was sleeping around all over the place behind her back”

Manchester

“If girls found out you had a test done they’d think you had Chlamydia and they aren’t going to go near you”

Weymouth

“It’s alright for women, ‘cos they have loads of support around them from each other, but blokes just take the piss out of each other.”

London

‘Ignorance is Bliss’

Importantly, there is a fear amongst some respondents that they might discover they have Chlamydia (for those who have not always used condoms) – which again would lead to shame and possible social isolation. Remarkably, **these respondents would simply rather not know they have the infection** – and would need to be experiencing uncomfortable symptoms in order to seek out a test. This is despite the fact that they are concerned, when told in the discussion, of the long-term effect the infection can have on fertility, as well as

the fact that can be symptom-less. Other respondents, however, say they would rather know they had it, than allow it to silently damage their bodies.

“You don’t want to think about it – pretend it’s not there, type of thing”

Weymouth

“It’d be scary to find you had it. I don’t want to know if I’ve got it – because people would think badly of you.”

Manchester

“I don’t want to find out I’ve got something that might make me drop dead or something – I’d rather not know”

London

“I’d rather suffer the embarrassment and take the test, than have it, do nothing, and pass it on to someone.”

Weymouth

Only a minority, who are the more mature-minded respondents, are more positive about being screened – seeing it as a positive step to keep healthy. These respondents were more likely to have taken a *proactive* decision to go to a clinic to be tested when embarking on a new relationship. Conversely, the impact of the infection itself was more threatening than the potential shame.

“If I suspected I had it I would go straight to a clinic to be tested – it’s not worth taking the chance with your health.”

Manchester

Against this background, **the group who were ‘blanket tested’ in their college group (i.e. the outreach worker simply said he was going to test everyone) experienced little shame in being screened – as everyone was**

'in the same boat'. They did, however, experience anxiety when waiting for their results, in case they had the infection – and in one case, the respondents' results were received much later than his peer group, leading him (and his friends) to assume he had the infection. ***Clearly it would be ideal for some written information to be given after the test, reassuring people that they will receive their results by text but not to worry if they don't get their results at the same times as their friends (due to laboratory schedule, for example).***

"It was really good when Brook came in to test us. We had a good laugh with the staff – they were really cool. Then everyone got tested so it wasn't embarrassing. It would have been embarrassing if they asked who wanted to get tested"

Manchester

"I didn't get my results when everyone else did, and all my mates were taking the piss out of me, saying I had it"

Manchester

By comparison, only one person amongst those offered a test by an outreach worker in their tutorial actually got screened. Although some were virgins or always used condoms, the others simply felt too embarrassed to accept (acceptance = 'guilt') for fear of what their friends would say, coupled with the fear that they might discover they had Chlamydia – or conversely believed that because they had no symptoms, they had no chance of being infected. By contrast the one respondent who did get tested was more mature, and felt it was a positive way to care for his health.

"Only two people in our class got the test done. I think other people didn't take it 'cos they're scared they've got Chlamydia"

Weymouth

To exemplify this sense of shame, one of the respondents in this group subsequently went to a clinic to be tested, as he had previously had unprotected sex with ‘a dirty girl’. The anonymity of the clinic was more comfortable for him than accepting a test in class amongst his peer group – even though he was concerned about being seen walking into the clinic.

Finally, a few respondents across the sample had gone to a young person’s clinic to be tested. For two respondents, this was to ensure they were ‘clean’ before starting a relationship (and on the insistence of their girlfriends). Another had had unprotected sex, and his cousins advised him to get screened. This was a revelation to his friends in the group, and he had not told them for fear of ridicule.

“I practise safe sex, but I still have six monthly check-ups”

Manchester

“I would have been a bit embarrassed if someone saw me walk into the clinic, but it’s worth having it done”

Manchester

Response to Current Screening Programme

The response to the current screening programme was muted, and elements are primarily rejected because they don’t fulfil the two important criteria described above (i.e. ‘blanket screening’ or ‘anonymity’).

The best received elements involve those which offer a good degree of anonymity. Ordering a test kit online was a popular idea, as this can be done from home, with no need to tell anyone. Only a minority was concerned that family members might enquire what was in the post. Interestingly,

however, online ordering was overwhelmingly preferred over telephone ordering, as this involves a potentially embarrassing phone call.

“I like the idea of ordering it online - that means you can do it privately and in your own time”

Weymouth

The suggestion of obtaining a kit from a pharmacy was also received very well. Whilst some are happy to go to their local pharmacy to pick up a kit, others prefer larger stores such as Boots, where they are less likely to bump into someone they know. Respondents envisaged a unit with kits that was not manned (thus drawing less attention to them), so they could simply pick up a kit, then either take it home, or to a public convenience for immediate use. They anticipated either returning the kit by post, or depositing it in something akin to a recycling bin in the pharmacy. Respondents commented that this scheme could be rolled out in several locations with collection and drop-off points at pharmacies, GPs, Nurse’s offices at college/schools, sports clubs, youth clubs, gyms and libraries.

“It would be good being able to get a kit from the chemist, ‘cos you could take it away and do it in your own time at home – no one would know you’ve done it”

Manchester

Testing at youth clubs is a popular idea amongst respondents. Compared to the college tutorial environment, youth clubs are seen to be more supportive. Youth club workers inspire trust and respect in young people, and respondents felt they would be more comfortable accepting tests there. They assume workers from organisations such as Brook would come in to run a session about sexual health, and then offer the test to everyone.

“You’ve got support at youth clubs – people will back you if you

have something.”

London

Whilst the option to be screened in colleges is considered convenient and reasonably appealing, they require the test to either be a ‘blanket test’ or offered in a very discreet location. One college had a Chlamydia testing information stand in the canteen, which respondents felt they would never approach because of the busyness of the location. Instead, they would prefer to be told about screening in tutorials and a ‘blanket testing’ approach taken, whereby everyone, including the college tutor, takes the test. Outreach workers from young people’s sexual health organisations are seen to be best fitted to deliver the tutorial, as they are more relaxed talking about sex than their usual tutors. They believe they would be more comfortable with outreach workers who are a little older than themselves (mid 20s-30), as they combine youth with gravitas. There was also a request that ‘blanket screening’ tutorials be divided by gender, as there is some embarrassment accepting a test when there are females in the group.

“I’d want the tutorial to just be blokes. I wouldn’t want some fit bird in my class knowing I was taking it, and thinking I had the disease”

Weymouth

If tests are also offered on-site (i.e. outside of tutorials), they seek an extremely discreet, out-of-the-way, location so no one will see them enter, or in the nurse’s office where they could be entering for any health reason. Clearly this would need to be promoted heavily in tutorials to ensure they know where to go to be screened.

“They offered that in my college and everyone was talking about it and saying, ‘imagine if someone got seen walking in there for a test, everyone would think they had it’. So it can’t be in a really obvious place where everyone sees you walking in.”

London

Screening at night clubs and football matches were rejected by the vast majority for several reasons:

- Incongruent with mindset – you are there to have fun, not consider whether you might have a ‘shameful disease’
- Provides no anonymity whatsoever – anyone can see you accepting the test. In nightclubs especially, women would see the person accept the test and assume he had the infection.
- Location feels too frivolous for a perceived serious health issue.
- Moreover, alcohol is involved in both of these occasions, which they believe would lead to young men playing pranks on their friends e.g. peeing into a pot and giving their friend’s phone number for the results.

“No way would you get tested in a night club, with fit girls seeing you and thinking you’ve got a disease.”

London

Events at Fresher Fairs again are rejected:

- Stands are in a large area, filled with people, so again lack anonymity
- People will see who is accepting tests and think they are infected

Outreach Vans in the neighbourhood or at events are very unpopular also:

- Again, there is concern that people would see them enter a van that is clearly designated for sexual health
- It is worth noting here, however, that the outreach worker in Manchester had experienced success reaching socially excluded young men using the van approach.

This suggests that the screening programme should be rethought to provide a greater focus on anonymity and discretion, with screenings offered in places more congruent with both their mindset and the (serious) area of health.

The Ideal Screening Programme

Respondents were asked to brainstorm ideas for their ideal screening programme, as well as what should be communicated both about Chlamydia and the testing procedure to really motivate them to get tested.

Chlamydia Education

As highlighted earlier, their overall knowledge of Chlamydia symptoms was somewhat sketchy. The key pieces of information required to motivate are considered to be:

- Chlamydia often does not have any symptoms. You could have it, and not know it.
- In fact, 1 in X number of men, and 1 in X number of women aged 16-22 years have Chlamydia and do not know it. They could be passing it on to other people without realising.
- Chlamydia sometimes has symptoms such as burning when peeing, itchy penis, aching testicles ('balls'). But it also does silent damage over time to the inside of your body – it can affect your fertility, making it harder or even impossible to have children. The longer you have the infection, the more damage it does to the inside of your body.
- 'Nice girls can have it too'. Chlamydia isn't picky - it isn't just passed between people who sleep with lots of people. If you don't use condoms, you are at risk of catching it.

Chlamydia Testing

In order to address fears regarding both the test itself and peer group ridicule, the following messages are deemed important:

- The test is very simple - all it involves is a urine sample.

'It's a piece of piss'

- Getting tested does not tell the world you are 'dirty' in some way, or that you have the infection. It is a positive and mature step to take care of your health.

"It takes a real man to get tested"

- You can receive your test result **confidentially** by text, email or post. But don't worry if you don't get your results at the same time as your friends, as sometimes testing laboratories have delays.

- Although it can seem scary thinking you might have Chlamydia, don't stick your head in the sand. It can be treated easily and quickly with a course of antibiotics. However, because it will not repair the damage to the inside of your body, it's important that you get tested regularly if you are having unprotected sex.

"That would make me think twice, if you told me it would affect my fertility forever, and it couldn't reverse the damage"

Manchester

They also request a leaflet to be given with the test, reassuring that there is no cause for concern if test results do not arrive at the same time as their friends', as well as providing them with information for who to contact if their result is positive and reminding them that Chlamydia is easily treatable.

To assuage feelings of being 'doomed', it is essential that post-test support or counselling be offered to anyone testing positive. This should be

communicated upfront when the test kit is given out, with a telephone number or clinic contact details, reassuring that there are people available for them to talk about anything at all that concerns either before or once they have received their test result.

Screening Locations:

All prefer a programme that offers both 'blanket testing' as well as discreet testing options.

'Blanket Testing'

This would take place in schools, colleges, youth clubs, sports clubs/teams and any other infrastructure accommodating established male peer groups. The session would be divided by gender and run by an outreach worker from a young people's sexual health organisation. The outreach worker would provide the information described above regarding Chlamydia, and generate a discussion regarding fears of being tested. He/she would bring up the issue of being embarrassed about taking a test, saying he/she is aware that some people might want to get tested in the class, but are worried about their friends' responses if they are the only ones, and for that reason he/she wants to test everyone in the class (including, preferably the tutor).

Having observed the dynamics of the group discussions, we feel there could be a part for peer education to play here. As one respondent per group was typically more mature regarding Chlamydia testing, and confident in the face of peer teasing, we would suggest that college tutors identify this type of opinion-forming student prior to the tutorial, and 'get him on board' regarding the testing session. The student could either be involved in delivering the education, or be encouraged to be vocal in the class about the benefits of getting tested, saying that he will be taking up the offer of a test.

It is worth noting, also, that one group suggested testing be introduced into colleges and schools for all young people over the age of 16 years, in the same way that they are routinely vaccinated for TB; and offered by GPs to all men aged 16-22 years every time they visit. They believe this would help to break down the stigma and normalise testing as a routine health check.

Discreet Option

This idea has two elements. **The first is simply a greater level of promotion regarding fairly discreet testing options that are already available at sexual health services and schools/colleges.** Although young men feel embarrassed entering a sexual health service, it is still felt to be relatively anonymous. If offered in a 'special room' at college, this should be in a low traffic area, to provide a sense of anonymity, or in a more prominent (but still private) room that is also used for other purposes, e.g. nurse/medic room.

The second element concerns a discreet method of obtaining a test, which can then be used either at home, or in a public convenience. As described above, tests would be available in places such as pharmacies, GPs, sports clubs, gyms, libraries and possibly even from vending machines in public toilets. However, it these should be unmanned pick-up points, so the young person can simply take the test kit and leave. An option to order the test via Internet is also important. The urine sample could then either be posted back (the kit should include a SAE for this purpose, to make it as easy as possible), or dropped back at 'drop off units' in the same places the kit is available. The key benefit of this approach is that kits are available in places that are not linked to sexual health in particular, thus creating less embarrassment for the young person.

As an adjunct to this element, 'goodie bags' could also be given out at various events, which contain testing kits. These goodie bags might contain free condoms and leaflets, for example, as well as the kit. They could be given out in more unusual settings, e.g. when leaving a night club, festivals, fresher fairs;

as well as in colleges and schools where blanket testing is not taking place, and sexual health clinics.

Promotion and Incentives

High profile promotion of the screening programme is considered absolutely crucial. Whilst it can be promoted in sex and relationships education classes at school and college, respondents feel it should be promoted in other media:

- **Television advertising** immediately springs to mind, with ads being shown around the programme Hollyoaks, which deals with a variety of relationship issues amongst their age group.
- **Endorsement of the programme by a male celebrity** (especially a football player) is also mentioned by many as a way to overcome stigma and motivate young men. This would involve the celebrity talking quite candidly about how he has been tested, and encouraging other people to look after their bodies and do the same.

“I’d get tested if I knew footballers did”

Weymouth

- **Internet is also liked**, in particular a Facebook page, of which people can become fans. However, in order to overcome stigma, it is important that the page features the male celebrity mentioned above (and his name is preferably included in the page’s title). Advertising on porn sites is also suggested, as this age group are prolific users, as well as banners on Facebook, Bebo and Myspace. The **MSN messenger** service is also a potent way to reach this audience, NHS Stop Smoking campaign currently has ads at the bottom of the conversation window, and this should be strongly considered for promotion of the programme.
- **Radio** is also considered an important medium for this age group. Radio 1 in particular was mentioned across all locations.

- There is also some reading of **magazines** such as Zoo, which is considered a relevant place for promotion, as it deals with sex, relationships and women. A Men's Health magazine article is included in the appendix of this document, which uses terminology pitched well at this target.
- **Posters at bus stops** are considered a very potent place to promote the scheme for their age group.
- Finally, a **link with menswear shops (e.g. Topman, H&M)** could be established, where postcards with details about the scheme could be put into shopping bags when clothes are purchased.

One group, who were all members of a youth club also suggested 'peer education and promotion' as an option, whereby members of a youth club make short films and act out a situation involving someone who thinks they should get tested (citing 'Dubplate Drama' as an example of style). This drama could then be taken to other youth clubs in the local area, to promote the testing programme.

Although **incentives** to take the test (such as prizes) are theoretically disliked as respondents believe young men should want to take the test for the sake of their health, in reality it seems they have an important part to play. **Essentially, they give young men an 'excuse' for taking the test.** Items such as Wii, Iphones, Ipods, bikes, holidays, Rolex watches (!) and football tickets are considered very good prizes.

"If someone offers me a test and my mates say, 'why you taking it? You got Chlamydia?', I can just say, 'no, I want to win that Wii'."

Weymouth

Implications

Research suggests that Chlamydia continues to suffer from the historical stigma of STIs, which underpins most of the reasons for young men refusing a test. The four core issues involved in screening refusal are:

- **Perceived lack of relevance**
 - o 'Dirty people have it'

- **No clinical symptoms**
 - o There is a lack of awareness for some that Chlamydia can be symptom-less or that it can reduce fertility in men

- **Fear of being ostracised**
 - o For most, taking a test = 'admission of guilt', which they believe will lead to loss of reputation amongst friends, and, importantly, women.

- **'Ignorance is bliss'**
 - o In the absence of symptoms, most would rather 'stick their heads in the sand' rather than suffer the response of their extended peer group to being tested. However, the threat of infertility is a potent concern.

Against this background, work needs to be done to ensure all young men are aware that Chlamydia can be symptom-less, and describing the potential harm it causes in their language e.g. it does 'silent damage to your body' potentially 'leaving you unable to have children'. As some are concerned screening involves the 'umbrella test', it is also important to inform that it is a simple urine sample.

Moreover, education and promotion needs to tackle the stigma of testing and the misperception that the infection is limited to 'dirty people' - positioning the screen as a mature step to take care of their bodies, and part of their holistic health. Whilst this can be handled in sex and relationships education, we believe there is also **huge** potential to work with a celebrity, especially a well-known footballer, to endorse testing as proactive and shameless. Put simply, we feel this could 'fast track' a change in perceptions, as young men look to footballers in particular as role models.

In the face of the current stigma, research indicates that the Chlamydia Screening Programme needs to be amended considerably to provide a greater fit with young men's mindsets at present.

We recommend developing two approaches:

- **'Blanket testing'**
 - o Offered in schools, colleges, sports clubs, youth clubs
 - o Where the entire group is screened (including the group leader), ensuring everyone is 'in the same boat'
 - o If testing cannot be enforced for all students (for legal reasons) we believe 'peer group promotion' is important to ensure a greater uptake – whereby the tutor identifies the respected opinion-former of the group prior to the session and 'gets them on board' either by asking them to partly deliver the session or state their positivity regarding taking the test.

- **Discreet Testing offering a high degree of anonymity**
 - o A nationwide programme involving unmanned test kit pick-up and drop-off points at pharmacies, GP surgeries, sexual health clinics, gyms, sports clubs, youth clubs
 - Kits should also include an SAE, so they can be returned by post if preferred
 - o 'Order over the Internet' tests, again with an SAE for return

- Tests provided in 'Goodie bags', also containing free condoms, and information leaflets on all aspects of young men's health, given out at festivals, when leaving night clubs, gigs etc.
- Tests available at schools and colleges within a room designated for multi-purposes e.g. nurse's office.

Clearly at present, tests offered in venues such as night clubs and football matches provide little discretion and should be reconsidered as an option. It is important to note that actually taking a test on-site is considered incongruous with the purpose of being there – to have fun.

Research also indicates that taking a test and waiting for the results is very stressful for most young men. To acknowledge this, literature should be provided at the time of testing/with the test kit which outlines what Chlamydia is, how it is treated, 'what to do next' if their result is positive, and a telephone number to contact if they have any concerns about the test itself or results.

In terms of promotion, we feel the screening programme should be very high profile at re-launch, importantly with endorsement of a well-known footballer as described above. Whilst traditional media is vital (TV, radio, press), we also strongly recommend utilising the **Internet**, both in terms of a Facebook profile (of which users can become a 'fan') which should prominently feature the male celebrity to reduce stigma, as well as advertising on the MSN Messenger conversation window. We also recommend **establishing a link with a men's clothing brand**, such as Topman, for distribution of screening education leaflets with purchases.

Finally, we recommend that prize draws and incentives still be considered, as these allow young men an 'excuse' for being screened.

APPENDIX

Men's Health Article: <http://www.menshealth.co.uk/Health/Addicted-to-love/v3>



Addicted to love

Love to play the field? Just make sure you're not caught with your trousers down

The damage: Short term

Waking up to realise your new "friend" was flattered by last night's lighting could be the least of your worries. If you've picked up a partner during a boozy night out, there's a one-in-seven chance you'll have had unprotected sex, so you could be one of the 90,000 new cases of STIs reported in the UK every year. According to a report presented to the House of Lords this year, one act of unprotected sex with an infected partner can create a 1% risk of acquiring HIV, a 30% risk of genital herpes and a 50% risk of contracting gonorrhoea.

The damage: Long term

At the risk of sounding like your mum, there's no hiding the fact that lots of unprotected sex with lots of different partners is a monumentally risky business. If you consider condoms more useful as comic props in American teen movies than potential life – or at least sex-life – savers, you're extremely likely to be among the 10% of men carrying chlamydia, or one of the more noticeable and dangerous STIs.

The comeback: Short term

Three words guaranteed to strike fear into the heart (and genitals) of any man who thinks he might have picked up an STI: the umbrella test. The idea of having a brusque nurse test for chlamydia by rooting around your urethra with a parasol-

sized spatula has understandably put a lot of men off. There's now a 100%-accurate urine test available, however, so there's no excuse not to get tested.

The comeback: Long term

Ignorance certainly isn't bliss; most STIs are easily treatable and cured. Even with the more serious infections, you're much more likely to be treated properly if they're picked up early. If you're worried that you have an STI, you can find your nearest specialist clinic by calling NHS Direct on 0845 4647.

Words by Men's Health

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