



# BOYS BOYS

A study of where young MSM learn about sex, relationships and HIV



# A



## Lord Norman Fowler

As Secretary of State for Health in 1986, I was responsible for the first campaign to educate the British public about HIV. Now, nearly thirty years on, access to information about HIV, sex and relationships still remains vital to prevention.

National AIDS Trust (NAT) has looked at where young men who have sex with men find this information and how helpful they find it. We still see high rates of HIV transmission in the UK amongst men who have sex with men, with worrying increases in diagnoses amongst 15 – 24 year olds. Yet three quarters of respondents receive no information about same sex relationships at school. We are missing a key opportunity to give our young people the support they need.

NAT's survey, the largest of its kind, shows that much more must be done if the next generation are to have access to the information they need to protect themselves from HIV and to end the health inequalities they currently face.

With this evidence we now need to strongly make the case for the report's recommendations to be taken forward so we can ensure that young men who have sex with men are provided with the right information about sex, relationships and HIV in the right ways so that they can go on to have happy, healthy relationships.

NAT would like to say a huge thank you to everyone who helped us to promote the survey across the country. Without you the survey would not have reached as many people as it did. Particular thanks to Hornet Networks Limited and CPC Connect for their help with this.

We would also like to thank Reckitt Benckiser Group PLC and Millivres-Prowler Group for their contribution towards funding this project.

Thanks also to the following individuals who provided invaluable assistance with this work: Ben Dew, Allsorts Youth Project; Dan Baker, Youth Chances; David Novak, OLB Research Institute; Dr David Regis, SHEU, University of Exeter; Dr Ford Hickson, Sigma Research; Professor Jonathan Elford, City University; Justin Hancock, Bish Training; Matthew Hodson, GMFA; and Sam Beal, Brighton and Hove City Council.

Finally thanks to all the respondents who took the time to complete the survey and made this project possible.



**James Hanson**

I was diagnosed with HIV at the age of 18, I remember it like it was yesterday. Being called forward by the doctor, being sat down (already trembling) and then hit with the news.

Nothing could have prepared me for this. I knew very little about HIV at that age. I loosely remember the Mark Fowler story line on EastEnders and all I could think of was that my life was over. I'm not alone in this lack of knowledge, NAT's research found over a quarter of survey respondents did not know or were not sure how HIV is passed on.

I first remember being attracted to guys when I was around 13. I wasn't quite sure what I felt or what it meant. I remember very clearly some awful sex ed lessons at school. I was shown a video of a typical family, where the whole family paraded around the house naked and taught that sex is for a man and women for pleasure and to have babies. I was never taught of the love between two men or two women.

I was having feelings I didn't know what to do with and I felt so isolated because it was never spoken about. Looking back now I feel let down.

The Boys Who Like Boys survey results echo this, with over two thirds of respondents saying they would value more information about sex that is safe and they enjoy. Its important SRE is not just about sexual health information to prevent disease, but about giving balanced information which supports young MSM to have sex that is safe and enjoyable. The survey also revealed that over half of respondents had been bullied or discriminated against because of their sexuality. This may be shocking to some, but not to me. I feel the finding of this report will open people's eyes to the importance of inclusive SRE in schools.

It took me a long time to come to terms with being HIV+, but now, almost seven years later, I am making it my mission to change people's misconceptions and change the education system. I strongly believe the education system fails young LGBTI+ people every day. We have won the battle of equal age of consent and equal marriage in the UK, the next fight is to make inclusive SRE compulsory in all schools.

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# B

## INTRODUCTION AND BACKGROUND

Access to useful and relevant information about sex, relationships and HIV at a young age is crucial to HIV prevention; this is particularly important for men who have sex with men (MSM) who are at greater risk of acquiring HIV. Where young MSM source this information will influence their understanding and their ability to make informed decisions which support their sexual health and wellbeing.

Despite this, little is known about where young MSM learn about sex, relationships and HIV and how they feel about the information they receive. This knowledge gap is of concern, given that in 2013 new HIV diagnoses among MSM in the UK reached a record high.<sup>1</sup>

Among younger MSM (aged 15 to 24), HIV diagnoses have doubled in 10 years.<sup>2</sup> This increase is partly due to the fact that more MSM are testing for HIV but also because rates of HIV transmission remain high.

Young MSM are also more likely to experience a range of other health issues<sup>3</sup>, for example, poor mental health and problematic drug and alcohol use. These factors not only impact on individual well-being but have also been associated with HIV transmission risk behaviour.

For this reason NAT (National AIDS Trust) carried out a survey of young MSM asking them where they looked for information about sex, relationships and HIV and how helpful they found the information they received. The survey also looked at respondents' knowledge of HIV and experience of sex and relationship education in school. With over 1,000 respondents, 'Boys who like boys' is the largest survey of this kind ever conducted in the UK.

This report provides a summary of the survey's key findings as well as a series of recommendations to improve information, advice and support for young MSM.

1 Public Health England. (2014), HIV in the United Kingdom: 2014 Report: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/377194/2014\\_PHE\\_HIV\\_annual\\_report\\_19\\_11\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf)

2 Public Health England. Prevention Groups HIV data tables – Table 9: HIV diagnosed MSM seen for HIV care by age: <https://www.gov.uk/government/statistics/hiv-data-tables>

3 Department for Health. (2007), Reducing health inequalities for lesbian, gay, bisexual and trans people – briefings for health and social care staff – Briefing 3: Young lesbian, gay and bisexual people: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_078355.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078355.pdf)

Metro (2014), Youth Chances Summary of First Findings: The Experiences of LGBTQ young people in England: [http://www.youthchances.org/wp-content/uploads/2014/01/YC\\_REPORT\\_FirstFindings\\_2014.pdf](http://www.youthchances.org/wp-content/uploads/2014/01/YC_REPORT_FirstFindings_2014.pdf)

## C

# THE SURVEY

The online survey was designed by NAT after extensive background research and consultation with academics and professionals working with young MSM. It was piloted with a group of young MSM accessing an LGBT support service in Brighton.

The online survey method was chosen as the most cost-effective way to reach a large number of the target population. This approach also allowed respondents to be anonymous which was particularly important considering the perceived sensitivity of the topics covered and the young age of the targeted population.

The survey was promoted between April and June 2014 through a broad range of channels (both offline and online) including social networking apps and websites, Facebook advertisements, the LGBT media, and organisations and services working with young people throughout the UK.

## Survey eligibility

To be eligible to take part, respondents had to identify as male (including trans men), be aged between 14 and 19, and be attracted to men. This included men who are attracted to women as well as men.<sup>4</sup>

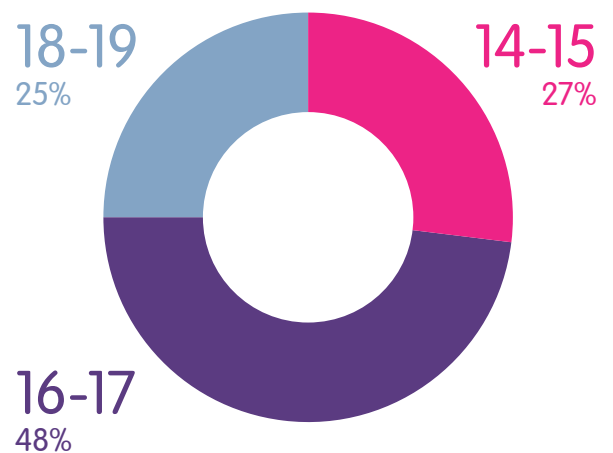
## Survey demographics

Twenty seven percent of respondents were aged 14 to 15, 48% were aged 16 to 17 and 25% were aged 18 to 19 (see graph 1). Eighty three percent of respondents were from England, 8% from Scotland, 5% from Wales, and 4% from Northern Ireland (see graph 2). The majority of participants identified as white (91%) with 8% identifying as either black, mixed or another ethnicity.

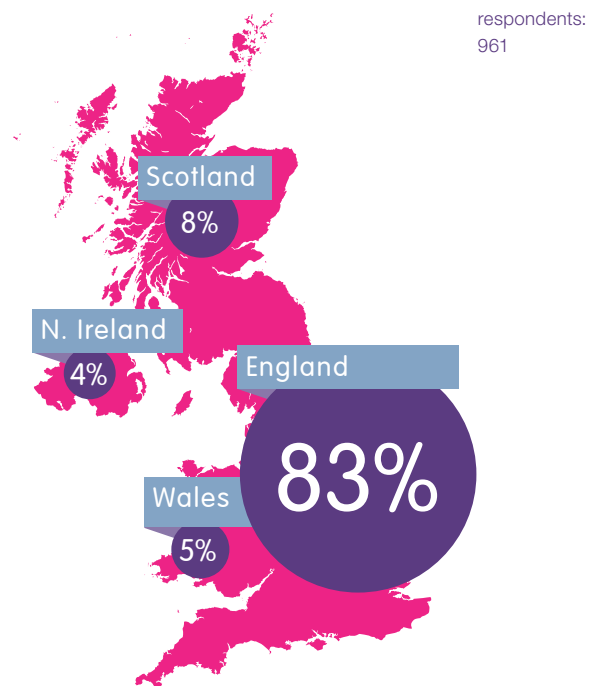
## Survey analysis

This report is a summary of key findings from completed surveys only. Over 3,500 people began the survey but many were ineligible to take part based on the eligibility criteria. Nearly 3,000 people were eligible and began the survey, but only 1,096 completed it. Those who were ineligible or did not complete the survey were excluded from the analysis. We disaggregated the data by age groups and by how respondents identified to see if there were any differences between these groups.

graph 1  
Age of respondents



graph 2  
Regional distribution of respondents



<sup>4</sup> Due to the low number of respondents who identified as trans men, we were unable to disaggregate the data by gender identity to explore whether there were any differences between trans men and cisgender men. We recognise that trans men may have specific as well as similar needs, and this requires more targeted and tailored research. However, many of the survey's findings will be relevant to all those who identify as male, including trans men.

# D

## KEY FINDINGS

### Sexual orientation and sexual identity

**Over a third** of survey respondents stated that they were attracted to both men and women.

**Fifteen percent** of survey respondents identified as something other than gay or bisexual, with 10% identifying as straight / heterosexual and 5% identifying as 'something else'.

Respondents who identified as straight / heterosexual were significantly **less likely** to have looked for all types of information, advice or support.

Read the detail on pages 6-7 →

### Sex and relationships education (SRE) at school

**Three quarters** of survey respondents had not received any information, advice or support about same-sex relationships and attraction in SRE.

**A third** had not received any information on HIV transmission and safer sex in SRE.

**Over two-thirds** had not received any information on HIV testing.

Read the detail on pages 8-11 →

### Bullying and discrimination

**Over half** (55%) of survey respondents had experienced bullying and discrimination because of their sexual orientation.

Of those who had, **99%** had been bullied or discriminated against by a pupil at school and **over a third** (39%) had been bullied or discriminated against by a teacher or another adult at school.

**Three quarters** had been bullied or discriminated against by someone on-line (including apps, forums or social media).

Read the detail on page 11 →

## Where do young MSM look for information?

**Over half** of survey respondents had not looked anywhere for information, advice or support about HIV.

**Being too embarrassed** was a common reason selected for not looking for information on each topic.

**Websites with information and advice and gay lifestyle / community publications** were very common sources for all topics of information. The majority of respondents rated them as helpful or very helpful.

**Pornography** was the most common source where respondents looked for **information about enjoyable sex**. A notable proportion of respondents rated pornography as helpful or very helpful.

A teacher or another adult at school, and someone at a sexual health clinic, were both common sources where respondents looked for information about HIV. **The majority of respondents rated these sources as helpful or very helpful.**

When respondents were asked how they would like to receive information about HIV **in the future**, the results changed, with **a GP being the most common choice**.

A notable number of respondents also **looked for information from people they knew**, such as a friend, brother or sister, or a boyfriend or casual partner.

Read the detail on pages 12-13 →

## What types of information would young MSM value more of?

**Nearly three quarters** of respondents (73%) would value more information about relationships and being attracted towards other guys.

**Over two thirds** of respondents (68%) would value more information about ways to have sex that you enjoy with another guy.

**Over half** of respondents (53%) would value more information about being bullied or treated unfairly because you're attracted towards other guys.

Read the detail on pages 14-17 →

## HIV knowledge

**Over a quarter** of survey respondents (27%) **did not know** or were **not sure** that 'HIV can only be passed on through semen, vaginal and rectal fluids, blood or breast milk'.

**Almost a third** of survey respondents (29%) **did not know** or were **not sure** that 'You cannot get HIV through any kind of kissing, because saliva does not pass on HIV'.

**Nearly three quarters** of survey respondents (71%) **did not know** or were **not sure** that 'If you think you have put yourself at risk of getting HIV you can take a drug called PEP, which can prevent HIV infection if taken within 72 hours.'

**Sixty per cent** of survey respondents **did not know** or were **not sure** that 'Guys who have sex with other guys are recommended to have an HIV test at least once a year'.

**Seventy five per cent** of young MSM **did know** that 'In the UK, it is against the law to treat anyone unfairly, based on their sexual orientation. For example, because you are a guy who is attracted towards other guys'.

Read the detail on pages 18-20 →

# E

## SEXUAL ORIENTATION AND SEXUAL IDENTITY

### Definitions of sexual orientation and sexual identity

*Sexual orientation describes an individual's attraction to people of the same and / or opposite gender.*

*Sexual identity is the label used by people to define and communicate who they are attracted to. Whilst in most cases someone's sexual identity reflects their sexual orientation, this is not always the case.*

Respondents were asked about both their sexual orientation and their sexual identity.

When asked about their sexual orientation, the majority (61%) stated that they were only attracted to men. However, over a third (39%) stated that they were attracted to both men and women (see graph 3). When asked about their sexual identity, whilst a majority (58%) identified as gay, over a quarter of respondents (28%) identified as bisexual. Ten percent identified as straight / heterosexual, and 5% as 'something else'<sup>5</sup> (see graph 4).

Among survey respondents who identified as straight / heterosexual the majority (88%) reported attraction to both men and women. Those who identified as straight / heterosexual were also significantly less likely to have looked for all types of information, advice and support.

Notably, a higher proportion of respondents under 16 reported attraction to both men and women (14% more), and identified as straight / heterosexual (10% more), compared with respondents aged 16 or over.

The HIV transmission risks of heterosexually identifying men who have sex with men is gaining more attention among researchers, policy makers and service providers. Particular attention has been given towards behaviourally bisexual men who identify as heterosexual. However, there remains a lack of evidence about whether the sexual behaviour and HIV prevention needs of MSM who identify as heterosexual or 'something else' differ from MSM who identify as gay or bisexual.

NAT is concerned that young MSM who identify as straight / heterosexual may be missing out on targeted information about HIV and safer sex between men because sexual health campaigns targeting the general public do not always contain tailored information about HIV and sex between men. Heterosexually identifying MSM may be more likely to access these services and campaigns as HIV prevention campaigns and services for MSM are predominantly branded and targeted at those who identify as gay or bisexual. These campaigns and services may be less accessible to heterosexual identifying young MSM.

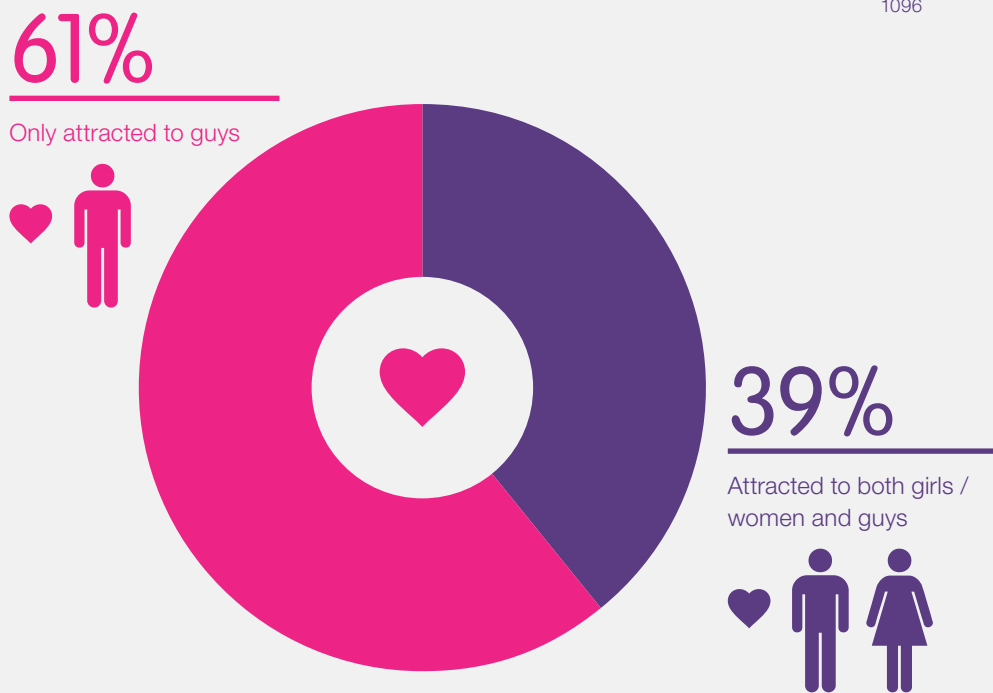
<sup>5</sup> When looking at partially completed and completed surveys together, this was even more notable with nearly a quarter of respondents identifying as something other than gay or bisexual (18% identified as straight / heterosexual and 5% as 'something else'). Under 'something else', common identities reported by respondents included pansexual and bi-curious.



graph 3  
Sexual orientation

Q: 'When thinking about who you're sexually attracted to, which best describes your feelings?'

respondents:  
1096



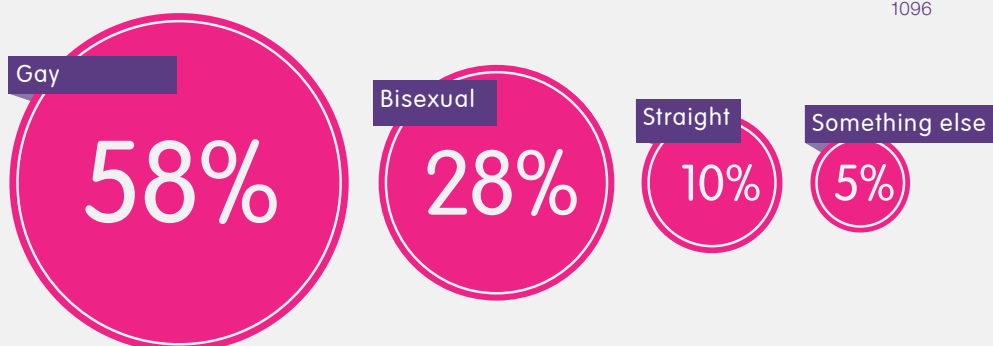
RECOMMENDATIONS

- 1  
More research is needed to see if there are specific sexual health and HIV-prevention needs among young MSM who identify as 'straight / heterosexual'.
- 2  
Commissioners of sexual health campaigns and services targeting the general public should consider including information about HIV and sex between men to ensure heterosexually identifying MSM can access this information.
- 3  
Sexual health professionals should recognise that a significant proportion of young MSM are attracted to women as well as men and that they may need to tailor their services and advice to reflect this.

graph 4  
Sexual identity

Q: 'Some guys who are attracted to guys identify as gay or bi, but some identify as straight / heterosexual or something else. From the list below, what best describes how you think of yourself?'

respondents:  
1096



# F

## SEX AND RELATIONSHIPS EDUCATION

One setting where you might expect young people to receive information, advice or support about sex, relationships and HIV is in sex and relationships education (SRE) at school. However, there is significant variation across the UK as to what schools are required to teach about SRE.

We wanted to find out what types of information young MSM received in SRE and whether they found it helpful. We also asked what topics of information young MSM would value more of.

### Information about sex and relationships

Three quarters of respondents (75%) had not received any information, advice or support about relationships and being attracted towards other guys (see graph 5). Worryingly, of those who had, a quarter of respondents had found the information they received to be unhelpful or very unhelpful. Many respondents commented that the information they received was only about heterosexual relationships, reproduction, and female contraception, and rarely did it include reference to same-sex relationships or LGBT issues.

When respondents were asked what information they would value more of, nearly three quarters (73%) selected 'relationships and being attracted towards other guys', and over two thirds (68%) selected 'ways to have sex that you enjoy with another guy' (see graph 6).

This illustrates the importance of SRE including the positive aspects of sexual health, such as pleasure and enjoyable sex, in line with the World Health Organisation's (WHO) definition of sexual health.

It was encouraging that over two thirds of survey respondents (69%) had received information about 'saying 'no' to sex that I don't want'. However, just under a third of respondents (31%) said they would value more information on this topic (see graph 6).

The most recent NATSAL (The British National Surveys of Sexual Attitudes and Lifestyles) survey indicates that experiences of non-consensual sex are as prevalent among MSM as they are among heterosexual women.<sup>6</sup> It is important that teachers and schools are mindful of this, and that information provided on consent includes reference to same-sex relationships.

We also asked survey respondents whether they had received information in SRE about pornography. Over half of respondents (57%) had not (see graph 5). Of those who had, less than half (45%) had found it helpful or very helpful. When respondents were asked what information, advice or support they would value more of, 39% chose pornography (see graph 6).



**MY SCHOOL PROVIDED LITERALLY NO INFORMATION WHICH WAS RELEVANT TO ME. THEY IGNORED AND CONTINUE TO IGNORE ALL LGBT ISSUES AND NEVER HANDLED ANY RELATED BULLYING INCIDENTS EFFECTIVELY.**

<sup>6</sup> Maccowall W et al, 'Lifetime prevalence, associated factors and circumstances of non-volitional sex among women and men: Findings from the third British National Survey of Sexual Attitudes and Lifestyles (Natsal)', *Lancet*. 2013; 382: 1845-1855. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(13\)62300-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(13)62300-4.pdf)

### Information about HIV

A third of respondents (33%) said they had not received any information, advice or support about how HIV is transmitted and how to have safer sex (see graph 5). However, of those who had, 71% had found it either helpful or very helpful.

When respondents were asked what information they would value more of, half chose how HIV is passed on and how to have safer sex, and over a third (39%) chose challenges or difficulties in using condoms (see graph 6).

HIV prevention begins with understanding how HIV is transmitted and how to prevent transmission from occurring. However, these findings suggest that a significant proportion of young MSM would also benefit from more specific information or support on the challenges associated with condom use, which can present barriers to practising safer sex. It is important that everyone receives this information in SRE and that it is made relevant to MSM.

This is underlined by the fact that when respondents were asked about their sexual behaviour, of respondents who had

ever had anal sex with a male partner (71% of respondents who were sexually active), over 69% reported condomless anal sex with at least one male partner in the last twelve months.<sup>7</sup>

Worryingly, over two thirds of respondents (68%) had not received any information during SRE about when and where to test for HIV (see graph 5). When respondents were asked what information they would value more of, over half (53%) selected HIV testing (see graph 6).

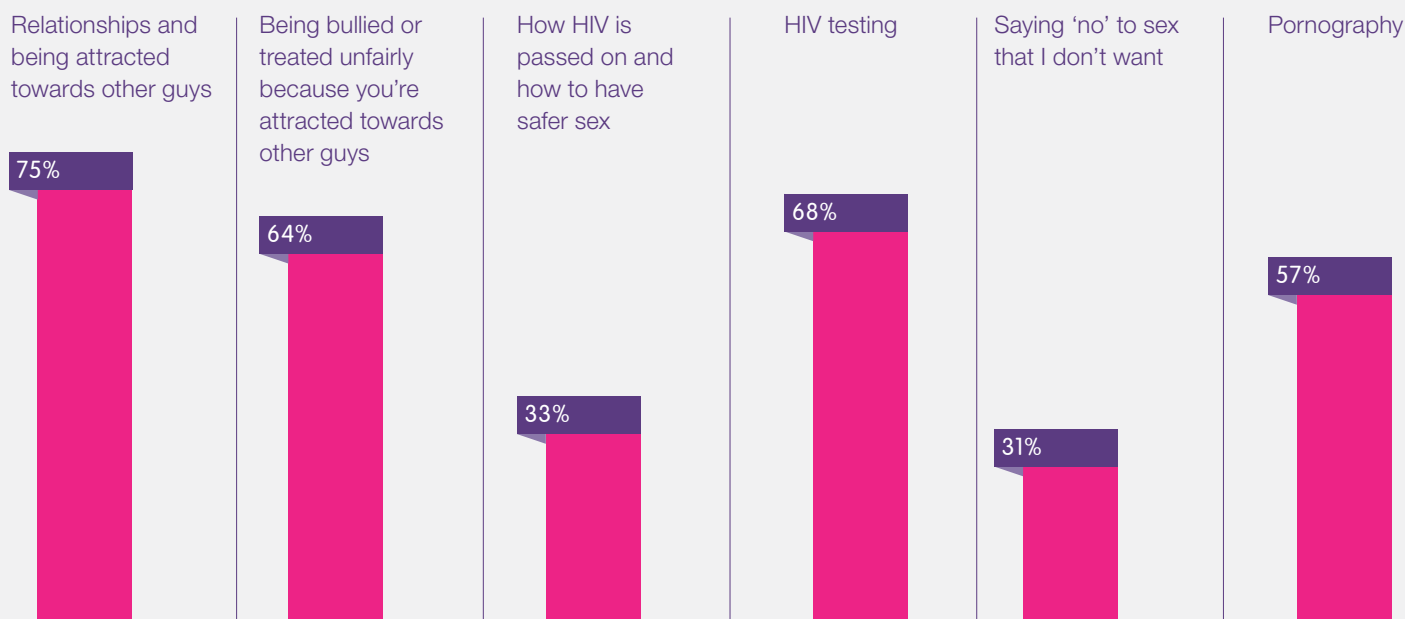
Providing information on HIV testing in SRE will help support the uptake of HIV testing thereby increasing the number of individuals who are aware of their HIV status, which has individual and public health benefits. This is particularly important for young MSM and other key groups who have a higher risk of contracting HIV.

Survey respondents who had ever had sex, were asked if they had ever had an HIV test. Seventy one per cent had never had an HIV test. This low level of testing shows the importance of information on HIV testing being provided to young MSM.



**I THINK MORE SHOULD BE DONE TO INFORM YOUNG PEOPLE ABOUT SEX – ESPECIALLY WHY IT IS OK TO SAY ‘NO’.**

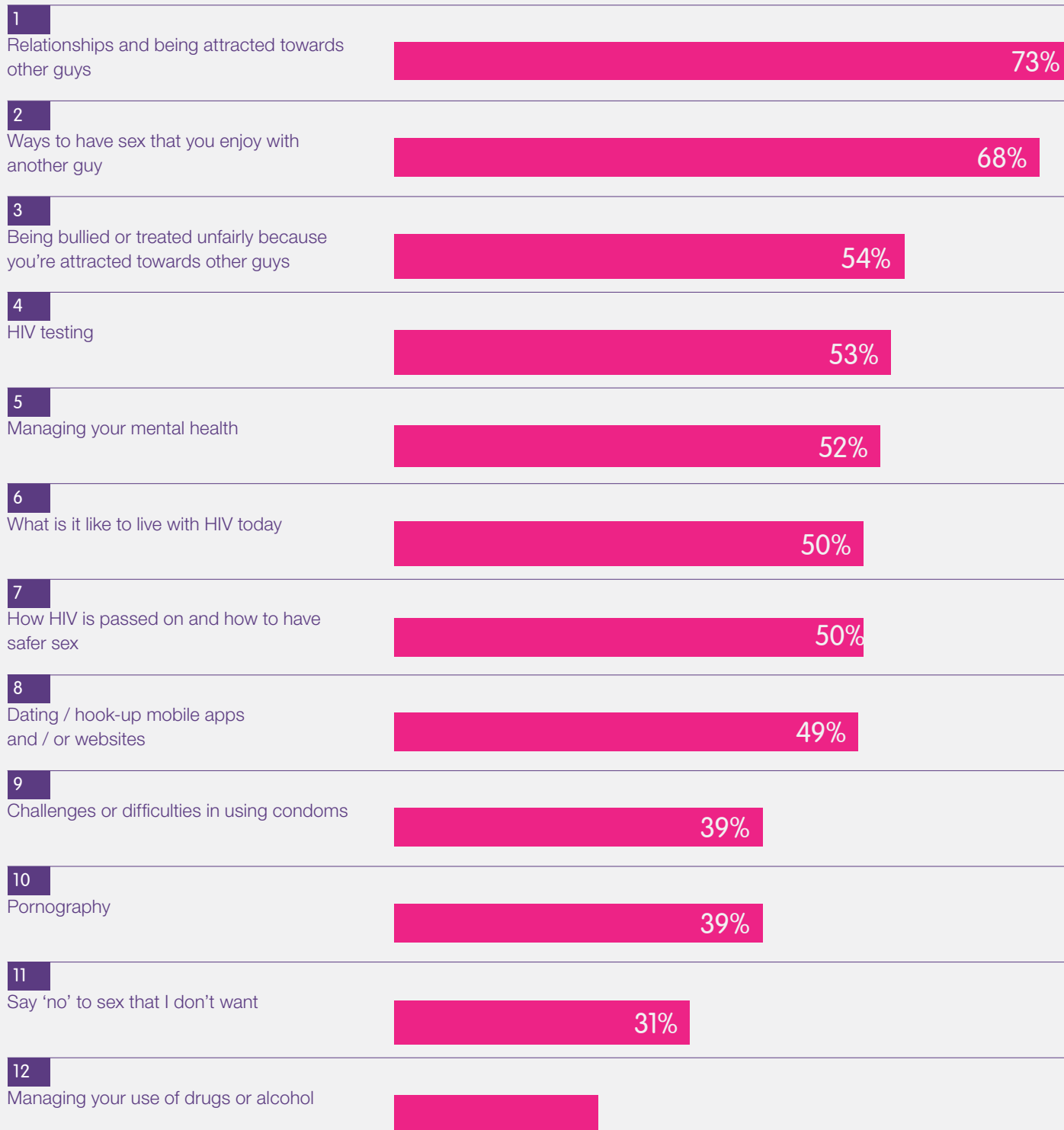
graph 5  
Percentage of respondents who did not receive this type of information, advice or support in SRE



<sup>7</sup> Only respondents aged 16 or over were asked this question.

graph 6  
 Topics of information respondents would value more of

Q: 'Would you value more information, advice or support about any of these topics?'



In addition, half of respondents said they would value more information on 'what it is like to live with HIV today' (see graph 6). It is important that young people understand the implications of receiving a positive HIV diagnosis and what it means to be living with HIV today. HIV is a serious long-term condition, but if diagnosed in good time, effective medication allows most people to live a long and healthy life.

A better understanding of what it's like to live with HIV today can encourage the uptake of HIV testing and can also help reduce HIV-related stigma experienced by people living with HIV.

Respondents were also asked how old they were when they first started feeling attracted towards guys. A quarter of respondents (25%) reported that they were under 11 (primary school age) and only 1% reported that they were over 16.

The age at which young people start feeling attraction is a good indication for when they should start receiving age-appropriate information about sex, relationships and HIV. Therefore, these findings support the case for children in primary school to receive age-appropriate SRE that is inclusive of same-sex relationships.

### **Bullying and discrimination and mental health**

We also asked survey respondents about their experiences of homophobic bullying and discrimination at school. Of those who had ever been bullied or treated unfairly because of their sexual orientation (55% of respondents), nearly all (99%) had experienced this from a student at school or college. Sixty per cent had experienced this often or very often.

Even more concerning is that, of those who had ever been bullied or treated unfairly because of their sexual orientation, over

a third (39%) had experienced bullying or discrimination because of their sexual orientation from a teacher or another adult at school or college. Fifteen per cent had experienced this often or very often.

Despite the high number of respondents who had experienced bullying, nearly two thirds of survey respondents (64%) had not received any information in SRE about bullying or discrimination (see graph 5). Comprehensive SRE should include this information as it helps to challenge prejudice associated with being gay and to normalise same-sex relationships. This in turn should help young MSM to feel able to participate in SRE and access other support services at school (for example the school nursing programme). There is also a clear demand for this type of information, as when respondents were asked what information they would value more of, over half (54%) selected 'being bullied or treated unfairly because you're attracted towards other guys' (see graph 6).

Research has shown that homophobic bullying and discrimination are associated with poor mental health and wellbeing.<sup>8</sup> It has also been suggested that poor mental health can reduce motivation to negotiate safer sex and may lead to an increase in HIV transmission-risk behaviour. Schools should recognise the association between bullying, poor mental health, and poor sexual health, all of which disproportionately affect MSM, and play their part in addressing this. When respondents were asked what information they would value more of, over half chose managing mental health (see graph 6).

In this context, the recent introduction of initiatives in England looking at the well-being of MSM, including in school, is to be welcomed.<sup>9</sup> These programmes now need to be fully implemented and further developed if the concerns identified in these findings are to be addressed.

## RECOMMENDATIONS

### 4

There should be a statutory requirement for sex and relationships education (SRE) to be taught in all primary and secondary schools (including free schools and academies).

### 5

SRE should include reference to LGBT relationships when providing information and advice on: relationships, consent, pornography, safer sex and pleasure. The statutory guidance on SRE should be updated to reflect this.

### 6

Schools must take action to challenge homophobic bullying and discrimination as a priority.

8 Almeida J, Johnson RM, Corliss HL, Molnar BE and Azrael D. (2009), 'Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation', *Journal of Youth and Adolescence*, 38(7): 1001-1014: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3707280/>

Rivers I and Cowie H (2006) 'Bullying and homophobia in UK schools: a perspective on factors affecting resilience and recovery', *Journal of Gay & Lesbian Issues in Education*, 3(4): 11-43: [http://www.tandfonline.com/doi/abs/10.1300/J367v03n04\\_03#VJBvxSusWW8](http://www.tandfonline.com/doi/abs/10.1300/J367v03n04_03#VJBvxSusWW8)

9 Public Health England (PHE) 'Strategic Framework to Improve the Health and Wellbeing of gay, bisexual and other men who have sex with men': <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men> Department for Education (DfE) 'The Homophobic, Biphobic and Transphobic Challenge Fund': <https://www.gov.uk/government/news/2-million-fund-to-tackle-homophobic-bullying-in-schools>

# G

## LOOKING FOR INFORMATION, ADVICE OR SUPPORT

Whilst we expect young people to receive information through the SRE curriculum, we know that there are a range of additional sources where young people could potentially look for information, advice and support.

Respondents were asked whether they had looked for certain topics of information and where they had looked. They were also asked to rate how helpful they found the information, advice or support they received.

### What types of information, advice or support do young MSM look for?

Respondents were asked whether they had looked for information, advice or support about:

- relationships and being attracted to guys (relationships and attraction)
- enjoyable sex with guys (enjoyable sex)
- HIV
- managing mental health (mental health)
- managing alcohol and drug use (alcohol and drugs).

A significant proportion of respondents had looked for information on relationships and attraction, enjoyable sex, HIV and mental health indicating there is a need for information, advice or support on these topics. However, a smaller proportion of respondents had looked for information about alcohol and drugs (see graph 7)

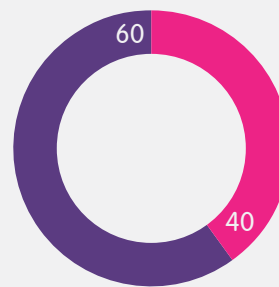
Of those who had not looked for information, the most common reason selected for not looking was 'I do not need this kind of information, advice or support'. However, for information about relationships and attraction,

graph 7

What percentage of respondents looked for information?

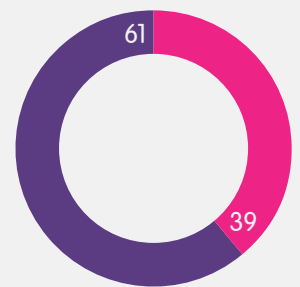


Relationships and being attracted to guys



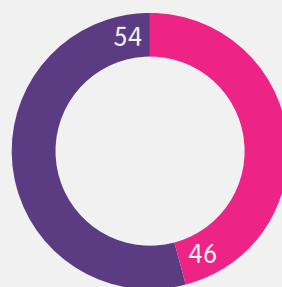
respondents: 1095

Enjoyable sex with guys



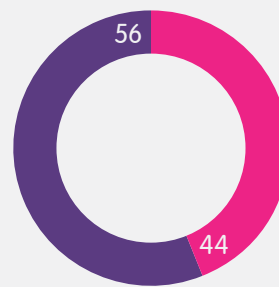
respondents: 793

HIV



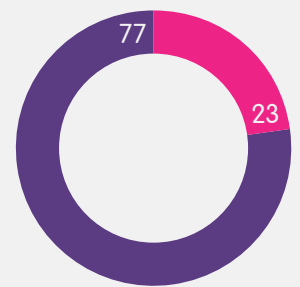
respondents: 1094

Managing mental health



respondents: 1090

Managing alcohol and drug use



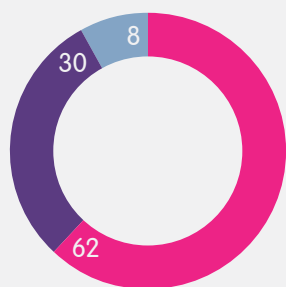
respondents: 1094

graph 8

Reasons selected for not looking for information

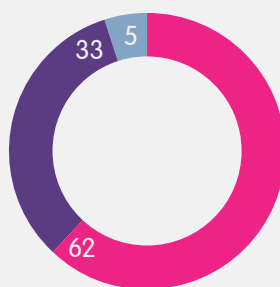
- I do not need this kind of information, advice or support
- I am too embarrassed to look for this kind of information, advice or support
- Another reason – please describe

Relationships and being attracted to guys



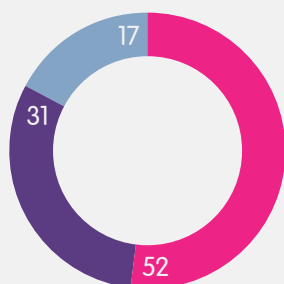
respondents: 656

Enjoyable sex with guys



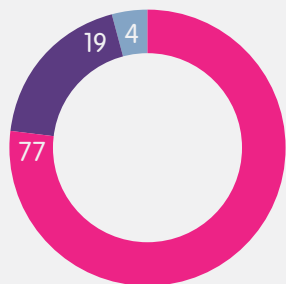
respondents: 482

HIV



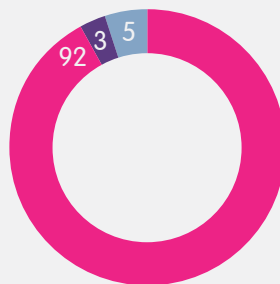
respondents: 577

Managing mental health



respondents: 603

Managing alcohol and drug use



respondents: 837

enjoyable sex, and HIV, a third of respondents selected 'I am too embarrassed' as their reason for not looking (see graph 8).

For all topics, a minority of respondents selected 'another reason' as their reason for not looking for information (see graph 8). Common reasons reported for not looking included: 'I did not know this type of information was available', 'I did not know where to look', and 'I have not thought about it'.

For mental health, further reasons reported for not looking included: stigma associated with poor mental health, being too afraid to ask for help, being unable to face the issue, and not knowing who to tell.

For HIV, the proportion of respondents who selected 'another reason' as their reason for not looking was much higher. Further reasons

reported for not looking included: 'HIV does not concern me or affect me', or 'I haven't thought about it'.

These findings suggest that there are certain barriers which prevent young MSM looking for information. It is a concern that so many respondents were too embarrassed to look or did not know where to look for information. In addition, given the prevalence of HIV among MSM it is notable that such a large proportion of respondents had not looked for information about HIV, with a significant minority believing HIV did not concern them.

This shows why it is important that information, advice or support is targeted and made visible to young MSM so they know it is available, are not embarrassed to look for it, and understand why the information is relevant to them.

RECOMMENDATIONS

7

SRE should address the stigma and embarrassment associated with sex, same sex relationships, HIV and mental health, so young people feel confident accessing the information and services they need.

8

Schools and other services working with young people should highlight the relevance of HIV to them and signpost to information and support services.

# H

## SOURCES AND HELPFULNESS

Survey respondents were asked where they had looked for information, advice or support about relationships and attraction, enjoyable sex, and HIV and how helpful they found it. They were then asked to select where they would like to find information, advice or support from in the future.

Respondents used a range of sources and often multi-sourced when looking for information, advice or support (they used between three and five sources depending on the topic).

### Online sources

#### • Websites with information and advice

Websites with information and advice were the most common source where respondents looked for information about relationships and attraction (see graph 9) and HIV (see graph 10), and the second most common source for information about enjoyable sex (see graph 11). The majority of respondents rated the information they found as helpful or very helpful.

In terms of how or where respondents wanted to get information in the future, websites were the most common choice for information about relationships and attraction and enjoyable sex, and the third most common choice for information about HIV.

#### • Someone in a chat-room or online forum

Someone in a chat-room or online forum was the fifth most common source where respondents looked for information about both relationships and attraction, and enjoyable sex. The majority of respondents rated the information they found as helpful or very helpful.

Chat-rooms and online forums allow for more personalised information or support but this advice is not always routinely subject to quality control, posing the risk of inaccurate or unhelpful information being shared (although this risk is mitigated when effective online moderators are in place).

Commissioners and service providers should ensure that information and support about sex, relationships and HIV is available online and made relevant to MSM.

Within this context, it is important to recognise the high number of respondents who had experienced online bullying. The survey found that three quarters of respondents who had ever been bullied or treated differently because of their sexual orientation, experienced this from someone online (including apps, forums or social media). Over a third (36%) had experienced this often or very often.

### Pornography

Pornography was the most common source where respondents had looked for information about enjoyable sex, and the third most common source for information about relationships and attraction. This suggests that young MSM look at pornography not only as a source of information about sex, but also about relationships more broadly.

Respondents were more likely to rate pornography as helpful or very helpful, than unhelpful or very unhelpful. This suggests that pornography is considered beneficial by a large proportion of young MSM.

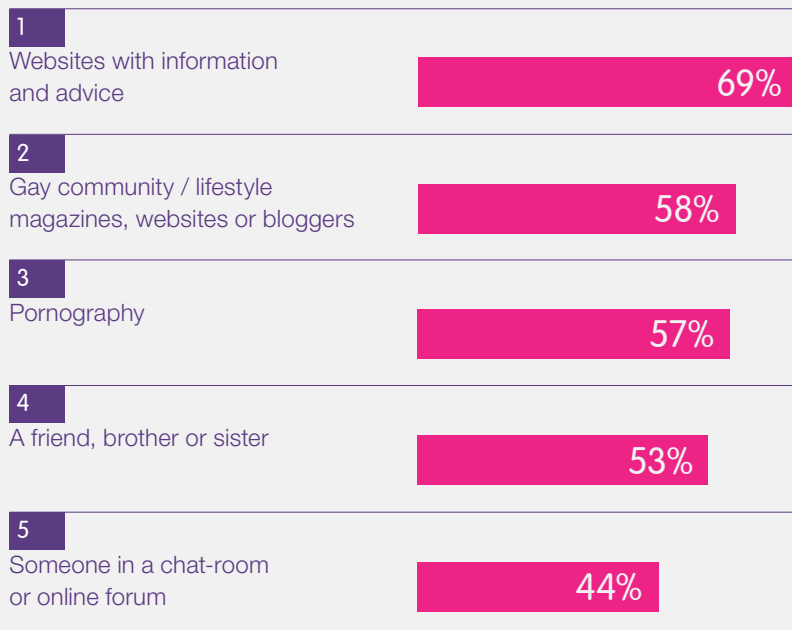
This is perhaps because pornography may serve an affirmative or reassuring function for some young MSM as depictions of same-sex relationships and sex in mainstream culture are often absent. Professionals working



**IN A WORLD WHERE SOCIAL MEDIA AND THE INTERNET ARE OUR MAIN SOURCE OF EDUCATION AND INTERACTION, MORE COULD BE DONE ONLINE TO HELP CONVEY KEY MESSAGES TO YOUNGER PEOPLE.**

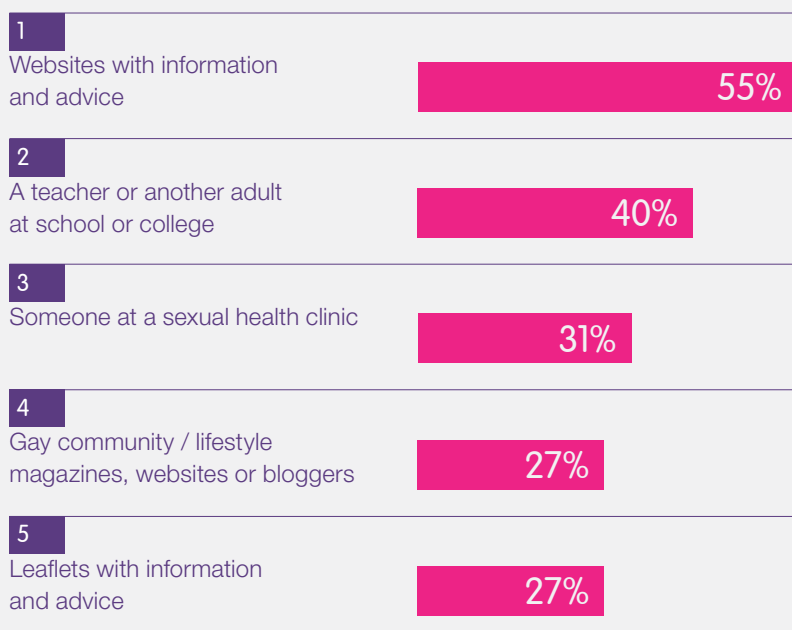


graph 9  
Where did respondents look for information about relationships and being attracted towards guys?  
Top five sources



respondents:  
426

graph 10  
Where did respondents look for information about HIV?  
Top five sources



respondents:  
485

with young people should be mindful of this when discussing the impact of pornography, particularly as young MSM may not be able to get the type of information or support that pornography provides elsewhere.

However, in terms of where respondents would like to receive information in the future, pornography did not feature in the top five sources for any of the topics. This suggests that whilst pornography is currently a very popular source, and many young MSM find it helpful, there are additional sources where young MSM would like to access this type of information.

Research is needed to explore the views and experiences of young MSM who access pornography so we can better understand its impact.

### Gay community / lifestyle publications

'Gay community / lifestyle magazines, websites or bloggers' was the second most common source where respondents had looked for information about relationships and attraction, the third most common source for information about enjoyable sex and the fourth most common source for information about HIV. The majority of respondents rated the information they found as helpful or very helpful.

LGBT specific publications and bloggers should continue to feature information about HIV, sexual health and relationships as they are an important information source for young MSM.

### Peers and family

#### • A friend, brother or sister

A friend, brother or sister was the fourth most common source where respondents had looked for information about relationships and attraction. The majority (69%) of respondents rated the information they received as helpful or very helpful. It was also a common choice in terms of how or where respondents would like to receive information about relationships and attraction, and enjoyable sex with guys in the future.

However, it is important to recognise that over half of respondents who had ever been bullied or treated differently, had experienced this from a friend, brother or sister. A quarter had experienced this often or very often.

### • A parent or another adult relative

Whilst not one of the most common sources of information, advice or support, a notable proportion of respondents did look for this from a parent or another adult relative, for example, in relation to information about relationships and attraction, over a third (36%) had spoken to a parent or another adult relative. However, when respondents looked for information about relationships and attraction and enjoyable sex, a parent or another adult relative was found to be the least helpful out of all the sources.

It is also important to highlight that over a third of respondents (37%) who had ever been bullied or treated differently, had experienced this from a parent or another adult relative. Nearly a quarter (23%) had experienced this often or very often.

Schools and other organisations working with families should provide information and support for family members and peers on same-sex relationships to help them support young MSM who come to them for advice.

### • A boyfriend or casual partner

A boyfriend or casual partner was the fourth most common source where respondents had looked for information about enjoyable sex. The majority (82%) of respondents rated the information they received as helpful or very helpful.

In terms of how or where respondents would like to receive information in the future, a boyfriend or casual partner was also a common choice for relationships and attraction, and enjoyable sex. This suggests that a lot of what you learn about sex and relationships is through real life experience, and there is a preference for receiving information this way.

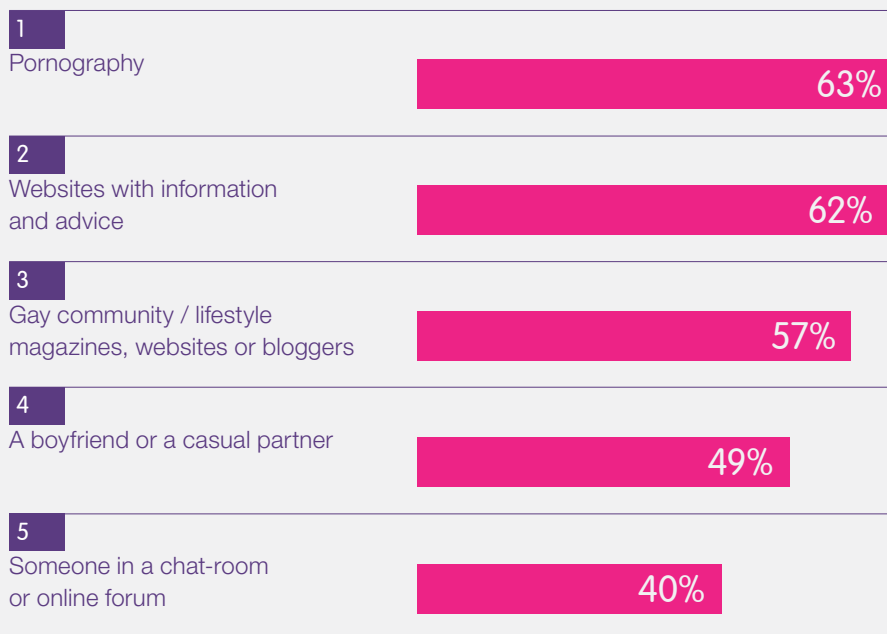
### A GP doctor

In terms of where respondents currently look for information about HIV, a GP doctor was only the sixth most common source (20% of respondents looked for information via a GP). However, in terms of how or where young MSM would like to receive information about HIV in the future, a GP doctor was the most common choice.

### Where did respondents look for information about enjoyable sex with guys?

#### Top five sources

graph 11



respondents:  
291

This suggests that despite having a preference to receive information about HIV from their GP, a significant proportion of respondents are currently not looking here for this type of information.

Local authorities and commissioners of primary care should research, design and deliver services to enable young MSM to receive information about HIV from their GP.

### A teacher or another adult at school

A teacher or another adult at school was the second most common source where survey respondents looked for information about HIV. Eighty two per cent of respondents rated the information they found as helpful or very helpful. It was also the second most common choice for where respondents would like to receive this information in the future.

However, as highlighted in the previous chapter, when we asked respondents whether they had received specific types of information about HIV via SRE, a significant proportion said they had not.

Far fewer respondents had looked for information about relationships and attraction, and sex you enjoy from their school. However, when respondents were asked how they would like to receive information in the future, a teacher or another adult at school was the second most common choice for same-sex relationships and attraction.

*See relevant recommendations for teachers in Chapter F on SRE and Chapter I on HIV knowledge.*

### Someone at a sexual health clinic

Someone at a sexual health clinic was the third most common source where respondents had looked for information about HIV. Ninety three per cent rated the information they found as helpful or very helpful.

Respondents were asked about how they would like to receive information about enjoyable sex in the future. More than twice as many respondents selected someone at a sexual health clinic than currently reported looking here for this topic of information. This suggests there may be barriers to young MSM looking for or receiving information about enjoyable sex via their sexual health clinic.

Sexual health clinics should design holistic services for young MSM which provide information, advice and support on enjoyable sex in addition to information about HIV.

### Leaflets with information and advice

Leaflets with information and advice were the fifth most popular source where respondents looked for information about HIV. Eighty two per cent of respondents rated the information they found as helpful or very helpful. It was also the fifth most common choice for how or where respondents would like to receive information about HIV in the future. It was not as popular a choice for other types of information.

This suggests that despite the popularity of online sources, leaflets are still popular and considered useful by young MSM looking for HIV information and support.

Providers of information and support about HIV should continue to provide leaflets because these are valued by young MSM.

### Other sources

Respondents also looked for information, advice or support via TV, radio or film. The majority found this helpful or very helpful. Fewer respondents had looked for information from helplines, someone at a church or other faith group and a support group or youth group.

## RECOMMENDATIONS

### 9

Commissioners and service providers should ensure that information and support about sex, relationships and HIV is available online and made relevant to MSM.

### 10

Research is needed to explore the views and experiences of young MSM who access pornography so we can better understand its impact.

### 11

LGBT specific publications and bloggers should continue to feature information about HIV, sexual health and relationships as they are an important information source for young MSM.

### 12

Schools and other organisations working with families should provide information and support for family members and peers on same-sex relationships to help them support young MSM who come to them for advice.

### 13

Local authorities and commissioners of primary care should research, design and deliver services to enable young MSM to receive information about HIV from their GP.

### 14

Sexual health clinics should design holistic services for young MSM which provide information, advice and support on enjoyable sex in addition to information about HIV.

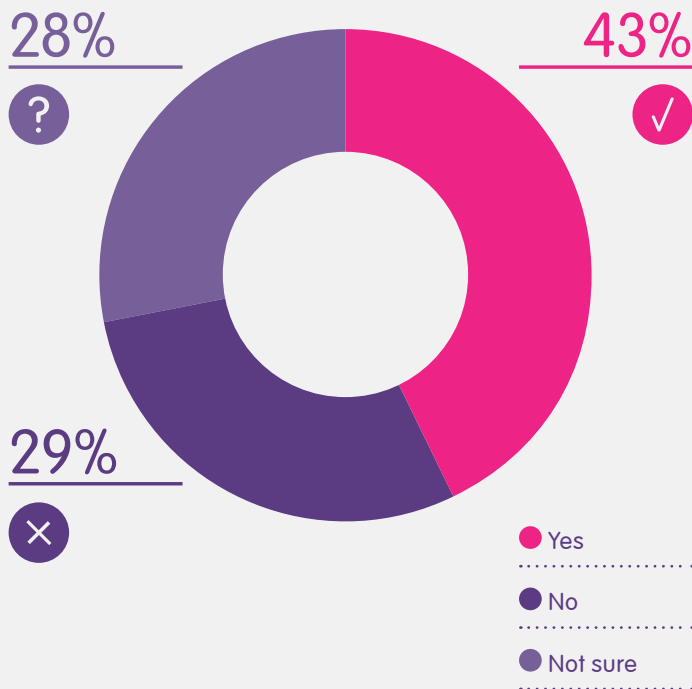
### 15

Providers of information and support about HIV should continue to provide leaflets because these are valued by young MSM.

# KNOWLEDGE ABOUT HIV

graph 12  
Are you satisfied that you know enough about HIV?

respondents:  
1093

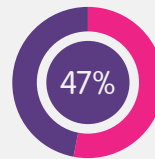


Over half of survey respondents (**57%**) were either not satisfied or not sure if they were satisfied that they knew enough about HIV (see graph 12). This suggests that a large proportion of young MSM would value more information about HIV.

To find out what young MSM knew about HIV, respondents were presented with a series of true statements and asked whether they knew this already or not.

## What do young MSM know about safer sex?

Nearly half (**47%**) of respondents did not know or were not sure that:

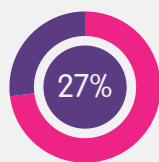


'Only water-based or silicon-based lubricant is safe to use with condoms. Using other kinds of lubricant or not using lube at all can damage condoms making it easier to get HIV or other sexually transmitted infections'.

Failure to apply lubricant or applying the wrong kind of lubricant when using condoms for anal sex has been associated with an increased risk of condom failure and HIV transmission. It is therefore concerning that nearly half of respondents did not know or were not sure about this.

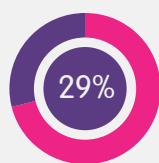
### What do young MSM know about HIV transmission?

Over a quarter of respondents (27%) did not know or were not sure that:



'HIV can only be passed on through semen, vaginal and rectal fluids, blood or breast milk'.

Almost a third (29%) did not know or were not sure that:

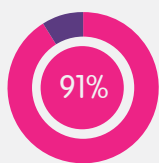


'You cannot get HIV through any kind of kissing, because saliva does not pass on HIV'.

This shows that a significant proportion of young MSM do not understand how HIV is transmitted.

Poor understanding about HIV transmission may cause unnecessary anxiety among young MSM or put them at greater risk of contracting HIV. It may also contribute to the stigmatisation of people living with HIV if people misunderstand how HIV is transmitted.

However, more encouragingly, 91% of respondents knew that:



'You can get HIV through sharing needles if injecting'.



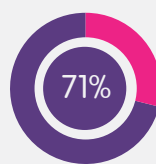
THERE SHOULD BE MORE INFORMATION ABOUT HOW HIV CAN BE PASSED ON AS SOME PEOPLE THINK HIV IS PASSED ON THROUGH THINGS LIKE BREATHING ON OTHER PEOPLE OR USING THE SAME CUTLERY.



I'M EXTREMELY SURPRISED THERE IS A DRUG THAT CAN PREVENT INFECTION IF TAKEN 72HRS AFTER INTERCOURSE. I'VE HAD MANY OCCASIONS DURING WHICH PEOPLE (DOCTORS, TEACHERS, AND PARENTS) HAVE EXPLAINED HIV TO ME, BUT NOT ONE TOLD ME ABOUT THIS.

### What do young MSM know about PEP (Post-exposure prophylaxis)?

Nearly three quarters (71%) of respondents did not know or were not sure that:

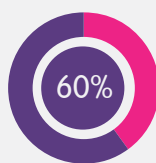


'If you think you have put yourself at risk of getting HIV you can take a drug called PEP, which can prevent HIV infection if taken within 72 hours.'

It is worrying that the majority of respondents were unaware or uncertain about PEP which can be effective at preventing HIV transmission.

### What do young MSM know about HIV testing?

60% of respondents did not know or were not sure that:

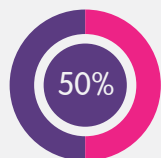


'Guys who have sex with other guys, are recommended to have an HIV test at least once a year'.

It is concerning that the majority of survey respondents did not know or were not sure of the HIV testing recommendation for MSM. Awareness of testing recommendations is important because it will encourage young MSM to test more regularly.

## Realities of living with HIV

Half of respondents did not know or were not sure that:

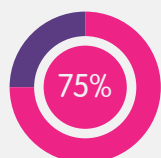


‘People living with HIV can live a normal life span if diagnosed in good time and on effective treatment’.

Increasing understanding about the reality of living with HIV is important. Understanding that modern HIV medication is now very effective if you are diagnosed in good time may encourage individuals to test for HIV and reduce the stigma experienced by people living with the condition.

## Human rights and the law

75% of respondents knew that:



‘In the UK, it is against the law to treat anyone unfairly, based on their sexual orientation. For example, because you are a guy who is attracted towards other guys’.

It is encouraging that the majority of respondents knew that they have legal protection against discrimination on the basis of sexual orientation. It is important that individuals with protected characteristics, such as young MSM, are aware of this right when accessing public services.

“  
**IT WAS NEVER EXPLAINED  
WHAT LIFE WITH HIV  
WOULD BE LIKE OR HOW  
TO DEAL WITH IT OR GET  
TESTED....**

When looking at the age of respondents and their knowledge, there was no difference between those under 16 and those over 16 in terms of reported satisfaction of what they knew about HIV. However, when looking at the true statements about HIV, those under 16 were less knowledgeable than those over 16.

These results suggest that a significant number of young MSM have gaps in their knowledge and understanding about HIV (particularly those under the age of 16). This demonstrates the need for better provision of factual information about HIV targeted at both those under and over the age of 16. The significant gaps in knowledge undermine young MSM's ability to make informed decisions about their sexual health including how to reduce the risk of acquiring HIV and when to test for HIV.

## RECOMMENDATIONS

### 16

The UK and devolved Governments must provide leadership on HIV prevention and work with Public Health England, Local Authorities and schools to ensure that there are effective national and local HIV prevention programmes.

### 17

HIV prevention programmes should ensure that young MSM are provided with up-to-date information about HIV to prevent transmission, encourage testing and reduce stigma. This should include the following:

- How HIV is and is not transmitted
- Safer sex including condom lubrication
- PEP
- HIV testing recommendations
- What it is like to live with HIV today.

# J

## RECOMMENDATIONS

- 1** More research is needed to see if there are specific sexual health and HIV prevention needs among young MSM who identify as 'straight / heterosexual'.
- 2** Commissioners of sexual health campaigns and services targeting the general public should consider including information about HIV and sex between men to ensure heterosexually-identifying MSM can access this information.
- 3** Sexual health professionals should recognise that a significant proportion of young MSM are attracted to women as well as men and that they may need to tailor their services and advice to reflect this.
- 4** There should be a statutory requirement for sex and relationships education (SRE) to be taught in all primary and secondary schools (including free schools and academies).
- 5** SRE should include reference to LGBT relationships when providing information and advice on: relationships, consent, pornography, safer sex and pleasure. The statutory guidance on SRE should be updated to reflect this.
- 6** Schools must take action to challenge homophobic bullying and discrimination as a priority.
- 7** SRE should address the stigma and embarrassment associated with sex, same sex relationships, HIV and mental health, so young people feel confident accessing the information and services they need.
- 8** Schools and other services working with young people should highlight the relevance of HIV to them and signpost to information and support services.
- 9** Commissioners and service providers should ensure that information and support about sex, relationships and HIV is available online and made relevant to MSM.
- 10** Research is needed to explore the views and experiences of young MSM who access pornography so we can better understand its impact.
- 11** LGBT specific publications and bloggers should continue to feature information about HIV, sexual health and relationships as they are an important information source for young MSM.
- 12** Schools and other organisations working with families should provide information and support for family members and peers on same-sex relationships to help them support young MSM who come to them for advice.
- 13** Local authorities and commissioners of primary care should research, design and deliver services to enable young MSM to receive information about HIV from their GP.
- 14** Sexual health clinics should design holistic services for young MSM which provide information, advice and support on enjoyable sex in addition to information about HIV.
- 15** Providers of information and support about HIV should continue to provide leaflets because these are valued by young MSM.
- 16** The UK and devolved Governments must provide leadership on HIV prevention and work with Public Health England, Local Authorities and schools to ensure that there are effective national and local HIV prevention programmes.
- 17** HIV prevention programmes should ensure that young MSM are provided with up-to-date information about HIV to prevent transmission, encourage testing and reduce stigma. This should include the following:
  - a** How HIV is and is not transmitted
  - b** Safer sex including condom lubrication
  - c** PEP
  - d** HIV testing recommendations
  - e** What it is like to live with HIV today.

# SHAPING ATTITUDES CHALLENGING INJUSTICE CHANGING LIVES

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