Boys and Men

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FPA defines sexual health as *the capacity to enjoy and express sexuality without exploitation, oppression, or physical or emotional harm*. FPA believes that it is crucial that sex and relationships education (SRE) and sexual health services address the needs of boys and men to ensure that they are able to express their sexuality and to develop and enjoy positive relationships and good sexual health and wellbeing throughout their lives.

1. FPA believes that boys and men need to be equipped with the knowledge and skills to develop sexual behaviour that is safe and enjoyable for them and for others.
2. FPA believes that boys and men have the right to express their sexuality free from the threat of bullying, ridicule or stereotyping.
3. FPA believes that boys and men have the need and right to high quality, appropriate and relevant SRE as a compulsory part of the National Curriculum in both primary and secondary schools.
4. FPA believes that SRE is a lifelong learning process based on the acquisition of knowledge and skills and the development of positive values and attitudes. An understanding of gender must underpin SRE, as must an appreciation of the different ways that men and women learn, which may include allowing for both single gender and mixed gender provision.
5. FPA believes that all sexual health services, including general practice, contraception and genito-urinary medicine (GUM) clinics, youth advice clinics and telephone helplines, must ensure that they are accessible, appropriate and welcoming to boys and men.
6. FPA believes that gender and sexuality awareness training must be included both at initial and in-service level for all health, education and social services professionals.
7. FPA believes that sexual health information sources, including SRE resources, sexual health leaflets and public awareness campaigns, should present a positive view of men and male sexuality.
8. FPA believes that boys and men should be fully consulted in the development of services.

Boys learn to be men in a society where it is rare for men to show their feelings openly, ask for help, admit that they do not know something or look after their health. They learn from an early age that boys need to be tough, and to conform to a specific model of masculinity which is often defined by the number of sexual encounters a young man has had, and his performance[1]. This narrow definition of masculine sexuality leads in many cases to an inability to express feelings, confusion as to how to form satisfying sexual

relationships and homophobia[2]. Factors such as class and ethnicity can also have an impact on what this means to different groups.

Boys report that the SRE they receive in schools focuses almost exclusively on negative aspects of sex, such as sexually transmitted infections or unwanted pregnancies, or on female reproduction. Some forms of SRE also collude with, rather than challenging, societal pressures around masculinity, reinforcing gender stereotypes or avoiding discussion of homosexual relationships[3]. This is often compounded by teaching that does not respond to the different ways in which young men and young women process information and learn. Many parents and carers say that they do not know how to begin talking to their sons about sex and relationships. Some boys may also lack positive male role models in their lives. As a consequence, boys learn most about sex and relationships from their peers, from the media or from pornography, and stereotypical views of what it means to be a man or to have a relationship can go unexplored and unchallenged.

Men experience a range of general and sexual health inequalities: men have a lower life expectancy than women and are more likely to die from cancers that affect men and women or through suicide[4] and rates of suicide are even higher among gay young men[5]; diagnoses of testicular cancer have doubled in the past 20 years; and the number of new cases of prostate cancer is expected to treble over the next 20 years. Despite this, men are often reluctant to seek medical help even when they know something is wrong.

Boys and men commonly perceive contraception services as having a predominantly female focus. Although the number of men attending contraception clinics in England increased from 63,000 in 1994/5 to 162,000 in 2009/10, this is still only a very small percentage compared with around 1.2 million women attending in the same year[6]. Boys and men report that the perception that they are unwelcome or that what they say will not remain confidential, deters them from accessing services. The perceived attitudes of staff can also have a significant impact.

Good practice suggests a two-pronged approach towards providing sexual health services for boys and men: targeted, single gender services can be effective and mainstream clinics can adopt a number of simple strategies to enable boys and men to feel welcome. Care needs to be given to the way services are promoted to ensure that they appeal to boys and men, waiting areas should promote positive images, and it can be useful to explore gender awareness issues with staff during training and supervision.

Sexual health information sources have a responsibility to ensure that boys and men are portrayed in a range of positive ways. Men are not a homogenous group, and their individual needs will be diverse and influenced by background, sexual orientation, ethnicity, class, disability and other social and identity factors. Stereotyping boys works against enabling them to develop a positive sense of their own masculinity or indeed of their rights and responsibilities. Sexual health services and organisations need to work

constructively with the media and others to challenge stereotypes and develop a wider understanding of what it is to be a man.

The improvement of the sexual health and emotional literacy of boys and men will better equip them to assume both their rights and responsibilities within their sexual lives and relationships.

Further information

FPA, *The boys are aw'right: young men and sexual health* (London: FPA, 2006)
Lenderyou G and Ray C (eds), *Let's Hear it for the Boys!* (London: NCB, 1997)
FPA policy statements on Sex and Relationships Education (SRE) and Young People (2011)

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[1] Aggleton P, Oliver C and Rivers K, *The implications of research into young people, sexuality and relationships* (London: HEA, 1998) and Forrest S, *Boys, young men and sexual health services: a summary of a review of the academic literature* (London: Brook, 2007)
[2] Sex Education Forum, *Forum Factsheet 35: Boys and young men: delivering effective sex and relationships education in schools* (London: SEF, 2006)
[3] Forrest S, 'Big and tough: boys learning about sexuality and manhood', *Sexual and Relationship Therapy* vol 15, no 3 (2000), 247-262 and Hilton G, 'Listening to the boys again: an exploration of what boys want to learn in sex education classes and how they want to be taught', *Sex Education* vol 7, no 2 (2007), 161-174
[4] Wilkins D et al, *The Gender and Access to Health Services Study: Final Report* (London: Department of Health, 2008)
[5] Wilkins D, *Untold Problems: a review of the essential issues in the mental health of men and boys* (London: Men's Health Forum, 2010)
[6] NHS Information Centre, *NHS Contraceptive Services, England: 2009/10* (Leeds: IC, 2010)