



“It’s a guy thing not to go to the doctor”

The Young Men’s Health Consultation Report

**Planned Parenthood of Toronto
March 2005**

CONTENTS

Part 1:	Executive Summary	3
Part 2:	Background	4
Part 3:	The Consultation Process	5
	Limitations	7
Part 4:	Results from Key Informant Interviews and Focus Groups	8
	Health Concerns Faced By Young Men	8
	Issues Impacting Young Men’s Health	21
Part 5:	Conclusion	27
Part 6:	References	29
Part 7:	Acknowledgments	30
Part 8:	Appendices	31

EXECUTIVE SUMMARY

The Young Men's Health Consultation Report is an initiative of Planned Parenthood of Toronto (PPT). In Spring 2004, the young men's health working group was established as part of PPT's Community Programming Strategy. The purpose of the working group was to conduct a consultation process with community agencies and young men to better understand the underlying issues, gaps and barriers encountered by young men in accessing primary, sexual and reproductive health information and services in the Greater Toronto Area (GTA).

The research methodology for this consultation process, which drew on internal multi-disciplinary experience, included a literature review, key informant interviews with service providers from Toronto-based agencies that provide services to young men, and five focus groups with young men between the ages of 16 to 25 representing a diversity of communities and identities. The key informant interviews and focus groups were conducted between June and September 2004.

This report presents the key findings from this consultation and highlights specific health concerns such as mental health, substance use and abuse, self-esteem, sex, sexually transmitted infections (STIs) and relationships. In addition, the report articulates the barriers that impact young men's ability to access health services and to make positive and informed health choices.

Analysis of the data revealed that, although key informants and young men experience and discuss health issues from diverse perspectives, similar themes did emerge. Both groups expressed feelings of frustration about the lack of services and programs specifically targeted at young men. Young men reported having negative experiences with health care professionals, facing judgmental attitudes, fear and stigma associated with STIs and HIV and a failure of the school system to provide comprehensive information about health and sexual health including sexual activity and sexual pleasure. The key informants identified the following important issues; the lack of specialized health services for men, a significant gap in sexual health services for heterosexual men; the perception that health care is not an issue; the fear, stigma and shame associated with sexual health issues; the impact of socialization, gender roles and stereotypes; the impact of homophobia; the lack of cultural competence of health care practitioners and the lack of basic awareness and knowledge of available services among young men. While similarities were found, this report also raises awareness of needs that are specific to different groups of young men's communities. Young self-identified heterosexual men expressed very different needs and views of health than queer (gay, bisexual, transgender, transsexual, questioning) identified youth and men who have sex with men (MSM). Dealing with stress, anger and violence was a major concern for straight men while queer men identified body image, eating disorders and communication as major health issues.

The findings in this report provide concrete insight and evidence to the much needed development and expansion of health services and programming for young men as well as initiatives that address broader issues such as the social, political and environmental determinants that shape young men's experience of health and the health system.

BACKGROUND

Planned Parenthood of Toronto (PPT) has identified young men's primary, sexual and reproductive health as a high priority. At The House Community Health Centre, Health Promoters who provide sexual health education to youth in diverse community settings have seen an increase in male participants at workshops as well as an increase in requests from agencies serving only male clients. Providing sexual and reproductive health care for young men poses different challenges than work with young women. The sexual health concerns of young men are unique, as are the ways in which health-related information should be delivered.

Health Promoters, in discussion with community youth workers, identified a number of emerging themes in our work with young men. They found that, combined with the lack of specialized health services that target young men, there was an apparent apathy or disengagement expressed by young men about their general health. In addition to young men not taking control of their health there was a general attitude that health, and specifically sexual and reproductive health, is a 'woman's or gay issue'. This view contributes to the barriers young men experience when seeking sexual health services. Facilitators consistently encountered homophobia in workshops settings that spoke to its role in young men's reluctance to access sexual health services. Many young men perceived sexual health services as being primarily for men who are gay, bisexual, or questioning their sexual orientation. This belief appears to be what underpins the stigma and shame many young men experience when seeking sexual health information and services.

Despite young men's attitudes towards their health and their reluctance to access health care, the clinical team at The House CHC began noting a significant increase in the number of male clients accessing clinical services. In the last quarter of 2003, young men accessing our services increased by 15 percent over the previous quarter. This particular rise can be attributed to young men accessing services for anonymous HIV testing. In January 2004, PPT launched "Get tested" a public awareness campaign promoting STI testing. As a result of the campaign, in the first quarter of 2004, young men accessing the clinic remarkably rose an additional 130 percent from the previous quarter. This strongly suggests that young men are in need of primary and sexual health services and will attend programming specifically targeted at them.

In May of 2004, the Community Programming Strategy identified the need to develop innovative and inclusive programming targeted specifically to meet the primary, sexual and reproductive health needs of diverse young men's communities. PPT envisions a young men's health program that is an extension of our existing work with young women and not mutually exclusive to programming for young women but that also acknowledges and addresses the distinct needs, experiences and views of young men in relation to their health.

THE CONSULTATION PROCESS

Young Men's Health Working Group

In Spring of 2004, the young men's health working group at PPT was established to conduct a consultation process with community agencies, and young men themselves, to better understand the underlying issues, gaps and barriers encountered by young men in accessing primary, sexual and reproductive health information and services in the Greater Toronto Area (GTA).

The young men's health working group includes management and staff, representing a wide cross section of disciplines across the agency. The members of the working group are:

Michele Chai	Community Health Promoter
Ariel Vente	Peer Educator
Leanne Burton	Registered Nurse Extended Class
Shawn Fowler	Clinical Secretary
Rose Gutierrez	Director of Community Programming
Erin Pieper	Master of Social Work Student

The purpose of the young men's health working group is to make recommendations based on the findings from the consultation process, and to establish new programming initiatives aimed at young men to better assist them in making more positive health choices. The goals of the working group are:

1. To engage in a consultation process with diverse men's communities and agencies serving young men
2. To identify the primary, sexual and reproductive health needs of young men living in Toronto
3. To identify existing gaps and barriers in the health sector for young men
4. To identify new programming initiatives for young men at The House Community Health Centre
5. To develop recommendations to improve on PPT's own capacity to serve young men

Community Consultation

The consultation process included a literature review, semi-structured interviews with key informants and focus groups with young men.

Guided by PPT's Strategic Plan, CHC's focus on priority populations and a commitment to the importance of inclusiveness and diversity, the working group identified males between the ages 16-25 as the primary target population for this consultation. This included young men from various communities, such as youth who were marginalized on the basis of race, culture, sexual orientation, class or ability.¹ The secondary target for this consultation process was key informants.

¹ For more on this, please see section on limitations (p. 7).

Key Informant Interviews

Semi-structured interviews were conducted with 20 key informants from agencies across the GTA. The working group collectively identified partnership agencies based on existing work with young men, agencies who serve the communities of young men targeted for our consultation, and agencies that have knowledge of primary and sexual health issues. The selected agencies included community health centres and health agencies, AIDS serving organizations, shelters, recreation centres, community centres and youth centres. The following agencies were selected:

AIDS Committee of Toronto - Young men's program
AIDS Committee of Toronto - Gay men's program
Asian Community AIDS Services
Covenant House
Culture Link - Newcomer Youth Centre
Davenport/Perth Neighborhood Centre
David Kelley HIV/AIDS Community Counseling Program
David Kelley Lesbian and Gay Counseling Program
Dufferin Mall Youth Services
Eva's Satellite
Flemingdon Community Health Centre - The Gate
Flemingdon Community Resource Centre
Jessie's Centre for Teenagers (Father's Group)
Kids Help Phone
Ontario Council of Agencies Serving Immigrants
Prisoners with AIDS Support and Action Network (PASAN) - Adult Program
PASAN - Youth Program
Positive Youth Outreach
SHOUT Clinic Community Health Centre
Toronto Public Health

The interviews were designed to stimulate discussion around the primary, sexual and reproductive health issues faced by young men (see Appendix B). Interviews were conducted by different members of the working group, either on site at each of the various agencies, on the phone, or via electronic submission with follow-up by phone.

Focus Groups

The working group utilized existing partnership agencies that worked closely with diverse groups of young men to recruit youth to participate in the focus groups. The goals, priorities, and target populations of the consultation were explained to the agencies, and the process was explained to the focus group members as part of their informed consent to participate in the consultation process. The focus group conducted at The House CHC involved queer youth.² Focus groups were held at five different sites across the GTA:

Dufferin Mall Youth Services
Jessie's Centre for Teenagers
The House Community Health Centre
St. Stephens Youth Arcade
Youth Inc. (Eva's Satellite)

² Please refer to the section on limitations (p.7).

Each focus group involved 6 to 12 young men. In total, 41 young men between the ages of 16 and 25 participated in the focus groups. The focus group interviews (see Appendix C) were designed to elicit key health and sexual-health related themes and issues for the young men. Each focus group was facilitated by a different member of the young men's health working group. Focus groups were recorded and partially transcribed. Field notes were also taken.

Participant Profile (self identified)

Gender:	98% male, 2% self-identified as other
Age:	51% between 16-19, 44% between 20-25, 5 % not known
Race:	49 % of Colour, 44% white, 7% not known
Immigration:	80% Canadian Citizen, 10 % landed, 10% not known
Ability:	10% disabled youth
Relationship Status:	63% single, 5% married, 15% common law, 17% not known
Fathers:	27% with children or expecting
Education Status:	41% in high school, 17% not in school, 17% finished high school, 15% some form of post secondary education, 10% not known
Employment Status:	12% working full time, 49% not working, 24% unstable employment, 15% not known

Limitations

Several limitations impacted the consultation process. The process operated under a limited budget and with limited staff resources. As a result, our ability to conduct target-specific focus groups was compromised. Four out of the five focus groups included a mixed grouping of young men that came from diverse racial, cultural and working class backgrounds. Young men in these groups did not disclose their sexual orientation (if other than heterosexual), perhaps due to the level of homophobia demonstrated by the majority of young men in the focus groups. As a result, a specific targeted focus group for queer identified men was conducted which produced valuable information about queer men's health issues. It would have been desirable to conduct similar focus groups specific to young men of color and young men with disabilities, despite these target groups being well represented within each focus group. Information gathered about these particular groups are enhanced by key informant interviews and by the literature.

The young men's health consultation process was internally driven by staff and posed some limitations in terms of staff time, availability and scheduling and juggling additional responsibilities with primary roles. While our internal capacity may have been limited, the consultation process has assisted in building PPT's capacity to work with the community in a more responsive manner.

Despite these limitations, the working group is confident that this report explores underlying themes from the focus groups and key informant interviews and provides important information that will allow PPT to determine priorities for the development and implementation of new initiatives, clinical and health promotion programming for young men at the House CHC. The consultation process allowed PPT to strengthen community partnerships, increase visibility, and most importantly provided a forum that highlighted the voices of young men.

RESULTS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS

Preamble

Key informants and young men spoke about the lack of primary, sexual and reproductive health services experienced by young men. Both key informant findings and focus group data identified important factors impacting the health of young men, and young men's experience with the health care system that greatly impact how young men access health information, support and services. Key informants and young men identified many of the same issues that young men face in accessing health care, however it was clear that they approach these issues differently. The following section outlines the key findings from both focus groups and key informant interviews.

Health Concerns Faced by Young Men

Summary

1. Sex, Sexuality and Sexual Health
2. Sexually Transmitted Infections (STIs) and HIV
 - Queer Men/MSM communities
3. Birth Control and Pregnancy
4. Relationships
 - Intimate Relationships with Women
 - Intimate Relationships with Men
 - Friendships and Support with Other Men
 - Relationships with Family and Community
5. Mental Health
6. Substance Use/Abuse
7. Overall Wellness, Diet and Nutrition

1. Sex, Sexuality and Sexual Health

“A lot of what I learned about sex was from strippers. I dated a lot of strippers.”

“Some sex educators talk down to you. They assume that you don’t know”

“When they give you information at school, by the time they give you that information, you already know that information.”

Quotes: Young Men’s Focus Group Participants

Results from the Focus Groups with Young Men:

Young men in each focus group had a lot to say about sex. Quite often sex was discussed with a mixture of confusion, enthusiasm and bravado. Sometimes experiences came up in focus groups either as a joke or side conversation. Occasionally sex and sexuality was discussed with disgust, embarrassment or shame, particularly in conversations about problems occurring within their genital region (some young men referred to their genitals as their “happy zone”). There was general agreement about not having any trouble with their genitals in reference to fertility, maintaining erections, ejaculation, ability to orgasm or frequency of sexual encounters. For the majority of the young men in the focus groups, when it came to sex, there were absolutely no problems. One participant noted, “it’s all good, man”.

“It (school) was a constant bombardment of negativity that drives you to discover for yourself. They don’t give you information, they give you orders. They tell you ‘don’t do this, don’t do this.’ Instead of condemning promiscuity or sexual activity or drug usage, they should inform and educate.”

Quote: Young Men’s Focus Group Participant

Young men in focus group discussions consistently reported experience and knowledge about sex. They got their information about sex from the streets, friends, movies, pornography and personal experience. Young men consistently stated that the information they received in school about sex was not useful, because they were already aware of what was being taught or because there was no discussion about pleasure.

While talking about sex was easy for the majority of the focus group participants, sex was still presented as dirty, or something to be ashamed about. Focus group participants expressed feelings of shame through their understanding about what kind of sexual experience or activity is ‘normal’. Sexual behavior that was outside of “penis/vagina sex” was agreed to be “disgusting” by the majority of participants.

A considerable need for education was evident through participants’ beliefs about sexual health and STIs (i.e. many of the focus group participants thought that to avoid diseases you had to shower before sex). Within the focus group sessions, participants asked many questions demonstrating a lack of knowledge and awareness around sex and sexuality. Few focus group participants were aware of the importance of regular testicular self-examination and had very little information on the role and function of the prostate gland. Facilitators in every focus group also fielded basic questions on sex and sexual pleasure (including male and female ejaculation, orgasm and masturbation), STIs/HIV and birth control.

Results from the Key Informant Interviews:

Key informants consistently identified that young men need ongoing basic information about sex, sexual pleasure, orgasm, masturbation and sexuality. Key informants reported that young men talk with confidence about sex, in group situations, however individually young men express concerns about sexual performance, confusion about their sexuality, and feelings of isolation in their experience. Key informants identified the need for sexual health programs that are informal, use accessible language, and are sex-positive and non-judgmental.

2. Sexually Transmitted Infections (STIs) and HIV

“The majority of us guys are not using condoms”

Quote: Young Men's Focus Group Participant

Background:

Health Canada (2004) found that sexual risk-taking behavior is elevated for young men in the 15-24 age group. Chlamydia is the most common reportable STI among 15 to 24 year olds in Canada and accounts for over two thirds of all cases (Patrick, Wong & Jordan, 2000). While the highest Chlamydia infection rates in Canada are found among young women 15-19 years old, this statistic could be a result of lower numbers of men than women going for routine STI testing.

The Canadian Society of Obstetricians and Gynecologists (2004) suggest that 80.8% of males and 69.8% of females used a condom at last intercourse. While these numbers reflect a growing trend in recent years towards the increased use of condoms for youth between the ages of 15-19, it does not indicate whether condoms were used consistently or correctly each time sexual intercourse occurred. In the final analysis, 20% of teenage males are still not using condoms and therefore putting themselves at greater risk of STI and HIV infection.

Results from the Focus Groups with Young Men:

“If you're already in a relationship and then you've got it (an STI) and the other person doesn't have it then how? [well, somebody was fornicating].”

Quote: Young Men's Focus Group Participant

In every focus group young men spoke about STIs and HIV as general health concerns rather than as sexual health concerns. Young men expressed fears of coming into contact with STIs and HIV. Young men felt that there was some risk of getting an STI, but that this would be contingent on having many partners or if their partner cheated on them. Many focus group participants believed that a monogamous relationship provided little, if any, risk of coming in contact with an STI.

Young men reported seeing STIs and HIV very differently when it came to the perceived risk of transmission. The majority of focus group participants did not see themselves at risk of HIV infection. There was a perception that unless you are an intravenous drug user or a gay man,

that you are not at risk for HIV. In a few of the focus groups, a culture of silence emerged. In these cases, some participants vocally maintained on behalf of the group that HIV was really not an issue for any of them. These types of comments consistently shut down further conversation on the topic. In only one focus group did participants challenge their peers to consider whether they would be honest about their HIV status if they had tested positive for HIV. In this focus group, participants also challenged each other to consider that many people may not know their HIV status.

“If I had some disease I’d rather not know about it. You know? It’s like you go and get tested and find out you have a disease and then every day you wake up, you’re depressed, you’re sad.”

Quote: Young Men’s Focus Group Participant

In almost all cases where young men acknowledged that STIs and HIV were a concern, the majority of participants reported that they would rather not think about STIs. Fear about getting a positive STI or HIV result, and fear surrounding the pain involved in STI testing were also mentioned. Many of the young men said that they would rather not know their HIV status in order to avoid becoming depressed as a result of a positive test. Only a small number of young men talked about participating in regular screening for STIs/HIV.

Only a small number of focus group participants reported that they consistently carry and use condoms in an effort to reduce their risk of coming into contact with STIs/HIV. These young men were usually in the 19-25 year age group.

Queer Men / MSM Communities

“I was really sexually active after Pride. Wondered if I should get tested. Do I just draw blood? I don’t really know or understand why? What are the symptoms?”

“I’ve heard horror stories of people getting tested. I don’t even know information about being tested.”

Quotes: Young Men’s Focus Group Participants

Results from the Focus Groups with Young Men:

Unlike heterosexual men, queer men discussed STIs and HIV within the context of sexual health and reported needing basic information on STIs including symptoms, testing and prevention. Participants in the queer men’s group also identified that they lack information about safer sex negotiation and how to talk to a partner about STIs. While some queer men reported having been tested recently for STIs, others expressed concerns and confusion about the process of STI testing.

Many of the focus group participants indicated that discussion about safer sex does not happen in a formal way until ‘the relationship is seen to be progressing’. Participants in the queer men’s group mentioned that conversation about safer sex happened ‘in the moment’. An example of safer sex negotiation that the participants reported using was to ask their partner, “Do you have a condom”? Focus group participants talked about assessing risk depending on whether

penetration was expected to happen, and reported that condoms were rarely used for oral sex. A few participants in the queer men's group shared that they set clear boundaries before any sexual activity occurred.

Results from the Key Informant Interviews:

Overall, key informants indicated that young men demonstrated a lack of knowledge and awareness of STIs and HIV. They spoke about a disconnection, particularly on the part of heterosexual men, between identifying risky sexual behavior with the risk of coming in contact with an STI or HIV. Key informants talked about men who have sex with men (MSM) being at particular risk for STIs and HIV due to pressure to prove their heterosexuality to family, community and health care providers.

Key informants noted that the vast majority of services targeted at queer men focus on HIV, and identified the need for more services that provide basic information around STI awareness, screening and treatment.

In every key informant interview, ongoing basic information for young men on STIs, and HIV was mentioned. Service providers highlighted the need for support and information for young men on risky sexual behavior, where to get condoms and how to use them correctly, safer sex negotiation, and transmission and treatment of STIs and HIV.

3. Birth Control and Pregnancy

“We talk about birth control after sex.”

“When my girlfriend got pregnant she cried, but I was happy about the pregnancy.”

Quotes: Young Men's Focus Group Participants

Background:

Teen pregnancy rates and teen live birth rates have been on steady decline since the 1970's (Dryburgh, 2000). However, in comparison to other industrialized countries, Canada still has one of the highest rates of teen pregnancy, and Ontario has close to one third of all cases nationally (Dryburgh, 2000).

Results from the Focus Groups with Young Men:

Young men consistently reported that no consistent pre-sex conversation happens. If conversation does occur, it comes up as a joke or after sex, when concern about pregnancy sets in. Older youth in the focus groups told us that they carry their own condoms, not because conversation about using a condom occurred, but because they do not trust their female partner to not have tampered with the ones she may be carrying. This general mistrust young men have of young women, when it comes to condoms and birth control, also came up in a myriad of ways in reference to relationships, intimacy, sex and parenting.

Results from the Key Informant Interviews:

Key informants talked about a lack of knowledge and awareness that young men have about birth control, pregnancy and parenting. Many key informants work with young men who are struggling with what it means to be a father, how to get support as a young parent and how to support a partner when she is pregnant. Key Informants also felt that young men need ongoing basic information about birth control, pregnancy and parenting. Key informants felt that the prevalence of services for women around pregnancy and childbirth further young men's belief that they are not responsible for having conversations around preventing unplanned pregnancy or parenting. Key informants noted that young men who did become fathers require support and information on how to support their partner through pregnancy, how to parent and what it means to be a father.

4. Relationships

Intimate Relationships with Women

"If me and my girl argue, I walk out of the house then come back when she is calmer."

"Girls start a lot of the problems. I've never got angry for no reason. My girl trips over everything."

Quotes: Young Men's Focus Group Participants

Results from the Focus Groups with Young Men:

When young men were asked to talk about their relationships they were described as being difficult. While responses varied on what makes a relationship hard, they almost always included comments that put women down. Many of the young men feel relationships are stressful, and the attitudes of young women are the main reason intimate relationships are difficult to sustain.

"I can't remember what relationships were like before the pregnancy thing. Your whole world revolves around the parenthood thing."

"Once you have children, it's just a whole different kind of pressure, the relationship thing. Like (she) thinks she owns me."

"Women change drastically when they have children. They're not laid back anymore, there's no more fun anymore."

Quotes: Young Men's Focus Group Participants

Co-parenting places added strain on young men as they feel having a child significantly changes the nature of the relationship, usually for the worse. They reported feeling constrained and controlled by their partner, that the 'fun factor' had disappeared and that their partner had changed "from babe to bitch" since the birth of their child.

A few of the young fathers felt that having a child had a positive impact on their behavior. These young dads commented on significant changes in both sexual behavior and involvement with street activity, fighting and violence since having a child. On the other hand, a few young dads reported difficulty maintaining distance from street activity and feel their past follows them around no matter how hard they try to distance themselves.

While a few young men felt relationships provide comfort, a sense of belonging and much needed stress relief, many talked about their relationships with young women in a disturbingly negative light, revealing deeply rooted sexist and misogynist attitudes. When young men devalue their relationships with women, there is an increased likelihood that they will also engage in violent or abusive behavior. Women who experience abuse and violence in relationships are at increased risk of STIs/HIV and unplanned pregnancy (International Planned Parenthood Federation WHR, 2001).

Results from the Key Informant Interviews:

Key informants report young men are in desperate need for support and programming to help address conflict and violence within relationships. Key informants spoke about young men's need for support and counseling to help them deal with crisis, conflict, anger and violence in relationships. Key informants also feel rigid male roles are responsible for many of the negative attitudes young men display in their relationships with women. They discussed the need for programs that challenge young men's sexism in order to unlearn rigid gender roles and expectations and provide young men the opportunity to build healthier relationships with women.

Intimate Relationships with Men

"I used to do a lot of casual, but if I do get a boyfriend it's the type where it's mostly a give and take relationship."

Quote: Young Men's Focus Group Participant

Results from the Focus Groups with Young Men:

Participants in the queer men's group also reported that they struggle to talk about their relationships and identified a variety of ways in which they relate to each other. Focus group participants talked about their same sex relationships in more positive terms than heterosexual men. Queer men appear to be more comfortable discussing issues connected to their relationships and emphasized the importance of communication, compatibility, friendship, emotional maturity and a willingness to communicate feelings openly and honestly within their relationships.

"I know personally a challenge for me... was someone who was emotionally immature and not able to communicate his feelings to me at all."

Quote: Young Men's Focus Group Participant

The challenges identified by participants in the queer men's group included difficulty in meeting other queer youth, inability to express emotion, stigma, and isolation - particularly in high-school. Also mentioned were the differences in expectations that two people could have in a relationship and the difficulty in balancing personal and relationship needs.

Results from the Key Informant Interviews:

Key informants working with queer young men surprisingly did not mention the need for support for their client base around relationship issues. Rather, the focus on health issues and related health services featured STI and HIV awareness, testing and treatment as the main issues affecting the health of young queer young men.

Friendships and Support with Other Men

“If guys talk about sex it’s because ‘xxx might be gay’ or ‘that girl is hot’.”

“With guys, especially with homosexuality, it kind of taboo to talk about it because you’re not gay.”

Quotes: Young Men's Focus Group Participants

Results from the Focus Groups with Young Men:

Young men in focus group conversations revealed a history of strained relationships with other men. Maintaining an appearance of toughness and virility seemed to be more important than having open honest communication about their fears and feelings. The context in which young men discussed sex was often in relationship to conquests and bravado when it came to their experiences with girls and women. Comments were used to establish who they are sexually within the confines of their assumed heterosexual peer group. Rarely did the young men talk about getting support from their male friends on issues related to relationships or sexual health. In fact, young men consistently reported relying primarily on non-intimate female friends and occasionally female partners as their main point of support around these issues.

Relationships with Family and Community

Results from the Focus Groups with Young Men:

Young men in the focus groups spoke little about their relationships with family. Many of the focus group participants defined their relationships with their family as stressful and confrontational. Some participants cited family conflict as the conduit for street and/or shelter system involvement.

Many young dads reported little or no support from their families. They cited their partner's pregnancy and the birth of their child as a source of family conflict. Other young dads reported that, while conflict may have existed during their partner's pregnancy, the birth of their child seemed to ease previous negativity experienced on the part of their families. However this did not correlate with the amount of support they were receiving from their families. Young dads

reported a lack of consistency in the support they received as it was either non-existent or moved in cycles.

“My parents were very accepting.”

“I came out to my parents when I was about 18 or 19 and it didn’t go very well. They, my dad was um, like, how do you know and isn’t this a disease? So I just went my way and they just went their way.”

“When I came out in high school and everybody thought I was straight and I told them, no, I am gay. I actually argued with one of my friends for 45 minutes telling him I am gay and he was like ‘no, no, no you’re straight. You can’t be gay.’ ”

Quotes: Young Men’s Focus Group Participants

Participants in the queer men’s group reported conflict with both family and community that centered around coming out as gay, bisexual, queer or questioning their sexual orientation. Participants in the queer men’s group reported having both positive and negative coming out experiences. Overall though, participants in the queer men’s group reported more negative (heterosexist and homophobic) than positive experiences with family and community as a result of being queer.

Participants in the queer men’s group also spoke about the importance of a strong network of family and community support to ease the impact of judgments or harassment. Some of our focus group participants discussed the increased isolation and conflict queer youth of color experience as they juggle cultural and community needs with personal needs.

Results from the Key Informant Interviews:

Key informants, not surprisingly, identified a gap in support services for queer newcomer youth and youth of color who are isolated from the queer communities. Key informants reported that queer newcomer youth experience racism from members of the queer communities and homophobia from their family and/or community. Key informants identified that for queer newcomer youth deciding between racism and homophobia when trying to get support has a negative impact on their health over the long term. Key informants also identified working with communities of MSM as this avoids conflict and allows them to maintain valuable connections to family, culture and community.

Key informants recognize the need for counseling and support for young men around family and community conflict issues. One key informant reported that while young men do access a broad range of programs [recreation, food] they do not, however, access programs that provide support around family conflict. Key informants described the impact on either under-housed or homeless young men in terms of their loss of family support and whether or not they wished to reconnect with family. Key informants also reported the loss of connection to family and community was often linked to depression and feelings of isolation among their clients.

5. Mental Health

Background:

According to the Canadian Health Network (CHN, 2004), men's experience with mental health issues is on the rise. Around the world, studies suggest that men are experiencing a 'silent crisis' when it comes to their mental health needs (CHN 2004). Increasing numbers of young men are diagnosed with schizophrenia, anxiety and depression (CHN 2004). The Canadian Health Network also reports four out of every five suicides among Canadians of all ages are male (2004). While young women are more often hospitalized for unsuccessful suicide attempts, young men are more likely to complete their suicides (CHN 2004).

It seems men's sense of strength and status is tied to their denial of needing help with mental health issues. This 'tough guy' attitude stems from boys learning and growing in a society where rigid gender roles are encouraged and rewarded (Tough Guise, 1999). As a result many young men feel they have to keep weakness inside, and see weakness as not being masculine (Tough Guise, 1999). This belief about manhood on the part of young men prevents them from admitting when they are in pain or feeling unwell. As a result, physical and mental illness are more likely to go unchecked (Canadian Health Network, 2004).

“The majority of people you see on the street who you think they’ve lost their minds, most of them have complications just because of a relationship.”

“I stress about life, working, about getting kicked out of the house early. Gotta’ fend for yourself living on the street.”

Quotes: Young Men's Focus Group Participants

Results from the Focus Groups with Young Men:

Young men in every focus group spoke about needing mental health support and services to help them deal with the stress they experience in their lives. The way in which mental health is discussed by young men was broad and included a more holistic approach than mainstream clinical/psychiatric approaches to mental health. Young men identified many causes for their stress and spoke about increased fear, depression and isolation resulting from a lack of appropriate services to deal with stress. They spoke about mental health issues within the context of requiring both formal (individual one on one sessions) and informal (group programs) support and services to help them manage their stress.

“I’ll tell you what stresses me out. The fact that cops constantly harass us outside because we have something on our record. It doesn’t matter what it is. We automatically get stopped and searched, you know?”

Quote: Young Men's Focus Group Participant

In each focus group, young men expressed that they experienced stress when it came to employment, housing, relationships, poverty, the presence and/or fear of illness/disease, the perception by others (particularly other men) that something was wrong with their health, their

negative experience with law enforcement and authority figures and uncertainty about their future.

Results from the Key Informant Interviews:

Key informants mirrored the concerns shared by young men in our focus groups with regard to the need for services to help counteract the negative effects of stress. While focus group participants talked about their stressors, key informants identified the impact stress has on their young male clients. Key informants asserted the effects of stress often showed up in young men's inability to maintain healthy relationships with partners, family and community. In several cases key informants identified the need for services for young men to get support and help around anger management, relationship violence and being in conflict with the law.

Both the young men in focus groups and key informants identified general everyday stress relating to finding and keeping a job and finishing school as impacting on their health. Key informants, however, identified the need for specific support and services to manage conflict with family and communities and young men's experience of personal trauma including surviving physical or sexual abuse. Key informants also emphasized that for communities of men of color, newcomer youth and MSM, the experience of racism, poverty, homophobia, and isolation were key factors contributing to mental health issues, and require service provision from an anti-oppression framework.

6. Substance Use/Abuse

“We don't deal with alcoholism, like alcoholic stuff. We drink but not like that.”

Quote: Young Men's Focus Group Participant

Background:

The Toronto Men's Health Network (2004) reports that drug and alcohol use and abuse and violent activities are a common way in which many men deal with stress or mask emotional problems. The Canadian Health Network (2004) suggests that young men who engage in drinking alcohol and/or using drugs prior to or during sex are placing themselves at greater risk. The Canadian Youth, Sexual Health and HIV/AIDS Survey (2003) found that youth who engage in risky sexual behavior, such as using drugs or alcohol prior to sex, also used contraception less frequently, had multiple partners and did not use protection. These factors place youth at greater risk for STIs, HIV, unplanned pregnancy, exploitation and abuse.

“Some of us go to jail for a night because of a fucking joint.”

Quote: Young Men's Focus Group Participant

Results from the Focus Groups with Young Men:

In every focus group, young men talked about using drugs (prescription and street drugs) and alcohol as the main outlet for relieving stress. While focus group participants were able to talk about their use of drugs and alcohol to counteract stress, they did not talk about substance use

in the context of addictions. For young men, using drugs and/or alcohol was described as a natural and expected way to deal with any kind of problem they might encounter. Many expressed concern about health problems (i.e. lung cancer) in the future, while being clear that they were not about to change their behavior (to quit smoking) in order to avoid a negative outcome. Young men expressed the belief that their drug and alcohol use often placed them at greater risk of being in conflict with the law.

For participants in the queer men's group, drugs and alcohol did not feature prominently as an issue. Key informants on the other hand talked about the prevalence of drug and alcohol related issues among queer men in the context of club culture. They also encounter young men who were struggling with the pressure to experiment with drugs and sex.

Results from the Key Informant Interviews:

Key informants expressed concern with the prevalence of drug and alcohol related problems among young male clients. Key informants spoke about the frequency of drug and alcohol use (including cigarette smoking) within the context of addictions, whereas young men did not. Many agencies with a harm reduction focus see young men struggling with addictions issues on an ongoing basis. Key informants identified men of color and poor men as being most at risk for drug and alcohol related problems, illness, being in conflict with the law, and being targeted by law enforcement for harassment.

7. Overall Wellness, Diet and Nutrition

“ I won't give my kid just anything but personally I'll eat whatever I want. I would eat McDonalds for breakfast every day.”

“Diet is a big concern. Many guys have eating disorders. It's disturbing to know.”

Quotes: Young Men's Focus Group Participants

Results from the Focus Groups with Young Men:

In the majority of focus groups, young men did not demonstrate an awareness of the connection between their diet, physical, emotional or mental health and their overall wellness. When asked how many young men in the focus groups feel that they are healthy, the majority of participants admitted quite confidently that they are not healthy. This exposes an interesting disconnect for young men. Young men clearly identified not being in good health yet indicated no desire to seek health care.

Diet and nutrition came up in a couple of different ways in focus group discussions with young men. Some focus group participants talked about diet from the perspective of living in the shelter system, where they have no control over when or what they could eat or the quality of the food that was available. Others spoke strongly about not giving much thought to what they eat. There was a strong belief that thinking about or obsessing about food was 'not a guy thing to do'.

The queer men's focus group participants discussed issues related to diet, nutrition and overall wellness in a different way than other focus groups participants. Participants in the queer men's

group acknowledged a disturbing trend of dieting and eating disorder issues and body image issues prevalent in queer communities. Concern with fitness, strength and physical appearance top the general health issues list for this group of young men.

Results from the Key Informant Interviews:

Key informants identified issues around diet and nutrition as concerns for young men. They made connections and commented on the link between wellness and self-esteem. Key informants emphasized the experiences of communities of color, newcomer youth, and youth within shelter and prison systems, as warranting particular attention in terms of nutritional and dietary needs.

When it came to programming, young men in the focus groups talked about wanting programming that addressed a broad range of health issues more in tune with the concept of overall wellness or holistic approaches to health. Key informants underlined the need for the health and service sector to better understand the diverse diet needs of this group of youth, many of whom, for religious and/or cultural reasons, are not able to function on a typical North American diet. Key informants who work regularly with young men who are newcomers pointed out a connection between diet and nutrition and the mental and emotional health of their clients.

Issues Impacting on Young Men's Health

1. Lack of Services / Programs for Men
2. Access to Doctors and Negative Experiences of Health Care
3. Health Care is Not an Issue
 - No Language for Health
 - Access to Doctors and Negative Attitudes towards Health
4. Socialization, Gender Roles and Stereotypes shape attitudes
 - Construction of Masculinity
 - Men and Violence against Women
 - Men and Homophobia

1. Lack Of Services and Programming

Results from the Focus Groups with Young Men and Key Informants:

Focus group participants and key informants discussed the lack of information, services and programming directed toward men and their health. In addition, key informants identified the majority of services for men in the GTA are recreational rather than health based.

“I don't think any of us would be worried about any of that sexual health kind of stuff. I know that stuff is out there but I've never known anyone who has like AIDS, truthfully. There's users and stuff in the area and I'm sure they have it, but I don't think that, like us, kind of guys, have to really worry about sexual health.”

Quote: Young Men's Focus Group Participant

Sexual health services are primarily targeted to women and their reproductive health issues. This is evidenced by the mass of services available within the GTA for women's sexual and reproductive health needs. This imbalance is noticed by young men and re-enforces their belief that sexual health services are not relevant to their health. Focus group participants expressed frustration about their lack of access to sexual health information and services. In one focus group, a participant requested print information he believed would assist him in properly identifying, diagnosing and treating his health condition rather than attending a sexual health clinic for direct care.

Dedicated sexual health services that exist in the city for men are almost always in the field of HIV and AIDS prevention, treatment and support. Key informants working in HIV and AIDS related services identified a gap in sexual health services for heterosexual men as these services tend to be dominated by and provide outreach for gay and bisexual men. Key informants report men who have sex with men, who are not connected to the queer

communities, rarely access these services. Those that do are few by comparison to the numbers of gay and bisexual men.

2. Access to Doctors and Negative Experiences of Health Care

“I have a burning feeling. It’s really distressing. I was told by a doctor that it was nothing. It’s not resolved. I have no idea what to do. The doctor says it’s fine but I’m not. Trying not to pee.”

“I went to the doctor to get a general physical. The doctor was ignorant. I was not treated like an adult. I didn’t get answers. I didn’t get respect like adults. I spent hours waiting. “

Quotes: Young Men’s Focus Group Participants

Results from the Focus Groups with Young Men:

It is not entirely the case that young men do not access the health care system. At times young men access the health care system. In fact, focus group participants spoke candidly about their experiences with doctors, hospitals and clinics.

When young men spoke about their experience with the health care system it was almost always negative. Focus group participants shared feelings and experiences of judgmental and disrespectful care. As well, they identified lengthy wait times, misdiagnosis and reported a lack of confidence in their health care provider. Repeatedly, young men spoke about the hospital emergency as being their first point of entry to the health care system. Negative encounters in both hospital and clinic settings (including walk in clinics, sexual health clinics and community health centers) are key factors that account for young men’s lack of confidence in the health care system.

For queer men in our focus groups, accessing doctors also meant having to face homophobia and assumptions about their sexuality. Participants in the queer men’s group also reported having a lack of confidence in doctors.

Results from Key Informant Interviews:

Key informants however reported that young men are additionally marginalized because of their race, class and immigration status and have a harder time accessing doctors and health care due to the lack of cultural competency on part of front line workers and health care professionals. Men of color, newcomer men and poor men have historically enjoyed less access to health care, information and linguistically and culturally competent service providers placing them at higher risk of preventable illness and death (Rich & Ro, 2002).

Repeated negative experiences accessing health care helps young men to rationalize their disengagement with the health care system, which in turn continues to shape their ‘arms length’ relationship with primary health care and illness prevention.

2. Health Care Is Not an Issue

“I’d rather just take care of it myself.”

“Guys aren’t usually like that, you know what I mean? Like, we don’t go to the doctor. It’s a guy thing not to go to the doctor. Mostly every guy I know doesn’t go to the doctor.”

Quotes: Young Men’s Focus Group Participants

Results from the Focus Groups with Young Men:

No Language for Health

Young men in each focus group were silent when asked to speak about their general health issues. They were wary and ambivalent at times when asked to discuss their sexual and reproductive health needs. We found that young men have a limited concept of, or language for, health and rarely thought about their health as an issue requiring ongoing care and attention. Quite often young men weren’t sure what we meant by general health needs.

Young men did not separate primary health needs from sexual and reproductive health needs. They spoke of sexual and reproductive health within the context of general health needs. Sexual health was often seen as an issue for those men who were concerned about their sexuality and/or sexual orientation or strictly a woman’s health issue.

Negative Attitudes toward Health

“I am not scared of diseases.”

Quote: Young Men’s Focus Group Participant

Negative attitudes toward health, not seeing one’s self at risk, and not taking health into consideration came up time and again as overriding factors that prevented young men from accessing primary health care services and information. Within the focus groups, young men consistently verbalized attitudes and opinions that impact their understanding of health. These attitudes may affect their relationship with the health care system and in turn, prevent them from participating in illness and disease prevention.

“I have to have an open wound that’s bleeding all over before I’ll go to a doctor.”

“The last time I went to the doctor was when I had to get my appendix out. That was six years ago.”

Quotes: Young Men’s Focus Group Participants

At every focus group, young men told us that they do not believe that they have health care needs and that they do not regularly go to the doctor for screenings, check ups or support. In cases where participants reported going to the doctor, health needs had already become severe or required emergency treatment. Essentially, health care to the majority of our focus group participants was something you got when you were in severe pain or thought you were going to die. Health care for these young men is not an ongoing priority and little thought is given to preventative health care. Not taking prevention into consideration results in young men's first contact as a faceless individual within the emergency health delivery system.

Results from Key Informant Interviews:

Similarly, key informants identified young men's negative experience at a clinic or hospital reinforces their lack of trust and confidence in the health care system and, by extension, all authority figures. For poor men, men of color, men struggling with addiction and mental health issues, men in conflict with the law, queer and MSM communities, the barriers become even harder to overcome as these communities of men continue to face assumptions and judgments by health care providers about illness, injury and infections that lack compassion or respect.

3. Socialization, Gender Roles and Stereotypes

Construction of Masculinity

“Like, I’m not gonna’ sit here in front of these guys and cry about my situation. Right.”

Quote: Young Men's Focus Group Participant

Background:

According to *Tough Guise* (1999) young boys are taught from an early age that they must be both physically and emotionally tough and dominant. A “real man” gains respect by maintaining power and control. Young men are taught not to rely on anyone and to prove they are strong by handling health issues on their own. Society's construction of masculinity contributes to men's general lack of interest in their own health. Gender stereotypes and expectations place pressure on young men to disregard their health and therefore create barriers to accessing health care. In each focus group young men demonstrated that they possess this understanding of what it means to be a “man” in this society. This understanding positions young men in a precarious place when it comes to accessing information, support and services related to their primary health and at greater odds with themselves when it comes to accessing information, support and services related to their sexual and reproductive health. They act not from personal interest or a curiosity to understand, prevent and treat problems, illness or injury, but from fear created by a socially constructed understanding of masculinity. This construction of insular and independent masculinity prevents young men from accessing health care and rewards young men for ignoring pain and health issues in general. Narrow male gender roles also contribute to misogyny, violence against women and homophobia.

Men and Violence Against Women

The social construction of masculinity is rooted in the expression of aggression, and ‘justifiable’ violence as a norm. Men’s socialization is directly linked to the increase in violence among young men and the steady increase of sexual violence against women (Tough Guise, 1999).

Correctional Service of Canada reports that there has been an increase in violent crimes and drug offenses by young males since the late 1990s. Eighty per cent of charges laid in youth court in 1995-1996 were young men. Alarmingly, the statistics indicate that youth are entering the justice system in their early teens and subsequently the number of youth transferred to adult court in the late 1990s has more than doubled. As well, crimes committed by young men were reported to be more violent than crimes committed by young women.

Results from the Focus Groups with Young Men:

As indicated earlier in this report, men consistently spoke about women in a disturbingly negative way. Young men also talked about needing support to deal with their anger in more healthy ways. Key informants identified a real need for young men to unlearn sexist and misogynist attitudes toward women and spoke about programming that addresses violence against women and homophobia.

Men and Homophobia

“With guys, especially with homosexuality... it’s kind of taboo to talk about it because you’re not gay. [Even if they have a problem, they’re not going to share] there’s no way in hell, not with guys like us, no way in hell.”

“As soon as he put on gloves I’ll knock him out. When I was a kid I had this trouble, with a stomach problem, I used to have constipation when I was a kid. The guy tried putting on a glove and after I ran right out of the room. I don’t want no one touching me man. After that I’m never going to a doctor.”

Quotes: Young Men’s Focus Group Participants

Results from the Focus Groups with Young Men:

The ways in which focus group participants spoke about themselves vis-à-vis gay men speaks to the level of stigma, fear and shame that exists regarding sexuality and sexual health. It was clear that the homophobia expressed by heterosexual-identified men within the focus groups was a strong barrier to thinking and acting on their particular health needs. This notion profoundly kept groups of young men silent.

Facilitators addressed the homophobia prevalent in the focus group discussions in order to create a safer space for all men to share their experiences. In all but one focus group session there was vocal admonishment followed by a general consensus that there were no gay men/men who have sex with men present in the group. Under these circumstances it is difficult for MSM to feel comfortable discussing how their experience affects their choices around accessing sexual health services.

Results from Key Informant Interviews:

Many key informants supported our focus group findings by suggesting that heterosexism and homophobia experienced by young MSM in both community and clinical environments continues to position this unique community of men at greater risk for STIs and unplanned pregnancy. These young men are less likely to access sexual health services and information for fear of being 'found out'.

Key informants also shared that MSM who may also be poor, of color, in conflict with the law, or struggling with addiction or mental health issues, face even greater risks, as fewer services and supports exist. Likewise, newcomer men struggling with language barriers, competing community and cultural values and attitudes toward sex and sexuality also face unique barriers to accessing sexual health care, information, support and services.

CONCLUSION

Planned Parenthood of Toronto's consultation process on young men's health issues proved to be a vital and important initiative. Over a five month period, we interviewed 20 key informants and 41 young men from diverse racial and socio-economic backgrounds and sexual identities including queer/gay men, men who have sex with men and heterosexual men. This reports outlines the issues articulated by service providers and young men that greatly impact their health. In general, our findings illustrate that young men face numerous barriers when accessing health information and care services and that there is a general lack of focus and resources dedicated to enhancing young men's health.

While young men reported many similar experiences, such as having a negative relationship with the health care system, this report indicates that there are ways in which different groups of young men experience health issues depending on which community they identify with. Our report supports the notion that different strategies need to be created for distinct communities of young men in order to appropriately and effectively respond to their health issues.

This report also highlights the importance of developing programs and services that raise awareness of health issues within young men's communities. Focus group discussions indicated that young men have "no language for health". In every focus group, young men struggled to express, to define and articulate their health concerns. The majority of young men who spoke to us clearly expressed that they don't seek health care on a regular basis. Most young men reported that they rarely access health care services, and if they do, it is usually in an emergency situation. This may account for young men's negative attitudes of the health care system as they are shaped by long wait times and rushed and impersonal contact with clinicians.

Young men identified sexual health as a primary health concern and shared their ideas about a range of sexual health issues ranging from sex, sexuality, sexually transmitted infection, birth control and relationships. Based on their discussions, it became obvious that myths and misconceptions greatly impact the way in which they navigate their sex lives. Young men expressed that their beliefs about sex are rooted in the notion that it is "dirty" and "shameful." With regards to sexually transmitted infections, young men expressed fear about transmission but reported taking little action around prevention and testing. Heterosexual men perceived STIs, particularly HIV and AIDS, as an issue that only affects gay men and IV drug users. Despite the amount of information targeted to queer men about HIV and AIDS, young queer men in our focus group relayed inaccurate information about safer sex protection. Several men indicated that they used "showering" as an effective means of protection. In terms of birth control, it is clear that young men firmly believe this to be the responsibility of their female partners.

Young men also spoke about the challenges they experience with their relationships with intimate partners, family and peers. Heterosexual men discussed lacking the skills to negotiate healthy relationships and experienced conflict and violence with female partners. In terms of family relationships, many shared feeling disconnected with family members. With peers, many young men did not view their male friends as sources of support. Queer men spoke about tensions from family, friends and the community in general in regards to the "coming out" process.

Mental health issues were also prominently discussed, however, few if any young men recognized or described their concerns as relating to mental health. Young men repeatedly spoke about the stress that they face on a daily basis and not knowing how to properly deal or cope with this stress. Young men experience stress over relationships, unemployment, school and family. A common coping mechanism for young men is drug and alcohol use. When asked about their substance use, young men expressed that they did not perceive it as a problem, but viewed it as a reality of how they survive everyday stress.

In terms of overall wellness, young men spoke about not feeling healthy, but also expressed no desire to be pro-active about their health status. Admitting to or addressing one's health issues was clearly seen as a "woman" or "gay" thing. This report highlights the need for work that involves challenging societal norms of "what makes a man." Young men's disregard for their health is rooted in "macho" myths and stereotypes that perpetuate the acceptance of pain and the expectation to "take it like a man."

Young men spoke loud and clear when presented with, what seems to be, a rare opportunity to safely talk about these issues. For service providers, listening, understanding and acting on this information is crucial. While responses will vary among agencies, it is our hope that the findings of this report will encourage and foster the development of culturally appropriate young men's health programs and partnerships among agencies serving young men in the GTA.

The need to develop and expand health services and programming for young men, especially those that address the social, political and environmental determinants of health, is strongly apparent in this report. We discovered that programming for men predominately includes recreational programs and activities. Very few programs or services are specifically targeted towards men's health issues. Within the field of sexual health, programs that do specifically address men's health are concentrated on HIV and AIDS. In our conversations with service providers and young men, we have determined that there is a crucial need to develop and create programming to respond to a broad range of health issues.

REFERENCES

- Centre for Health Promotion (University of Toronto) and the Northwestern Health Unit. (2004). *Canadian Health Network. What are the greatest health risks for young men?* www.canadian-health-network.ca
- Dryburg, H. (2000). Teen Pregnancy. *Health Reports*, 12, 9-19
- Maticka-Tyndale, E. (2001). Sexual health and Canadian youth: how do we measure up? *The Canadian Journal of Human Sexuality*, 10, 1-18.
- Maticka-Tyndale, E., Barrett, M. & McKay, A (2000). Adolescent sexual and reproductive health in Canada: a review of national data sources and their limitations. *The Canadian Journal of Human Sexuality*, 9, 41-66.
- Patrick D.M., Wong, T. & Jordon R. (2000). Sexually Transmitted Infections in Canada: Recent Resurgence Threatens National Goals. *The Canadian Journal of Human Sexuality*, 9, 49-166.
- Rich, J. A. & Ro, M. (2002). *A Poor Man's Plight: Uncovering the Disparity in Men's Health*. W.K. Kellogg Foundation.
- Statistics Canada, Health Statistics Division. *Canadian Community Health Survey, Cycle 1.1, Content for September 2000*. Ottawa.
- Statistics Canada, Health Statistics Division. *Canadian Community Health Survey, Mental Health and Well Being, 2002*. Ottawa.
- Tough Guise: Violence Media, & the Crisis in Masculinity (Abridged Version). (1999). Media Education Foundation.
- The Link Between Gender-Based Violence and Sexual & Reproductive Health. *AIDS Summary*, No 3. (Published: 2001.01), p. 1. International Planned Parenthood Federation, Western Hemisphere Region. http://www.ippfwhr.org/publications/serial_article_e.asp?SerialIssuesID=39
- Underwood, Nora. (2004). *Canadian Health Network, The Truth About Men's Health*. www.canadian-health-network.ca
- Unknown. (2000). Canadian Health Network, Everyone else is using them... why not me: The truth about anabolic steroids. www.canadian-health-network.ca
- Unknown. (2004). Condom Use Among Canadian Youth. The Canadian Society of Obstetricians and Gynecologists of Canada. www.sexualityandu.ca
- Walker et. al. (1999). Adult health status of women HMO members with histories of childhood abuse and neglect. *American Journal of* 107(4):332-339.5 Heise et. al (1999).

ACKNOWLEDGEMENTS

Planned Parenthood of Toronto gratefully acknowledges the following individuals in the writing of this report:

Michele Chai
Rose Gutierrez

Planned Parenthood of Toronto gratefully acknowledges the contributions of the following individuals in the preparation of this report:

Young men in focus groups
Key Informants
Dr. Susan Hansen
Sarah Hobbs
Susan Flynn
Sara Salvalaggio
Jamie Slater

Young Men’s Health Working Group
Terms of Reference

PPT Mission Statement:

Planned Parenthood of Toronto is a community-based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services which promote healthy sexuality and informed decision making to the people of the City of Toronto.

Goals of the Working Group:

- 1) To engage in a consultation process with diverse men’s communities and agencies serving young men
- 2) To identify the primary, sexual and reproductive health needs of young men living in Toronto
- 3) To identify existing gaps and barriers in the health sector for young men
- 4) To identify new programming initiatives for young men at The House Community Health Centre
- 5) To develop recommendations to build our own capacity to serve young men

Target Population:

Young men ages 13-25 (diverse groups including queer, disabled, homeless, poor, of color, newcomer, immigrant, poor)

Structure:

Staff on the young men’s working group will include the following:

Michele Chai	Community Health Promoter
Leanne Burton	Nurse Practitioner
Shawn Fowler	Clinical Secretary
Rose Gutierrez	Director of Community Programming
Ariel Vente	Peer Educator
Erin Pieper	Master of Social Work Student

Functions:

Meetings will take place over designated program meeting times. The Working Group will begin by following its work plan and will conduct Key Informant Interviews and Focus Groups. The Key Informant Interviews will be conducted with various agencies and individuals from across the City. Focus groups will be conducted with the target population. The results from the interviews and focus groups will be analyzed in the report.



Young Men's Sexual Health Consultation Key Informant Interview

Name of Organization:	
Contact Information: (name, job title, address, phone, fax, e-mail)	
Date of Interview:	Interview done by:

Goals of the Young Men's Sexual health Consultation

1. To engage in a consultation process with diverse men's communities and agencies serving young men
 2. To identify the primary, sexual and reproductive health needs of young men living in Toronto
 3. To identify existing gaps and barriers in the health sector for young men
 4. To identify new programming initiatives for young men at The House CHC
 5. To develop recommendations to build our own capacity to serve young men
-
1. Describe what services and programs your agency provides? What services and programs do men access? Do you have specific programs targeted at men? (age range)
 2. How would you characterize the community of men you serve? (age range)
 3. What would you identify as the primary health needs of men?
 4. What would you identify as the sexual and reproductive health needs of men?
 5. Can you identify any issues unique to men of colour, men who have sex with men, trans men, men with disabilities in accessing sexual health services?
 6. What would you identify as the social, environmental and political determinants that impact men's overall health? How does it impact their sexual health?

7. Can you identify any barriers for men accessing sexual health services in Toronto?
8. Can you identify the gaps in sexual health services for men in Toronto?
9. Can you describe any programming for men that you have been involved in? What made it successful? OR Why didn't it work? What were some of the issues involved? What is important to remember when providing programming for men?
10. If PPT were to offer programming to young men what would that look like?
11. If PPT were to develop print material on sexual health for young men, what would be important to consider? (content, design)
12. Are you aware of any/other sexual health work/programs offered specifically for men living in Toronto?
13. Any last thoughts....

Young Men's Sexual Health Consultation
Focus Group Questions

1. What are your general health issues/concerns? Are there any that you're experiencing right now?
2. What are your sexual health issues/needs?
3. How and when did you learn about sex/sexuality/sexual health?
 - When was the last time you had an STI check and why?
 - How did/do you negotiate BC/safer sex?
4. Talk about your relationships? Challenges/success/importance with family, friends, intimate/sexual
5. Who/Where do you go for your health/sexual health needs?
 - When was the last time you went to the doctor?
 - What did you go for?
 - What got you there?
 - Were your questions/needs met?
6. If you need information related to sex/sexuality/sexual health, how do you get that information? Where do you get it from?
7. Good experiences/Bad experiences with health care? (Examples)
8. What prevents you from getting your health/sexual health needs met?
9. If The House were to offer programs for young men, what do we need to do/have for you to participate?

Participant Profile

Thank you for agreeing to be a part of our focus group for young men. This form is completely anonymous and voluntary. It will only be used for the purpose of informing us who participated in our consultation.

Gender:

- Female
- Male
- Transsexual
- Transgender
- Self-Identified

Age:

- 13-15
- 16-19
- 20-25

Race: (For example Asian, Black etc) _____

In what country were you born? : _____

What is your Immigration status: (For example Canadian Citizen, Landed etc)

What is your religion? (For example Catholic, none)

Do you have any disabilities? (For example hard of hearing, mobility disability etc)

- Yes _____
- No

Relationship Status: (For example Married, Single etc.)

Children:

- Yes Ages _____
- No

Education status: (For example high school, not in school etc.)

Employment status: (For example Working full time, Not working etc.)



Informed Consent Form

Planned Parenthood of Toronto is a community based, pro-choice agency committed to the principles of equity and to providing accessible and inclusive services which promote healthy sexuality and informed decision making. In our efforts to provide programs that are sensitive to the needs of our client group, we have embarked on a community consultation process to identify the key sexual health needs of young men living in Toronto.

As part of this process, we are currently holding focus groups with small groups of young men to find out what they think are the sorts of services and supports that are missing and what would be useful. Thank you for agreeing to be part of one of these groups. As a participant there are several things you should be aware of:

1. The groups will be run by a facilitator, who will ask questions, facilitate discussion and write your responses on a flip chart;
2. Participation is voluntary and you are free to withdraw from the process at any time;
3. You will receive \$20 at the end of the session for participating in the group discussion;
4. You are free to decide to not answer any question;
5. Discussion in these sessions is confidential. Please do not to share other people's personal stories in discussion with others;
6. You will receive a copy of the Informed Consent Form to sign;
7. We are documenting the groups in several ways because we are concerned to get as accurate a record as possible of the issues participants identify as important.
 - a) There will be a recorder sitting with the group taking notes of the discussion as well as an audio tape recorder to document the session.
 - b) The written notes and audio tapes will be kept within the agency.
 - c) Documentation generated in the focus groups may be used as the basis for written reports, research papers and publications, media articles, conference presentations, and program evaluations. In all cases the names and identifying information of participants will be kept confidential, unless specific permission is requested and granted.

d) All documentation personally identifying you will be destroyed no longer than seven (7) years from date of signing.

8. Questions about the project may be directed at any time to the Group Facilitator -

Name and Title

or Rose Gutierrez, Director of Community Programming (416-961-0113 ext 227).

I am fully aware of the nature of this project and have agreed to participate in it. I have read, understood and been given a copy of this consent form.

Signature of participant

Date

Printed name of participant

Signature of focus group facilitator